

1. INCORRECT REDUCTION CLAIM TITLE

LA County Department of Mental Health Handicapped & Disabled Students Program, FYs 2003-04, 04-05 & 05-06

2. CLAIMANT INFORMATION

County of Los Angeles
Name of Local Agency or School District
Wendy L. Watanabe
Claimant Contact
Auditor-Controller
Title
500 W. Temple Street, Room 525
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Los Angeles, CA 90012
City, State, Zip
(213) 974-8301
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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
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Los Angeles County Department of Mental Health
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550 S. Vermont Avenue, 12th Floor
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For CSM Use Only
Filing Date: **Received August 2, 2013 Commission on State Mandates**
IRC #: **13-4282-I-06**

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

Handicapped & Disabled Students Program Chapter 1747, Statutes of 1984 and Chapter 1274, Statutes of 1985

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
2003-04	\$5,247,918.00
2004-05	\$6,396,075.00
2005-06	\$6,536,836.00

TOTAL: \$18,180,829.00

6. NOTICE OF INTENT TO CONSOLIDATE

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

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

Sections 7 through 11 are attached as follows:

- 7. Written Detailed Narrative: pages 1 to 17.
- 8. Documentary Evidence and Declarations: Exhibit A.
- 9. Claiming Instructions: Exhibit B.
- 10. Final State Audit Report or Other Written Notice of Adjustment: Exhibit C.
- 11. Reimbursement Claims: Exhibit D.

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

7. WRITTEN DETAILED NARRATIVE

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

8. DOCUMENTARY EVIDENCE AND DECLARATIONS

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

9. CLAIMING INSTRUCTIONS

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

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

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

11. REIMBURSEMENT CLAIMS

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

12. CLAIM CERTIFICATION

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

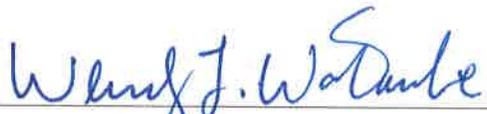
This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to Government Code section 17561. This incorrect reduction claim is filed pursuant to Government Code section 17551, subdivision (d). I hereby declare, under penalty of perjury under the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

Wendy L. Watanabe

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

Auditor-Controller

Print or Type Title



Signature of Authorized Local Agency or
School District Official

8/2/2013

Date

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

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

Handicapped and Disabled Students Program
State Controller's Office Audit of the County of Los Angeles Dated June 30, 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' (County's) 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 the Handicapped and Disabled Students Program (Chapter 1747, Statutes of 1984 and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006. The SCO disallowed \$18,382,526 of the \$26,924,935 of claimed costs during this three-year period.

The County contends that the SCO incorrectly reduced the County's claim because the SCO erroneously conducted the audit as if the County had submitted its claim under the Actual Increased Cost Method instead of the Cost Report Method, which was the actual methodology used by the County.

Therefore, this IRC seeks to have \$18,180,829¹ disallowed by the SCO reinstated:

- Fiscal Year 2003-04: \$5,247,918²
- Fiscal Year 2004-05: \$6,396,075³
- Fiscal Year 2005-06: \$6,536,836⁴

¹ LAC-DMH seeks a total reinstatement of an amount greater than the total amount of disallowance because in Fiscal Year 2003-04, the SCO's audited "allowance" resulted in a negative amount of \$954,297. Therefore, the SCO made a bottom-line adjustment to reduce the amount of federal IDEA funds used to offset the costs of the Handicapped and Disabled Students Program and applied these, retroactively, to the Fiscal Year 2003-04 Seriously and Emotionally Disturbed Pupil Out-of-State Placement Program. This amount is offset in part because as part of this IRC, the County is appealing only the amounts associated with mental health services and therefore the amounts do not include costs associated with residential placements that were disallowed on audit. The amounts are further offset because the SCO, in calculating the County's claimed amount, added the amounts associated with re-filing of claims based on the CSM's Reconsideration Decision to the original claims submitted for Fiscal Years 2004-05 and 2005-06, thus double-counting certain assessment costs for those fiscal years.

² As described in Footnote 1, the SCO's audited "allowance" resulted in a negative balance of \$954,297. The SCO thus made a bottom-line adjustment to remove \$954,297 of IDEA funds from the off-setting revenues and then retroactively applied this amount to the audited allowance of the Seriously and Emotionally Disturbed Pupil Out-of-State Placement Program, thereby reducing the amount of SB 90 funds owed for that program. This IRC requests acknowledgement of this adjustment and seeks reinstatement of the original claim amount of \$4,293,621 plus the \$954,297.

³ This amount represents the audit disallowance of \$7,047,989 less \$389,212 associated with the disallowance of costs associated with residential placements, which the County has elected not to challenge, and \$262,702 associated with the double-counting of certain assessment costs due to the re-filed claims based on the CSM Reconsideration Decision.

⁴ This amount represents the audit disallowance of \$7,040,916 less \$239,779 associated with the disallowance of costs associated with residential placements, which the County has elected not to challenge, and \$264,301 associated with the double-counting of certain assessment costs due to the re-filed claims based on the CSM Reconsideration Decision.

Background

On April 26, 1990, the Commission on State Mandates (CSM) adopted a Statement of Decision for the Handicapped and Disabled Students Program. This decision found that Chapter 26 of the Government Code, commencing with section 7570 and Welfare and Institution Code 5651 (added and amended by Chapter 1747, Statutes of 1984 and Chapter 1274, Statutes of 1985) imposed a new program or higher level 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.

On August 22, 1991, the CSM adopted the parameters and guidelines for the program and on August 29, 1996, the CSM adopted revised parameters and guidelines which clarified that administrative costs, whether direct or indirect, were reimbursable.

On September 30, 2002, Assembly Bill 2781 (Chapter 1167, Statutes of 2002) was enacted and provided that for Fiscal Year 2001-02 and afterward, counties were no longer required to pay any share of the costs associated with these services, including moneys received from the Local Revenue Fund established by Welfare and Institutions Code Section 17600 et seq. (referred to as "realignment funds").

On September 13, 2004, Senate Bill 1895 (Chapter 493, Statutes of 2004) was enacted. This bill clarified that any realignment funds used by counties for services under the Handicapped and Disabled Students Program are eligible for reimbursement from the State and that this finding by the Legislature was declaratory of existing law. It further instructed the CSM to reconsider its decision on included services, administration and travel costs associated with the Handicapped and Disabled Students Program and to reissue parameters and guidelines for calculation of state reimbursement for these costs.

Consistent with the State directive, on May 26 2005, the CSM adopted a decision on the Reconsideration of the Prior Statement of Decision on the Handicapped and Disabled Students Program. This decision provided for the reimbursement of additional mandated costs under the original legislation and implementing regulations, including additional activities associated with the assessment process, case management of pupils placed in out-of-home residential placements, and residential placement costs. This decision further clarified eligible expenses and clarified off-setting revenues to be deducted from the costs claimed.

On January 26, 2006, the CSM adopted the parameters and guidelines related to its Reconsideration decision. These parameters and guidelines were corrected on July 21, 2006, and then amended on October 26, 2006, and were effective for Fiscal Years 2004-05 and 2005-06. These parameters and guidelines required that claims for certain activities that were originally filed under the previous program be re-filed under the revised parameters and

guidelines (See Exhibit B-2). The SCO issued claiming instructions on January 2, 2007, with initial claims for Fiscal Years 2004-05 and 2005-06 due no later than May 2, 2007.

In August 2008, the SCO notified the County of its intent to audit the claims submitted under the Handicapped and Disabled Students Program for Fiscal Years 2003-04, 2004-05 and 2005-06, all of which had been timely submitted by the County.

The SCO issued its audit report on June 30, 2010. The report was followed by Notices of Claim Adjustment dated August 6, 2010 (see Exhibit A-1).

Basis for the IRC

In submitting this IRC, the County is seeking reinstatement of disallowed costs associated with mental health services because in conducting the audit the SCO acted *as if* the LAC DMH had created its reimbursement claim using the Actual Increased Cost (Direct Cost) Method. The LAC DMH did not, however, utilize the Actual Increased Cost Method. Instead, it utilized the Cost Report Method in determining the amount of its claim.

Because LAC DMH used the Cost Report Method, the SCO's disallowance of costs is incorrect because:

- 1) The SCO had no authority to audit the County's claims because they were not based on the Actual Increased Cost Method;
- 2) Even if the SCO had authority to review the records, it was required to conduct the audit based on the use of the Cost Report Method and audit to the supporting documentation utilized for that method.

Actual Increased Cost Method v. Cost Report Method

Since the original parameters and guidelines for the Handicapped and Disabled Students Program were adopted in 1991, the parameters and guidelines and associated claiming instructions have consistently listed two acceptable methods of submitting claims for reimbursement: The Actual Increased Cost Method (also identified as the Direct Cost Method in the Parameters and Guidelines dated October 26, 2006) and the Cost Report Method.

The claiming instructions included in the Mandated Cost Manual after the August 29, 1996 revisions of the parameters and guidelines, which were applicable through Fiscal Year 2005-06 and are included as Exhibit B-1, provided agencies specific instructions, applicable to each method, on what was required to be submitted and retained in support of the claim, as the following excerpts demonstrate:

Cost Report Method

For the cost report method, the instructions require that a complete copy of the annual cost report including all supporting schedules as filed with the State Department of Mental Health (SDMH) must be filed with the claim form. In addition, the instructions provide for the following four forms to be completed and submitted with the claim:

1. *Form HDS-6, Components/Activity Cost Detail*

This form is used to detail the cost of administration for Assessment, IEP Participation, Case Management and Mental Health Treatment. The indirect costs summarized on this form must be carried forward to HDS-3, line (03)(e) or HDS-3, line (03)(g) as appropriate.

Indirect costs may be computed as ten (10%) of direct labor costs, excluding fringe benefits. If an indirect cost rate greater than ten (10%) is used, include the Indirect Cost Proposal (ICRP) with the claim. If more than one department is involved in the mandated costs program, each department must have their own ICRP.

2. *Form HDS-5, Component/Activity Cost Detail*

This form is used to detail the cost of due process proceedings. Claim statistics shall identify the amount of work performed during the period in which costs are claimed. The claimant must provide the number of due process proceedings. The cost summarized on this form must be carried forward to HDS-3, line (03)(d)

Indirect costs may be computed as ten (10%) of direct labor costs, excluding fringe benefits. If an indirect cost rate greater than ten (10%) is used, include the Indirect Cost Proposal (ICRP) with the claim. If more than one department is involved in the mandated costs program, each department must have their own ICRP.

3. *Form HDS-4, Component/Activity Cost Detail*

This form is used to segregate the detailed cost by claim component. Information required to complete this form: (a) Name of Providers, (b) Provider I.D. Numbers, (c) Service Function Codes, (d) Units of Service, and (e) Rate Per Unit. Carry forward the total from line (05) column (f) to form HDS-3 block (03) in the appropriate line.

4. *Form HDS-3, Claim Summary*

This form is used to summarize the cost from forms HDS-4, HDS-5 and HDS-6. The cost must be reduced by the amount of funds received from Non-Categorical State General/Realignment Funds⁵, State Categorical Funds, Short-Doyle/Medi-Cal (FFP only) and other funds that reimburse any portion of the mandate. The total claimed amount on this form is carried forward to form FAM-27.

⁵ The need to identify realignment revenues to offset costs was legislatively rescinded on September 30, 2002, for Fiscal Years 2001-02 forward.

Actual Increased Cost Method

For the Actual Increased Cost Method, the SCO Claiming instructions require the claimant to prepare an HDS-2 Form for each claim component. The claiming instructions then go on to state:

Costs reported on this form must be supported as follows:

(a) Salaries and Benefits

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent the productive hourly rate and related fringe benefits.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

(b) Materials and Supplies

Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of the mandate.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders and other documents evidencing the validity of the expenditures.

(c) Contracted Services

Contracted Costs are reimbursable to the extent that the function to be performed requires special skill or knowledge that is not readily available from the claimant's staff or the services to be provided by the contractor is cost effective. Use of contract services must be justified by the claimant.

Give the name(s) of the contractors who performed the services. Describe the activities performed by each named contractor, actual time spent on the mandate, inclusive dates when services were performed and itemize all costs for services performed. Attach consultant invoices to the claim.

Source documents required to be maintained by the claimant may include but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

For audit purposes, all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents shall be made available to the State Controller's Office on request.

Significantly, the claiming instructions for the Actual Increased Cost Method not only reference specific items such as employee time cards that are required to be maintained, but also specify

the length of time such records must be kept for audit purposes. By contrast, the Cost Report Method contains no such instructions.

This is because the Cost Report Method is not, nor was it ever intended to be, an *actual* cost method of claiming. While the Actual Increased Cost Method relies on the identification of *specific* costs, the Cost Report Method relies on the *allocation* of costs, based on instructions provided by the State of California Department of Mental Health (State DMH). This has been so since the inception of the Handicapped and Disabled Students Program. The original parameters and guidelines adopted in 1991 specifically stated:

The claim may be prepared based on the agency's annual cost report and supporting documents for the period of time beginning July 1, 1986. The cost report is prepared based on regulations and format specified in the State of California Department of Mental Health Cost Reporting/Data Collection (CR/DC) Manual.

Further, the adoption of such a method for reimbursement by the CSM is allowed under Government Code Section 17557 (b). This section states that in adopting the Parameters and Guidelines the CSM may adopt a reasonable reimbursement methodology.⁶

As defined, a reasonable reimbursement methodology is a formula for reimbursing local agencies for costs mandated by the State. As further described in Government Code Section 17518.5, "whenever possible, a reasonable reimbursement methodology shall be based on general allocation formulas, uniform cost allowances, and other **approximations** of local costs mandated by the state, rather than detailed documentation of actual local costs." (Emphasis supplied.)

The annual cost reports, by their very nature, are designed to allocate costs among various federal, state and other payor sources using uniform cost allowances as opposed to identifying actual or specific costs. These payer sources include AB 3632 program funding which, when insufficiently funded in the State Budget, becomes the basis for the state mandated cost claim. As described in the Cost and Financial Reporting System (CFRS) Instruction Manual issued by State DMH (which replaced the CR/DC Manuals), the objectives of the Cost Report are to:

- Compute the cost per unit for each Service Function (SF);
- Determine the estimated net Medi-Cal entitlement (Federal Financial Participation) for each legal entity;

⁶ The current language of Section 17557 (b) was changed by statute on September 29, 2004, to be effective on January 1, 2005. Prior to that time, Section 17557 (b) read as follows: "In adopting parameters and guidelines, the Commission may adopt an allocation formula or uniform allowance which would provide for reimbursement of each local agency or school district of a specified amount each year."

- Identify the sources of funding;
- Serve as the basis for the local mental health agency's year-end cost settlement, focused reviews and subsequent Short-Doyle/Medi-Cal fiscal audits; and
- Serve as the source for county mental health fiscal year-end cost information.

State DMH uses the cost report information to settle its financial obligations with the County including determining the amount of reimbursement for federal financial participation, as well as State General Fund EPSDT and other State funding sources. The inclusion of the Cost Report Method in the original parameters and guidelines and in all subsequent parameters and guidelines indicates that the intent of such a methodology was to provide a basis to reimburse counties for the costs of the State-mandated program based on an allocation formula and not actual costs.

For each of the years involved in the audit, LAC DMH utilized the Cost Report Method following the instructions of the State DMH in completing the Cost Report and the claiming instructions for completing the State-mandated cost reimbursement claims. (See Exhibit A-2)

The State Controller Did Not Have Legal Authority to Audit the Claims

Because the Cost Report Method is a cost allocation or reasonable reimbursement methodology, the SCO had no authority to audit the County's claims, because the SCO's audit authority is limited to a reimbursement claim for actual costs.

The State Controller's authority to audit claims is contained in Government Code Sections 17558.5 and 17561. Section 17558.5 provides that "a reimbursement claim for *actual costs* filed by a local agency or school district pursuant to this chapter is subject the initiation of an audit be the Controller ..." (Emphasis supplied.)

Further, section 17561 (d) (2), as operative during the fiscal years in question, similarly provided that the Controller "... may audit the records of any local agency or school district to verify the amounts of *actual costs*." (Emphasis supplied.)

In addition, section 17561 (d) (1) (C), as operative during the fiscal years in question, also restricted the audit to the records of any local agency of school district to verify the amounts of *actual costs*.

Significantly, the ability for the SCO to audit the application of a reasonable reimbursement methodology was not added to Government Code Sections 17561 (d) (1) (C) and 17561 (d) (2) until the Legislature enacted Assembly Bill 1222 on October 8, 2007, although the CSM's

ability to include a cost allocation or reasonable reimbursement methodology in the parameters and guidelines prior to that time was clearly established in California Law.

As the County did not utilize the Actual Increased Cost Method for filing its claim, and instead relied upon the Cost Report Method and prepared its supporting documentation in accordance with the SDMH CRFS Instruction Manuals, the County contends that the SCO did not have the authority under Sections 17558.5 and 17561 of the Government Code to conduct an audit of the County's claims.

The Auditors Should Have Based the Review on the Correct Supporting Documentation

Even if the SCO had authority to audit the claims, the SCO had an obligation to understand the Cost Report Method of claiming and to base its audit, and its findings, on whether or not the County correctly applied the claiming methodology.

Instead, the SCO proceeded as if it were auditing the County's actual costs, and insisted on using data from the County's Mental Health Management Information System (MHMIS) and Integrated System (IS)⁷ even though this information was not the source or basis for the County's mandate claims.

In using the Cost Report Methodology, LAC DMH relied on the instructions provided annually by the SDMH through the CFRS Instruction Manuals (see Exhibits A-3 to A-5). In each case, the CFRS Instruction Manuals specifically required that a separate form (Form 1909 SEP in Fiscal Year 2003-04 and Form 1912 in Fiscal Years 2004-05 and 2005-06) be completed for the Special Education Program (SEP), the State DMH designation for the mental health services county mental health agencies are mandated to provide as a result of AB 3632 (i.e., the Handicapped and Disabled Student's Programs) and subsequent legislation.

As described in the 2004-05 and 2005-06 CFRS Instruction Manuals, the purpose of Form 1912 (which replaced Form 1909 SEP used in prior years) is to:

"identify total SEP costs, regardless of funding source. The MH 1912 SEP will be used for reporting total program costs associated with the SEP mandate to the California Legislature and the California Department of Education (CDE). ***Additionally, for those counties submitting SB 90 Claims for this program, the MH 1912 SEP will be the supporting documentation for that claim.***"
(Emphasis supplied)

⁷ The MHMIS and IS are the LAC DMH claim processing information systems in use during Fiscal Years 2003-04 through 2005-06. Both systems, and two versions of the IS, were in use during these fiscal years. 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.

For the County, information contained in the Countywide Summarized Cost Report is the accumulation of information from the County's cost report for its own directly operated programs and for those of more than 125 other contracted mental health agency's (referred to as "legal entities.") The LAC Form 1909 and Form 1912, therefore, represent a cumulative total based on each legal entity agency's filed cost report, which is certified by each legal entity agency as being true and correct at the time of submission (See Exhibit A-6).

In reviewing this supporting documentation (the Form 1909 and Form 1912), the SCO determined that the information was not in a "testable format" and it required the County to run reports from its MHMIS and IS system to support the County's claimed costs.

However, this misapprehends the nature of the documentation. In preparing a cost report, each legal entity agency is required to rely, ultimately, on its own internal records of services. In doing so, the legal entity agencies may utilize information from the County's MHMIS and/or IS, but they also may make adjustments to account for data entry errors and other factors. Thus, while the MHMIS and IS data should support the legal entity agency's overall levels of service as identified in its cost report, at the funding source level such information may in fact differ from the internal records of the legal entity agency. Therefore, for final settlement purposes both at the State and County levels, the cost report—not the entry of services into the LAC-DMH claiming systems—becomes the basis for final payment by the State to the County and by the County to each legal entity agency.

Consequently, the SCO's insistence on utilizing data from the LAC-DMH's information systems and its reliance on that data to support its disallowance was in error, inappropriate, and unreasonable because it is neither the source of documentation nor the source of information upon which LAC DMH determines the amounts paid to its legal entity agencies for the provision of mandated services.

The SCO's Audit Findings Do Not Represent the Actual Amount of Mandated Costs Incurred in Providing Services

Even if the CSM determines the SCO had authority to audit the County's claims and had the authority to look beyond the supporting documentation that was identified by State DMH in accordance with the Cost Report Method, then the SCO also had an obligation to permit the actual costs incurred in providing services under the mandated program.

In reviewing the documentation supporting the SCO's audit findings, the County discovered that the query parameters used to extract data from the MHMIS and IS were flawed and did not accurately reflect the units encompassed by the original claims. In addition, the County identified calculation errors used to determine off-setting revenue against direct and indirect costs and other errors resulting in the understatement of allowable costs.

As previously noted, in performing its audit, the SCO asserted the supporting document under the Cost Report Method (the 1909 and 1912 forms) were not in a "testable format." The SCO required LAC DMH to provide claim line detail to allow the SCO staff to perform test work on a sample of claims. LAC DMH attempted to provide the SCO with the requested information, and ran multiple data reports from the MIS and IS to identify the units of service associated with the County's claims. The SCO rejected these data runs contending these data runs were inaccurate and overstated reimbursable services.

The County, therefore, worked with the SCO to develop query parameters that would be 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 SCO's audit report. According to the SCO audit report, 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 original claims. Specifically, the query parameters used for the fourth generation data made three critical assumptions that resulted in the understatement of actual costs:

1. 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 erroneously 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.
2. The parameters attempted to verify eligibility by matching the client identification number identified on the claim data to a service in one of the three LAC DMH units that performed assessments prior to the date of the service on the claim. However, this criterion assumed that all eligible clients would have been assessed in one of these three units using the same client identification number as that used by the provider of service, which is not an accurate assumption. This assumption 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., pupils that transferred from other counties).
3. The query parameters assumed that agencies would identify all services to pupils rendered as part of an Individualized Education Plan using the "AB 3632 Plan" as the funding source in the MHMIS/IS, which is also not an accurate assumption. As previously discussed, the basis for the claim under the Cost Report Method is each legal entity agency's cost report, which is based on that agency's internal records and which may deviate at the funding level

from the MHMIS/IS records. This is especially true for agencies as they converted to the IS, Version 1.0. Further, the use of "plans" (e.g., AB 3632 Plan) is solely to identify the source of local funds that has been allocated in a legal entity agency's contract against which an agency may make a claim at the time the services is rendered. Just because a claim did not have the AB 3632 Plan identified does not mean the service was not rendered to a pupil under an Individualized Education Plan (IEP) nor does it mean that the County did not incur a cost in providing the service⁸.

These three assumptions led to significant deviations in the number of services identified in the County's Cost Reports and its State-mandated cost reimbursement claims when compared to the fourth generation data run used by the SCO in its audit. Exhibits A-7 through A-9 identify the agencies and clinics omitted from the fourth generation data set as well as the associated amount of gross costs that were disallowed on audit because the data set omitted them. Exhibits A-10 through A-12 provide a comparison of the units of services and costs identified in the Cost Reports and SB90 Claims compared to the data run.

In addition to the issues caused by these faulty assumptions, the deviations are exacerbated by the fact that when the data was run for the audit, LAC DMH had switched to IS, Version 2.0 while the versions in use during the audit years were the MHMIS and the IS, Version 1.0. By that time, MHMIS data was stored in a data warehouse and was "static." However, data in the IS is "live". Therefore, when queries are run on data in the IS, Version 2.0, information will be based on the programming of the system as it exists on the day the data is run, not as it appeared at the time. As a result, a particular procedure code may map to a different Mode and Service Function Code when a query is run than versus at the time the service was rendered.

In filing this IRC, the County is requesting that CSM recognize the direct and indirect costs of additional assessment and treatments services that the County and its contractors have identified.

Assuming *arguendo* that the SCO has the authority to audit the County's claims, the purpose of the audit, in accordance with Government Code Section 17561 (d) (2), as operative during the fiscal years in question, is to verify not the amount of the County's claim, but the amount of actual 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 the 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.

⁸ For example, an agency rendering services to a pupil as part of an Individualized Education Plan could have reached the maximum amount of funding designated in its contract prior to the end of the fiscal year. The contract would need to be amended in order to increase the designated funding, but until such time the agency could process claims for payment using another local payor source (e.g., County General Funds) and not have identified the AB 3632 Plan.

In November 2010, after LAC DMH had identified the issues with the data, the County requested that the SCO reconsider its audit findings and issue a new audit report. After several conference calls, the SCO agreed to engage in a reconsideration process. In April 2011, LAC DMH began the process of trying to identify and validate additional units of service that had been excluded from the data run, as well as recalculating off-setting reimbursements and correcting other calculations made in the audit. 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 suddenly informed LAC DMH that it would not continue with the reconsideration request and the County would need to file an IRC. (See Exhibit A-13)

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." In stating this, the SCO is presuming that the identified costs for units of services not included in the fourth generation data run were not a part of the County's original claim when, in fact, these costs were claimed by the County.

Even if the County cannot "prove" to the SCO that the additional claim lines identified were included in the units of service identified in the Cost Report forms or submitted in the SB 90 claims, Section 17568 would not bar the SCO's 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. As noted above, under Section 17561, subdivision (d) (2), the purpose for which the SCO can audit the County's claim is "to verify the actual amount of the mandated costs." Because the statute uses the term "costs" and not "claim", the statutes make clear that the audit is to determine the actual amount the State owes the County for the costs it incurred in providing mandated services; the audit therefore is not limited to simply verifying or substantiating the costs that the County included in its claim.

In working with the 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.⁹ Equitable set-off is a right

⁹ The County does not by this argument concede that such services incorrectly claimed, but only that if they were, the doctrine of equitable set-off would permit the recognition of unaccounted for services in their place.

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.¹⁰ 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.¹¹

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.¹² Indeed, as the Legislature has recognized in the Code of Civil Procedure Section 431.70, the right to set-off exists even where the statute of limitation has run on the claim being used as a credit. However, this balancing of amounts owed and owing can go no farther than extinguishing the debtor's obligation; it cannot give the debtor an affirmative right to payment from the other party.

The equitable right of set-off belongs as much to governmental entities as it does to private parties. The case of Sprint Communications v. State Board of Equalization¹³ is illustrative. In that case, a taxpayer sought a refund from the State. The State re-determined the taxpayer's obligation, and also determined that additional amounts were owed by the taxpayer for a later period, although that claim was time barred. The court held that the time bar did not preclude the State from setting-off the additional tax owed. The court reasoned that the overpayment needed to be accurately determined, which means that other facts which lessened its amount had to be taken into consideration.

As applied in this case, the equitable right to set-off gives the County the ability to identify costs that were not included in the calculation of the original claims to substitute for costs that 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 costs incurred by LAC DMH for mental health services to pupils with an IEP. Accordingly, the CSM should 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 in supplying the actual supporting documentation and, at least in

¹⁰ Plut v. Fireman's Fund Insurance (2000) 85 Cal. App. 4th 89, 106

¹¹ Keith G. v. Suzanne H. (1998) 62 Cal. App. 4th 853, 859.

¹² Harrison v. Adams (1942) 20 Cal. 2d 646, 649.

¹³ Sprint Communications Co. v. State Board of Equalization (1995) 40 Cal. App. 4th 1254, 1259.

part, in the first three data runs. However, the SCO dismissed the actual supporting document as untestable and it dismissed the three previous data runs because it concluded that the data 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 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-14)

Accordingly, the SCO had the obligation to correct its audit report in light of the fact that it was based on incomplete data.

In support of this IRC, the County once again requested its contractors to validate and submit a record of 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).

Most, but not all, of the contractors did so. Due to the length of time that has lapsed since the services were rendered, contractors and LAC DMH found that client records had been archived or purged and cannot be located. In addition, certain agencies are no longer in business and there was insufficient time and resources to locate the records. The lack of such documentation does not mean that the services were not rendered nor the costs incurred.

Data files containing the claim lines that can still be fully supported 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 legal entity agencies verifying that claimed services are for services rendered on an IEP to an eligible student are included. (See Exhibit A-15).

The County also is requesting that CSM reinstate direct and indirect costs associated with County staff time spent on the AB 3632 program on State-mandated activities. In its audit report, the SCO stated that it disallowed these costs because they consisted of "pre- and post-IEP case management support services which are not eligible in accordance with the program's parameters and guidelines, and underlying state regulations that form the basis of the state-mandated cost program."

The SCO went on further to state that the services, which were identified using Mode 60 in the LAC DMH MHMIS or IS, were not included in the fourth generation data set because they were not tracked by client.

For the purpose of identifying and allocating costs correctly for cost report purposes, staff working in the AB 3632 program used this code to record time spent on State-mandated assessment and case management services that could not be recorded using other modes and service function codes because the first face-to-face meeting had not taken place. Time recorded as Mode 60 services include reviewing information sent by the educational agency, and communicating with the school district or parents if additional documentation was needed, developing an assessment plan and obtaining the parents' consent; and communicating with the IEP team administrator as necessary on any issues that may prevent the completion of the assessment within the time required by the Education Code.

The SCO's contention that these are not eligible services because they are prior to the IEP is incorrect and unsupportable based on the regulations and the program's parameters and guidelines. The purpose of these activities and the actual assessment of the pupil is to determine whether mental health services are to be included in an IEP. Therefore, they are, by definition, pre-IEP mandated costs. Further, not all assessments result in mental health services being included in the IEP; yet LAC DMH has the obligation to complete the assessment and to communicate with the IEP team administrator and the parents its determination and the reasons why.

The other use of the Mode 60 code for the AB 3632 program, though less common, occurs after the completion of a course of residential treatment. Professional staff case managers often receive communications from parents, therapists, teachers and other school personnel

subsequent to a student's return to the family home, community, and school. When such students exhibit a return of the problem behaviors that led to their placement into residential care and treatment, parents and school staff reach out to the case managers. As identified in the parameters and guidelines for the program, when pupils are placed in out-of-home residential settings, the County is required to act as the lead case manager whenever an IEP calls for residential placement of the pupil. As such, the parameters and guidelines specifically call out that mandated activities include "developing the plan and assisting the family and pupil in the pupil's social and emotional transition from home to the residential facility *and the subsequent return home.*" (Emphasis supplied)

In addition, at a minimum, the County is requesting reinstatement of direct and indirect costs associated with certain claims that the SCO disallowed on audit because they believed the particular procedure code, H2015, represented mental health rehabilitation services. While at the time of the audit in Fiscal Year 2008-09 this procedure code solely represented mental health rehabilitation services, during the fiscal years under audit the procedure codes also was used for individual psychotherapy where the face to face time was 19 minutes or less. This would include, by definition, sessions conducted by telephone as well as brief face-to-face sessions. Some agencies have identified specific claims that were disallowed on audit that were services for psychotherapy services and thus eligible for reimbursement under the mandate.

Finally, at a minimum, the County is requesting reinstatement of direct and indirect costs associated with the miscalculation of costs and off-setting reimbursements contained in the audit report. In reviewing the detail backing up the audit report, the County determined that in some cases the SCO applied the wrong rates to the services. In addition, the SCO assumed 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 overstatement of off-setting State General Fund EPSDT reimbursement. Further, the SCO used the same EPSDT percentage in calculating off-setting revenue against indirect costs even though 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. These errors combined to understate the County's actual costs.

Conclusion

This IRC requests the CSM to reinstate costs disallowed on audit by the SCO in the total amount of \$18,180,829 as the County contends that the SCO did not have legislative authority to audit a method of reimbursement that was established in the procedures and guidelines as a cost allocation or reasonable reimbursement methodology (e.g., the Cost Report Method) or, if it did, its audit protocols were incorrect because the audit protocols should have been based on the Cost Report Method of claiming instead of acting as if the County utilized the Actual

Item 7: Written Detail Narrative
Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06
Page 17

Increased Cost Method. Finally, at a minimum, the County would request reinstatement of costs that were disallowed on audit based on the identification of additional claim lines, errors made in calculations, and the erroneous disallowance of certain claims based on the mode or procedure code.

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-1
Notices of Claim Adjustment
Fiscal Years 2003-04, 2004-05 and 2005-06**

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AUGUST 6, 2010
AUDITOR CONTROLLER
COUNTY OF LOS ANGELES
500 WEST TEMPLE STREET RM 525
LOS ANGELES CA 90012

DEAR CLAIMANT:

RE: HANDICAPP & DISABLED CH1747/84

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		4,293,621.00
ADJUSTMENT TO CLAIM:		
FIELD AUDIT FINDINGS	-	4,293,621.00
TOTAL ADJUSTMENTS		- 4,293,621.00

COMMAND ==>

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AMOUNT DUE CLAIMANT

\$ 0.00

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IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ELLEN SOLIS
AT (916) 323-0698 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE,
DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO,
CA 94250-5875.

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2010/08/06

AUGUST 6, 2010
AUDITOR CONTROLLER
COUNTY OF LOS ANGELES
500 WEST TEMPLE STREET RM 525
LOS ANGELES CA 90012

DEAR CLAIMANT:

RE: HANDICAPP & DISABLED CH1747/84

WE HAVE REVIEWED YOUR 2004/2005 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	10,144,346.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 7,048,989.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-8,061,754.00

AMOUNT DUE STATE	\$ 4,966,397.00
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AUGUST 6, 2010
AUDITOR CONTROLLER
COUNTY OF LOS ANGELES
500 WEST TEMPLE STREET RM 525
LOS ANGELES CA 90012

DEAR CLAIMANT:

RE: HANDICAPP & DISABLED CH1747/84

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR
THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR
REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	12,487,968.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 7,040,916.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-12,487,968.00

AMOUNT DUE STATE	\$ 7,040,916.00
	=====

COMMAND ==>

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P 8 R 22 C 1

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 7,040,916.00 WITHIN 30 DAYS FROM THE DATE OF THIS LETTER, PAYABLE TO THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875 WITH A COPY OF THIS LETTER. FAILURE TO REMIT THE AMOUNT DUE WILL RESULT IN OUR OFFICE PROCEEDING TO OFFSET THE AMOUNT FROM THE NEXT PAYMENTS DUE TO YOUR AGENCY FOR STATE MANDATED COST PROGRAMS.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ELLEN SOLIS AT (916) 323-0698 OR IN WRITING AT THE ABOVE ADDRESS.

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS	- 7,040,916.00	
TOTAL ADJUSTMENTS		- 7,040,916.00

PRIOR PAYMENTS:

SCHEDULE NO. MA81327F	
PAID 06-11-2009	0.00
SCHEDULE NO. MA71335X	
PAID 12-18-2007	-516,271.00
SCHEDULE NO. MA71333X	
PAID 12-12-2007	-2,961,346.00
SCHEDULE NO. MA61358A	

COMMAND ==>

LRSP572 20100804 200104

PAID 03-07-2007

SCHEDULE NO. MA52817E

PAID 03-16-2006

TOTAL PRIOR PAYMENTS

-4,042,949.00

-4,967,402.00

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-12,487,968.00

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-14
United State Government Accountability Office
Government Auditing Standards
(June 2007)
Chapter 8, Section 8.07**

GAO

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

July 2007

Government Auditing Standards

July 2007 Revision



GAO-07-731G

Reporting Standards for Performance Audits

Introduction

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

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

Reporting

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

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

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

Chapter 8
Reporting Standards for Performance
Audits

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

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

Report Contents

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

**Objectives, Scope,
and Methodology**

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

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-15
Legal Entity Declarations
Related to Certain Claims
Fiscal Years 2003-04, 2004-05 and 2005-06**



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



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

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, Paul McIver, declare as follows:

1. I am a Mental Health District Chief with the Los Angeles County Department of Mental Health ("Agency"). In that position, I am responsible for the Special Education Program 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 00019_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by Agency 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.. Further, each of the mental services was provided by a qualified mental health professional consistent with his or her scope of practice.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are true and correct to the best of my own knowledge or information or belief and that this declaration was signed this 29th day of July, 2013, at Los Angeles, California

Paul McIver



Progress through Commitment to Excellence
Celebrating Thirty Five Years of Service

**DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED
UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

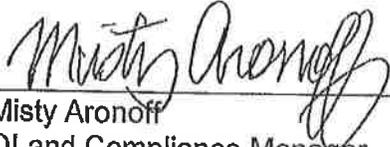
I, Misty Aronoff, declare as follows:

1. I am the QI and Compliance Manager with Alma 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 00173_HDS_Reconsideration_R.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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 and appropriate public education (FAPE). Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 21st day of June, 2013, at Monterey Park, California

A handwritten signature in cursive script, appearing to read "Misty Aronoff", written over a horizontal line.

Misty Aronoff
QI and Compliance Manager

ADMINISTRATION

7120 Franklin Avenue
Los Angeles, CA 90046
tel 323.876.0550
fax 323.436.7042
www.avivacenter.org

AVIVA HIGH SCHOOL

7120 Franklin Avenue
Los Angeles, CA 90046
tel 323.876.0550
fax 323.436.7045

FOSTER FAMILY AND ADOPTION AGENCY

7120 Franklin Avenue
Los Angeles, CA 90046
tel 323.876.0550
fax 323.436.7041

S.A.F.E.

at Gardner Elementary School
Administrative Office
7120 Franklin Avenue
Los Angeles, CA 90046
tel 323.876.0550
fax 323.436.7044

ANNENBERG RESIDENTIAL CENTER

1701 Camino Palmero
Los Angeles, CA 90046
tel 323.876.0550
fax 323.876.0439

COMMUNITY MENTAL HEALTH SERVICES

3580 Wilshire Boulevard, Suite 800
Los Angeles, CA 90010
tel 213.637.5000
fax 213.637.5001

Satellite Office

Community Mental Health Services
5200 Lankershim Boulevard
Suite 170
North Hollywood, CA 91601
tel 818.980.3200
fax 818.980.3203

President & CEO
Regina Bette, LMFT

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED
STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, Paul Stanley, declare as follows:

1. I am the Data Analyst with Hamburger Home DBA Aviva Family & Children's 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 *00174_HDS_Reconsideration.mdb* in the tables identified as *2003-2004_HDS_Excluded_Claims_Final_p*, *2004-2005_HDS_Excluded_Claims_Final_p* and *2005-2006_HDS_Excluded_Claims_Final_p* are for mental health 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 ensure that the pupils could receive a free and appropriate public education. Further, each of the mental health services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 service 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 21st day of June, 2013 at Los Angeles, California.


Paul Stanley, Data Analyst





**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

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 LE00183 HDS Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_claims_Final_p and 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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. Further, each of the mental health services was also within the scope of care which the County Department of mental Health was required by law to provide to such pupils, and 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 20th day of June, 2013 at Didi Hirsch Mental Health Services, Culver City, California.


Bryan Sawlsville

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

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

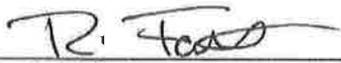
I, Tania Fallert, declare as follows:

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

2. The claim lines included in the file 185_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, and 2004-2005_HDS_Excluded_Claims_Final_p are for mental health 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 fair and ----- public education. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 27th day of June, 2013, at Canoga Park, California.



Tania Fallert

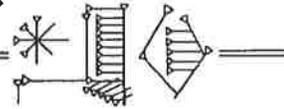
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WEST VALLEY - 6800 Owensmouth Ave. Suite 310, Canoga Park, CA 91303 (818) 347-8565, Fax (818) 347-0506
www.ecda.org

ENKI Health & Research Systems, Inc.

(a nonprofit corporation)

150 East Olive Avenue, Suite 203 • Burbank, CA 91502

Phone (818) 973-4899 • Fax (818) 973-4888



DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM FISCAL YEARS 2003-04, 2004-05 AND 2005-06

I, Kathleen Postal, declare as follows:

1. I am the Chief Financial Officer (CFO) with Enki Health & Research Systems, Inc. ("Agency"). In that position, I am responsible for assuring the accuracy of claims made by the Agency, 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 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by Agency 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.. Further, each of the mental services was provided by a qualified mental health professional consistent with his or her scope of practice.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are true and correct to the best of my own knowledge or information or belief and that this declaration was signed this 20th day of June, 2013, at Burbank, California



Kathleen Postal, CFO
Enki Health & Research Systems, Inc.



GATEWAYS HOSPITAL
AND MENTAL HEALTH CENTER

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

Attachment B

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, Mara Pelsman, declare as follows:

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

2. The claim lines included in the file 00190 Legal Entity Number_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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 fair and equitable public education. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 5th day of June, 2013, at Los Angeles, California

Mara Pelsman its CEO

Mara Pelsman, CEO, Gateways Hospital & Mental Health Center

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, *Robin Kincaid* declare as follows:

1. I am the *Administrative Director* with *The 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 *00191 HDS_Reconsideration.mdb* in the tables identified as *2003-2004_HDS_Excluded_Claims_Final_p*, *2004-2005_HDS_Excluded_Claims_Final_p* and *2005-2006_HDS_Excluded_Claims_Final_p* are for mental health 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 fair and ----- public education. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 24th day of June, 2013, at Long Beach, California


Signature of Agency Representative
Robin Kincaid, Administrative Director



**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, [Shaulon Shanklin-DeCuir], declare as follows:

1. I am the AVP of DMH Contracts and Billing with Hathaway-Sycamores Child and Family Services ("Agency"). In that position, I am responsible for assuring the accuracy of claims made by the Agency, 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 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by Agency 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.. Further, each of the mental services was provided by a qualified mental health professional consistent with his or her scope of practice to the best of my knowledge.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are true and correct to the best of my own knowledge or information or belief and that this declaration was signed this 24 day of June, 2013, at Pasadena, California.

Shaulon Shanklin-DeCuir
Shaulon Shanklin-DeCuir

Rick Wolf
Co-Chair, Board of Directors

Lyn Konheim
Co-Chair, Board of Directors

Elias Lefferman
President/Chief Executive Officer



**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

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_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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 fair and free public education. Further, each of the mental health services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 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 14th day of June, 2013, at Los Angeles, California.


Cheryl Carrington
Vista Del Mar Child and Family Services

Attachment B

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

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.

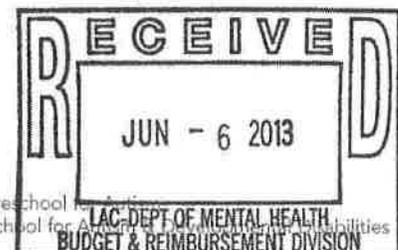
2. The claim lines included in the file 00198_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by The Help Group Child and Family Center during 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 included in such IEPs as necessary to assure that the pupils could receive a fair and --- public education. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 Help Group Child and Family Center 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 5th day of June, 2013, at Sherman Oaks, California



Susan Berman, Ph.D. EVP/COO



The Help Group Center for Autism Spectrum Disorders • Young Learners Preschool
The Help Group National Autism Foundation • Village Glen School • Bridgeport School • Sunrise School for Children with Disabilities

The Help Group - UCLA Neuropsychology Program • Summit View School • Coldwater Canyon Prep Program

The Help Group Child & Family Center • Pacific Schools • Project Six

Campuses: CULVER CITY • SHERMAN OAKS • VALLEY GLEN • VAN NUYS



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

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Fax (323) 373-2425
STEPPING UP TO SCHOOL READINESS
Fax (323) 373-2402
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COMMUNITY WELLNESS
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June 24, 2013

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

I, Katherine Ross, declare as follows:

1. I am the MIS Lead with Los Angeles Child Guidance Clinic ("Agency"). In that position, I am responsible for assuring the accuracy of claims made by the Agency, 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.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, are for mental health services rendered by Agency 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. Further, each of the mental services was provided by a qualified mental health professional consistent with his or her scope of practice.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are true and correct to the best of my own knowledge or information or belief and that this declaration was signed this 24 day of June, 2013, at Los Angeles, California.

Katherine Ross, MIS Lead



**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, Rhonda Chabran, LCSW, declare as follows:

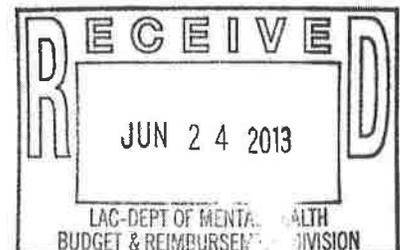
1. I am the Corporate Director of Quality, Improvement and Compliance with Pacific Clinics. In that position, I am responsible for assuring the accuracy of claims made by the Agency, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.

2. The claim lines included in the file 00203_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by Agency 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.. Further, each of the mental services was provided by a qualified mental health professional consistent with his or her scope of practice.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are true and correct to the best of my own knowledge or information or belief and that this declaration was signed this 20th day of June, 2013, at Arcadia, California


Rhonda Chabran, LCSW





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Nancy Lee Grahn
ABC Television

Janice Kyser
Community Advocate

Scott London
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Myles M. Mattenson, ESQ

Christine A. McClane, ESQ
Law & Mediation Offices of
Christine A. McClane

Sari Scheer
Community Advocate

Ken Teasdale
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Director of Operations

Duc Tu
Director of Finance

Kathleen Welch-Torres, Ph.D.
Director of Programs

Main Address
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Northridge, CA 91325-2003
818.993.9311

310 East Palmdale Boulevard
Palmdale, CA 93550
661.265.8627

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**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS
PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, Roy Marshall, declare as follows:

1. I am the President/CEO with Child and Family Guidance Center ("Agency"). In that position, I am responsible for assuring the accuracy of claims made by the Agency, 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 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by Agency 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.. Further, each of the mental services was provided by a qualified mental health professional consistent with his or her scope of practice.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are true and correct to the best of my own knowledge or information or belief and that this declaration was signed this 24th day of June, 2013, at Northridge, California

Roy Marshall
President/CEO



SAN FERNANDO VALLEY COMMUNITY MENTAL HEALTH CENTER, INC.

Moving Lives Forward

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Ian Hunter, Ph.D., President/CEO

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DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM FISCAL YEARS 2003-04, 2004-05 AND 2005-06

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

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

2. The claim lines included in the file 00208_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by Agency 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.. Further, each of the mental services was provided by a qualified mental health professional consistent with his or her scope of practice.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are true and correct to the best of my own knowledge or information or belief and that this declaration was signed this 21st day of June, 2013, at Van Nuys, California.

Ian Hunter, Ph.D.



**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, Darrell Paulk declare as follows:

1. I am the President / CEO with Child & Family 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 00210_HDS_Reconsideration_R.mdb in the tables identified as 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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 fair and ----- public education. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 17th day of June, 2013, at Santa Clarita, California.

Darrell Paulk, President / CEO

MAIN SITE - 21545 CENTRE POINTE PARKWAY, SANTA CLARITA, CA 91350 · (661) 259-9439 · FAX (661) 259-9658

23502 LYONS AVENUE #304
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23502 LYONS AVENUE #409
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23504 LYONS AVENUE #204
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(661) 286-2550 · FAX (661) 286-2567

23504 LYONS AVENUE #404
NEWHALL, CA 91321
(661) 259-9439 · FAX (661) 254-2033



**DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED
AND DISABLED STUDENTS II PROGRAM
FISCAL YEARS 2003-2004, 2004-2005 AND 2005-2006**

I, Christine Byrne, declare as follows:

1. I am the Deputy Director and Head of Service for the South Bay Children's Health Center ("Provider"). In that position I am responsible for assuring the accuracy of claims made by the Provider, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore testify competently to them in a court of law.
2. The claim lines included in the file 00213_HDS_Redconsideration.mdb in the tables identified as 2003-2004_HDSII_Excluded_Claims_Final_p and 2004-2005_HDS_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 21st day of June 2013 at Redondo Beach, California.

A handwritten signature in black ink, appearing to read 'Christine Byrne', is written over a horizontal line.

Christine Byrne, Deputy Director

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

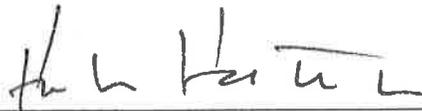
I, Herbert K. Hatanaka, declare as follows:

1. I am the Executive Director with Special Service for Groups ("Agency"). In that position, I am responsible for assuring the accuracy of claims made by the Agency, 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.

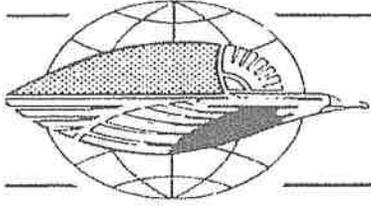
2. The claim lines included in the file [00214]_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by Agency during the referenced periods to 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. Further, each of the mental services was provided by a qualified mental health professional consistent with his or her scope of practice.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are true and correct to the best of my own knowledge or information or belief and that this declaration was signed this 1st day of July, 2013, at Los Angeles, California



Herbert K. Hatanaka, Executive Director



Stirling
Behavioral Health Institute

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, Chris R. Lewis, declare as follows:

1. I am the Administrator with Stirling Academy, Inc. ("Agency"). In that position, I am responsible for assuring the accuracy of claims made by the Agency, 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 00216_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by Agency 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. Further, each of the mental services was provided by a qualified mental health professional consistent with his or her scope of practice.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are true and correct to the best of my own knowledge or information or belief and that this declaration was signed this 21st day of June, 2013, at Westlake Village, California.

A handwritten signature in black ink, appearing to read "Chris R. Lewis", is written over a horizontal line.

Chris R. Lewis

Attachment B

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, Rebecca R. Refuerzo, declare as follows:

1. I am the Executive Director with Saint John's Health Center's: Child and Family Development Center LE # 00217 (6773,6792,7169). 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 LE#00217_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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 fair and ----- public education. Further, each of the mental health services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 21st day of June, 2013, at Santa Monica, California


Rebecca R. Refuerzo, LCSW Exec. Director SJHC:CFDC

Attachment A

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

I, Rebecca R. Refuerzo, declare as follows:

1. I am the Executive Director with Saint John's Health Centers: Child and Family Development Center LE # 00217 (6773,6792,7169). 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 LE#00217_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication related services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was included in such IEPs as necessary to assure that the pupils could receive a free appropriate public education. As medication related services, each claim was for care that is within the scope of services that the County Department of Mental Health was required by law to provide to such pupils. Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

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

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



Rebecca R. Refuerzo, LCSW Exec. Director SJHC:CFDC

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LOS ANGELES UNIFIED SCHOOL DISTRICT

STUDENT HEALTH AND HUMAN SERVICES



SCHOOL MENTAL HEALTH

333 South Beaudry Avenue, 29th Floor
Los Angeles, California 90017
Telephone: (213) 241-3841
Fax: (213) 241-3305

DEBRA DUARDO
Executive Director

PIA ESCUDERO
Director

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

I, Pia Escudero, declare as follows:

1. I am the Director with Los Angeles Unified School District, 97th St. SMH 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 7211_HDS_Reconsideration.mdb in the tables identified as 2002-2003_HDSII_Excluded_Claims_Final_p and 2003-004_HDSII_Excluded_Claims_Final_p are for medication support services rendered by the Provider during the referenced periods to pupils who, at the time the services were rendered, had in place an Individualized Education Plan ("IEP"). Each service in these tables was a mental health service and was required in such IEPs as necessary to assure that the pupils could receive a free appropriate public education. Each service was provided by a clinician who was permitted by his or her license or certification to render such care.

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

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

Pia Escudero, Director

6/12/13 Sandy dropped off to!
AM.

L. A. Department of Mental Health
Attn: Winnie Suen, Cost Report Section
550 South Vermont Ave., 11th Floor
Los Angeles, CA 90020

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SCHOOL MENTAL HEALTH

333 South Beaudry Avenue, 29th Floor
Los Angeles, California 90017
Telephone: (213) 241-3841
Fax: (213) 241-3305

DEBRA DUARDO
Executive Director

PIA ESCUDERO
Director

DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM FISCAL YEARS 2003-04, 2004-05 AND 2005-06

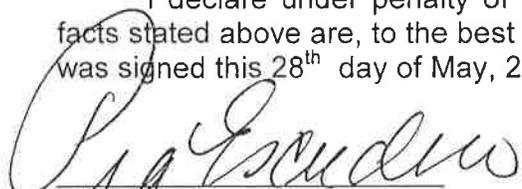
I, Pia Escudero, declare as follows:

1. I am the Director with Los Angeles Unified School District, 97th Street SMH 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 7211A_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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 and ----- public education. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 Los Angeles, California


Pia Escudero, Director

6/12/13 Sandy dropped off to!
AM.

L. A. Department of Mental Health
Attn: Winnie Suen, Cost Report Section
550 South Vermont Ave., 11th Floor
Los Angeles, CA 90020



San Gabriel Children's Center, Inc.

DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM FISCAL YEARS 2003-04, 2004-05 AND 2005-06

I, David K. Gaffield, declare as follows:

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

2. The claim lines included in the file 00320_HDS_Reconsideration_R.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 14th day of June, 2013, at Glendora, California

David K. Gaffield, Mental Health Finance Director



Hillsides

815 Colorado Blvd., Suite 300
Los Angeles, CA 90041

T 323.543.2800
F 323.978.1636

hillsides.org

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Susanne E. Crumme, LCSW
Associate Executive Director
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DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-2005 AND 2005-2006

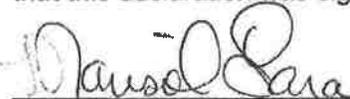
I, Marisol Lara, declare as follows:

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.

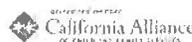
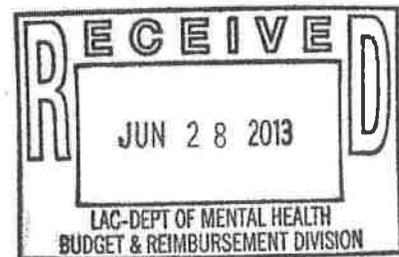
2. The claim lines included in the file 00321_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by the Provider during the referenced periods 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. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and was provided by a clinician who was permitted by his or her license or certification to render such care.

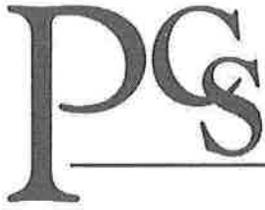
3. All of the services in tables referenced in paragraph 2 above were included in the units of services claimed under the AB 3632/CSOC plan on the LAC 102 form which the Provider filed with its cost report for relevant fiscal year. Further, the costs incurred in rendering such services to pupils pursuant 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 19 day of June, 2013, at Pasadena, California



Marisol Lara
Revenue Coordinator





**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

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 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 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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 fair and public education. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 11 day of June, 2013, at Hawaiian Gardens, California.


Kari Thompson, Director of Operations



Star View Adolescent Center

4025 W. 226th St.
Torrance, CA 90505
Tel: (310) 373-4556
Fax: (310) 373-2826

DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM FISCAL YEARS 2003-04, 2004-05 AND 2005-06

I, Gary Barnes, declare as follows:

1. I am the Assistant CFO with Star View Adolescent Center. 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 00543_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 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 30th day of July, 2013, at Long Beach, California.

Gary Barnes, Assistant CFO



children's institute, inc.

safe children, strong families, healthy communities

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Sue Ellen Douglas
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President and
Chief Executive Officer

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS
PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, Mark Engel, declare as follows:

1. I am the Chief Financial Officer and Senior Vice President of Finance with Children's Institute, Inc. ("Agency"). In that position, I am responsible for assuring the accuracy of claims made by the Agency, 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 0591 HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by Agency 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. Further, each of the mental services was provided by a qualified mental health professional consistent with his or her scope of practice.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are true and correct to the best of my own knowledge or information or belief and that this declaration was signed this 26th day of June, 2013, at Los Angeles, California.



Mark Engel
CFO and Senior Vice President of Finance

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, Ron Brown, declare as follows:

1. I am the Chief Program Officer with Children's Bureau of Southern California ("Agency"). In that position, I am responsible for assuring the accuracy of claims made by the Agency, 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 LE#00668_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by Agency 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. Further, each of the mental services was provided by a qualified mental health professional consistent with his or her scope of practice.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are true and correct to the best of my own knowledge or information or belief and that this declaration was signed this 9th day of July, 2013, at Los Angeles, California.



Ron Brown, Chief Program Officer
Children's Bureau of Southern California

Foothill Family Service

Building Brighter Futures for Children and Families Since 1926

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DECLARATION RELATED TO CERTAIN CLAIMS PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM FISCAL YEARS 2003-04, 2004-05 AND 2005-06

I, Gassia Ekizian, declare as follows:

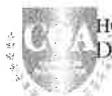
1. I am the QA Director with Foothill Family Service ("Agency"). In that position, I am responsible for assuring the accuracy of claims made by the Agency, and have directly or through staff who have made their findings known to me, verified the accuracy of the facts set forth below. I could therefore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

2. The claim lines included in the file 00724_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by Agency 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. Further, each of the mental health services was provided by a qualified mental health professional consistent with his or her scope of practice.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

I declare under penalty of perjury under the laws of the State of California that the facts stated above are true and correct to the best of my own knowledge or information or belief and that this declaration was signed this 20 day of June, 2013, at Pasadena, California


Signature of Agency Representative
Gassia Ekizian, MFT



HOA 988995.1
DWT 22180834v1 0050033-000750

2500 E. Foothill Boulevard, Suite 300 • Pasadena, CA 91107
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PROVIDING BEHAVIORAL HEALTHCARE SERVICES

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

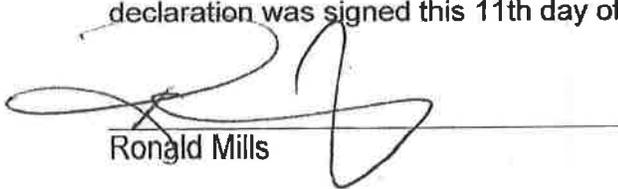
I, Ronald Mills, declare as follows:

1. I am the Contract Administrator with D'Veal Family and Youth 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 0778_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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 fair and --- public education. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 11th day of July, 2013, at Pasadena, California


Ronald Mills

BALANCED FAMILIES . BALANCED CHILDREN . BALANCED LIVES

MAIL: P. O. BOX 40255 · PASADENA, CA 91114-7255 · TEL: 626-296-8900 · FAX: 626-296-8910
1845 N. FAIR OAKS AVE., SUITE 2600 · PASADENA, CA 91103-1820 · EMAIL: DVEAL3@AOL.COM · DVEAL.ORG



Attachment B

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED
STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

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Services**

*a division of
ChildNet Youth and Family
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**Deputy Executive Officer/
Chief Operations Officer**

Monica A. Quiñones, M.A., M.F.T.

Director

Francine Togneri, Psy.D., L.C.S.W.

5150 E. Pacific Coast Hwy.
Suite 100
P.O. Box 4550
Long Beach, CA 90804-0550

(562) 490-7600
FAX (562) 490-7601
www.childnet.net

I, Kim Allen, declare as follows:

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

2. The claim lines included in the file 00783_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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 fair and ---- public education. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 20th day of June, 2013, at Long Beach, California

Kim Allen



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

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

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS
PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

I, Derrell Tidwell, declare as follows:

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

2. The claim lines included in the file [legal entity number]_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health 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 fair and ---- public education. Further, each of the mental services was also within the scope of care which the County Department of Mental Health was required by law to provide to such pupils, and 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 5th day of June, 2013, at Lynwood, California



[Derrell Tidwell, ACSW, LCSW, BCD]

**DECLARATION RELATED TO CERTAIN CLAIMS
PROVIDED UNDER THE HANDICAPPED & DISABLED STUDENTS PROGRAM
FISCAL YEARS 2003-04, 2004-05 AND 2005-06**

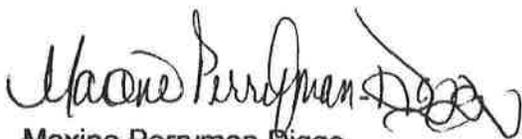
I, Maxine Perryman-Diggs, declare as follows:

1. I am the Executive Officer with Personal Involvement Center, Inc. ("Agency"). In that position, I am responsible for assuring the accuracy of claims made by the Agency, 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 [insert legal entity number]_HDS_Reconsideration.mdb in the tables identified as 2003-2004_HDS_Excluded_Claims_Final_p, 2004-2005_HDS_Excluded_Claims_Final_p and 2005-2006_HDS_Excluded_Claims_Final_p are for mental health services rendered by Agency 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. Further, each of the mental services was provided by a qualified mental health professional consistent with his or her scope of practice.

3. The costs incurred in rendering the services identified in paragraph 2 to pupils pursuant to their IEPs were included in the Agency's cost report for the fiscal year in which the service was rendered, and were reasonable and allowable. Further, the services were included in the totals used to determine the average cost per unit on such cost reports.

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



Maxine Perryman Diggs
Chief Executive Officer

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-2
Declaration Related to the Preparation of Claims
For Reimbursement of State-Mandated Costs
Fiscal Years 2003-04, 2004-05 and 2005-06**



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



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

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

I, Winnie Suen, declare as follows:

1. I am a presently a Fiscal Officer I with the Los Angeles County Department of Mental Health (LAC DMH). In my position with LAC-DMH, I am responsible for preparing LAC DMH's annual Cost Report in accordance with the instructions provided by the State Department of Mental Health and for preparing LAC DMH's claim for State-mandated reimbursement for the Handicapped and Disabled Students Program (AB 3632), also known as the Special Education Program (SEP). In this capacity, I 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 competently testify to them in a court of law.
2. The Cost Report Method was used in the preparation of the claims for State-mandated cost reimbursements (SB90) for the Handicapped and Disabled Students Program (AB 3632), also known as the Special Education Program (SEP).
3. The legal entity agencies' cost reports, i.e. the cost reports of agencies under contract with LAC-DMH to provide mental health services, and the LAC-DMH cost report serve as the supporting documentation for the units of service (UOS) provided by these legal entities, and are relied upon by LAC-DMH as the basis of LAC-DMH's reimbursement claim.
4. LAC DMH compiled the AB 3632 data from the legal entity agencies' and the LAC-DMH Fiscal Year 2003-04 cost reports and reported those services on the MH 1909 (Supplemental Cost Report Data by Program Category) form for SEP State Allocation for Fiscal Year 2003-04.
5. LAC DMH compiled the AB3632 data from the legal entity agencies' and the LAC-DMH Fiscal Year 2004-05 cost reports and reported those services on the MH 1912 (Supplemental Cost Report Data for Special Education Program) form for Fiscal Year 2004-05.
6. LAC DMH compiled the AB3632 data from the legal entity agencies' and the LAC-DMH Fiscal Year 2005-06 cost reports and reported those services on the MH 1912 (Supplemental Cost Report Data for Special Education Program) form for Fiscal Year 2005-06.
7. The gross costs for each fiscal year's claim are based on multiplying each legal entity's units of service or UOS for the SEP by its reimbursable rate as determined by its cost report.

8. Legal entity agencies could use end-of-the-year reports generated from the LAC DMH Mental Health Management Information System (MHMIS)/Integrated System (IS) or their internal records to report the units of service in their cost reports.
9. As the IS was implemented, issues with data entry and billing of UOS resulted in many of the legal entity agencies relying on their own internal records to complete their cost reports.
10. In submitting its cost report, each legal entity agency is required to sign a Cost Report Letter of Certification certifying that to the best of its knowledge and belief the information submitted is true, correct and in accordance with the law.

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



Winnie Suen

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-3
State of California Department of Mental Health
Cost And Reporting Financial System
Instruction Manual
Fiscal Year 2003-04**

COST AND FINANCIAL REPORTING SYSTEM (CFRS)

INSTRUCTION MANUAL Fiscal Year 2003-2004



CALIFORNIA DEPARTMENT OF MENTAL HEALTH

COUNTY FINANCIAL PROGRAM SUPPORT

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Manual Order Number: CFRS-20032004-104

Specifications contained herein are subject to change and these changes will be reported in subsequent release notes and new editions.

March 2004, Department of Mental Health, State of California

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GENERAL CONTACT INFORMATION

By Mail:

Department of Mental Health
County Financial Program Support
1600 9th St., Room 120
Sacramento, CA 95814

By Telephone or FAX:

916.654.2314 – Cost Report Contact Desk
916.653.9269 – Cost Report FAX
916.654.3117 – IT Help Desk

SPECIFIC CONTACT INFORMATION

If you are having technical problems with the Cost Reporting application and need technical assistance, contact the Cost Report Help Desk, or send an email to: cfrs_help@dmhhq.state.ca.us, or call 916.654.2314.

If you want to contact a Department of Mental Health Division or Office, please use the Division/Office Directory, located at <http://www.dmh.ca.gov>.

WEBSITE

The Department of Mental Health, Information Technology Web Services Internet site can be located at <https://mhhitws.cahwnet.gov>.

If you are having problems with the web site and need technical assistance, contact Webmaster@dmhhq.state.ca.us, or call 916.654.3467.

FEEDBACK

If you have questions or comments concerning the contents of the Department of Mental Health Web site, please use the Feedback Form.

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Getting Started

INTRODUCTION

The Fiscal Year (FY) 2003-2004 Cost Reports and reporting process are described within this section. The cost report is designed to focus on completion of certain schedules that will automatically complete the legal entity cost report forms. The formulas in the cost report forms are “locked and protected” to enable smoother process for editing and conducting the year-end settlement process for each local mental health agency. This also ensures the ability to create a uniform statewide database. Listed below are the highlights regarding the cost report spreadsheets and cost reporting procedures.

The cost report spreadsheets for this year remain an Excel based spreadsheet application.

There will be two sets of Cost Report spreadsheet automations:

1. A Detail Cost Report:

- To be completed by all legal entities (county or contract). Service provided can be either Medi-Cal or non-Medi-Cal.

2. A Summary Cost Report:

- To be completed by each County or Mental Health Plan (MHP).
- The summary cost report is used to complete certain county only forms.
- Summarizes each County or Mental Health Plan (MHP) total mental health activities for the fiscal year.

The Cost Report automated spreadsheets are available from the Department of Mental Health (DMH) website, at www.dmh.ca.gov.

Cost report submission for FY 2003-2004 involves both electronic and hard copies. The electronic submission process involves **uploading** the cost report through the Department's Information Technology Web Services (ITWS), and the hard copy (with the original signed MH 1940) submission process requires one hard copy cost report package to the Department through the mail.

Please mail to:

Department of Mental Health
County Financial Program Support
1600 9th Street, Room 120
Sacramento, CA 95814

SUMMARY OF CHANGES MADE TO FY 2003-2004

The main data entry forms (MH 1900 and MH 1901) have not been changed. The majority of changes to FY 2003-2004 Cost Reports will be automatically completed once the data entry forms are completed. Technical changes, updates, and clarifications have been made to this instruction manual. The following is a summary of the major changes made to the Cost Report for the FY 2003-2004:

1. **MH 1960 – Line 4 Other Adjustment**
Data entry for this Line is entered on a newly created MH 1962.
2. **MH 1979 Healthy Families Administrative Costs**
Added Lines 7A and 7B for Contract Providers and Total Healthy Families Direct Service Gross Reimbursements.
3. **MH1992_INST**
Modified MH 1992_Inst to default to “Yes”. Will not allow user to select “No” for a funding source if there is already data for that funding source on the MH 1992.
4. **MH 1992 – Prior Year General Fund Rollover**
Line 20A added to account for prior year State General Fund Rollover
Line 20B added to show Other Revenues.
5. Individuals with Disabilities Education Act (IDEA) fund is a new funding source that covers SB 3632. It should be reported on Cost Report MH 1992 – funding source as “Other Revenues”. Cannot be used to match FFP.
6. MH 1940 Certification Form has been modified to include a word document.
7. MH 1901 Schedule B – Added settlement type CAW for reporting CALWORKS

Other Changes for your information

8. Legal entities that provide Healthy Families (Fee-For-Service) inpatient services have been assigned a provider number effective 7/1/2002, that will be used to claim all HFP inpatient services that occur in hospitals setting that would be fee-for-service if used for Medi-Cal children. The details are as follows:
Legal Entity Number: HFPxx * xx = County Code
Provider Number: xxxx
Provider Name: County HFP FFS IP
Provider address:
Mode of Service: 05; Service Function: 10.
9. Final Settlement package (signature page) for each county will be available on ITWS for

FY 2002-2003 soon.

Cost Report Instructions

The California Department of Mental Health's (DMH) Cost Report is required to be completed by all legal entities furnishing local community mental health (Medi-Cal and non Medi-Cal) services. For the purpose of year-end cost reporting and submission, each county's designated local mental health agency is responsible for submitting the county legal entity's cost report, its contract provider legal entity cost reports, including the completion of county forms MH 1909, MH 1940 and MH 1994, and these reports should be sent in one package to the DMH.

The objectives of the Department of Mental Health Cost Report are to:

- Compute the cost per unit for each Service Function (SF)
- Determine the estimated net Medi-Cal entitlement (Federal Financial Participation-FFP) for each legal entity;
- Identify the sources of funding;
- Serve as the basis for the local mental health agency's year-end cost settlement, focused reviews and subsequent SD/MC fiscal audit; and
- Serve as the source for County Mental Health fiscal year-end cost information.

This is accomplished by determining the allowable Short-Doyle/Medi-Cal (SD/MC) costs and allocating these costs, between administrative, utilization review, research and evaluation, and direct service cost centers (i.e., modes of service), including the Medi-Cal Administrative Activities (MAA). Participation in the MAA program is optional and requires compliance to additional procedures set by the Centers for Medicare & Medicaid Services (CMS), Department of Health Services, and DMH. MAA costs reported in the cost report must be based on actual staff time captured at the service function level.

Direct service costs are apportioned to Medi-Cal patients based on units of service at the service function level. In FY 2003-2004, units of service are to be reported according to the period of time during which services were provided. This separate identification of units for the first quarter and for the balance of the fiscal year is necessitated by a change in the federal/state sharing ratio for Short-Doyle/Medi-Cal (SD/MC). During FY 2003-2004, the federal/ state sharing ratio is as follows:

Regular SD/MC:**First Quarter (July 1, 2003 through September 30, 2003)**

The FFP sharing ratio for regular Medi-Cal reimbursable mental health treatment services is 54.35 percent for the federal share and 45.65 percent for the state share.

Balance of the Fiscal Year (October 1, 2003 through June 30, 2004)

The FFP sharing ratio for Medi-Cal reimbursable mental health treatment services is 52.95 percent for the federal share and 47.05 percent for the state share.

Enhanced SD/MC (Children) and Healthy Families:**First Quarter (July 1, 2003 through September 30, 2003)**

The FFP sharing ratio for Healthy Families and Enhanced Children's Medi-Cal funds is 65 percent for the federal share and 35 percent for the state share.

Balance of the Fiscal Year (October 1, 2003 through June 30, 2004)

The FFP sharing ratio for Healthy Families and Enhanced Children's Medi-Cal funds is 65 percent for the federal share and 35 percent for the state.

Enhanced SD/MC (Refugees)**All Quarters (July 1, 2003 – June 30, 2004)**

The FFP sharing ratio for Enhanced SD/MC (Refugees) is 100 percent for the entire year.

SD/MC Administration, Quality Assurance, Utilization Review and MAA

The FFP sharing ratio for Skilled Professional Medical Personnel (SPMP) engaged in quality assurance oversight is 75 percent federal and 25 percent state. Other quality assurance costs and all other administrative costs, including MAA, is 50/50 percent sharing ratio.

The FFP sharing ratio for Healthy Families Administration is 65 percent, and 35 percent for state.

After units of service are identified as described above, SD/MC service function costs are aggregated into inpatient and outpatient costs. Aggregate direct services SD/MC costs (including regular SD/MC, Medicare/Medi-Cal crossover, Enhanced SD/MC for children and refugees) for inpatient and outpatient services for each legal entity are compared with aggregate Medi-Cal published charges and the aggregate statewide maximum allowable

(SMA) reimbursement amounts to determine the direct service reimbursement methodology based on the Lower of Cost or Charge principles. This reimbursement methodology is applied to all SD/MC aggregated costs listed above. For negotiated rate legal entities, SD/MC direct service reimbursement is based on the lower of the aggregate SD/MC negotiated rates for inpatient and outpatient services, the aggregate published charges, or the aggregate SMA reimbursement. Patient and other payor liabilities collected on behalf of regular SD/MC, Medicare/Medi-Cal crossover, and enhanced SD/MC patients, are reduced from the gross direct service reimbursement for SD/MC to determine the net due for SD/MC direct services.

Healthy Families direct service costs are NOT included in the calculation to determine the SD/MC reimbursement methodology based on the lower of costs or charges. However, the Healthy Families costs are aggregated and compared in the same way as SD/MC direct service costs and utilizes the same reimbursement methodology determined by the SD/MC costs. Gross direct service reimbursement Healthy Families costs are reduced by patient and other payor liabilities of Healthy Families clients to determine the net Healthy Families reimbursement for direct services.

SD/MC administrative reimbursement for county legal entities is based on the SD/MC direct service reimbursement in the county.¹ Reimbursement for SD/MC utilization review activities also is computed. The sum of net SD/MC direct service reimbursement, net MAA reimbursement, SD/MC administrative reimbursement, and SD/MC utilization review reimbursement represents the basis for determining the preliminary FFP for legal entities' cost based reimbursement. Legal entities reimbursed based on negotiated rates must subtract 25 percent of the amount negotiated rates exceed costs.

Contract providers that provide services to multiple counties have the option to complete the cost report in one of two ways. One way "Total Gross Costs method" allows the contractor to report its total gross costs for mental health related services provided to multiple counties on MH 1960, make adjustments on Line 2, MH1992 for each county cost report to eliminate costs not related to the county in order to properly show the funding source for services provided to the county. The second method, "Net Cost method" allows the contractor to report only the costs (activities) of the legal entity that are identified with each county. The use of any one method will produce the same result, and each county has the discretion to select the method to be used by its contractors. Round, amounts to the nearest whole dollar.

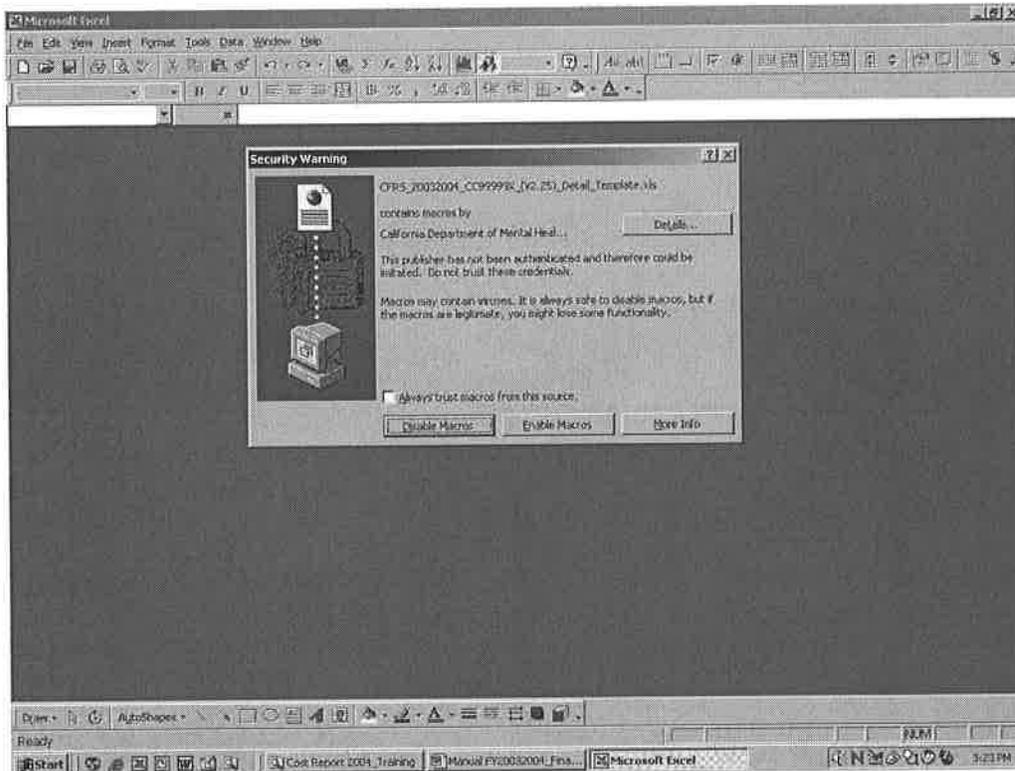
The following steps below describe the procedures to be used in completing the Department of Mental Health fiscal year-end Cost Report.

¹ Throughout these instructions, county legal entities are defined as legal entities staffed and operated by county government employees.

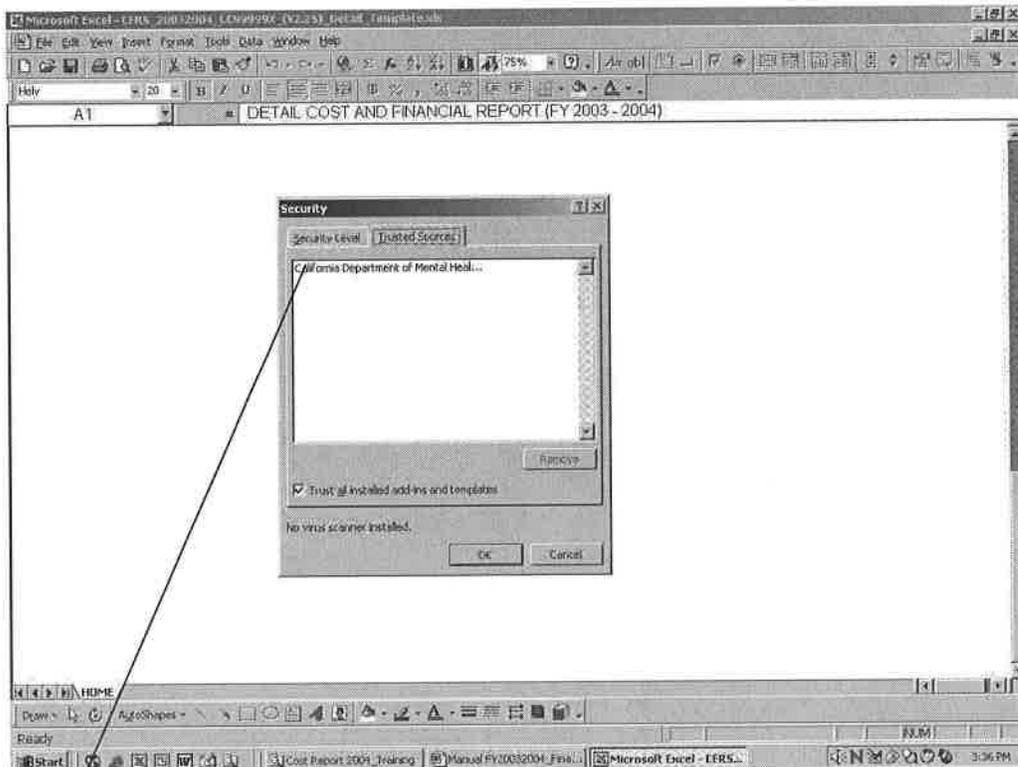
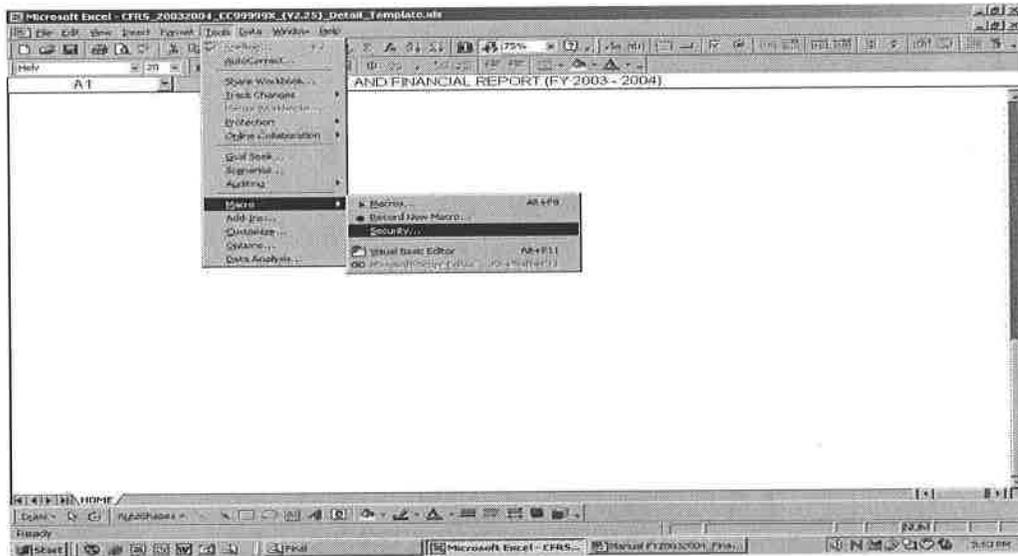
Opening the Workbook

Enable the Macros

The Cost Report is an Excel based application. It uses macros that enable the flow and automatic population for most of the forms. When the workbook is first opened, a dialog window appears and asks whether or not to allow this functionality. **You must check “Always trust Macros from this source”** if you do not want to see this dialog window again when opening the Cost Report template.



If you trust DMH Information Technology and prefer to **ENABLE MACROS** every time you work on the Cost Report template but have accidentally checked "Always trust macros from this source" you can restore the dialog window back by following these procedures. **TOOLS > MACRO > SECURITY > TRUSTED SOURCES**. In the Trusted Sources Dialog box, click on Department of Mental Health... and click on **REMOVE** to restore back the window.



REMOVE to restore "Always trust macros from source" Dialog Box window.

No text this page.

HOME

Cost Report Home Page

After you have opened the workbook and enabled the macros, you will now be at the Cost Report Home Page.

From here, you can continue to complete the cost report, or use some of the other options of the cost report.

If you wish to continue to complete the cost report, simply "click" on the button of MEDI-CAL or NON MEDI-CAL, depending upon type of cost report that you are trying to complete.

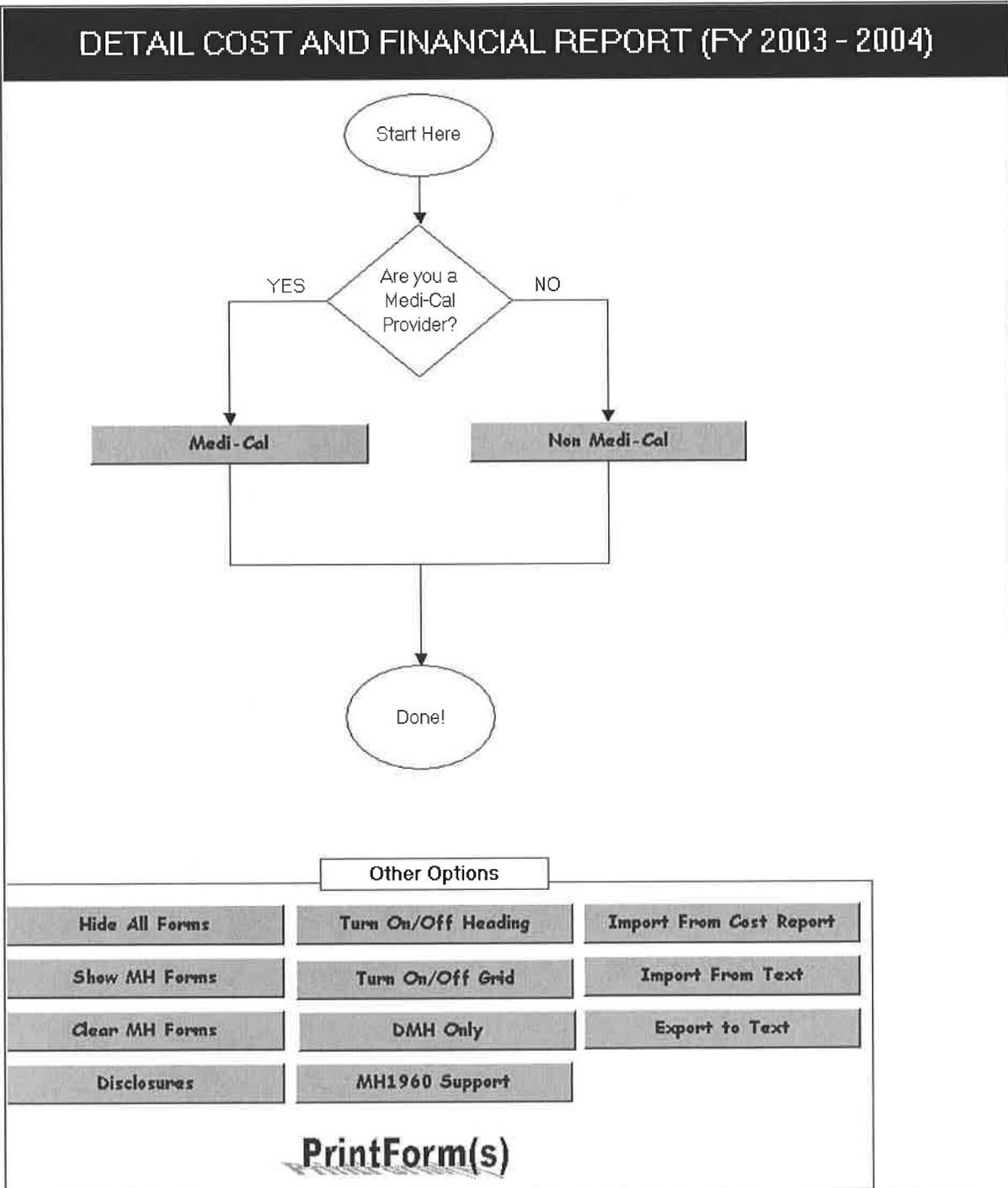
Subsequently you will be shown a series of "flowcharts" from your chosen action.

Note:

Please take note of the OPTIONS box, at the bottom of the HOME Page Sheet. These Options will allow you to do the following:

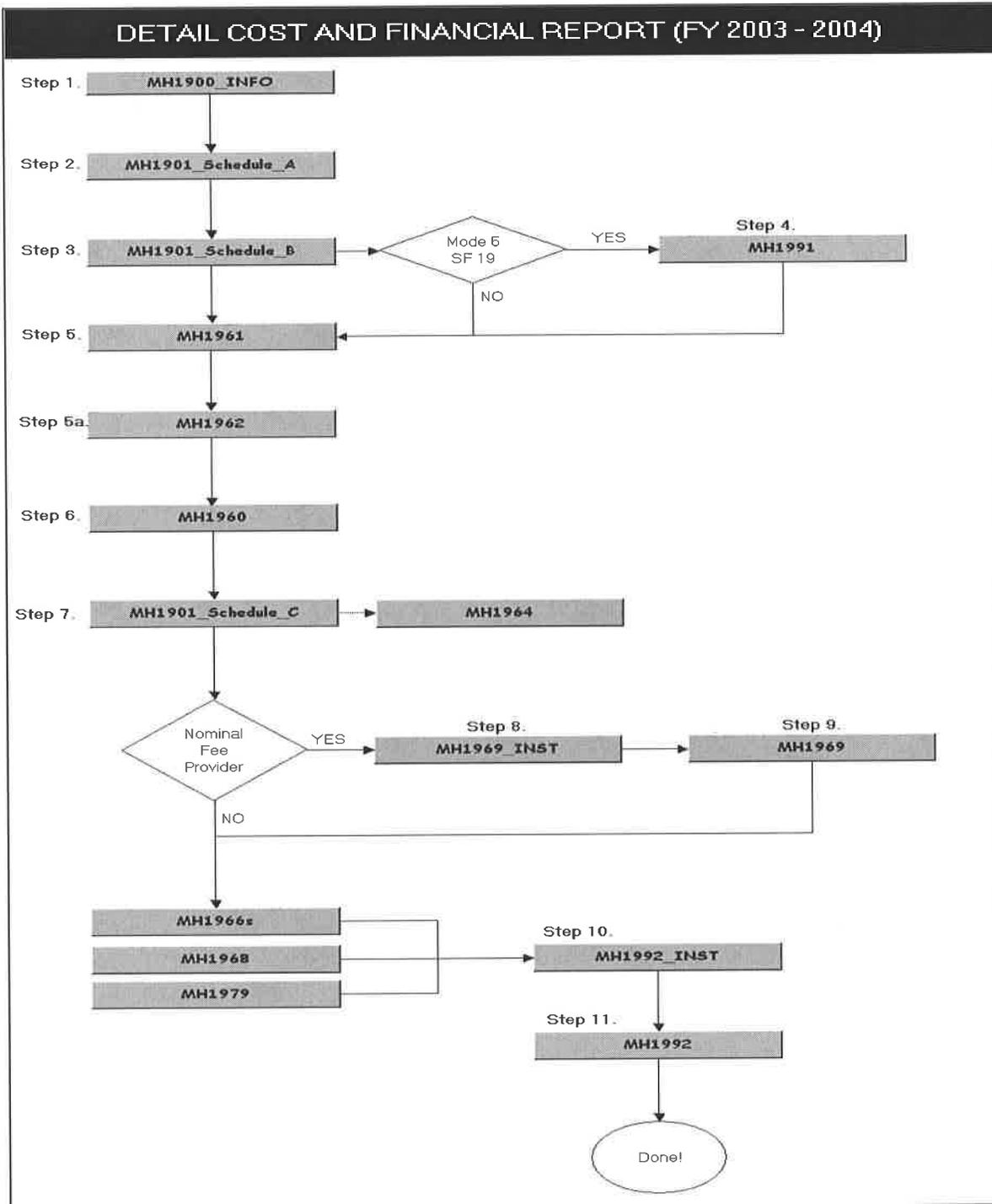
Options Described:

Show MH Forms	Shows all the Cost Report worksheets.
Hide All Forms	Shows only the Home page.
Clear Forms	Reset all data values in forms to zeroes or blanks.
Turn On/Off Heading	Toggles the Excel Row and Column indicator's, such as A,B,C, and 1,2,3, etc...) Useful if only wanting to see FORM Row and Column indicator's and NOT EXCEL Row and Column indicators.
Turn On/Off Grid	Toggle the Excel background grid showing cell placement.
Import from Cost Report	This option will allow you to import from another DMH Cost Report workbook data into the current workbook. These cost reports must be from the same fiscal year.
Import from Text	This option will allow you to import and populate data into the MH_Schedules.
Export to Text	This option will allow you to export the data from the MH_Schedules.
Print Options	This option will allow you print selected schedules or forms of the cost report.



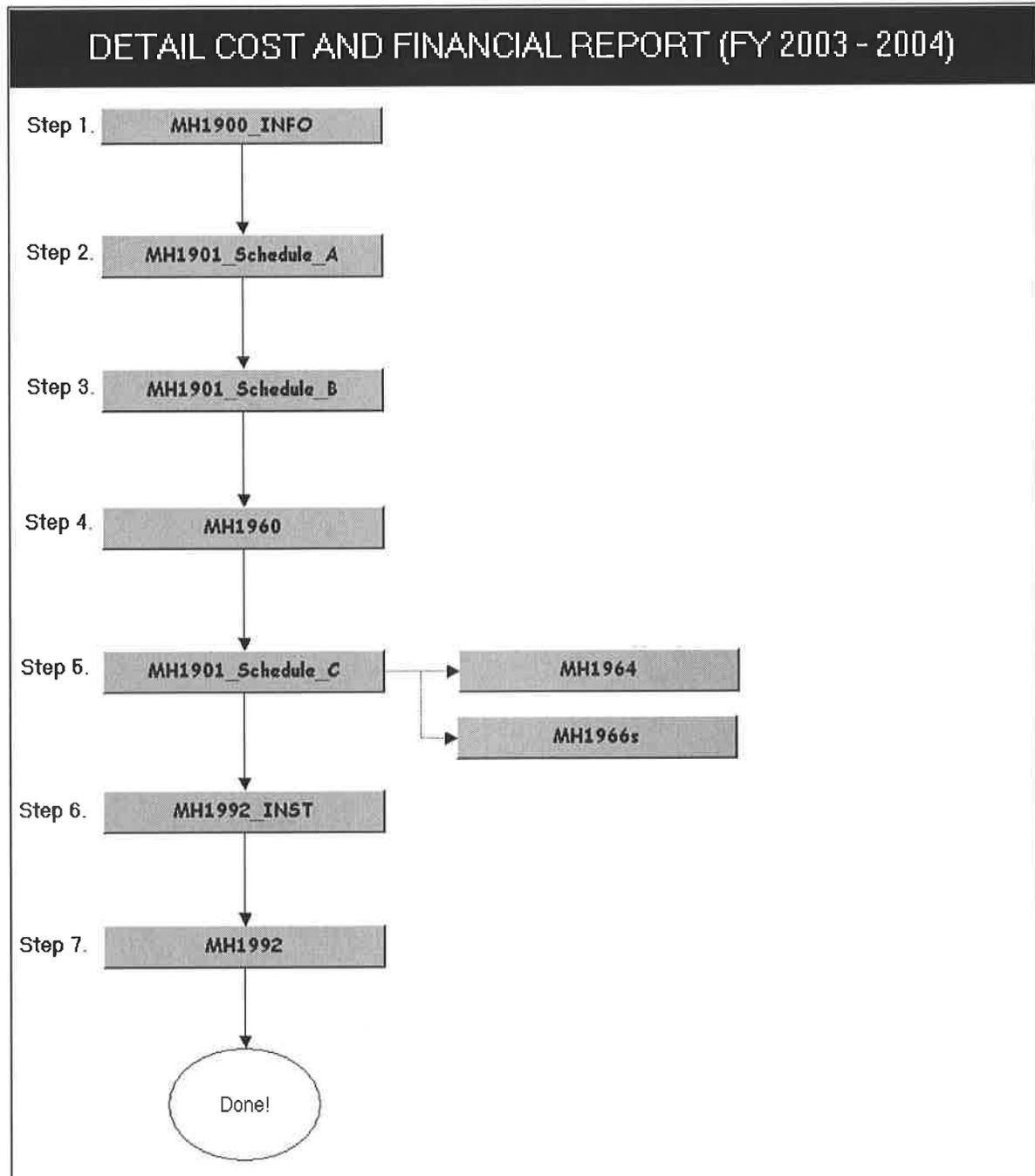
MEDI-CAL

Flowchart path if Medi-Cal Cost Report



Non MEDI-CAL

Flowchart path if Non Medi-Cal Cost Report



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Detail Forms For ALL Legal Entities

This section details the following forms and their requirements for ALL Legal Entities. This includes contract and county legal entities.

MH 1900	Information Worksheet
MH 1901 Schedule A	Schedule Of Negotiated Rates And Published Charges
MH 1901 Schedule B	Worksheet For Units Of Service And Revenues By Mode And Service Function
MH 1901 Schedule C	Supporting Documentation For The Method Used To Allocate Totals To Mode Of Service And Service Function
MH 1960	Calculation of Program Costs
MH 1961	Medi-Cal Adjustments to Costs
MH 1962	Other Adjustments
MH 1964	Allocation of Costs to Modes of Service
MH 1966 (Program 1 and Program 2)	Allocation of Costs to Service Functions – Mode Total
MH 1966 (Mode 5, Service Function 19)	EXCEPTION (Mode 05, Service Function 19)
MH 1966 (Modes 45 and 60)	Allocation of Costs to Service Functions – Mode Total for Outreach and Support (Modes 45 and 60)
MH 1966 (Mode 55)	Allocation of Costs to Service Functions – Mode Total for Mode 55 Medi-Cal Administrative Activities (MAA)
MH 1968	Determination of SD/MC Direct Services and MAA Reimbursement
MH 1969 (Optional)	Lower of Costs or Charges Determination
MH 1979	SD/MC Preliminary Desk Settlement
MH 1991	Calculation of SD/MC (Hospital Administrative Days)
MH 1992	Funding Sources

MH 1900**Information Worksheet**

The Information Worksheet is the starting point for the completion of the automated SD/MC Cost Report. The information provided here is automatically linked to forms and schedules in the cost report. This worksheet eliminates the redundant entry of county name and code, and legal entity (LE) name and number on cost report forms and schedules. The information provided here applies to county and contract legal entities for Medi-Cal and Non-Medi-Cal Cost Reports.

The information worksheet is divided into sections. Section I should be completed by "All Legal Entities" and Section II should be completed by "County Legal Entities only".

County legal entities should report "Contract Provider Medi-Cal Direct Service Gross Reimbursement" in Section II. The amount reported here is used to populate MH 1979 Line 2, columns B and C ordinarily used for the determination of Medi-Cal Administrative Reimbursement Limit. Note! Reported amount is the sum of MH1968 Lines 21, 21A and 22, Columns E & K for all Contract Providers that reported Medi-Cal units on MH 1901 Schedule B columns.

County legal entity should report "Contract Provider Healthy Families Direct Service Gross Reimbursement in Section II. The amount reported here populates MH 1979 Line 7A, Columns B and C used for the determination of Healthy Families Administrative Reimbursement Limit. Reported amount is the sum of MH1968 Lines 27 and 27A, Columns E & K for all Contract Providers that reported Healthy Families units on MH 1901 Schedule B columns.

County legal entities also are required to enter the provider numbers for Fee-For-Service Mental Health Specialty for individual and group providers.

Legal entities that provided SD/MC units of service during the reporting period should select the "Y" option to the question, "Are you reporting SD/MC?" If you are not reporting SD/MC units of service, select option "N".

Each county legal entity is required to respond to the question whether their population is either over or under 125,000 population. If county population is over 125,000, select option "Y". If, it is either 125,000 or under select option "N".

MH 1901 Schedule A**Schedule Of Negotiated Rates And Published Charges**

MH 1901 Schedule A requires information on state-approved Negotiated Rates (NR) and Published Charges (PC) for all authorized services. The form layout is by Mode and Service Functions (SF) and includes the FY 2003-2004 SD / MC Statewide Maximum Allowance (SMA). While the SMA rates are provided, each legal entity must input the NR and Published Charge data for all authorized services. This form serves as a "source document" that will enable the SMA, NR and PC rates to be cell referenced to other applicable MH forms.

Column D - Negotiated Rate (NR)

Enter the Negotiated Rates for all Modes and Service Functions that have state-approved rates.

Column E - Published Charge (PC)

Enter Published Charge rates for appropriate Modes and Service Functions reported. Note that Outreach (including MAA) and Support Services are excluded. A legal entity's published charge is: (1) the usual and customary charge to the general public; "published charges" are usual and customary charges prevalent in the public mental health sector that are used to bill the general public, insurers, and other non-Medi-Cal payors. Legal entities with more than one published charge rate for a service function can report a *weighted average* published charge rate for the service function, or provide a separate support schedule with the following information: (1) each service function; (2) time period covered by each published charge; (3) each published charge per unit of service; (4) Medi-Cal units of service provided for each published charge; and (5) total published charges for each service function (published charge per unit multiplied by the units of service).

Column E, Rows 31-35 – Medi-Cal Eligibility Factor

Enter the Medi-Cal Eligibility Factor if participating in Medi-Cal Administrative Activities (MAA). A separate eligibility factor should be reported for each quarter claimed and should be consistent with quarterly MAA invoices submitted to DMH.

Column F, County Non-Medi-Cal Contract Rate

Enter on column F non-Medi-Cal contract rates agreed between county and its service providers for Modes 45 and 60. Do not enter Medi-Cal contract rates on this column.

Column G, Rate for Allocation

This column carries forward NRs entered on Columns D and Column F (county non-Medi-Cal contract rates with service providers) for the purpose of allocating costs to modes and service functions.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY SCHEDULE OF NEGOTIATED RATES AND PUBLISHED CHARGES MH 1901 SCHEDULE A (06/04)				DEPARTMENT OF MENTAL HEALTH / MENTAL HEALTH FISCAL YEAR 2003 - 2004			
Entity Name: 0 _____				Entity Number: _____			
Fiscal Year: 2003 - 2004							
	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
Hospital Inpatient	05	10 - 18	\$873.40				\$0.00
Hospital Administrative Day	05	19	\$236.78				\$0.00
Psychiatric Health Facility (PHF)	05	20 - 29	\$489.49				\$0.00
SNF Intensive	05	30 - 34					\$0.00
IMD Basic (No Patch)	05	35					\$0.00
IMD (With Patch)	05	36 - 39					\$0.00
Adult Crisis Residential	05	40 - 49	\$276.02				\$0.00
Jail Inpatient	05	50 - 59					\$0.00
Residential Other	05	60 - 64					\$0.00
Adult Residential	05	65 - 79	\$134.63				\$0.00
Semi - Supervised Living	05	80 - 84					\$0.00
Independent Living	05	85 - 89					\$0.00
MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
Crisis Stabilization							\$0.00
Emergency Room	10	20 - 24	\$85.68				\$0.00
Urgent Care	10	25 - 29	\$85.68				\$0.00
Vocational Services	10	30 - 39					\$0.00
Socialization	10	40 - 49					\$0.00
SNF Augmentation	10	60 - 69					\$0.00
Day Treatment Intensive							\$0.00
Half Day	10	81 - 84	\$130.63				\$0.00
Full Day	10	85 - 89	\$183.46				\$0.00
Day Rehabilitation							\$0.00
Half Day	10	91 - 94	\$76.20				\$0.00
Full Day	10	95 - 99	\$118.94				\$0.00
C. OUTPATIENT SERVICES							
Case Management, Brokerage	15	01 - 09	\$1.83				\$0.00
Mental Health Services	15	10 - 19	\$2.36				\$0.00
Mental Health Services	15	30 - 59	\$2.36				\$0.00
Medication Support	15	60 - 69	\$4.37				\$0.00
Crisis Intervention	15	70 - 79	\$3.52				\$0.00
D. OUTREACH SERVICES							
Mental Health Promotion	45	10 - 19					\$0.00
Community Client Services	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES							
Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR			
Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
MAA Coordination and Claims Administration	55	09		Quarter 3			
Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
MH Services Contract Administration	55	14 - 16		Average			
Discounted Mental Health Outreach	55	17 - 19					
SPMP Case Management, Non-Open Case	55	21 - 23					
SPMP Program Planning and Development	55	24 - 26					
SPMP MAA Training	55	27 - 29					
Non-SPMP Case Management, Non-Open Case	55	31 - 34					
Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
Conservatorship							\$0.00
Investigation	60	20 - 29					\$0.00
Administration	60	30 - 39					\$0.00
Life Support/Board & Care	60	40 - 49					\$0.00
Case Management Support	60	60 - 69					\$0.00

HOME

← MH1900 INFO

MH1901 Schedule B →

MH 1901 Schedule B**Worksheet For Units Of Service And Revenues By Mode And Service Function**

MH 1901 Schedule B is an "all purpose" type worksheet. Data reported here is used to populate the MH 1966, MH 1968, and MH 1979. This worksheet identifies services according to "settlement type", modes and service functions and the period of service. Total units of service and units allocated to Short-Doyle/Medi-Cal, Medicare/Medi-Cal Crossovers, Enhanced Medi-Cal, Medi-Cal Administrative Activities and Healthy Families are accounted for here. Total units reported must equal the sum of columns G, J, M, N, P, R, S and U. Patient and Other Payor Revenues must also be reported on this worksheet. If unable to isolate Patient and Other Payor Revenues at the service function level, revenues can be reported at the modes of service level under the first reported service function within each mode.

SD/MC / EXPLANATION OF BALANCES (EOB) AND INTERNAL REPORTING SYSTEM

The Short-Doyle/Medi-Cal (SD/MC) system pays for mental health services provided under the SD/MC program to Medi-Cal beneficiaries. This system supports the claims submission, correction, and approval processes for the counties. For cost report submission and reconciliation, unit of service data reported must match EOB records and internal reporting system available in the county to track SD/MC units and revenues that were approved and valid. Note, that complete reliance on the Explanation of Balances (EOB) reports are not sufficient because some approved claims, later denied, cannot be edited from the EOB reports. It is mandatory that the county establish an internal tracking system that accurately complements the EOB reports for both cost report submission and audit trail purposes. Separate tracking systems labeled **package A, and package B** must be used to account for SD/MC units of service reported for year-end cost report submission and Final Cost Report Reconciliation. Package A should contain EOB SD/MC unit of service data used for cost report submission, and Package B should contain EOB SD/MC units of service data for Final Cost Report Reconciliation. These records should be maintained along with other records for cost report settlement and audit purposes.

Column A - Settlement Type

Enter the settlement type (CR, NR, TBS, ASO, MAA, MHS, and ISA) in Column A. Settlement type identifies the method used to determine reimbursement limit due to application of each program's rules and regulations or as part of a performance agreement between the Department and the county legal entities.

- **CR** Cost reimbursement method of reimbursement is based on actual cost.

- **NR** Negotiated Rate method of reimbursement is based on a negotiated rate approved by the State.

- **TBS** Therapeutic Behavioral Services (TBS) are individual or group providers, and organizational providers that contract with county Mental Health Plans (MHPs) to provide *TBS ONLY* services. These providers are not required to submit annual cost reports to the state. County Mental Health Plans (MHPs) should reimburse this provider type costs and report these costs to DMH as actual cost to the county under the county legal entity number (detailed cost report) in Program 2 – TBS costs. *(Note! cost reports from organizational providers that provide TBS ONLY services will not be accepted).*
- **ASO** Administrative Services Organization (ASO) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to the fiscal intermediary for the provision of services and related administrative fees for children placed outside of the county.
- **MAA** Medi-Cal Administrative Activities (MAA) method of reimbursement is based on actual costs to the county for counties participating in mental health MAA. Participation includes submission of a claiming plan, state and federal level approval of a County Mental Health MAA Plan and the submission of invoices through DMH during the year. All MAA invoices must be submitted by the time the cost report is due, and, the units of service identified on the cost report must match the invoiced units. Please see your MAA Coordinator for additional participation requirements.
- **MHS** Mental Health Specialty (MHS) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to Fee-For-Service individual or group providers for mental health specialty services.
- **ISA** Integrated Service Agency (ISA) method of reimbursement is based on actual costs to the county for payments made to the providers of ISA services.
- **CAW** California Work Opportunity and Responsibility to Kids (CalWORKS) program is to prepare clients for work and assist them to obtain and maintain employment so they can effectively support their families. Under CalWORKS, cash aid to families is time-limited and able-bodied adults in the families must meet certain work requirements to remain eligible. This program is administered by county welfare departments under the supervision of California Department of Social Services (CDSS).

Column B – Mode

Enter the Mode of Service

Column C – Service Function

Enter the Service Function

Column D – Total Units of Service

Enter the total units for each Service Function

Column E – SD/MC Units 7/1/03 - 9/30/03

Enter the total regular SD/MC units (from billing records) for each Medi-Cal service function for the period 7/1/03-9/30/03. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here.

Column F – SD/MC Units 10/1/03 - 6/30/04

Enter the total regular SD/MC units (from billing records) for each Medi-Cal service function for the period 10/1/02-6/30/03. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here.

Column G – Total SD/MC Units

No entry. This column sums Columns E and F.

Column H – Medicare/Medi-Cal Crossover Units 7/1/03 - 9/30/03

Enter the Medicare/Medi-Cal Crossover units by SF for the period 7/1/03-9/30/03.

Column I – Medicare/Medi-Cal Crossover Units 10/1/03 - 6/30/04

Enter the Medicare/Medi-Cal Crossover units by SF for the period 10/1/03-6/30/04.

Column J – Total Medicare/Medi-Cal Crossover Units

No Entry. This column sums Columns H and I.

Columns K & L – Third Party Revenue for Patient and Other Payors

Enter the 3rd party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal crossover units of service (07/01/03 – 09/30/03) for each Service Function or Mode of Service. Revenue from Medicare should be included here.

Enter the 3rd party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal crossover units of service (10/01/03 – 06/30/04) for each Service Function or Mode of Service. Medicare revenue should be included here.

Column M – Units of Service for Enhanced SD/MC (Children) 07/01/03 - 09/30/03

Enter the units of service for each service function for Enhanced SD/MC (Children) for the period 07/01/03 - 09/30/03.

Column N - Units of Service for Enhanced SD/MC (Children) 10/01/03 - 6/30/04

Enter the units of service for each service function for Enhanced SD/MC (Children) for the period 10/01/03 - 06/30/04.

Column O - 3RD Party Revenue Enhanced SD/MC (Children)

Enter 3rd Party Revenue collections for Enhanced SD/MC (Children) services for the entire year.

Column P – Units of Service for Enhanced SD/MC (Refugees)

Enter units of service for each service function for Enhanced SD/MC (Refugees) for the entire year. These are units of service that were billed through the SD/MC system using Aid Codes "01, 02, 08, or 0A."

Column Q - 3RD Party Revenue (Refugees)

Enter 3rd Party Revenue collections for refugees for the entire year.

Column R – Units of Service - Healthy Families (SED) 07/01/03 - 9/30/03

Enter units of service for each service function for Healthy Families for the period 07/01/03-09/30/03. These are units of service that were billed through the SD/MC system using Aid Codes *7X* or *9H*.

Column S – Units of Service - Healthy Families (SED) 10/01/03 - 06/30/04

Enter units of service for each service function for Healthy Families for the period 10/01/03-06/30/04. These are units of service that were billed through the SD/MC system using Aid Codes *7X* or *9H*.

Column T - 3RD Party Revenue Healthy Families (SED)

Enter 3rd Party Revenue collections for Healthy Families (SED).

Column U – Other Units

No entry. This column calculates the total units less all SD/MC units. Column *U* equals column *D* less columns *G, J, M, N, P, R, and S*. If the aggregate of columns *G, J, M, N, P, R* and *S* are greater than column *D* you will get an error code in this column. You will need to identify and correct this before continuing.

MH 1901 Schedule C

Supporting Documentation For The Method Used To Allocate Total Cost To Mode Of Service And Service Function

The MH 1901 Schedule C is designed to automatically pull **direct service costs** for allocation from MH 1960 Line 18. The Settlement type, Mode and Service Functions, Total units of service are automatically populated from MH 1901 Schedule B. This worksheet is also designed to automatically distribute direct service costs to Modes and Service Functions through the application of any of the three approved allocation methods. The three allocation methods are: (1) Costs determined at the service function level; (2) Time study; and (3) Relative Value method. The calculations performed here automatically populate MH 1966, Programs 1 and 2. Selection of an "Allocation method" from the Allocation Box above will allow the distribution of direct service costs to Modes and Service Functions. For example, if you select SMA Rate as an allocation option from the Allocation Box, it means that this worksheet will perform a relative value calculation using information from MH 1901 Schedule A to allocate direct service costs to Modes and Service Functions on MH 1966 Program 1 or 2.

Allocation Methodology

1) Costs Determined at Service Function Level

Some legal entities have the technology and reporting mechanisms to capture costs at the service function level. Legal entities with this capability should allocate costs in this manner.

2) Time Study

The time study procedure used previously to allocate costs between modes of service can be used to allocate costs between service functions. To accomplish this, hours must be reported at the service function level rather than at the mode of service level. The percentage of total is calculated by dividing the costed hours for each service function by the total costed hours.

3) Relative Value

Units of service/time multiplied by the legal entity's charge for each service function determines the relative value assigned to each service function. A legal entity's charge for each service function is: (1) the legal entity's published charge; (2) the legal entity's usual and customary charge; or (3) the legal entity's charge to the general public for providing services. The SMA rate for each service function may be substituted for the legal entity's charge. The relative value for each service function is divided by the sum of all relative values to determine the percentage of

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE TOTALS TO MODE OF SERVICE & SERVICE FUNCTION MH 1901 SCHEDULE C (06/04)				DEPARTMENT OF MENTAL HEALTH FISCAL YEAR 2003 - 2004					
Entity Name: <u>0</u>				Entity Number: _____					
Fiscal Year: <u>2003 - 2004</u>				COSTS TO BE ALLOCATED					
<input type="radio"/> Rate for Allocation <input type="radio"/> SMA Rate <input type="radio"/> Published Charges <input checked="" type="radio"/> Directly Allocated				Allowable Mails Costs (MH1960 Line 16, Col. C)					
A	B	C	D	E	F Allocation Basis		G	H	I
Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Directly Allocated Data	Relative Value	Allocation %	Allocated Cost	
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82									
83									
84									
Totals									
HOME MH1940 MH1949_INSR									
Summary									
		Allocated Cost	Allocated %		Settlement Type	Allocated Cost			
Mode	5 10-19		0.00%		TES				
	5 Other		0.00%		ASCO				
	10		0.00%	15 Program_2	MIE				
15 Program_1	45		0.00%		FBC				
	55		0.00%		Total				
	80		0.00%						
Total			0.00%						

total for each service function. This method should be used by legal entities whose charges are established and updated annually based on the costs of providing the service. The relative value method cannot be used to allocate Mode 05, Service Functions 10 through 19 service costs according to the Department's Fiscal Audits Unit.

Allocation Method Option Box

Select an Allocation Method.

- **Rate for Allocation** - Select "Rate for Allocation" to use the relative value method based on the combined State Negotiated Rates and county non-Medi-Cal contract rates to allocate costs to modes and service functions. Do not select this option if you have not negotiated all your service functions for a Mode of Service. You can use this allocation method if there are Modes 45 and 60 costs to be allocated.
- **Statewide Maximum Allowable (SMA) Rate** - Select "SMA Rate" for relative value method of cost allocation based on SMAs, if there are SMA rates for all the Modes and Service Functions to be allocated.
- **Published Charges** - Select "Published Charge rate" for relative value method of cost allocation based on published charges, if you reported published charge rates for all the Modes and Service Functions.
- **Directly Allocated** - Select "directly allocated" option for the direct cost allocation method. This method can be used if costs were developed based on a time study or any other approved costing method.

Column A - Settlement Type

No entry. This column automatically populates from MH 1901 Schedule B, column A.

Column B – Mode

No Entry. This column automatically populates from MH 1901 Schedule B, column B.

Column C – Service Function

No Entry. This column automatically populates from MH 1901 Schedule B, column C.

Column D – Total Units

No Entry. This column extracts the information from MH 1901 Schedule B, column D.

Column E – Eligible Direct Cost

Enter costs associated with TBS, ASO, MHS, ISA, MAA and CAW here. These costs except for MAA are reimbursed on MH 1966 program II based on actual costs to the county.

Column F – Directly Allocated Cost

Enter amount for direct allocation to each Service function on MH 1966 Program 1 here. In order to use this column for direct allocation, you must select “Directly Allocated” option from the allocation method selection box. Do not report amounts associated with TBS, MAA, ASO, ISA, MHS and CAW on this column.

Column G – Relative Value

No entry. This column computes the relative value using the selected allocation base. Relative value is the product of multiplying negotiated rate, SMA or published charges by the service function total units of service. For example, if Published Charges is the selected allocation base from the “Allocation Method” option box, the amount generated and placed on Column G will be the product of the published charge rate from MH 1901 Schedule A published charge column, and the total units reported on MH 1901 Schedule C, Column D for each service function.

Column H – Allocation Percentage

No entry. This column computes the allocation percentages for each service function. This is achieved by dividing each service function relative value statistics by the aggregate of all the service functions relative value statistics.

Column I – Allocated Cost

No entry. This column computes the allocated cost for each service function. Allocated Cost is the product of Column H and MH 1960, Line 18 minus Column E total. Total direct service costs for allocation includes Eligible Direct Cost from Column E.

NOTE: If data is entered on Column E – Eligible Direct Cost and Column F – Directly Allocated Costs, the sum of Columns E and F **MUST** equal the amount shown on Column I.

MH 1960

Calculation of Program Costs

The purpose of MH 1960 is to adjust legal entity costs for Medi-Cal principles of reimbursement, identify the adjusted costs applicable to administration, utilization review, research and evaluation, Medi-Cal Administrative Activities (MAA), and direct service modes of service or cost centers.

Line 1 - Mental Health Expenditure

County legal entities should report total gross expenditures for county mental health department or division from the county auditor-controller's report. Amount should include all inter/intra fund transfers and contra entries should be reported as gross expenditures prior to applying revenues. Expenditures should include Healthy Families and Enhanced Medi-Cal funds. The amount on Line 1, Column C should match the total on the summary page of the auditor-controller's report, or the county should maintain work papers that reconcile the amount reported on Line 1, Column C to the auditor-controller's report. Contract provider legal entities should report total gross expenditures from their trial balance.

- Column A – Enter the mental health Salaries and Benefits expenditures.
- Column B – Enter all other mental health expenditures.
- Column C – No Entry. This column sums Columns A and B on Line 1.

Line 2 - Encumbrances

Add encumbrances incurred by the legal entity during the cost report fiscal year not reported on Line 1, and subtract encumbrances included in Line 1 not applicable to the cost report fiscal year.

- Column A – Enter the Salaries and Benefits encumbrances for the fiscal year.
- Column B – Enter the Other encumbrances for the fiscal year.
- Column C – No Entry. This column extracts from Columns A and B.

Line 3 - Less: Payments to Contract Providers (County Only)

Payments to contract provider legal entities include all interim payments to providers with which the county has a service contract. This does not include payments to hospitals operated by other county departments. Payments for fee-for-service vendor contracts should not be included on this line. Most county legal entities will not record the FFS/MC payments in their auditor-controller report because these payments are pass-through funds to the hospital. These payments would not be included on Line 1 or Line 3. **If payments to FFS/MC**

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH		
CALCULATION OF PROGRAM COSTS MH 1960 (06/04)		FISCAL YEAR 2003 - 2004		
County: 0				
County Code:				
Legal Entity:		A	B	C
Legal Entity Number:		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures			
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments			
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			
Administrative Costs (County Only)				
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			
19	Total Costs - Lines 9 through 18			

Crosscheck 0 OK
0 OK

HOME << MH1961 << MH1962 MH1901_Schedule C >>

hospitals contracted under inpatient consolidation are included on Line 1, these expenditures should be included on this line in order to reduce total mental health expenditures by the FFS/MC amount.

- Column B – Enter the payments made to contract provider legal entities. You are reducing the cost so make sure you use a negative (-) sign.
- Column C – No Entry. This column extracts from Columns A and B.

Attach a support schedule detailing the contract provider legal entity name and number or one entry for the Fee-for-Service/Medi-Cal (FFS/MC) hospitals and the amounts of the payments.

Line 4 - Other Adjustments

No entry. Information for this line automatically references MH 1962, Columns A, B and C, Line 20.

- Column A – No entry, Salary and Benefits automatically points to MH 1962 Column A, Line 20.
- Column B – No entry, adjustments to cost other than Salary and Benefits automatically points to MH 1962 Column B, Line 20.
- Column C automatically points to the sum of Columns A & B.

Line 5 - Total Costs Before Medi-Cal Adjustments

Column A, B and C – No Entry. This line is the sum of Lines 1 through 4.

Line 6 - Medi-Cal Adjustments

No Entry. The total Medi-Cal Adjustment is extracted from Line 20 of MH 1961 in Column C. Refer to Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II for further explanation of Medi-Cal allowable and non-allowable costs. Note that treatment of depreciation under Medi-Cal is different than under “realignment” without Medi-Cal. Medi-Cal adjustments can be either additions or subtractions to total cost, depending on the types of adjustments. For example, most counties expense equipment as purchased. Medi-Cal principles dictate that the purchase of equipment should be depreciated over the life of the asset, thereby reducing the allowable costs in the year of acquisition, and increasing allowable costs in subsequent years.

Line 7 – Managed Care Consolidation. Hospital Inpatient and Outpatient Consolidation (Community Services-Managed Care) - County Only

County legal entities are to enter the “Other Mental Health Services” expenditures funded through Community Services - Managed Care allocation (Line 8 and Line 9 of MH 1994) if not included in Line 1. Rollover of FY 2002-2003 managed care funds expended for Other Mental Health Services (Line 2 of MH 1994) should also be included here, if not included in Line 1.

Column C - Enter the expenditures funded through Community Services and the rollover FY 2002-03 managed care funds expended for Other Mental Health Services if they were not included in Line 1.

Line 8 - Allowable Costs for Allocation

Column C – No Entry. This line is the sum of Lines 5, 6 and 7.

The allowable costs on Line 8 are to be allocated among administrative cost centers, utilization review cost centers, research and evaluation, direct services and MAA.

Lines 9 through 12 - Administrative Cost Centers – County Only

County legal entities should report administrative costs on Lines 9, 10 and 11 in Column C. These costs are summed on Line 12 (No entry required on Line 12). Administrative costs should be apportioned between Line 9 (SD/MC including Inpatient FFS/MC), Line 10 Healthy Families, and Line 11 (non-SD/MC) using: (1) the percentage of Medi-Cal recipients in the population served by the county; (2) relative values based on units and published charges; or (3) gross costs of each program. Follow the instructions in the Medi-Cal Administrative Activities (MAA) Instruction Manual for guidance on how to determine the percentage of

Medi-Cal recipients. Refer to instructions for MH 1901 Schedule C if relative value is the method chosen.

Lines 13 through 16 - Utilization Review Costs – County Only

County legal entities should report utilization review costs on Lines 13 through 16 in column C if the county legal entity does not bill the *MAA* program for utilization review activities. County legal entities that do not claim utilization review activities through the *MAA* program should classify utilization review costs into Skilled Professional Medical Personnel (Line 13), Other SD/MC Utilization Review (Line 14), and non-SD/MC Utilization Review (Line 15). Amount reported on Line 13 is reimbursed at the enhanced rate (75 percent FFP). Documentation supporting the amount on Line 13 must be maintained by the county legal entity. *MAA Instruction Manual* provides a detailed discussion of how to identify Skilled Professional Medical Personnel.

If the county performs utilization review of all services regardless of client Medi-Cal eligibility, a portion of the utilization review cost should be reported on Line 15. These costs are summed on Line 16 (No entry required on Line 16).

Line 17 - Research and Evaluation

County legal entities should enter research and evaluation costs on Line 17. Research includes costs for centralized activities under the direction of the Local Mental Health Director designed to increase the scientific knowledge and understanding of the nature, cause, prevention, and treatment of mental, emotional, or behavioral disorders. Evaluation includes the cost of scientific studies regarding the effectiveness and efficiency of specific mental health programs in which goals are clearly defined and achieved in measurable terms. Line 17 should not include Medi-Cal reimbursable costs. Costs of studies, analyses, surveys, and related activities aimed at improving and making provider administration and operation more efficient are not considered research costs and should not be reported on Line 17.

Line 18 - Mode Costs (Direct Service and MAA) – County Only

All legal entities must enter the direct service and MAA costs on Line 18, Column C. This includes all direct costs of providing mental health services and all MAA costs.

Line 19 - Total Costs - Lines 9 through 18

No Entry. Line 19 is the sum of Lines 12, 16, 17 and 18. The total amount on Line 19 should equal the amount on Line 8. Any difference between the two amounts should be corrected before proceeding.

MH 1961

Medi-Cal Adjustments to Costs

The purpose of MH 1961 is to calculate adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Adjustments identified on this form are transferred to MH 1960 Line 6. Refer to Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II for further explanation of Medi-Cal allowable and non-allowable costs.

Lines 1 through 19

Enter all applicable adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Column C calculates the sum of Columns A and B.

Line 20 - Total Adjustments

No Entry - sum of Lines 1 through 19 for each column. The amount on Column C, Line 20 will be entered on MH 1960, Column C, Line 6.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH	
MEDI-CAL ADJUSTMENTS TO COSTS		FISCAL YEAR 2003 - 2004	
MH 1961 (06/04)			
County: 0			
County Code:			
Legal Entity: 0			
Legal Entity Number:	A	B	C
	Salaries and Benefits	Other	Total Adjustments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments			

Crosscheck 0 OK

MH 1962

Other Adjustments

The purpose of MH 1962 is to provide Other Adjustments detail information for each activity. Information entered here will automatically transfer to MH 1960 line 4, Columns A, B and C.

Add or subtract any other adjustments to costs the legal entity might have. For example, if the amount reported on Line 1 from the county auditor-controller's report includes the costs of the county substance abuse division, the costs of the substance abuse division would be deducted on Line 4. Also, if the COWCAP A-87 (county overhead) costs are not included in the county auditor-controller's report, these costs would be added on Line 4. Audit adjustments also should be included on Line 4. Other situations that are unique for individual legal entities should be addressed on Line 4.

Lines 1 through 19

Enter all other adjustments to costs on Columns A and B for Lines 1 through 19. Column C calculates the sum of Columns A and B.

Line 20 - Total Adjustments

No Entry - sum of Lines 1 through 19 for each column. The amount on Column C, Line 20 will be entered on MH 1960, Column C, Line 4.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH		
OTHER ADJUSTMENTS		FISCAL YEAR 2003 - 2004		
MH 1962 (06/04)				
County: 0				
County Code:				
Legal Entity: 0				
Legal Entity Number	A	B	C	
	Salaries and Benefits	Other	Total Adjustments	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments			

Crosscheck 0 OK

MH 1964

Allocation of Costs to Modes of Service

The purpose of MH 1964 is to distribute mode costs to various modes of service, including MAA. **See Appendix F for mode of service information.**

Line 1 - Mode Costs from MH 1960 (Direct Service and MAA)
 No Entry. Pulls the direct service costs from Line 18 of MH 1960.

Lines 2 through 8 - Modes
 No entry. The costs for each mode of services are extracted from MH 1901 Schedule C, Column I.

Line 9 - Total - Lines 2 through 8
 No entry. This line sums Lines 2 through 8. The amount on Line 9 should equal the amount on Line 1. Any difference between the two amounts should be corrected before proceeding.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH
ALLOCATION OF COSTS TO MODES OF SERVICE		FISCAL YEAR 2003 - 2004
MH 1964 (06/04)		
County: 0		
County Code:		
Legal Entity: 0		A
Legal Entity Number:		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	

**Crosscheck
OK**

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MH 1966 Program 1 and Program 2

Allocation of Costs to Service Functions – Mode Total

MH 1966, Program 1 and Program 2 distribute modes of service costs to the service function level. Program 2 accounts for pass-through-costs incurred by fee-for-service contract providers, TBS-only contract providers, non-organizational mental health specialty providers MHS, ASO etc. *Service functions are listed in the CR/DC system format chart (Appendix F).* These forms also determine aggregate SD/MC, Medicare/Medi-Cal crossover costs, enhanced SD/MC costs, Healthy Families costs, published charges, Statewide Maximum Allowable (SMA) amounts for SD/MC, and negotiated rate amounts for each mode of service. MH 1966 Forms for Modes 45 and 60 are simplified from the other MH 1966 forms and determine non-Medi-Cal costs for each mode of service including Medi-Cal non-reimbursable Modes 45 and 60. MH 1966 for Mode 55 is also simplified from other MH 1966 forms and identifies the Medi-Cal Administrative Activities (MAA) costs for those participating in the MAA program.

MH 1966 fills in automatically from MH 1901 Schedules A, B, and C. Separate MH 1966 forms are automatically completed for each mode of service.

Line 1 - Allocation Percentage

No entry. The allocation percentage is determined by taking the Total Allocated Cost for each service function from MH 1901 Schedule C divided by the Total Allocated Cost for the respective Mode of the above service functions.

Line 2 - Total Units

No entry. This field fills in automatically from MH 1901 Schedule C, Column D.

Line 3 - Gross Cost

No entry. This field fills in automatically from MH 1901 Schedule C, Column I. The distribution of the amount on Line 3, Column A, to the appropriate service functions fills in automatically from MH 1901 Schedule C, starting in Column B.

Line 4 - Cost per Unit

No entry. Starting from Column B, Line 3 is automatically divided by Line 2 for each service function level.

Line 5 - SMA per Unit

No entry. Starting in Column B, this field fills in automatically from MH 1901 Schedule A, Column C.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY			DEPARTMENT OF MENTAL HEALTH						
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL			DETAIL COST REPORT						
MH 1966 (06/04)			FISCAL YEAR 2003 - 2004						
County: 0			A	B	C	D	E	F	G
County Code: 0			Mode Total	Service Function					
Legal Entity Number: 0									
Mode: 15 - Outpatient (Program 1)									
1	Allocation Percentage								
2	Total Units								
3	Gross Cost								
4	Cost per Unit								
5	SMA per Unit								
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03							
8A		10/01/03 - 06/30/04							
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units								
13	Medi-Cal Costs	07/01/03 - 09/30/03							
13A		10/01/03 - 06/30/04							
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03							
14A		10/01/03 - 06/30/04							
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A		07/01/03 - 09/30/03							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs								

Line 6 - Published Charge per Unit

No entry. Starting in column B, this field fills in automatically from MH 1901 Schedule A, Column E. See MH 1901 Schedule A instruction for more information.

Line 7 - Negotiated Rate/Cost per Unit

No entry. If applicable, the rate negotiated between the local mental health agency and the legal entity and approved by the state (DMH) for each SD/MC service function fills in automatically from MH 1901 Schedule A, Column D. If the legal entity has a mixture of service function categories with and without Negotiated Rates, this line will fill in with either the NR or the Cost per unit. This is done so that when these amounts are aggregated on MH 1968, the data are not skewed.

Line 8 - Medi-Cal Units (July 1, 2003 through September 30, 2003)

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column E. This field identifies only units for the first quarter of the fiscal year. Do not include Medicare/Medi-Cal crossover or enhanced SD/MC units.

Line 8A - Medi-Cal Units (October 1, 2003 through June 30, 2004)

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column F. This field identifies only units for the second, third, and fourth quarters of the fiscal year. Do not include Medicare/Medi-Cal crossover or enhanced SD/MC units.

**Line 9 - Medicare/Medi-Cal Crossover Units
(July 1, 2003 through September 30, 2003)**

No entry. Starting in Column B, Medicare/Medi-Cal crossover units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column H. This field identifies only units for the first quarter of the fiscal year.

**Line 9A - Medicare/Medi-Cal Crossover Units
(October 1, 2003 through June 30, 2004)**

No entry. Starting in Column B, Medicare/Medi-Cal crossover units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column I. This field identifies only units for the second, third, and fourth quarters of the fiscal year.

**Line 10 - Enhanced SD/MC (Children) Units
(July 1, 2003 through September 30, 2003)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column M for the specified time period.

**Line 10A – Enhanced SD/MC (Children) Units
(October 1, 2003 through June 30, 2004)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column N for the specified time period.

**Line 10B - Enhanced SD/MC (Refugees) Units
(July 1, 2003 through June 30, 2004)**

No entry. Starting in Column B, Enhanced SD/MC (Refugees) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column P.

Line 11 – Healthy Families (SED) Units (July 1, 2003 through September 30, 2003)

No entry. Starting in Column B, Healthy Families units for each Healthy Families service function fills in automatically from MH 1901 Schedule B, Column R for the specified time period.

Line 11A – Healthy Families (SED) Units (October 1, 2003 through June 30, 2004)

No entry. Starting in Column B, Healthy Families units for each Healthy Families service function fills in automatically from MH 1901 Schedule B, Column S for the specified time period.

Line 12 - Non-Medi-Cal Units

No entry. Starting in Column B, Non-Medi-Cal units for each service function fills in automatically from MH 1901 Schedule B, Column U.

Line 13 - Medi-Cal Costs (July 1, 2003 through September 30, 2003)

No entry. Starting in Column B, Line 4 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 13.

Line 13A - Medi-Cal Costs (October 1, 2003 through June 30, 2004)

No entry. Starting in Column B, Line 4 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 13A.

Line 14 - Medi-Cal SMA Upper Limits (July 1, 2003 through September 30, 2003)

No entry. Starting in Column B, Line 5 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 14.

Line 14A - Medi-Cal SMA Upper Limits (October 1, 2003 through June 30, 2004)

No entry. Starting in Column B, Line 5 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 14A.

Line 15 - Medi-Cal Published Charges (July 1, 2003 through September 30, 2003)

No entry. Starting in Column B, Line 6 is multiplied by Line 8 for each SD/MC service function. The products of total published charges computed for all service functions are summed up automatically on Column A, Line 15.

Line 15A - Medi-Cal Published Charges (October 1, 2003 through June 30, 2004)

No entry. Starting in Column B, Line 6 is multiplied by Line 8A for each SD/MC service function. The products of total published charges computed for all service functions are summed up automatically on Column A, Line 15A.

Line 16 - Medi-Cal Negotiated Rates (July 1, 2003 through September 30, 2003)

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 16.

Line 16A - Medi-Cal Negotiated Rates (October 1, 2003 through June 30, 2004)

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 16.

**Line 17 - Medicare/Medi-Cal Crossover Costs
(July 1, 2003 through September 30, 2003)**

No entry. If applicable, starting in Column B, Line 4 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 17.

**Line 17A - Medicare/Medi-Cal Crossover Costs
(October 1, 2003 through June 30, 2004)**

No entry. If applicable, starting in Column B, Line 4 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 17A.

**Line 18 - Medicare/Medi-Cal Crossover SMA Upper Limits
(July 1, 2003 through September 30, 2003)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 18.

**Line 18A - Medicare/Medi-Cal Crossover SMA Upper Limits
(October 1, 2003 through June 30, 2004)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 18A.

**Line 19 - Medicare/Medi-Cal Crossover Published Charges
(July 1, 2003 through September 30, 2003)**

No entry. If applicable, starting in Column B, Line 6 is multiplied by Line 9 for each SD/MC service function. The products of total published charges for all service functions computed are summed up on Column A, Line 19.

**Line 19A - Medicare/Medi-Cal Crossover Published Charges
(October 1, 2003 through June 30, 2004)**

No entry. If applicable, starting in Column B, Line 6 is multiplied by Line 9A for each SD/MC service function. The products of total published charges for all service functions computed are summed up on Column A, Line 19A.

**Line 20 - Medicare/Medi-Cal Crossover Negotiated Rates
(July 1, 2003 through September 30, 2003)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20.

**Line 20A - Medicare/Medi-Cal Crossover Negotiated Rates
(October 1, 2003 through June 30, 2004)**

No entry. If applicable, starting in Column B Line 7 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20A.

**Line 21 – Enhanced SD/MC (Children) Costs
(July 1, 2003 – September 30, 2003)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21.

**Line 21A – Enhanced SD/MC (Children) Costs
(October 1, 2003 – June 30, 2004)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21A.

**Line 22 – Enhanced SD/MC (Children) SMA Upper Limits
(July 1, 2003 – September 30, 2003)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 22.

**Line 22A – Enhanced SD/MC (Children) SMA Upper Limits
(October 1, 2003 – June 1, 2004)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 22A.

**Line 23 – Enhanced SD/MC (Children) Published Charges
(July 1, 2003 – September 30, 2003)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 23.

**Line 23A – Enhanced SD/MC (Children) Published Charges
(October 1, 2003 – June 30, 2004)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 23A.

**Line 24 – Enhanced SD/MC (Children) Negotiated Rates
(July 1, 2003 – September 30, 2003)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 24.

**Line 24A – Enhanced SD/MC (Children) Negotiated Rates
(October 1, 2003 – June 1, 2004)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 24A.

**Line 25 – Enhanced SD/MC (Refugees) Costs
(July 1, 2003 – June 30, 2004)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 25.

**Line 26 - Enhanced SD/MC (Refugees) SMA Upper Limits
(July 1, 2003 – June 30, 2004)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 26.

**Line 27 - Enhanced SD/MC (Refugees) Published Charges
(July 1, 2003 – June 30, 2004)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 27.

**Line 28 – Enhanced SD/MC (Refugees) Negotiated Rates
(July 1, 2003 – June 30, 2004)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 28.

**Line 29 – Healthy Families Costs
(July 1, 2003 – September 30, 2003)**

No entry. Starting in Column B, Line 4 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29.

**Line 29A – Healthy Families Costs
(October 1, 2003 – June 30, 2004)**

No entry. Starting in Column B, Line 4 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29A.

**Line 30 – Healthy Families SMA Upper Limits
(July 1, 2003 – September 30, 2003)**

No entry. Starting in Column B, Line 5 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30.

**Line 30A – Healthy Families SMA Upper Limits
(October 1, 2003 – June 30, 2004)**

No entry. Starting in Column B, Line 5 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30A.

**Line 31 – Healthy Families Published Charges
(July 1, 2003 – September 30, 2003)**

No entry. Starting in Column B, Line 6 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 31.

**Line 31A – Healthy Families Published Charges
(October 1, 2003 – June 30, 2004)**

No entry. Starting in Column B, Line 6 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 31A.

**Line 32 – Healthy Families Negotiated Rates
(July 1, 2003 – September 30, 2003)**

No entry. Starting in Column B, Line 7 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 32.

**Line 32A – Healthy Families Negotiated Rates
(October 1, 2003 – June 30, 2004)**

No entry. Starting in Column B, Line 7 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 32A.

Line 33 – Non-Medi-Cal Costs

No entry. Starting in Column B, Line the result of line 3 minus the sum of Lines (13, 13A, 17, 17A, 21, 21A, 25, 29, 29A) is entered here. The amounts for all service functions are summed up in Column A, Line 33.

MH 1966 Mode 05, Service Function 19

Hospital Inpatient

You will be prompted to fill out MH 1991 if you report Mode 05, SF 19. The SMA rate for this service function does not include Physician and Ancillary service costs. The intent of this procedure is to ensure that Physician and Ancillary costs related to these Hospital Administrative Days are included in the comparison of the costs, SMA, published charges, and negotiated rates (if applicable). Legal entities with hospital administrative days should complete MH 1991 for the purpose of grossing up of SMA to include physician and ancillary costs. Note: You will need to complete the MH 1991 even if you do not have any physician and ancillary costs. The SMA costs are pulled directly from the MH 1991.

Upon Completion of Form MH 1991, MH 1966 for Mode 05, Service Function 19 fills in automatically from MH 1901 Schedules A, B and C, and MH 1991:

Lines 1 through 5

No entry. These fields fill in automatically from MH 1901 Schedules B and C. Note that Line 3 should include physician and ancillary costs related to patients on administrative day status (costs are limited to those claimable under Section 51511(c), Title 22 of the California Code of Regulations).

Lines 6, 8, 8A, 13, and 13A

No entry. Lines 6, 8 and 8A fill in automatically from MH 1901 Schedule B. Lines 13 and 13A automatically compute.

Line 7 – Negotiated Rate/Cost per unit

No entry. Mode 05, Service Function 19 has no Negotiated Rate. If the legal entity has a mixture of service function categories with and without Negotiated Rates, this line will fill in with either the NR or the Cost per unit. This is done so that when these amounts are aggregated on MH 1968, the data are not skewed.

Lines 9, 9A and 17, 17A through 20, 20A

These lines do not apply to this service function and should be left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

Line 12 – Non-Medi-Cal Units

No entry. This field fills in automatically from MH 1901 Schedule B.

Line 13/13A – Medi-Cal Costs

No entry. This field computes Line 4 multiplied by Line 8 (Line 8a).

Line 14/14A

No entry. These fields include physician and ancillary costs. It computes automatically by referencing MH 1991, Column I (Physician costs + Ancillary costs).

Line 15/15A – Medi-Cal Published Charges

No entry. These fields automatically compute. The fields are the products of multiplying Line 6 by Line 8 (Line 8a). The published charge should include physician and ancillary costs,

Line 16/16A – Medi-Cal Negotiated Rates

No entry. Mode 05, Service Function 19 cannot have a negotiated rate, but if the Legal Entity has a mixture of service function categories with and without negotiated rates, this line will fill in the Lower of Cost, SMA with Physician and Ancillary or Charges. This is done so that when these amounts are aggregated on the MH 1968, data are not skewed.

Line 22/22A – Enhanced SD/MC (Children) SMA Upper Limits

No entry. Line 5 is multiplied by Line 10/10A for each Mode 5, Service Function 19 entry. In addition, the physician and ancillary costs identified in MH 1991 for the specific time period and settlement group (Children EMC) are added to amounts that are automatically entered here.

Line 26 – Enhanced SD/MC (Refugees) SMA Upper Limits

No entry. Line 5 is multiplied by Line 10B for each Mode 5, Service Function 19 entry. In addition, the physician and ancillary costs identified in MH 1991 for the specific time period and settlement group (Refugees EMC) are added to amounts that are automatically entered here.

Line 30/30A – Healthy Families (SED) SMA Upper Limits

No entry. Line 5 is multiplied by Line 11/11A for each mode 5, service function 19 entry. In addition, the physician and ancillary costs identified in MH 1991 for the specific time period and settlement group (Healthy Families) are added to amounts that are automatically entered here.

Line 33 – Non-Medi-Cal Costs

Line 3 minus the sum of Lines (13, 13A, 21, 21A, 25, 29, and 29A).

MH 1966 Modes 45 and 60

Outreach and Support

Mode 45 (Outreach) and Mode 60 (Support) services are non-Medi-Cal reimbursable. For these modes, the format is simpler and only consists of six lines. MH 1966 for Modes 45 and 60 fills in automatically from MH 1901 Schedules A, B and C.

Lines 1 through 3

No entry. These fields fill in automatically from MH 1901 Schedules B and C.

Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function level.

Line 5 – Non-Medi-Cal Units

No entry. Starting in Column B, non Medi-Cal units for each service function fills in from Line 2.

Line 6

No entry. Starting in Column B, non Medi-Cal costs for each service function fills in from Line 3.

MH 1966 Mode 55

Medi-Cal Administrative Activities (MAA)

MH 1966 for Mode 55 is for Medi-Cal Administrative Activities (MAA) and is a simplified MH 1966 format consisting of five lines. MH 1966 for Mode 55 fills in automatically from MH 1901 Schedules A, B and C.

Lines 1 through 3

No entry. These fields fill in automatically from MH 1901 Schedules B and C.

Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function level.

Line 5 – Non-Medi-Cal Units

No entry. Starting in Column B, non Medi-Cal units for each service function fills in by taking Line 3, Column A of this form and subtracting MH 1968, Line 35, Column D.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY				DEPARTMENT OF MENTAL HEALTH						
				PAGE 1 OF 1						
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL				DETAIL COST REPORT						
MH 1966 (06/04)				FISCAL YEAR 2003 - 2004						
County: 0										
County Code:										
Legal Entity: 0				A	B	C	D	E	F	G
Legal Entity Number:				Mode Total	Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities					Function	Function	Function	Function	Function	Function
1	Allocation Percentage									
2	Total Units									
3	Total Expenditures									
4	Cost per Unit									
5	Non-Medi-Cal Costs									

MH 1968

Determination of SD/MC Direct Services and MAA Reimbursement

The objective of MH 1968 is to determine the net SD/MC and Healthy Families direct service reimbursement (FFP and State Match) for inpatient and outpatient services as well as Medi-Cal Administrative Activities (MAA) reimbursement. MAA service function expenditures are combined on MH 1968.

Nominal Fee Provider

Determination of Nominal Fee status is the first step in the cost report settlement process, before application of reimbursement limit (42 CFR 413.13). Legal entities with significant portion of low-income patients will be required to complete an optional form MH 1969 Nominal Fee Provider Determination prior to completion of MH 1968. Nominal fee providers' reimbursement is limited to the lower of actual Cost or SMA.

Determination of Cost Settlement Process

Cost settlement process is based on the application of the Lower of Cost or Charges (LCC) cost reimbursement principles. Pursuant to cost reimbursement rules, the application of LCC will be based on the aggregate cost of all outpatient services. Healthy Families follows SD/MC settlement technique and process.

Column K – Total Outpatient

No entry. This column sums Column I - total Outpatient excluding Program 2 and Column J (Mode 15, Program 2).

Line 1 - Medi-Cal Costs (July 1, 2003 through September 30, 2003)

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13 of MH 1966 for the applicable modes. Note that costs reported on Line 1 are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1 and represents the total outpatient Medi-Cal Costs for Program 1.

Line 1A - Medi-Cal Costs

(October 1, 2003 through June 30, 2004)

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13A of MH 1966 for the applicable modes. Note that costs reported in Line 1A are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1A and represents the total outpatient Medi-Cal Costs for Program 1.

Line 2 - Medi-Cal SMA Upper Limits

(July 1, 2003 through September 30, 2003)

No entry. The Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2.

Line 2A - Medi-Cal SMA Upper Limits

(October 1, 2003 through June 30, 2004)

No entry. Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2A.

Line 3 - Medi-Cal Published Charges

(July 1, 2003 through September 30, 2003)

No entry. Medi-Cal Published Charges for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3.

Line 3A - Medi-Cal Published Charges

(October 1, 2003 through June 30, 2004)

No entry. Medi-Cal Published Charges for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3A.

Line 4 - Medi-Cal Negotiated Rates

(July 1, 2003 through September 30, 2003)

If applicable, Medi-Cal Negotiated Rates for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 4.

Cost Report Instruction Manual

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY			DETAIL COST REPORT										DEPARTMENT OF MENTAL HEALTH	
DETERMINATION OF SDIMC DIRECT SERVICE AND MAA REIMBURSEMENT MH1958 (06/04)													FISCAL YEAR 2003 - 2004	
County 0 County Code														
Legal Entity 0 Legal Entity Number														
			Mode 55			Total	Total	Total			Total	Total		
			S.F.'s 01-09	S.F.'s 11-19	S.F.'s 21-29	MAA	Inpatient	Mode 05-All	Mode 10	Mode 15	Mode 15	Mode 15	Outpatient	
							Hospital	Other		Program (1)	Program (2)	Program (3)	Program (2)	
													Col 1 + Col J	
1	Medi-Cal Costs	070103 - 093003												
1A		100103 - 063004												
2	Medi-Cal SMA	070103 - 093003												
2A		100103 - 063004												
3	Medi-Cal P. C.	070103 - 093003												
3A		100103 - 063004												
4	Medi-Cal N. R.	070103 - 093003												
4A		100103 - 063004												
5	Medi-Cal Gross Reimbursement	070103 - 093003												
5A		100103 - 063004												
6	Medicare/Medi-Cal Crossover Cost	070103 - 093003												
6A		100103 - 063004												
7	Medicare/Medi-Cal Crossover SMA	070103 - 093003												
7A		100103 - 063004												
8	Medicare/Medi-Cal Crossover P. C.	070103 - 093003												
8A		100103 - 063004												
9	Medicare/Medi-Cal Crossover N. R.	070103 - 093003												
9A		100103 - 063004												
10	Medicare/Medi-Cal Crossover Gross Reim	070103 - 093003												
10A		100103 - 063004												
11	Total SDIMC + Crossover Gross Reim	070103 - 093003												
11A		100103 - 063004												
12	Enhanced SDIMC (Children) Cost	070103 - 093003												
12A		100103 - 063004												
13	Enhanced SDIMC (Children) SMA	070103 - 093003												
13A		100103 - 063004												
14	Enhanced SDIMC (Children) P. C.	070103 - 093003												
14A		100103 - 063004												
15	Enhanced SDIMC (Children) N. R.	070103 - 093003												
15A		100103 - 063004												
16	Enhanced SDIMC (Children) Gross Reim	070103 - 093003												
16A		100103 - 063004												
17	Enhanced SDIMC (Refugees) Cost	070103 - 063004												
18	Enhanced SDIMC (Refugees) SMA	070103 - 063004												
19	Enhanced SDIMC (Refugees) P. C.	070103 - 063004												
20	Enhanced SDIMC (Refugees) N. R.	070103 - 063004												
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	070103 - 093003												
21A		100103 - 063004												
22	Enhanced SDIMC (Refugees) Gross Reim	070103 - 063004												
23	Healthy Families Cost	070103 - 093003												
23A		100103 - 063004												
24	Healthy Families SMA	070103 - 093003												
24A		100103 - 063004												
25	Healthy Families P. C.	070103 - 093003												
25A		100103 - 063004												
26	Healthy Families N. R.	070103 - 093003												
26A		100103 - 063004												
27	Healthy Families Gross Reim	070103 - 093003												
27A		100103 - 063004												
Less: Patient and Other Payor Revenues														
28	SDIMC + Crossover Revenues	070103 - 093003												
28A		100103 - 063004												
29	Enhanced SDIMC (Children) Revenues													
30	Enhanced SDIMC (Refugees) Revenues													
31	Healthy Families Revenues													
32	Total Expenditures from MAA (Mode 55)													
33	Medi-Cal Eligibility Factor (Average)													
34	Revenue - MAA													
35	Net Due - SDIMC for Direct Services	070103 - 093003												
35A		100103 - 063004												
36	Net Due - Enhanced SDIMC (Refugees)													
37	Net Due - Healthy Families	070103 - 093003												
37A		100103 - 063004												
Amount Negotiated Rates Exceed Costs														
38	SDIMC (Includes Children)	070103 - 093003												
38A		100103 - 063004												
39	Enhanced SDIMC (Refugees)													
40	Healthy Families	070103 - 093003												
40A		100103 - 063004												

**Line 4A - Medi-Cal Negotiated Rates
(October 1, 2003 through June 30, 2004)**

If applicable, Medi-Cal Negotiated Rates for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 4A.

**Line 5 - Medi-Cal Gross Reimbursement
(July 1, 2003 – September 30, 2003)**

Legal entities fall into one of four categories based on type of reimbursement system and qualification as nominal fee providers. Table 1, presents the four categories of legal entities and lines from MH 1968 that should be compared. Automatically, the lowest amount from lines being compared is selected and entered on this line. Inpatient reimbursement and outpatient reimbursement are determined independently in Columns E and I. Column J consists of Program 2 costs that are to be reimbursed to the county at county actual cost as long as the aggregate cost per unit of service is below the SMA. Column J for this line is automatically computed by taking the lower of the Cost line or the SMA line (see Table 2).

**Line 5A - Medi-Cal Gross Reimbursement
(October 1, 2003 – June 1, 2004)**

Legal entities fall into one of four categories based on type of reimbursement system and qualification as nominal fee providers. Table 1, presents the four categories of legal entities and lines from MH 1968 that should be compared. Automatically, the lowest amount from lines being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J consists of Program 2 costs that are to be reimbursed to the county at actual cost as long as the aggregate cost per unit of service is below the SMA. Column J for this line is automatically computed by taking the lower of the Cost line or the SMA line (see Table 2).

**Table 1
Lines for Comparison**

Legal Entity Classifications	Reimbursement Method	Lowest of Lines
<i>Cost-Based Reimbursement</i>		
1. Nominal Fee Provider	Cost - or - SMA	$1 + 1A + 6 + 6A + 12 + 12A + 17$ - or - $2 + 2A + 7 + 7A + 13 + 13A + 18$
2. Not a Nominal Fee Provider	Cost - or - SMA - or - Published Charges	$1 + 1A + 6 + 6A + 12 + 12A + 17$ - or - $2 + 2A + 7 + 7A + 13 + 13A + 18$ - or - $3 + 3A + 8 + 8A + 14 + 14A + 19$
<i>Negotiated Rate Reimbursement</i>		
3. Nominal Fee Provider	SMA - or - Negotiated Rates	$2 + 2A + 7 + 7A + 13 + 13A + 18$ - or - $4 + 4A + 9 + 9A + 15 + 15A + 20$
4. Not a Nominal Fee Provider	SMA - or - Published Charges - or - Negotiated Rates	$2 + 2A + 7 + 7A + 13 + 13A + 18$ - or - $3 + 3A + 8 + 8A + 14 + 14A + 19$ - or - $4 + 4A + 9 + 9A + 15 + 15A + 20$

**Line 6 - Medicare/Medi-Cal Crossover Costs
(July 1, 2003 – September 30, 2003)**

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6.

**Line 6A - Medicare/Medi-Cal Crossover Costs
(October 1, 2003 – June 30, 2004)**

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6A.

**Line 7 - Medicare/Medi-Cal Crossover SMA
(July 1, 2003 – September 30, 2003)**

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 18 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7.

**Line 7A - Medicare/Medi-Cal Crossover SMA
(October 1, 2003 – June 30, 2004)**

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 18A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7A.

**Line 8 - Medicare/Medi-Cal Crossover Published Charges
(July 1, 2003 – September 30, 2003)**

No entry. Medicare/Medi-Cal crossover published charge amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 19 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 8.

**Line 8A - Medicare/Medi-Cal Crossover Published Charges
(October 1, 2003 – June 30, 2004)**

No entry. Medicare/Medi-Cal crossover published charge amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 19A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 8A.

**Line 9 - Medicare/Medi-Cal Crossover Negotiated Rates
(July 1, 2003 - September 30, 2003)**

No entry. If applicable, Medi-Cal Negotiated Rate amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H fills in automatically from Column A, Line 20 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 9.

**Line 9A - Medicare/Medi-Cal Crossover Negotiated Rates
(October 1, 2003 – June 30, 2004)**

No entry. If applicable Medi-Cal Negotiated Rate amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H fills in automatically from Column A, Line 20A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 9A.

**Line 10 - Medicare/Medi-Cal Crossover Gross Reimbursement
(July 1, 2003 – September 30, 2003)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the Cost line or the SMA line (See Table 2).

**Line 10A - Medicare/Medi-Cal Crossover Gross Reimbursement
(October 1, 2003 – June 30, 2004)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the Cost line or the SMA line (See Table 2).

**Table 2
Lines for Comparison
For Outpatient Program 2 Only**

Legal Entity Classifications	Reimbursement Method	Lowest of Lines
All Program 2	Cost	1 + 1A + 6 + 6A + 12 + 12A + 17
	- or -	- or -
	SMA	2 + 2A + 7 + 7A + 13 + 13A + 18

**Line 11 - Total SD/MC + Crossover Gross Reimbursement
(July 1, 2003 through September 30, 2003)**

No entry. Automatically fills in the sum of Line 5 and Line 10 in Columns E through K.

**Line 11A - Total SD/MC + Crossover Gross Reimbursement
(October 1, 2003 through June 30, 2004)**

No entry. Automatically fills in the sum of Line 5A and Line 10A in Columns E through K.

**Line 12 – Enhanced SD/MC (Children) Cost
(July 1, 2003 – September 30, 2003)**

No entry. The total cost of providing services to Enhanced SD/MC (children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 21 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 12A – Enhanced SD/MC (Children) Cost
(October 1, 2003 – June 30, 2004)**

No entry. The total cost of providing services to Enhanced SD/MC (children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 21A and represents the total Outpatient Medi-Cal Costs for Program 1.

**Line 13 – Enhanced SD/MC (Children) SMA
(July 1, 2003 – September 30, 2003)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 22 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 13 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 13A – Enhanced SD/MC (Children) SMA
(October 1, 2003 – June 30, 2004)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 22A of MH 1966 for the applicable modes. The sum of columns F through H calculates automatically in Column I, Line 13A and represents the total Outpatient Medi-Cal Costs for Program 1.

**Line 14 – Enhanced SD/MC (Children) Published Charges
(July 1, 2003 – September 30, 2003)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 23 of MH 1966 for the applicable modes. The sum of columns F through H calculates automatically in Column I, Line 14 and represents the total Outpatient Medi-Cal Costs for Program 1.

**Line 14A – Enhanced SD/MC (Children) Published Charges
(October 1, 2003 – June 30, 2004)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 23A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 14A and represents the total Outpatient Medi-Cal Costs for Program 1.

**Line 15 – Enhanced SD/MC (Children) Negotiated Rate
(July 1, 2003 – September 30, 2003)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 24 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 15 and represents the total Outpatient Medi-Cal Costs for Program 1.

**Line 15A – Enhanced SD/MC (Children) Negotiated Rate
(October 1, 2003 – June 30, 2004)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 24A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 15A and represents the total Outpatient Medi-Cal Costs for Program 1.

**Line 16 – Enhanced SD/MC (Children) Gross Reimbursement
(July 1, 2003 – September 30, 2003)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E through I. Column J is automatically computed by taking the Lower of the Cost line or the SMA line (See Table 2).

**Line 16A – Enhanced SD/MC (Children) Gross Reimbursement
(October 1, 2003 – June 30, 2004)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and outpatient reimbursement methods are determined independently in Columns E through I. Column J is automatically computed by taking the Lower of the Cost line or the SMA line (See Table 2).

**Line 17 – Enhanced SD/MC (Refugees) Cost
(July 1, 2003 - June 30, 2004)**

No entry. The total cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 25 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 17 and represents the total Outpatient Medi-Cal Costs for Program 1.

**Line 18 – Enhanced SD/MC (Refugees) SMA
(July 1, 2003 - June 30, 2004)**

No entry. The total SMA cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 26 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 18 and represents the total Outpatient Medi-Cal Costs for Program 1.

**Line 19 – Enhanced SD/MC (Refugees) Published Charge
(July 1, 2003 - June 30, 2004)**

No entry. The total Published Charge Cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 27 of MH 1966 for the applicable modes. The sum of columns F through H calculates automatically in Column I, Line 19 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 20 – Enhanced SD/MC (Refugees) Negotiated Rate
(July 1, 2003 - June 30, 2004)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 28 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 20 and represents the total Outpatient Medi-Cal Costs for Program 1.

**Line 21 – Total Medi-Cal Gross Reimbursement (excludes enh. SD/MC Refugees)
(July 1, 2003 – September 30, 2003)**

No entry. This is automatically calculated as the sum of Lines 11 and 16. The total Medi-Cal Gross Reimbursement for SD/MC (Refugees) is accounted for in Line 22 (See below).

**Line 21A – Total Medi-Cal Gross Reimbursement (excludes Enh. SD/MC Refugees)
(October 1, 2003 – June 30, 2004)**

No entry. This is automatically calculated as the sum of Lines 11A and 16A. The total Medi-Cal Gross Reimbursement for SD/MC (Refugees) is accounted for in Line 22 (See below).

**Line 22 – Enhanced SD/MC (Refugees) Gross Reimbursement
(July 1, 2003 – June 30, 2004)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the Lower of the Cost line or the SMA line (See Table 2).

**Line 23 – Healthy Families Cost
(July 1, 2003 – September 30, 2003)**

No entry. The total cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 29 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 23 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 23A – Healthy Families Cost
(October 1, 2003 – June 30, 2004)**

No entry. The total cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 29A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 23A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 24 – Healthy Families SMA
(July 1, 2003 – September 30, 2003)**

No entry. The total SMA cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 24 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 24A – Healthy Families SMA
(October 1, 2003 – June 30, 2004)**

No entry. The total SMA cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 24A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 25 – Healthy Families Published Charge
(July 1, 2003 – September 30, 2003)**

No entry. The total published charge cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 31 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 25 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 25A – Healthy Families Published Charge
(October 1, 2003 – June 30, 2004)**

No entry. The total published charge cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 31A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 25A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 26 – Healthy Families Negotiated Rate
(July 1, 2003 – September 30, 2003)**

No entry. The total negotiated rate cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 32 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 26 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 26A – Healthy Families Negotiated Rate
(October 1, 2003 – June 30, 2004)**

No entry. The total negotiated rate cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 32A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 26A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 27 – Healthy Families Gross Reimbursement
(July 1, 2003 – September 30, 2003)**

No entry. Automatically, the reimbursement method selected by comparing the lowest amount from lines in Tables 1 and 2 for all SD/MC costs is utilized to apply the same methodology to determine Healthy Families Gross Reimbursement. Inpatient reimbursement and outpatient reimbursement are determined independently in Columns E & I. Column J is automatically computed by taking the Lower of the Cost line or the SMA line (See Table 2).

**Line 27A – Healthy Families Gross Reimbursement
(October 1, 2003 – June 30, 2004)**

No entry. Automatically, the reimbursement method selected by comparing the lowest amount from lines in Tables 1 and 2 for all SD/MC costs is utilized to apply the same methodology to determine Healthy Families Gross Reimbursement. Inpatient reimbursement and outpatient reimbursement are determined independently in Columns E and I. Column J is automatically computed by taking the Lower of the cost line or the SMA line (See Table 2).

**Line 28 - Less: Patient and Other Payor Revenues
(July 1, 2003 – September 30, 2003)**

No entry. Revenue such as patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units reported on MH 1966 fill in automatically from MH 1901 Schedule B, Columns K. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

**Line 28A - Less: Patient and Other Payor Revenues
(October 1, 2003 – June 30, 2004)**

No entry. The amounts are automatically filled in from MH 1901 Schedule B, Column L. See Line 28 for more information.

Line 29 – Enhanced SD/MC (Children) Patient Revenue

No entry. The amounts are automatically filled in from MH 1901 Schedule B, Column O. See Line 28 for more information.

Line 30 – Enhanced SD/MC (Refugees) Patient Revenue

No entry. The amounts are automatically filled in from MH 1901 Schedule B, Column Q. See Line 28 for more information.

Line 31 - Healthy Families Patient Revenue

No entry. Healthy Families client fees, or other sources for providing services to Healthy Families clients, fill in automatically from MH 1901 Schedule B, Column T.

Line 32 - Total Expenditures from MAA (Mode 55)

No entry. Total Expenditures identified in MH 1966, Mode 55, Line 3 for Service Functions 1 through 9 in Column A; Service Functions 11 through 19 and 31 through 39 in Column B; and Service Functions 21 - 29 in Column C automatically populate these fields. The sum of Columns A, B and C automatically calculates in Column D.

Line 33 - Medi-Cal Eligibility Factor (Average)

No entry. County Medi-Cal eligibility factor (percentage) cell references MH 1901 Schedule A, Column E Line 35.

Line 34 - Revenue – MAA

No entry. Does Not Apply.

**Line 35 - Net Due SD/MC for Direct Services
(July 1, 2003 – September 30, 2003)**

No entry. Column A automatically picks up the amount from Line 32. Columns B and C, is filled by the result of product of Lines 32 and 33. The sum of Columns A, B, and C, Line 35, is automatically entered in Column D, Line 35.

For Columns E, I, J and K, the result of Line 21 minus the sum of Lines (28 and 29) is entered here automatically.

**Line 35A - Net Due SD/MC for Direct Services
(October 1, 2003 – June 30, 2004)**

Automated entry. The result of Line 21A minus Line 28A for Columns E, I, J and K are automatically entered.

Line 36 - Net Due Enhanced SD/MC (Refugees)

Automated entry. The result of Line 22 minus Line 30 for Columns E, I, J and K are automatically entered.

**Line 37 - Net Due for Healthy Families
(July 1, 2003 – September 30, 2003)**

Automated entry. The result of Line 27 minus Line 31 in Columns E, I, J and K are automatically entered.

**Line 37A - Net Due for Healthy Families
(October 1, 2003 – June 30, 2004)**

Automated entry. Line 27A is automatically entered here.

**Line 38 – Amount Negotiated Rates Exceeds Costs for SD/MC (excludes enhanced SD/MC Refugees)
(July 1, 2003 – September 30, 2003)**

Automated entry. The difference of the sum of Lines (4, 9, 15) minus the sum of Lines (1, 6, 12) is automatically calculated here. If the difference is less than zero, then zero is automatically entered. This line excludes enhanced SD/MC (Refugees) and INCLUDES enhanced SD/MC (Children).

**Line 38A – Amount Negotiated Rates Exceeds Costs for SD/MC excludes enhanced SD/MC (Refugees)
(October 1, 2003 – June 30, 2004)**

Automated entry. The difference of the sum of Lines (4A, 9A, 15A) minus the sum of Lines (1A, 6A, 12A) is automatically calculated here. If the difference is less than zero, then zero is automatically entered here. This line excludes enhanced SD/MC (Refugees) and INCLUDES enhanced SD/MC (Children).

Line 39 - Enhanced SD/MC (Refugees)

Automated entry. The difference of Line 20 minus Line 17 is automatically calculated here. If the difference is less than zero, then zero is automatically entered.

**Line 40 - Healthy Families
(July 1, 2003 – September 30, 2003)**

Automated entry. The difference of Line 26 minus Line 23 is automatically calculated here. If the difference is less than zero, then zero is automatically entered.

**Line 40A - Healthy Families
(October 1, 2003 – June 30, 2004)**

Automated entry. The difference of Line 26A minus Line 23A is automatically calculated here. If the difference is less than zero, then zero is automatically entered.

MH 1969 INST

Instructions for Lower of Costs or Charges Determination

The purpose of MH 1969 INST is to determine if you qualify as a Nominal Fee Provider. Before you can continue to complete the MH 1969 you must answer four questions on MH 1969 INST.

- Does your legal entity have a published schedule of its full (non-discounted) charges?
- Are your legal entity's revenues for patient care based on application of published charge schedule?
- Does your legal entity maintain written policies for its process of making patient indigence determinations?
- Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

Nominal Fee Provider determination		
Please answer the following questions.		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Does your legal entity have a published schedule of its full (non-discounted) charges?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Are your legal entity's revenues for patient care based on application of published charge schedule?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Does your legal entity maintain written policies for its process of making patient indigence determinations?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

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MH1969 >>

If you answer No to any of the above questions, then you DO NOT qualify as a Nominal Fee Provider and you should not complete the MH 1969.

MH 1969 (Optional)

Lower of Costs or Charges Determination

The legal entity must have a published schedule of its full (non-discounted) charges. The objective of MH 1969 is to determine whether legal entities are exempt from having to apply the Lower of Cost or Charges (LCC) Principle. MH 1969 is an optional form and should be completed by legal entities whose charges are lower than the SMA upper limits; and costs for non-negotiated rate legal entities or negotiated rates for negotiated rate legal entities. If a legal entity's Medi-Cal adjusted customary charges are less than 60 percent of Medi-Cal costs, and the legal entity meets four additional criteria, the legal entity is exempt from having to include charges in the comparison on MH 1968. The four additional criteria that must be met by a legal entity are:

- The legal entity must have a published schedule of its full (non-discounted) charges.
- The legal entity's revenues for patient care must be based on application of published charge schedule.
- The legal entity must maintain written policies for its process of making patient indigence determinations.
- The legal entity must maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures.

The exemption must be proven separately for Medi-Cal inpatient services (Mode 05-Hospital) and Medi-Cal outpatient services (Mode 05-All Other, Mode 10-Day Treatment, and Mode 15-Outpatient). Refer to DMH Letter No. 90-05 and attachments for a detailed explanation of how to meet these four criteria.

Medi-Cal adjusted customary charges can be calculated using several different methods, all of which result in the same outcome.² MH 1969 employs the calculation method applicable to most legal entities. Medi-Cal adjusted customary charges are calculated by first dividing actual charges to non-Medicare and non-Medi-Cal patients by adjusted or published charges to non-Medicare and non-Medi-Cal patients. This ratio is then applied to Medi-Cal charges (i.e., amounts billed to Medi-Cal), resulting in Medi-Cal adjusted customary charges. These charges are compared to 60 percent of Medi-Cal costs and, if lower, the legal entity is exempt from having to apply the LCC principle. Dollar amounts should be rounded to the nearest whole dollar.

² See: *Medicare and Medicaid Guide*, Commerce Clearing House, ¶7585, August 1989.
California Department of Mental Health, County Financial Program Support

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DETAIL COST REPORT				DEPARTMENT OF MENTAL HEALTH
LOWER OF COSTS OR CHARGES EXEMPTION DETERMINATION (Optional)						FISCAL YEAR 2003 - 2004
County: 0 County Code:						
Legal Entity: 0 Legal Entity Number:		A	B	C	D	E
		Total Inpatient				Total Outpatient
		Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15	
1	Amount billed to Medi-Cal					
	Non-Medicare/Medi-Cal Actual Charges					
2	Non-Medicare/Medi-Cal Patient Revenues					
3	Non-Medicare/Medi-Cal Patient Insurance					
4	Subtotal					
5	Non-Medicare/Medi-Cal Published Charges					
6	Ratio of Actual to Published Charges	0.00%				0.00%
7	Medi-Cal Adjusted Customary Charges					
8	Medi-Cal Costs					
9	60 Percent of Medi-Cal Costs					

DMH use only		<input type="checkbox"/> Inpatient		<input type="checkbox"/> Exempt	<input type="checkbox"/> Outpatient
	Line 9 greater than line 7.	<input type="checkbox"/>		<input type="checkbox"/> Not Exempt	<input type="checkbox"/>
	Line 7 greater than line 9.	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

← MH1969_INST	HOME	Go to MH1968
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Line 1 - Amount Billed to Medi-Cal

Enter the amount billed to Medi-Cal (through DMH) for the cost report fiscal year. The amount should be derived from the county's monthly billing records. Enter amount for each mode of service in the appropriate column. The sum of Columns B through D is entered automatically in Column E.

Line 2 - Non-Medicare/Medi-Cal Patient Revenues

Enter the total patient revenue for the cost report fiscal year billed (not necessarily collected) to non-Medicare patients and non-Medi-Cal patients based on the patients' ability to pay (UMDAP). Billings to patients liable for payment on a charge basis (non-contractual patients) based on the UMDAP should be reported.

Billings to HMOs, COHSs, PPOs, or PCCMs should not be included. Line 2, Column A, represents amount billed to patients for Mode 05-Hospital (inpatient services) and Line 2, Column E, represents amount billed to patients for Mode 05-All Other, Mode 10-Day Treatment, and Mode 15-Outpatient (outpatient services).

Line 3 - Non-Medicare/Medi-Cal Patient Insurance

Enter the total patient insurance collected from non-Medicare patients and non-Medi-Cal patients for the cost report fiscal year. Line 3, Column A, represents patient insurance collected for Mode 05-Hospital (inpatient services)

and Line 3, Column E, represents patient insurance collected for Mode 05-All Other, Mode 10-Day Treatment, and Mode 15-Outpatient (outpatient services).

Line 4 - Subtotal

No entry. This line sums Lines 2 and 3 for Column A (inpatient) and Column E (Outpatient).

Line 5 - Non-Medicare/Medi-Cal Published Charges

Non-Medicare/Medi-Cal Published Charges represent amount non-Medicare and non-Medi-Cal patients would have paid had they been full-fee paying patients. On a separate worksheet maintained by the legal entity, multiply the units of service/time provided to non-Medicare and non-Medi-Cal patients by the legal entity's published charge or rate for each service function. These amounts should be aggregated by mode of service and reported in appropriate Column on Line 5. The sum of Columns B through D is automatically entered in Column E. Columns A and E represent legal entity's non-Medicare/Medi-Cal published charges for inpatient and outpatient services.

Line 6 - Ratio of Actual to Published Charges

No entry. The calculation is Line 4 divided by Line 5 in Column A (inpatient) and Column E (outpatient).

Line 7 - Medi-Cal Adjusted Customary Charges

No entry. The calculation is Line 1 multiplied by Line 6 in Column A (Inpatient) and Column E (Outpatient).

Line 8 - Medi-Cal Costs

No entry. The legal entity's total cost for providing Medi-Cal Inpatient and Outpatient services are automatically entered in Columns A and E. These costs are derived from the sum of MH 1968, Lines (11, 11A, 16, 16A, 22) Column E and Column I.

Line 9 - 60 Percent of Medi-Cal Costs

No entry. Columns A and E are automatically calculated by multiplying Line 8 by 60 percent and the results are automatically entered on Line 9.

If amount on Line 9, Column A (60 percent of Medi-Cal inpatient costs), is greater than Line 7, Column A (Medi-Cal inpatient adjusted customary charges), legal entity is exempt from having to apply the LCC principle for Mode 05-Hospital inpatient services. If Line 7, Column A, is greater than Line 9, Column A, legal entity is not exempt from having to apply the LCC principle for Mode 05-Hospital inpatient services on MH 1968, and must include Medi-Cal Mode 05-Hospital inpatient charges in the comparison on MH 1968.

If amount in Line 9, Column E (60 percent of Medi-Cal outpatient costs), is greater than Line 7, Column E (Medi-Cal outpatient adjusted customary charges), legal entity is exempt from having to apply the LCC principle for outpatient services. If Line 7, Column E, is greater than Line 9, Column E, legal entity is not exempt from having to apply the LCC principle for outpatient services on MH 1968, and must include the Medi-Cal outpatient charges in the comparison on MH 1968.

MH 1979

SD/MC Preliminary Desk Settlement

The objective of MH 1979 is to determine the preliminary net Federal Financial Participation (FFP) due to legal entity for all SD/MC and Healthy Families services. Data for Lines 1 through 10, and 13 through 15 are to be entered by County legal entities in appropriate forms (MH 1900_Info & MH 1960 etc).

Line 1 - County SD/MC Direct Service Gross Reimbursement

Automated entry. In Columns B and C, County's legal entity SD/MC direct service gross reimbursement for inpatient and outpatient services are automatically entered from MH 1968, Columns E and K, sum of Lines (21, 21A and 22). The sum of Columns B and C is automatically entered in Column D.

Line 2 - Contract Provider Medi-Cal Direct Service Gross Reimbursement

No entry. In Columns B & C, Contract Providers SD/MC Direct Service Gross reimbursement for inpatient and outpatient services are manually entered in the MH 1900 Information Sheet from the MH 1968, Columns E and K, sum of Lines (21, 21A, and 22) for all legal entities that contract for SD/MC services with the county or County Mental Health Plans (MHPs). This entry should include payments to FFS/MC hospitals for psychiatric inpatient services (MH 1994, Lines 6 and 7 Plus FFP) that have not been included in the Allowable Costs for Allocation (Line 8) on MH 1960. The sum of Columns B and C automatically appears on Column D.

Line 3 - Total Medi-Cal Direct Service Gross Reimbursement

Automated entry. The sum of Lines 1 and 2 in Column D are automatically entered on Line 3. This amount represents total allowable SD/MC direct service costs in the county that will be used to determine maximum allowable SD/MC administrative reimbursement for the county legal entity.

Line 4 - SD/MC Administrative Reimbursement Limit

Automated entry. SD/MC Administrative costs are limited to 15 percent of SD/MC direct service costs. Column D, Line 3 is automatically multiplied by 0.15 to compute maximum SD/MC reimbursement for administrative services.

Line 5 - SD/MC Administration

Automated entry. SD/MC administrative costs are automatically entered from MH 1960, Column C, Line 9.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH									
SDMC PRELIMINARY DESK SETTLEMENT MH 1979 (06/04)		DETAIL COST REPORT									
County: 0 County Code:		FISCAL YEAR 2003 - 2004									
Legal Entity: 0		A	B	C	D	E	F	G	H	I	J
Legal Entity Number		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	64.35% FFP	52.95% FFP	Variable % FFP	75.00% FFP	Total FFP
	SDMC Administrative Reimbursement (County Only)										
1	County SDMC Direct Service Gross Reimbursement										
2	Contract Providers Med-Cal Direct Service Gross Reimbursement										
3	Total Med-Cal Direct Service Gross Reimbursement										
4	Med-Cal Administrative Reimbursement Limit										
5	Med-Cal Administration										
6	Med-Cal Administrative Reimbursement										
	Healthy Families Administrative Reimbursement (County Only)										
7	County Healthy Families Direct Service Gross Reimbursement										
7A	Contract Providers Healthy Families Direct Service Gross Reim										
7B	Total Healthy Families Direct Service Gross Reimbursement										
8	Healthy Families Administrative Reimbursement Limit										
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
	SDMC Net Reimbursement for MAA										
11	Med-Cal Admin Activities Svc Functions 01 - 09										
12	Med-Cal Admin Activities Svc Functions 11 - 19, 31 - 39										
13	Med-Cal Admin Activities Svc Functions 21 - 29 (County Only)										
14	Litigation Review-Skilled Prof. Med. Personal (County Only)										
15	Other SDMC Utilization Review (County Only)										
16	SDMC Net Reimbursement for Direct Services	070103 - 093003									
16A		100103 - 093004									
17	Enhanced SDMC Net Reimb. (Children)	070103 - 093003									
17A		100103 - 093004									
18	Enhanced SDMC Net Reimb. (Refugees)										
19	Total SDMC Reimbursement Before Excess FFP										
20	Amount Negotiated Rates Exceed Costs - SDMC & Enh SDMC										
21	Total SDMC Reimbursement (FFP)										
22	Contract Limitation Adjustment										
23	Adjusted Total SDMC Reimbursement (FFP)										
24	Healthy Families Net Reimbursement	070103 - 093003									
24A		100103 - 093004									
25	Total Healthy Families Reimbursement Before Excess FFP										
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										

STATE SHARE OF SDMC COST	
Line 8: Column D minus Column E	
Line 10: Column D minus Column H	
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column E	
Line 14: Column D minus Column E	
Line 16: Column D minus Column E	
Line 16: Column D minus Column F	
Line 16A: Column D minus Column G	
Line 17: Column D minus Column H	
Line 17A: Column D minus Column H	
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	
Line 24A: Column D minus Column H	
TOTAL STATE SHARE SDMC COST	

Line 6 - SD/MC Administrative Reimbursement

No entry. The lower of Lines 4 and 5 is automatically selected and entered in Column D Line 6. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC administration. The result is rounded to the nearest whole dollar and entered in Column E.

Line 7 – County Healthy Families Direct Service Gross Reimbursement

No entry. In Columns B and C, County's legal entity Healthy Families direct service gross reimbursement are automatically referenced from MH 1968, Columns E and K, sums of Lines 27 and 27A. The sum of Columns B and C automatically populates Column D.

Line 7A - Contract Provider Healthy Families Direct Service Gross Reimbursement

No entry. In Columns B & C, Contract Providers Healthy Families Direct Service Gross reimbursement for inpatient and outpatient services are manually entered in the MH 1900 Information Sheet from the MH 1968, Columns E and K, sum of Lines (27 and 27A) for all legal entities that contract for Healthy Families services with the county or County Mental Health Plans (MHPs). The sum of Columns B and C automatically appears on Column D.

Line 7B - Total Healthy Families Direct Service Gross Reimbursement

No entry. The sum of Lines 7 and 7A in Column D are automatically entered on Line 7B. This amount represents total allowable Healthy Families (HF) direct service costs in the county that will be used to determine maximum allowable HF administrative reimbursement for the county legal entity.

Line 8 - Healthy Families Administrative Reimbursement Limit

No entry. Healthy Families Administrative costs are limited to 10 percent of Healthy Families direct service gross costs. Column D, Line 7, is automatically multiplied by 10 percent to compute Healthy Families administrative limit.

Line 9 - Healthy Families Administration

No entry. The Healthy Families Administrative costs are automatically entered from Column C, Line 10 of MH 1960.

Line 10 - Healthy Families Administrative Reimbursement

No entry. The lower of Lines 8 and 9 from Column D is automatically selected and entered in Column D Line 10. The amount in Column D is automatically multiplied by 65 percent (65%) to determine the FFP for Healthy Families administrative costs. The result is rounded to the nearest whole dollar and entered in Line 10 Column H.

NOTE: Lines 11 through 13 are for MAA Participants Only. Others Skip to Line 14.

Line 11 - Medi-Cal Administrative Activities Service Functions 01 - 09

No entry. The Net Due from Medi-Cal for MAA for Service Functions 01 through 09 is automatically entered from Line 35, Column A, of MH 1968 onto Columns A and D. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J. Verify that Line 11 equals or agrees with MH 1979, Line 21, Column J (FFP).

Line 12 - Medi-Cal Administrative Activities Service Functions 11 - 19, 31 - 39

No entry. The Net Due from Medi-Cal for MAA for Service Functions 11 through 19 and 31 through 39 is automatically entered from Line 35, Column B, of MH 1968 onto Column A and D. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J. Verify that Line 12 agrees with MH 1979, Line 27 (Healthy Families).

**Line 13 - Medi-Cal Administrative Activities Service Functions 21 - 29
(County Only)**

No entry. The Net Due from Medi-Cal for MAA for Service Functions 21 through 29 is automatically entered from Line 35, Column C, of MH 1968 onto Columns A and D. The result in Column D is automatically multiplied by 75 percent and entered in Column I and J.

**Line 14 - Utilization Review - Skilled Professional Medical Personnel
(County Only)**

No entry. The SD/MC utilization review costs for skilled professional medical personnel are entered from Column C, Line 13 of MH 1960. The result in Column D is automatically multiplied by 75 percent to determine FFP and entered in Columns I and J.

**Line 15 - Other SD/MC Utilization Review
(County Only)**

No entry. The other SD/MC utilization review costs are automatically entered from Column C, Line 14 of MH 1960 onto Column D. The result in Column D is automatically multiplied by 50 percent to determine FFP and entered in Column E and J.

**Line 16 - SD/MC Net Reimbursement for Direct Services @ 54.35%
(July 1, 2003 - September 30, 2003)**

No entry. The SD/MC direct service net reimbursement for inpatient and outpatient services are automatically entered from Columns E and K, Line 11 of MH 1968 onto Columns B and C respectively. Column D automatically sums Columns B and C. Column D, amount is automatically

multiplied by 51.35 percent to determine FFP for SD/MC direct services and entered in Columns F and J.

**Line 16A - SD/MC net Reimbursement for Direct Services @ 52.95 %
(October 1, 2003 – June 30, 2004)**

No entry. The SD/MC direct service net reimbursement for inpatient and outpatient services are automatically entered from Columns E and K, Line 11A of MH 1968 onto Columns B and C respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 52.95 percent to determine FFP for SD/MC direct services and entered in Columns G and J.

**Line 17 - Enhanced SD/MC Net Reimbursement (Children) @ 65%
(July 1, 2003 – September 30, 2003)**

No entry. The enhanced SD/MC (Children) direct services net reimbursement is automatically entered from Columns E (Inpatient) and K (Outpatient), Line 16 of MH 1968 onto Columns B and C respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 65 percent to determine FFP for SD/MC direct services and entered in Columns H and J.

**Line 17A - Enhanced SD/MC Net Reimbursement (Children) @ 65%
October 1, 2003 – June 30, 2004**

No entry. The enhanced SD/MC (Children) direct services net reimbursement is automatically entered from Columns E (Inpatient) and K (Outpatient), Line 16A of MH 1968 onto Columns B and C respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 65 percent to determine FFP for Enhanced SD/MC (Children) direct services and entered in Columns H and J.

Line 18 - Enhanced SD/MC Net Reimbursement (Refugees) @ 100%

No entry. The enhanced SD/MC (Refugees) direct services net reimbursement is automatically entered from Columns E (Inpatient) and K (Outpatient), Line 22 of MH 1968 onto Columns B and C respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 100 percent to determine FFP for SD/MC direct services and entered in Columns H and J.

Line 19 - Total SD/MC Reimbursement Before Excess FFP

No entry. The sum of Column J, Lines (6, 11 through 15, 16, 16A, 17, 17A, 18) are automatically entered onto Column J.

Line 20 - Amount Negotiated Rates Exceed Costs - SD/MC and Enhanced SD/MC

No entry. Legal entities reimbursed based on negotiated rates must refund to HCFA, 25 percent of the amount negotiated rates or reimbursement rates exceed costs. From MH 1968, the sum of Lines (38, 38A and 39) in Columns E

(inpatient) and K (outpatient) is automatically entered into Columns B and C respectively. The sum of Columns B and C are automatically entered in Column D. Column J automatically multiplies Column D by 25 percent. This represents the amount of FFP to be repaid to HCFA.

Line 21 - Total SD/MC Reimbursement (FFP)

No entry. For Column J, the result of Line 19 minus Line 20 is automatically entered.

Line 22 – Contract Limitation Adjustment

No entry. This line should remain blank.

Line 23 – Adjusted Total Short-Doyle/Medi-Cal Reimbursement (FFP)

No entry. The result of Line 21 plus Line 22 is automatically entered.

**Line 24 - Healthy Families Net Reimbursement @ 65%
(July 1, 2003 – September 30, 2003)**

No entry. The amounts (Net Due-Healthy Families) from MH 1968, Line 37, Columns E (Inpatient) and K (Outpatient) are automatically entered in Columns B and C respectively. The amount in Column D is automatically multiplied by 65 percent to determine FFP for SD/MC direct services and entered in Columns H and J.

**Line 24A - Healthy Families Net Reimbursement @ 65 %
(October 1, 2003 – June 30, 2004)**

No entry. The amounts (Net Due-Healthy Families) from MH 1968, Line 37A, Columns E (Inpatient) and K (Outpatient) are automatically entered in Columns B and C respectively. The amount in Column D is automatically multiplied by 65 percent to determine FFP for SD/MC direct services and entered in Columns H and J.

Line 25 - Total Healthy Families Reimbursement Before Excess FFP

No entry. The sum of Line 10, Line 24 and Line 24A is automatically computed in Column J.

Line 26 - Amount Negotiated Rate Exceeds Cost - Healthy Families

No entry. This Line must remain blank. NR is not applicable to the Healthy Families program.

Line 27 - Total Healthy Families Reimbursement

No entry. The difference between Line 25 and Line 26 is automatically entered in Column J.

MH 1991

Calculation of SD/MC (Hospital Administrative Days)

The objective of MH 1991 is to identify amount of Physician and Ancillary costs associated with SD/MC and Healthy Families (SED) Hospital Administrative Days (Mode 05, Service Function 19) for use on the MH 1966.

Column A – Settlement Group

No entry. Settlement groups are provided.

Column B - Provider Number

Enter 4-digit Provider Number.

Column C - SMA Rate

No entry. SMA Rate for FY 2003-2004 is provided for the two periods.

Column D - Period of Service

No entry. Period of service from 7/1/03 through 7/31/03 - \$236.38

Period of service from 8/1/03 through 6/30/04 - \$236.82

There are four service time periods, you may enter units on the first two service periods only.

Column E - Administrative Days

Enter number of SD/MC administrative days according to period during which services were provided and by the settlement group the services were rendered during the fiscal year. This Column should match the number of Medi-cal units reported on Schedule B for Mode 05, Service Function 19.

Column F - Subtotal Amount

No entry. This is the result of Column C multiplied by Column E.

Column G - Physician Costs

Enter cost of physician services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal.)

Column H - Ancillary Costs

Enter cost of ancillary services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal.)

Column I - Total Amount

No entry. This is the sum of Columns F, G and H for each period and settlement group.

MH 1992 INST

Identification of Funding Sources

The purpose of the MH 1992 INST is to identify all funding sources that are applicable. This form is designed to remove all unnecessary lines from the MH 1992.

“Yes” box will be the automatic default for all Funding Sources for the legal entity. Select the “No” box for funding sources not used or not applicable to contract provider.

Identification of Funding Sources				
Please check all that apply.				
Yes	No		Funding Sources	MH1992
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	SAMHSA Grants	(Line 4)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	PATH Grants	(Line 5)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	RWJ Grants	(Line 6)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	Other Grants	(Line 7)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.	Patient Fees	(Line 8)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.	Patient Insurance	(Line 10)
		7.	Regular SD/MC (FFP only)	(Line 11)
		8.	Healthy Family - Fed share	(Line 12)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9.	Medicare - Fed. Share	(Line 13)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.	Conservatorship Admin. Fees	(Line 14)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.	State General Fund-State Share	(Line 15)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12.	State General Fund-County Match	(Line 16)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13.	SGF-Managed Care - Other MHS	(Line 17)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.	02-03 Rollover - Managed Care-Other	(Line 18)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.	EPSDT SD/MC - State Share Est.	(Line 19)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16.	02-03 SGF Rollover	(Line 20A)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17.	Other Revenues	(Line 20B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18.	Realignment Funds/MOE	(Line 21)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.	County Overmatch	(Line 22)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20.	CALWORKS	(Line 23)

HOME
MH1992 >>

LH 1992

Funding Sources

The objective of MH 1992 is to identify the types of resources used to finance specific mental health program activities for each legal entity. Funding source identifies who is paying for programs authorized by county mental health agency.

Column J – Total Legal Entity

No entry. This column sums columns A through I for each line.

Line 1 - Gross Cost

No entry. Column A, Line 1, is the sum of Column C, Line 12, and Column C, Line 17, of MH 1960. Column B is from MH 1960, Column C, Line 16. Columns C through I, Line 1, are from Column A, Line 3 of the relevant MH 1966's.

Line 2 - Adjustment

Enter in Columns C through I, the amounts needed to adjust legal entity costs to actual program funding, such as, the difference between county contract rate and actual cost incurred by contract providers.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DETAIL COST REPORT										DEPARTMENT OF MENTAL HEALTH	
FUNDING SOURCES												Fiscal Year 2002-2003	
MH 1992 (0503)													
County: Allowable Cost County													
County Code: 79													
Legal Entity	Resource Controller	A	B	C	D	E	F	G	H	I	J		
Legal Entity No.	00999	Admin / Research & Evaluation	Utilization Review	Mode 05 - Hospital	Mode 05 - Residential	Mode 10 - Day Treatment	Mode 15 - Outpatient	Mode 45 - Outreach	Mode 55 - MAA	Mode 60 - Support	Total Legal Entity	CROSSCHECKS	
1	Gross Cost					3,777,806	338,113				4,115,919		
2	Adjustments					(3,766,635)	(337,434)				(4,104,069)		
3	Adjusted Gross Cost					11,171	879				11,850	OK	

For contract providers, that provide services to *multiple counties*, adjust gross aggregate county legal entity allowable costs on Line 2 Columns C through I to agree with the amount received from each county for which a cost report is being submitted. Report aggregate gross county legal entity costs for all county legal entities on MH1960, and aggregate gross county legal entities units of service on MH1901 Schedule B for the determination of cost per unit.

Line 3 - Adjusted Gross Cost

No entry. Line 1 plus or minus Line 2 are automatically calculated.

Line 4 - SAMHSA Grants

Enter revenues accrued from SAMHSA grants for appropriate modes of service.

Line 5 - PATH Grants

Enter revenues accrued from PATH grants for appropriate modes of service.

Line 6 - RWJ Grants

Enter revenues accrued from Robert Wood Johnson (RWJ) Foundation grants for appropriate modes of service.

Line 7 - Other Grants

Enter revenues accrued from other grants not reported on Lines 4 through 6 for appropriate modes of service.

Line 8 - Total Grants Accrued

No entry. Lines 4 through 7 for Columns A through G and I are automatically summed.

Line 9 - Patient Fees

Enter patient fees received for appropriate treatment program modes of service.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DETAIL COST REPORT										DEPARTMENT OF MENTAL HEALTH		
FUNDING SOURCES												FISCAL YEAR 2003 - 2004		
MH 1992 (0604)														
County: 0														
County Code:														
Legal Entity: 0														
Legal Entity No.:														
		A	B	C	D	E	F	G	H	I	J			
		Admin / Research & Evaluation	Utilization Review	Mode 05 - Hospital	Mode 05 - Residential	Mode 10 - Day Treatment	Direct Services/MAA Mode 15 - Outpatient		Mode 45 - Outreach	Mode 55 - MAA	Mode 60 - Support	Total Legal Entity		
1	Gross Cost												CROSSCHECKS	
2	Adjustments													
3	Adjusted Gross Cost												OK	
Funding Sources														
Grants														
4	SMHSA Grants													
5	PATH Grants													
6	RWJ Grants													
7	Other Grants													
8	Total Grants Accrued												OK	
9	Patient Fees												OK	
10	Patient Insurance												OK	
11	Regulated/Enhanced SDMC (FFP only)												OK MH1979 SDMC MATCH	
12	Healthy Family - Fed share												OK MH1979 HF MATCH	
13	Medicare - Fed Share													
14	Conservatorship Admin Fees													
15	State General Fund-State Share													
16	State General Fund-County Match													
17	SGF-Managed Care - Other MH/S													
18	02-03 Rollover - Managed Care-Other													
19	EPSDT SDMC - State Share Est.													
20A	02-03 SGF Rollover													
20B	Other Revenue													
21	Reassignment Funds/MOE													
22	County Overmatch													
23	CALWORKS													
24	Total Funding Sources												OK	

EDIT CHECKS

Line 3 = Line 24? OK OK

Amt. to Balance to Line 3: 0 0 0 0 0 0 0 0 0 0 0

HOME << MH1992_INSTR DONE

Line 10 - Patient Insurance

Enter patient insurance received for appropriate treatment program modes of service.

Line 11 - Regular and Enhanced Short-Doyle/Medi-Cal (FFP Only)

No entry. SD/MC and enhanced SD/MC net reimbursement (FFP portion only) are included in this line. Column A (Administration) comes from MH 1979, Column J, Line 6. Column B (Utilization Review) is the result of MH 1979, Column J, Lines 14 plus 15. Column C (Mode 05 – Hospital) is the result of MH 1979, Column B, sum of (Line 16 x .5435) plus (Line 16A x .5295) plus (Line 17 x .65) plus (Line 17A x .65) plus (Line 18 x 1.00) minus MH 1979, Column B (Line 20 x .25). Columns D (Mode 05 – Residential), E (Mode 10), and F (Outpatient) are calculated using data from MH 1968, Columns F (Mode 5 all other), G (Mode 10), and H plus J (mode 15 programs 1 and 2), (Line 11 minus Line 28) x .5435 plus (Line 11A minus Line 28A) x .5295 plus (Line 16 minus Line 29) x .65 plus (Line 16a) x .65 plus (Line 22 minus Line 30) x 1.0 minus the sum of Lines (38 plus 38A plus 39) x .25. Column H is calculated using MH 1979, Column J, sum of Lines 11, 12, and 13.

Line 12 - Healthy Families - Federal Share

No entry. Column A (Administration) comes from MH 1979, Column J, Line 10. Column C (Mode 5 – Hospital) is the result of MH 1979, Column B (Line 24 x .65) plus (Line 24A x .65) minus the product of .25 times Line 26. Columns D (Mode 5 – residential), E (Mode 10) and F (Mode 15) are calculated using data from MH 1968, Columns F (Mode 5 - all other), G (Mode 10) and H plus J (Mode 15 Programs 1 and 2), (Line 37 x .65) plus (Line 37A x .65) minus (.25 x sum of Lines 40 plus 40A).

Line 13 - Medicare- Federal Share

Enter Medicare revenue accrued/received for appropriate treatment program modes of service.

Line 14 - Conservator Administrative Fees

Enter conservator administration fees received in Column I, Line 14.

Line 15 - State General Fund - State Share

Enter state share of State General Fund (90 percent for large counties) in Columns A through I. These are primarily categorical funds allocated by DMH to the counties for FY 2003-2004. Community Services - Other Treatment for Mental Health Managed Care should not be included on this line. Total amount should equal MH 1940, Column A, Lines 9, 10, 11 and 12.

Line 16 - State General Fund - County Match

Enter county share (10 percent for large counties) of cost to match State General Fund in Columns A through I. See MH 1909, Column I for details. Total amount should equal MH 1940, Column A, Line 4 and MH 1909, Column I, Line 9.

Line 17 - State General Fund-Managed Care - Other Mental Health Services

Enter expenditures by modes of service for Other Mental Health Services funded by FY 2003-2004 SGF - Managed Care allocation. Total amount should equal MH 1994 Line 8 plus Line 9 and MH 1940, Line 13, Column A.

Line 18 – FY 2002-2003 Rollover-Managed Care - Other Mental Health Services

Enter expenditures for Other Mental Health services, by modes of service, funded by rollover from FY 2002-2003 SGF - Managed Care allocation. The amount should equal MH 1994 Line 2b amount expended on Other Mental Health Services. Line 2a is inpatient hospital expenditures paid from the contingency reserves, while line 2b is outpatient expenditures paid also from the contingency reserves.

Line 19 - EPSDT SD/MC - State Share Estimate

Enter estimated State share (SGF) of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) SD/MC. Estimated amount should be based upon anticipated EPSDT expenditures and may or may not be different than EPSDT SGF Interim Funding the County received as an advance. EPSDT amount should be reflected on MH 1940, Line 15.

Line 20A – (02- 03) State General Fund (SGF) Rollover

Enter by mode of service categorical funds (SGF) rolled over from the previous year. Note! Report county match for rollover that requires county share. (Example, Fund with a rollover from previous year will report gross amount of \$50,000, which consists of \$45,000 net state share plus \$5,000 county match.)

Line 20B – Other Revenues

Enter here all other revenues received and not reported on Lines 4 through 19.

Line 21 - Realignment Funds/Maintenance of Effort

Enter amount expended per realignment funding and county maintenance of effort obligations pursuant to Welfare and Institutions Code §17608.05 for each mode of service. Include realignment funds used to match FFP under the Short-Doyle/Medi-Cal program. Exclude realignment funding for State Hospitals and county match for State General Funds allocated by State Department of Mental Health.

Line 22 - County Overmatch

Enter county overmatch funds the county contributes over the percentage amounts prescribed by law.

Line 23 – CALWORKS

Enter the county CALWORKS funds used for mental health services.

Line 24 - Total Funding Sources

No entry. This line sums Lines 8 through 23 for Columns A through I. Amount in Column J, Line 23, should equal amount in Column J, Line 3. Any difference between the two amounts should be corrected before submitting the cost report.

No text this page.

Summary Forms For Counties ONLY

This section details the following forms and their requirements for Summary County Cost Reporting ONLY.

MH 1909_Inst. Sheet	Report final amounts for State Categorical Funds from "Final Allocation" letter.
MH 1909	Supplemental Cost Report Data by Program Category
MH 1994	Report of Mental Health Managed Care Allocation and Expenditures
MH 1940	Year End Cost Report Summary (MHPs)
MH 1979/MH 1992 Reconciliation	Reconciliation of MH 1979 and MH 1992 for FFP accuracy.
MH 1930 MH 1931	Final Settlement (Information Only).

MH 1909 INST

Preliminary Worksheet to the MH 1909s

The purpose of the MH 1909 Inst. Informational worksheet is to segregate funding sources according to fund classification. The data collected and analyzed here will be used to populate each categorical funding on the MH 1909's.

First Table – Program and Final Allocation

Enter county's allocation amount for budget category from the county's Final Allocation Worksheet. The allocation for Community Services: Other Treatment for Mental Health Managed Care should be broken down between (1) Inpatient and Specialty Mental Health Professional Services and (2) Minor Consent.

Second Table – Program Data by Fund Sources, Final Allocation and Prior Year Rollover Allocation

The first column is "Final Allocation". This column is automatically filled based on the information in the first table.

The second column is "Prior Year Rollover Allocation". Enter any rollover allocations from FY 2002-2003 by fund source.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH	
INFORMATION SHEET		Fiscal Year 2003-2004	
MH 1909_INST (07/04)			
County: 0			
County Code: 0			
PROGRAM	FINAL ALLOCATION		
Community Services			
Adult System of Care			
Children's Mental Health Services			
Community Services: Other Treatment for Mental Health Managed Care	\$0		
<i>Inpatient and Specialty Mental Health Professional Services</i>			
<i>Minor Consent</i>			
S E P Assessment, Treatment and Case Management			
TOTAL COMMUNITY SERVICES	\$0		
PROGRAM DATA BY FUND SOURCES	FINAL ALLOCATION	PRIOR YEAR ROLLOVER ALLOCATION	
4440-101-0001(a) Community Services - Other Treatment			
4440-101-0001(b) Adult System of Care			
4440-101-0001(c) Children's Mental Health Services (See Note below)			
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	\$0		
<i>Inpatient and Specialty Mental Health Professional Services</i>			
<i>Minor Consent</i>			
4440-131-0001 S E P Assessment, Treatment & Case Management			
TOTAL FUND SOURCES	\$0	\$0	

COMMENT BOXES TO THE RIGHT OF THE SECOND TABLE

The comment box is designed to be your navigator in the process of completing the MH 1909 forms. If you enter data in the first table, the comment box will prompt and identify the form or forms for you to complete. On the second table if you entered data on the rollover Column, you will be prompted to complete the identified MH 1909 form.

Community Services – Other Treatment:

Cost Report FY	MH 1909_CSRV
Rollover FY	MH 1909_CSRV_ROLL

Adult Systems of Care:

Cost Report FY	MH 1909_ASOC
Rollover FY	MH 1909_ASOC_ROLL

Children’s Mental Health Services:

Cost Report FY	MH 1909_CSOC
Rollover FY	MH 1909_CSOC_ROLL

S.E.P. Assessment:

Cost Report FY	MH 1909_SEP
Rollover FY	MH 1909_SEP_ROLL

MH 1909

Supplemental Cost Report Data by Program Category

The objective of MH 1909 is to identify State General Fund allocation and expenditures for specified budget item and program category funds. A separate MH 1909 is to be prepared for each program category funds and each program category funds rolled over from the previous fiscal year. Rollover expenditures are not current year Categorical Funds Allocation and should not be included on the Funding Sources portion of MH 1940.

Lines 1, 2, 3 - County Name, FY, Submission Date

No entry. The information is pulled from MH 1909_INFO_SUM.

Lines 4 and 5 - Budget Category, Budget Item Number

No entry. The information is hard coded to the individual worksheets.

Line 6 - SGF Allocation

No entry. This amount is pulled from MH 1909_INST from the second table and the Final Allocation Column.

Column A - Legal Entity Name

No entry, each legal entity supported by appropriate Budget Program Category being reported. The legal entity name will be pulled from the MH1900 Information Sheet the moment legal entity number is entered.

Column B - Legal Entity Number

Enter five-digit number assigned to legal entity.

Column C - Mode of Service

Enter two-digit code for appropriate Mode of Service.

Column D - Service Function

Enter two-digit code for appropriate Service Function.

Column E - Units of Service

Enter units of service.

Column F - State Share of Net Cost

For each legal entity entry, enter the amount of allocated State General Fund (SGF) expended on specified Budget Program Category excluding amounts used as state match to FFP, which are included in column G.

take the total amount of the allocation, **divide by .90 percent and then multiply result by .10 percent**. SEP fund rollover fund gross amount should be reported on Line 20A of MH1992. The gross amount consists of net state share and county match.

Column J - Medi-Cal/FFP Share

Enter the amount of Short-Doyle/Medi-Cal FFP (match) generated by Budget Program Category services specified in Column G **plus** additional FFP share matched by other funds in Column K. Entry on Column J must also be reported on MH 1940 Column B.

Column K - Other Fund Sources

Enter expenditures above the allocated State General Fund (SGF) used to provide identified Budget Program Category services. This column should also include non-state general funds used to match FFP. However, for CSOC/EPSTDT funds this column can be above allocated State General Fund (SGF) even if total allocated fund has not been expended. Other funds such as the IDEA fund should be reported in this column.

MH 1994

Report of Mental Health Managed Care Allocation and Expenditures

The purpose of this form is to allow each county legal entity to report expenditures for Managed Care State General Fund (SGF) allocation (4440-103-0001: Community Services – Other Treatment for Mental Health Managed Care).

FY 2002-2003 Rollover

Column A, Line 1, FY 2002- 03 SGF Mental Health Contingency Reserve

No entry. This amount automatically entered from the MH 1909 Instruction Sheet (Column E, Row 20). This amount represents Managed Care SGF for FY 2002-2003 not spent during that fiscal year and reserved for FY 2003-2004. (This line should be the same as the FY 2002-2003 Cost Report, Line 10).

Column A, Line 2a, FY 2002-2003 Contingency Reserve Expenditures for Inpatient expenditures in FY 2003- 2004

Enter FY 2002-2003 Managed Care Contingency Reserve SGF Inpatient expended during FY 2003-2004.

Column A, Line 2b, FY 2002- 2003 Contingency Reserve Expenditures for Outpatient expenditures in FY 2003-2004.

Enter FY 2002-2003 Managed Care Contingency Reserve SGF Outpatient expended during FY 2003-2004.

Column A, Line 3, SGF Mental Health Contingency Reserve

No entry. Line 1 minus Line 2.

FY 2003-2004 Allocation

Column A, Line 4, SGF Managed Care Allocation

No entry. This line is populated from MH 1909_INST 4440-103-0001 "Community Services – Other Treatment for Mental Health Managed Care".

Column A, Line 5, SGF Mental Health Contingency Reserve Rollover Expenditures

No entry. This line picks up Line 3.

Column A, Line 6, FFS/MC Expenditures Acute Inpatient Hospital Days

Enter SGF portion of FFS/MC expenditures for Acute Psychiatric Inpatient hospital days.

Column A, Line 7, FFS/MC Expenditures Inpatient Hospital Administrative Days

Enter SGF portion of FFS/MC expenditures for Inpatient Hospital Administrative days.

Column A, Line 8 FFS/MC Expenditures Outpatient MHS Services

Enter the expenditures for Managed Care SGF allocation used to match FFS/MC expended for outpatient Mental Health Specialty Services.

Column A, Line 9 State General Fund Expenditures Other Mental Health Services

Enter the portion of FY 2003-2004 Managed Care SGF allocation used to fund Other Mental Health Services expenditures.

Column A, Line 10 State General Fund Mental Health Contingency Reserve

Enter portion of FY 2003-2004 Managed Care SGF allocation that was not expended during the FY 2003-2004 and is held as contingency reserve to be rolled over for expenditure during FY 2004-2005.

Column A, Line 11 Unexpended/Uncommitted State General Fund Balance

No entry. This line sums Lines 4 through 9. The amount listed on this line is the amount that the county identifies as unexpended during FY 2003-2004 and does not intend to rollover into FY 2004-2005.

DEPARTMENT OF MENTAL HEALTH	
REPORT OF MENTAL HEALTH MANAGED CARE ALLOCATION AND EXPENDITURES MH 1994 (07/04)	
Fiscal Year 2003-2004	
COUNTY OF: 0	
COUNTY CODE: 0	
DATE COMPLETED:	
	A
	State General Fund
FY 2002-2003 Rollover	
1) 2002-2003 SGF MentalHealthContingencyReserve	0
Less	
2a) FY 2002-2003 Contingency Reserve Expenditures in Inpatient expenditures in FY 2003-2004	
Less	
2b) FY 2002-2003 Contingency Reserve Expenditures in Outpatient expenditures in FY 2003-2004	
3) SGF Mental Health Contingency Reserve	0
FY 2003-2004 Allocation	
4) FY 2003-2004 SGF Managed Care Allocation	0
Plus	
5) FY 2002-2003 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)	0
Less	
6) FY 2003-2004 FFS/MC Expenditures Acute Inpatient Hospital Days	
Less	
7) FY 2003-2004 FFS/MC Expenditures Inpatient Hospital Administrative Days	
Less	
8) FY 2003-2004 FFS/MC Expenditures Outpatient Mental Health Specialty Services	
Less	
9) Other FY 2003-2004 State General Fund Expenditures Other Mental Health Services	
Less	
10) FY 2003-2004 State General Fund Mental Health Contingency Reserve	
Total	
11) FY 2003-2004 Unexpended/Uncommitted State General Fund Balance	0
Summary Flow	

MH 1940

Year End Cost Report

The purpose of this form is to allow each county's local mental health agency to report countywide mental health expenditures and revenues. This form is a summary of cost reports from all legal entities within the county, and information reported is certified by the county's local mental health director and county's auditor-controller as being true and correct. Information on this form is considered local mental health agency's claim for reimbursement and serves as the basis for year-end cost settlement with the State Department of Mental Health.

Column A, Line 1

No entry. Total mental health expenditures and revenues except Medi-Cal, i.e., MH 1992, Column J, Line 3 minus sum of: (a) FFP (MH 1979, Column J, Line 23 plus Line 27), (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 28, 28A, 29, 30, and 31 for all legal entities.

Column B, Line 1

No entry. Total Medi-Cal related dollars, i.e., sum of: (a) FFP (MH 1979, Column J, Line 23 plus Line 27); (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 28, 28A, 29, 30, and 31 for all legal entities.

Column C, Line 1

No entry. Sum of columns A and B, Line 1. This amount should equal total of MH 1992, Line 3, for all legal entities.

Column A, Line 2

No entry. All funding sources except SD/MC (FFP and State Match), SD/MC-related patient and other payor revenues, and state general fund (State and County share and Mental Health Managed Care) for all legal entities, plus any categorical funds used as a match for FFP, i.e., MH 1992, Column J, Line 3 minus Lines 11, 12, 15, 16 and 17 minus match for FFP, calculated from MH 1979, minus MH 1968, Columns E and K, Lines 28, 28A, 29, 30 and 31, all legal entities, plus amount on MH 1909, Column G, Line 8.

Note: If categorical funds (e.g. SEP) were used as a match for FFP amount reflected on MH 1909, Column G, Line 8 is added as part of the calculation for this line.

Column B, Line 2

No entry. Match for FFP plus patient and other payor revenues, i.e., sum of: (a) match for FFP calculated from MH 1979 (shown on list of Information Worksheet), and (b) MH 1968, Columns E and K, Lines 28, 28A, 29, 30, and 31 all legal entities.

Column C, Line 2

No entry. Sum of Columns A & B, Line 2.

Column A, Line 3

No entry. Subtracts Column A, Line 2 from Column A, Line 1.

Column B, Line 3

No entry. Subtracts Column B, Line 2, from Column B, Line 1.

Column C, Line 3

No entry. Sum of Columns A & B, Line 3 or subtraction of Column C, Line 2 from Column C, Line 1.

Column A, Line 4

No entry. County share from MH 1909 Summary.

Column C, Line 4

No entry. Column A, Line 4.

Column A, Line 5

No entry. Subtracts Column A Line 4, from Column A, Line 3.

Column B, Line 5

No entry. Column B, Line 3. This amount should equal MH 1992, Column J, Line 11 and 12, all legal entities.

Column C, Line 5

No entry. Subtracts Column C, Line 4 from Column C, Line 3 or sum of Columns A & B.

Column A, Line 6

No entry. SGF used as FFP match (from MH 1909 Summary).

Column C, Line 6

No entry. Column A, Line 6.

Column A, Line 7

No entry. Sum of Line 5 plus Line 6.

Column B, Line 7

No entry. Column B, Line 5. Amount should equal MH 1992, Column J, Line 11 & 12 for all legal entities.

Column C, Line 7

No entry. Sum of Columns A & B, Line 7.

NOTE - Instructions for Lines 9 through 13: Source documents for these figures are FY 2003-2004 Final Allocation Worksheet; MH 1909 Funding Source Summary; MH 1994 Report of Mental Health Managed Care Allocation and Expenditures for FY 2003-2004. Current year expenditures used for FY 2002-2003 rollover funds are excluded from Lines 9 through 12.

Column A, Lines 9 through 12

Automatically references total State General Funds expended for each funding source up to the allocated amount from Column H, Line 8. Refer to MH 1909 and final allocation worksheet.

Column A, Line 13

Automatically references amount of FY 2003-2004 Community Services - Managed Care allocation (i.e., Hospital Inpatient and Mental Health Specialty Services Consolidation) spent on "Other Mental Health Services" from MH 1994, Column A, Line 8 plus Line 9 amounts.

Column B, Line 8

Enter Other FFP funds not matched by State General Funds identified in Lines 9 through 12, Column A.

Column B, Lines 9 through 12

For each identified Budget Act Line Item Program expenditure (Lines 9 through 12), total FFP matched in part by the State General Fund (SGF) in Column A automatically references the appropriate Column cell from MH 1909. The FFP difference between total FFP in Line 7 Column B and the aggregate of Lines 9 through 12 is entered in Line 8, Other Funds.

Column B, Line 13

Justification is required for entry on this line.

Columns A, Line 14

No entry, amount should equal Column A, Line 7.

Columns B, Line 14

No entry, amount should equal Column B, Line 7.

Column A and C, Line 15

No entry, amount of FY 2003-2004 Community Services - Managed Care allocation spent on Fee-For-Service/Medi-Cal (FFS/MC) Hospital Inpatient services (i.e., MH 1994, Column A, sum of Lines 6 & 7).

Column A and C, Line 16

No entry, FY 2003-2004 EPSDT SD/MC - State Share estimate from MH 1992, Column J, Line 19, for all legal entities.

Column C, Lines 8 through 16

No entry, sum of Columns A & B.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH		
YEAR-END COST REPORT		Fiscal Year 2003-2004		
MH 1940 (07/04)				
COUNTY OF: 0	FISCAL YEAR ENDING			
COUNTY CODE: 0	JUNE 30, 2004			
ADDRESS: 0				
0				
0				
PREPARED BY: 0	PHONE 0	Date Completed:		
NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS 1. TOTAL EXPENDITURE 2. LESS: REVENUE 3. SUBTOTAL 4. LESS: COUNTY SHARE (PER MH 1909) 5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT 6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL 2) 7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	A	B	C	
	STATE GENERAL FUND	M/C & HF/FED SHARE	TOTAL	
	\$ 0	\$ 0	\$ 0	OK
	(0)	(0)	(0)	
	0	0	0	
	(0)	0	(0)	OK
	0	0	0	
	0	0	0	
\$ 0	\$ 0	\$ 0		
FUNDING SOURCES: 4440-				
8. OTHER FUNDS	0	0	\$ 0	
9. 101-0001 (a) COMMUNITY SERVICES - OTHER TREATMENT	0	0	\$ 0	
10. 101-0001 (b) ADULT SYSTEM OF CARE	0	0	0	
11. 101-0001 (c) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0	
12. 131-0001 SPECIAL EDUCATION PUPILS	0	0	0	
13. 103-0001 COMMUNITY SERVICES - OTHER TREATMENT FOR MENTAL HEALTH MANAGED CARE	0	0	0	
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 0	\$ 0	\$ 0	
15. 103-0001 COMMUNITY SERVICES - MANAGED CARE INPATIENT & SPECIALTY MENTAL HEALTH SERVICES	\$ 0	0	\$ 0	
16. EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 0	0	\$ 0	
Summary Flow	OK	OK	OK	

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Sample Detail Cost Report (Contract Provider Legal Entity with Medi-Cal)

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**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-4
State of California Department of Mental Health
Cost And Reporting Financial System
Instruction Manual
Fiscal Year 2004-05**



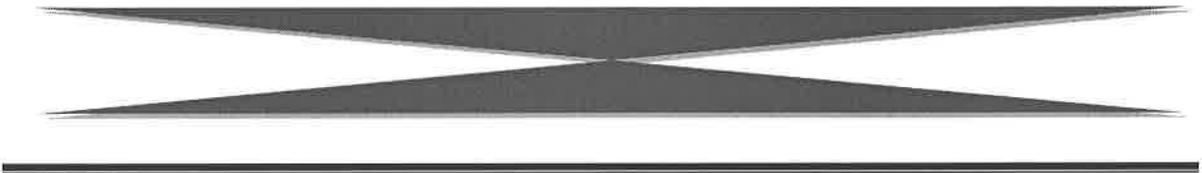
INSTRUCTION MANUAL

COST & FINANCIAL REPORTING SYSTEM (CFRS)

FISCAL YEAR 2004-2005



**CALIFORNIA DEPARTMENT OF MENTAL HEALTH
COUNTY FINANCIAL PROGRAM SUPPORT**



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Manual Order Number: CFRS-20042005-100

Specifications contained herein are subject to change and these changes will be reported in subsequent release notes and new editions.

March 2005, Department of Mental Health, State of California

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GENERAL CONTACT INFORMATION

By Mail:

Department of Mental Health
County Financial Program Support
1600 9th St., Room 120
Sacramento, CA 95814

By Telephone or FAX:

916.654.2314 – Cost Report Contact Desk
916.653.9269 – Cost Report FAX
916.654.3117 – IT Help Desk

SPECIFIC CONTACT INFORMATION

If you are having technical problems with the Cost Reporting application and need technical assistance, contact the Cost Report Help Desk, or send an email to: cfrs_help@dmhhq.state.ca.us, or call 916.654.2314.

If you want to contact a Department of Mental Health Division or Office, please use the Division/Office Directory, located at <http://www.dmh.ca.gov>.

WEBSITE

The Department of Mental Health, Information Technology Web Services Internet site can be located at <https://mhhitws.cahwnet.gov>.

If you are having problems with the web site and need technical assistance, contact Webmaster@dmhhq.state.ca.us, or call 916.654.3467.

FEEDBACK

If you have questions or comments concerning the contents of the Department of Mental Health Web site, please use the Feedback Form.

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Getting Started

INTRODUCTION

The Fiscal Year (FY) 2004-2005 Cost Reports and reporting process are described within this section. The cost report is designed to focus on completion of certain schedules that will automatically complete the legal entity cost report forms. The formulas in the cost report forms are "locked and protected" to enable smoother process for editing and conducting the year-end settlement process for each local mental health agency. This also ensures the ability to create a uniform statewide database. Listed below are the highlights regarding the cost report spreadsheets and cost reporting procedures.

The cost report spreadsheets for this year remain an Excel based spreadsheet application.

There will be two sets of Cost Report spreadsheet automations:

1. A Detail Cost Report:

- To be completed by all legal entities (county or contract). Service provided can be either Medi-Cal or non-Medi-Cal.

2. A Summary Cost Report:

- To be completed by each County or Mental Health Plan (MHP).
- The summary cost report is used to complete certain county only forms.
- Summarizes each County or Mental Health Plan (MHP) total mental health activities for the fiscal year.

The Cost Report automated spreadsheets are available from the Department of Mental Health (DMH) website, at www.dmh.ca.gov.

Cost report submission for FY 2004-2005 involves both electronic and hard copies. The electronic submission process involves **uploading** the cost report through the Department's Information Technology Web Services (ITWS), and the hard copy (with the original signed MH 1940) submission process requires one hard copy cost report package to the Department through the mail.

Please mail to:

Department of Mental Health
County Financial Program Support
1600 9th Street, Room 120
Sacramento, CA 95814

SUMMARY OF CHANGES MADE TO FY 2004-2005

Technical changes, updates, and clarifications have been made to this instruction manual. The following is a summary of the major changes made to the Cost Report for the FY 2004-2005:

1. Federal/State sharing ratio for Short-Doyle/Medi-Cal (SD/MC) for FY 2004-2005 has been changed to 50 percent for federal share and 50 percent for state share. Counties are to continue reporting units of service according to the period of time during which services were provided.
2. TBS (Therapeutic Behavioral Services)
A separate rate was not approved for TBS (Therapeutic Behavioral Services) for the FY 2004-2005.
3. New Forms Added This Year:

Detail Cost Report:

MH 1963 – Payments to Contract Providers
Replaces Supplemental Worksheet

Summary Cost Report:

MH 1908 – Supplemental State Resource Data
Replaces MH 1909_INST

MH 1912 – Supplemental Cost Report Data for the Special Education Programs
Replaces MH 1909 SEP

MH 1995 – Report of Mental Health Services Act (MHSA) Distribution and Expenditures
New Form to capture the distribution and expenditures for the MHSA

Instructions for the new forms can be located within the Manual.

4. MH 1900_Information Worksheet has been revised to allow counties to make an adjustment to Medi-Cal FFP due to contract limitations. This section is locked; therefore contact your DMH analyst for assistance with any adjustments.
5. MH 1994, Line 9, State General Fund Expenditures Other Mental Health Services, has been deleted.
6. Final MH 1940 Certification page for each county will be posted on ITWS after the settlement process.

Cost Report Instructions

The California Department of Mental Health's (DMH) Cost Report is required to be completed by all legal entities furnishing local community mental health (Medi-Cal and non-Medi-Cal) services. For the purpose of year-end cost reporting and submission, each county's designated local mental health agency is responsible for submitting the county legal entity's cost report, its contract provider legal entity cost reports and the completion of county forms MH 1908, MH 1909, MH 1912, MH 1940, MH 1994 and MH 1995. These reports should be sent in one package to the DMH.

The objectives of the Department of Mental Health Cost Report are to:

- Compute the cost per unit for each Service Function (SF)
- Determine the estimated net Medi-Cal entitlement (Federal Financial Participation-FFP) for each legal entity;
- Identify the sources of funding;
- Serve as the basis for the local mental health agency's year-end cost settlement, focused reviews and subsequent SD/MC fiscal audit; and
- Serve as the source for County Mental Health fiscal year-end cost information.

This is accomplished by determining the allowable Short-Doyle/Medi-Cal (SD/MC) costs and allocating these costs, between administrative, utilization review, research and evaluation, and direct service cost centers (i.e., modes of service), including the Medi-Cal Administrative Activities (MAA). Participation in the MAA program is optional and requires compliance to additional procedures set by the Centers for Medicare & Medicaid Services (CMS), Department of Health Services, and DMH. MAA costs reported in the cost report must be based on actual staff time captured at the service function level.

Direct service costs are apportioned to Medi-Cal patients based on units of service at the service function level. In FY 2004-2005, units of service will continue to be reported according to the period of time during which services were provided. During FY 2004-2005, the federal/state sharing ratio is as follows:

Regular SD/MC:**First Quarter (July 1, 2004 through September 30, 2004)**

The FFP sharing ratio for regular Medi-Cal reimbursable mental health treatment services is 50 percent for the federal share and 50 percent for the state share.

Balance of the Fiscal Year (October 1, 2004 through June 30, 2005)

The FFP sharing ratio for regular Medi-Cal reimbursable mental health treatment services is 50 percent for the federal share and 50 percent for the state share.

Enhanced SD/MC (Children) and Healthy Families:**First Quarter (July 1, 2004 through September 30, 2004)**

The FFP sharing ratio for Healthy Families and Enhanced Children's Medi-Cal funds is 65 percent for the federal share and 35 percent for the state share.

Balance of the Fiscal Year (October 1, 2004 through June 30, 2005)

The FFP sharing ratio for Healthy Families and Enhanced Children's Medi-Cal funds is 65 percent for the federal share and 35 percent for the state share.

Enhanced SD/MC (Refugees)**All Quarters (July 1, 2004 – June 30, 2005)**

The FFP sharing ratio for Enhanced SD/MC (Refugees) is 100 percent for the entire year.

SD/MC Administration, Quality Assurance, Utilization Review and MAA

The FFP sharing ratio for Skilled Professional Medical Personnel (SPMP) engaged in quality assurance oversight is 75 percent federal share and 25 percent state share. Other quality assurance costs and all other administrative costs, including MAA, is 50/50 percent sharing ratio.

The FFP sharing ratio for Healthy Families Administration is 65 percent federal share and 35 percent state share.

After units of service are identified as described above, SD/MC service function costs are aggregated into inpatient and outpatient costs. Aggregate direct services SD/MC costs (including regular SD/MC, Medicare/Medi-Cal crossover, Enhanced SD/MC for children and refugees) for inpatient and outpatient services for each legal entity are compared with aggregate Medi-Cal published charges and the aggregate Statewide Maximum Allowances (SMA) reimbursement amounts to determine the direct service reimbursement methodology

based on the Lower of Cost or Charge (LCC) principles. This reimbursement methodology is applied to all SD/MC aggregated costs listed above. For negotiated rate legal entities, SD/MC direct service reimbursement is based on the lower of the aggregate SD/MC negotiated rates for inpatient and outpatient services, the aggregate published charges, or the aggregate SMA reimbursement. Patient and other payor liabilities collected on behalf of regular SD/MC, Medicare/Medi-Cal crossover, and enhanced SD/MC patients, are reduced from the gross direct service reimbursement for SD/MC to determine the net due for SD/MC direct services.

Healthy Families direct service costs are NOT included in the calculation to determine the SD/MC reimbursement methodology based on the lower of costs or charges. However, the Healthy Families costs are aggregated and compared in the same way as SD/MC direct service costs and utilizes the same reimbursement methodology determined by the SD/MC costs. Gross direct service reimbursement Healthy Families costs are reduced by patient and other payor liabilities of Healthy Families clients to determine the net Healthy Families reimbursement for direct services.

SD/MC administrative reimbursement for county legal entities is based on the SD/MC direct service reimbursement in the county.¹ Reimbursement for SD/MC utilization review activities also is computed. The sum of net SD/MC direct service reimbursement, net MAA reimbursement, SD/MC administrative reimbursement, and SD/MC utilization review reimbursement represents the basis for determining the preliminary FFP for legal entities' cost based reimbursement. Legal entities reimbursed based on negotiated rates must subtract 25 percent of the amount negotiated rates exceed costs.

Contract providers that provide services to multiple counties have the option to complete the cost report in one of two ways. The first method, "Total Gross Costs method" allows the contractor to report its total gross costs for mental health related services provided to multiple counties on MH 1960 and make adjustments on Line 2 of MH1992 for each county cost report to eliminate costs not related to the county in order to properly show the funding source for services provided to the county. The second method, "Net Cost method" allows the contractor to report only the costs (activities) of the legal entity that are identified with each county. The use of any one method will produce the same result, and each county has the discretion to select the method to be used by its contractors. Round, amounts to the nearest whole dollar.

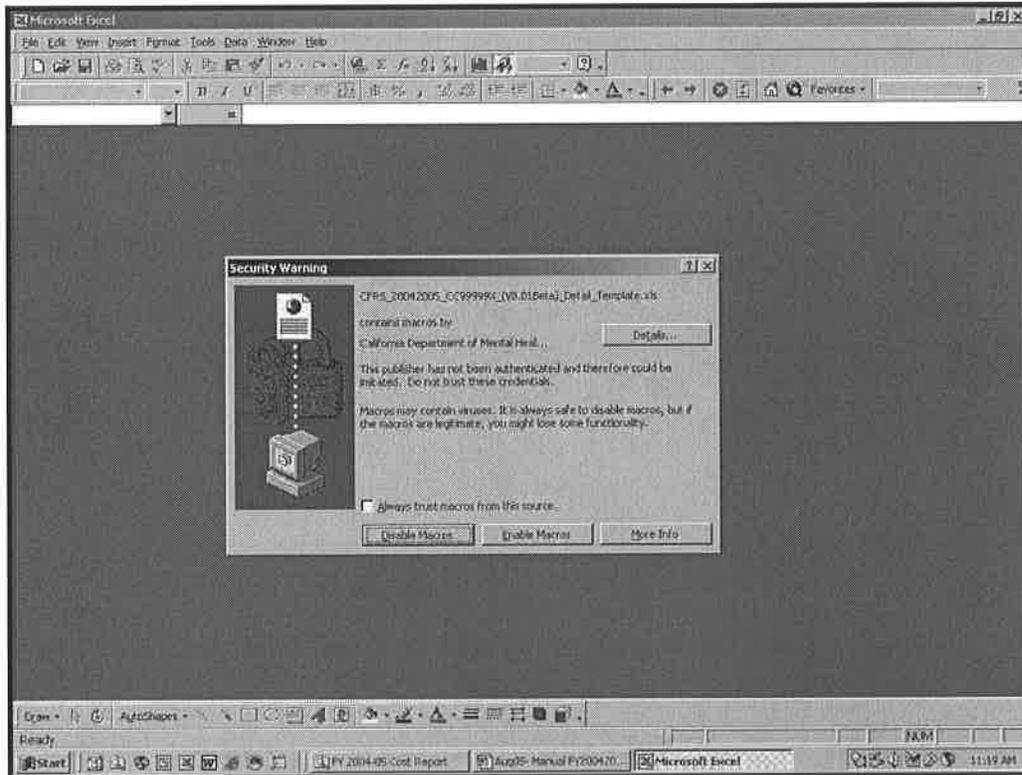
The following steps below describe the procedures to be used in completing the Department of Mental Health fiscal year-end Cost Report.

¹ Throughout these instructions, county legal entities are defined as legal entities staffed and operated by county government employees.

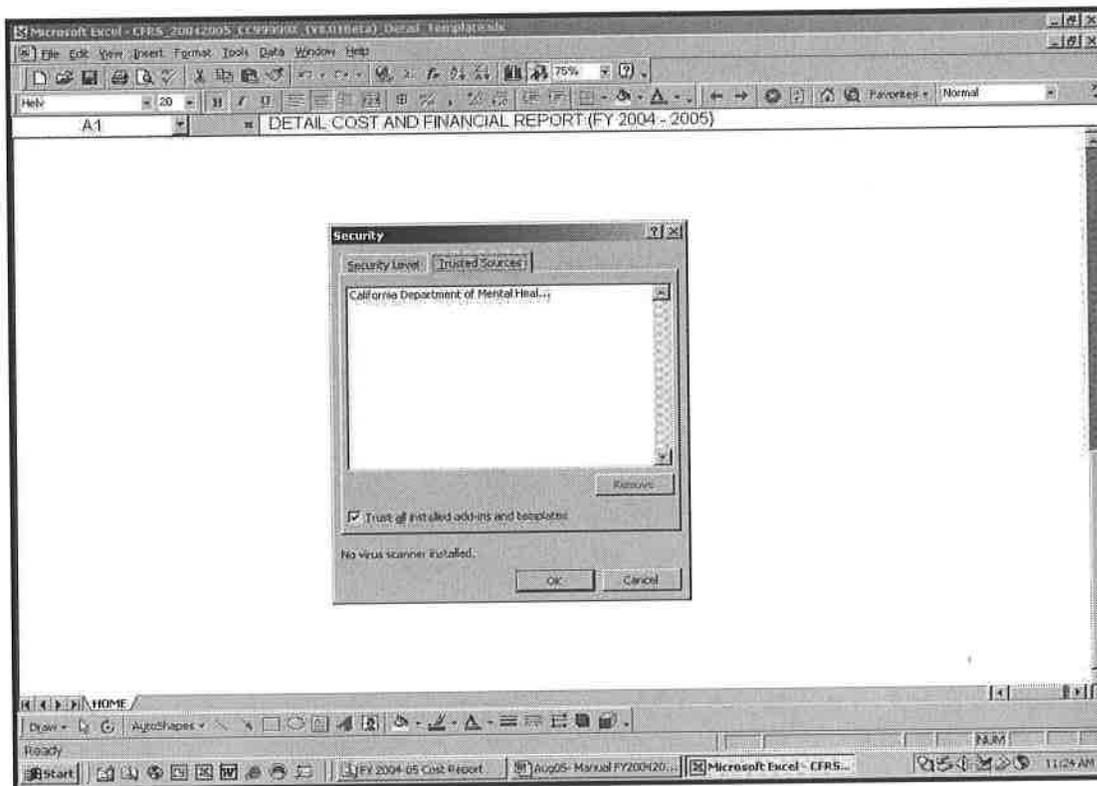
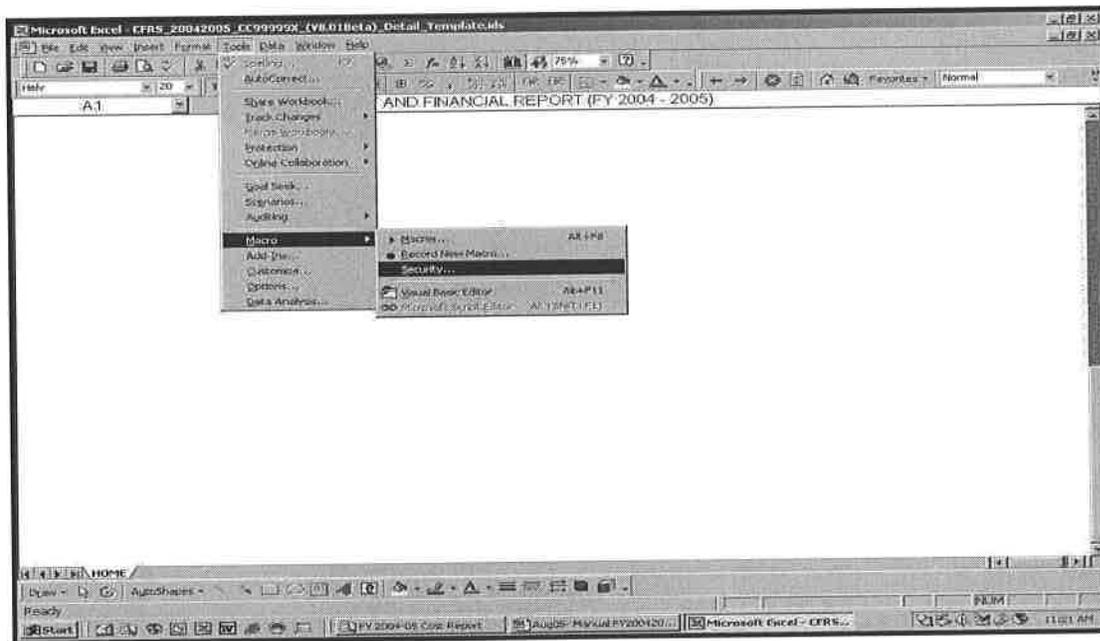
Opening the Workbook

Enable the Macros

The Cost Report is an Excel based application. It uses macros that enable the flow and automatic population for most of the forms. When the workbook is first opened, a dialog window appears and asks whether or not to allow this functionality. **You must check “Always trust Macros from this source”** if you do not want to see this dialog window again when opening the Cost Report template.



If you trust DMH Information Technology and prefer to **ENABLE MACROS** every time you work on the Cost Report template but have accidentally checked “Always trust macros from this source” you can restore the dialog window back by following these procedures. **TOOLS > MACRO > SECURITY > TRUSTED SOURCES**. In the Trusted Sources Dialog box, click on Department of Mental Health... and click on **REMOVE** to restore back the window.



REMOVE to restore "Always trust macros from source" Dialog Box window.

No text this page.

HOME

Cost Report Home Page

After you have opened the workbook and enabled the macros, you will now be at the Cost Report Home Page.

From here, you can continue to complete the cost report, or use some of the other options of the cost report.

If you wish to continue to complete the cost report, simply “click” on the button of MEDI-CAL or NON-MEDI-CAL, depending upon type of cost report that you are trying to complete.

Subsequently, you will be shown a series of “flowcharts” from your chosen action.

Note:

Please take note of the OPTIONS box, at the bottom of the HOME Page Sheet. These Options will allow you to do the following:

Options Described:

Hide All Forms	Shows only the Home page.
Show MH Forms	Shows all the Cost Report worksheets.
Clear Forms	Reset all data values in forms to zeroes or blanks.
Turn On/Off Heading	Toggles the Excel Row and Column indicator's, such as A,B,C, and 1,2,3, etc...) Useful if only wanting to see FORM Row and Column indicator's and NOT EXCEL Row and Column indicators.
Turn On/Off Grid	Toggle the Excel background grid showing cell placement.
Import from Cost Report	This option will allow you to import from another DMH Cost Report workbook data into the current workbook. These cost reports must be from the same fiscal year.
Import from Text	This option will allow you to import and populate data into the MH_Schedules.
Export to Text	This option will allow you to export the data from the MH_Schedules.
Print Options	This option will allow you print selected schedules or forms of the cost report.

DETAIL COST AND FINANCIAL REPORT (FY 2004 - 2005)

```

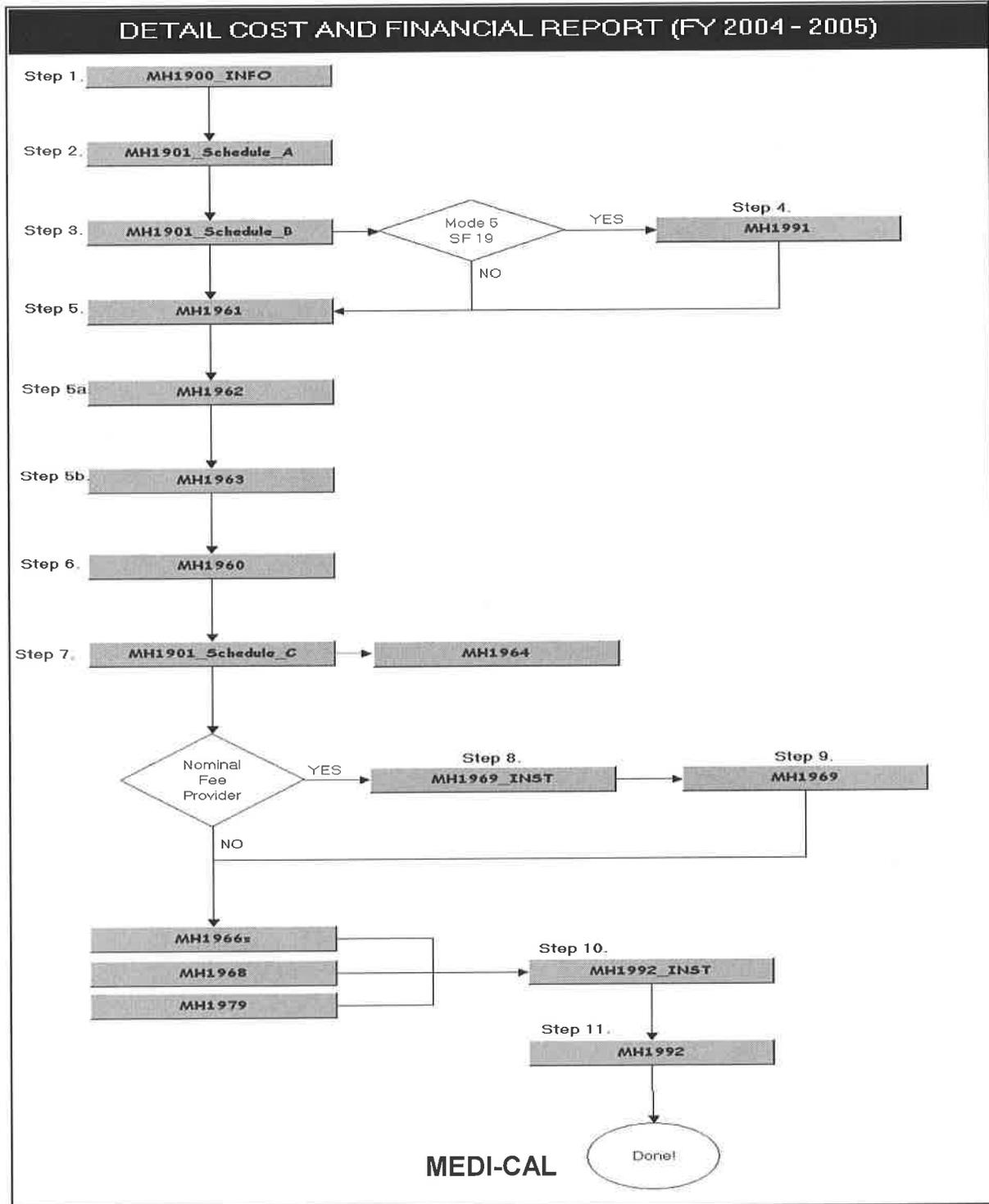
            graph TD
                Start([Start Here]) --> Decision{Are you a Medi-Cal Provider?}
                Decision -- YES --> Medi-Cal[Medi-Cal]
                Decision -- NO --> Non-Medi-Cal[Non Medi-Cal]
                Medi-Cal --> Merge(( ))
                Non-Medi-Cal --> Merge
                Merge --> Done([Done!])
            
```

Other Options		
Hide All Forms	Turn On/Off Heading	Import From Cost Report
Show MH Forms	Turn On/Off Grid	Import From Text
Clear MH Forms	DMH Only	Export to Text
Disclosures	MH1960 Support	

PrintForm(s)

MEDI-CAL

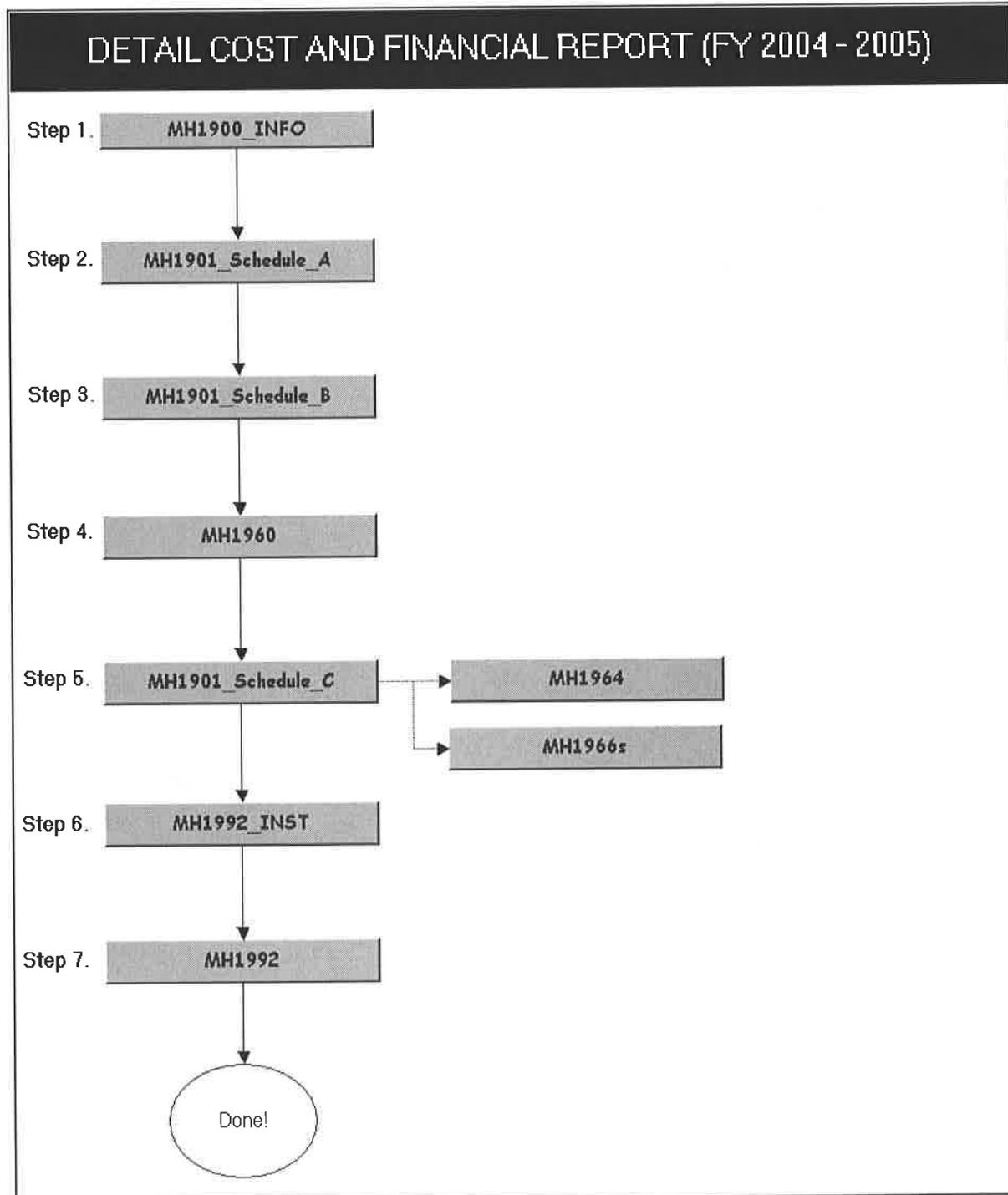
Flowchart Path if Medi-Cal Cost Report



Non-MEDI-CAL

Flowchart Path if Non-Medi-Cal Cost Report

NON-MEDI-CAL



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Detail Forms For ALL Legal Entities

This section details the following forms and their requirements for ALL Legal Entities. This includes contract and county legal entities.

MH 1900	Information Worksheet
MH 1901 Schedule A	Statewide Maximum Allowances, Negotiated Rates And Published Charges
MH 1901 Schedule B	Worksheet For Units Of Service And Revenues By Mode And Service Function
MH 1901 Schedule C	Supporting Documentation For The Method Used To Allocate Totals To Mode Of Service And Service Function
MH 1960	Calculation of Program Costs
MH 1961	Medi-Cal Adjustments to Costs
MH 1962	Other Adjustments
MH 1963	Payments to Contract Providers
MH 1964	Allocation of Costs to Modes of Service
MH 1966 (Program 1 and Program 2)	Allocation of Costs to Service Functions – Mode Total
MH 1966 (Mode 05, Service Function 19)	EXCEPTION (Mode 05, Service Function 19)
MH 1966 (Modes 45 and 60)	Allocation of Costs to Service Functions – Mode Total for Outreach and Support (Modes 45 and 60)
MH 1966 (Mode 55)	Allocation of Costs to Service Functions – Mode Total for Mode 55 Medi-Cal Administrative Activities (MAA)
MH 1968	Determination of SD/MC Direct Services and MAA Reimbursement
MH 1969 (Optional)	Lower of Costs or Charges Determination
MH 1979	SD/MC Preliminary Desk Settlement
MH 1991	Calculation of SD/MC (Hospital Administrative Days)
MH 1992	Funding Sources

MH 1900**Information Worksheet**

The Information Worksheet is the starting point for the completion of the automated SD/MC Cost Report. The information provided here is automatically linked to forms and schedules in the cost report. This worksheet eliminates the redundant entry of county name and code, and legal entity (LE) name and number on cost report forms and schedules. The information provided here applies to county and contract legal entities for Medi-Cal and non-Medi-Cal Cost Reports.

The Information Worksheet is divided into sections. Section I should be completed by “All Legal Entities” and Section II should be completed by “County Legal Entities only”.

Legal entities that provided SD/MC units of service during the reporting period should select the “Y” option to the question, “Are you reporting SD/MC?” If you are not reporting SD/MC units of service, select option “N”.

Each county legal entity is required to respond to the question whether their population is either over or under 125,000 population. If county population is over 125,000, select option “Y”. If it is either 125,000 or under, select option “N”.

County legal entities should report “Contract Provider Medi-Cal Direct Service Gross Reimbursement” in Section II. The amount reported here is used to populate MH 1979, Line 2, Columns B and C ordinarily used for the determination of Medi-Cal Administrative Reimbursement Limit. Note, that reported amount is the sum of MH1968, Lines 21, 21A and 22, Columns E & K for all Contract Providers that reported Medi-Cal units on MH 1901 Schedule B columns. (Refer to MH 1979, Line 2 for details.)

County legal entity should report “Contract Provider Healthy Families Direct Service Gross Reimbursement” in Section II. The amount reported here is used to populate MH 1979, Line 7A, Columns B and C used for the determination of Healthy Families Administrative Reimbursement Limit. Note, that reported amount is the sum of MH1968, Lines 27 and 27A, Columns E & K for all Contract Providers that reported Healthy Families units on MH 1901 Schedule B columns.

County legal entities also are required to enter the provider numbers for Fee-For-Service Mental Health Specialty for individual and group providers.

County legal entities can make adjustments to Medi-Cal FFP due to contract limitations that will automatically populate MH 1979, Line 22, Column J. This section is locked; therefore contact your DMH analyst for assistance with any adjustments.

State of California Health and Human Services Agency	Department of Mental Health
DETAIL COST REPORT INFORMATION SHEET MH1900 (Rev. 7/05)	
FISCAL YEAR 2004 - 2005	
SECTION I: ALL LEGAL ENTITIES:	
<i>All Legal Entities are to complete Section I.</i>	
Name of Preparer:	
Date:	
Legal Entity Name:	
Legal Entity Number:	
County:	
County Code:	
Is this a County Legal Entity Report? (Y or N)	Yes <input type="button" value="v"/>
Are you reporting SD/MC? (Y or N)	Yes <input type="button" value="v"/>
HOME	MH1901_Schedule_A >>
SECTION II: COUNTY LEGAL ENTITY ONLY:	
<i>Only County Legal Entities are to Complete Section II.</i>	
Address:	
Phone Number:	
County Population: Over 125,000? (Y or N)	Yes <input type="button" value="v"/>
Contract Provider Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)	
Inpatient Services	
Outpatient Services	
Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7)	
Inpatient Services	
Outpatient Services	
Total State Share of SD/MC Cost:	
Fee For Service - Mental Health Specialty Provider Numbers For Individual and Group	
<i>Mode&SF --></i>	
Legal Entity Number (FFS):	
Psychiatrist:	
Psychologist:	
Mixed Specialty Group:	
RN:	
LCSW:	
MFCC (MFT):	
County Desk Edit to Adjust Medi-Cal FFP Due to Contract Limitation (Used to populate MH1979 Line 22J)	
Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	\$
HOME	MH1901_Schedule_A >>

MH 1901 Schedule A**Statewide Maximum Allowances, Negotiated Rates and Published Charges**

MH 1901 Schedule A requires information on state-approved Negotiated Rates (NR) and Published Charges (PC) for all authorized services. The form layout is by Mode and Service Functions (SF) and includes the FY 2004-2005 SD/MC Statewide Maximum Allowances (SMA). While the SMA rates are provided, each legal entity must input the NR and PC data for all authorized services. This form serves as a “source document” that will enable the SMA, NR and PC rates to be cell referenced to other applicable MH forms.

Column D - Negotiated Rate (NR)

Enter the Negotiated Rates for all Modes and Service Functions that have state-approved rates.

Column E - Published Charge (PC)

Enter Published Charge rates for appropriate Modes and Service Functions reported. Note that Outreach (including MAA) and Support Services are excluded. A legal entity's published charge is: (1) the usual and customary charge to the general public; “published charges” are usual and customary charges prevalent in the public mental health sector that are used to bill the general public, insurers, and other non-Medi-Cal payors. Legal entities with more than one published charge rate for a service function can report a *weighted average* published charge rate for the service function, or provide a separate support schedule with the following information: (1) each service function; (2) time period covered by each published charge; (3) each published charge per unit of service; (4) Medi-Cal units of service provided for each published charge; and (5) total published charges for each service function (published charge per unit multiplied by the units of service). The published charge for Mode 05, Service Function 19, Hospital Administrative Days, should include physician and ancillary costs.

Column E, Rows 31-35 – Medi-Cal Eligibility Factor

Enter the Medi-Cal Eligibility Factor if participating in Medi-Cal Administrative Activities (MAA). A separate eligibility factor should be reported for each quarter claimed and should be consistent with quarterly MAA invoices submitted to DMH.

Column F, County Non-Medi-Cal Contract Rate

Enter the non-Medi-Cal contract rates agreed between county and its service providers for Modes 45 and 60. Do not enter Medi-Cal contract rates in this column.

Column G, Rate for Allocation

This column carries forward NRs entered in Columns D and F (county non-Medi-Cal contract rates with service providers) for the purpose of allocating costs to modes and service functions.

State of California Health and Human Services Agency				Department of Mental Health			
DETAIL COST REPORT							
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES							
MH 1901 SCHEDULE A (Rev. 7/05)							
Entity Name: 0 _____				Entity Number: _____			
Fiscal Year: 2004 - 2005							
	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1 Hospital Inpatient	05	10 - 18	\$913.58				\$0.00
2 Hospital Administrative Day	05	19	\$236.82				\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$505.15				\$0.00
4 SNF Intensive	05	30 - 34					\$0.00
5 IMD Basic (No Patch)	05	35					\$0.00
6 IMD (With Patch)	05	36 - 39					\$0.00
7 Adult Crisis Residential	05	40 - 49	\$284.85				\$0.00
8 Jail Inpatient	05	50 - 59					\$0.00
9 Residential Other	05	60 - 64					\$0.00
10 Adult Residential	05	65 - 79	\$138.94				\$0.00
11 Semi - Supervised Living	05	80 - 84					\$0.00
12 Independent Living	05	85 - 89					\$0.00
13 MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
14 Crisis Stabilization Emergency Room	10	20 - 24	\$88.42				\$0.00
15 Urgent Care	10	25 - 29	\$88.42				\$0.00
16 Vocational Services	10	30 - 39					\$0.00
17 Socialization	10	40 - 49					\$0.00
18 SNF Augmentation	10	60 - 69					\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$134.81				\$0.00
20 Full Day	10	85 - 89	\$189.33				\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$78.64				\$0.00
22 Full Day	10	95 - 99	\$122.75				\$0.00
C. OUTPATIENT SERVICES							
23 Case Management, Brokerage	15	01 - 09	\$1.89				\$0.00
24 Mental Health Services	15	10 - 19	\$2.44				\$0.00
25 Mental Health Services	15	30 - 59	\$2.44				\$0.00
26 Medication Support	15	60 - 69	\$4.51				\$0.00
27 Crisis Intervention	15	70 - 79	\$3.63				\$0.00
D. OUTREACH SERVICES							
28 Mental Health Promotion	45	10 - 19					\$0.00
29 Community Client Services	45	20 - 29					\$0.00
E. MEDICAL ADMINISTRATIVE ACTIVITIES							
30 Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR			
31 Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32 Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33 MAA Coordination and Claims Administration	55	09		Quarter 3			
34 Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35 MH Services Contract Administration	55	14 - 16		Average			
36 Discounted Mental Health Outreach	55	17 - 19					
37 SPMP Case Management, Non-Open Case	55	21 - 23					
38 SPMP Program Planning and Development	55	24 - 26					
39 SPMP MAA Training	55	27 - 29					
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41 Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
42 Conservatorship Investigation	60	20 - 29					\$0.00
43 Administration	60	30 - 39					\$0.00
44 Life Support/Board & Care	60	40 - 49					\$0.00
45 Case Management Support	60	60 - 69					\$0.00

MH 1901 Schedule B**Worksheet for Units of Service and Revenues by Mode and Service Function**

MH 1901 Schedule B is an “all purpose” type worksheet. Data reported here is used to populate the MH 1966, MH 1968, and MH 1979. This worksheet identifies services according to “settlement type”, modes and service functions and the period of service. Total units of service and units allocated to Short-Doyle/Medi-Cal, Medicare/Medi-Cal Crossovers, Enhanced Medi-Cal, Medi-Cal Administrative Activities and Healthy Families are accounted for here. Total units reported must equal the sum of Columns G, J, M, N, P, R, S and U. Patient and Other Payor Revenues must also be reported on this worksheet. If unable to isolate Patient and Other Payor Revenues at the service function level, revenues can be reported at the modes of service level under the first reported service function within each mode.

SD/MC EXPLANATION OF BALANCES (EOB) AND INTERNAL REPORTING SYSTEM

The Short-Doyle/Medi-Cal (SD/MC) system pays for mental health services provided under the SD/MC program to Medi-Cal beneficiaries. This system supports the claims submission, correction, and approval processes for the counties. For cost report submission and reconciliation, unit of service data reported must match Explanation of Balances (EOB) records and internal reporting system available in the county to track SD/MC units and revenues that were approved and valid. Note, that complete reliance on the (EOB) reports are not sufficient because some approved claims, later denied, cannot be edited from the EOB reports. It is mandatory that the county establishes an internal tracking system that accurately complements the EOB reports for both cost report submission and audit trail purposes. Separate tracking systems labeled **package A, and package B** must be used to account for SD/MC units of service reported for year-end cost report submission and Final Cost Report Reconciliation. Package A should contain EOB SD/MC unit of service data used for cost report submission, and Package B should contain EOB SD/MC units of service data for Final Cost Report Reconciliation. These records should be maintained along with other records for cost report settlement and audit purposes.

Column A - Settlement Type

Enter the settlement type (CR, NR, TBS, ASO, MAA, MHS, ISA and CAW) in Column A. Settlement type identifies the method used to determine reimbursement limit due to application of each program’s rules and regulations or as part of a performance agreement between the Department and the county legal entities.

- **CR** Cost reimbursement method of reimbursement is based on actual cost.
- **NR** Negotiated Rate method of reimbursement is based on a negotiated rate approved by the State.

- **TBS** Therapeutic Behavioral Services (TBS) are individual or group providers, and organizational providers that contract with county Mental Health Plans (MHPs) to provide *TBS ONLY* services. These providers are not required to submit annual cost reports to the state. County Mental Health Plans (MHPs) should reimburse this provider type costs and report these costs to DMH as actual cost to the county under the county legal entity number (detailed cost report) in Program 2 – TBS costs. *(Note: cost reports from organizational providers that provide TBS ONLY services will not be accepted).*
- **ASO** Administrative Services Organization (ASO) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to the fiscal intermediary for the provision of services and related administrative fees for children placed outside of the county.
- **MAA** Medi-Cal Administrative Activities (MAA) method of reimbursement is based on actual costs to the county for counties participating in mental health MAA. Participation includes submission of a claiming plan, state and federal level approval of a County Mental Health MAA Plan and the submission of invoices through DMH during the year. All MAA invoices must be submitted by the time the cost report is due, and, the units of service identified on the cost report must match the invoiced units. Please contact your MAA Coordinator for additional participation requirements.
- **MHS** Mental Health Specialty (MHS) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to Fee-For-Service individual or group providers for mental health specialty services.
- **ISA** Integrated Service Agency (ISA) method of reimbursement is based on actual costs to the county for payments made to the providers of ISA services.
- **CAW** California Work Opportunity and Responsibility to Kids (CalWORKS) program is to prepare clients for work and assist them to obtain and maintain employment so they can effectively support their families. Under CalWORKS, cash aid to families is time-limited and able-bodied adults in the families must meet certain work requirements to remain eligible. County welfare departments under the supervision of California Department of Social Services (CDSS) administer this program.

Column B – Mode

Enter the Mode of Service.

Column C – Service Function

Enter the Service Function.

Column D – Total Units of Service

Enter the total units for each Service Function.

Column E – SD/MC Units

(July 1, 2004 – September 30, 2004)

Enter the total regular SD/MC units (from billing records) for each Medi-Cal service function for the period 07/01/04-09/30/04. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here.

Column F – SD/MC Units

(October 1, 2004 – June 30, 2005)

Enter the total regular SD/MC units (from billing records) for each Medi-Cal service function for the period 10/01/04-06/30/05. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here.

Column G – Total SD/MC Units

No entry. This column sums Columns E and F.

Column H – Medicare/Medi-Cal Crossover Units

(July 1, 2004 – September 30, 2004)

Enter the Medicare/Medi-Cal Crossover units by service function for the period 7/1/04-9/30/04.

Column I – Medicare/Medi-Cal Crossover Units

(October 1, 2004 – June 30, 2005)

Enter the Medicare/Medi-Cal Crossover units by service function for the period 10/01/04-06/30/05.

Column J – Total Medicare/Medi-Cal Crossover Units

No Entry. This column sums Columns H and I.

Columns K & L – Third Party Revenue for Patient and Other Payors

Enter the 3rd party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal crossover units of service (07/01/04–09/30/04) for each service function or mode of service.

Enter the 3rd party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal crossover units of service (10/01/04–06/30/05) for each service function or mode of service.

Third party revenue should include patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

**Column M – Units of Service for Enhanced SD/MC (Children)
(July 1, 2004 – September 30, 2004)**

Enter the units of service for each service function for Enhanced SD/MC (Children) for the period 07/01/04-09/30/04.

**Column N - Units of Service for Enhanced SD/MC (Children)
(October 1, 2004 – June 30, 2005)**

Enter the units of service for each service function for Enhanced SD/MC (Children) for the period 10/01/04-06/30/05.

Column O - 3RD Party Revenue Enhanced SD/MC (Children)

Enter 3rd Party Revenue collections for Enhanced SD/MC (Children) services for the entire year. See Columns K & L for more information.

Column P – Units of Service for Enhanced SD/MC (Refugees)

Enter units of service for each service function for Enhanced SD/MC (Refugees) for the entire year. These are units of service that were billed through the SD/MC system using Aid Codes 01, 02, 08, or 0A.

Column Q - 3RD Party Revenue (Refugees)

Enter 3rd Party Revenue collections for refugees for the entire year. See Columns K & L for more information.

**Column R – Units of Service - Healthy Families (SED)
(July 1, 2004 – September 30, 2004)**

Enter units of service for each service function for Healthy Families for the period 07/01/04-09/30/04. These are units of service that were billed through the SD/MC system using Aid Codes *7X* or *9H*.

**Column S – Units of Service - Healthy Families (SED)
(October 1, 2004 – June 30, 2005)**

Enter units of service for each service function for Healthy Families for the period 10/01/04-06/30/05. These are units of service that were billed through the SD/MC system using Aid Codes *7X* or *9H*.

Column T - 3RD Party Revenue Healthy Families (SED)

Enter 3rd Party Revenue collections for Healthy Families (SED) for the entire year. See Columns K & L for more information.

Column U – Other Units

No entry. This column calculates the total units less all SD/MC units. Column *U* equals Column *D* less Columns *G, J, M, N, P, R, and S*. If the aggregate of columns *G, J, M, N, P, R* and *S* are greater than Column *D*, you will get an error code in this column. You will need to identify and correct this before continuing.

MH 1901 Schedule C***Supporting Documentation for the Method Used to Allocate Total Cost to Mode of Service and Service Function***

MH 1901 Schedule C is designed to automatically pull **direct service costs** for allocation from MH 1960, Line 18. The Settlement Type, Mode, Service Functions, and Total Units are automatically populated from MH 1901 Schedule B. This worksheet is also designed to automatically distribute direct service costs to modes and service functions through the application of any of the three approved allocation methods. The three allocation methods are: (1) Costs determined at the service function level; (2) Time study; and (3) Relative Value method. The calculations performed here automatically populate MH 1966, Programs 1 and 2. Selection of an "Allocation Method" from the Allocation Box above will allow the distribution of direct service costs to modes and service functions. For example, if you select SMA Rate as an allocation option from the Allocation Box, it means that this worksheet will perform a relative value calculation using information from MH 1901 Schedule A to allocate direct service costs to modes and service functions on MH 1966, Program 1 or 2.

Allocation Methodology**1) Costs Determined at Service Function Level**

Some legal entities have the technology and reporting mechanisms to capture costs at the service function level. Legal entities with this capability should allocate costs in this manner.

2) Time Study

The time study procedure used previously to allocate costs between modes of service can be used to allocate costs between service functions. To accomplish this, hours must be reported at the service function level rather than at the mode of service level. The percentage of total is calculated by dividing the costed hours for each service function by the total costed hours.

3) Relative Value

Units of service/time multiplied by the legal entity's charge for each service function determines the relative value assigned to each service function. A legal entity's charge for each service function is: (1) the legal entity's published charge; (2) the legal entity's usual and customary charge; or (3) the legal entity's charge to the general public for providing services. The SMA rate for each service function may be substituted for the legal entity's charge. The relative value for each service function is divided by the sum of all relative values to determine the percentage of

total for each service function. This method should be used by legal entities whose charges are established and updated annually based on the costs of providing the service. The relative value method cannot be used to allocate Mode 05, Service Functions 10 through 19, service costs according to the Department's Fiscal Audits Unit.

Allocation Method Option Box

Select an Allocation Method

- **Rate for Allocation** - Select "Rate for Allocation" to use the relative value method based on the combined State Negotiated Rates and county non-Medi-Cal contract rates to allocate costs to modes and service functions. Do not select this option if you have not negotiated all your service functions for a Mode of Service. You can use this allocation method if there are Modes 45 and 60 costs to be allocated.
- **Statewide Maximum Allowances (SMA) Rate** - Select "SMA" for relative value method of cost allocation based on SMAs, if there are SMA rates for all the modes and service functions to be allocated.
- **Published Charges** - Select "Published Charges" for relative value method of cost allocation based on published charges, if you reported published charge rates for all the modes and service functions.
- **Directly Allocated** - Select "Directly Allocated" for the direct cost allocation method. This method can be used if costs were developed based on a time study or any other approved costing method.

Column A - Settlement Type

No entry. This column automatically populates from MH 1901 Schedule B, Column A.

Column B – Mode

No Entry. This column automatically populates from MH 1901 Schedule B, Column B.

Column C – Service Function

No Entry. This column automatically populates from MH 1901 Schedule B, Column C.

Column D – Total Units

No Entry. This column extracts the information from MH 1901 Schedule B, Column D.

Column E – Eligible Direct Cost

Enter costs associated with TBS, ASO, MHS, ISA, MAA and CAW. These costs, except for MAA and CAW, are reported on MH 1966, Program 2, based on actual costs to the county.

Column F – Directly Allocated Cost

Enter amount for direct allocation to each service function on MH 1966, Program 1. In order to use this column for direct allocation, you must select “Directly Allocated” option from the allocation method selection box. Do not report amounts associated with TBS, MAA, ASO, ISA, MHS and CAW in this column.

Column G – Relative Value

No entry. This column computes the relative value using the selected allocation base. Relative value is the product of multiplying negotiated rate, SMA or published charges by the service function total units of service. For example, if Published Charges is the selected allocation base from the “Allocation Method” option box, the amount generated and placed in Column G will be the product of the published charge rate from MH 1901 Schedule A published charge column, and the total units reported on MH 1901 Schedule C, Column D for each service function.

Column H – Allocation Percentage

No entry. This column computes the allocation percentages for each service function. This is achieved by dividing each service function relative value statistics by the aggregate of all the service functions relative value statistics.

Column I – Allocated Cost

No entry. This column computes the allocated cost for each service function. Allocated cost is the product of Column H and MH 1960, Line 18 minus Column E total. Total direct service costs for allocation includes Eligible Direct Cost from Column E.

NOTE: If data is entered on Column E – Eligible Direct Cost and Column F – Directly Allocated Costs, the sum of Columns E and F **SHOULD** equal the amount shown on Column I. If they do not, the county is responsible for maintaining supporting documentation as to their allocation methodology.

MH 1960**Calculation of Program Costs**

The purpose of MH 1960 is to adjust legal entity costs for Medi-Cal principles of reimbursement, identify the adjusted costs applicable to administration, utilization review, research and evaluation, Medi-Cal Administrative Activities (MAA), and direct service modes of service or cost centers.

Line 1 - Mental Health Expenditure

County legal entities should report total gross expenditures for county mental health department or division from the county auditor-controller's report. Amount should include all inter/intra fund transfers and contra entries should be reported as gross expenditures prior to applying revenues. Expenditures should include Healthy Families and Enhanced Medi-Cal funds. The amount on Line 1, Column C should match the total on the summary page of the auditor-controller's report, or the county should maintain work papers that reconcile the amount reported on Line 1, Column C to the auditor-controller's report. Contract provider legal entities should report total gross expenditures from their trial balance.

- Column A – Enter the mental health Salaries and Benefits expenditures.
- Column B – Enter all other mental health expenditures.
- Column C – No Entry. This column sums Columns A and B.

Line 2 - Encumbrances

Add encumbrances incurred by the legal entity during the cost report fiscal year not reported on Line 1, and subtract encumbrances included in Line 1 not applicable to the cost report fiscal year.

- Column A – Enter the Salaries and Benefits encumbrances for the fiscal year.
- Column B – Enter the Other encumbrances for the fiscal year.
- Column C – No Entry. This column extracts from Columns A and B.

Line 3 - Less: Payments to Contract Providers (County Only)

No Entry. Information for this line automatically populates from MH 1963, Column D, Total Payments to Contract Providers.

Column A – No Entry.

Column B – No Entry. This column extracts from MH 1963, Column D, Total Payments for Contract Providers.

Column C – No Entry. This column automatically populates to Column B.

State of California Health and Human Services Agency		Department of Mental Health		
DETAIL COST REPORT				
CALCULATION OF PROGRAM COSTS				
MH1960 (Rev. 7/05)				
FISCAL YEAR 2004 - 2005				
County: 0				
County Code:				
Legal Entity	A	B	C	
Legal Entity Number	Salaries and Benefits	Other	Total Costs	
1	Mental Health Expenditures			
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments			
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			
Administrative Costs (County Only)				
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			
19	Total Costs - Lines 9 through 18			

Crosscheck 0 OK

0 OK

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Line 4 - Other Adjustments

No entry. Information for this line automatically populates from MH 1962, Columns A, B and C, Line 20.

Column A – No entry, Salary and Benefits automatically populates from MH 1962, Column A, Line 20.

Column B – No entry, adjustments to cost other than Salary and Benefits automatically populates from MH 1962, Column B, Line 20.

Column C - No entry, automatically populates from the sum of Columns A and B.

Line 5 - Total Costs Before Medi-Cal Adjustments

Columns A, B and C – No Entry. This line is the sum of Lines 1 through 4.

Line 6 - Medi-Cal Adjustments

No Entry. The total Medi-Cal Adjustment is automatically populated from MH 1961, Line 20, Column C. Refer to Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II for further explanation of Medi-Cal allowable and non-allowable costs. Note that treatment of depreciation under Medi-Cal is different than under “realignment” without Medi-Cal. Medi-Cal adjustments can be either additions or subtractions to total cost, depending on the types of adjustments. For example, most counties expense equipment as purchased. Medi-Cal principles dictate that the purchase of equipment should be depreciated over the life of the asset, thereby reducing the allowable costs in the year of acquisition, and increasing allowable costs in subsequent years.

Line 7 – Managed Care Consolidation. (Community Services Managed Care-Outpatient Mental Health Services) - County Only

County legal entities are to enter the “Outpatient Mental Health Services” expenditures funded through Community Services - Managed Care allocation (Line 8 of MH 1994) if not included in Line 1. Rollover of FY 2003-2004 managed care funds expended for Outpatient Mental Health Services (Line 2b of MH 1994) should also be included here, if not included in Line 1.

Column C - Enter the expenditures funded through Community Services and the rollover FY 2003-04 managed care funds expended for Outpatient Mental Health Services if they were not included in Line 1.

Line 8 - Allowable Costs for Allocation

Column C – No Entry. This line is the sum of Lines 5, 6 and 7.

The allowable costs on Line 8 are to be allocated among administrative cost centers, utilization review cost centers, research and evaluation, direct services and MAA.

Lines 9 through 12 - Administrative Cost Centers – County Only

County legal entities should report administrative costs on Lines 9, 10 and 11 in Column C. These costs are summed on Line 12 (No entry required on Line 12). Administrative costs should be apportioned between Line 9 (SD/MC including Inpatient FFS/MC), Line 10 (Healthy Families), and Line 11 (non-SD/MC) using: (1) the percentage of Medi-Cal recipients in the population served by the county; (2) relative values based on units and published charges; or (3) gross costs of each program. Follow the instructions in the *Medi-Cal Administrative Activities*

(MAA) Instruction Manual for guidance on how to determine the percentage of Medi-Cal recipients. Refer to instructions for MH 1901 Schedule C if relative value is the method chosen.

Lines 13 through 16 - Utilization Review Costs – County Only

County legal entities should report utilization review costs on Lines 13 through 16 in Column C if the county legal entity does not bill the MAA program for utilization review activities. County legal entities that do not claim utilization review activities through the MAA program should classify utilization review costs into Skilled Professional Medical Personnel (Line 13), Other SD/MC Utilization Review (Line 14), and non-SD/MC Utilization Review (Line 15). Amount reported on Line 13 is reimbursed at the enhanced rate (75 percent FFP). Documentation supporting the amount on Line 13 must be maintained by the county legal entity. *MAA Instruction Manual* provides a detailed discussion of how to identify Skilled Professional Medical Personnel.

If the county performs utilization review of all services regardless of client Medi-Cal eligibility, a portion of the utilization review cost should be reported on Line 15. These costs are summed on Line 16 (No entry required on Line 16).

Line 17 - Research and Evaluation

County legal entities should enter research and evaluation costs on Line 17. Research includes costs for centralized activities under the direction of the Local Mental Health Director designed to increase the scientific knowledge and understanding of the nature, cause, prevention, and treatment of mental, emotional, or behavioral disorders. Evaluation includes the cost of scientific studies regarding the effectiveness and efficiency of specific mental health programs in which goals are clearly defined and achieved in measurable terms. Line 17 should not include Medi-Cal reimbursable costs. Costs of studies, analyses, surveys, and related activities aimed at improving and making provider administration and operation more efficient are not considered research costs and should not be reported on Line 17.

Line 18 - Mode Costs (Direct Service and MAA) – County Only

All legal entities must enter the direct service and MAA costs on Line 18, Column C. This includes all direct costs of providing mental health services and all MAA costs.

Line 19 - Total Costs - Lines 9 through 18

No Entry. Line 19 is the sum of Lines 12, 16, 17 and 18. The total amount on Line 19 should equal the amount on Line 8. Any difference between the two amounts should be corrected before proceeding.

MH 1961

Medi-Cal Adjustments to Costs

The purpose of MH 1961 is to calculate adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Adjustments identified on this form are transferred to MH 1960, Line 6. Refer to Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II for further explanation of Medi-Cal allowable and non-allowable costs.

Lines 1 through 19

Enter all applicable adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Column C calculates the sum of Columns A and B.

Line 20 - Total Adjustments

No Entry - sum of Lines 1 through 19 for each column. The amount on Column C will be entered on MH 1960, Line 6, Column C.

State of California Health and Human Services Agency		Department of Mental Health		
DETAIL COST REPORT				
MEDI-CAL ADJUSTMENTS TO COSTS				
MH1961 (Rev. 7/05)				
FISCAL YEAR 2004 - 2005				
County: 0				
County Code:				
Legal Entity: 0				
Legal Entity Number:				
		A	B	C
		Salaries and Benefits	Other	Total Adjustments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments			
HOME		<< MH1901_Schedule B	<< MH1991	MH1962 >>
				MH1960 >>

Crosscheck
0 OK

MH 1962

Other Adjustments

The purpose of MH 1962 is to provide Other Adjustments detail information for each activity. Information entered here will automatically populate to MH 1960, Line 4, Columns A, B and C.

Add or subtract any other adjustments to costs the legal entity might have on this form. For example, if the amount reported on MH 1960, Line 1 from the county auditor-controller's report includes the costs of the county substance abuse division, the costs of the substance abuse division would be deducted on MH 1960, Line 4. Also, if the COWCAP A-87 (county overhead) costs were not included in the county auditor-controller's report, these costs would be added on MH 1960, Line 4. Audit adjustments also should be included on MH 1960, Line 4. Other situations that are unique for individual legal entities should be addressed on MH 1960, Line 4.

Lines 1 through 19

Enter all other adjustments to costs on Columns A and B for Lines 1 through 19. Column C calculates the sum of Columns A and B.

Line 20 - Total Adjustments

No Entry - sum of Lines 1 through 19 for each column. The amount on Column C will automatically populate to MH 1960, Line 4, Column C.

State of California Health and Human Services Agency		Department of Mental Health		
DETAIL COST REPORT				
OTHER ADJUSTMENTS				
MH1962 (Rev. 7/05)				
FISCAL YEAR 2004 - 2005				
County: 0				
County Code:				
Legal Entity: 0				
Legal Entity Number:				
	A	B	C	
	Salaries	Other	Total	
	and Benefits		Adjustments	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments			
Crosscheck 0 OK				
HOME		<< MH1901_Schedule_B	<< MH1961	MH1963 >>
MH1960 >>				

MH 1963

Payments to Contract Providers (County Only)

The purpose of MH 1963 is to capture the payments to contract providers. Information entered here will automatically populate to MH 1960, Line 3, Columns B and C.

Payments to contract provider legal entities include all interim payments to providers with which the county has a service contract. This does not include payments to hospitals operated by other county departments. Payments for fee-for-service vendor contracts should not be included on this line. Most county legal entities will not record the FFP/MC payments in their auditor-controller report because these payments are pass-through funds to the hospital. These payments would not be included on MH 1960, Line 1 or Line 3. **If payments to FFS/MC hospitals contracted under inpatient consolidation are included on MH 1960, Line 1**, these expenditures should be included on this line in order to reduce total mental health expenditures by the FFS/MC amount.

Column B – Enter the contract provider’s legal entity name or one entry for the Fee-for-Service/Medi-Cal (FFS/MC) hospitals.

Column C – Enter the contract provider’s legal entity number.

Column D – Enter the amount paid to the contract provider.

State of California Health and Human Services Agency		Department of Mental Health	
TOTAL COST REPORT			
PAYMENTS TO CONTRACT PROVIDERS			
MH 1963 (Rev. 7/05)			
County: 0		FISCAL YEAR 2004 - 2005	
County Code:			
A	B	C	D
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
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36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
Total Payments to Contract Providers			

MH 1964

Allocation of Costs to Modes of Service

The purpose of MH 1964 is to distribute mode costs to various modes of service, including MAA. **See Appendix E for mode of service information.**

Line 1 - Mode Costs from MH 1960 (Direct Service and MAA)

No Entry. Automatically populates the direct service costs from Line 18 of MH 1960.

Lines 2 through 8 - Modes

No entry. The costs for each mode of services are automatically populated from MH 1901 Schedule C, Column I.

Line 9 - Total - Lines 2 through 8

No entry. This line sums Lines 2 through 8. The amount on Line 9 should equal the amount on Line 1. Any difference between the two amounts should be corrected on MH 1960, Lines 9 through 18 before proceeding.

State of California Health and Human Services Agency		Department of Mental Health
DETAIL COST REPORT		
ALLOCATION OF COSTS TO MODES OF SERVICE		FISCAL YEAR 2004 - 2005
MH 1964 (Rev. 7/05)		
County: 0		
County Code:		
Legal Entity: 0		A
Legal Entity Number:		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	
Modes		
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	

HOME

**Crosscheck
OK**

MH 1966 Program 1 and Program 2**Allocation of Costs to Service Functions – Mode Total**

MH 1966, Program 1 and Program 2 distribute modes of service costs to the service function level. Program 2 accounts for pass-through-costs incurred by fee-for-service contract providers, TBS-only contract providers, non-organizational mental health specialty providers MHS, ASO etc. *Service functions are listed in the CFRS system format chart (Appendix E).* These forms also determine aggregate SD/MC, Medicare/Medi-Cal crossover costs, enhanced SD/MC costs, Healthy Families costs, published charges, SMA for SD/MC, and negotiated rate amounts for each mode of service. MH 1966 forms for Modes 45 and 60 are simplified from the other MH 1966 forms and determine non-Medi-Cal costs for each mode of service. MH 1966 for Mode 55 is also simplified from other MH 1966 forms and identifies the MAA costs for those participating in the MAA program.

MH 1966 automatically populates from MH 1901 Schedules A, B, and C. Separate MH 1966 forms are automatically populated for each mode of service.

Line 1 - Allocation Percentage

No entry. The allocation percentage is determined by taking the Total Allocated Cost for each service function from MH 1901 Schedule C divided by the Total Allocated Cost for the respective Mode of the above service functions.

Line 2 - Total Units

No entry. This field fills in automatically from MH 1901 Schedule C, Column D.

Line 3 - Gross Cost

No entry. This field fills in automatically from MH 1901 Schedule C, Column I. The distribution of the amount on Line 3, Column A, to the appropriate service functions fills in automatically from MH 1901 Schedule C, starting in Column B.

Line 4 - Cost per Unit

No entry. Starting in Column B, Line 3 is automatically divided by Line 2 for each service function level.

Line 5 - SMA per Unit

No entry. Starting in Column B, this field fills in automatically from MH 1901 Schedule A, Column C.

State of California Health and Human Services Agency			Department of Mental Health						
DETAIL COST REPORT									
ALLOCATION OF COSTS TO SERVICE									
FUNCTIONS - MODE TOTAL									
MH 1966 (Rev. 7/05)			PAGE 1 OF 1						
			FISCAL YEAR 2004 - 2005						
County: 0									
County Code:									
Legal Entity: 0									
Legal Entity Number:									
Mode: 15 - Outpatient Services (Program 1)			A	B	C	D	E	F	G
			Mode Total	Service Function					
1	Allocation Percentage								
2	Total Units								
3	Gross Cost								
4	Cost per Unit								
5	SMA per Unit								
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/04 - 09/30/04							
9	Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05							
9A	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
10	Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05							
10A	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04							
10B	Enhanced SD/MC (Refugees) Units	10/01/04 - 06/30/05							
11	Healthy Families (SED) Units	07/01/04 - 09/30/04							
11A	Healthy Families (SED) Units	10/01/04 - 06/30/05							
12	Non-Medi-Cal Units								
13	Medi-Cal Costs	07/01/04 - 09/30/04							
13A	Medi-Cal Costs	10/01/04 - 06/30/05							
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04							
14A	Medi-Cal SMA Upper Limits	10/01/04 - 06/30/05							
15	Medi-Cal Published Charges	07/01/04 - 09/30/04							
15A	Medi-Cal Published Charges	10/01/04 - 06/30/05							
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A	Medi-Cal Negotiated Rates	10/01/04 - 06/30/05							
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04							
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05							
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04							
21A	Enhanced SD/MC Costs	10/01/04 - 06/30/05							
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04							
22A	Enhanced SD/MC SMA Upper Limits	10/01/04 - 06/30/05							
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04							
23A	Enhanced SD/MC Published Charges	10/01/04 - 06/30/05							
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04							
24A	Enhanced SD/MC Negotiated Rates	10/01/04 - 06/30/05							
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 09/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 09/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 09/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 09/30/04							
29	Healthy Families Costs	07/01/04 - 09/30/04							
29A	Healthy Families Costs	10/01/04 - 06/30/05							
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04							
30A	Healthy Families SMA Upper Limits	10/01/04 - 06/30/05							
31	Healthy Families Published Charges	07/01/04 - 09/30/04							
31A	Healthy Families Published Charges	10/01/04 - 06/30/05							
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04							
32A	Healthy Families Negotiated Rates	10/01/04 - 06/30/05							
33	Non-Medi-Cal Costs								

Line 6 - Published Charge per Unit

No entry. Starting in Column B, this field fills in automatically from MH 1901 Schedule A, Column E. See MH 1901 Schedule A instruction for more information.

Line 7 - Negotiated Rate/Cost per Unit

No entry. If applicable, the rate negotiated between the local mental health agency, the legal entity and approved by the state (DMH) for each SD/MC service function fills in automatically from MH 1901 Schedule A, Column D. If the legal entity has a mixture of service function categories with and without negotiated rates, this line will fill in with either the NR or the Cost per unit. This is done so that when these amounts are aggregated on MH 1968, the data are not skewed.

**Line 8 - Medi-Cal Units
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column E. This field identifies only units for the first quarter of the fiscal year. Do not include Medicare/Medi-Cal crossover or enhanced SD/MC units.

**Line 8A - Medi-Cal Units
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column F. This field identifies only units for the second, third, and fourth quarters of the fiscal year. Do not include Medicare/Medi-Cal crossover or enhanced SD/MC units.

**Line 9 - Medicare/Medi-Cal Crossover Units
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Medicare/Medi-Cal crossover units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column H. This field identifies only units for the first quarter of the fiscal year.

**Line 9A - Medicare/Medi-Cal Crossover Units
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Medicare/Medi-Cal crossover units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column I. This field identifies only units for the second, third, and fourth quarters of the fiscal year.

**Line 10 - Enhanced SD/MC (Children) Units
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column M for the first quarter of the fiscal year.

**Line 10A – Enhanced SD/MC (Children) Units
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column N for the second, third, and fourth quarters of the fiscal year.

**Line 10B - Enhanced SD/MC (Refugees) Units
(July 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Enhanced SD/MC (Refugees) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column P.

**Line 11 – Healthy Families (SED) Units
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Healthy Families units for each Healthy Families service function fills in automatically from MH 1901 Schedule B, Column R for the first quarter of the fiscal year.

**Line 11A – Healthy Families (SED) Units
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Healthy Families units for each Healthy Families service function fills in automatically from MH 1901 Schedule B, Column S for the second, third, and fourth quarters of the fiscal year.

Line 12 – Non-Medi-Cal Units

No entry. Starting in Column B, non-Medi-Cal units for each service function fills in automatically from MH 1901 Schedule B, Column U.

**Line 13 - Medi-Cal Costs
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Line 4 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 13.

**Line 13A - Medi-Cal Costs
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 4 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 13A.

**Line 14 - Medi-Cal SMA Upper Limits
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Line 5 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 14.

**Line 14A - Medi-Cal SMA Upper Limits
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 14A.

**Line 15 - Medi-Cal Published Charges
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Line 6 is multiplied by Line 8 for each SD/MC service

function. The products of total published charges computed for all service functions are summed up automatically on Column A, Line 15.

**Line 15A - Medi-Cal Published Charges
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 6 is multiplied by Line 8A for each SD/MC service function. The products of total published charges computed for all service functions are summed up automatically on Column A, Line 15A.

**Line 16 - Medi-Cal Negotiated Rates
(July 1, 2004 – September 30, 2004)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 16.

**Line 16A - Medi-Cal Negotiated Rates
(October 1, 2004 – June 30, 2005)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 16A.

**Line 17 - Medicare/Medi-Cal Crossover Costs
(July 1, 2004 – September 30, 2004)**

No entry. If applicable, starting in Column B, Line 4 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 17.

**Line 17A - Medicare/Medi-Cal Crossover Costs
(October 1, 2004 – June 30, 2005)**

No entry. If applicable, starting in Column B, Line 4 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 17A.

**Line 18 - Medicare/Medi-Cal Crossover SMA Upper Limits
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 18.

**Line 18A - Medicare/Medi-Cal Crossover SMA Upper Limits
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 18A.

**Line 19 - Medicare/Medi-Cal Crossover Published Charges
(July 1, 2004 – September 30, 2004)**

No entry. If applicable, starting in Column B, Line 6 is multiplied by Line 9 for each SD/MC service function. The products of total published charges for all service functions computed are summed up on Column A, Line 19.

**Line 19A - Medicare/Medi-Cal Crossover Published Charges
(October 1, 2004 – June 30, 2005)**

No entry. If applicable, starting in Column B, Line 6 is multiplied by Line 9A for each SD/MC service function. The products of total published charges for all service functions computed are summed up on Column A, Line 19A.

**Line 20 - Medicare/Medi-Cal Crossover Negotiated Rates
(July 1, 2004 – September 30, 2004)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20.

**Line 20A - Medicare/Medi-Cal Crossover Negotiated Rates
(October 1, 2004 – June 30, 2005)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20A.

**Line 21 – Enhanced SD/MC (Children) Costs
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21.

**Line 21A – Enhanced SD/MC (Children) Costs
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21A.

**Line 22 – Enhanced SD/MC (Children) SMA Upper Limits
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 22.

**Line 22A – Enhanced SD/MC (Children) SMA Upper Limits
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 22A.

**Line 23 – Enhanced SD/MC (Children) Published Charges
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 23.

**Line 23A – Enhanced SD/MC (Children) Published Charges
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 23A.

**Line 24 – Enhanced SD/MC (Children) Negotiated Rates
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 24.

**Line 24A – Enhanced SD/MC (Children) Negotiated Rates
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 24A.

**Line 25 – Enhanced SD/MC (Refugees) Costs
(July 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 25.

**Line 26 - Enhanced SD/MC (Refugees) SMA Upper Limits
(July 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 26.

**Line 27 - Enhanced SD/MC (Refugees) Published Charges
(July 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 27.

**Line 28 – Enhanced SD/MC (Refugees) Negotiated Rates
(July 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 28.

**Line 29 – Healthy Families Costs
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Line 4 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29.

**Line 29A – Healthy Families Costs
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 4 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29A.

**Line 30 – Healthy Families SMA Upper Limits
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Line 5 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30.

**Line 30A – Healthy Families SMA Upper Limits
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30A.

**Line 31 – Healthy Families Published Charges
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Line 6 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 31.

**Line 31A – Healthy Families Published Charges
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 6 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 31A.

**Line 32 – Healthy Families Negotiated Rates
(July 1, 2004 – September 30, 2004)**

No entry. Starting in Column B, Line 7 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 32.

**Line 32A – Healthy Families Negotiated Rates
(October 1, 2004 – June 30, 2005)**

No entry. Starting in Column B, Line 7 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 32A.

Line 33 – Non-Medi-Cal Costs

No entry. Starting from Column B, Line 3 minus the sum of Lines (13, 13A, 17, 17A, 21, 21A, 25, 29, 29A) is entered here. The amounts for all service functions are summed up in Column A, Line 33.

MH 1966 Mode 05, Service Function 19***Hospital Inpatient***

You will be prompted to fill out MH 1991 if you report Mode 05, Service Function 19. The SMA rate for this service function does not include Physician and Ancillary service costs. The intent of this procedure is to ensure that Physician and Ancillary costs related to these Hospital Administrative Days are included in the comparison of the costs, SMA, published charges, and negotiated rates (if applicable). Legal entities with hospital administrative days should complete MH 1991 for the purpose of grossing up of SMA to include Physician and Ancillary costs. Note: You will need to complete the MH 1991 even if you do not have any Physician and Ancillary costs. The SMA costs are pulled directly from the MH 1991.

Upon Completion of Form MH 1991, MH 1966 for Mode 05, Service Function 19 fills in automatically from MH 1901 Schedules A, B and C, and MH 1991:

Lines 1 through 5

No entry. These fields fill automatically from MH 1901 Schedules B and C. Note that Line 3 should include Physician and Ancillary costs related to patients on administrative day status (costs are limited to those claimable under Section 51511(c), Title 22 of the California Code of Regulations (CCR)).

Lines 6, 8, 8A, 13, and 13A

No entry. Lines 6, 8 and 8A fill in automatically from MH 1901 Schedule B. Lines 13 and 13A automatically compute.

Line 7 – Negotiated Rate/Cost per unit

No entry. Mode 05, Service Function 19 has no negotiated rate. If the legal entity has a mixture of service function categories with and without negotiated rates, this line will fill in with either the negotiated rate or the cost per unit. This is done so that when these amounts are aggregated on MH 1968, the data are not skewed.

Lines 9, 9A and 17, 17A through 20, 20A

These lines do not apply to this service function and should be left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

Line 12 – Non-Medi-Cal Units

No entry. This field automatically populates from MH 1901 Schedule B.

Line 13/13A – Medi-Cal Costs

No entry. This field computes Line 4 multiplied by Line 8 (Line 8a).

Line 14/14A

No entry. These fields include Physician and Ancillary costs. It computes automatically by referencing MH 1991, Column I (Physician costs + Ancillary costs).

Line 15/15A – Medi-Cal Published Charges

No entry. These fields automatically compute. The fields are the products of multiplying Line 6 by Line 8 (Line 8a). The published charge should include Physician and Ancillary costs.

Line 16/16A – Medi-Cal Negotiated Rates

No entry. Mode 05, Service Function 19 cannot have a negotiated rate, but if the Legal Entity has a mixture of service function categories with and without negotiated rates, this line will fill in the lower of Costs, SMA with Physician and Ancillary Costs or Charges. This is done so that when these amounts are aggregated on the MH 1968, data are not skewed.

Line 22/22A – Enhanced SD/MC (Children) SMA Upper Limits

No entry. Line 5 is multiplied by Line 10/10A for each Mode 05, Service Function 19 entry. In addition, the Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Children EMC) are added to amounts that are automatically entered here.

Line 26 – Enhanced SD/MC (Refugees) SMA Upper Limits

No entry. Line 5 is multiplied by Line 10B for each Mode 05, Service Function 19 entry. In addition, the Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Refugees EMC) are added to amounts that are automatically entered here.

Line 30/30A – Healthy Families (SED) SMA Upper Limits

No entry. Line 5 is multiplied by Line 11/11A for each Mode 05, Service Function 19 entry. In addition, the Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Healthy Families) are added to amounts that are automatically entered here.

Line 33 – Non-Medi-Cal Costs

No entry. Line 3 minus the sum of Lines (13, 13A, 21, 21A, 25, 29, and 29A) is automatically entered here.

MH 1966 Modes 45 and 60***Outreach and Support***

Mode 45 (Outreach) and Mode 60 (Support) services are non-Medi-Cal reimbursable. For these modes, the format is simpler and only consists of six lines. MH 1966 for Modes 45 and 60 fills in automatically from MH 1901 Schedules A, B and C.

Lines 1 through 3

No entry. These fields fill in automatically from MH 1901 Schedules B and C.

Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function level.

Line 5 – Non-Medi-Cal Units

No entry. Starting from Column B, non-Medi-Cal units for each service function fills in from Line 2.

Line 6

No entry. Starting from Column B, non-Medi-Cal costs for each service function fills in from Line 3.

MH 1966 Mode 55

Medi-Cal Administrative Activities (MAA)

MH 1966 for Mode 55 is for Medi-Cal Administrative Activities (MAA) and is a simplified MH 1966 format consisting of five lines. MH 1966 for Mode 55 fills in automatically from MH 1901 Schedules A, B and C.

Lines 1 through 3

No entry. These fields fill in automatically from MH 1901 Schedules B and C.

Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function level.

Line 5 – Non-Medi-Cal Units

No entry. Starting from Column B, non-Medi-Cal units for each service function fills in by taking Line 3, Column A of this form and subtracting MH 1968, Line 35, Column D.

State of California Health and Human Services Agency		Department of Mental Health						
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE								
FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 7/05)								
PAGE 1 OF 1								
FISCAL YEAR 2004 - 2005								
County: 0								
County Code:								
Legal Entity: 0		A	B	C	D	E	F	G
Legal Entity Number:		Mode Total	Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities			Function	Function	Function	Function	Function	Function
1	Allocation Percentage							
2	Total Units							
3	Total Expenditures							
4	Cost per Unit							
5	Non-Medi-Cal Costs							

MH 1968***Determination of SD/MC Direct Services and MAA Reimbursement***

The objective of MH 1968 is to determine the net SD/MC and Healthy Families direct service reimbursement (FFP and State Match) for inpatient and outpatient services as well as Medi-Cal Administrative Activities (MAA) reimbursement. MAA service function expenditures are combined on MH 1968.

Nominal Fee Provider

Determination of Nominal Fee status is the first step in the cost report settlement process, before application of reimbursement limit (42 CFR 413.13). Legal entities with significant portion of low-income patients will be required to complete an optional form MH 1969 Nominal Fee Provider Determination prior to completion of MH 1968. Nominal fee providers' reimbursement is limited to the lower of Actual Cost or SMA.

Determination of Cost Settlement Process

Cost settlement process is based on the application of the Lower of Cost or Charges (LCC) cost reimbursement principles. Pursuant to cost reimbursement rules, the application of LCC will be based on the aggregate cost of all outpatient services. Healthy Families follows SD/MC settlement technique and process.

Column K – Total Outpatient

No entry. This column sums Column I - Total Outpatient excluding Program 2 and Column J (Mode 15, Program 2).

**Line 1 - Medi-Cal Costs
(July 1, 2004 - September 30, 2004)**

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13 of MH 1966 for the applicable modes. Note that costs reported on Line 1 are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 1A - Medi-Cal Costs
(October 1, 2004 - June 30, 2005)**

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13A of MH 1966 for the applicable modes. Note that costs reported in Line 1A are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 2 - Medi-Cal SMA Upper Limits
(July 1, 2004 - September 30, 2004)**

No entry. Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2.

**Line 2A - Medi-Cal SMA Upper Limits
(October 1, 2004 - June 30, 2005)**

No entry. Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2A.

**Line 3 - Medi-Cal Published Charges
(July 1, 2004 - September 30, 2004)**

No entry. Medi-Cal Published Charges for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3.

**Line 3A - Medi-Cal Published Charges
(October 1, 2004 - June 30, 2005)**

No entry. Medi-Cal Published Charges for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3A.

**Line 4 - Medi-Cal Negotiated Rates
(July 1, 2004 - September 30, 2004)**

If applicable, Medi-Cal Negotiated Rates for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 4.

State of California Health and Human Services Agency			Department of Mental Health											
DETAIL COST REPORT			FISCAL YEAR 2004 - 2005											
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT			MH 1968 (Rev. 7/05)											
County: 0 County Code:			REIMBURSEMENT TYPE				PC			PC			Costs	
Legal Entity	0		A	B	C	D	E	F	G	H	I	J	K	
Legal Entity Number			Mode 55			Total MAA	Total Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	Total Outpatient (Col I + Col J)	
			S.F.'s 01-09	S.F.'s 11-19, 31-39	S.F.'s 21-29									
1	Medi-Cal Costs	070104 - 09/30/04												
1A		100104 - 06/30/05												
2	Medi-Cal SMA	070104 - 09/30/04												
2A		100104 - 06/30/05												
3	Medi-Cal P.C.	070104 - 09/30/04												
3A		100104 - 06/30/05												
4	Medi-Cal N.R.	070104 - 09/30/04												
4A		100104 - 06/30/05												
5	Medi-Cal Gross Reimbursement	070104 - 09/30/04												
5A		100104 - 06/30/05												
6	Medicare/Medi-Cal Crossover Cost	070104 - 09/30/04												
6A		100104 - 06/30/05												
7	Medicare/Medi-Cal Crossover SMA	070104 - 09/30/04												
7A		100104 - 06/30/05												
8	Medicare/Medi-Cal Crossover P.C.	070104 - 09/30/04												
8A		100104 - 06/30/05												
9	Medicare/Medi-Cal Crossover N.R.	070104 - 09/30/04												
9A		100104 - 06/30/05												
10	Medicare/Medi-Cal Crossover Gross Reim.	070104 - 09/30/04												
10A		100104 - 06/30/05												
11	Total SD/MC + Crossover Gross Reim.	070104 - 09/30/04												
11A		100104 - 06/30/05												
12	Enhanced SD/MC (Children) Cost	070104 - 09/30/04												
12A		100104 - 06/30/05												
13	Enhanced SD/MC (Children) SMA	070104 - 09/30/04												
13A		100104 - 06/30/05												
14	Enhanced SD/MC (Children) P.C.	070104 - 09/30/04												
14A		100104 - 06/30/05												
15	Enhanced SD/MC (Children) N.R.	070104 - 09/30/04												
15A		100104 - 06/30/05												
16	Enhanced SD/MC (Children) Gross Reim.	070104 - 09/30/04												
16A		100104 - 06/30/05												
17	Enhanced SD/MC (Refugees) Cost	070104 - 09/30/04												
17A		100104 - 06/30/05												
18	Enhanced SD/MC (Refugees) SMA	070104 - 09/30/04												
18A		100104 - 06/30/05												
19	Enhanced SD/MC (Refugees) P.C.	070104 - 09/30/04												
19A		100104 - 06/30/05												
20	Enhanced SD/MC (Refugees) N.R.	070104 - 09/30/04												
20A		100104 - 06/30/05												
21	Total Medi-Cal Gross Reimbursement	070104 - 09/30/04												
21A	(Excludes Refugees)	100104 - 06/30/05												
22	Enhanced SD/MC (Refugees) Gross Reim.	070104 - 09/30/04												
22A		100104 - 06/30/05												
23	Healthy Families Cost	070104 - 09/30/04												
23A		100104 - 06/30/05												
24	Healthy Families SMA	070104 - 09/30/04												
24A		100104 - 06/30/05												
25	Healthy Families P.C.	070104 - 09/30/04												
25A		100104 - 06/30/05												
26	Healthy Families N.R.	070104 - 09/30/04												
26A		100104 - 06/30/05												
27	Healthy Families Gross Reim.	070104 - 09/30/04												
27A		100104 - 06/30/05												
28	Less: Patient and Other Payor Revenue													
28A	SD/MC + Crossover Revenue	070104 - 09/30/04												
28B		100104 - 06/30/05												
29	Enhanced SD/MC (Children) Revenue													
29A	Enhanced SD/MC (Refugees) Revenue													
29B	Healthy Families Revenue													
30														
31														
32	Total Expenditures from MAA (Mode 55)													
33	Medi-Cal Eligibility Factor (Average)													
34	Revenue - MAA													
35	Net Due - SD/MC for Direct Services	070104 - 09/30/04												
35A		100104 - 06/30/05												
36	Net Due - Enhanced SD/MC (Refugees)													
37	Net Due - Healthy Families	070104 - 09/30/04												
37A		100104 - 06/30/05												
38	Amount Negotiated Rates Exceed Costs													
38A	SD/MC (Includes Children)	070104 - 09/30/04												
38B		100104 - 06/30/05												
39	Enhanced SD/MC (Refugees)													
40	Healthy Families	070104 - 09/30/04												
40A		100104 - 06/30/05												

**Line 4A - Medi-Cal Negotiated Rates
(October 1, 2004 - June 30, 2005)**

If applicable, Medi-Cal Negotiated Rates for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 4A.

**Line 5 - Medi-Cal Gross Reimbursement
(July 1, 2004 – September 30, 2004)**

Legal entities fall into one of four categories based on type of reimbursement system and qualification as nominal fee providers. Table 1, represents the four categories of legal entities and lines from MH 1968 that should be compared. Automatically, the lowest amount from lines being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J consists of Program 2 costs that are to be reimbursed to the county at actual cost as long as the aggregate cost per unit of service is below the SMA. Column J for this line is automatically computed by taking the lower of the Cost line or the SMA line (see Table 2).

**Line 5A - Medi-Cal Gross Reimbursement
(October 1, 2004 – June 30, 2005)**

Legal entities fall into one of four categories based on type of reimbursement system and qualification as nominal fee providers. Table 1, represents the four categories of legal entities and lines from MH 1968 that should be compared. Automatically, the lowest amount from lines being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J consists of Program 2 costs that are to be reimbursed to the county at actual cost as long as the aggregate cost per unit of service is below the SMA. Column J for this line is automatically computed by taking the lower of the Cost line or the SMA line (see Table 2).

**Table 1
Lines for Comparison**

Legal Entity Classifications	Reimbursement Method	Lowest of Lines
Cost-Based Reimbursement		
1. Nominal Fee Provider	Cost - or - SMA	$1 + 1A + 6 + 6A + 12 + 12A + 17$ - or - $2 + 2A + 7 + 7A + 13 + 13A + 18$
2. Not a Nominal Fee Provider	Cost - or - SMA - or - Published Charges	$1 + 1A + 6 + 6A + 12 + 12A + 17$ - or - $2 + 2A + 7 + 7A + 13 + 13A + 18$ - or - $3 + 3A + 8 + 8A + 14 + 14A + 19$
Negotiated Rate Reimbursement		
3. Nominal Fee Provider	SMA - or - Negotiated Rates	$2 + 2A + 7 + 7A + 13 + 13A + 18$ - or - $4 + 4A + 9 + 9A + 15 + 15A + 20$
4. Not a Nominal Fee Provider	SMA - or - Published Charges - or - Negotiated Rates	$2 + 2A + 7 + 7A + 13 + 13A + 18$ - or - $3 + 3A + 8 + 8A + 14 + 14A + 19$ - or - $4 + 4A + 9 + 9A + 15 + 15A + 20$

**Line 6 - Medicare/Medi-Cal Crossover Costs
(July 1, 2004 – September 30, 2004)**

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6.

**Line 6A - Medicare/Medi-Cal Crossover Costs
(October 1, 2004 – June 30, 2005)**

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6A.

**Line 7 - Medicare/Medi-Cal Crossover SMA
(July 1, 2004 – September 30, 2004)**

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 18 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7.

**Line 7A - Medicare/Medi-Cal Crossover SMA
(October 1, 2004 – June 30, 2005)**

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 18A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7A.

**Line 8 - Medicare/Medi-Cal Crossover Published Charges
(July 1, 2004 – September 30, 2004)**

No entry. Medicare/Medi-Cal crossover published charge amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 19 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 8.

**Line 8A - Medicare/Medi-Cal Crossover Published Charges
(October 1, 2004 – June 30, 2005)**

No entry. Medicare/Medi-Cal crossover published charge amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 19A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 8A.

**Line 9 - Medicare/Medi-Cal Crossover Negotiated Rates
(July 1, 2004 - September 30, 2004)**

No entry. If applicable, Medi-Cal Negotiated Rate amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H fills in automatically from Column A, Line 20 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 9.

**Line 9A - Medicare/Medi-Cal Crossover Negotiated Rates
(October 1, 2004 – June 30, 2005)**

No entry. If applicable, Medi-Cal Negotiated Rate amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H fills in automatically from Column A, Line 20A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 9A.

**Line 10 - Medicare/Medi-Cal Crossover Gross Reimbursement
(July 1, 2004 – September 30, 2004)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the Cost line or the SMA line (See Table 2).

**Line 10A - Medicare/Medi-Cal Crossover Gross Reimbursement
(October 1, 2004 – June 30, 2005)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the Cost line or the SMA line (See Table 2).

**Table 2
Lines for Comparison
For Outpatient Program 2 Only**

Legal Entity Classifications	Reimbursement Method	Lowest of Lines
All Program 2	Cost	1 + 1A + 6 + 6A + 12 + 12A + 17
	- or -	- or -
	SMA	2 + 2A + 7 + 7A + 13 + 13A + 18

**Line 11 - Total SD/MC + Crossover Gross Reimbursement
(July 1, 2004 - September 30, 2004)**

No entry. Automatically fills in the sum of Lines 5 and 10 in Columns E through K.

**Line 11A - Total SD/MC + Crossover Gross Reimbursement
(October 1, 2004 - June 30, 2005)**

No entry. Automatically fills in the sum of Lines 5A and 10A in Columns E through K.

**Line 12 – Enhanced SD/MC (Children) Cost
(July 1, 2004 – September 30, 2004)**

No entry. The total cost of providing services to Enhanced SD/MC (children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 21 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 12A – Enhanced SD/MC (Children) Cost
(October 1, 2004 – June 30, 2005)**

No entry. The total cost of providing services to Enhanced SD/MC (children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 21A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 13 – Enhanced SD/MC (Children) SMA
(July 1, 2004 – September 30, 2004)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 22 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 13 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 13A – Enhanced SD/MC (Children) SMA
(October 1, 2004 – June 30, 2005)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 22A of MH 1966 for the applicable modes. The sum of columns F through H calculates automatically in Column I, Line 13A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 14 – Enhanced SD/MC (Children) Published Charges
(July 1, 2004 – September 30, 2004)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 23 of MH 1966 for the applicable modes. The sum of columns F through H calculates automatically in Column I, Line 14 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 14A – Enhanced SD/MC (Children) Published Charges
(October 1, 2004 – June 30, 2005)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 23A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 14A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 15 – Enhanced SD/MC (Children) Negotiated Rate
(July 1, 2004 – September 30, 2004)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 24 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 15 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 15A – Enhanced SD/MC (Children) Negotiated Rate
(October 1, 2004 – June 30, 2005)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 24A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 15A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 16 – Enhanced SD/MC (Children) Gross Reimbursement
(July 1, 2004 – September 30, 2004)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E through I. Column J is automatically computed by taking the Lower of the Cost line or the SMA line (See Table 2).

**Line 16A – Enhanced SD/MC (Children) Gross Reimbursement
(October 1, 2004 – June 30, 2005)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E through I. Column J is automatically computed by taking the Lower of the Cost line or the SMA line (See Table 2).

**Line 17 – Enhanced SD/MC (Refugees) Cost
(July 1, 2004 - June 30, 2005)**

No entry. The total cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 25 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 17 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 18 – Enhanced SD/MC (Refugees) SMA
(July 1, 2004 - June 30, 2005)**

No entry. The total SMA cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 26 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 18 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 19 – Enhanced SD/MC (Refugees) Published Charge
(July 1, 2004 - June 30, 2005)**

No entry. The total Published Charge Cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 27 of MH 1966 for the applicable modes. The sum of columns F through H calculates automatically in Column I, Line 19 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 20 – Enhanced SD/MC (Refugees) Negotiated Rate
(July 1, 2004 - June 30, 2005)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 28 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 20 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 21 – Total Medi-Cal Gross Reimbursement (excludes Enhanced SD/MC
Refugees)****(July 1, 2004 – September 30, 2004)**

No entry. This is automatically calculated as the sum of Lines 11 and 16. The total Medi-Cal Gross Reimbursement for SD/MC (Refugees) is accounted for in Line 22 (See below).

**Line 21A – Total Medi-Cal Gross Reimbursement (excludes Enhanced SD/MC
Refugees)****(October 1, 2004 – June 30, 2005)**

No entry. This is automatically calculated as the sum of Lines 11A and 16A. The total Medi-Cal Gross Reimbursement for SD/MC (Refugees) is accounted for in Line 22 (See below).

**Line 22 – Enhanced SD/MC (Refugees) Gross Reimbursement
(July 1, 2004 – June 30, 2005)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the Lower of the Cost line or the SMA line (See Table 2).

**Line 23 – Healthy Families Cost
(July 1, 2004 – September 30, 2004)**

No entry. The total cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 29 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 23 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 23A – Healthy Families Cost
(October 1, 2004 – June 30, 2005)**

No entry. The total cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 29A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 23A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 24 – Healthy Families SMA
(July 1, 2004 – September 30, 2004)**

No entry. The total SMA cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 24 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 24A – Healthy Families SMA
(October 1, 2004 – June 30, 2005)**

No entry. The total SMA cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 24A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 25 – Healthy Families Published Charge
(July 1, 2004 – September 30, 2004)**

No entry. The total published charge cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 31 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 25 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 25A – Healthy Families Published Charge
(October 1, 2004 – June 30, 2005)**

No entry. The total published charge cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 31A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 25A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 26 – Healthy Families Negotiated Rate
(July 1, 2004 – September 30, 2004)**

No entry. The total negotiated rate cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 32 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 26 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 26A – Healthy Families Negotiated Rate
(October 1, 2004 – June 30, 2005)**

No entry. The total negotiated rate cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 32A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 26A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 27 – Healthy Families Gross Reimbursement
(July 1, 2004 – September 30, 2004)**

No entry. Automatically, the reimbursement method selected by comparing the lowest amount from lines in Tables 1 and 2 for all SD/MC costs is utilized to apply the same methodology to determine Healthy Families Gross Reimbursement. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the Lower of the Cost line or the SMA line (See Table 2).

**Line 27A – Healthy Families Gross Reimbursement
(October 1, 2004 – June 30, 2005)**

No entry. Automatically, the reimbursement method selected by comparing the lowest amount from lines in Tables 1 and 2 for all SD/MC costs is utilized to apply the same methodology to determine Healthy Families Gross Reimbursement. Inpatient reimbursement and outpatient reimbursement are determined independently in Columns E and I. Column J is automatically computed by taking the Lower of the Cost line or the SMA line (See Table 2).

**Line 28 - Less: Patient and Other Payor Revenues
(July 1, 2004 – September 30, 2004)**

No entry. Revenue such as patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units report on MH 1966 fill in automatically from MH 1901 Schedule B, Columns K & L. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

**Line 28A - Less: Patient and Other Payor Revenues
(October 1, 2004 – June 30, 2005)**

No entry. The amounts are automatically filled in from MH 1901 Schedule B, Column L. See Line 28 for more information.

Line 29 – Enhanced SD/MC (Children) Patient Revenue

No entry. The amounts are automatically filled in from MH 1901 Schedule B, Column O. See Line 28 for more information.

Line 30 – Enhanced SD/MC (Refugees) Patient Revenue

No entry. The amounts are automatically filled in from MH 1901 Schedule B, Column Q. See Line 28 for more information.

Line 31 - Healthy Families Patient Revenue

No entry. Healthy Families client fees, or other sources for providing services to Healthy Families clients, fill in automatically from MH 1901 Schedule B, Column T. See Line 28 for more information.

Line 32 - Total Expenditures from MAA (Mode 55)

No entry. Total Expenditures identified in MH 1966, Mode 55, Line 3 for Service Functions 1 through 9 in Column A; Service Functions 11 through 19 and 31 through 39 in Column B; and Service Functions 21 - 29 in Column C automatically populate these fields. The sum of Columns A, B and C automatically calculates in Column D.

Line 33 - Medi-Cal Eligibility Factor (Average)

No entry. County Medi-Cal eligibility factor (percentage) cell references MH 1901 Schedule A, Column E, Line 35.

Line 34 - Revenue – MAA

No entry. Does Not Apply.

Line 35 - Net Due SD/MC for Direct Services**(July 1, 2004 – September 30, 2004)**

No entry. Column A automatically picks up the amount from Line 32. Columns B and C, is filled by the result of product of Lines 32 and 33. The sum of Columns A, B, and C, Line 35, is automatically entered in Column D, Line 35.

For Columns E, I, J and K, the result of Line 21 minus the sum of Lines (28 and 29) is entered here automatically.

Line 35A - Net Due SD/MC for Direct Services**(October 1, 2004 – June 30, 2005)**

No entry. The result of Line 21 A minus Lines 28A for Columns E, I, J and K are automatically entered.

Line 36 - Net Due Enhanced SD/MC (Refugees)

No entry. The result of Line 22 minus Line 30 for Columns E, I, J and K are automatically entered.

Line 37 - Net Due for Healthy Families**(July 1, 2004 – September 30, 2004)**

No entry. The result of Line 27 minus Line 31 in Columns E, I, J and K are automatically entered.

Line 37A - Net Due for Healthy Families**(October 1, 2004 – June 30, 2005)**

No entry. Line 27A is automatically entered here.

Line 38 – Amount Negotiated Rates Exceed Costs for SD/MC (excludes Enhanced SD/MC Refugees)**(July 1, 2004 – September 30, 2004)**

No entry. The difference of the sum of Lines (4, 9, 15) minus the sum of Lines (1, 6, 12) is automatically calculated here. If the difference is less than zero, then zero is automatically entered. This line excludes enhanced SD/MC (Refugees) and INCLUDES enhanced SD/MC (Children).

Line 38A – Amount Negotiated Rates Exceed Costs for SD/MC (excludes Enhanced SD/MC Refugees)**(October 1, 2004 – June 30, 2005)**

No entry. The difference of the sum of Lines (4A, 9A, 15A) minus the sum of Lines (1A, 6A, 12A) is automatically calculated here. If the difference is less than

zero, then zero is automatically entered here. This line excludes enhanced SD/MC (Refugees) and INCLUDES enhanced SD/MC (Children).

Line 39 – Amount Negotiated Rates Exceed Costs for Enhanced SD/MC (Refugees)

No entry. The difference of Line 20 minus Line 17 is automatically calculated here. If the difference is less than zero, then zero is automatically entered.

Line 40 – Amount Negotiated Rates Exceed Costs for Healthy Families (July 1, 2004 – September 30, 2004)

No entry. The difference of Line 26 minus Line 23 is automatically calculated here. If the difference is less than zero, then zero is automatically entered.

Line 40A – Amount Negotiated Rates Exceed Costs for Healthy Families (October 1, 2004 – June 30, 2005)

No entry. The difference of Line 26A minus Line 23A is automatically calculated here. If the difference is less than zero, then zero is automatically entered.

MH 1969 INST

Instructions for Lower of Costs or Charges Determination

The purpose of MH 1969 INST is to determine if you qualify as a Nominal Fee Provider. Before you can continue to complete the MH 1969 you must answer four questions on MH 1969 INST.

- Does your legal entity have a published schedule of its full (non-discounted) charges?
- Are your legal entity's revenues for patient care based on application of a published charge schedule?
- Does your legal entity maintain written policies for its process of making patient indigence determinations?
- Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

Nominal Fee Provider determination		Please answer the following questions.	
Yes	No		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.	Does your legal entity have a published schedule of its full (non-discounted) charges?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2.	Are your legal entity's revenue for patient care based on application of published charge schedule?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.	Does your legal entity maintain written policies for its process of making patient indigence determinations?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.	Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

If you answer No to any of the above questions, then you DO NOT qualify as a Nominal Fee Provider and you should not complete the MH 1969.

MH 1969 (Optional)**Lower of Costs or Charges Determination**

The legal entity must have a published schedule of its full (non-discounted) charges. The objective of MH 1969 is to determine whether legal entities are exempt from having to apply the Lower of Cost or Charges (LCC) Principle. MH 1969 is an optional form and should be completed by legal entities whose charges are lower than the SMA upper limits; and costs for non-negotiated rate legal entities or negotiated rates for negotiated rate legal entities. If a legal entity's Medi-Cal adjusted customary charges are less than 60 percent of Medi-Cal costs, and the legal entity meets four additional criteria, the legal entity is exempt from having to include charges in the comparison on MH 1968. The four additional criteria that must be met by a legal entity are:

- The legal entity must have a published schedule of its full (non-discounted) charges.
- The legal entity's revenues for patient care must be based on application of a published charge schedule.
- The legal entity must maintain written policies for its process of making patient indigence determinations.
- The legal entity must maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures.

The exemption must be proven separately for Medi-Cal Inpatient Services (Mode 05-Hospital Inpatient Services) and Medi-Cal Outpatient Services (Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services). Refer to DMH Letter No. 90-05 and attachments for a detailed explanation of how to meet these four criteria.

Medi-Cal adjusted customary charges can be calculated using several different methods, all of which result in the same outcome.² MH 1969 employs the calculation method applicable to most legal entities. Medi-Cal adjusted customary charges are calculated by first dividing actual charges to non-Medicare and non-Medi-Cal patients by adjusted or published charges to non-Medicare and non-Medi-Cal patients. This ratio is then applied to Medi-Cal charges (i.e., amounts billed to Medi-Cal), resulting in Medi-Cal adjusted customary charges. These charges are compared to 60 percent of Medi-Cal costs and, if lower, the legal entity is exempt from having to apply the LCC principle. Dollar amounts should be rounded to the nearest whole dollar.

² See: *Medicare and Medicaid Guide*, Commerce Clearing House, ¶7585, August 1989.
California Department of Mental Health, County Financial Program Support

Line 3 - Non-Medicare/Medi-Cal Patient Insurance

Enter the total patient insurance collected from non-Medicare patients and non-Medi-Cal patients for the cost report fiscal year. Line 3, Column A, represents patient insurance collected for Mode 05-Hospital Inpatient Services and Line 3, Column E, represents patient insurance collected for Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services.

Line 4 - Subtotal

No entry. This line sums Lines 2 and 3 for Column A (Inpatient) and Column E (Outpatient).

Line 5 - Non-Medicare/Medi-Cal Published Charges

Non-Medicare/Medi-Cal Published Charges represent amount non-Medicare and non-Medi-Cal patients would have paid had they been full-fee paying patients. On a separate worksheet maintained by the legal entity, multiply the units of service/time provided to non-Medicare and non-Medi-Cal patients by the legal entity's published charge or rate for each service function. These amounts should be aggregated by mode of service and reported in appropriate Column on Line 5. The sum of Columns B through D is automatically entered in Column E. Columns A and E represent legal entity's non-Medicare/Medi-Cal published charges for inpatient and outpatient services.

Line 6 - Ratio of Actual to Published Charges

No entry. The calculation is Line 4 divided by Line 5 in Column A (Inpatient) and Column E (Outpatient).

Line 7 - Medi-Cal Adjusted Customary Charges

No entry. The calculation is Line 1 multiplied by Line 6 in Column A (Inpatient) and Column E (Outpatient).

Line 8 - Medi-Cal Costs

No entry. The legal entity's total cost for providing Medi-Cal Inpatient and Outpatient services are automatically entered in Columns A and E. These costs are derived from the sum of MH 1968, Lines (11, 11A, 16, 16A, 22) Column E and Column I.

Line 9 - 60 Percent of Medi-Cal Costs

No entry. Columns A and E are automatically calculated by multiplying Line 8 by 60 percent and the results are automatically entered on Line 9.

If amount on Line 9, Column A (60 percent of Medi-Cal inpatient costs), is greater than Line 7, Column A (Medi-Cal inpatient adjusted customary charges), the legal entity is exempt from having to apply the LCC principle for Mode 05-Hospital Inpatient Services. If Line 7, Column A, is greater than Line 9, Column A, the legal entity is not exempt from having to apply the LCC principle for Mode 05-Hospital Inpatient Services on MH 1968, and must include Medi-Cal Mode 05-Hospital Inpatient charges in the comparison on MH 1968.

If amount in Line 9, Column E (60 percent of Medi-Cal outpatient costs), is greater than Line 7, Column E (Medi-Cal outpatient adjusted customary charges), the legal entity is exempt from having to apply the LCC principle for outpatient services. If Line 7, Column E, is greater than Line 9, Column E, the legal entity is not exempt from having to apply the LCC principle for outpatient services on MH 1968, and must include the Medi-Cal outpatient charges in the comparison on MH 1968.

MH 1979***SD/MC Preliminary Desk Settlement***

The objective of MH 1979 is to determine the preliminary net Federal Financial Participation (FFP) due to the legal entity for all SD/MC and Healthy Families services. Data for Lines 1 through 10, and 13 through 15 are to be entered by County legal entities in appropriate forms (MH 1900_Info and MH 1960 etc).

Line 1 - County SD/MC Direct Service Gross Reimbursement

No entry. In Columns B and C, County's legal entity SD/MC direct service gross reimbursement for inpatient and outpatient services are automatically entered from MH 1968, Columns E and K, sum of Lines (21, 21A and 22). The sum of Columns B and C is automatically entered in Column D.

Line 2 - Contract Provider Medi-Cal Direct Service Gross Reimbursement

No entry. In Columns B and C, Contract Providers SD/MC Direct Service Gross reimbursement for inpatient and outpatient services are manually entered in the MH 1900 Information Sheet from the MH 1968, Columns E and K, sum of Lines (21, 21A, and 22) for all legal entities that contract for SD/MC services with the county or County Mental Health Plans (MHPs). This entry should include payments to FFS/MC hospitals for psychiatric inpatient services (MH 1994, Lines 2a, 6, and 7 Plus FFP) that have not been included in the Allowable Costs for Allocation (Line 8) on MH 1960. The sum of Columns B and C automatically appears on Column D.

Line 3 - Total Medi-Cal Direct Service Gross Reimbursement

No entry. The sum of Lines 1 and 2 in Column D are automatically entered on Line 3. This amount represents total allowable SD/MC direct service costs in the county that will be used to determine maximum allowable SD/MC administrative reimbursement for the county legal entity.

Line 4 - SD/MC Administrative Reimbursement Limit

No entry. SD/MC Administrative costs are limited to 15 percent of SD/MC direct service costs. Column D, Line 3 is automatically multiplied by 0.15 to compute maximum SD/MC reimbursement for administrative services.

Line 5 - SD/MC Administration

No entry. SD/MC administrative costs are automatically entered from MH 1960, Column C, Line 9.

State of California Health and Human Services Agency		Department of Mental Health									
DETAIL COST REPORT											
SD/MC PRELIMINARY DESK SETTLEMENT											
MH 1979 (Rev. 7/05)											
FISCAL YEAR 2004 - 2005											
County: 0											
County Code:											
Legal Entity: 0											
Legal Entity Number	A	B	C	D	E	F	G	H	I	J	
	Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	Variable % FFP	75.00% FFP	Total FFP	
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement										
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement										
3	Total Medi-Cal Direct Service Gross Reimbursement										
4	Medi-Cal Administrative Reimbursement Limit										
5	Medi-Cal Administration										
6	Medi-Cal Administrative Reimbursement										
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement										
7A	Contract Providers Healthy Families Direct Service Gross Reim.										
7B	Total Healthy Families Direct Service Gross Reimbursement										
8	Healthy Families Administrative Reimbursement Limit										
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review Selected Prof. Med. Personnel (County Only)										
15	Other SD/MC Utilization Review (County Only)										
16	SD/MC Net Reimbursement for Direct Services	07/01/04 - 09/30/04									
16A		10/01/04 - 09/30/05									
17	Enhanced SD/MC Net Reimb. (Children)	07/01/04 - 09/30/04									
17A		10/01/04 - 09/30/05									
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										
24	Healthy Families Net Reimbursement	07/01/04 - 09/30/04									
24A		10/01/04 - 09/30/05									
25	Total Healthy Families Reimbursement Before Excess FFP										
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										

STATE SHARE OF SD/MC COST

Line 6: Column D minus Column E	
Line 10: Column D minus Column H	
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column E	
Line 14: Column D minus Column E	
Line 15: Column D minus Column E	
Line 16: Column D minus Column F	
Line 16A: Column D minus Column G	
Line 17: Column D minus Column H	
Line 17A: Column D minus Column H	
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	
Line 24A: Column D minus Column H	
TOTAL STATE SHARE SD/MC COST	

Line 6 - SD/MC Administrative Reimbursement

No entry. The lower of Lines 4 and 5 is automatically selected and entered in Column D Line 6. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC administration. The result is rounded to the nearest whole dollar and entered in Column E.

Line 7 - County Healthy Families Direct Service Gross Reimbursement

No entry. In Columns B and C, County's legal entity Healthy Families Direct Service Gross Reimbursement are automatically referenced from MH 1968, Columns E and K, sums of Lines 27 and 27A. The sum of Columns B and C automatically populates Column D.

Line 7A - Contract Provider Healthy Families Direct Service Gross Reimbursement

No entry. In Columns B and C, Contract Providers Healthy Families Direct Service Gross Reimbursement for inpatient and outpatient services are manually entered in the MH 1900 Information Sheet from the MH 1968, Columns E and K, sum of Lines (27 and 27A) for all legal entities that contract for Healthy Families services with the county or County Mental Health Plans (MHPs). The sum of Columns B and C automatically appears on Column D.

Line 7B - Total Healthy Families Direct Service Gross Reimbursement

No entry. The sum of Lines 7 and 7A in Column D are automatically entered on Line 7B. This amount represents total allowable Healthy Families (HF) direct service costs in the county that will be used to determine maximum allowable HF administrative reimbursement for the county legal entity.

Line 8 - Healthy Families Administrative Reimbursement Limit

No entry. Healthy Families Administrative costs are limited to 10 percent of Healthy Families direct service gross costs. Column D, Line 7, is automatically multiplied by 10 percent to compute Healthy Families administrative limit.

Line 9 - Healthy Families Administration

No entry. The Healthy Families Administrative costs are automatically entered from Column C, Line 10 of MH 1960.

Line 10 - Healthy Families Administrative Reimbursement

No entry. The lower of Lines 8 and 9 from Column D is automatically selected and entered in Column D Line 10. The amount in Column D is automatically multiplied by 65 percent to determine the FFP for Healthy Families administrative costs. The result is rounded to the nearest whole dollar and entered in Line 10, Column H.

NOTE: Lines 11 through 13 are for MAA Participants Only. Others Skip to Line 14.

Line 11 - Medi-Cal Administrative Activities Service Functions 01 - 09

No entry. The Net Due from Medi-Cal for MAA for Service Functions 01 through 09 is automatically entered from Line 35, Column A, of MH 1968 onto Columns A and D. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J. Verify that Line 11 equals or agrees with MH 1979, Line 21, Column J (FFP).

Line 12 - Medi-Cal Administrative Activities Service Functions 11 - 19, 31 - 39

No entry. The Net Due from Medi-Cal for MAA for Service Functions 11 through 19 and 31 through 39 is automatically entered from Line 35, Column B, of MH 1968 onto Columns A and D. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J. Verify that Line 12 agrees with MH 1979, Line 27 (Healthy Families).

**Line 13 - Medi-Cal Administrative Activities Service Functions 21 - 29
(County Only)**

No entry. The Net Due from Medi-Cal for MAA for Service Functions 21 through 29 is automatically entered from Line 35, Column C, of MH 1968 onto Columns A and D. The result in Column D is automatically multiplied by 75 percent and entered in Column I and J.

**Line 14 - Utilization Review - Skilled Professional Medical Personnel
(County Only)**

No entry. The SD/MC utilization review costs for skilled professional medical personnel are entered from Column C, Line 13 of MH 1960. The result in Column D is automatically multiplied by 75 percent to determine FFP and entered in Columns I and J.

**Line 15 - Other SD/MC Utilization Review
(County Only)**

No entry. The other SD/MC utilization review costs are automatically entered from Column C, Line 14 of MH 1960 onto Column D. The result in Column D is automatically multiplied by 50 percent to determine FFP and entered in Columns E and J.

**Line 16 - SD/MC Net Reimbursement for Direct Services @ 50%
(July 1, 2004 - September 30, 2004)**

No entry. The SD/MC direct service net reimbursement for inpatient and outpatient services are automatically entered from Columns E and K, Line 11 of MH 1968 onto Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC direct services and entered in Columns F and J.

**Line 16A - SD/MC net Reimbursement for Direct Services @ 50%
(October 1, 2004 – June 30, 2005)**

No entry. The SD/MC direct service net reimbursement for inpatient and outpatient services are automatically entered from Columns E and K, Line 11A of MH 1968 onto Columns B and C respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC direct services and entered in Columns G and J.

**Line 17 - Enhanced SD/MC Net Reimbursement (Children) @ 65%
(July 1, 2004 – September 30, 2004)**

No entry. The enhanced SD/MC (Children) direct services net reimbursement is automatically entered from Columns E (Inpatient) and K (Outpatient), Line 16 of MH 1968 onto Columns B and C respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 65 percent to determine FFP for Enhanced SD/MC (Children) direct services and entered in Columns H and J.

**Line 17A - Enhanced SD/MC Net Reimbursement (Children) @ 65%
(October 1, 2004 – June 30, 2005)**

No entry. The enhanced SD/MC (Children) direct services net reimbursement is automatically entered from Columns E (Inpatient) and K (Outpatient), Line 16A of MH 1968 onto Columns B and C respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 65 percent to determine FFP for Enhanced SD/MC (Children) direct services and entered in Columns H and J.

Line 18 - Enhanced SD/MC Net Reimbursement (Refugees) @ 100%

No entry. The enhanced SD/MC (Refugees) direct services net reimbursement is automatically entered from Columns E (Inpatient) and K (Outpatient), Line 22 of MH 1968 onto Columns B and C respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 100 percent to determine FFP for Enhanced SD/MC (Refugees) direct services and entered in Columns H and J.

Line 19 - Total SD/MC Reimbursement Before Excess FFP

No entry. The sum of Column J, Lines (6, 11 through 15, 16, 16A, 17, 17A, 18) are automatically entered onto Column J.

Line 20 - Amount Negotiated Rates Exceed Costs - SD/MC and Enhanced SD/MC

No entry. Legal entities reimbursed based on negotiated rates must refund to CMS, 25 percent of the amount negotiated rates or reimbursement rates exceed costs. From MH 1968, the sum of Lines (38, 38A and 39) in Columns E (Inpatient) and K (Outpatient) is automatically entered into Columns B and C respectively. The sum of Columns B and C are automatically entered in Column D. Column J automatically multiplies Column D by 25 percent. This represents the amount of FFP to be repaid to CMS.

Line 21 - Total SD/MC Reimbursement (FFP)

No entry. For Column J, the result of Line 19 minus Line 20 is automatically entered.

Line 22 – Contract Limitation Adjustment

No entry. This line automatically populates from MH 1900 Information Sheet when the county enters an adjustment to Medi-Cal due to contract limitations.

Line 23 – Adjusted Total Short-Doyle/Medi-Cal Reimbursement (FFP)

No entry. The result of Line 21 plus Line 22 is automatically entered.

**Line 24 - Healthy Families Net Reimbursement @ 65%
(July 1, 2004 – September 30, 2004)**

No entry. The amounts (Net Due-Healthy Families) from MH 1968, Line 37, Columns E (Inpatient) and K (Outpatient) are automatically entered in Columns B and C respectively. The amount in Column D is automatically multiplied by 65 percent to determine FFP for SD/MC Healthy Families direct services and entered in Columns H and J.

**Line 24A - Healthy Families Net Reimbursement @ 65 %
(October 1, 2004 – June 30, 2005)**

No entry. The amounts (Net Due-Healthy Families) from MH 1968, Line 37A, Columns E (Inpatient) and K (Outpatient) are automatically entered in Columns B and C respectively. The amount in Column D is automatically multiplied by 65 percent to determine FFP for SD/MC Healthy Families direct services and entered in Columns H and J.

Line 25 - Total Healthy Families Reimbursement Before Excess FFP

No entry. The sum of Line 10, Line 24 and Line 24A is automatically computed in Column J.

Line 26 - Amount Negotiated Rate Exceeds Cost - Healthy Families

No entry. This Line must remain blank. NR is not applicable to the Healthy Families program.

Line 27 - Total Healthy Families Reimbursement

No entry. The difference between Line 25 and Line 26 is automatically entered in Column J.

MH 1991**Calculation of SD/MC (Hospital Administrative Days)**

The objective of MH 1991 is to identify amount of Physician and Ancillary costs associated with SD/MC and Healthy Families (SED) Hospital Administrative Days (Mode 05, Service Function 19) for use on the MH 1966.

Column A – Settlement Group

No entry. Settlement groups are provided.

Column B - Provider Number

Enter 4-digit Provider Number.

Column C - SMA Rate

No entry. SMA Rate for FY 2004-2005 is provided for the two periods.

Column D - Period of Service

No entry. Period of service from 7/1/04 through 7/31/04 - \$236.82
Period of service from 8/1/04 through 6/30/05 - \$236.82

Column E - Administrative Days

Enter number of SD/MC administrative days according to period during which services were provided and by the settlement group the services were rendered during the fiscal year. This Column should match the number of Medi-Cal units reported on Schedule B for Mode 05, Service Function 19.

Column F - Subtotal Amount

No entry. This is the result of Column C multiplied by Column E.

Column G - Physician Costs

Enter cost of physician services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal.)

Column H - Ancillary Costs

Enter cost of ancillary services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal.)

Column I - Total Amount

No entry. This is the sum of Columns F, G and H for each period and settlement group.

State of California Health and Human Services Agency						Department of Mental Health					
DETAIL COST REPORT											
CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2004 - 2005 HOSPITAL ADMINISTRATIVE DAYS											
MH 1991 (Rev. 7/05)						FISCAL YEAR 2004 - 2005					
COUNTY NAME:			LEGAL ENTITY			NAME:					
COUNTY CODE:						NUMBER:					
A	B	C	D	E	F	G	H	I			
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT			
SDMC		\$236.82	07/01/04 - 07/31/04								
		\$236.82	08/01/04 - 09/30/04								
		\$236.82	10/01/04 - 12/31/04								
		\$236.82	01/01/05 - 06/30/05								
							Sub Total				
Children EMC		\$236.82	07/01/04 - 07/31/04								
		\$236.82	08/01/04 - 09/30/04								
		\$236.82	10/01/04 - 12/31/04								
		\$236.82	01/01/05 - 06/30/05								
							Sub Total				
Refugees EMC		\$236.82	07/01/04 - 07/31/04								
		\$236.82	08/01/04 - 09/30/04								
		\$236.82	10/01/04 - 12/31/04								
		\$236.82	01/01/05 - 06/30/05								
							Sub Total				
Healthy Families		\$236.82	07/01/04 - 07/31/04								
		\$236.82	08/01/04 - 09/30/04								
		\$236.82	10/01/04 - 12/31/04								
		\$236.82	01/01/05 - 06/30/05								
							Sub Total				
GRAND TOTAL											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">HOME</td> <td style="padding: 5px;"><< MH1901_Schedule_B</td> <td style="padding: 5px;">MH1961 >></td> </tr> </table>									HOME	<< MH1901_Schedule_B	MH1961 >>
HOME	<< MH1901_Schedule_B	MH1961 >>									

MH 1992 INST

Identification of Funding Sources

The purpose of the MH 1992 INST is to identify all funding sources that are applicable. This form is designed to remove all unnecessary lines from the MH 1992.

“Yes” box will be the automatic default for all Funding Sources for the legal entity. Select the “No” box for funding sources not used or not applicable to contract provider.

Identification of Funding Sources				
Please check all that apply.				
Yes	No		Funding Sources	MH1992
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	SAMHSA Grants	(Line 4)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	PATH Grants	(Line 5)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	RWJ Grants	(Line 6)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	Other Grants	(Line 7)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.	Patient Fees	(Line 9)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.	Patient Insurance	(Line 10)
		7.	Regular SD/MC (FFP only)	(Line 11)
		8.	Healthy Family - Fed share	(Line 12)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9.	Medicare - Fed. Share	(Line 13)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.	Conservatorship Admin. Fees	(Line 14)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.	State General Fund-State Share	(Line 15)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12.	State General Fund-County Match	(Line 16)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13.	SGF-Managed Care - Outpatient	(Line 17)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.	03-04 Rollover - Managed Care-Other	(Line 18)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.	EPSDT SD/MC - State Share Est.	(Line 19)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16.	03-04 SGF Rollover	(Line 20A)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17.	Other Revenue	(Line 20B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18.	Realignment Funds/MOE	(Line 21)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.	County Overmatch	(Line 22)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20.	CALWORKS	(Line 23)

HOME
MH1992 >>

MH 1992

Funding Sources

The objective of MH 1992 is to identify the types of resources used to finance specific mental health program activities for each legal entity. Funding source identifies who is paying for programs authorized by the county mental health agency.

Column J – Total Legal Entity

No entry. This column sums columns A through I for each line.

Line 1 - Gross Cost

No entry. Column A, Line 1, is the sum of Column C, Lines 12 and 17 of MH 1960. Column B is from MH 1960, Column C, Line 16. Columns C through I, Line 1 are from Column A, Line 3 of the relevant MH 1966's.

Line 2 - Adjustment

Enter in Columns C through I, the amounts needed to adjust legal entity costs to actual program funding, such as, the difference between county contract rate and actual cost incurred by contract providers.

State of California Health and Human Services Agency											Department of Mental Health
DETAIL COST REPORT											
FUNDING SOURCES											
MH 1992 (Rev. 10/05)											FISCAL YEAR 2004-2005
County ()											
County Code											
Legal Entity ()											
Legal Entity No.	A	B	C	D	E	F	G	H	I	J	
	Admin. Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MHA	Mode 90 - Support Services	Total Legal Entity	CROSSCHECKS
1	Gross Cost				5,000,000	450,000				5,450,000	
2	Adjustments				1,500,000	275,000				(2,275,000)	
3	Adjusted Gross Cost									3,175,000	00

For contract providers, that provide services to *multiple counties*, adjust gross aggregate county legal entity allowable costs on Line 2 Columns C through I to agree with the amount received from each county for which a cost report is being submitted. Report aggregate gross county legal entity costs for all county legal entities on MH1960, and aggregate gross county legal entities units of service on MH1901 Schedule B for the determination of cost per unit.

Line 3 - Adjusted Gross Cost

No entry. Line 1 plus or minus Line 2 are automatically calculated.

Line 4 - SAMHSA Grants

Enter revenues accrued from SAMHSA grants for appropriate modes of service.

Line 5 - PATH Grants

Enter revenues accrued from PATH grants for appropriate modes of service.

Line 6 - RWJ Grants

Enter revenues accrued from Robert Wood Johnson (RWJ) Foundation grants for appropriate modes of service.

Line 7 - Other Grants

Enter revenues accrued from other grants not reported on Lines 4 through 6 for appropriate modes of service.

Line 8 - Total Grants Accrued

No entry. Lines 4 through 7 for Columns A through G and I are automatically summed.

Line 9 - Patient Fees

Enter patient fees received for appropriate treatment program modes of service.

State of California Health and Human Services Agency											Department of Mental Health	
DETAIL COST REPORT												
FUNDING SOURCES												
MH 1992 (Rev. 7/05)											FISCAL YEAR 2004 - 2005	
County: 0												
County Code:												
Legal Entity: 0												
Legal Entity No.:												
	A	B	Direct Services/MAA							J		
	Admin / Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity		
1	Gross Cost											
2	Adjustments											
3	Adjusted Gross Cost											
Funding Sources												
Grants												
4	SAMHSA Grants											
5	PATH Grants											
6	RWJ Grants											
7	Other Grants											
8	Total Grants Accrued											
9	Patient Fees											
10	Patient Insurance											
11	Regular/Enhanced SDMC (FFP only)											
12	Healthy Family - Fed share											
13	Medicare - Fed Share											
14	Conservatorship Admin. Fees											
15	State General Fund-State Share											
16	State General Fund-County Match											
17	SGF-Managed Care - Outpatient											
18	03-04 Rollover - Managed Care-Other											
19	EPSDT SDMC - State Share Est.											
20A	03-04 SGF Rollover											
20B	Other Revenue											
21	Reassignment Funds/MOE											
22	County Overmatch											
23	CALWORKS											
24	Total Funding Sources											

EDIT CHECKS

Line 3 = Line 24? OK

Am't. to Balance to Line 3: 0 0 0 0 0 0 0 0 0 0 0

CROSSCHECKS

OK

OK

OK MH1979 SDMC MATCH

OK MH1979 HF MATCH

OK

HOME << MH1992_IN5T DONE!

Line 10 – Patient Insurance

Enter patient insurance received for appropriate treatment program modes of service.

Line 11 - Regular and Enhanced Short-Doyle/Medi-Cal (FFP Only)

No entry. SD/MC and enhanced SD/MC net reimbursement (FFP portion only) are included in this line. Column A (Administration) comes from MH 1979, Column J, Line 6. Column B (Utilization Review) is the result of MH 1979, Column J, Lines 14 plus 15. Column C (Mode 05 – Hospital Inpatient) is the result of MH 1979, Column B, sum of (Line 16 x .50) plus (Line 16A x .50) plus (Line 17 x .65) plus (Line 17A x .65) plus (Line 18 x 1.00) minus MH 1979, Column B (Line 20 x .25). Columns D (Mode 05 – Other 24 Hour Services), E (Mode 10 – Day Services), and F (Mode 15 – Outpatient Services) are calculated using data from MH 1968, Columns F (Mode 05 – Other 24 Hour Services), G (Mode 10 – Day Services), and H plus J (Mode 15 – Outpatient Services, Programs 1 and 2), (Line 11 minus Line 28) x .50 plus (Line 11A minus Line 28A) x .50 plus (Line 16 minus Line 29) x .65 plus (Line 16a) x .65 plus (Line 22 minus Line 30) x 1.0 minus the sum of Lines 38, 38A and 39 x .25. Column H (Mode 55 – MAA) is calculated using MH 1979, Column J, sum of Lines 11, 12, and 13.

Line 12 - Healthy Families - Federal Share

No entry. Column A (Administration) comes from MH 1979, Column J, Line 10. Column C (Mode 05 – Hospital Inpatient) is the result of MH 1979, Column B (Line 24 x .65) plus (Line 24A x .65) minus the product of .25 times Line 26. Columns D (Mode 05 – Other 24 Hour Services), E (Mode 10 – Day Services) and F (Mode 15 – Outpatient Services) are calculated using data from MH 1968, Columns F (Mode 05 – Other 24 Hour Services), G (Mode 10 – Day Services) and H plus J (Mode 15 – Outpatient Services, Programs 1 and 2), (Line 37 x .65) plus (Line 37A x .65) minus (.25 x sum of Lines 40 plus 40A).

Line 13 - Medicare- Federal Share

Enter Medicare revenue accrued/received for appropriate treatment program modes of service.

Line 14 - Conservator Administrative Fees

Enter conservator administration fees received in Column I, Line 14.

Line 15 - State General Fund - State Share

Enter state share of State General Fund (90 percent for large counties) in Columns A through I. These are primarily categorical funds allocated by DMH to the counties for FY 2004-2005. Community Services - Other Treatment for Mental Health Managed Care should not be included on this line. Total amount should equal MH 1940, Column A, Lines 9, 10, 11 and 12.

Line 16 - State General Fund - County Match

Enter county share (10 percent for large counties) of cost to match State General Fund in Columns A through I, if applicable.

Line 17 - State General Fund-Managed Care - Outpatient Mental Health Services

Enter expenditures by modes of service for Outpatient Mental Health Services funded by FY 2004-2005 SGF - Managed Care allocation. Total amount should equal MH 1994, Line 8 and MH 1940, Line 13, Column A.

Line 18 – FY 2003-2004 Rollover-Managed Care - Outpatient Mental Health Services

Enter expenditures for Outpatient Mental Health Services, by modes of service, funded by rollover from FY 2003-2004 SGF - Managed Care allocation. The amount should equal MH 1994, Line 2b amount expended on Outpatient Mental Health Services. Line 2a is inpatient hospital expenditures paid from the contingency reserves, while Line 2b is outpatient expenditures paid also from the contingency reserves.

Line 19 - EPSDT SD/MC - State Share Estimate

Enter estimated State share (SGF) of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) SD/MC. Estimated amount should be based upon anticipated EPSDT expenditures and may or may not be different than EPSDT SGF Interim Funding the County received as an advance. EPSDT amount should be reflected on MH 1940, Line 16.

Line 20A – FY 2003-2004 Rollover-State General Fund (SGF)

Enter by mode of service categorical funds (SGF) rolled over from the previous year.
Note: Report county match for rollover that requires county share.

Line 20B – Other Revenues

Enter here all other revenues received and not reported on Lines 4 through 19.

Line 21 - Realignment Funds/Maintenance of Effort

Enter amount expended per realignment funding and county Maintenance of Effort (MOE) obligations pursuant to Welfare and Institutions Code §17608.05 for each mode of service. Include realignment funds used to match FFP under the Short-Doyle/Medi-Cal program. Exclude realignment funding for State Hospitals and county match for State General Funds allocated by State Department of Mental Health.

Line 22 - County Overmatch

Enter county overmatch funds the county contributes over the percentage amounts prescribed by law.

Line 23 – CalWORKS

Enter the county CalWORKS funds used for mental health services.

Line 24 - Total Funding Sources

No entry. This line sums Lines 8 through 23 for Columns A through I. Amount in Column J, Line 23, should equal amount in Column J, Line 3. Any difference between the two amounts should be corrected before submitting the cost report.

No text this page.

Summary Forms For Counties ONLY

This section details the following forms and their requirements for Summary County Cost Reporting ONLY.

MH 1900_INFO_SUM	Information Sheet (Sample in Appendix D)
MH 1908	Supplemental State Resource Data Report final amounts for State Categorical Funds from "Final Allocation" Letter
MH 1909	Supplemental Cost Report Data by Program Category
MH 1909_SUM	Supplemental Cost Report Data by Program Category (Sample in Appendix D)
MH 1912	Supplemental Cost Report Data for Special Education Program
MH 1968_SUM	Determination of SD/MC Direct Service and MAA Reimbursement (Sample in Appendix D)
MH 1979_SUM	Summary SD/MC Preliminary Desk Settlement (Sample in Appendix D)
MH 1992_SUM	Summary Funding Sources (Sample in Appendix D)
MH 1994	Report of Mental Health Managed Care Allocation and Expenditures
MH 1995	Report of Mental Health Services Act (MHSA) Distribution and Expenditures
MH 1940 and Certification Page	Year End Cost Report Summary
MH 1979_1992_RECON	Reconciliation of MH 1979 and MH 1992 for FFP Accuracy (Sample in Appendix D)
MH_EPSDT	EPSDT Costs (Sample in Appendix D)
MHINOUT	Inpatient/Outpatient Summary (Sample in Appendix D)
MH 1992DETAIL	MH 1992 Detail (Sample in Appendix D)

MH 1908

Supplemental State Resource Data - Preliminary Worksheet to the MH 1909s

The purpose of the MH 1908 Supplemental State Resource Data worksheet is to segregate funding sources according to fund classification. The data collected and analyzed here will be used to populate each categorical funding on the MH 1909's.

First Table – Program and Final Allocation

Enter county's allocation amount for budget category from the county's Final Allocation Worksheet.

Second Table – Program Data by Fund Sources, Final Allocation and Prior Year Rollover Allocation

The first column is "Final Allocation". This column is automatically filled based on the information in the first table.

The second column is "Prior Year Rollover Allocation". Enter any rollover allocations from FY 2003-2004 by fund source.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY SUPPLEMENTAL STATE RESOURCE DATA MH 1908 (07/05)		DEPARTMENT OF MENTAL HEALTH Fiscal Year 2004-2005	
County: 0 County Code: 0			
PROGRAM	FINAL ALLOCATION		
Community Services - Other Treatment			
Adult System of Care			
Children's Mental Health Services			
Community Services, Other Treatment for Mental Health Managed Care	\$0		
<i>Managed Care Subst</i>			
SEP, Assessment, Treatment and Case Management			
TOTAL COMMUNITY SERVICES	\$0		
PROGRAM DATA BY FUND SOURCES	FINAL ALLOCATION	PRIOR YEAR ROLLOVER ALLOCATION	
4440-101-0001 (1) Community Services - Other Treatment			← [Redacted]
4440-101-0001 Adult System of Care			← [Redacted]
4440-101-0001 (1.5) Children's Mental Health Services			← [Redacted]
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	\$0		
<i>Managed Care Subst</i>			
4440-131-0001 SEP, Assessment, Treatment & Case Management			← [Redacted]
TOTAL FUND SOURCES	\$0	\$0	

Summary Flow

COMMENT BOXES TO THE RIGHT OF THE SECOND TABLE

The comment box is designed to be your navigator in the process of completing the MH 1909 forms. If you enter data in the first table, the comment box will prompt and identify the form or forms for you to complete. On the second table if you entered data on the rollover Column, you will be prompted to complete the identified MH 1909 form.

Community Services – Other Treatment:

Cost Report FY	MH 1909_CSRV
Rollover FY	MH 1909_CSRV_ROLL

Adult Systems of Care:

Cost Report FY	MH 1909_ASOC
Rollover FY	MH 1909_ASOC_ROLL

Children's Mental Health Services:

Cost Report FY	MH 1909_CSOC
Rollover FY	MH 1909_CSOC_ROLL

MH 1909***Supplemental Cost Report Data by Program Category***

The objective of MH 1909 is to identify State General Fund allocation and expenditures for specified budget item and program category funds. A separate MH 1909 is to be prepared for each program category fund and each program category funds rolled over from the previous fiscal year. Rollover expenditures are not current year Categorical Funds Allocation and should not be included on the Funding Sources portion of MH 1940.

Lines 1, 2, 3 - County Name, FY, Submission Date

No entry. The information is pulled from MH 1900_INFO_SUM.

Lines 4 and 5 - Budget Category, Budget Item Number

No entry. The information is hard coded to the individual worksheets.

Line 6 - SGF Allocation

No entry. This amount is pulled from MH 1908 from the second table and the Final Allocation Column.

Column A - Legal Entity Name

No entry. Each legal entity supported by appropriate Budget Program Category being reported. The legal entity name will be pulled from the MH1900 Information Sheet the moment the legal entity number is entered.

Column B - Legal Entity Number

Enter five-digit number assigned to Legal Entity.

Column C - Mode of Service

Enter two-digit code for appropriate Mode of Service.

Column D - Service Function

Enter two-digit code for appropriate Service Function.

Column E - Units of Service

Enter the Units of Service.

Column F - State Share of Net Cost

For each legal entity entry, enter the amount of allocated State General Fund (SGF) expended on specified Budget Program Category excluding amounts used as state match to FFP, which are included in Column G.

Column K - Other Fund Sources

Enter expenditures above the allocated State General Fund (SGF) used to provide identified Budget Program Category services. This column should also include non-state general funds used to match FFP. However, for CSOC/EPSTDT funds, this column can be above allocated State General Fund (SGF) even if total allocated fund has not been expended. Other funds, such as the IDEA fund, should be reported in this column.

MH 1912**Supplemental Cost Report Data for Special Education Program (SEP)**

The objective of MH 1912 is to identify total SEP costs, regardless of funding source. The MH 1912 SEP will be used for reporting total program costs associated with the SEP mandate to the California Legislature and the California Department of Education (CDE). Additionally, for those counties submitting SB 90 Claims for this program, the MH 1912 SEP will be the supporting documentation for that claim.

Lines 1, 2, 3 - County Name, FY, Submission Date

No entry. The information is pulled from MH 1900_INFO_SUM.

Lines 4 and 5 - Budget Category, Budget Item Number

No entry.

Line 6 - SGF Allocation

No entry.

Column A - Legal Entity Name

No entry. This field is automatically populated when the Legal Entity Number is identified in Column B.

Column B – Legal Entity Number

Enter the five-digit number assigned to the legal entity, regardless of funding source.

Column C – Mode of Service

Enter the two-digit code for the appropriate Mode of Service.

Column D – Service Function

Enter the two-digit code for the appropriate Service Function.

Columns E through G – Units of Service

Units of Service are for services associated with the AB 3632 SEP program, regardless of funding source. AB 3632 services are only those services on the Individualized Education Plan (IEP). Any other service provided to an AB 3632 eligible child should not be included on the MH 1912 SEP. AB 3632 services begin with the mental health assessment after referral from the Local Education Agency pursuant to the IEP. Any pre-referral services are not considered AB 3632 services and should not be reported on the MH 1912 SEP. The total units of service should match the total units of service reported to CSI and identified as being part of an IEP

for SEP. For Medi-Cal legal entities, the total units of service should match the SD/MC approved units of service provided to SEP clients.

Column E – Medi-Cal Units of Service

Enter the Medi-Cal Units of Service for the mode and service function for AB 3632 services.

Column F – Non-Medi-Cal Units of Service

Enter the Non-Medi-Cal Units of Service for the mode and service function for AB 3632 services.

Column G – Total Units of Service

No entry. This is the sum of Medi-Cal Units of Service (Columns E) and Non-Medi-Cal Units of Service (Column F). Column G is the Total Units of Service associated with the provision of AB 3632 SEP, regardless of funding source.

Column H – Cost Per Unit

Enter the Cost Per Unit for each legal entity, mode and service function from the appropriate MH 1966, Line 4.

Column I – Medi-Cal Costs – Total

No entry. This is the sum of Medi-Cal Units of Service (Column E) multiplied by Cost per Unit (Column H).

Column J – Medi-Cal Costs – FFP

Enter the Medi-Cal FFP Costs for AB 3632 services for each legal entity and service function is by multiplying the Total Medi-Cal Costs (Column I) by the FFP sharing ratio. This automatically flows to MH 1940, Line 12, Column B.

Column K – Medi-Cal Costs – County EPSDT Baseline

Enter the estimated county EPSDT baseline funds to be used as match for the FFP in Column J. This represents the amount of county EPSDT baseline funding related to AB 3632 services provided to Medi-Cal beneficiaries.

Column L – Medi-Cal Costs – EPSDT County Match for Growth

Enter the estimated EPSDT county matching funds for the growth in EPSDT State General Funds. This represents the amount of required ten percent county match to growth in EPSDT State General Funds for AB 3632 services provided to Medi-Cal beneficiaries.

Column M – Medi-Cal Costs – EPSDT State General Funds

No entry. This is automatically calculated from Medi-Cal Costs – Total (Column I) less the sum of Medi-Cal Costs – FFP (Column J), Medi-Cal Costs – EPSDT Baseline (Column K), and Medi-Cal Costs – EPSDT County Match for Growth (Column L). This represents the amount of EPSDT State General Funds for AB 3632 services provided to Medi-Cal beneficiaries.

Column N – Non-Medi-Cal Costs – Total

No entry. This is the sum of Non-Medi-Cal Units of Service (Column F) multiplied by the Cost per Unit (Column H).

Column O – Non-Medi-Cal Costs – County Matching Funds

Since there is no DMH allocation for SEP in FY 2004-05, there is no match requirement for SEP. However, if county general funds are used to support the SEP program, enter the amount of County General Funds used. Document this in the 'Footnote' section, if this amount is included in the SB 90 claim.

Column P – Non-Medi-Cal Costs – State General Funds

Enter the amount of State General Funds used to support SEP Non-Medi-Cal Units of Service.

Column Q – Non-Medi-Cal Costs – Other Fund Sources

No entry. This is automatically calculated as the difference between the Total Non-Medi-Cal Costs (Column N) and the funding identified in Non-Medi-Cal Costs – County Matching Funds (Column O) and Non-Medi-Cal Costs – State General Funds (Column P). This should represent any other funds used to provide service for this program, such as County Office of Education/Special Education Local Plan Areas, realignments funds, patient fees, or any other fund source not identified in any of the other columns. A total amount for each fund source is to be provided in the 'Footnotes' section.

Column R – Total SEP Program Costs

No entry. This is automatically calculated as the Total Units of Service (Column G) multiplied by the Cost per Unit (Column H). This amount should also equal the sum of Total Medi-Cal Cost (Column I) and Non-Medi-Cal Cost (Column N).

NOTE: If other categorical program funds were used to support SEP costs, an explanation in the 'Footnotes' section is required. A copy of the County SB 90 claim for SEP is to be provided to confirm that total costs are included in both documents. Documentation in the 'Footnote' section is required if no County SB 90 claim is filed for SEP.

MH 1994**Report of Mental Health Managed Care Allocation and Expenditures**

The purpose of this form is to allow each county legal entity to report expenditures for Managed Care State General Fund (SGF) allocation (4440-103-0001: Community Services – Outpatient Mental Health Services for Mental Health Managed Care).

FY 2003-2004 Rollover - Column A:**Line 1, FY 2003-2004 SGF Mental Health Contingency Reserve**

No entry. This amount automatically entered from the MH 1908 Supplemental State Resource Data sheet (Column E, Row 20). This amount represents Managed Care SGF for FY 2003-2004 not spent during that fiscal year and reserved for FY 2004-2005. (This line should be the same as the FY 2003-2004 Cost Report, Line 10).

Line 2a, FY 2003-2004 Contingency Reserve Expenditures for Inpatient Expenditures in FY 2004-2005

Enter FY 2003-2004 Managed Care Contingency Reserve SGF Inpatient expended during FY 2004-2005.

Line 2b, FY 2003-2004 Contingency Reserve Expenditures for Outpatient Expenditures in FY 2004-2005.

Enter FY 2003-2004 Managed Care Contingency Reserve SGF Outpatient expended during FY 2004-2005.

Line 3, SGF Mental Health Contingency Reserve

No entry. Line 1 minus Line 2.

FY 2004-2005 Allocation - Column A:**Line 4, SGF Managed Care Allocation**

No entry. This line is populated from MH 1908 Supplemental State Resource Data sheet, 4440-103-0001 "Community Services – Outpatient Mental Health Services for Mental Health Managed Care".

Line 5, SGF Mental Health Contingency Reserve Rollover Expenditures

No entry. This line picks up Line 3.

Line 6, FFS/MC Expenditures Acute Inpatient Hospital Days

Enter SGF portion of FFS/MC expenditures for Acute Psychiatric Inpatient Hospital days.

Line 7, FFS/MC Expenditures Inpatient Hospital Administrative Days

Enter SGF portion of FFS/MC expenditures for Inpatient Hospital Administrative days.

Line 8, FFS/MC Expenditures Outpatient Mental Health Services

Enter the expenditures for Managed Care SGF allocation used to match FFS/MC expended for Outpatient Mental Health Services.

Line 9, State General Fund Mental Health Contingency Reserve

Enter portion of FY 2004-2005 Managed Care SGF allocation that was not expended during the FY 2004-2005 and is held as contingency reserve to be rolled over for expenditure during FY 2005-2006.

Line 10, Unexpended/Uncommitted State General Fund Balance

No entry. This line sum Lines 4 through 9. The amount listed on this line is the amount that the county identifies as unexpended during FY 2004-2005 and does not intend to rollover into FY 2005-2006.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH
REPORT OF MENTAL HEALTH MANAGED CARE ALLOCATION AND EXPENDITURES MH 1994 (07/05)		Fiscal Year 2004-2005
COUNTY OF:	0	
COUNTY CODE:	0	
DATE COMPLETED:		
		A
		State General Fund
<i>FY 2003-2004 Rollover</i>		
1)	FY 2003-2004 SGF Mental Health Contingency Reserve	0
	Less	
2a)	FY 2003-2004 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2004-2005	
	Less	
2b)	FY 2003-2004 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2004-2005	
3)	Total SGF Mental Health Contingency Reserve	0
<i>FY 2004-2005 Allocation</i>		
4)	FY 2004-2005 SGF Managed Care Allocation	0
	Plus	
5)	FY 2003-2004 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)	0
	Less	
6)	FY 2004-2005 FFS/MC Expenditures Acute Inpatient Hospital Days	
	Less	
7)	FY 2004-2005 FFS/MC Expenditures Inpatient Hospital Administrative Days	
	Less	
8)	FY 2004-2005 FFS/MC Expenditures Outpatient Mental Health Services	
	Less	
9)	FY 2004-2005 State General Fund Mental Health Contingency Reserve	
	Total	
10)	FY 2004-2005 Unexpended/Uncommitted State General Fund Balance	0
Summary Flow		

MH 1995

Report of Mental Health Services Act (MHSA) Distribution and Expenditures

The purpose of this form is to allow each county legal entity to report expenditures for the Mental Health Services Act (MHSA) distribution.

FY 2004-2005 Distribution – Column A:

Line 1, Mental Health Services Act Distribution

Enter the distribution amount received for the Mental Health Services Act for FY 2004-2005.

Line 2, Mental Health Services Act Expenditures

Enter the expenditures for the Mental Health Services Act during FY 2004-2005.

Line 3, Unexpended Mental Health Services Act Fund Balance

No entry. This line sums Lines 1 and 2. The amount listed on this line is the amount that the county identifies as unexpended Mental Health Services Act Fund during FY 2004-2005 and is held as contingency reserve to be rolled over for expenditure during FY 2005-2006.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH
REPORT OF MENTAL HEALTH SERVICES ACT (MHSA) DISTRIBUTION AND EXPENDITURES MH 1995 (07/05)		Fiscal Year 2004-2005
COUNTY OF: 0		
COUNTY CODE: 0		
DATE COMPLETED:		
<i>FY 2004-2005 Distribution</i>		A
1)	FY 2004-2005 Mental Health Services Act Distribution	
	Less	
2)	FY 2004-2005 Mental Health Services Act Expenditures	
3)	<i>Total</i> FY 2004-2005 Unexpended Mental Health Services Act Fund Balance	\$
Summary Flow		

MH 1940**Year End Cost Report**

The purpose of this form is to allow each county's local mental health agency to report countywide mental health expenditures and revenues. This form is a summary of cost reports from all legal entities within the county, and information reported is certified by the county's local mental health director and county's auditor-controller as being true and correct. Information on this form is considered local mental health agency's claim for reimbursement and serves as the basis for year-end cost settlement with the State Department of Mental Health.

Column A, Line 1

No entry. Total mental health expenditures and revenues except Medi-Cal, i.e., MH 1992, Column J, Line 3 minus sum of: (a) FFP (MH 1979, Column J, Line 23 plus Line 27), (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 28, 28A, 29, 30, and 31, for all legal entities.

Column B, Line 1

No entry. Total Medi-Cal related dollars, i.e., sum of: (a) FFP (MH 1979, Column J, Line 23 plus Line 27); (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 28, 28A, 29, 30, and 31, for all legal entities.

Column C, Line 1

No entry. Sum of columns A and B, Line 1. This amount should equal total of MH 1992, Line 3, for all legal entities.

Column A, Line 2

No entry. All funding sources except SD/MC (FFP and State Match), SD/MC-related patient and other payor revenues, and state general fund (State and County share and Mental Health Managed Care) for all legal entities, plus any categorical funds used as a match for FFP, i.e., MH 1992, Column J, Line 3 minus Lines 11, 12, 15, 16 and 17 minus match for FFP, calculated from MH 1979, minus MH 1968, Columns E and K, Lines 28, 28A, 29, 30 and 31, all legal entities, plus amount on MH 1909, Column G, Line 8.

Note: If categorical funds (e.g. SEP) were used as a match for FFP amount reflected on MH 1909, Column G, Line 8 is added as part of the calculation for this line.

Column B, Line 2

No entry. Match for FFP plus patient and other payor revenues, i.e., sum of: (a) match for FFP calculated from MH 1979 (shown on list of Information Worksheet), and (b) MH 1968, Columns E and K, Lines 28, 28A, 29, 30, and 31, for all legal entities.

Column C, Line 2

No entry. Sum of Columns A and B, Line 2.

Column A, Line 3

No entry. Subtracts Column A, Line 2 from Column A, Line 1.

Column B, Line 3

No entry. Subtracts Column B, Line 2, from Column B, Line 1.

Column C, Line 3

No entry. Sum of Columns A and B, Line 3 or subtraction of Column C, Line 2 from Column C, Line 1.

Column A, Line 4

No entry. County share from MH 1909 Summary.

Column C, Line 4

No entry. Column A, Line 4.

Column A, Line 5

No entry. Subtracts Column A, Line 4 from Column A, Line 3.

Column B, Line 5

No entry. This line is populated from Column B, Line 3. This amount should equal MH 1992, Column J, Line 11 and 12, for all legal entities.

Column C, Line 5

No entry. Subtracts Column C, Line 4 from Column C, Line 3 or sum of Columns A and B, Line 5.

Column A, Line 6

No entry. SGF used as FFP match (from MH 1909 Summary).

Column C, Line 6

No entry. This line is populated from Column A, Line 6.

Column A, Line 7

No entry. Sum of Column A, Line 5 plus Line 6.

Column B, Line 7

No entry. This line is populated from Column B, Line 5. Amount should equal MH 1992, Column J, Line 11 and 12, for all legal entities.

Column C, Line 7

No entry. Sum of Columns A and B, Line 7 or Column C, Line 5 plus Column C, Line 6.

NOTE - Instructions for Lines 9 through 13: Source documents for these figures are FY 2004-2005 Final Allocation Worksheet; MH 1909 Funding Source Summary; MH 1912 Supplemental Cost Report Data for Special Education Program; MH 1994 Report of Mental Health Managed Care Allocation and Expenditures for FY 2004-2005.

Column A, Line 8

No entry.

Column A, Lines 9 through 11

No entry. Automatically references total State General Funds expended for each funding source up to the allocated amount from Column H, Line 8.

Column A, Line 12

No entry. This line will be zero.

Column A, Line 13

No entry. Automatically references amount of FY 2004-2005 Community Services - Managed Care allocation spent on "Outpatient Mental Health Services" from MH 1994, Column A, Line 8.

Column B, Line 8

Enter Other FFP funds not matched by State General Funds identified in Lines 9 through 12, Column A.

Column B, Lines 9 through 12

No entry. For each identified Budget Act Line Item Program expenditure (Lines 9 through 12), total FFP matched in part by the State General Fund (SGF) in Column A automatically references the appropriate Column cell from MH 1909 and MH 1912 for SEP. The FFP difference between total FFP in Line 7, Column B and the aggregate of Lines 9 through 12 is entered in Line 8, Other Funds.

Column B, Line 13

Justification is required for entry on this line.

Columns A, Line 14

No entry. Amount must equal Column A, Line 7.

Columns B, Line 14

No entry. Amount must equal Column B, Line 7.

Columns A and C, Line 15

No entry. Amount is FY 2004-2005 Community Services -Managed Care allocation spent on Fee-For-Service/Medi-Cal (FFS/MC) Hospital Inpatient Services (i.e., MH 1994, Column A, sum of Lines 6 and 7).

Columns A and C, Line 16

No entry, FY 2004-2005 EPSDT SD/MC - State Share estimate from MH 1992, Column J, Line 19, for all legal entities.

Column C, Lines 8 through 16

No entry. Sum of Columns A and B.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH	
YEAR-END COST REPORT		Fiscal Year 2004-2005	
MH 1940 (07/05)			
COUNTY OF:	0	FISCAL YEAR ENDING	
COUNTY CODE:	0	JUNE 30, 2005	
ADDRESS:	0		
	0		
	0		
PREPARED BY:	0	PHONE: 0	Date Completed:
NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS	A	B	C
	STATE GENERAL FUND	M/C & HF/FED SHARE	TOTAL
1. TOTAL EXPENDITURE	\$ 0	\$ 0	\$ 0
2. LESS: REVENUE	(0)	(0)	(0)
3. SUBTOTAL	0	0	0
4. LESS: COUNTY SHARE (PER MH 1909)	(0)		(0)
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	0	0	0
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL 2)	0		0
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 0	\$ 0	\$ 0
FUNDING SOURCES: 4440-			
8. OTHER FUNDS	0	0	\$ 0
9. 101-0001 (1) COMMUNITY SERVICES - OTHER TREATMENT	0	0	\$ 0
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0
11. 101-0001 (1.5) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0
12. 131-0001 SPECIAL EDUCATION PUPILS	0	0	0
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	0	0	0
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 0	\$ 0	\$ 0
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	\$ 0		\$ 0
16. EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 0		\$ 0
Summary Flow	OK	OK	OK

OK

OK

No text this page.

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**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-5
State of California Department of Mental Health
Cost And Reporting Financial System
Instruction Manual
Fiscal Year 2005-06**

COST AND FINANCIAL REPORTING SYSTEM (CFRS)

Fiscal Year 2005-2006



Local Program Financial Support

Instruction Manual

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Manual Order Number:

Specifications contained herein are subject to change and these changes will be reported in subsequent release notes and new editions.

August 2006, Department of Mental Health, State of California

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GENERAL CONTACT INFORMATION

By Mail:

Department of Mental Health
Local Program Financial Support
1600 9th St., Room 120
Sacramento, CA 95814

By Telephone or FAX:

916.654.2314 – Cost Report Contact Desk
916.653.9269 – Cost Report FAX
916.654.3117 – IT Help Desk

SPECIFIC CONTACT INFORMATION

If you are having technical problems with the Cost Reporting application and need technical assistance, contact the Cost Report Help Desk, or send an email to: cfrs.help@dmh.ca.gov, or call 916.654.2314.

If you want to contact a Department of Mental Health Division or Office, please use the Division/Office Directory, located at <http://www.dmh.ca.gov>.

WEBSITE

The Department of Mental Health, Information Technology Web Services Internet site can be located at <https://mhitws.cahwnet.gov>.

If you are having problems with the website and need technical assistance, contact Webmaster@dmh.ca.gov, or call Carol Scott or Anne Blevins at 916.654.3467 and Lester Fong at 916.654.3124.

FEEDBACK

If you have any questions or comments concerning the contents of the Department of Mental Health Web site, please use the Feedback Form.

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Getting Started

INTRODUCTION

The Fiscal Year (FY) 2005-2006 Cost Reports and reporting process are described within this section. The cost report is designed to focus on completion of certain schedules that will automatically complete the legal entity cost report forms. The formulas in the cost report forms are "locked and protected" to enable a smoother process for editing and conducting the year-end settlement process for each local mental health agency. This also ensures the ability to create a uniform statewide database. Listed below are the highlights regarding the cost report spreadsheets and cost reporting procedures.

The cost report spreadsheets for this year remain an Excel based spreadsheet application.

There will be two sets of Cost Report spreadsheet automations:

1. A Detail Cost Report:

- To be completed by all legal entities (county or contract). Service provided can be either Medi-Cal or non-Medi-Cal.

2. A Summary Cost Report:

- To be completed by each County or Mental Health Plan (MHP).
- The summary cost report is used to complete certain county only forms.
- Summarizes each County or Mental Health Plan (MHP) total mental health activities for the fiscal year.

The Cost Report automated spreadsheets are available from the Department of Mental Health (DMH) website, at www.dmh.ca.gov.

Cost report submission for FY 2005-2006 involves both electronic and hard copies. The electronic submission process involves **uploading** the cost report through the Department's Information Technology Web Services (ITWS). The submission process requires one hard copy of the cost report (summary and county detail only) and an original signed MH1940 certification package to the Department through the mail by December 31 following the end of the fiscal year.

Please mail to:

Department of Mental Health
Local Program Financial Support
1600 9th Street, Room 120
Sacramento, CA 95814

SUMMARY OF CHANGES MADE TO FY 2005-2006

Technical changes, updates, and clarifications have been made to this instruction manual. The following is a summary of the major changes made to the Cost Report for the FY 2005-2006:

1. Addition of Service Function Codes 70, 71 72, 75 and 78 to Mode 60
Definitions for New Service Functions under Mode 60: Support Services:

Service Function 70: Client Housing Support Expenditures

The cost of providing housing supports, including housing subsidies for permanent, transitional and temporary housing; master leases; motel and other housing vouchers; rental security deposits; first and last month rental payments; and other fiscal housing supports. This does not include the capital costs used to purchase, build or rehab housing or the salaries and benefits of staff used to provide client housing supports. This category should not include service costs reported under Modes 05, 10 or 15. Units of service should not be reported for Service Function Code 70.

Service Function 71: Client Housing Operating Expenditures

The operating costs of providing housing supports to clients, including building repair and maintenance, utilities, housing agency management fees, insurance, property taxes and assessments, credit reporting fees, and other operating costs incurred in providing client housing supports. This does not include the capital costs used to purchase, build or rehab housing or the salaries and benefits of staff used to provide client housing supports. This category should not include service costs reported under Modes 05, 10 or 15. Units of service should not be reported for Service Function Code 71.

Service Function 72: Client Flexible Support Expenditures

The cost of providing supports to clients, family members, and caregivers including cash payments, vouchers, goods, services, items necessary for daily living (such as food, clothing, hygiene, etc.), travel, transportation, respite services for caregivers, and other supports. This does not include housing supports and capital expenditures or the salaries and benefits of staff used to provide client flexible supports. This category should not include service costs reported under Modes 05, 10 or 15. Units of service should not be reported for Service Function Code 72.

Service Function 75: Non-Medi-Cal Capital Assets

The cost of capital assets dedicated solely to non-Medi-Cal activities may either be expensed in the year purchased or depreciated over the useful life of the asset. Expenses that should be reported under Service Function Code 75, provided such expenses are dedicated solely to non-Medi-Cal activities, include:

- Purchasing land or buildings used for client housing or other non-Medi-Cal activities (note land is not a depreciable asset)
- Construction or rehabilitation of housing, facilities, buildings or office/meeting spaces
- Related “soft” costs for development including strategies to build community acceptance for projects
- Vehicles
- Other capital assets dedicated solely to non-Medi-Cal activities.

Mental health funds used to leverage other housing resources, including other collaborative housing projects, should be included under Service Function Code 75. Units of service should not be reported for Service Function Code 75.

The cost of capital assets included in the service costs per unit under Modes 05, 10 or 15 must be depreciated and should not be included in Service Function 75. Refer to the Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (HIM-15), Part 1, Chapter 1 for guidance on depreciation requirements.

Service Function 78: Other Non Medi-Cal Client Support Expenditures

The cost of salaries, benefits and related general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs (Mode 05, 10, 15 or 55). Units of service should not be reported for Service Function Code 78.

2. MH1900 – Information Worksheet – County legal entities can make adjustments to Medi-Cal FFP due to contract limitations that will automatically populate MH 1979, Line 22, Column J. This section is now unlocked.
3. MH 1912 - Column H – “Cost Per Unit” has been renamed to “Reimbursement Rate and Cost Per Unit.” This column will capture the reimbursement rate for Medi-Cal units to determine FFP and cost per unit for Non-Medi-Cal Units.
4. MH 1992 – Funding Sources, Lines 22 – 26 have been modified to capture Mental Health Services Act (MHSA) expenditures.
5. MH 1994 – Report of Mental Health Managed Care Allocation and Expenditures, Insertion of Line 9, State General Fund Expenditures Other Mental Health Services.
6. MH 1995 – Report of MHSA, Lines 1 – 3 – revised to reflect distribution and expenditures for prior years.
7. MH 1995 – Report of MHSA, Lines 4 - 7 – added to reflect distribution and expenditures for future years.

Cost Report Instructions

The California Department of Mental Health's (DMH) Cost Report is required to be completed by all legal entities furnishing local community mental health (Medi-Cal and Non-Medi-Cal) services. For the purpose of year-end cost reporting and submission, each county's designated local mental health agency is required to submit one hard copy of the cost report (summary and county detail only) and an original signed MH1940 certification package to the DMH.

The objectives of the Department of Mental Health Cost Report are to:

- Compute the cost per unit for each Service Function (SF);
- Determine the estimated net Medi-Cal entitlement (Federal Financial Participation-FFP) for each legal entity;
- Identify the sources of funding;
- Serve as the basis for the local mental health agency's year-end cost settlement, focused reviews and subsequent SD/MC fiscal audit; and
- Serve as the source for County Mental Health fiscal year-end cost information.

This is accomplished by determining the allowable Short-Doyle/Medi-Cal (SD/MC) costs and allocating these costs, between administrative, utilization review, research and evaluation, and direct service cost centers (i.e., modes of service), including Medi-Cal Administrative Activities (MAA). Participation in the MAA program is optional and requires compliance to additional procedures set by the Centers for Medicare & Medicaid Services (CMS), Department of Health Services (DHS), and DMH. MAA costs reported in the cost report must be based on actual staff time captured at the service function level.

Direct service costs are apportioned to Medi-Cal patients based on units of service at the service function level. In FY 2005-2006, units of service will continue to be reported according to the period of time during which services were provided. During FY 2005-2006, the federal/state sharing ratio is as follows:

Regular SD/MC:**First Quarter (July 1, 2005 through September 30, 2005)**

The FFP sharing ratio for regular Medi-Cal reimbursable mental health treatment services is 50 percent for the federal share and 50 percent for the state share.

Balance of the Fiscal Year (October 1, 2005 through June 30, 2006)

The FFP sharing ratio for regular Medi-Cal reimbursable mental health treatment services is 50 percent for the federal share and 50 percent for the state share.

Enhanced SD/MC (Children) and Healthy Families:**First Quarter (July 1, 2005 through September 30, 2005)**

The FFP sharing ratio for Healthy Families and Enhanced Children's Medi-Cal funds is 65 percent for the federal share and 35 percent for the state share.

Balance of the Fiscal Year (October 1, 2005 through June 30, 2006)

The FFP sharing ratio for Healthy Families and Enhanced Children's Medi-Cal funds is 65 percent for the federal share and 35 percent for the state share.

Enhanced SD/MC (Refugees)**All Quarters (July 1, 2005 – June 30, 2006)**

The FFP sharing ratio for Enhanced SD/MC (Refugees) is 100 percent for the entire year.

SD/MC Administration, Quality Assurance, Utilization Review and MAA

The FFP sharing ratio for Skilled Professional Medical Personnel (SPMP) engaged in quality assurance oversight is 75 percent federal share and 25 percent state share. Other quality assurance costs and all other administrative costs, including MAA, is 50/50 percent sharing ratio.

The FFP sharing ratio for Healthy Families Administration is 65 percent federal share and 35 percent state share.

After units of service are identified as described above, SD/MC service function costs are aggregated into inpatient and outpatient costs. Aggregate direct services SD/MC costs (including regular SD/MC, Medicare/Medi-Cal crossover, Enhanced SD/MC for children and refugees) for inpatient and outpatient services for each legal entity are compared with aggregate Medi-Cal published charges and the aggregate Statewide

Maximum Allowances (SMA) reimbursement amounts to determine the direct service reimbursement methodology based on the Lower of Cost or Charge (LCC) principles. This reimbursement methodology is applied to all SD/MC aggregated costs listed above. For negotiated rate legal entities, SD/MC direct service reimbursement is based on the lower of the aggregate SD/MC negotiated rates for inpatient and outpatient services, the aggregate published charges, or the aggregate SMA reimbursement. Patient and other payor liabilities collected on behalf of regular SD/MC, Medicare/Medi-Cal crossover, and enhanced SD/MC patients, are reduced from the gross direct service reimbursement for SD/MC to determine the net due for SD/MC direct services.

Healthy Families direct service costs are NOT included in the calculation to determine the SD/MC reimbursement methodology based on the LCC. However, the Healthy Families costs are aggregated and compared in the same way as SD/MC direct services costs and utilizes the same reimbursement methodology determined by the SD/MC costs. Gross direct service reimbursement Healthy Families costs are reduced by patient and other payor liabilities of Healthy Families clients to determine the net Healthy Families reimbursement for direct services.

SD/MC administrative reimbursement for county legal entities is based on the SD/MC direct service reimbursement in the county.¹ Reimbursement for SD/MC utilization review activities also is computed. The sum of net SD/MC direct service reimbursement, net MAA reimbursement, SD/MC administrative reimbursement, and SD/MC utilization review reimbursement represents the basis for determining the preliminary FFP for legal entities' cost based reimbursement. Legal entities reimbursed based on negotiated rates must subtract 25 percent of the amount negotiated rates exceed costs.

Contract providers that provide services to multiple counties have the option to complete the cost report in one of two ways. The first method, "Total Gross Costs," allows the contractor to report its total gross costs for mental health related services provided to multiple counties on MH 1960 and make adjustments on Line 2 of MH 1992 for each county cost report to eliminate costs not related to the county in order to properly show the funding source for services provided to the county. The second method, "Net Cost," allows the contractor to report only the costs (activities) of the legal entity that are identified with each county. The use of any one method will produce the same result, and each county has the discretion to select the method to be used by its contractors. Round amounts to the nearest whole dollar.

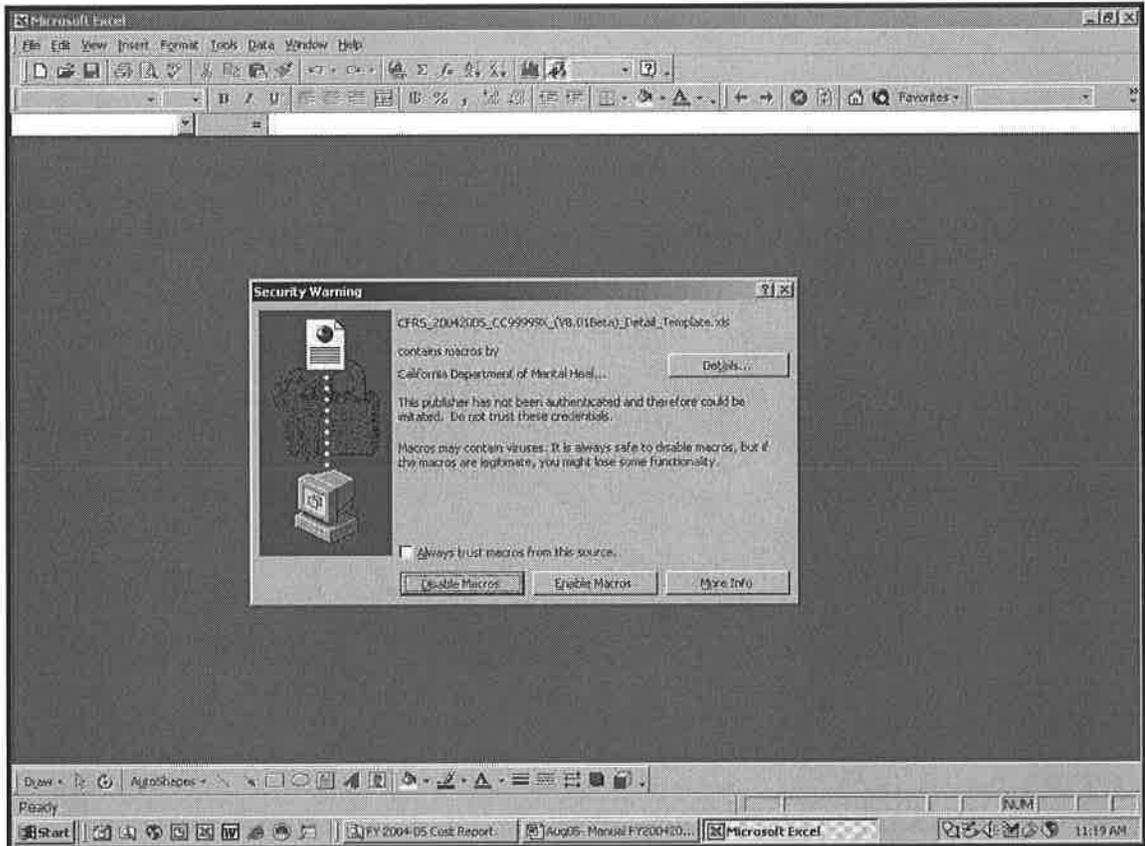
The following steps below describe the procedures to be used in completing the Department of Mental Health fiscal year-end Cost Report.

¹ Throughout these instructions, county legal entities are defined as legal entities staffed and operated by county government employees.

Opening the Workbook

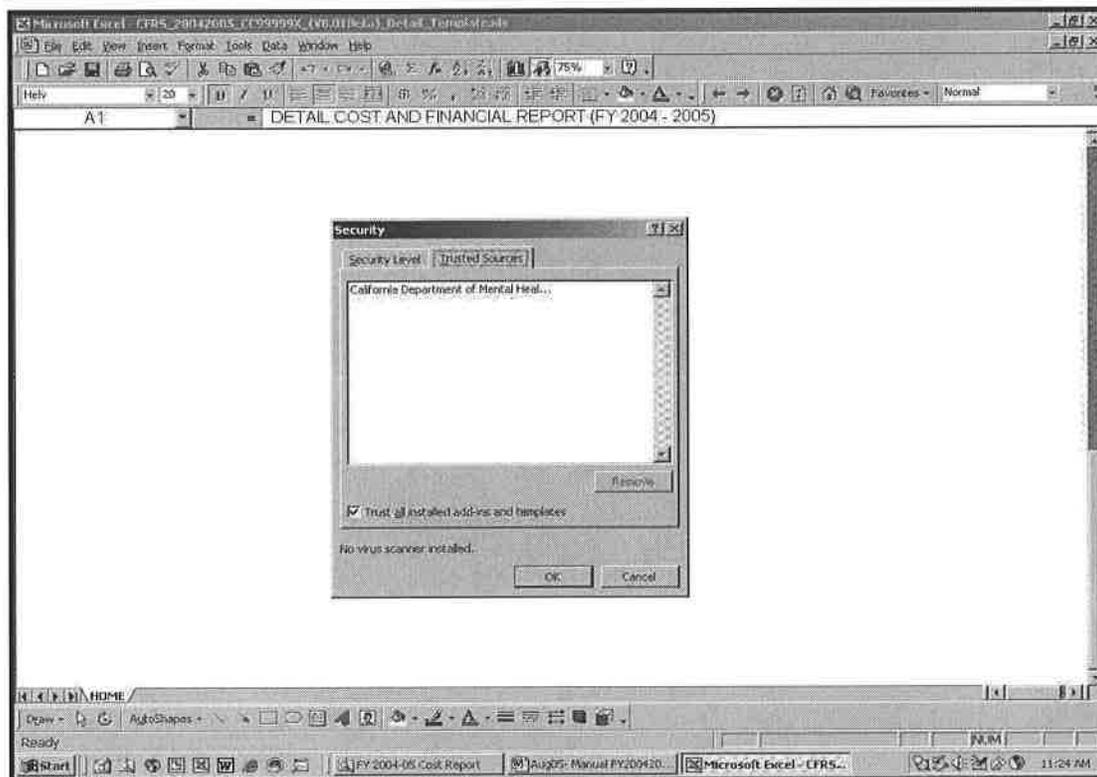
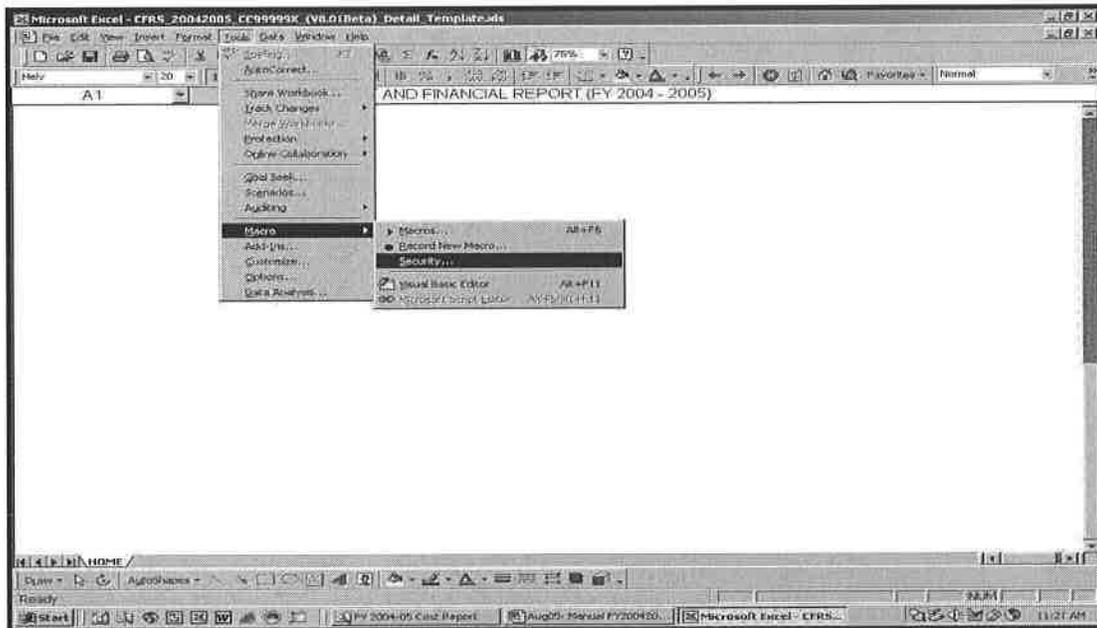
Enable the Macros

The Cost Report is an Excel based application. It uses macros that enable the flow and automatic population for most of the forms. When the workbook is first opened, a dialog window appears and asks whether or not to allow this functionality. **You must check "Always trust Macros from this source"** if you do not want to see this dialog window again when opening the Cost Report template.



If you trust DMH Information Technology and prefer to **ENABLE MACROS** every time you work on the Cost Report template but have accidentally checked “Always trust macros from this source” you can restore the dialog window back by following these procedures. **TOOLS > MACRO > SECURITY > TRUSTED SOURCES**. In the Trusted Sources Dialog box, click on Department of Mental Health... and click on **REMOVE** to restore back the window.

Please note the above form reflects FY 2004-2005.



REMOVE to restore “Always trust macros from source” Dialog Box window.

Please note the above forms reflect FY 2004-2005.

No text this page.

HOME

Cost Report Home Page

After you have opened the workbook and enabled the macros, you will now be at the Cost Report Home Page.

From here, you can continue to complete the cost report, or use some of the other options of the cost report.

If you wish to continue to complete the cost report, simply "click" on the button for MEDI-CAL or NON-MEDI-CAL, depending upon type of cost report that you are trying to complete.

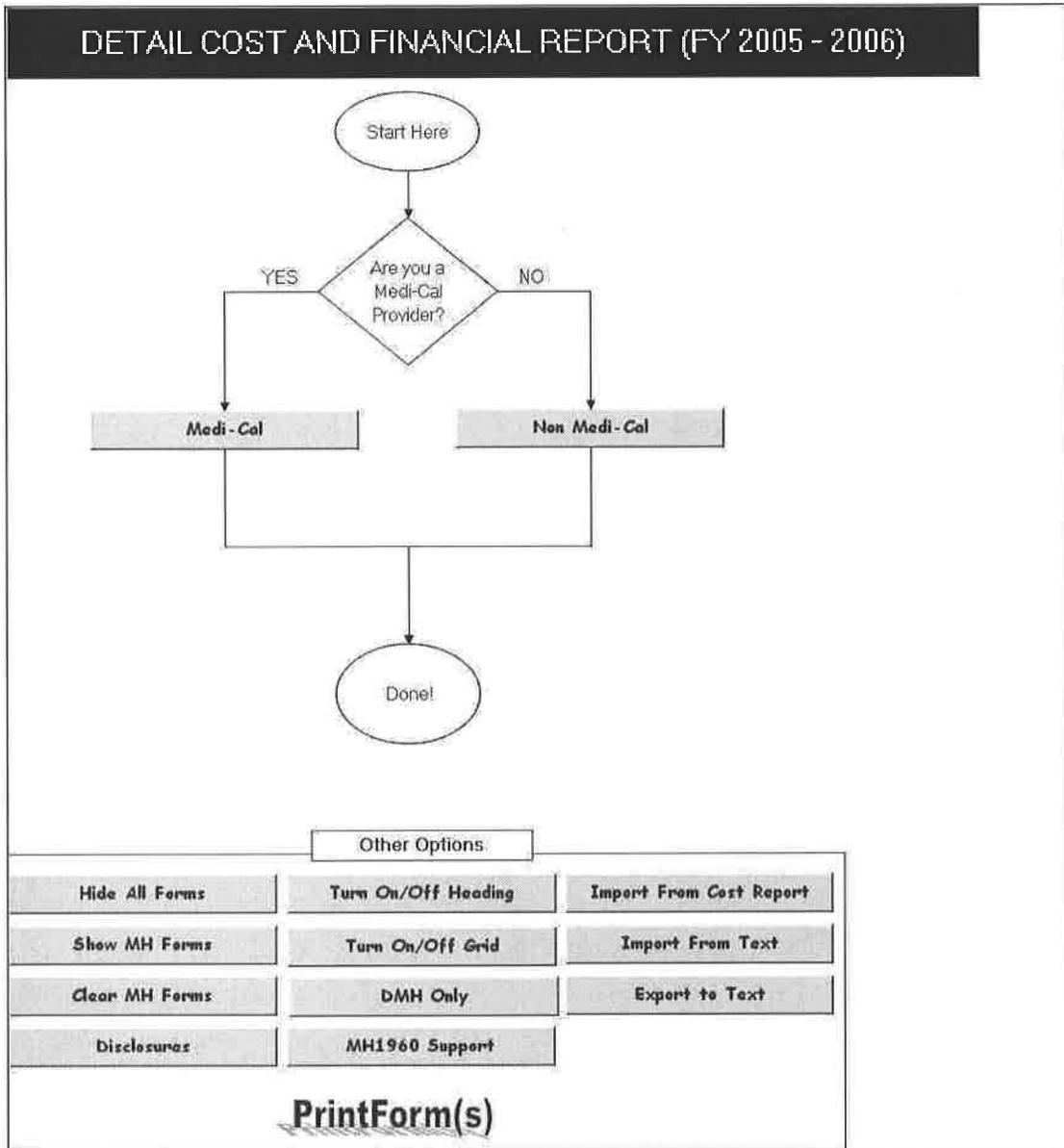
Subsequently, you will be shown a series of "flowcharts" from your chosen action.

Note:

Please take note of the OPTIONS box, at the bottom of the HOME Page Sheet. These Options will allow you to do the following:

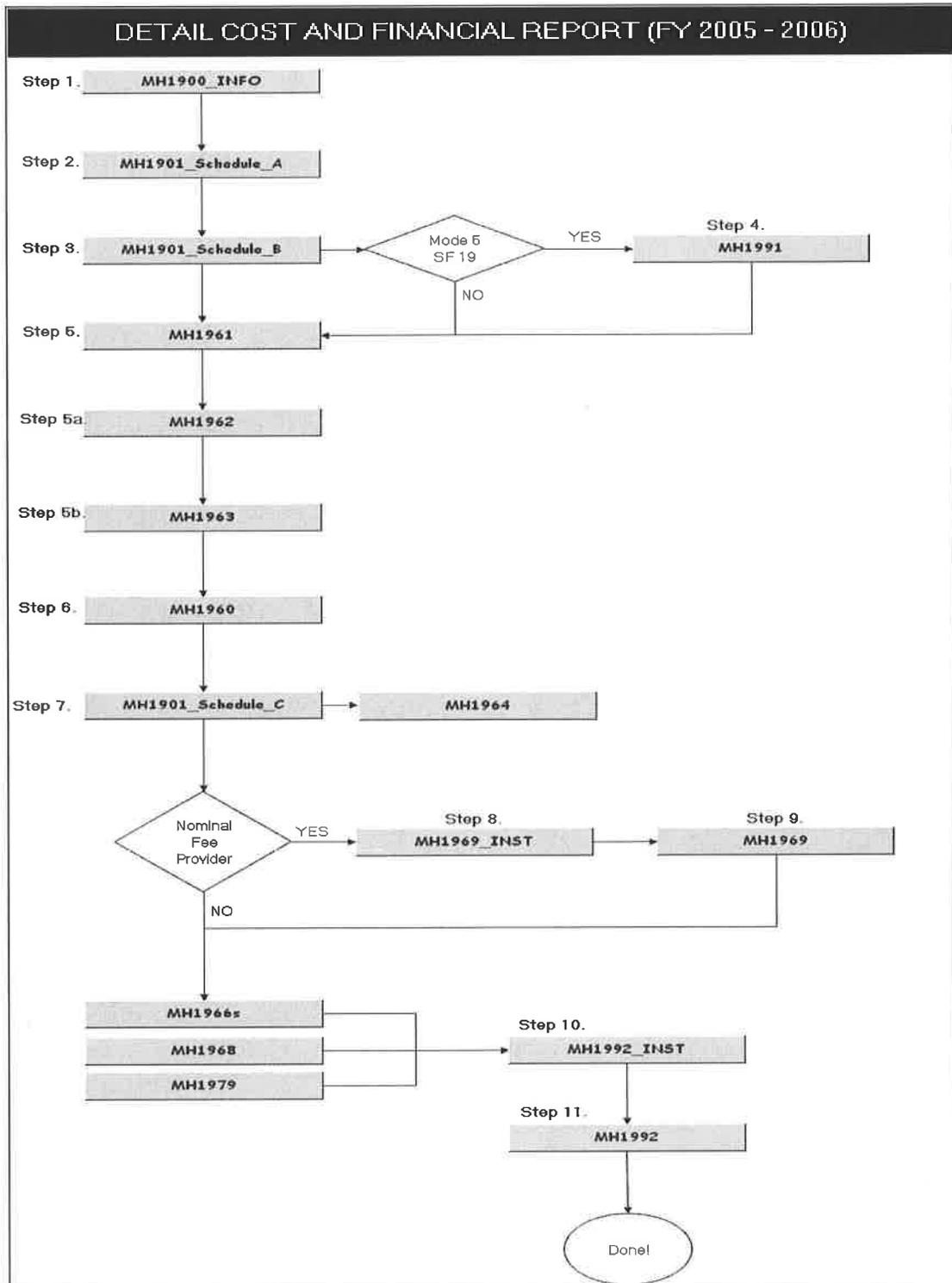
Options Described:

Hide All Forms	Shows only the Home page.
Show MH Forms	Shows all the Cost Report worksheets.
Clear Forms	Reset all data values in forms to zeros or blanks.
Turn On/Off Heading	Toggles the Excel Row and Column indicators, such as A, B, C, and 1, 2, 3, etc. Useful if only wanting to see FORM Row and Column indicators and NOT EXCEL Row and Column indicators.
Turn On/Off Grid	Toggle the Excel background grid showing cell placement.
Import from Cost Report	This option will allow you to import from another DMH Cost Report workbook data into the current workbook. These cost reports must be from the same fiscal year.
Import from Text	This option will allow you to import and populate data into the MH_Schedules.
Export to Text	This option will allow you to export the data from the MH_Schedules.
Print Options	This option will allow you to print selected schedules or forms of the cost report.



MEDI-CAL

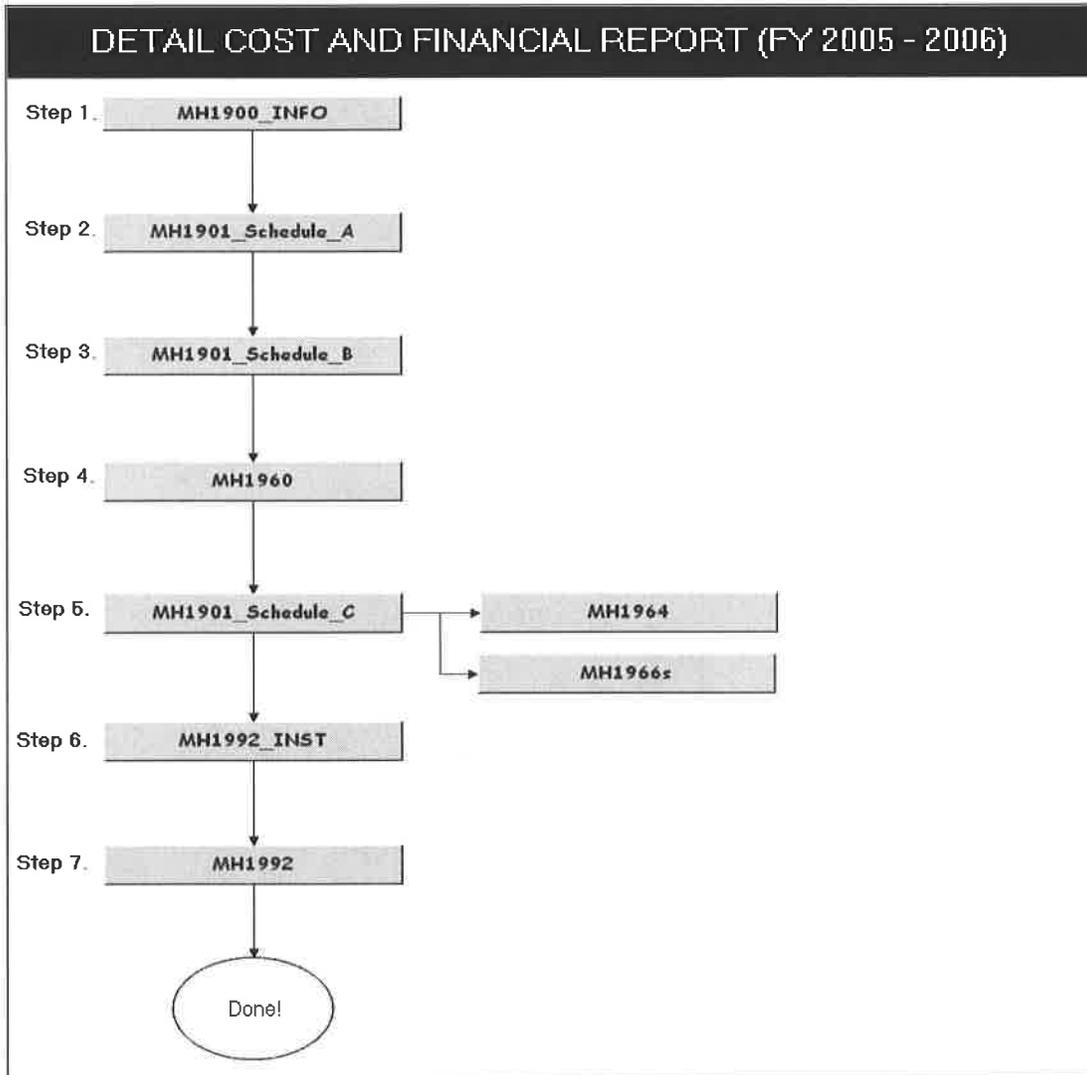
Flowchart Path if Medi-Cal Cost Report



MEDI-CAL

Non-MEDI-CAL

Flowchart Path if Non-Medi-Cal Cost Report



NON-MEDI-CAL

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Detail Forms for ALL Legal Entities

This section details the following forms and their requirements for ALL Legal Entities. This includes contract and county legal entities.

MH 1900	Information Worksheet
MH 1901 Schedule A	Statewide Maximum Allowances, Negotiated Rates and Published Charges
MH 1901 Schedule B	Worksheet for Units of Service and Revenues by Mode and Service Function
MH 1901 Schedule C	Supporting Documentation for the Method Used to Allocate Totals to Mode of Service and Service Function
MH 1960	Calculation of Program Costs
MH 1961	Medi-Cal Adjustments to Costs
MH 1962	Other Adjustments
MH 1963	Payments to Contract Providers
MH 1964	Allocation of Costs to Modes of Service
MH 1966 (Program 1 and Program 2)	Allocation of Costs to Service Functions – Mode Total
MH 1966 (Mode 05, Service Function 19)	EXCEPTION (Mode 05, Service Function 19)
MH 1966 (Modes 45 and 60)	Allocation of Costs to Service Functions – Mode Total for Outreach and Support (Modes 45 and 60)
MH 1966 (Mode 55)	Allocation of Costs to Service Functions – Mode Total for Mode 55 Medi-Cal Administrative Activities (MAA)
MH 1968	Determination of SD/MC Direct Services and MAA Reimbursement
MH 1969 (Optional)	Lower of Costs or Charges Determination
MH 1979	SD/MC Preliminary Desk Settlement
MH 1991	Calculation of SD/MC (Hospital Administrative Days)
MH 1992	Funding Sources

MH 1900***Information Worksheet***

The Information Worksheet is the starting point for the completion of the automated SD/MC Cost Report. The information provided here is automatically linked to forms and schedules in the cost report. This worksheet eliminates the redundant entry of county name and code, and legal entity (LE) name and number on cost report forms and schedules. The information provided here applies to county and contract legal entities for Medi-Cal and non-Medi-Cal Cost Reports.

The Information Worksheet is divided into sections. Section I should be completed by "All Legal Entities" and Section II should be completed by "County Legal Entities only."

Legal entities that provided SD/MC units of service during the reporting period should select the "Y" option to the question, "Are you reporting SD/MC?" If you are not reporting SD/MC units of service, select option "N".

Each county legal entity is required to respond to the question whether their population is either over or under 125,000 population. If county population is over 125,000, select option "Y". If it is either 125,000 or under, select option "N".

County legal entities should report "Contract Provider Medi-Cal Direct Service Gross Reimbursement" in Section II. The amount reported here is used to populate MH 1979, Line 2, Columns B and C ordinarily used for the determination of Medi-Cal Administrative Reimbursement Limit. Note: that reported amount is the sum of MH 1968, Lines 21, 21A and 22, Columns E & K for all Contract Providers that reported Medi-Cal units on MH 1901 Schedule B columns. (Refer to MH 1979, Line 2 for details.)

County legal entity should report "Contract Provider Healthy Families Direct Service Gross Reimbursement" in Section II. The amount reported here is used to populate MH 1979, Line 7A, Columns B and C used for the determination of Healthy Families Administrative Reimbursement Limit. Note: that reported amount is the sum of MH 1968, Lines 27 and 27A, Columns E & K for all Contract Providers that reported Healthy Families units on MH 1901 Schedule B columns.

County legal entities also are required to enter the provider numbers for Fee-For-Service Mental Health Specialty for individual and group providers.

County legal entities can make adjustments to Medi-Cal FFP due to contract limitations that will automatically populate MH 1979, Line 22, Column J.

State of California Health and Human Services Agency	Department of Mental Health
DETAIL COST REPORT INFORMATION SHEET MH1900 (Rev. 5/05)	
FISCAL YEAR 2005 - 2006	
SECTION I: ALL LEGAL ENTITIES:	
<i>All Legal Entities are to complete Section I.</i>	
Name of Preparer:	
Date:	
Legal Entity Name:	
Legal Entity Number:	
County:	
County Code:	
Is this a County Legal Entity Report? (Y or N)	Yes: <input type="checkbox"/> <input type="checkbox"/>
Are you reporting SD/MC? (Y or N)	Yes: <input type="checkbox"/> <input type="checkbox"/>
HOME	MH1901 Schedule_A >>
SECTION II: COUNTY LEGAL ENTITY ONLY:	
<i>Only County Legal Entities are to Complete Section II.</i>	
Address:	
Phone Number:	
County Population: Over 125,000? (Y or N):	Yes: <input type="checkbox"/> <input type="checkbox"/>
Contract Provider Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)	
Inpatient Services	
Outpatient Services	
Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7)	
Inpatient Services	
Outpatient Services	
Total State Share of SD/MC Cost:	
Fee For Service - Mental Health Specialty Provider Numbers For Individual and Group	
Legal Entity Number (FFS):	<i>Mode&SF --></i>
Psychiatrist:	
Psychologist:	
Mixed Specialty Group:	
RN:	
LCSW:	
MFGC (MFT):	
Adjust Medi-Cal FFP Due to Contract Limitation (Used to populate MH1979 Line 22J)	
Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	\$ -
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MH 1901 Schedule A**Statewide Maximum Allowances, Negotiated Rates and Published Charges**

MH 1901 Schedule A requires information on state-approved Negotiated Rates (NR) and Published Charges (PC) for all authorized services. The form layout is by Mode and Service Functions (SF) and includes the FY 2005-2006 SD/MC Statewide Maximum Allowances (SMA). While the SMA rates are provided, each legal entity must input the NR and PC data for all authorized services. This form serves as a "source document" that will enable the SMA, NR and PC rates to be cell referenced to other applicable MH forms.

Column D – Negotiated Rate (NR)

Enter the Negotiated Rates for all Modes and Service Functions that have state-approved rates.

Column E – Published Charge (PC)

Enter Published Charge rates for appropriate Modes and Service Functions reported. Note that Outreach (including MAA) and Support Services are excluded. A legal entity's published charge is: (1) the usual and customary charge to the general public; "published charges" are usual and customary charges prevalent in the public mental health sector that are used to bill the general public, insurers, or other non-Medi-Cal payors. Legal entities with more than one published charge rate for a service function can report a *weighted average* published charge rate for the service function, or provide a separate support schedule with the following information: (1) each service function; (2) time period covered by each published charge; (3) each published charge per unit of service; (4) Medi-Cal units of service provided for each published charge; and (5) total published charges for each service function (published charge per unit multiplied by the units of service). The published charge for Mode 05, Service Function 19, Hospital Administrative Days, should include physician and ancillary costs.

Column E, Rows 31-35 – Medi-Cal Eligibility Factor

Enter the Medi-Cal Eligibility Factor if participating in Medi-Cal Administrative Activities (MAA). A separate eligibility factor should be reported for each quarter claimed and should be consistent with quarterly MAA invoices submitted to DMH.

Column F, County Non-Medi-Cal Contract Rate

Enter the non-Medi-Cal contract rates agreed between county and its service providers for Modes 45 and 60. Do not enter Medi-Cal contract rates in this column.

Column G, Rate for Allocation

This column carries forward NRs entered in Columns D and F (county non-Medi-Cal contract rates with service providers) for the purpose of allocating costs to modes and service functions.

State of California Health and Human Services Agency				Department of Mental Health			
DETAIL COST REPORT							
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES							
MH 1901 SCHEDULE A (Rev. 5/05)							
FISCAL YEAR 2005 - 2006							
Entity Name: 0				Entity Number:			
Fiscal Year: 2005 - 2006							
	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON W/C CONTRACT RATE	RATE FOR ALLOCATION
A - 24 - HOUR SERVICES							
1	Hospital Inpatient	05	10 - 18	\$952.86			\$0.00
2	Hospital Administrative Day	05	19	\$294.45			\$0.00
3	Psychiatric Health Facility (PHF)	05	20 - 29	\$521.82			\$0.00
4	SNF Intensive	05	30 - 34				\$0.00
5	IMD Basic (No Patch)	05	35				\$0.00
6	IMD (With Patch)	05	36 - 39				\$0.00
7	Adult Crisis Residential	05	40 - 49	\$294.25			\$0.00
8	Jail Inpatient	05	50 - 59				\$0.00
9	Residential Other	05	60 - 64				\$0.00
10	Adult Residential	05	65 - 79	\$143.53			\$0.00
11	Semi - Supervised Living	05	80 - 84				\$0.00
12	Independent Living	05	85 - 89				\$0.00
13	MH Rehab Centers	05	90 - 94				\$0.00
B - DAY SERVICES							
14	Crisis Stabilization Emergency Room	10	20 - 24	\$91.34			\$0.00
15	Urgent Care	10	25 - 29	\$91.34			\$0.00
16	Vocational Services	10	30 - 39				\$0.00
17	Socialization	10	40 - 49				\$0.00
18	SNF Augmentation	10	80 - 89				\$0.00
19	Day Treatment Intensive Half Day	10	81 - 84	\$139.26			\$0.00
20	Full Day	10	85 - 89	\$195.58			\$0.00
21	Day Rehabilitation Half Day	10	91 - 94	\$81.24			\$0.00
22	Full Day	10	95 - 99	\$126.80			\$0.00
C - OUTPATIENT SERVICES							
23	Case Management, Brokerage	15	01 - 09	\$1.95			\$0.00
24	Mental Health Services	15	10 - 19	\$2.52			\$0.00
25	Mental Health Services	15	30 - 59	\$2.52			\$0.00
26	Medication Support	15	60 - 69	\$4.66			\$0.00
27	Crisis Intervention	15	70 - 79	\$3.75			\$0.00
D - OUTREACH SERVICES							
28	Mental Health Promotion	45	10 - 19				\$0.00
29	Community Client Services	45	20 - 29				\$0.00
E - MEDICAL ADMINISTRATIVE ACTIVITIES							
30	Medi-Cal Outreach	55	01 - 03		MEDICAL ELIGIBILITY FACTOR		
31	Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1		
32	Medi-Cal Contract Administration	55	07 - 08		Quarter 2		
33	MAA Coordination and Claims Administration	55	09		Quarter 3		
34	Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4		
35	MH Services Contract Administration	55	14 - 16		Average		
36	Discounted Mental Health Outreach	55	17 - 19				
37	SPMP Case Management, Non-Open Case	55	21 - 23				
38	SPMP Program Planning and Development	55	24 - 26				
39	SPMP MAA Training	55	27 - 29				
40	Non-SPMP Case Management, Non-Open Case	55	31 - 34				
41	Non-SPMP Program Planning and Development	55	35 - 39				
F - SUPPORT SERVICES							
42	Conservatorship Investigation	60	20 - 29				\$0.00
43	Administration	60	30 - 39				\$0.00
44	Life Support/Board & Care	60	40 - 49				\$0.00
45	Case Management Support	60	60 - 69				\$0.00
46	Client Housing Support Expenditures	60	70				\$0.00
47	Client Housing Operating Expenditures	60	71				\$0.00
48	Client Flexible Support Expenditures	60	72				\$0.00
48	Non Medi-Cal Capital Assets	60	75				\$0.00
48	Other Non Medi-Cal Client Support Expenditures	60	78				\$0.00

MH 1901 Schedule B**Worksheet for Units of Service and Revenues by Mode and Service Function**

MH 1901 Schedule B is an "all purpose" type worksheet. Data reported here is used to populate the MH 1966, MH 1968, and MH 1979. This worksheet identifies services according to "settlement type", modes and service functions and the period of service.

You will be prompted to fill out MH 1991 if you report Mode 05,

Service Function 19. Total units of service and units allocated to Short-Doyle/Medi-Cal, Medicare/Medi-Cal Crossovers, Enhanced Medi-Cal, Medi-Cal Administrative Activities and Healthy Families are accounted for here. Total units reported must equal the sum of Columns G, J, M, N, P, R, S and U. Patient and Other Payor Revenues must also be reported on this worksheet. If unable to isolate Patient and Other Payor Revenues at the service function level, revenues can be reported at the modes of service level under the first reported service function within each mode.

SD/MC EXPLANATION OF BALANCES (EOB) AND INTERNAL REPORTING SYSTEM

The Short-Doyle/Medi-Cal (SD/MC) system pays for mental health services provided under the SD/MC program to Medi-Cal beneficiaries. This system supports the claims submission, correction, and approval processes for the counties. For cost report submission and reconciliation, unit of service data reported must match Explanation of Balances (EOB) records and internal reporting system available in the county to track SD/MC units and revenues that were approved and valid. Note: complete reliance on the (EOB) reports are not sufficient because some approved claims, later denied, cannot be edited from the EOB reports. It is mandatory that the county establishes an internal tracking system that accurately complements the EOB reports for both cost report submission and audit trail purposes. Separate tracking systems labeled **package A, and package B** must be used to account for SD/MC units of service reported for year-end cost report submission and Final Cost Report Reconciliation. Package A should contain EOB SD/MC unit of service data used for cost report submission, and package B should contain EOB SD/MC units of service data for Final Cost Report Reconciliation. These records should be maintained along with other records for cost report settlement and audit purposes.

Column A – Settlement Type

Enter the settlement type (CR, NR, TBS, ASO, MAA, MHS, ISA and CAW) in Column A. Settlement type identifies the method used to determine reimbursement limit due to application of each program's rules and regulations or as part of a performance agreement between the Department and county legal entities.

- **CR** Cost Reimbursement (CR) method of reimbursement is based on actual cost.
- **NR** Negotiated Rate (NR) method of reimbursement is based on a negotiated rate approved by the State.
- **TBS** Therapeutic Behavioral Services (TBS) are individual or group providers, and organizational providers that contract with county Mental Health Plans (MHPs) to provide *TBS ONLY* services. These providers are not required to submit annual cost reports to the State. County Mental Health Plans (MHPs) should reimburse this provider type costs and report these costs to DMH as actual cost to the county under the county legal entity number (detailed cost report) in Program 2 – TBS costs. *(Note: cost reports from organizational providers that provide TBS ONLY services will not be accepted.)*
- **ASO** Administrative Services Organization (ASO) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to the fiscal intermediary for the provision of services and related administrative fees for children placed outside of the county.
- **MAA** Medi-Cal Administrative Activities (MAA) method of reimbursement is based on actual costs to the county for counties participating in mental health MAA. Participation includes submission of a claiming plan, state and federal level approval of a County Mental Health MAA Plan and the submission of invoices through DMH during the year. All MAA invoices must be submitted by the time the cost report is due, and the units of service identified on the cost report must match the invoiced units. Please contact your MAA Coordinator for additional participation requirements.
- **MHS** Mental Health Specialty (MHS) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to Fee-For-Service individual or group providers for mental health specialty services.
- **ISA** Integrated Service Agency (ISA) method of reimbursement is based on actual costs to the county for payments made to the providers of ISA services.
- **CAW** California Work Opportunity and Responsibility to Kids (CalWORKS) program is to prepare clients for work and assist them to obtain and maintain employment so they can effectively support their families. Under CalWORKS, case aid to families is time-limited and able-bodied adults in the families must meet certain work requirements to remain eligible. County welfare departments under the supervision of California Department of Social Services (CDSS) administer this program.

Column B – Mode

Enter the Mode of Service.

Column C – Service Function

Enter the Service Function.

Column D – Total Units of Service

Enter the total units for each Service Function.

Column E – SD/MC Units

(July 1, 2005 – September 30, 2005)

Enter the total regular SD/MC units (from billing records) for each Medi-Cal service function for the period 07/01/05-09/30/05. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here.

Column F – SD/MC Units

(October 1, 2005 – June 30, 2006)

Enter the total regular SD/MC units (from billing records) for each Medi-Cal service function for the period 10/01/05-06/30/06. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here.

Column G – Total SD/MC Units

No entry. This column sums Columns E and F.

Column H – Medicare/Medi-Cal Crossover Units

(July 1, 2005 – September 30, 2005)

Enter the Medicare/Medi-Cal Crossover units by service function for the period 07/01/05-09/30/05.

Column I – Medicare/Medi-Cal Crossover Units

(October 1, 2005 – June 30, 2006)

Enter the Medicare/Medi-Cal Crossover units by service function for the period 10/01/05-06/30/06.

Column J – Total Medicare/Medi-Cal Crossover Units

No entry. This column sums Columns H and I.

Columns K & L – Third party Revenue for Patient and Other Payors

Enter the 3rd party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal crossover units of service (07/01/05-09/30/05) for each service function or mode of service. Enter the 3rd party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal crossover units of service (10/01/05-06/30/06) for each service function or mode of service.

Third party revenue should include patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

Column M – Units of Service for Enhanced SD/MC (Children)**(July 1, 2005 – September 30, 2005)**

Enter the units of service for each service function for Enhanced SD/MC (Children) for the period 07/01/05-09/30/05.

Column N – Units of Service for Enhanced SD/MC (Children)**(October 1, 2005 – June 30, 2006)**

Enter the units of service for each service function for Enhanced SD/MC (Children) for the period 10/01/05-06/30/06.

Column O – 3rd Party Revenue Enhanced SD/MC (Children)

Enter 3rd Party Revenue collections for Enhanced SD/MC (Children) services for the entire year. See Columns K & L for more information.

Column P – Units of Service for Enhanced SD/MC (Refugees)

Enter units of service for each service function for Enhanced SD/MC (Refugees) for the entire year. These are units of service that were billed through the SD/MC system using Aid Codes 01, 02, 08, or 0A.

Column Q – 3rd Party Revenue (Refugees)

Enter 3rd Party Revenue collections for refugees for the entire year. See Columns K & L for more information.

**Column R – Units of Service – Healthy Families (SED)
(July 1, 2005 – September 30, 2005)**

Enter units of service for each service function for Healthy Families for the period of 07/01/05-09/30/05. These are units of service that were billed through the SD/MC system using Aid Codes 7X or 9H.

**Column S – Units of Service – Healthy Families (SED)
(October 1, 2005 – June 30, 2006)**

Enter units of service for each service function for Healthy Families for the period 10/01/05-06/30/06. These are units of service that were billed through the SD/MC system using Aid Codes 7X or 9H.

Column T – 3rd Party Revenue Healthy Families (SED)

Enter 3rd Party Revenue collections for Healthy Families (SED) for the entire year. See Columns K & L for more information.

Column U – Non-Medi-Cal Units

No entry. This column calculates the total units less all SD/MC units. Column *U* equals Column *D* less Columns *G, J, M, N, P, R,* and *S*. If the aggregate of columns *G, J, M, N, P, R* and *S* are greater than Column *D*, you will get an error code in this column. You will need to identify and correct this before continuing.

MH 1901 Schedule C***Supporting Documentation for the Method Used to Allocate Total Cost to Mode of Service and Service Function***

MH 1901 Schedule C is designed to automatically pull **direct service costs** for allocation from MH 1960, Line 18. The Settlement Type, Mode, Service Functions, and Total Units are automatically populated from MH 1901 Schedule B. This worksheet is also designed to automatically distribute direct service costs to modes and service functions through the application of any of the three approved allocation methods. The three allocation methods are: (1) Costs determined at the service function level; (2) Time study; and (3) Relative Value method. The calculations performed here automatically populate MH 1966, Programs 1 and 2. Selection of an "Allocation Method" from the Allocation Box above will allow the distribution of direct service costs to modes and service functions. For example, if you select SMA Rate as an allocation option from the Allocation Box, it means that this worksheet will perform a relative value calculation using information from MH 1901 Schedule A to allocate direct service costs to modes and service functions on MH 1966, Program 1 or 2.

The method chosen must be applied consistently and uniformly to all direct services, and must be consistent from year to year. A legal entity can request to change its allocation method by writing to DMH.

Allocation Methodology**1) Costs Determined at Service Function Level**

Some legal entities have the technology and reporting mechanisms to capture costs at the service function level. Legal entities with this capability should allocate costs in this manner.

2) Time Study

The time study procedure used previously to allocate costs between modes of service can be used to allocate costs between service functions. To accomplish this, hours must be reported at the service function level rather than at the mode of service level. The percentage of total is calculated by dividing the costed hours for each service function by the total costed hours.

3) Relative Value

Units of service/time multiplied by the legal entity's charge for each service function determines the relative value assigned to each service function. A legal entity's charge for each service function is: (1) the legal entity's published charge; (2) the legal entity's usual and customary charge; or (3) the legal entity's charge to the general public for providing services. The SMA rate for each service function may be substituted for the legal entity's charge. The relative value for each service function is divided by the sum of all relative values to determine the percentage of the total for each service function. This method should be used by legal entities whose charges are established and updated annually based on the costs of providing the service. The relative value method cannot be used to allocate Mode 05, Service Functions 10 through 19, service costs according to the Department's Fiscal Audits Unit.

Allocation Method Option Box**Select an Allocation Method**

- **Rate for Allocation** – Select “Rate for Allocation” to use the relative value method based on the combined State Negotiated Rates and county non-Medi-Cal contract rates to allocate costs to modes and service functions. Do not select this option if you have not negotiated all your service functions for a Mode of Service. You can use this allocation method if there are Modes 45 and 60 costs to be allocated.
- **Statewide Maximum Allowances (SMA) Rate** – Select “SMA” for relative value method of cost allocation based on SMAs, if there are SMA rates for all the modes and service functions to be allocated.
- **Published Charges** – Select “Published Charges” for relative value method of cost allocation based on published charges, if you reported published charge rates for all the modes and service functions.
- **Directly Allocated** – Select “Directly Allocated” for the direct cost allocation method. This method can be used if costs were developed based on a time study or any other approved costing method.

Column A – Settlement Type

No entry. This column automatically populates from MH 1901 Schedule B, Column A.

Column B – Mode

No entry. This column automatically populates from MH 1901 Schedule B, Column B.

Column C – Service Function

No entry. This column automatically populates from MH 1901 Schedule B, Column C.

Column D – Total Units

No entry. This column automatically populates the information from MH 1901 Schedule B, Column D.

Column E – Eligible Direct Cost

Enter costs associated with TBS, ASO, MHS, ISA, MAA and CAW. These costs, except for MAA and CAW, are reported on MH 1966, Program 2, based on actual costs to the county.

Column F – Directly Allocated Cost

Enter amount for direct allocation to each service function on MH 1966, Program 1. In order to use this column for direct allocation, you must select “Directly Allocated” option from the allocation method selection box. Do not report amounts associated with TBS, MAA, ASO, ISA, MHS and CAW in this column.

Column G – Relative Value

No entry. This column computes the relative value using the selected allocation base. Relative value is the product of multiplying negotiated rate, SMA or published charges by the service function total units of service. For example, if Published Charges is the selected allocation base from the "Allocation Method" option box, the amount generated and placed in Column G will be the product of the published charge rate from MH 1901 Schedule A published charge column, and the total units reported on MH 1901 Schedule C, Column D for each service function.

Column H – Allocation Percentage

No entry. This column computes the allocation percentages for each service function. This is achieved by dividing each service function relative value statistics by the aggregate of all the service functions relative value statistics.

Column I – Allocated Cost

No entry. This column computes the allocated cost for each service function. Allocated cost is the product of Column H and MH 1960, Line 18 minus Column E total. Total direct service costs for allocation includes Eligible Direct Cost from Column E.

NOTE: If data is entered on Column E – Eligible Direct Cost and Column F – Directly Allocated Costs, the sum of Columns E and F **SHOULD** equal the amount shown on Column I. If they do not, the county is responsible for maintaining supporting documentation as to their allocation methodology.

MH 1960**Calculation of Program Costs**

The purpose of MH 1960 is to adjust legal entity costs for Medi-Cal principles of reimbursement, identify the adjusted costs applicable to administration, Utilization Review (UR), research and evaluation, Medi-Cal Administrative Activities (MAA), and direct service modes of service or cost centers.

Line 1 – Mental Health Expenditure

County legal entities should report total gross expenditures for county mental health department or division from the county auditor-controller's report. Amount should include all inter/intra fund transfers and contra entries should be reported as gross expenditures prior to applying revenues. Expenditures should include Healthy Families and Enhanced Medi-Cal funds. The amount on Line 1, Column C should match the total on the summary page of the auditor-controller's report, or the county should maintain work papers that reconcile the amount reported on Line 1, Column C to the auditor-controller's report. Contract provider legal entities should report total gross expenditures from their trial balance.

Column A – Enter the mental health Salaries and Benefits expenditures.

Column B – Enter all other mental health expenditures.

Column C – No entry. This column sums Columns A and B.

Line 2 – Encumbrances

Add encumbrances incurred by the legal entity during the cost report fiscal year not reported on Line 1, and subtract encumbrances included in Line 1 not applicable to the cost report fiscal year.

Column A – Enter the Salaries and Benefits encumbrances for the fiscal year.

Column B – Enter the Other encumbrances for the fiscal year.

Column C – No entry. This column automatically populates from Columns A and B.

Line 3 – Less: Payments to Contract Providers (County Only)

No entry. Information for this line automatically populates from MH 1963, Column D, Total Payments to Contract Providers.

Column A – No entry.

Column B – No entry. This column automatically populates from MH 1963, Column D, Total Payments for Contract Providers.

Column C – No entry. This column automatically populates to Column B.

State of California Health and Human Services Agency		Department of Mental Health		
DETAIL COST REPORT				
CALCULATION OF PROGRAM COSTS				
MH1990 (Rev. 5/05)				
FISCAL YEAR 2005 - 2006				
County: 0				
County Code:				
Legal Entity:		A	B	C
Legal Entity Number		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures			
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments			
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			
Administrative Costs (County Only)				
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			
19	Total Costs - Lines 9 through 18			

Crosscheck

0 OK

0 OK

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Line 4 – Other Adjustments

No entry. Information for this line automatically populates from MH 1962, Columns A, B, and C, Line 20.

Column A – No entry. Salary and Benefits automatically populates from MH 1962, Column A, Line 20.

Column B – No entry. Adjustments to cost other than Salary and Benefits automatically populates from MH 1962, Column B, Line 20.

Column C – No entry. Automatically populates from the sum of Columns A and B.

Line 5 – Total Costs Before Medi-Cal Adjustments

Columns A, B and C – No entry. This line is the sum of Lines 1 through 4.

Line 6 – Medi-Cal Adjustments

No entry. The total Medi-Cal Adjustment is automatically populated from MH 1961, Line 20, Column C. Refer to Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II for further explanation of Medi-Cal allowable and non-allowable costs. Note that treatment of depreciation under Medi-Cal is different than under “realignment” without Medi-Cal. Medi-Cal adjustments can be either additions or subtractions to total cost, depending on the types of adjustments. For example, most counties expense equipment as purchased. Medi-Cal principles dictate that the purchase of equipment should be depreciated over the life of the asset, thereby reducing the allowable costs in the year of acquisition, and increasing allowable costs in subsequent years.

Line 7 – Managed Care Consolidation. (Community Services Managed Care-Outpatient Mental Health Services) – County Only

County legal entities are to enter the “Outpatient Mental Health Services” expenditures funded through Community Services – Managed Care allocation (Line 8 of MH 1994) if not included in Line 1. Rollover of FY 2004-2005 managed care funds expended for Outpatient Mental Health Services (Line 2b of MH 1994) should also be included here, if not included in Line 1.

Column C – Enter the expenditures funded through Community Services and the rollover FY 2004-2005 managed care funds expended for Outpatient Mental Health Services if they were not included in Line 1.

Line 8 – Allowable Costs for Allocation

Column C – No entry. This line is the sum of Lines 5, 6 and 7.

The allowable costs on Line 8 are to be allocated among administrative cost centers, utilization review cost centers, research and evaluation, direct services and MAA.

Lines 9 through 12 – Administrative Cost Centers – County Only

County legal entities should report administrative costs on Lines 9, 10 and 11 in Column C. These costs are summed on Line 12 (no entry required on Line 12). Administrative costs should be apportioned between Line 9 (SD/MC including Inpatient FFS/MC), Line 10 (Healthy Families), and Line 11 (non-SD/MC) using: (1) the percentage of Medi-Cal recipients in the population served by the county; (2) relative values based on units and published charges; or (3) gross costs of each program. Follow the instructions in the Medi-Cal Administrative Activities

(MAA) Instruction Manual for guidance on how to determine the percentage of Medi-Cal recipients. Refer to instructions for MH 1901 Schedule C if relative value is the method chosen.

Lines 13 through 16 – Utilization Review Costs – County Only

County legal entities should report UR costs on Lines 13 through 16 in Column C. Skilled Professional Medical Personnel cost should be reported on Line 13, Other SD/MC Utilization Review (Line 14), and non-SD/MC UR (Line 15). Amount reported on Line 13 is reimbursed at the enhanced rate (75 percent FFP). Documentation supporting the amount on Line 13 must be maintained by the county legal entity. *MAA Instruction Manual* provides a detailed discussion of how to identify Skilled Professional Medical Personnel.

If the county performs UR of all services regardless of client Medi-Cal eligibility, a portion of the UR cost should be reported on Line 15. These costs are summed on Line 16 (no entry required on Line 16).

Line 17 – Research and Evaluation

County legal entities should enter research and evaluation costs on Line 17. Research includes costs for centralized activities under the direction of the Local Mental Health Director designed to increase the scientific knowledge and understanding of the nature, cause, prevention, and treatment of mental, emotional, or behavioral disorders. Evaluation includes the cost of scientific studies regarding the effectiveness and efficiency of specific mental health programs in which goals are clearly defined and achieved in measurable terms. Line 17 should not include Medi-Cal reimbursable costs. Costs of studies, analyses, surveys, and related activities aimed at improving and making provider administration and operation more efficient are not considered research costs and should not be reported on Line 17.

Line 18 – Mode Costs (Direct Service and MAA) – County Only

All legal entities must enter the direct service and MAA costs on Line 18, Column C. This includes all direct costs of providing mental health services and all MAA costs.

Line 19 – Total Costs – Lines 9 through 18

No entry. Line 19 is the sum of Lines 12, 16, 17 and 18. The total amount on Line 19 should equal the amount on Line 8. Any difference between the two amounts should be corrected before proceeding.

MH 1961

Medi-Cal Adjustments to Costs

The purpose of MH 1961 is to calculate adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Adjustments identified on this form are transferred to MH 1960, Line 6. Refer to Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II for further explanation of Medi-Cal allowable and non-allowable costs.

Lines 1 through 19

Enter all applicable adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Column C automatically populates the sum of Columns A and B.

Line 20 – Total Adjustments

No entry. Sum of Lines 1 through 19 for each column. The amount on Column C will be entered on MH 1960, Line 6, Column C.

State of California Health and Human Services Agency		Department of Mental Health		
DETAIL COST REPORT				
MEDI-CAL ADJUSTMENTS TO COSTS				
MH 1961 (Rev. 5/05)				
FISCAL YEAR 2005 - 2006				
County: 0				
County Code:				
Legal Entity: 0				
Legal Entity Number:				
		A	B	C
		Salaries and Benefits	Other	Total Adjustments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments			
				Crosscheck 0 OK
HOME		<< MH1901_Schedule_B	<< MH1991	MH1962 >>
MH1960 >>				

MH 1962

Other Adjustments

The purpose of MH 1962 is to provide Other Adjustments detail information for each activity. Information entered here will automatically populate to MH 1960, Line 4, Columns A, B and C.

Add or subtract any other adjustments to costs the legal entity might have on this form. For example, if the amount reported on MH 1960, Line 1 from the county auditor-controller's report includes the costs of the county substance abuse division, the costs of the substance abuse division would be deducted on MH 1960, Line 4. Also, if the COWCAP A-87 (county overhead) costs were not included in the county auditor-controller's report, these costs would be added on MH 1960, Line 4. Audit adjustments also should be included on MH 1960, Line 4. Other situations that are unique for individual legal entities should be addressed on MH 1960, Line 4.

Lines 1 through 19

Enter all other adjustments to costs on Columns A and B for Lines 1 through 19. Column C automatically populates the sum of Columns A and B.

Line 20 – Total Adjustments

No entry. Sum of Lines 1 through 19 for each column. The amount on Column C will automatically populate to MH 1960, Line 4, Column C.

State of California Health and Human Services Agency		Department of Mental Health		
DETAIL: COST REPORT		FISCAL YEAR 2005 - 2006		
OTHER ADJUSTMENTS				
MH1962 (Rev. 5/05)				
County: 0				
County Code:				
Legal Entity: 0				
	A	B		
Legal Entity Number:	Salaries and Benefits	Other	Total Adjustments	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20 Total Adjustments				
		Crosscheck		
		0		OK
HOME	<< MH1901_Schedule_B	<< MH1961	MH1963 >>	MH1960 >>

MH 1963

Payments to Contract Providers (County Only)

The purpose of MH 1963 is to capture the payments to contract providers. Information entered here will automatically populate to MH 1960, Line 3, Columns B and C.

Payments to contract provider legal entities include all interim payments to providers with which the county has a service contract. This does not include payments to hospitals operated by other county departments. Payments for fee-for-service vendor contracts should not be included on this line. Most county legal entities will not record the Fee-for-Service/Medi-Cal (FFS/MC) payments in their auditor-controller's report because these payments are pass-through funds to the hospital. These payments would not be included on MH 1960, Line 1 or Line 3. **If payments to FFS/MC hospitals contracted under inpatient consolidation are included on MH 1960, Line 1, these expenditures should be included on this line in order to reduce total mental health expenditures by the FFS/MC amount.**

Column B – Enter the contract provider's legal entity name or one entry for the FFS/MC hospitals.

Column C – Enter the contract provider's legal entity number.

Column D – Enter the amount paid to the contract provider.

State of California Health and Human Services Agency		Department of Mental Health	
TOTAL COST REPORT			
PAYMENTS TO CONTRACT PROVIDERS			
MH 1963 (Rev. 6/05)			
FISCAL YEAR 2005 - 2006			
County: 0			
County Code:			
A	B	C	D
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
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37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
Total Payments to Contract Providers			
HOME MH1960 >> Add Line Items			

MH 1964

Allocation of Costs to Modes of Service

The purpose of MH 1964 is to distribute mode costs to various modes of service, including MAA. **See Appendix E for mode of service information.**

Line 1 – Mode Costs from MH 1960 (Direct Service and MAA)

No entry. Automatically populates the direct service costs from Line 18 of MH 1960.

Lines 2 through 8 – Modes

No entry. The costs for each mode of service are automatically populated from MH 1901 Schedule C, Column I.

Line 9 – Total – Lines 2 through 8

No entry. This line sums Lines 2 through 8. The amount on Line 9 should equal the amount on Line 1. Any difference between the two amounts should be corrected on MH 1960, Lines 9 through 18 before proceeding.

State of California Health and Human Services Agency		Department of Mental Health
DETAIL COST REPORT		
ALLOCATION OF COSTS TO MODES OF SERVICE		FISCAL YEAR 2005 - 2006
MH 1964 (Rev. 5/05)		
County: 0 County Code:		
Legal Entity: 0		A
Legal Entity Number:		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	
Modes		
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	
<div style="border: 1px solid black; display: inline-block; padding: 5px 15px; margin: 5px;">HOME</div>		

**Crosscheck
OK**

MH 1966 Program 1 and Program 2**Allocation of Costs to Service Functions – Mode Total**

MH 1966, Program 1 and Program 2 distribute modes of service costs to the service function level. Program 2 accounts for pass-through costs incurred by fee-for-service contract providers, TBS-only contract providers, non-organizational MHS providers, ASO etc. *Service functions are listed in the CFRS system format chart (Appendix E).* These forms also determine aggregate SD/MC, Medicare/Medi-Cal crossover costs, enhanced SD/MC costs, Healthy Families costs, published charges, SMA for SD/MC, and negotiated rate amounts for each mode of service. MH 1966 forms for Modes 45 and 60 are simplified from the other MH 1966 forms and determine non-Medi-Cal costs for each mode of service. MH 1966 for Mode 55 is also simplified from other MH 1966 forms and identifies the MAA costs for those participating in the MAA program.

MH 1966 automatically populates from MH 1901 Schedules A, B and C. Separate MH 1966 forms are automatically populated for each mode of service.

Line 1 – Allocation Percentage

No entry. The allocation percentage is determined by taking the Total Allocated Cost for each service function from MH 1901 Schedule C divided by the Total Allocated Cost for the respective Mode of the above service functions.

Line 2 – Total Units

No entry. This field fills in automatically from MH 1901 Schedule C, Column D.

Line 3 – Gross Cost

No entry. This field fills in automatically from MH 1901 Schedule C, Column I. The distribution of the amount on Line 3, Column A, to the appropriate service functions fills in automatically from MH 1901 Schedule C, starting in Column B.

Line 4 – Cost per Unit

No entry. Starting in Column B, Line 3 is automatically divided by Line 2 for each service function level.

Line 5 – SMA per Unit

No entry. Starting in Column B, this field fills in automatically from MH 1901 Schedule A, Column C.

State of California Health and Human Services Agency			Department of Mental Health						
DETAIL COST REPORT									
ALLOCATION OF COSTS TO SERVICE									
FUNCTIONS - MODE TOTAL									
MH 1966 (Rev. 5/05)			PAGE 1 OF 1 FISCAL YEAR 2005 - 2006						
County: 0									
County Code:									
Legal Entity: 0									
Legal Entity Number:									
Mode: 15- Outpatient Services (Program 1)			A	B	C	D	E	F	G
			Mode Total	Service Function					
1	Allocation Percentage								
2	Total Units								
3	Gross Cost								
4	Cost per Unit								
5	SMA per Unit								
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/05 - 09/30/05							
9A	Medicare/Medi-Cal Crossover Units	07/01/05 - 09/30/05							
10	Enhanced SD/MC (Children) Units	07/01/05 - 09/30/05							
10A	Enhanced SD/MC (Refugees) Units	07/01/05 - 09/30/05							
11	Healthy Families (SED) Units	07/01/05 - 09/30/05							
11A	Non-Medi-Cal Units	10/01/05 - 06/30/06							
12	Medi-Cal Costs	07/01/05 - 09/30/05							
13A	Medi-Cal SMA Upper Limits	10/01/05 - 06/30/06							
14	Medi-Cal Published Charges	07/01/05 - 09/30/05							
14A	Medi-Cal Negotiated Rates	10/01/05 - 06/30/06							
15	Medicare/Medi-Cal Crossover Costs	07/01/05 - 09/30/05							
15A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/05 - 06/30/06							
16	Medicare/Medi-Cal Crossover Published Charges	07/01/05 - 09/30/05							
16A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/05 - 06/30/06							
17	Enhanced SD/MC Costs	07/01/05 - 09/30/05							
17A	Enhanced SD/MC SMA Upper Limits	10/01/05 - 06/30/06							
18	Enhanced SD/MC Published Charges	07/01/05 - 09/30/05							
18A	Enhanced SD/MC Negotiated Rates	10/01/05 - 06/30/06							
19	Enhanced SD/MC (Refugees) Costs	07/01/05 - 09/30/05							
19A	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/05 - 06/30/06							
20	Enhanced SD/MC (Refugees) Published Charges	07/01/05 - 09/30/05							
20A	Enhanced SD/MC (Refugees) Negotiated Rates	10/01/05 - 06/30/06							
21	Healthy Families Costs	07/01/05 - 09/30/05							
21A	Healthy Families SMA Upper Limits	10/01/05 - 06/30/06							
22	Healthy Families Published Charges	07/01/05 - 09/30/05							
22A	Healthy Families Negotiated Rates	10/01/05 - 06/30/06							
23	Non-Medi-Cal Costs	10/01/05 - 06/30/06							
23A									
24									
24A									
25									
25A									
26									
26A									
27									
27A									
28									
28A									
29									
29A									
30									
30A									
31									
31A									
32									
32A									
33									

Line 6 – Published Charge per Unit

No entry. Starting in Column B, this field fills in automatically from MH 1901 Schedule A, Column E. See MH 1901 Schedule A instruction for more information.

Line 7 – Negotiated Rate/Cost per Unit

No entry. If applicable, the rate negotiated between the local mental health agency, the legal entity and approved by the State (DMH) for each SD/MC service function fills in automatically from MH 1901 Schedule A, Column D. If the legal entity has a mixture of service function categories with and without negotiated rates, this line will fill in with either the NR or the Cost per unit. This is done so that when these amounts are aggregated on MH 1968, the data are not skewed.

Line 8 – Medi-Cal Units**(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column E. This field identifies only units for the first quarter of the fiscal year. Do not include Medicare/Medi-Cal crossover or enhanced SD/MC units.

Line 8A – Medi-Cal Units**(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column F. This field identifies only units for the second, third, and fourth quarters of the fiscal year. Do not include Medicare/Medi-Cal crossover or enhanced SD/MC units.

Line 9 – Medicare/Medi-Cal Crossover Units**(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Medicare/Medi-Cal crossover units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column H. This field identifies only units for the first quarter of the fiscal year.

Line 9A – Medicare/Medical Crossover Units**(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Medicare/Medi-Cal crossover units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column I. This field identifies only units for the second, third and fourth quarters of the fiscal year.

Line 10 – Enhanced SD/MC (Children) Units**(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column M for the first quarter of the fiscal year.

Line 10A – Enhanced SD/MC (Children) Units**(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column N for the second, third and fourth quarters of the fiscal year.

Line 10B – Enhanced SD/MC (Refugees) Units**(July 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Enhanced SD/MC (Refugees) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column P.

**Line 11 – Healthy Families (SED) Units
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Healthy Families units for each Healthy Families service function fills in automatically from MH 1901 Schedule B, Column R for the first quarter of the fiscal year.

**Line 11A – Healthy Families (SED) Units
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Healthy Families units for each Healthy Families service function fills in automatically from MH 1901 Schedule B, Column S for the second, third and fourth quarters of the fiscal year.

Line 12 – Non-Medi-Cal Units

No entry. Starting in Column B, non-Medi-Cal units for each service function fills in automatically from MH 1901 Schedule B, Column U.

**Line 13 – Medi-Cal Costs
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 4 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 13.

**Line 13A – Medi-Cal Costs
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 4 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 13A.

**Line 14 – Medi-Cal SMA Upper Limits
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 14.

**Line 14A – Medi-Cal SMA Upper Limits
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 5 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 14A.

**Line 15 – Medi-Cal Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 6 is multiplied by Line 8 for each SD/MC service function. The products of total published charges computed for all service functions are summed up automatically on Column A, Line 15.

**Line 15A – Medi-Cal Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 6 is multiplied by Line 8A for each SD/MC service function. The products of total published charges computed for all service functions are summed up automatically on Column A, Line 15A.

**Line 16 – Medi-Cal Negotiated Rates
(July 1, 2005 – September 30, 2005)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 16.

**Line 16A – Medi-Cal Negotiated Rates
(October 1, 2005 – June 30, 2006)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 16A.

**Line 17 – Medicare/Medi-Cal Crossover Costs
(July 1, 2005 – September 30, 2005)**

No entry. If applicable, starting in Column B, Line 4 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 17.

**Line 17A – Medicare/Medi-Cal Crossover Costs
(October 1, 2005 – June 30, 2006)**

No entry. If applicable, starting in Column B, Line 4 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 17A.

**Line 18 – Medicare/Medi-Cal Crossover SMA Upper Limits
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 18.

**Line 18A – Medicare/Medi-Cal Crossover SMA Upper Limits
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 18A.

**Line 19 – Medicare/Medi-Cal Crossover Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. If applicable, starting in Column B, Line 6 is multiplied by Line 9 for each SD/MC service function. The products of total published charges for all service functions computed are summed up in Column A, Line 19.

**Line 19A – Medicare/Medi-Cal Crossover Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. If applicable, starting in Column B, Line 6 is multiplied by Line 9A for each SD/MC service function. The products of total published charges for all service functions computed are summed up in Column A, Line 19A.

**Line 20 – Medicare/Medi-Cal Crossover Negotiated Rates
(July 1, 2005 – September 30, 2005)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20.

**Line 20A – Medicare/Medi-Cal Crossover Negotiated Rates
(October 1, 2005 – June 30, 2006)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20A.

**Line 21 – Enhanced SD/MC (Children) Costs
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21.

**Line 21A – Enhanced SD/MC (Children) Costs
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21A.

**Line 22 – Enhanced SD/MC (Children) SMA Upper Limits
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10 by each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 22.

**Line 22A – Enhanced SD/MC (Children) SMA Upper Limits
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 22A.

**Line 23 – Enhanced SD/MC (Children) Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 23.

**Line 23A – Enhanced SD/MC (Children) Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 23A.

**Line 24 – Enhanced SD/MC (Children) Negotiated Rates
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 24.

**Line 24A – Enhanced SD/MC (Children) Negotiated Rates
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 24A.

**Line 25 – Enhanced SD/MC (Refugees) Costs
(July 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 25.

**Line 26 – Enhanced SD/MC (Refugees) SMA Upper Limits
(July 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 26.

**Line 27 – Enhanced SD/MC (Refugees) Published Charges
(July 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 27.

**Line 28 – Enhanced SD/MC (Refugees) Negotiated Rates
(July 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 28.

**Line 29 – Healthy Families Costs
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 4 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29.

**Line 29A – Healthy Families Costs
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 4 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29A.

**Line 30 – Healthy Families SMA Upper Limits
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 5 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30.

**Line 30A – Healthy Families SMA Upper Limits
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 5 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30A.

**Line 31 – Healthy Families Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 6 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 31.

**Line 31A – Healthy Families Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 6 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 31A.

**Line 32 – Healthy Families Negotiated Rates
(July 1, 2005 – September 30, 2005)**

No entry. Starting in Column B, Line 7 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 32.

**Line 32A – Healthy Families Negotiated Rates
(October 1, 2005 – June 30, 2006)**

No entry. Starting in Column B, Line 7 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 32A.

Line 33 – Non-Medi-Cal Costs

No entry. Starting in Column B, Line 3 minus the sum of Lines 13, 13A, 17, 17A, 21, 21A, 25, 29, and 29A is entered here. The amounts for all service functions are summed up in Column A, Line 33.

MH 1966 Mode 05, Service Function 19***Hospital Inpatient***

The SMA rate for this service function does not include Physician and Ancillary service costs. The intent of this procedure is to ensure that Physician and Ancillary costs related to these Hospital Administrative Days are included in the comparison of the costs, SMA, published charges, and negotiated rates (if applicable). Legal entities with hospital administrative days should complete MH 1991 for the purpose of grossing up of SMA to include Physician and Ancillary costs. Note: you will need to complete the MH 1991 even if you do not have any Physician and Ancillary costs. The SMA costs are pulled directly from the MH 1991.

Upon Completion of Form MH 1991, MH 1966 for Mode 05, Service Function 19 fills in automatically from MH 1901 Schedules A, B and C, and MH 1991:

Lines 1 through 5

No entry. These fields fill in automatically from MH 1901 Schedules B and C. Note that Line 3 should include Physician and Ancillary costs related to patients on administrative day status (costs are limited to those claimable under Section 51511(c), Title 22 of the California Code of Regulations (CCR)).

Lines 6, 8, 8A, 13, and 13A

No entry. Lines 6, 8, and 8A fill in automatically from MH 1901 Schedule B. Lines 13 and 13A automatically compute.

Line 7 – Negotiated Rate/Cost per unit

No entry. Mode 05, Service Function 19 has no negotiated rate. If the legal entity has a mixture of service function categories with and without negotiated rates, this line will fill in with either the negotiated rate or the cost per unit. This is done so that when these amounts are aggregated on MH 1968, the data are not skewed.

Lines 9, 9A and 17, 17A through 20, 20A

These lines do not apply to this service function and should be left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

Line 12 – Non-Medi-Cal Units

No entry. This field automatically populates from MH 1901 Schedule B.

Line 13/13A – Medi-Cal Costs

No entry. This field computes Line 4 multiplied by Line 8 (Line 8A).

Line 14/14A

No entry. These fields include Physician and Ancillary costs. It computes automatically by referencing MH 1991, Column I (Physician costs + Ancillary costs).

Line 15/15A – Medi-Cal Published Charges

No entry. These fields automatically compute. The fields are the products of multiplying Line 6 by Line 8 (Line 8A). The published charge should include Physician and Ancillary costs.

Line 16/16A – Medi-Cal Negotiated Rates

No entry. Mode 05, Service Function 19 cannot have a negotiated rate, but if the Legal Entity has a mixture of service function categories with and without negotiated rates, this line will fill in the lower of Costs, SMA with Physician and Ancillary Costs or Charges. This is done so that when these amounts are aggregated on the MH 1968, the data are not skewed.

Line 22/22A – Enhanced SD/MC (Children) SMA Upper Limits

No entry. Line 5 is multiplied by Line 10/10A for each Mode 05, Service Function 19 entry. In addition, the Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Children EMC) are added to amounts that are automatically entered here.

Line 26 – Enhanced SD/MC (Refugees) SMA Upper Limits

No entry. Line 5 is multiplied by Line 10B for each Mode 05, Service Function 19 entry. In addition, the Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Refugees EMC) are added to amounts that are automatically entered here.

Line 30/30A – Healthy Families (SED) SMA Upper Limits

No entry. Line 5 is multiplied by Line 11/11A for each Mode 05, Service Function 19 entry. In addition, Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Healthy Families) are added to amounts that are automatically entered here.

Line 33 – Non-Medi-Cal Costs

No entry. Line 3 minus the sum of Lines 13, 13A, 21, 21A, 25, 29, and 29A is automatically entered here.

MH 1966 Modes 45 and 60***Outreach and Support***

Mode 45 (Outreach) and Mode 60 (Support) services are non-Medi-Cal reimbursable. For these modes, the format is simpler and only consists of six lines. MH 1966 for Modes 45 and 60 fills in automatically from MH 1901 Schedules A, B and C.

Lines 1 through 3

No entry. These fields fill in automatically from MH 1901 Schedules B and C.

Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function level.

Line 5 – Non-Medi-Cal Units

No entry. Starting from Column B, non-Medi-Cal units for each service function fills in from Line 2.

Line 6

No entry. Starting from Column B, non-Medi-Cal costs for each service function fills in from Line 3.

MH 1966 Mode 55

Medi-Cal Administrative Activities (MAA)

MH 1966 for Mode 55 is for Medi-Cal Administrative Activities (MAA) and is a simplified MH 1966 format consisting of five lines. MH 1966 for Mode 55 fills in automatically from MH 1901 Schedules A, B and C.

Lines 1 through 3

No entry. These fields fill in automatically from MH 1901 Schedules B and C.

Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function level.

Line 5 – Non-Medi-Cal Units

No entry. Starting from Column B, non-Medi-Cal units for each service function fills in by taking Line 3, Column A of this form and subtracting MH 1968, Line 35, Column D.

State of California Health and Human Services Agency		Department of Mental Health						
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 5/05)								
PAGE 1 OF 1 FISCAL YEAR 2005 - 2006								
County: 0								
County Code:								
Legal Entity: 0		A	B	C	D	E	F	G
Legal Entity Number:		Mode Total	Service Function					
Mode: 55 - Medi-Cal Administrative Activities								
1	Allocation Percentage							
2	Total Units							
3	Total Expenditures							
4	Cost per Unit							
5	Non-Medi-Cal Costs							

MH 1968***Determination of SD/MC Direct Services and MAA Reimbursement***

The objective of MH 1968 is to determine the net SD/MC and Healthy Families direct service reimbursement (FFP and State Match) for inpatient and outpatient services as well as MAA reimbursement. MAA service function expenditures are combined on MH 1968.

Nominal Fee Provider

Determination of Nominal Fee status is the first step in the cost report settlement process, before application of reimbursement limit (42 CFR 413.13). Legal entities with a significant portion of low-income patients will be required to complete an optional form MH 1969 Nominal Fee Provider Determination prior to completion of MH 1968. Nominal fee providers' reimbursement is limited to the lower of Actual Cost or SMA.

Determination of Cost Settlement Process

Cost settlement process is based on the application of the Lower of Cost or Charges (LCC) cost reimbursement principles. Pursuant to cost reimbursement rules, the application of LCC will be based on the aggregate cost of all outpatient services. Healthy Families follows SD/MC settlement technique and process.

Column K – Total Outpatient

No entry. This column sums Column I – Total Outpatient excluding Program 2 and Column J (Mode 15, Program 2).

**Line 1 – Medi-Cal Costs
(July 1, 2005 – September 30, 2005)**

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13 of MH 1966 for the applicable modes. Note that costs reported on Line 1 are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 1A – Medi-Cal Costs
(October 1, 2005 – June 30, 2006)**

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13A of MH 1966 for the applicable modes. Note that costs reported in Line 1A are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 2 – Medi-Cal SMA Upper Limits
(July 1, 2005 – September 30, 2005)**

No entry. Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2.

**Line 2A – Medi-Cal SMA Upper Limits
(October 1, 2005 – June 30, 2006)**

No entry. Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2A.

**Line 3 – Medi-Cal Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. Medi-Cal Published Charges for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3.

**Line 3A – Medi-Cal Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. Medi-Cal Published Charges for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3A.

**Line 4 – Medi-Cal Negotiated Rates
(July 1, 2005 – September 30, 2005)**

If applicable, Medi-Cal Negotiated Rates for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 4.

State of California Health and Human Services Agency			Department of Mental Health											
DETAIL COST REPORT														
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT														
MH 1968 (Rev. 5/05)														
FISCAL YEAR 2005 - 2006														
County: G														
County Code:														
Legis Entry: 0														
Local Entry Number:														
			REIMBURSEMENT TYPE				PC				Costs			
			A	B	C	D	E	F	G	H	I	J	K	
			Mode 55			Total MAA	Total Inpatient	Mode 05 Hospital Inpatient Services	Mode 10 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	Total Outpatient (Col I + Col J)
			S F's 01-09	S F's 11-19, 31-39	S F's 21-29									
1	Medi-Cal Costs	070105-093005												
1A		100105-093006												
2	Medi-Cal SMA	070105-093005												
2A		100105-093006												
3	Medi-Cal P. C.	070105-093005												
3A		100105-093006												
4	Medi-Cal N. R.	070105-093005												
4A		100105-093006												
5	Medi-Cal Gross Reimbursement	070105-093005												
5A		100105-093006												
6	Medicare/Medi-Cal Crossover Cost	070105-093005												
6A		100105-093006												
7	Medicare/Medi-Cal Crossover SMA	070105-093005												
7A		100105-093006												
8	Medicare/Medi-Cal Crossover P. C.	070105-093005												
8A		100105-093006												
9	Medicare/Medi-Cal Crossover N. R.	070105-093005												
9A		100105-093006												
10	Medicare/Medi-Cal Crossover Gross Reim.	070105-093005												
10A		100105-093006												
11	Total SD/MC + Crossover Gross Reim	070105-093005												
11A		100105-093006												
12	Enhanced SD/MC (Children) Cost	070105-093005												
12A		100105-093006												
13	Enhanced SD/MC (Children) SMA	070105-093005												
13A		100105-093006												
14	Enhanced SD/MC (Children) P. C.	070105-093005												
14A		100105-093006												
15	Enhanced SD/MC (Children) N. R.	070105-093005												
15A		100105-093006												
16	Enhanced SD/MC (Children) Gross Reim.	070105-093005												
16A		100105-093006												
17	Enhanced SD/MC (Refugees) Cost	070105-093005												
17A		100105-093006												
18	Enhanced SD/MC (Refugees) SMA	070105-093005												
18A		100105-093006												
19	Enhanced SD/MC (Refugees) P. C.	070105-093005												
19A		100105-093006												
20	Enhanced SD/MC (Refugees) N. R.	070105-093005												
20A		100105-093006												
21	Total Medi-Cal Gross Reimbursement	070105-093005												
21A	(Excludes Refugees)	100105-093006												
22	Enhanced SD/MC (Refugees) Gross Reim	070105-093005												
22A		100105-093006												
23	Healthy Families Cost	070105-093005												
23A		100105-093006												
24	Healthy Families SMA	070105-093005												
24A		100105-093006												
25	Healthy Families P. C.	070105-093005												
25A		100105-093006												
26	Healthy Families N. R.	070105-093005												
26A		100105-093006												
27	Healthy Families Gross Reim	070105-093005												
27A		100105-093006												
28	Less: Patient and Other Payor Revenue													
28A	SD/MC + Crossover Revenue	070105-093005												
28B		100105-093006												
29	Enhanced SD/MC (Children) Revenue													
29A	Enhanced SD/MC (Refugees) Revenue													
29B	Healthy Families Revenue													
32	Total Expenditures from MAA (Mode 55)													
33	Medi-Cal Eligibility Factor (Average)													
34	Revenue - MAA													
35	Net Due - SD/MC for Direct Services	070105-093005												
35A		100105-093006												
36	Net Due - Enhanced SD/MC (Refugees)													
37	Net Due - Healthy Families	070105-093005												
37A		100105-093006												
38	Amount Negotiated Rates Exceed Costs													
38A	SD/MC (Includes Children)	070105-093005												
38B		100105-093006												
39	Enhanced SD/MC (Refugees)													
40	Healthy Families	070105-093005												
40A		100105-093006												

**Line 4A – Medi-Cal Negotiated Rates
(October 1, 2005 – June 30, 2006)**

If applicable, Medi-Cal Negotiated Rates for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 4A.

**Line 5 – Medi-Cal Gross Reimbursement
(July 1, 2005 – September 30, 2005)**

Legal entities fall into one of four categories based on type of reimbursement system and qualification as nominal fee providers. Table 1 represents the four categories of legal entities and lines from MH 1968 that should be compared. Automatically, the lowest amount from lines being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J consists of Program 2 costs that are to be reimbursed to the county at actual cost as long as the aggregate cost per unit of service is below the SMA. Column J for this line is automatically computed by taking the lower of the Cost line or the SMA line (see Table 2).

**Line 5A – Medi-Cal Gross Reimbursement
(October 1, 2005 – June 30, 2006)**

Legal entities fall into one of four categories based on type of reimbursement system and qualification as nominal fee providers. Table 1 represents the four categories of legal entities and lines from MH 1968 that should be compared. Automatically, the lowest amount from lines being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J consists of Program 2 costs that are to be reimbursed to the county at actual cost as long as the aggregate cost per unit of service is below the SMA. Column J for this line is automatically computed by taking the lower of the Cost line or the SMA line (see Table 2).

**Table 1
Lines for Comparison**

Legal Entity Classifications	Reimbursement Method	Lowest of Lines
<i>Cost-Based Reimbursement</i>		
1. Nominal Fee Provider	Cost - or - SMA	$1 + 1A + 6 + 6A + 12 + 12A + 17$ - or - $2 + 2A + 7 + 7A + 13 + 13A + 18$
2. Not A Nominal Fee Provider	Cost - or - SMA - or - Published Charges	$1 + 1A + 6 + 6A + 12 + 12A + 17$ - or - $2 + 2A + 7 + 7A + 13 + 13A + 18$ - or - $3 + 3A + 8 + 8A + 14 + 14A + 19$
<i>Negotiated Rate Reimbursement</i>		
3. Nominal Fee Provider	SMA - or - Negotiated Rates	$2 + 2A + 7 + 7A + 13 + 13A + 18$ - or - $4 + 4A + 9 + 9A + 15 + 15A + 20$
4. Not a Nominal Fee Provider	SMA - or - Published Charges - or - Negotiated Rates	$2 + 2A + 7 + 7A + 13 + 13A + 18$ - or - $3 + 3A + 8 + 8A + 14 + 14A + 19$ - or - $4 + 4A + 9 + 9A + 15 + 15A + 20$

**Line 6 – Medicare/Medi-Cal Crossover Costs
(July 1, 2005 – September 30, 2005)**

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6.

**Line 6A – Medicare/Medi-Cal Crossover Costs
(October 1, 2005 – June 30, 2006)**

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6A.

**Line 7 – Medicare/Medi-Cal Crossover SMA
(July 1, 2005 – September 30, 2005)**

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 18 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7.

**Line 7A – Medicare/Medi-Cal Crossover SMA
(October 1, 2005 – June 30, 2006)**

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 18A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7A.

**Line 8 – Medicare/Medi-Cal Crossover Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. Medicare/Medi-Cal crossover published charge amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 19 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 8.

**Line 8A – Medicare/Medi-Cal Crossover Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. Medicare/Medi-Cal crossover published charge amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 19A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 8A.

**Line 9 – Medicare/Medi-Cal Crossover Negotiated Rates
(July 1, 2005 – September 30, 2005)**

No entry. If applicable, Medi-Cal Negotiated Rate amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H fills in automatically from Column A, Line 20 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 9.

**Line 9A – Medicare/Medi-Cal Crossover Negotiated Rates
(October 1, 2005 – June 30, 2006)**

No entry. If applicable, Medi-Cal Negotiated Rate amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H fills in automatically from Column A, Line 20A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 9A.

**Line 10 – Medicare/Medi-Cal Crossover Gross Reimbursement
(July 1, 2005 – September 30, 2005)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 10A – Medicare/Medi-Cal Crossover Gross Reimbursement
(October 1, 2005 – June 30, 2006)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Table 2
Lines for Comparison
For Outpatient Program 2 Only**

Legal Entity Classifications	Reimbursement Method	Lowest of Lines
All Program 2	Cost	1 + 1A + 6 + 6A + 12 +
	- or -	12A + 17
	SMA	- or - 2 + 2A + 7 + 7A + 13 + 13A + 18

**Line 11 – Total SD/MC + Crossover Gross Reimbursement
(July 1, 2005 – September 30, 2005)**

No entry. Automatically fills in the sum of Lines 5 and 10 in Columns E through K.

**Line 11A – Total SD/MC + Crossover Gross Reimbursement
(October 1, 2005 – June 30, 2006)**

No entry. Automatically fills in the sum of Lines 5A and 10A in Columns E through K.

**Line 12 – Enhanced SD/MC (Children) Cost
(July 1, 2005 – September 30, 2005)**

No entry. The total cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 21 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 12A – Enhanced SD/MC (Children) Cost
(October 1, 2005 – June 30, 2006)**

No entry. The total cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 21A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 13 – Enhanced SD/MC (Children) SMA
(July 1, 2005 – September 30, 2005)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 22 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 13 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 13A – Enhanced SD/MC (Children) SMA
(October 1, 2005 – June 30, 2006)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 22A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 13A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 14 – Enhanced SD/MC (Children) Published Charges
(July 1, 2005 – September 30, 2005)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 23 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 14 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 14A – Enhanced SD/MC (Children) Published Charges
(October 1, 2005 – June 30, 2006)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 23A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 14A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 15 – Enhanced SD/MC (Children) Negotiated Rate
(July 1, 2005 – September 30, 2005)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 24 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 15 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 15A – Enhanced SD/MC (Children) Negotiated Rate
(October 1, 2005 – June 30, 2006)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 24A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 15A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 16 – Enhanced SD/MC (Children) Gross Reimbursement
(July 1, 2005 – September 30, 2005)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E through I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 16A – Enhanced SD/MC (Children) Gross Reimbursement
(October 1, 2005 – June 30, 2006)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E through I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 17 – Enhanced SD/MC (Refugees) Cost
(July 1, 2005 – June 30, 2006)**

No entry. The total cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 25 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 17 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 18 – Enhanced SD/MC (Refugees) SMA
(July 1, 2005 – June 30, 2006)**

No entry. The total SMA cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 26 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 18 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 19 – Enhanced SD/MC (Refugees) Published Charge
(July 1, 2005 – June 30, 2006)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 27 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 19 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 20 – Enhanced SD/MC (Refugees) Negotiated Rate
(July 1, 2005 – June 30, 2006)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 28 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 20 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 21 – Total Medi-Cal Gross Reimbursement (excludes Enhanced SD/MC
Refugees)**

(July 1, 2005 – September 30, 2005)

No entry. This is automatically calculated as the sum of Lines 11 and 16. The total Medi-Cal Gross Reimbursement for SD/MC (Refugees) is accounted for in Line 22 (see below).

**Line 21A – Total Medi-Cal Gross Reimbursement (excludes Enhanced
SD/MC Refugees)**

(October 1, 2005 – June 30, 2006)

No entry. This is automatically calculated as the sum of Lines 11A and 16A. The total Medi-Cal Gross Reimbursement for SD/MC (Refugees) is accounted for in Line 22 (see below).

**Line 22 – Enhanced SD/MC (Refugees) Gross Reimbursement
(July 1, 2005 – June 30, 2006)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 23 – Healthy Families Cost
(July 1, 2005 – September 30, 2005)**

No entry. The total cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 29 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 23 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 23A – Healthy Families Cost
(October 1, 2005 – June 30, 2006)**

No entry. The total cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 29A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 23A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 24 – Healthy Families SMA
(July 1, 2005 – September 30, 2005)**

No entry. The total SMA cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 24 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 24A – Healthy Families SMA
(October 1, 2005 – June 30, 2006)**

No entry. The total SMA cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 24A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 25 – Healthy Families Published Charge
(July 1, 2005 – September 30, 2005)**

No entry. The total published charge cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 31 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 25 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 25A – Healthy Families Published Charge
(October 1, 2005 – June 30, 2006)**

No entry. The total published charge cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 31A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 25A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 26 – Healthy Families Negotiated Rate
(July 1, 2005 – September 30, 2005)**

No entry. The total negotiated rate cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 32 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 26 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 26A – Healthy Families Negotiated Rate
(October 1, 2005 – June 30, 2006)**

No entry. The total negotiated rate cost of providing services to Healthy Families services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 32A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 26A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 27 – Healthy Families Gross Reimbursement
(July 1, 2005 – September 30, 2005)**

No entry. Automatically, the reimbursement method selected by comparing the lowest amount from lines in Tables 1 and 2 for all SD/MC costs is utilized to apply the same methodology to determine Healthy Families Gross Reimbursement. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 27A – Healthy Families Gross Reimbursement
(October 1, 2005 – June 30, 2006)**

No entry. Automatically, the reimbursement method selected by comparing the lowest amount from lines in Tables 1 and 2 for all SD/MC costs is utilized to apply the same methodology to determine Healthy Families Gross Reimbursement. Inpatient reimbursement and Outpatient reimbursement are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 28 – Less: Patient and Other Payor Revenues
(July 1, 2005 – September 30, 2005)**

No entry. Revenue such as patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units report on MH 1966 automatically populate from MH 1901 Schedule B, Columns K and L. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

**Line 28A – Less: Patient and Other Payor Revenues
(October 1, 2005 – June 30, 2006)**

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column L. See Line 28 for more information.

Line 29 – Enhanced SD/MC (Children) Patient Revenue

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column O. See Line 28 for more information.

Line 30 – Enhanced SD/MC (Refugees) Patient Revenue

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column Q. See Line 28 for more information.

Line 31 – Healthy Families Patient Revenue

No entry. Healthy Families client fees, or other sources for providing services to Healthy Families clients, are automatically populated from MH 1901 Schedule B, Column T. See Line 28 for more information.

Line 32 – Total Expenditures from MAA (Mode 55)

No entry. Total Expenditures identified in MH 1966, Mode 55, Line 3 for Service Functions 1 through 9 in Column A; Service Functions 11 through 19 and 31 through 39 in Column B; and Service Functions 21 through 29 in Column C automatically populate these fields. The sum of Columns A, B and C automatically calculates in Column D.

Line 33 – Medi-Cal Eligibility Factor (Average)

No entry. County Medi-Cal eligibility factor (percentage) cell references MH 1901 Schedule A, Column E, Line 35.

Line 34 – Revenue – MAA

No entry. Does not apply.

Line 35 – Net Due SD/MC for Direct Services

(July 1, 2005 – September 30, 2005)

No entry. Column A automatically populates the amount from Line 32. Columns B and C are filled by the result of product of Lines 32 and 33. The sum of Columns A, B and C, Line 35, is automatically populated in Column D, Line 35.

For Columns E, I, J and K, the result of Line 21 minus the sum of Lines 28 and 29 is automatically populated.

Line 35A – Net Due SD/MC for Direct Services

(October 1, 2005 – June 30, 2006)

No entry. The result of Line 21A minus Lines 28A for Columns E, I, J and K are automatically populated.

Line 36 – Net Due Enhanced SD/MC (Refugees)

No entry. The result of Line 22 minus Line 30 for Columns E, I, J and K are automatically populated.

Line 37 – Net Due for Healthy Families

(July 1, 2005 – September 30, 2005)

No entry. The result of Line 27 minus Line 31 in Columns E, I, J and K are automatically populated.

Line 37A – Net Due for Healthy Families

(October 1, 2005 – June 30, 2006)

No entry. Line 27A is automatically populated here.

Line 38 – Amount Negotiated Rates Exceed Costs for SD/MC (Excludes Enhanced SD/MC Refugees)

(July 1, 2005 – September 30, 2005)

No entry. The difference of the sum of Lines 4, 9 and 15 minus the sum of Lines 1, 6 and 12 is automatically populated here. If the difference is less than zero, then zero is automatically populated. This line excludes enhanced SD/MC (Refugees) and INCLUDES enhanced SD/MC (Children).

Line 38A – Amount Negotiated Rates Exceed Costs for SD/MC (Excludes Enhanced SD/MC Refugees)

(October 1, 2005 – June 30, 2006)

No entry. The difference of the sum of Lines 4A, 9A and 15A minus the sum of Lines 1A, 6A and 12A is automatically populated here. If the difference is less

than zero, then zero is automatically populated here. This line excludes Enhanced SD/MC (Refugees) and INCLUDES Enhanced SD/MC (Children).

Line 39 – Amount Negotiated Rates Exceed Costs for Enhanced SD/MC (Refugees)

No entry. The difference of Line 20 minus Line 17 is automatically populated here. If the difference is less than zero, then zero is automatically populated.

Line 40 – Amount Negotiated Rates Exceed Costs for Healthy Families (July 1, 2005 – September 30, 2005)

No entry. The difference of Line 26 minus Line 23 is automatically populated here. If the difference is less than zero, then zero is automatically populated.

Line 40A – Amount Negotiated Rates Exceed Costs for Healthy Families (October 1, 2005 – June 30, 2006)

No entry. The difference of Line 26A minus Line 23A is automatically populated here. If the difference is less than zero, then zero is automatically populated.

MH 1969 INST

Instructions for Lower of Costs or Charges Determination

The purpose of MH 1969 INST is to determine if you qualify as a Nominal Fee Provider. Before you can continue to complete the MH 1969, you must answer four questions on MH 1969 INST.

- Does your legal entity have a published schedule of its full (non-discounted) charges?
- Are your legal entity's revenues for patient care based on application of a published charge schedule?
- Does your legal entity maintain written policies for its process of making patient indigence determinations?
- Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

Nominal Fee Provider determination		Please answer the following questions.	
Yes	No		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	Does your legal entity have a published schedule of its full (non-discounted) charges?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	Are your legal entity's revenue for patient care based on application of published charge schedule?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	Does your legal entity maintain written policies for its process of making patient indigence determinations?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

HOME
<< MH1960
MH1969 >>

If you answer No to any of the above questions, then you DO NOT qualify as a Nominal Fee Provider and you should not complete the MH 1969.

MH 1969 (Optional)**Lower of Costs or Charges Determination**

The legal entity must have a published schedule of its full (non-discounted) charges. The objective of MH 1969 is to determine whether legal entities are exempt from having to apply the Lower of Cost or Charges (LCC) principle. MH 1969 is an optional form and should be completed by legal entities whose charges are lower than the SMA upper limits; and costs for non-negotiated rate legal entities or negotiated rates for negotiated rate legal entities. If a legal entity's Medi-Cal adjusted customary charges are equal to or less than 60 percent of Medi-Cal costs, and the legal entity meets four additional criteria, the legal entity is exempt from having to include charges in the comparison on MH 1968. The four additional criteria that must be met by a legal entity are:

- The legal entity must have a published schedule of its full (non-discounted) charges.
- The legal entity's revenues for patient care must be based on application of a published charge schedule.
- The legal entity must maintain written policies for its process of making patient indigence determinations.
- The legal entity must maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures.

The exemption must be proven separately for Medi-Cal Inpatient Services (Mode 05-Hospital Inpatient Services) and Medi-Cal Outpatient Services (Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services). Refer to DMH Letter No. 90-05 and attachments for a detailed explanation of how to meet these four criteria.

Medi-Cal adjusted customary charges can be calculated using several different methods, all of which result in the same outcome.² MH 1969 employs the calculation method applicable to most legal entities. Medi-Cal adjusted customary charges are calculated by first dividing actual charges to non-Medicare and non-Medi-Cal patients by adjusted or published charges to non-Medicare and non-Medi-Cal patients. This ratio is then applied to Medi-Cal charges (i.e., amounts billed to Medi-Cal), resulting in Medi-Cal adjusted customary charges. These charges are compared to 60 percent of Medi-Cal costs and, if equal to or less, the legal entity is exempt from having to apply the LCC principle. Dollar amounts should be rounded to the nearest whole dollar.

² See: *Medicare and Medicaid Guide*, Commerce Clearing House, ¶7585, August 1989.

State of California Health and Human Services Agency		Department of Mental Health				
DETAIL COST REPORT						
LOWER OF COSTS OR CHARGES EXEMPTION DETERMINATION (Optional)						
MH 1969 (Rev. 5/05)		FISCAL YEAR 2005 - 2006				
County: 0						
County Code:						
Legal Entity: 0						
Legal Entity Number:						
		A	B	C	D	E
		Total Inpatient				Total Outpatient
		Mode 05 Hospital Inpatient	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services	
1	Amount billed to Medi-Cal					
	Non-Medicare/Medi-Cal Actual Charges					
2	Non-Medicare/Medi-Cal Patient Revenue					
3	Non-Medicare/Medi-Cal Patient Insurance					
4	Subtotal					
5	Non-Medicare/Medi-Cal Published Charges					
6	Ratio of Actual to Published Charges	0.00%				0.00%
7	Medi-Cal Adjusted Customary Charges					
8	Medi-Cal Costs					
9	60 Percent of Medi-Cal Costs					
DMH use only		Inpatient		Outpatient		
	Line 9 greater than line 7.	<input type="checkbox"/>		Exempt		<input type="checkbox"/>
	Line 7 greater than line 9.	<input checked="" type="checkbox"/>		Not Exempt		<input checked="" type="checkbox"/>
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Line 3 – Non-Medicare/Medi-Cal Patient Insurance

Enter the total patient insurance collected from non-Medicare patients and non-Medi-Cal patients for the cost report fiscal year. Line 3, Column A, represents patient insurance collected for Mode 05-Hospital Inpatient Services and Line 3, Column E, represents patient insurance collected for Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services.

Line 4 – Subtotal

No entry. This line sums Lines 2 and 3 for Column A (Inpatient) and Column E (Outpatient).

Line 5 – Non-Medicare/Medi-Cal Published Charges

Non-Medicare/Medi-Cal Published Charges represent amount non-Medicare and non-Medi-Cal patients would have paid had they been full-fee paying patients. On a separate worksheet maintained by the legal entity, multiply the units of service/time provided to non-Medicare and non-Medi-Cal patients by the legal entity's published charge or rate for each service function. These amounts should be aggregated by mode of service and reported in appropriate Column on Line 5. The sum of Columns B through D is automatically populated in Column E. Columns A and E represent legal entity's non-Medicare/Medi-Cal published charges for inpatient and outpatient services.

Line 6 – Ratio of Actual to Published Charges

No entry. The calculation is Line 4 divided by Line 5 in Column A (Inpatient) and Column E (Outpatient).

Line 7 – Medi-Cal Adjusted Customary Charges

No entry. The calculation is Line 1 multiplied by Line 6 in Column A (Inpatient) and Column E (Outpatient).

Line 8 – Medi-Cal Costs

No entry. The legal entity's total cost for providing Medi-Cal Inpatient and Outpatient services are automatically populated in Columns A and E. These costs are derived from the sum of MH 1968, Lines 11, 11A, 16, 16A and 22, Column E and Column I.

Line 9 – 60 Percent of Medi-Cal Costs

No entry. Columns A and E are automatically calculated by multiplying Line 8 by 60 percent and the results are automatically populated on Line 9.

If amount on Line 9, Column A (60 percent of Medi-Cal inpatient costs) is greater than Line 7, Column A (Medi-Cal inpatient adjusted customary charges), the legal entity is exempt from having to apply the LCC principle for Mode 05-Hospital Inpatient Services. If Line 7, Column A, is greater than Line 9, Column A, the legal entity is not exempt from having to apply the LCC principle for Mode 05-Hospital Inpatient Services on MH 1968, and must include Medi-Cal Mode 05-Hospital Inpatient charges in the comparison on MH 1968.

If amount on Line 9, Column E (60 percent of Medi-Cal outpatient costs) is greater than Line 7, Column E (Medi-Cal outpatient adjusted customary charges), the legal entity is exempt from having to apply the LCC principle for outpatient services. If Line 7, Column E, is greater than Line 9, Column E, the legal entity is not exempt from having to apply the LCC principle for outpatient services on MH 1968, and must include the Medi-Cal outpatient charges in the comparison on MH 1968.

MH 1979***SD/MC Preliminary Desk Settlement***

The objective of MH 1979 is to determine the preliminary net Federal Financial Participation (FFP) due to the legal entity for all SD/MC and Healthy Families services. Data for Lines 1 through 10 and 13 through 15 are to be entered by County legal entities in appropriate forms (MH 1900_Info and MH 1960, etc.)

Line 1 – County SD/MC Direct Service Gross Reimbursement

No entry. In Columns B and C, County's legal entity SD/MC direct service gross reimbursement for inpatient and outpatient services are automatically populated from MH 1968, Columns E and K, sum of Lines 21, 21A and 22. The sum of Columns B and C is automatically populated in Column D.

Line 2 – Contract Provider Medi-Cal Direct Service Gross Reimbursement

No entry. In Columns B and C, Contract Providers SD/MC Direct Service Gross reimbursement for inpatient and outpatient services are manually entered in the MH 1900 Information Sheet from the MH 1968, Columns E and K, sum of Lines 21, 21A and 22 for all legal entities that contract for SD/MC services with the county of County Mental Health Plans (MHPs). This entry should include payments to FFS/MC hospitals for psychiatric inpatient services (MH 1994, Lines 2A, 6 and 7 Plus FFP) that have not been included in the Allowable Costs for Allocation (Line 8) on MH 1960. The sum of Columns B and C automatically populates in Column D.

Line 3 – Total Medi-Cal Direct Service Gross Reimbursement

No entry. The sum of Lines 1 and 2 in Column D are automatically populated on Line 3. This amount represents total allowable SD/MC direct service costs in the county that will be used to determine maximum allowable SD/MC administrative reimbursement for the county legal entity.

Line 4 – SD/MC Administrative Reimbursement Limit

No entry. SD/MC Administrative costs are limited to 15 percent of SD/MC direct service costs. Column D, Line 3 is automatically multiplied by 0.15 to compute maximum SD/MC reimbursement for administrative services.

Line 5 – SD/MC Administration

No entry. SD/MC administrative costs are automatically populated from MH 1960, Column C, Line 9.

State of California Health and Human Services Agency											Department of Mental Health
DETAIL COST REPORT											
SD/MC PRELIMINARY DESK SETTLEMENT											
MH 1979 (Rev. 5/05)											FISCAL YEAR 2005 - 2006
County 0											
County Code											
Local Entity 0											
Local Entity Number	A	B	C	D	E	F	G	H	I	J	
	Total MAA	Total Reimbrt	Total Cost/Share	Total	50/50% FFP	50/50% FFP	50/50% FFP	Variable % FFP	75/25% FFP	Total FFP	
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement										
2	Contract Provider Med-Cal Direct Service Gross Reimbursement										
3	Total Med-Cal Direct Service Gross Reimbursement										
4	Med-Cal Administrative Reimbursement Limit										
5	Med-Cal Administration										
6	Med-Cal Administrative Reimbursement										
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement										
24	Contract Provider Healthy Families Direct Service Gross Reimbursement										
25	Total Healthy Families Direct Service Gross Reimbursement										
8	Healthy Families Administrative Reimbursement Limit										
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA											
11	Med-Cal Admin Activities Sec. Functions 01 - 09										
12	Med-Cal Admin Activities Sec. Functions 11 - 19, 21 - 39										
13	Med-Cal Admin Activities Sec. Functions 21 - 39 (County Only)										
14	Utilization Review/Shared Prof. Med. Personnel (County Only)										
15	Other SD/MC Utilization Review (County Only)										
SD/MC Net Reimbursement for Direct Services											
16A	6/01/05 - 06/30/05										
17	Enhanced SD/MC Net Reimb. (Children)	07/01/05 - 09/30/05									
17A	10/01/05 - 06/30/06										
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										
Healthy Families Net Reimbursement											
24	07/01/05 - 06/30/05										
24A	10/01/05 - 06/30/06										
25	Total Healthy Families Reimbursement Before Excess FFP										
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										

STATE SHARE OF SD/MC COST	
Line 6:	Column D minus Column E
Line 10:	Column D minus Column H
Line 11:	Column D minus Column E
Line 12:	Column D minus Column E
Line 13:	Column D minus Column E
Line 14:	Column D minus Column E
Line 15:	Column D minus Column E
Line 16:	Column D minus Column F
Line 16A:	Column D minus Column G
Line 17:	Column D minus Column H
Line 17A:	Column D minus Column H
Line 18:	Column D minus Column H
Line 24:	Column D minus Column H
Line 24A:	Column D minus Column H
TOTAL STATE SHARE SD/MC COST	

Line 6 – SD/MC Administrative Reimbursement

No entry. The lower of Lines 4 and 5 is automatically populated in Column D, Line 6. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC administration. The result is rounded to the nearest whole dollar and entered in Column E.

Line 7 – County Healthy Families Direct Service Gross Reimbursement

No entry. In Columns B and C, County's legal entity Healthy Families Direct Service Gross Reimbursement are automatically populated from MH 1968, Columns E and K, sums of Lines 27 and 27A. The sum of Columns B and C automatically populates Column D.

Line 7A – Contract Provider Healthy Families Direct Service Gross Reimbursement

No entry. In Columns B and C, Contract Providers Healthy Families Direct Service Gross Reimbursement for inpatient and outpatient services are manually entered in the MH 1900 Information Sheet from calculating the MH 1968, Columns E and K, sum of Lines 27 and 27A for all legal entities that contract for Healthy Families services with the county of County Mental Health Plans (MHPs). The sum of Columns B and C automatically populates in Column D.

Line 7B – Total Healthy Families Direct Service Gross Reimbursement

No entry. The sum of Lines 7 and 7A in Column D are automatically populated on Line 7B. This amount represents total allowable Healthy Families (HF) direct service costs in the county that will be used to determine maximum allowable HF administrative reimbursement for the county legal entity.

Line 8 – Healthy Families Administrative Reimbursement Limit

No entry. Healthy Families Administrative costs are limited to 10 percent of Healthy Families direct service gross costs. Column D, Line 7, is automatically multiplied by 10 percent to compute Healthy Families administrative limit.

Line 9 – Healthy Families Administration

No entry. The Healthy Families Administrative costs are automatically populated from Column C, Line 10 of MH 1960.

Line 10 – Healthy Families Administrative Reimbursement

No entry. The lower of Lines 8 and 9 from Column D is automatically selected and populated in Column D, Line 10. The amount in Column D is automatically multiplied by 65 percent to determine the FFP for Healthy Families administrative costs. The result is rounded to the nearest whole dollar and populated on Line 10, Column H.

NOTE: Lines 11 through 13 are for MAA participants only. Others Skip to Line 14.

Line 11 – Medi-Cal Administrative Activities Service Functions 01 - 09

No entry. The Net Due from Medi-Cal for MAA for Service Functions 01 through 09 is automatically populated from Line 35, Column A, of MH 1968 in Columns A and D. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J. Verify that Line 11 equals or agrees with MH 1979, Line 21, Column J (FFP).

Line 12 – Medi-Cal Administrative Activities Service Functions 11 - 19, 31 - 39

No entry. The Net Due from Medi-Cal for MAA for Service Functions 11 through 19 and 31 through 39 is automatically populated from Line 35, Column B, of MH 1968 in Columns A and D. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J. Verify that Line 12 agrees with MH 1979, Line 27 (Healthy Families).

**Line 13 – Medi-Cal Administrative Activities Service Functions 21 - 29
(County Only)**

No entry. The Net Due from Medi-Cal for MAA for Service Functions 21 through 29 is automatically populated from Line 35, Column C, of MH 1968 in Columns A and D. The result in Column D is automatically multiplied by 75 percent and populated in Columns I and J.

**Line 14 – Utilization Review – Skilled Professional Medical Personnel
(County Only)**

No entry. The SD/MC utilization review costs for skilled professional medical personnel are populated from Column C, Line 13 of MH 1960. The result in Column D is automatically multiplied by 75 percent to determine FFP and populated in Columns I and J.

**Line 15 – Other SD/MC Utilization Review
(County Only)**

No entry. The other SD/MC utilization review costs are automatically populated from Column C, Line 14 of MH 1960 in Column D. The result in Column D is automatically multiplied by 50 percent to determine FFP and populated in Columns E and J.

**Line 16 – SD/MC Net Reimbursement for Direct Services @ 50%
(July 1, 2005 – September 30, 2005)**

No entry. The SD/MC direct service net reimbursement for inpatient and outpatient services are automatically populated from Columns E and K, Line 11 of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC direct services and populated in Columns F and J.

**Line 16A – SD/MC Net Reimbursement for Direct Services @ 50%
(October 1, 2005 – June 30, 2006)**

No entry. The SD/MC direct service net reimbursement for inpatient and outpatient services are automatically populated from Columns E and K, Line 11A of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC direct services and populated in Columns G and J.

**Line 17 – Enhanced SD/MC Net Reimbursement (Children) @ 65%
(July 1, 2005 – September 30, 2005)**

No entry. The Enhanced SD/MC (Children) direct services net reimbursement is automatically populated from Columns E (Inpatient) and K (Outpatient), Line 16 of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 65 percent to determine FFP for Enhanced SD/MC (Children) direct services and populated in Columns H and J.

**Line 17A – Enhanced SD/MC Net Reimbursement (Children) @ 65%
(October 1, 2005 – June 30, 2006)**

No entry. The Enhanced SD/MC (Children) direct services net reimbursement is automatically populated from Columns E (Inpatient) and K (Outpatient), Line 16A of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 65 percent to determine FFP for Enhanced SD/MC (Children) direct services and populated in Columns H and J.

Line 18 – Enhanced SD/MC Net Reimbursement (Refugees) @ 100%

No entry. The Enhanced SD/MC (Refugees) direct services net reimbursement is automatically populated from Columns E (Inpatient) and K (Outpatient), Line 22 of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 100 percent to determine FFP for Enhanced SD/MC (Refugees) direct services and populated in Columns H and J.

Line 19 – Total SD/MC Reimbursement Before Excess FFP

No entry. The sum of Column J, Lines 6, 11 through 15, 16, 16A, 17, 17A and 18 are automatically populated in Column J.

Line 20 – Amount Negotiated Rates Exceed Costs – SD/MC and Enhanced SD/MC

No entry. Legal entities reimbursed based on negotiated rates must refund to CMS, 25 percent of the amount negotiated rates or reimbursement rates exceed costs. From MH 1968, the sum of Lines 38, 38A and 39 in Columns E (Inpatient) and K (Outpatient) is automatically populated into Columns B and C, respectively. The sum of Columns B and C is automatically populated in Column D. Column J automatically multiplies Column D by 25 percent. This represents the amount of FFP to be repaid to CMS.

Line 21 – Total SD/MC Reimbursement (FFP)

No entry. For Column J, the result of Line 19 minus Line 20 is automatically populated.

Line 22 – Contract Limitation Adjustment

No entry. This line automatically populates from MH 1900 Information Sheet when the county enters an adjustment to Medi-Cal due to contract limitations.

Line 23 – Adjusted Total Short-Doyle/Medi-Cal Reimbursement (FFP)

No entry. The result of Line 21 plus Line 22 is automatically populated.

**Line 24 – Healthy Families Net Reimbursement @ 65%
(July 1, 2005 – September 30, 2005)**

No entry. The amounts (Net Due-Healthy Families) from MH 1968, Line 37, Columns E (Inpatient) and K (Outpatient) are automatically populated in Columns B and C, respectively. The amount in Column D is automatically multiplied by 65 percent to determine FFP for SD/MC Healthy Families direct services and populated in Columns H and J.

**Line 24A – Healthy Families Net Reimbursement @ 65%
(October 1, 2005 – June 30, 2006)**

No entry. The amounts (Net Due-Healthy Families) from MH 1968, Line 37A, Columns E (Inpatient) and K (Outpatient) are automatically populated in Columns B and C, respectively. The amount in Column D is automatically multiplied by 65 percent to determine FFP for SD/MC Healthy Families direct services and populated in Columns H and J.

Line 25 – Total Healthy Families Reimbursement Before Excess FFP

No entry. The sum of Line 10, Line 24 and Line 24A is automatically populated in Column J.

Line 26 – Amount Negotiated Rate Exceeds Cost – Healthy Families

No entry. This line must remain blank. NR is not applicable to the Healthy Families program.

Line 27 – Total Healthy Families Reimbursement

No entry. The difference between Line 25 and Line 26 is automatically populated in Column J.

MH 1991**Calculation of SD/MC (Hospital Administrative Days)**

The objective of MH 1991 is to identify amount of Physician and Ancillary costs associated with SD/MC and Healthy Families (SED) Hospital Administrative Days (Mode 05, Service Function 19) for use on the MH 1966.

Column A – Settlement Group

No entry. Settlement groups are provided.

Column B – Provider Number

Enter 4-digit Provider Number.

Column C – SMA Rate

No entry. SMA Rate for FY 2005-2006 is provided for the two periods.

Column D – Period of Service

No entry. Period of service from 07/01/05 through 07/31/05 - \$236.82

Period of service from 08/01/05 through 06/30/06 - \$299.80

Column E – Administrative Days

Enter number of SD/MC administrative days according to period during which services were provided and by the settlement group the services were rendered during the fiscal year. This column should match the number of Medi-Cal units reported on Schedule B for Mode 05, Service Function 19.

Column F – Subtotal Amount

No entry. This is the result of Column C multiplied by Column E.

Column G – Physician Costs

Enter cost of physician services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal.)

Column H – Ancillary Costs

Enter cost of ancillary services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal.)

Column I – Total Amount

No entry. This is the sum of Columns F, G and H for each period and settlement group.

State of California Health and Human Services Agency						Department of Mental Health					
DETAIL COST REPORT CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2005 - 2006 HOSPITAL ADMINISTRATIVE DAYS MH1991 (Rev. 5/05) FISCAL YEAR 2005 - 2006											
COUNTY NAME:			LEGAL ENTITY			NAME:					
COUNTY CODE:						NUMBER:					
A	B	C	D	E	F	G	H	I			
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT			
SDMC		\$236.82	07/01/05 - 07/31/05								
		\$299.80	08/01/05 - 09/30/05								
		\$299.80	10/01/05 - 12/31/05								
		\$299.80	01/01/06 - 06/30/06					Sub Total			
Children EMC		\$236.82	07/01/05 - 07/31/05								
		\$299.80	08/01/05 - 09/30/05								
		\$299.80	10/01/05 - 12/31/05								
		\$299.80	01/01/06 - 06/30/06					Sub Total			
Refugees EMC		\$236.82	07/01/05 - 07/31/05								
		\$299.80	08/01/05 - 09/30/05								
		\$299.80	10/01/05 - 12/31/05								
		\$299.80	01/01/06 - 06/30/06					Sub Total			
Healthy Families		\$236.82	07/01/05 - 07/31/05								
		\$299.80	08/01/05 - 09/30/05								
		\$299.80	10/01/05 - 12/31/05								
		\$299.80	01/01/06 - 06/30/06					Sub Total			
GRAND TOTAL											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">HOME</td> <td style="text-align: center;"><< MH1901_Schedule B</td> <td style="text-align: center;">MH1961 >></td> </tr> </table>									HOME	<< MH1901_Schedule B	MH1961 >>
HOME	<< MH1901_Schedule B	MH1961 >>									

MH 1992 INST***Identification of Funding Sources***

The purpose of the MH 1992 INST is to identify all funding sources that are applicable. This form is designed to remove all unnecessary lines from the MH 1992.

“Yes” box will be the automatic default for all Funding Sources for the legal entity.

Identification of Funding Sources						
Please check all that apply.						
Yes	No		Funding Sources	MH1992		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	SAMHSA Grants	(Line 4)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	PATH Grants	(Line 5)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	RWJ Grants	(Line 6)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	Other Grants	(Line 7)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.	Patient Fees	(Line 9)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.	Patient Insurance	(Line 10)		
		7.	Regular SD/MC (FFP only)	(Line 11)		
		8.	Healthy Family - Fed share	(Line 12)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9.	Medicare - Fed. Share	(Line 13)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.	Conservatorship Admin. Fees	(Line 14)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.	State General Fund-State Share	(Line 15)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12.	State General Fund-County Match	(Line 16)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13.	SGF-Managed Care - Outpatient	(Line 17)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.	04-05 Rollover - Managed Care-Other	(Line 18)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.	EPSDT SD/MC - State Share Est.	(Line 19)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16.	04-05 SGF Rollover	(Line 20A)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17.	Other Revenue	(Line 20B)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18.	Realignment Funds/MOE	(Line 21)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.	Prior Years MHSA	(Line 22)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20.	MHSA	(Line 23)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21.	County Overmatch	(Line 24)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22.	CALWORKS	(Line 25)		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">HOME</td> <td style="width: 50%; text-align: center;">MH1992 >></td> </tr> </table>					HOME	MH1992 >>
HOME	MH1992 >>					

MH 1992

Funding Sources

The objective of MH 1992 is to identify the types of resources used to finance specific mental health program activities for each legal entity. Funding source identifies who is paying for programs authorized by the county mental health agency.

Column J – Total Legal Entity

No entry. This column sums Columns A through I for each line.

Line 1 – Gross Cost

No entry. Column A, Line 1, is the sum of Column C, Lines 12 and 17 of MH 960. Column B is from MH 1960, Column C, Line 16. Columns C through I, Line 1 are from Column A, Line 3 of the relevant MH 1966's.

Line 2 – Adjustment

Enter in Columns C through I, the amounts needed to adjust legal entity costs to actual program funding, such as the difference between county contract rate and actual cost incurred by contract providers.

State of California Health and Human Services Agency											Department of Mental Health
DETAIL COST REPORT											
FUNDING SOURCES											
MH 1992 (Rev. 5/05)											FISCAL YEAR 2005 - 2006
County: 0											
County Code:											
Legal Entity: 0											
Legal Entity No.	A	B	C	D	E	F	G	H	I	J	
	Admin/ Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Direct Services/MAA		Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity
1	Gross Cost										CROSSCHECKS
2	Adjustments										
3	Adjusted Gross Cost										OK

For Legal Entities that provide services to *multiple counties*, adjust gross aggregate county legal entity allowable costs on Line 2, Columns C through I to agree with the amount received from each county for which a cost report is being submitted. Report aggregate gross county legal entity costs for all county legal entities on MH 1960, and aggregate gross county legal entities units of service on MH 1901 Schedule B for the determination of cost per unit.

Line 3 – Adjusted Gross Cost

No entry. Line 1 plus or minus Line 2 is automatically populated.

Line 4 – SAMHSA Grants

Enter revenues accrued from SAMHSA grants for appropriate modes of service.

Line 5 – PATH Grants

Enter revenues accrued from PATH grants for appropriate modes of service.

Line 6 – RWJ Grants

Enter revenues accrued from Robert Wood Johnson (RWJ) Foundation grants for appropriate modes of service.

Line 7 – Other Grants

Enter revenues accrued from other grants not reported on Lines 4 through 6 for appropriate modes of service.

Line 8 – Total Grants Accrued

No entry. Lines 4 through 7 for Columns A through G are automatically populated.

Line 9 – Patient Fees

Enter patient fees received for appropriate treatment program modes of service.

State of California Health and Human Services Agency		Department of Mental Health										
DETAIL COST REPORT		FISCAL YEAR 2005 - 2006										
FUNDING SOURCES												
MH 1992 (Rev 5/05)												
County: 0												
County Code:												
Legal Entity: 0												
Legal Entity No.		A	B	C	D	E	F	G	H	I	J	
		Admin/ Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 80 - Support Services	Total Legal Entity	
Direct Services/AAA												
CROSSCHECKS												
1	Gross Cost											
2	Adjustments											
3	Adjusted Gross Cost											OK
Funding Sources												
Grants												
4	SAMHSA Grants											
5	PATH Grants											
6	RWJ Grants											
7	Other Grants											
8	Total Grants Accrued											OK
9	Patient Fees											
10	Patient Insurance											
11	Regular/Enhanced SDIMC (FFP only)											OK MH1979 SDMC MATCH
12	Healthy Family - Fed share											OK MH1979 HF MATCH
13	Medicare - Fed Share											
14	Conservatorship Admin Fees											
15	State General Fund-State Share											
16	State General Fund-County Match											
17	SGF-Managed Care - Outpatient											
18	04 05 Rollover - Managed Care-Other											
19	EPSDT SDIMC - State Share Est											
20A	04 05 SGF Rollover											
20B	Other Revenue											
21	Reassignment Funds/MOE											
22	Prior Years MHSA											
23	MHSA											
24	County Overmatch											
25	CALWORKS											
26	Total Funding Sources											OK
EDIT CHECKS												
Line 3 - Line 24? OK		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
Amt. to Balance to Line 1:		0	0	0	0	0	0	0	0	0	0	0
HOME		MH1992_IHST										DONE!

Line 10 – Patient Insurance

Enter patient insurance received for appropriate treatment program modes of service.

Line 11 – Regular and Enhanced Short-Doyle/Medi-Cal (FFP Only)

No entry. SD/MC and enhanced SD/MC net reimbursement (FFP portion only) are included on this line. Column A (Administration) comes from MH 1979, Column J, Line 6. Column B (Utilization Review) is the result of MH 1979, Column J, Lines 14 plus 15. Column C (Mode 05 – Hospital Inpatient) is the result of MH 1979, Column B, sum of Line 16 x .50, plus Line 16A x .50, plus Line 17 x .65, plus Line 17A x .65, plus Line 18 x 1.00, minus MH 1979, Column B, Line 20 x .25. Columns D (Mode 05 – Other 24 Hour Services), E (Mode 10 – Day Services) and F (Mode 15 – Outpatient Services) are calculated using data from MH 1968, Columns F (Mode 05- Other 24 Hour Services), G (Mode 10 – Day Services), and H plus J (Mode 15 – Outpatient Services, Programs 1 and 2), Line 11 minus Line 28, x .50, plus Line 11A minus Line 28A, x .50, plus Line 16 minus Line 29, x .65, plus Line 16A, x .65, plus Line 22 minus Line 30, x 1.0 minus the sum of Lines 38, 38A and 39 x .25. Column H (Mode 55 – MAA) is calculated using MH 1979, Column J, sum of Lines 11, 12 and 13.

Line 12 – Healthy Families – Federal Share

No entry. Column A (Administration) comes from MH 1979, Column J, Line 10. Column C (Mode 05 – Hospital Inpatient) is the result of MH 1979, Column B, Line 24 x .65, plus Line 24A x .65, minus the product of .25 x Line 26. Columns D (Mode 05 – Other 24 Hour Services), E (Mode 10 – Day Services) and F (Mode 15 – Outpatient Services) are calculated using data from MH 1968, Columns F (Mode 05 – Other 24 Hour Services), G (Mode 10 – Day Services) and H plus J (Mode 15 – Outpatient Services, Programs 1 and 2), Line 37 x .65, plus Line 37A x .65, minus .25 x sum of Lines 40 plus 40A.

Line 13 – Medicare – Federal Share

Enter Medicare revenue accrued/received for appropriate treatment program modes of service.

Line 14 – Conservator Administrative Fees

Enter conservator administration fees received in Column I, Line 14.

Line 15 – State General Fund – State Share

Enter State share of State General Fund (SGF) (90 percent for large counties) in Columns A through I. These are primarily categorical funds allocated by DMH to the counties for FY 2005-2006. Community Services – Other Treatment for Mental Health Managed Care should not be included on this line. Total amount should equal MH 1940, Column A, Lines 9, 10, 11 and 12.

Line 16 – State General Fund – County Match

Enter county share (10 percent for large counties) of cost to match State General Fund in Columns A through I, if applicable.

Line 17 – State General Fund – Managed Care – Outpatient Mental Health Services

Enter expenditures by modes of service for Outpatient Mental Health Services funded by FY 2005-2006 SGF – Managed Care allocation. Total amount should equal MH 1994, Lines 8 and 9 and MH 1940, Line 13, Column A.

Line 18 – FY 2004-2005 Rollover – Managed Care – Outpatient Mental Health Services

Enter expenditures for Outpatient Mental Health Services by modes of service, funded by rollover from FY 2004-2005 SGF – Managed Care allocation. The amount should equal MH 1994, Line 2B, amount expended on Outpatient Mental Health Services. Line 2A is inpatient hospital expenditures paid from the contingency reserves, while Line 2B is outpatient expenditures paid also from the contingency reserves.

Line 19 – EPSDT SD/MC – State Share Estimate

Enter estimated SGF of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) SD/MC. Estimated amount should be based upon anticipated EPSDT expenditures and may or may not be different than EPSDT SGF Interim Funding the County received as an advance. EPSDT amount should be reflected on MH 1940, Line 16.

Line 20A – FY 2004-2005 SGF Rollover

Enter by mode of service, categorical funds SGF rolled over from the previous fiscal year. **Note:** Report county match for rollover that requires county share.

Line 20B – Other Revenues

Enter here all other revenues received and not reported on Lines 4 through 19.

Line 21 – Realignment Funds/Maintenance of Effort

Enter amount expended per realignment funding and county Maintenance of Effort (MOE) obligations pursuant to Welfare and Institutions Code § 17608.05 for each mode of service. Include realignment funds used to match FFP under the Short-Doyle/Medi-Cal program. Exclude realignment funding for State Hospitals and county match for SGF allocated by State Department of Mental Health.

Line 22 – Prior Years-MHSA

No entry. Field Shaded for FY 2005-2006.

Line 23 – MHSA

Enter amount expended per Mental Health Services Act (MHSA) funding, including MHSA funds used to match FFP under the Short-Doyle/Medi-Cal program. This amount should equal MH 1995, Line 7.

Line 24 – County Overmatch

Enter county overmatch funds the county contributes over the percentage amounts prescribed by law.

Line 25 – CalWORKS

Enter the county CalWORKS funds used for mental health services.

Line 26 – Total Funding Sources

No entry. This line sums Lines 8 through 25 for Columns A through I. Amount in Column J, Line 25, should equal amount in Column J, Line 3. Any difference between the two amounts should be corrected before submitting the cost report.

No text this page.

Summary Forms for Counties ONLY

This section details the following forms and their requirements for Summary County Cost Reporting ONLY.

MH 1900_INFO_SUM	Information Sheet (Sample in Appendix D)
MH 1908	Supplemental State Resource Data Report final amounts for State Categorical Funds from "Final Allocation" Letter
MH 1909	Supplemental Cost Report Data by Program Category
MH 1909_SUM	Supplemental Cost Report Data by Program Category (Sample in Appendix D)
MH 1912	Supplemental Cost Report Data for Special Education Program
MH 1968_SUM	Determination of SD/MC Direct Service and MAA Reimbursement (Sample in Appendix D)
MH 1979_SUM	Summary SD/MC Preliminary Desk Settlement (Sample in Appendix D)
MH 1992_SUM	Summary Funding Sources (Sample in Appendix D)
MH 1994	Report of Mental Health Managed Care Allocation and Expenditures
MH 1995	Report of Mental Health Services Act (MHSA) Distribution and Expenditures
MH 1940 and Certification Page	Year End Cost Report Summary
MH 1979_1992_RECON	Reconciliation of MH 1979 and MH 1992 for FFP Accuracy (Sample in Appendix D)
MH_EPSDT	EPSDT Costs (Sample in Appendix D)
MHINOUT	Inpatient/Outpatient Summary (Sample in Appendix D)
MH 1992DETAIL	MH 1992 Detail (Sample in Appendix D)

MH 1908***Supplemental State Resource Data – Preliminary Worksheet to the MH 1909s***

The purpose of the MH 1908 Supplemental State Resource Data worksheet is to segregate funding sources according to fund classification. The data collected and analyzed here will be used to populate each categorical funding on the MH 1909's.

First Table – Program and Final Allocation

Enter county's allocation amount for budget category from the county's Final Allocation Worksheet.

Second Table – Program Data by Fund Sources, Final Allocation and Prior Year Rollover Allocation

The first column is "Final Allocation". This column is automatically populated based on the information in the first table.

The second column is "Prior Year Rollover Allocation". Enter any rollover allocations from FY 2004-2005 by fund source.

CALIFORNIA HEALTH AND HUMAN SERVICES AGEN SUPPLEMENTAL STATE RESOURCE DATA MH 1908 (06/05)		DEPARTMENT OF MENTAL HEALTH Fiscal Year 2005-2006	
County: 0 County Code: 0			
PROGRAM	FINAL ALLOCATION		
Community Services - Other Treatment			
Adult System of Care			
Children's Mental Health Services			
Community Services - Other Treatment for Mental Health Managed Care	\$0		
<i>Managed Care Subset</i>			
SEP - Assessment, Treatment and Case Management			
TOTAL COMMUNITY SERVICES	\$0		
PROGRAM DATA BY FUND SOURCES	FINAL ALLOCATION	PRIOR YEAR ROLLOVER ALLOCATION	
4440-101-0001 (1) Community Services - Other Treatment			
4440-101-0001 Adult System of Care			
4440-101-0001 (1 5) Children's Mental Health Services			
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	\$0		
<i>Managed Care Subset</i>			
4440-131-0001 SEP - Assessment, Treatment & Case Management			
TOTAL FUND SOURCES	\$0	\$0	

Summary Flow

COMMENT BOXES TO THE RIGHT OF THE SECOND TABLE

The comment box is designed to be your navigator in the process of completing the MH 1909 forms. If you enter data in the first table, the comment box will prompt and identify the form or forms for you to complete. On the second table, if you entered data on the rollover Column, you will be prompted to complete the identified MH 1909 form.

Community Services – Other Treatment:
 Cost Report FYMH 1909_CSRV
 Rollover FYMH 1909_CSRV_ROLL

Adult Systems of Care:
 Cost Report FYMH 1909_ASOC
 Rollover FYMH 1909_ASOC_ROLL

Children's Mental Health Services:
 Cost Report FYMH 1909_CSOC
 Rollover FYMH 1909_CSOC_ROLL

MH 1909***Supplemental Cost Report Data by Program Category***

The objective of MH 1909 is to identify State General Fund (SGF) allocation and expenditures for specified budget item and program category funds. A separate MH 1909 is to be prepared for each program category fund and each program category funds rolled over from the previous fiscal year. Rollover expenditures are not current year Categorical Funds Allocation and should not be included in the Funding Sources portion of MH 1940.

Lines 1, 2, 3 – County Name, FY, Submission Date

No entry. The information is pulled from MH 1900_INFO_SUM.

Lines 4 and 5 – Budget Category, Budget Item Number

No entry. The information is hard coded to the individual worksheets.

Line 6 – SGF Allocation

No entry. This amount is pulled from MH 1908 from the second table and the Final Allocation Column.

Column A – Legal Entity Name

No entry. Each legal entity supported by appropriate Budget Program Category being reported. The legal entity name will be pulled from the MH 1900 Information Sheet the moment the legal entity number is entered.

Column B – Legal Entity Number

Enter five-digit number as assigned to Legal Entity.

Column C – Mode of Service

Enter two-digit code for appropriate Mode of Service.

Column D – Service Function

Enter two-digit code for appropriate Service Function.

Column E – Units of Service

Enter the Units of Service.

Column F – State Share of Net Cost

For each legal entity entry, enter the amount of allocated SGF expended on specified Budget Program Category, excluding amounts used as state match to FFP, which are included in Column G.

Column K – Other Fund Sources

Enter expenditures above the allocated SGF used to provide identified Budget Program Category services. This column should also include non-state general funds used to match FFP. However, for CSOC/EPSTD funds, this column can be above allocated SGF even if total allocated fund has not been expended. Please add an explanation line if above the allocated SGF amount. Other funds, such as the IDEA fund, should be reported in this column.

MH 1912***Supplemental Cost Report Data for Special Education Program (SEP)***

The objective of MH 1912 is to identify total SEP costs, regardless of funding source. The MH 1912 SEP will be used for reporting total program costs associated with the SEP mandate to the California Legislature and the California Department of Education (CDE). Additionally, for those counties submitting SB 90 Claims for this program, the MH 1912 SEP will be the supporting documentation for that claim.

Lines 1, 2, 3 – County Name, FY, Submission Date

No entry. The information is pulled from MH 1900_INFO_SUM.

Lines 4 and 5 – Budget Category, Budget Item Number

No entry. No information required at this time.

Line 6 – SGF Allocation

No entry. No information required at this time.

Column A – Legal Entity Name

No entry. This field is automatically populated when the Legal Entity Number is identified in Column B.

Column B – Legal Entity Number

Enter the five-digit number assigned to the legal entity, regardless of funding source.

Column C – Mode of Service

Enter the two-digit code for the appropriate Mode of Service.

Column D – Service Function

Enter the two-digit code for the appropriate Service Function.

Columns E through G – Units of Service

Units of Service are for services associated with the AB 3632 SEP program, regardless of funding source. AB 3632 services are only those services on the Individualized Education Plan (IEP). Any other service provided to an AB 3632 eligible child should not be included on the MH 1912 SEP. AB 3632 services begin with the mental health assessment after referral from the Local Education Agency pursuant to the IEP. Any pre-referral services are not considered AB 3632 services and should not be reported on the MH 1912 SEP. The total units of service should match the total units of service reported to CSI and identified as being part of an IEP for SEP.

For Medi-Cal legal entities, the total units of service should match the SD/MC approved units of service provided to SEP clients.

Column E – Medi-Cal Units of Service

Enter the Medi-Cal Units of Service for the mode and service function for AB 3632 services.

Column F – Non-Medi-Cal Units of Service

Enter the Non-Medi-Cal Units of Service for the mode and service function for AB 3632 services.

Column G – Total Units of Service

No entry. This is the sum of Medi-Cal Units of Service (Column E) and Non-Medi-Cal Units of Service (Column F). Column G is the Total Units of Service associated with the provision of AB 3632 SEP, regardless of funding source.

Column H – Reimbursement Rate and Cost Per Unit

Enter on separate lines the reimbursement rate for Medi-Cal units used to determine FFP, and the cost per unit for Non-Medi-Cal units by mode and service function from the appropriate MH 1966, Lines 4 through 7.

Column I – Medi-Cal Costs – Total

No entry. This is the sum of Medi-Cal Units of Service (Column E) multiplied by Cost Per Unit (Column H).

Column J – Medi-Cal Costs – FFP

Enter the Medi-Cal FFP Costs for AB 3632 services for each legal entity and service function by multiplying the Total Medi-Cal Costs (Column I) by the FFP sharing ratio. This automatically populates the MH 1940, Line 12, Column B.

Column K – Medi-Cal Costs – County EPSDT Baseline

Enter the estimated county EPSDT baseline funds to be used as match for the FFP in Column J. This represents the amount of county EPSDT baseline funding related to AB 3632 services provided to Medi-Cal beneficiaries.

Column L – Medi-Cal Costs – EPSDT County Match for Growth

Enter the estimated EPSDT county matching funds for the growth in EPSDT State General Funds. This represents the amount of the required ten percent county match to growth in EPSDT SGF for AB 3632 services provided to Medi-Cal beneficiaries.

Column M – Medi-Cal Costs – EPSDT State General Funds

No entry. This is automatically populated from Medi-Cal Costs – Total (Column I) less the sum of Medi-Cal Costs – FFP (Column J), Medi-Cal Costs – EPSDT Baseline (Column K), and Medi-Cal Costs – EPSDT County Match for Growth (Column L). This represents the amount of EPSDT SGF for AB 3632 services provided to Medi-Cal beneficiaries.

Column N – Non-Medi-Cal Costs – Total

No entry. This is the sum of Non-Medi-Cal Units of Service (Column F) multiplied by the Cost Per Unit (Column H).

Column O – Non-Medi-Cal Costs – County Matching Funds

Since there is no DMH allocation for SEP in FY 2005-06, there is no match requirement for SEP. However, if county general funds are used to support the SEP program, enter the amount of County General Funds used. Document this in the 'Footnote' section, if this amount is included in the SB 90 claim.

Column P – Non-Medi-Cal Costs – State General Funds

Enter the amount of SGF used to support SEP Non-Medi-Cal Units of Service.

Column Q – Non-Medi-Cal Costs – Other Fund Sources

No entry. This is automatically calculated as the difference between the Total Non-Medi-Cal Costs (Column N) and the funding identified in Non-Medi-Cal Costs – County Matching Funds (Column O) and Non-Medi-Cal Costs – SGF (Column P). This should represent any other funds used to provide service for this program, such as County Office of Education/Special Education Local Plan Areas, realignment funds, patient fees, or any other fund source not identified in any of the other columns. A total amount for each fund source is to be provided in the 'Footnotes' section.

Column R – Total SEP Program Costs

No entry. This is automatically calculated as the Total Units of Service (Column G) multiplied by the Cost per Unit (Column H). This amount should also equal the sum of Total Medi-Cal Cost (Column I) and Non-Medi-Cal Cost (Column N).

NOTE: If other categorical program funds were used to support SEP costs, an explanation in the 'Footnotes' section is required. A copy of the County SB 90 claim for SEP is to be provided to confirm that total costs are included in both documents. Documentation in the 'Footnote' section is required if no County SB 90 claim is filed for SEP.

MH 1994***Report of Mental Health Managed Care Allocation and Expenditures***

The purpose of this form is to allow each county legal entity to report expenditures for Managed Care State General Fund (SGF) allocation (4440-103-0001: Community Services – Outpatient Mental Health Services for Mental Health Managed Care).

FY 2004-2005 Rollover – Column A:**Line 1, FY 2004-2005 SGF Mental Health Contingency Reserve**

No entry. This amount automatically populated from the MH 1908 Supplemental State Resource Data sheet (Column E, Row 20). This amount represents Managed Care SGF for FY 2004-2005 not spent during that fiscal year and reserved for FY 2005-2006. (This line should be the same as FY 2004-2005 Cost Report, MH 1994, Line 10.)

Line 2a, FY 2004-2005 Contingency Reserve Expenditures for Inpatient Expenditures in FY 2005-2006

Enter FY 2004-2005 Managed Care Contingency Reserve SGF Inpatient expended during FY 2005-2006.

Line 2b, FY 2004-2005 Contingency Reserve Expenditures for Outpatient Expenditures in FY 2005-2006.

Enter FY 2004-2005 Managed Care Contingency Reserve SGF Outpatient expended during FY 2005-2006.

Line 3, SGF Mental Health Contingency Reserve

No entry. Line 1 minus Line 2.

FY 2005-2006 Allocation – Column A:**Line 4, SGF Managed Care Allocation**

No entry. This line is automatically populated from MH 1908 Supplemental State Resource Data sheet, 4440-103-0001 "Community Services – Outpatient Mental Health Services for Mental Health Managed Care".

Line 5, SGF Mental Health Contingency Reserve Rollover Expenditures

No entry. This line picks up from Line 3.

Line 6, FFS/MC Expenditures Acute Inpatient Hospital Days

Enter SGF portion of FFS/MC expenditures for Acute Psychiatric Inpatient Hospital days.

Line 7, FFS/MC Expenditures Inpatient Hospital Administrative Days

Enter SGF portion of FFS/MC expenditures for Inpatient Hospital Administrative days.

Line 8, FFS/MC Expenditures Outpatient Mental Health Services

Enter the expenditures for Managed Care SGF allocation used to match FFS/MC expended for Outpatient Mental Health Services.

Line 9, State General Fund Expenditures Other Mental Health Services

Enter the portion of FY 2005-2006 Managed Care SGF allocation used to fund Other Mental Health Services expenditures.

Line 10, State General Fund Mental Health Contingency Reserve

Enter portion of FY 2005-2006 Managed Care SGF allocation that was not expended during the FY 2005-2006 and is held as contingency reserve to be rolled over for expenditure during FY 2006-2007.

Line 11, Unexpended/Uncommitted State General Fund Balance

No entry. This line sums Lines 4 through 9. The amount listed on this line is the amount that the county identifies as unexpended during FY 2005-2006 and does not intend to rollover into FY 2006-2007.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH
REPORT OF MENTAL HEALTH MANAGED CARE ALLOCATION AND EXPENDITURES MH 1994 (05/05)		Fiscal Year 2005-2006
COUNTY OF:	0	
COUNTY CODE:	0	
DATE COMPLETED:		
		A
		State General Fund
FY 2004-2005 Rollover		
1) FY 2004-2005 SGF Mental Health Contingency Reserve		0
Less		
2a) FY 2004-2005 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2005-2006		
Less		
2b) FY 2004-2005 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2005-2006		
3) Total SGF Mental Health Contingency Reserve		0
FY 2005-2006 Allocation		
4) FY 2005-2006 SGF Managed Care Allocation		0
5) Plus FY 2004-2005 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)		0
6) Less FY 2005-2006 FFS/MC Expenditures Acute Inpatient Hospital Days		
7) Less FY 2005-2006 FFS/MC Expenditures Inpatient Hospital Administrative Days		
8) Less FY 2005-2006 FFS/MC Expenditures Outpatient Mental Health Services		
9) Less Other FY 2005-2006 State General Fund Expenditures Other Mental Health Services		
10) Less FY 2005-2006 State General Fund Mental Health Contingency Reserve		
11) Total FY 2005-2006 Unexpended/Uncommitted State General Fund Balance		0
Summary Flow		

MH 1995***Report of Mental Health Services Act (MHSA) Distribution and Expenditures***

The purpose of this form is to allow each county legal entity to report expenditures for MHSA distribution.

Prior Years Distribution – Column A:**Line 1, Prior Years Unexpended Mental Health Services Act Balance**

Enter the distribution amount balance received for the Mental Health Services Act for FY 2004-2005.

Line 2, Prior Years Mental Health Services Act Expenditures

No Entry. *(Field Shaded for FY 2005-2006)*

Line 3, Prior Years Unexpended Mental Health Services Act Balance

No entry. This line sums Lines 1 and 2. The amount listed on this line is the amount that the county identifies as unexpended Mental Health Services Act Balance.

FY 2005-2006 Distribution – Column A:**Line 4, FY 2005-2006 Mental Health Services Act Distribution**

Enter the distribution amount received for the Mental Health Services Act for FY 2005-2006.

Line 5, FY 2005-2006 Interest Earned on Mental Health Services Act

Enter Interest earned on Mental Health Services Act Distribution for the FY 2005-2006.

Line 6, FY 2005-2006 Mental Health Services Act Balance

No entry. This line picks up from Line 3.

Line 7, FY 2005-2006 Mental Health Services Act Expenditures

Enter Mental Health Services Act expenditures in FY 2005-2006.

Line 8, FY 2005-2006 Unexpended Mental Health Services Act

No entry. The amount listed on this line is the amount that the county identifies as unexpended Mental Health Services Act during FY 2005-2006.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH
REPORT OF MENTAL HEALTH SERVICES ACT (MHSA) DISTRIBUTION AND EXPENDITURES MH 1995 (07/06)		Fiscal Year 2005-2006
COUNTY OF:	0	
COUNTY CODE:	0	
DATE COMPLETED:		
<i>Prior Years Balance</i>		A
1) Prior Years Mental Health Services Act Balance		
Less		
2) Prior Years Mental Health Services Act Expenditures		
3) <i>Total</i> <i>Prior Years Unexpended Mental Health Services Act Balance</i>		\$
<i>FY 2005-2006 Distribution</i>		
4) FY 2005-2006 Mental Health Services Act Distribution		
5) Plus: Interest Earned on Mental Health Services Act FY 2005-2006		
6) Plus: Prior Years Unexpended Mental Health Services Act Balance (Line 3)		\$
Less		
7) FY 2005-2006 Mental Health Services Act Expenditures		
8) <i>Total</i> <i>FY 2005-2006 Unexpended Mental Health Services Act</i>		\$
<p>4) Enter current year Mental Health Services Act Distribution.</p> <p>5) Enter Interest Earned on Mental Health Services Act Distribution through FY 2005-2006.</p> <p>6) No entry, this line is picked up from line 3 above.</p> <p>7) Enter the amount of Mental Health Services Act expenditures for the current year.</p> <p>8) Unexpended Mental Health Services Act to be used for future periods.</p>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Summary Flow</div>		

MH 1940***Year End Cost Report***

The purpose of this form is to allow each county's local mental health agency to report countywide mental health expenditures and revenues. This form is a summary of cost reports from all legal entities within the county, and information reported is certified by the county's local mental health director and county's auditor-controller as being true and correct. Information on this form is considered local mental health agency's claim for reimbursement and serves as the basis for year-end cost settlement with the State Department of Mental Health.

Column A, Line 1

No entry. Total mental health expenditures and revenues except Medi-Cal, i.e., MH 1992, Column J, Line 3 minus sum of: (a) FFP (MH 1979, Column J, Line 23 plus Line 27); (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 28, 28A, 29, 30 and 31, for all legal entities.

Column B, Line 1

No entry. Total Medi-Cal related dollars, i.e., sum of: (a) FFP (MH 1979, Column J, Line 23 plus Line 27); (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 28, 28A, 29, 30 and 31, for all legal entities.

Column C, Line 1

No entry. Sum of Columns A and B, Line 1. This amount should equal total of MH 1992, Line 3, for all legal entities.

Column A, Line 2

No entry. All funding sources except SD/MC (FFP and State Match), SD/MC-related patient and other payor revenues, and SGF (State and County share and Mental Health Managed Care) for all legal entities, plus any categorical funds used as a match for FFP, i.e., MH 1992, Column J, Line 3 minus Lines 11, 12, 15, 16 and 17 minus match for FFP, calculated from MH 1979, minus MH 1968, Columns E and K, Lines 28, 28A, 29, 30 and 31, all legal entities, plus amount on MH 1909, Column G, Line 8.

Note: If categorical funds (e.g. SEP) were used as a match for FFP amount reflected on MH 1909, Column G, Line 8 is added as part of the calculation for this line.

Column B, Line 2

No entry. Match for FFP plus patient and other payor revenues, i.e., sum of: (a) match for FFP calculated from MH 1979 (shown on list of Information worksheet), and (b) MH 1968, Columns E and K, Lines 28, 28A, 29, 30 and 31, for all legal entities.

Column C, Line 2

No entry. Sum of Columns A and B, Line 2.

Column A, Line 3

No entry. Subtracts Column A, Line 2 from Column A, Line 1.

Column B, Line 3

No entry. Subtracts Column B, Line 2, from Column B, Line 1.

Column C, Line 3

No entry. Sum of Columns A and B, Line 3 or subtraction of Column C, Line 2 from Column C, Line 1.

Column A, Line 4

No entry. County share from MH 1909 Summary.

Column C, Line 4

No entry. Column A, Line 4.

Column A, Line 5

No entry. Subtracts Column A, Line 4 from Column A, Line 3.

Column B, Line 5

No entry. This line is populated from Column B, Line 3. This amount should equal MH 1992, Column J, Line 11 and 12, for all legal entities.

Column C, Line 5

No entry. Subtracts Column C, Line 4 from Column C, Line 3 or sum of Columns A and B, Line 5.

Column A, Line 6

No entry. SGF used as FFP match (from MH 1909 Summary).

Column C, Line 6

No entry. This line is populated from Column A, Line 6.

Column A, Line 7

No entry. Sum of Column A, Line 5 plus Line 6.

Column B, Line 7

No entry. This line is populated from Column B, Line 5. Amount should equal MH 1992, Column J, Lines 11 and 12, for all legal entities.

Column C, Line 7

No entry. Sum of Columns A and B, Line 7 or Column C, Line 5 plus Column C, Line 6.

NOTE – Instructions for Lines 9 through 13: Source documents for these figures are FY 2005-2006 Final Allocation Worksheet; MH 1909 Funding Source Summary; MH 1912 Supplemental Cost Report Data for Special Education Program; MH 1994 Report of Mental Health Managed Care Allocation and Expenditures for FY 2005-2006.

Column A, Line 8

No entry.

Column A, Lines 9 through 11

No entry. Automatically references total SGF expended for each funding source up to the allocated amount from Column H, Line 8.

Column A, Line 12

No entry. This line will be zero.

Column A, Line 13

No entry. Automatically references amount of FY 2005-2006 Community Services – Managed Care allocation spent on “Outpatient Mental Health Services” from MH 1994, Column A, Line 8.

Column B, Line 8

Enter other FFP funds not matched by SGF identified in Lines 9 through 12, Column A.

Column B, Lines 9 through 12

No entry. For each identified Budget Act Line Item Program expenditure (Lines 9 through 12), total FFP matched in part by the SGF in Column A automatically references the appropriate Column cell from MH 1909 and MH 1912 for SEP. The FFP difference between total FFP in Line 7, Column B and the aggregate of Lines 9 through 12 is entered in Line 8, Other Funds.

Column B, Line 13

Justification is required for entry on this line.

Columns A, Line 14

No entry. Amount must equal Column A, Line 7.

Columns B, Line 14

No entry. Amount must equal Column B, Line 7.

Columns A and C, Line 15

No entry. Amount is FY 2005-2006 Community Services – Managed Care allocation spent on Fee-For-Service/Medi-Cal (FFS/MC) Hospital Inpatient Services (i.e., MH 1994, Column A, sum of Lines 6 and 7).

Columns A and C, Line 16

No entry. FY 2005-2006 EPSDT SD/MC – State Share estimate from MH 1992, Column J, Line 19, for all legal entities.

Column C, Lines 8 through 16

No entry. Sum of Columns A and B.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH	
YEAR-END COST REPORT		Fiscal Year 2005-2006	
MH 1940 (05/05)			
COUNTY OF:	0	FISCAL YEAR ENDING	
COUNTY CODE:	0	JUNE 30, 2006	
ADDRESS:	0		
	0		
	0		
PREPARED BY:	0	PHONE:	0 Date Completed:
NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS			
	A	B	C
	STATE GENERAL FUND	M/C & HF/FED SHARE	TOTAL
1. TOTAL EXPENDITURE	\$ 0	\$ 0	\$ 0
2. LESS: REVENUE	(0)	(0)	(0)
3. SUBTOTAL	0	0	0
4. LESS: COUNTY SHARE (PER MH 1909)	(0)	0	(0)
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	0	0	0
6. PLUS: SOF USED AS FFP MATCH (INCLUDED IN LINE 2, COL 2)	0	0	0
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 0	\$ 0	\$ 0
FUNDING SOURCES: 4440-			
8. OTHER FUNDS	0	0	\$ 0
9. 101-0001 (1) COMMUNITY SERVICES - OTHER TREATMENT	0	0	\$ 0
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0
11. 101-0001 (1.5) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0
12. 131-0001 SPECIAL EDUCATION PUPILS	0	0	0
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	0	0	0
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 0	\$ 0	\$ 0
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	\$ 0	0	\$ 0
16. EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 0	0	\$ 0
Summary Flow	OK	OK	OK

OK

OK

No text this page.

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-6
Sample Letter of Certification
Provided by Each Legal Entity
with The Submission of Its Cost Report**

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
FISCAL SERVICES BUREAU**

Cost Report Letter of Certification

The annual cost report serves as the year-end reimbursement claim for services and activities rendered under the terms and conditions of the Mental Health Services contract. It must be based on the most complete and accurate financial and service statistical data available and is subject to audit at the Federal, State, and County levels to validate compliance with all relevant laws, regulations, procedures, contract authorizations, and policies. Acknowledging the above concepts and issues, the following statement certifies the accuracy and completeness of the data provided:

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of Community Mental Health Services in and for the claimant, that I have not violated any of the provisions of Section 1090 through 1096 of the Government Code or the Welfare and Institutions Code; that the amount for which reimbursement is claimed herein is in accordance with this agency's contract with the Los Angeles County Department of Mental Health and that to the best of my knowledge and belief this claim is in all respects true, correct, and in accordance with the law.

Legal Entity Name:

Responsible Official Signature

Responsible Official Printed Name

Title

Printed Name of Key Contact

Phone Number for Key Contact

Fax Number for Key Contact

Date

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-7
Legal Entity Agencies Omitted
from Fourth Generation Data Set with Gross Costs
Fiscal Year 2003-04**

Los Angeles County
 Handicapped and Disabled Students Program
 July 1, 2003, through June 30, 2006
 Legal Entity Agencies Omitted From Fourth Generation Data Set
 FY 2003-04

Entity Name	Entity Number	Mode	SFC	UOS Identified on 1909	Rate	Gross Costs
Aspen Health Services	00519	10	89	613	121.21	74,302
Aspen Health Services	00519	15	03	8,436	1.43	12,063
Aspen Health Services	00519	15	12	447	1.88	840
Aspen Health Services	00519	15	41	3,535	1.88	6,646
Associated League of Mexican-Americans	00173	15	03	2,107	1.48	3,118
Associated League of Mexican-Americans	00173	15	12	640	1.93	1,235
Associated League of Mexican-Americans	00173	15	41	16,500	1.93	31,845
Bienvendios Children's Center	00860	15	41	75	1.54	116
ChildNet Youth & Family Services	00783	10	99	160	105.00	16,800
ChildNet Youth & Family Services	00783	15	03	9,323	1.83	17,061
ChildNet Youth & Family Services	00783	15	12	4,345	2.09	9,081
ChildNet Youth & Family Services	00783	15	41	26,965	2.09	56,357
ChildNet Youth & Family Services	00783	15	54	560	2.09	1,170
Children's Bureau	00668	15	03	93	1.88	175
Children's Institute International	00591	15	03	1,270	1.74	2,210
Children's Institute International	00591	15	12	6,858	2.25	15,431
Children's Institute International	00591	15	41	15,995	2.25	35,989
Children's Institute International	00591	15	54	609	2.25	1,370
Deveraux Foundation	00472	10	99	577	99.07	57,163
El Centro De Amistad	00185	15	03	3,670	1.78	6,533
El Centro De Amistad	00185	15	12	3,354	2.19	7,345
El Centro De Amistad	00185	15	33	120	2.19	263
El Centro De Amistad	00185	15	41	6,721	2.19	14,719
Five Acres Boys & Girls Aid Society	00647	10	99	99	107.09	10,602
Five Acres Boys & Girls Aid Society	00647	15	12	447	2.02	903
Five Acres Boys & Girls Aid Society	00647	15	33	660	2.02	1,333
Five Acres Boys & Girls Aid Society	00647	15	41	2,563	2.02	5,177
Foothill Family Service	00724	15	03	350	1.49	522
Foothill Family Service	00724	15	12	23,840	1.76	41,958
Foothill Family Service	00724	15	33	707	1.76	1,244
Foothill Family Service	00724	15	41	118,359	1.76	208,312
Foothill Family Service	00724	15	54	909	1.76	1,600
Gateways Hospital	00190	15	03	1,472	1.10	1,619
Gateways Hospital	00190	15	12	1,799	1.59	2,860
Gateways Hospital	00190	15	33	1,908	1.59	3,034
Gateways Hospital	00190	15	41	10,627	1.59	16,897
Hamburger Home Inc.	00174	10	99	77	100.90	7,769
Hamburger Home Inc.	00174	15	03	7,209	1.41	10,165
Hamburger Home Inc.	00174	15	12	2,465	1.86	4,585
Hamburger Home Inc.	00174	15	41	21,760	1.86	40,474
Hillsides	00321	10	99	850	87.54	74,409
Hillsides	00321	15	03	3,757	1.30	4,884
Hillsides	00321	15	12	5,953	1.71	10,180
Hillsides	00321	15	33	105	1.71	180
Hillsides	00321	15	41	79,671	1.71	136,237
Hillsides	00321	15	54	1,263	1.71	2,180
Los Angeles Unified 97th Street Mental Health	00315	15	03	850	1.71	1,454
Los Angeles Unified 97th Street Mental Health	00315	15	12	27,968	2.20	61,530
Los Angeles Unified 97th Street Mental Health	00315	15	41	63,610	2.20	139,942

Los Angeles County
 Handicapped and Disabled Students Program
 July 1, 2003, through June 30, 2006
 Legal Entity Agencies Omitted From Fourth Generation Data Set
 FY 2003-04

Entity Name	Entity		SFC	UOS		Rate	Gross Costs
	Number	Mode		Identified on	1909		
Los Angeles Unified 97th Street Mental Health	00315	15	54	19,322	2.20	42,508	
McKinley Children's Center	00971	10	99	2,433	118.94	289,381	
New Horizon's Family Center	01170	15	04	41	1.80	74	
New Horizon's Family Center	01170	15	10	8	2.15	17	
New Horizon's Family Center	01170	15	42	1,097	2.15	2,359	
					114.50	0	
Pasadena Children's Training Society	00204	10	89	4,067	1.03	4,189	
Pasadena Children's Training Society	00204	15	03	25,643	1.97	50,517	
Pasadena Children's Training Society	00204	15	12	19,878	1.97	39,160	
Pasadena Children's Training Society	00204	15	33	377	1.97	743	
Pasadena Children's Training Society	00204	15	41	114,045	1.97	224,669	
Pasadena Children's Training Society	00204	15	54	21,233	1.97	41,829	
Saint John's Health Center	00217	15	03	10,370	1.83	18,977	
Saint John's Health Center	00217	15	12	21,610	2.36	51,000	
Saint John's Health Center	00217	15	33	2,695	2.36	6,360	
Saint John's Health Center	00217	15	41	52,104	2.36	122,965	
Saint John's Health Center	00217	15	54	380	2.36	897	
San Fernando Valley CMCH Inc.	00208	10	89	25	170.08	4,252	
San Fernando Valley CMCH Inc.	00208	10	99	43	110.26	4,741	
San Fernando Valley CMCH Inc.	00208	15	03	9,494	1.52	14,431	
San Fernando Valley CMCH Inc.	00208	15	12	13,185	1.96	25,843	
San Fernando Valley CMCH Inc.	00208	15	41	61,093	1.96	119,742	
San Fernando Valley CMCH Inc.	00208	15	54	20,013	1.96	39,225	
San Gabriel Children's Center	00320	10	89	2,621	175.66	460,405	
San Gabriel Children's Center	00320	15	03	513	1.75	898	
San Gabriel Children's Center	00320	15	12	2,894	2.26	6,540	
San Gabriel Children's Center	00320	15	41	30,888	2.26	69,807	
San Gabriel Children's Center	00320	15	54	49,897	2.26	112,767	
SHEILDS for Families	00558	15	12	1,367	1.26	1,722	
SHEILDS for Families	00558	15	41	2,783	1.26	3,507	
SHEILDS for Families	00558	15	54	830	1.26	1,046	
St. Francis Medical Center	00784	15	03	922	1.83	1,687	
St. Francis Medical Center	00784	15	12	300	2.36	708	
St. Francis Medical Center	00784	15	41	3,821	2.36	9,018	
Starview Adolescent Center	00543	15	03	6,900	1.46	10,074	
Starview Adolescent Center	00543	15	12	2,865	1.99	5,701	
Starview Adolescent Center	00543	15	41	27,164	1.99	54,056	
Total				1,025,172		3,003,675	

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-8
Legal Entity Agencies Omitted
from Fourth Generation Data Set with Gross Costs
Fiscal Year 2004-05**

Los Angeles County
 Handicapped and Disabled Students Program
 July 1, 2003, through June 30, 2006
 Legal Entity Agencies Omitted From Fourth Generation Data Set
 FY 2004-05

Entity Name	Entity Number	Mode	SFC	UOS Identified on 1909	Rate	Gross Costs
Associated League of Mexican-Americans	00173	15	03	571	1.52	868
Associated League of Mexican-Americans	00173	15	04	1,391	1.52	2,114
Associated League of Mexican-Americans	00173	15	10	1,079	2.00	2,158
Associated League of Mexican-Americans	00173	15	12	118	2.00	236
Associated League of Mexican-Americans	00173	15	41	1,554	2.00	3,108
Associated League of Mexican-Americans	00173	15	42	8,134	2.00	16,268
Associated League of Mexican-Americans	00173	15	61	309	3.69	1,140
Associated League of Mexican-Americans	00173	15	62	1,805	3.69	6,660
ChildNet Youth & Family Services	00783	10	98	27	106.76	2,883
ChildNet Youth & Family Services	00783	15	03	264	1.64	433
ChildNet Youth & Family Services	00783	15	04	1,279	1.64	2,098
ChildNet Youth & Family Services	00783	15	10	2,115	2.12	4,484
ChildNet Youth & Family Services	00783	15	12	466	2.12	988
ChildNet Youth & Family Services	00783	15	41	3,357	2.12	7,117
ChildNet Youth & Family Services	00783	15	42	19,662	2.12	41,683
ChildNet Youth & Family Services	00783	15	61	154	3.92	604
ChildNet Youth & Family Services	00783	15	62	1,009	3.92	3,955
Children's Institute International	00591	15	04	387	1.83	708
Children's Institute International	00591	15	10	1,300	2.37	3,081
Children's Institute International	00591	15	42	6,443	2.37	15,270
Children's Institute International	00591	15	52	221	2.37	524
Children's Institute International	00591	15	62	155	4.38	679
Deveraux Foundation	00472	10	98	752	97.98	73,681
Deveraux Foundation	00472	15	58	26,725	1.54	41,157
Deveraux Foundation	00472	15	62	811	2.22	1,800
D'Veal Family & Youth Services	00788	10	92	51	69.24	3,531
D'Veal Family & Youth Services	00788	15	04	1,360	1.30	1,768
D'Veal Family & Youth Services	00788	15	10	533	1.73	922
D'Veal Family & Youth Services	00788	15	42	2,787	1.73	4,822
D'Veal Family & Youth Services	00788	15	62	512	3.28	1,679
El Centro De Amistad	00185	15	04	557	1.77	986
El Centro De Amistad	00185	15	10	786	2.38	1,871
El Centro De Amistad	00185	15	42	3,416	2.38	8,130
El Centro De Amistad	00185	15	62	330	4.29	1,416
Foothill Family Service	00724	15	04	1,736	1.50	2,604
Foothill Family Service	00724	15	10	1,606	2.21	3,549
Foothill Family Service	00724	15	12	428	2.21	946
Foothill Family Service	00724	15	34	990	2.21	2,188
Foothill Family Service	00724	15	41	3,317	2.21	7,331
Foothill Family Service	00724	15	42	16,750	2.21	37,018
Foothill Family Service	00724	15	61	253	3.93	994
Foothill Family Service	00724	15	62	1,845	3.93	7,251
Gateways Hospital	00190	15	03	428	1.10	471
Gateways Hospital	00190	15	04	2,163	1.10	2,379
Gateways Hospital	00190	15	10	1,172	1.59	1,863
Gateways Hospital	00190	15	12	225	1.59	358
Gateways Hospital	00190	15	41	1,166	1.59	1,854
Gateways Hospital	00190	15	42	6,219	1.59	9,888
Gateways Hospital	00190	15	52	35	1.59	56
Gateways Hospital	00190	15	61	355	3.00	1,065
Gateways Hospital	00190	15	62	1,205	3.00	3,615
Hamburger Home Inc.	00174	10	98	204	118.13	24,099
Hamburger Home Inc.	00174	10	99	53	118.13	6,261
Hamburger Home Inc.	00174	15	04	2,390	1.82	4,350

Los Angeles County
 Handicapped and Disabled Students Program
 July 1, 2003, through June 30, 2006
 Legal Entity Agencies Omitted From Fourth Generation Data Set
 FY 2004-05

Entity Name	Entity	Mode	SFC	UOS	Rate	Gross Costs
	Number			Identified on 1909		
Hamburger Home Inc.	00174	15	10	4,370	2.35	10,270
Hamburger Home Inc.	00174	15	42	38,066	2.35	89,455
Hamburger Home Inc.	00174	15	52	10	2.35	24
Hamburger Home Inc.	00174	15	58	680	2.35	1,598
Hamburger Home Inc.	00174	15	61	422	4.34	1,831
Hamburger Home Inc.	00174	15	62	5,923	4.35	25,765
Hamburger Home Inc.	00174	15	77	210	3.49	733
Hillsides	00321	10	99	9	85.93	773
Hillsides	00321	15	04	20,572	1.28	26,332
Hillsides	00321	15	10	101,876	1.68	171,152
Hillsides	00321	15	34	12,562	1.68	21,104
Hillsides	00321	15	41	2,040	1.68	3,427
Hillsides	00321	15	42	982,261	1.68	1,650,198
Hillsides	00321	15	52	14,393	1.68	24,180
Hillsides	00321	15	54	758	1.68	1,273
Hillsides	00321	15	58	130,339	1.68	218,970
Hillsides	00321	15	61	555	3.11	1,726
Hillsides	00321	15	62	5,861	3.11	18,228
Kids First Foundation	01201	15	04	176	1.82	320
Kids First Foundation	01201	15	10	81	2.35	190
Kids First Foundation	01201	15	42	9,290	2.35	21,832
Kids First Foundation	01201	15	52	845	2.35	1,986
Los Angeles Unified 97th Street Mental Health	00315	15	03	5	1.71	9
Los Angeles Unified 97th Street Mental Health	00315	15	04	91	1.71	156
Los Angeles Unified 97th Street Mental Health	00315	15	10	193	2.20	425
Los Angeles Unified 97th Street Mental Health	00315	15	12	425	2.20	935
Los Angeles Unified 97th Street Mental Health	00315	15	34	270	2.20	594
Los Angeles Unified 97th Street Mental Health	00315	15	41	1,260	2.20	2,772
Los Angeles Unified 97th Street Mental Health	00315	15	42	1,135	2.20	2,497
Los Angeles Unified 97th Street Mental Health	00315	15	54	90	2.20	198
Los Angeles Unified 97th Street Mental Health	00315	15	61	240	4.08	979
Los Angeles Unified 97th Street Mental Health	00315	15	62	120	4.08	490
Olive Crest Treatment Centers	00518	10	98	124	82.50	10,230
Olive Crest Treatment Centers	00518	15	04	2,005	1.83	3,669
Olive Crest Treatment Centers	00518	15	42	2,416	2.38	5,750
Olive Crest Treatment Centers	00518	15	52	1,271	2.38	3,025
Olive Crest Treatment Centers	00518	15	62	800	3.03	2,424
Pasadena Children's Training Society	00204	15	03	3,666	1.55	5,682
Pasadena Children's Training Society	00204	15	04	19,044	1.55	29,518
Pasadena Children's Training Society	00204	15	10	6,135	2.00	12,270
Pasadena Children's Training Society	00204	15	12	1,095	2.00	2,190
Pasadena Children's Training Society	00204	15	33	170	2.00	340
Pasadena Children's Training Society	00204	15	41	10,819	2.00	21,638
Pasadena Children's Training Society	00204	15	42	111,078	2.00	222,156
Pasadena Children's Training Society	00204	15	52	88,415	2.00	176,830
Pasadena Children's Training Society	00204	15	54	4,213	2.00	8,426
Pasadena Children's Training Society	00204	15	58	2,713	2.00	5,426
Pasadena Children's Training Society	00204	15	61	1,404	3.70	5,195
Pasadena Children's Training Society	00204	15	62	20,245	3.70	74,907
Personal Involvement Center	01194	15	04	13,440	1.77	23,789
Personal Involvement Center	01194	15	10	5,756	2.29	13,181
Personal Involvement Center	01194	15	34	5,090	2.29	11,656
Personal Involvement Center	01194	15	42	82,450	2.29	188,811
Personal Involvement Center	01194	15	62	4,577	4.23	19,361
Saint John's Health Center	00217	15	03	3,881	1.89	7,335
Saint John's Health Center	00217	15	12	6,859	2.44	16,736

Los Angeles County
 Handicapped and Disabled Students Program
 July 1, 2003, through June 30, 2006
 Legal Entity Agencies Omitted From Fourth Generation Data Set
 FY 2004-05

Entity Name	Entity Number	Mode	SFC	UOS Identified on 1909	Rate	Gross Costs
Saint John's Health Center	00217	15	33	2,100	2.44	5,124
Saint John's Health Center	00217	15	41	27,900	2.44	68,076
Saint John's Health Center	00217	15	61	11,752	4.51	53,002
San Fernando Valley CMCH Inc.	00208	15	04	12,822	1.45	18,592
San Fernando Valley CMCH Inc.	00208	15	10	14,553	1.87	27,214
San Fernando Valley CMCH Inc.	00208	15	42	106,427	1.87	199,018
San Fernando Valley CMCH Inc.	00208	15	52	6,091	1.87	11,390
San Fernando Valley CMCH Inc.	00208	15	62	3,338	3.45	11,516
San Fernando Valley CMCH Inc.	00208	15	77	2,176	2.78	6,049
San Gabriel Children's Center	00320	10	89	2,653	165.82	439,920
San Gabriel Children's Center	00320	15	03	120	1.65	198
San Gabriel Children's Center	00320	15	12	5,613	2.13	11,956
San Gabriel Children's Center	00320	15	41	23,317	2.13	49,665
San Gabriel Children's Center	00320	15	54	42,672	2.13	90,891
San Gabriel Children's Center	00320	15	61	6,365	3.95	25,142
SHEILDS for Families	00558	15	04	72	1.09	78
SHEILDS for Families	00558	15	10	96	1.40	134
SHEILDS for Families	00558	15	42	1,167	1.40	1,634
Starview Adolescent Center	00543	10	85	316	171.75	54,273
Starview Adolescent Center	00543	15	04	1,289	1.46	1,882
Starview Adolescent Center	00543	15	10	723	1.99	1,439
Starview Adolescent Center	00543	15	41	5,101	1.99	10,151
Starview Adolescent Center	00543	15	42	16,624	1.99	33,082
Starview Adolescent Center	00543	15	62	335	3.48	1,166
Total				2,159,376		4,669,518

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-9
Legal Entity Agencies Omitted
from Fourth Generation Data Set with Gross Costs
Fiscal Year 2005-06**

Los Angeles County
 Handicapped and Disabled Students Program
 July 1, 2003, through June 30, 2006
 Legal Entity Agencies Omitted From Fourth Generation Data Set
 FY 2005-06

Entity Name	Entity		SFC	UOS		Rate	Gross Costs
	Number	Mode		Identified on	1909		
Associated League of Mexican-Americans	00173	15	04	71	1.62	115	
Associated League of Mexican-Americans	00173	15	10	643	2.13	1,370	
Associated League of Mexican-Americans	00173	15	42	2,146	2.13	4,571	
Associated League of Mexican-Americans	00173	15	62	602	3.93	2,366	
Children's Bureau	00668	15	04	22	1.63	36	
Children's Bureau	00668	15	10	168	2.13	358	
Children's Bureau	00668	15	42	1,282	2.13	2,731	
Children's Bureau	00668	15	62	130	2.90	377	
Children's Institute International	00591	15	04	16	1.95	31	
Children's Institute International	00591	15	10	331	2.52	834	
Children's Institute International	00591	15	34	194	2.52	489	
Children's Institute International	00591	15	42	1,461	2.52	3,682	
Children's Institute International	00591	15	62			0	
Deveraux Foundation	00472	10	98	225	116.10	26,123	
Deveraux Foundation	00472	15	58	9,411	1.83	17,222	
Deveraux Foundation	00472	15	62	541	2.63	1,423	
D'Veal Family & Youth Services	00788	10	92	4	69.12	276	
D'Veal Family & Youth Services	00788	15	04	31	2.14	66	
D'Veal Family & Youth Services	00788	15	10			0	
D'Veal Family & Youth Services	00788	15	42	661	2.14	1,415	
D'Veal Family & Youth Services	00788	15	62			0	
Foothill Family Service	00724	15	04	504	1.95	983	
Foothill Family Service	00724	15	10	6,691	2.52	16,861	
Foothill Family Service	00724	15	42	50,911	2.52	128,296	
Foothill Family Service	00724	15	52	1,124	2.52	2,832	
Foothill Family Service	00724	15	62	5,315	4.66	24,768	
Hamburger Home Inc.	00174	10	98	144	104.48	15,045	
Hamburger Home Inc.	00174	15	04	875	1.61	1,409	
Hamburger Home Inc.	00174	15	10	2,050	2.08	4,264	
Hamburger Home Inc.	00174	15	42	15,295	2.08	31,814	
Hamburger Home Inc.	00174	15	52	1,755	2.08	3,650	
Hamburger Home Inc.	00174	15	58	3,245	2.08	6,750	
Hamburger Home Inc.	00174	15	62	1,522	3.84	5,844	
Hillsides	00321	15	10	362	1.81	655	
Hillsides	00321	15	42	3,193	1.81	5,779	
Hillsides	00321	15	52	245	1.81	443	
Hillsides	00321	15	58	462	1.81	836	
Pasadena Children's Training Society	00204	15	04	2,736	1.78	4,870	
Pasadena Children's Training Society	00204	15	10	2,877	2.30	6,617	
Pasadena Children's Training Society	00204	15	34	277	2.30	637	
Pasadena Children's Training Society	00204	15	42	26,245	2.30	60,364	
Pasadena Children's Training Society	00204	15	52	28,277	2.30	65,037	
Pasadena Children's Training Society	00204	15	62	6,121	4.26	26,075	
Saint John's Health Center	00217	15	04	735	1.95	1,433	
Saint John's Health Center	00217	15	10	1,041	2.52	2,623	
Saint John's Health Center	00217	15	42	4,576	2.52	11,532	
Saint John's Health Center	00217	15	62	1,176	4.66	5,480	
San Fernando Valley CMCH Inc.	00208	15	04	5,811	1.65	9,588	
San Fernando Valley CMCH Inc.	00208	15	10	1,885	2.13	4,015	
San Fernando Valley CMCH Inc.	00208	15	42	82,451	2.13	175,621	
San Fernando Valley CMCH Inc.	00208	15	62	2,127	3.94	8,380	

Los Angeles County
 Handicapped and Disabled Students Program
 July 1, 2003, through June 30, 2006
 Legal Entity Agencies Omitted From Fourth Generation Data Set
 FY 2005-06

Entity Name	Entity		SFC	UQS		Rate	Gross Costs
	Number	Mode		Identified on 1909			
San Gabriel Children's Center	00320	10	89	651		195.58	127,323
San Gabriel Children's Center	00320	15	10	755		2.52	1,903
San Gabriel Children's Center	00320	15	42	3,547		2.52	8,938
San Gabriel Children's Center	00320	15	52	18,031		2.52	45,438
San Gabriel Children's Center	00320	15	62	1,815		4.66	8,458
SHEILDS for Families	00558	15	10	135		1.34	181
SHEILDS for Families	00558	15	42	89		1.34	119
Starview Adolescent Center	00543	15	04	490		1.46	715
Starview Adolescent Center	00543	15	10	1,034		1.99	2,058
Starview Adolescent Center	00543	15	42	3,043		1.99	6,056
Starview Adolescent Center	00543	15	52	334		1.99	665
Starview Adolescent Center	00543	15	62	60		3.48	209
Total				307,951			898,049

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-10
Comparison of Units of Service and Gross Costs
Of Legal Entity Agencies Included in Fourth Generation Data Set
Fiscal Year 2003-04**

Los Angeles County
 Handicapped and Disabled Students Program
 July 1, 2003, through June 30, 2006
 Comparison of Units of Services and Costs of Legal Entities Included in Fourth Generation Data Set
 Original Claim v. Fourth Generation Data Set
 FY 2003-04

Entity Name	Entity Number	Mode	SFC	UOS Identified on 1909	Gen 4 Units	Variance	Rate	1909 Gross Costs	Gen 4 Gross Costs	Variance
LACDMH	00019	10	85	9	0	(9)	166.33	1,497		(1,497)
LACDMH	00019	10	92	29	42	13	69.09	2,004	2,902	898
LACDMH	00019	10	98	5	3	(2)	107.83	539	323	(216)
LACDMH	00019	15	03	3,068,432	3,068,840	408	1.61	4,940,176	4,940,832	657
LACDMH	00019	15	04	70,104	69,631	(473)	1.61	112,857	112,106	(752)
LACDMH	00019	15	10	5,066	3,529	(1,537)	2.06	10,436	7,270	(3,166)
LACDMH	00019	15	12	59,391	53,645	(5,746)	2.06	122,345	110,509	(11,837)
LACDMH	00019	15	33	5,150	3,350	(1,800)	2.08	10,712	6,968	(3,744)
LACDMH	00019	15	34	655	0	(655)	2.08	1,362		(1,362)
LACDMH	00019	15	41	289,468	277,590	(11,878)	2.06	596,304	571,835	(24,469)
LACDMH	00019	15	42	31,870	18,432	(13,438)	2.06	65,652	37,970	(27,682)
LACDMH	00019	15	52	2,930	3,573	643	2.06	6,036	7,360	1,325
LACDMH	00019	15	54	25,749	22,175	(3,574)	2.06	53,043	45,681	(7,362)
LACDMH	00019	60	63	10,107	0	(10,107)	84.36	852,627		(852,627)
Institute For Redesign of Learning (The Alir 00171		15	03	2,408	2,115	(293)	1.66	3,997	3,511	(486)
Institute For Redesign of Learning (The Alir 00171		15	12	35,485	34,253	(1,232)	1.86	66,002	63,711	(2,292)
Institute For Redesign of Learning (The Alir 00171		15	41	121,794	114,682	(7,112)	1.86	226,537	213,309	(13,228)
Institute For Redesign of Learning (The Alir 00171		15	54	19,067	17,128	(1,939)	1.86	35,465	31,858	(3,607)
Cedars Sinai Medical Center	00178	15	03	330	300	(30)	1.48	488	444	(44)
Cedars Sinai Medical Center	00178	15	12	1,832	1,832	0	1.93	3,536	3,536	0
Cedars Sinai Medical Center	00178	15	41	13,683	13,683	0	1.93	26,408	26,408	0
Cedars Sinai Medical Center	00178	15	54	2,557	2,557	0	1.93	4,935	4,935	0
Childrens Hospital of Los Angeles	00179	10	98	14	0	(14)	115.14	1,612		(1,612)
Childrens Hospital of Los Angeles	00179	15	03	4,463	4,368	(95)	1.77	7,900	7,731	(168)
Childrens Hospital of Los Angeles	00179	15	04	3,059	9,004	5,945	1.77	5,414	15,937	10,523
Childrens Hospital of Los Angeles	00179	15	10	1,625	9,282	7,657	2.28	3,705	21,163	17,458
Childrens Hospital of Los Angeles	00179	15	12	10,714	10,099	(615)	2.28	24,428	23,026	(1,402)
Childrens Hospital of Los Angeles	00179	15	33	2,930	2,810	(120)	2.28	6,680	6,407	(274)
Childrens Hospital of Los Angeles	00179	15	34	1,407	2,968	1,561	2.28	3,208	6,767	3,559
Childrens Hospital of Los Angeles	00179	15	41	74,124	70,704	(3,420)	2.28	169,003	161,205	(7,798)
Childrens Hospital of Los Angeles	00179	15	42	18,027	65,701	47,674	2.28	41,102	149,798	108,697
Childrens Hospital of Los Angeles	00179	15	52	2,284	8,795	6,511	2.28	5,208	20,053	14,845
Childrens Hospital of Los Angeles	00179	15	54	3,798	3,798	(51)	2.28	8,659	8,543	(116)
Community Counseling Service	00180	15	03	25,607	7,596	(18,011)	1.31	33,545	9,951	(23,594)
Community Counseling Service	00180	15	12	10,096	5,972	(4,124)	1.65	16,658	9,854	(6,805)
Community Counseling Service	00180	15	41	55,758	19,988	(35,770)	1.65	92,001	32,980	(59,021)
Community Counseling Service	00180	15	54	15,990	9,608	(6,382)	1.65	26,384	15,853	(10,530)

Los Angeles County
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Entity Name	Entity Number	Mode	SFC	UOS Identified on 1909	Gen 4 Units	Variance	Rate	1909 Gross Costs	Gen 4 Gross Costs	Variance
						(1)	50.71	51	-	(51)
Community Counseling Service	00180	60	63	1	0					
Community Family Guidance Center	00181	15	03	7,490	7,425	(65)	1.34	10,037	9,950	(87)
Community Family Guidance Center	00181	15	12	55,835	54,745	(1,090)	1.66	92,686	90,877	(1,809)
Community Family Guidance Center	00181	15	41	185,870	181,555	(4,315)	1.66	308,544	301,381	(7,163)
Community Family Guidance Center	00181	15	42	0	7	7	1.66	0	12	12
Community Family Guidance Center	00181	15	54	8,713	8,713	0	1.66	14,464	14,464	0
Didi Hirsch Psychiatric Service	00183	10	89	518	518	0	149.38	77,379	77,379	0
Didi Hirsch Psychiatric Service	00183	15	03	18,070	14,834	(3,236)	1.50	27,105	22,251	(4,854)
Didi Hirsch Psychiatric Service	00183	15	04	46,024	2,574	(43,450)	1.50	69,036	3,861	(65,175)
Didi Hirsch Psychiatric Service	00183	15	10	55,662	16,657	(39,005)	1.97	109,654	32,814	(76,840)
Didi Hirsch Psychiatric Service	00183	15	12	16,519	23,349	6,830	1.97	32,542	45,998	13,455
Didi Hirsch Psychiatric Service	00183	15	33	3,270	2,042	(1,228)	1.97	6,442	4,023	(2,419)
Didi Hirsch Psychiatric Service	00183	15	34	22,109	1,251	(20,858)	1.97	43,555	2,464	(41,090)
Didi Hirsch Psychiatric Service	00183	15	41	210,568	208,674	(1,894)	1.97	414,819	411,088	(3,731)
Didi Hirsch Psychiatric Service	00183	15	42	305,607	106,857	(198,750)	1.97	602,046	210,508	(391,538)
Didi Hirsch Psychiatric Service	00183	15	52	20,657	11,654	(9,003)	1.97	40,694	22,958	(17,736)
Didi Hirsch Psychiatric Service	00183	15	54	40,873	31,023	(9,850)	1.97	80,520	61,115	(19,405)
Dubnoff Center	00184	10	99	703	703	0	107.38	75,488	75,488	0
Enki Health & Research	00188	10	85	523	515	(8)	111.51	58,320	57,428	(892)
Enki Health & Research	00188	10	89	841	837	(4)	111.51	93,780	93,334	(446)
Enki Health & Research	00188	15	03	25,138	17,589	(7,549)	0.99	24,887	17,413	(7,474)
Enki Health & Research	00188	15	04	39,762	31,033	(8,729)	0.99	39,364	30,723	(8,642)
Enki Health & Research	00188	15	10	22,298	22,576	278	1.65	36,792	37,250	459
Enki Health & Research	00188	15	12	36,833	20,478	(16,355)	1.65	60,774	33,789	(26,986)
Enki Health & Research	00188	15	41	228,157	137,986	(90,171)	1.65	376,459	227,677	(148,782)
Enki Health & Research	00188	15	42	139,755	154,753	14,998	1.65	230,596	255,342	24,747
Enki Health & Research	00188	15	52	902	4,285	3,383	1.65	1,488	7,070	5,582
Enki Health & Research	00188	15	54	17,622	15,348	(2,274)	1.65	29,076	25,324	(3,752)
The Guidance Center	00191	10	99	370	339	(31)	101.08	37,400	34,266	(3,133)
The Guidance Center	00191	15	03	56,639	27,658	(28,981)	1.53	86,658	42,317	(44,341)
The Guidance Center	00191	15	12	57,295	33,498	(23,797)	1.77	101,412	59,291	(42,121)
The Guidance Center	00191	15	33	3,445	1,758	(1,687)	1.78	6,132	3,129	(3,003)
The Guidance Center	00191	15	41	192,446	87,296	(105,150)	1.78	342,554	155,387	(187,167)
The Guidance Center	00191	15	54	24,229	3,094	(21,135)	1.78	43,128	5,507	(37,620)
Hathaway Children & Family Services	00192	10	99	2,023	2,022	(1)	92.81	187,755	187,662	(93)
Hathaway Children & Family Services	00192	15	03	5,115	2,795	(2,320)	1.43	7,314	3,997	(3,318)
Hathaway Children & Family Services	00192	15	12	40,013	32,923	(7,090)	1.82	72,824	59,920	(12,904)

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Entity Name	Entity Number	Mode	SFC	UOS Identified on 1909	Gen 4 Units	Variance	Rate	1909 Gross Costs	Gen 4 Gross Costs	Variance
Hathaway Children & Family Services	00192	15	33	1,430	1,400	(30)	1.82	2,603	2,548	(55)
Hathaway Children & Family Services	00192	15	41	266,160	232,839	(33,321)	1.82	484,411	423,767	(60,644)
Hathaway Children & Family Services	00192	15	54	7,159	7,243	84	1.82	13,029	13,182	153
Intercommunity Child Guidance Center	00195	10	89	197	197	0	135.25	26,644	26,644	0
Intercommunity Child Guidance Center	00195	15	03	8,291	8,233	(58)	1.59	13,183	13,090	(92)
Intercommunity Child Guidance Center	00195	15	12	5,593	5,608	15	1.59	8,893	8,917	24
Intercommunity Child Guidance Center	00195	15	33	360	360	0	1.59	572	572	0
Intercommunity Child Guidance Center	00195	15	41	35,266	34,139	(1,127)	1.59	56,073	54,281	(1,792)
Intercommunity Child Guidance Center	00195	15	42	0	15	15	1.59	0	24	24
Intercommunity Child Guidance Center	00195	15	54	329	329	0	1.59	523	523	0
Vista Del Mar Child and Family Services	00196	10	89	2,247	2,047	(200)	177.60	399,067	363,547	(35,520)
Vista Del Mar Child and Family Services	00196	10	99	5,524	5,251	(273)	115.14	636,033	604,600	(31,433)
Vista Del Mar Child and Family Services	00196	15	03	89,590	51,514	(38,076)	1.77	158,574	91,180	(67,395)
Vista Del Mar Child and Family Services	00196	15	12	16,093	14,121	(1,972)	1.94	31,220	27,395	(3,826)
Vista Del Mar Child and Family Services	00196	15	33	3,503	3,053	(450)	1.94	6,796	5,923	(873)
Vista Del Mar Child and Family Services	00196	15	41	199,884	172,382	(27,502)	1.94	387,775	334,421	(53,354)
Vista Del Mar Child and Family Services	00196	15	54	27,686	43,376	15,690	1.94	53,711	84,149	30,439
Help Group Child & Family Center	00198	10	99	40	40	0	113.87	4,555	4,555	0
Help Group Child & Family Center	00198	15	03	5,194	4,460	(734)	1.75	9,090	7,805	(1,285)
Help Group Child & Family Center	00198	15	12	238,895	211,075	(27,820)	2.28	544,681	481,251	(63,430)
Help Group Child & Family Center	00198	15	33	1,832	1,747	(85)	2.28	4,177	3,983	(194)
Help Group Child & Family Center	00198	15	41	702,404	622,054	(80,350)	2.28	1,601,481	1,418,283	(183,198)
Help Group Child & Family Center	00198	15	42	0	70	70	2.28	0	160	160
Help Group Child & Family Center	00198	15	54	14,841	10,017	(4,824)	2.28	33,837	22,839	(10,999)
Los Angeles Child Guidance Clinic	00199	10	89	8	8	0	2.06	16	16	0
Los Angeles Child Guidance Clinic	00199	10	99	494	353	(141)	100.01	49,405	35,304	(14,101)
Los Angeles Child Guidance Clinic	00199	15	03	59,260	49,818	(9,442)	1.31	77,631	65,262	(12,369)
Los Angeles Child Guidance Clinic	00199	15	12	21,710	18,762	(2,948)	2.06	44,723	38,650	(6,073)
Los Angeles Child Guidance Clinic	00199	15	33	2,442	2,442	0	2.06	5,031	5,031	0
Los Angeles Child Guidance Clinic	00199	15	41	196,162	171,458	(24,704)	2.06	404,094	353,203	(50,890)
Los Angeles Child Guidance Clinic	00199	15	54	51,518	43,931	(7,587)	2.06	106,127	90,498	(15,629)
Penny Lane Centers	00201	15	03	369	344	(25)	1.46	539	502	(37)
Penny Lane Centers	00201	15	12	13,357	12,474	(883)	2.00	26,714	24,948	(1,766)
Penny Lane Centers	00201	15	41	56,613	54,945	(1,668)	2.00	113,226	109,890	(3,336)
Penny Lane Centers	00201	15	54	7,740	6,776	(964)	2.00	15,480	13,552	(1,928)
Pacific Clinics	00203	10	89	1,108	1,056	(52)	122.72	135,974	129,592	(6,381)

Los Angeles County
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Entity Name	Entity Number	Made	SFC	UOS Identified on 1909	Gen 4 Units	Variance	Rate	1909 Gross Costs	Gen 4 Gross Costs	Variance
Pacific Clinics	00203	15	03	56,016	57,495	1,479	1.22	68,340	70,144	1,804
Pacific Clinics	00203	15	12	67,255	60,853	(6,402)	1.58	106,263	96,148	(10,115)
Pacific Clinics	00203	15	33	425	320	(105)	1.58	672	506	(166)
Pacific Clinics	00203	15	41	1,193,165	1,104,628	(88,537)	1.58	1,885,201	1,745,312	(139,888)
Pacific Clinics	00203	15	54	249,658	242,481	(7,177)	1.58	394,460	383,120	(11,340)
Harbor View Rehabilitation Center	00206	10	85	0	101	101	101.77	0	10,279	10,279
Child & Family Guidance Center	00207	10	89	1,979	1,954	(25)	121.94	241,319	238,271	(3,049)
Child & Family Guidance Center	00207	10	99	956	930	(26)	113.31	108,324	105,378	(2,946)
Child & Family Guidance Center	00207	15	03	92,963	78,171	(14,792)	1.57	145,952	122,728	(23,223)
Child & Family Guidance Center	00207	15	04	0	83	83	1.57	0	130	130
Child & Family Guidance Center	00207	15	10	0	67	67	1.93	0	129	129
Child & Family Guidance Center	00207	15	12	119,355	115,212	(4,143)	1.93	230,355	222,359	(7,996)
Child & Family Guidance Center	00207	15	33	14,914	14,879	(35)	1.93	28,784	28,716	(68)
Child & Family Guidance Center	00207	15	41	1,057,456	1,020,675	(36,781)	1.93	2,040,890	1,969,903	(70,987)
Child & Family Guidance Center	00207	15	42	0	1,845	1,845	1.93	0	3,561	3,561
Child & Family Guidance Center	00207	15	52	0	5	5	1.93	0	10	10
Child & Family Guidance Center	00207	15	54	126,418	122,013	(4,405)	1.93	243,987	235,485	(8,502)
Child & Family Center	00210	10	89	308	308	0	134.70	41,488	41,488	0
Child & Family Center	00210	15	03	43,560	41,485	(2,075)	1.66	72,310	68,865	(3,445)
Child & Family Center	00210	15	10	0	115	115	2.10	0	242	242
Child & Family Center	00210	15	12	58,059	55,994	(2,065)	2.10	121,924	117,587	(4,337)
Child & Family Center	00210	15	33	2,030	1,900	(130)	2.10	4,263	3,990	(273)
Child & Family Center	00210	15	41	540,213	529,158	(11,055)	2.10	1,134,447	1,111,232	(23,216)
Child & Family Center	00210	15	42	0	585	585	2.10	0	1,229	1,229
Child & Family Center	00210	15	54	92,632	89,292	(3,340)	2.10	194,527	187,513	(7,014)
South Bay Children's Health Center	00213	10	99	1,723	1,722	(1)	115.14	198,386	198,271	(115)
South Bay Children's Health Center	00213	15	03	3,831	3,831	0	1.77	6,781	6,781	0
South Bay Children's Health Center	00213	15	12	7,091	7,091	0	2.19	15,529	15,529	0
South Bay Children's Health Center	00213	15	33	3,239	3,239	0	2.19	7,093	7,093	0
South Bay Children's Health Center	00213	15	41	37,386	37,386	0	2.19	81,875	81,875	0
South Bay Children's Health Center	00213	15	54	368	369	1	2.19	806	808	2
Special Service For Groups	00214	15	03	9,302	9,302	0	1.40	13,023	13,023	0
Special Service For Groups	00214	15	12	15,518	15,518	0	1.66	25,760	25,760	0
Special Service For Groups	00214	15	33	1,235	1,235	0	1.66	2,050	2,050	0
Special Service For Groups	00214	15	41	26,111	25,686	(425)	1.66	43,344	42,639	(706)
Special Service For Groups	00214	15	54	12,490	11,161	(1,329)	1.66	20,733	18,527	(2,206)
Stirling Academy, Inc.	00216	15	03	19,429	17,116	(2,313)	1.60	31,086	27,386	(3,701)

Los Angeles County
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Entity Name	Entity Number	Mode	SFC	UOS Identified on 1909	Gen 4 Units	Variance	Rate	1909 Gross Costs	Gen 4 Gross Costs	Variance
Stirling Academy, Inc.	00216	15	12	36,453	33,529	(2,924)	1.91	69,625	64,040	(5,585)
Stirling Academy, Inc.	00216	15	33	15	15	0	1.91	29	29	0
Stirling Academy, Inc.	00216	15	41	86,583	78,860	(7,723)	1.91	165,374	150,623	(14,751)
Stirling Academy, Inc.	00216	15	54	1,095	670	(425)	1.91	2,091	1,280	(812)
Verdugo Mental Health Center	00221	15	12	20,871	19,246	(1,625)	2.11	44,038	40,609	(3,429)
Verdugo Mental Health Center	00221	15	33	2,610	2,270	(340)	2.11	5,507	4,790	(717)
Verdugo Mental Health Center	00221	15	41	159,472	144,815	(14,657)	2.11	336,486	305,560	(30,926)
Verdugo Mental Health Center	00221	15	54	37,740	31,801	(5,939)	2.11	79,631	67,100	(12,531)
Total				12,131,135	10,986,714	(1,144,421)		\$ 25,098,888	\$ 22,102,377	\$ (2,996,512)

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-11
Comparison of Units of Service and Gross Costs
Of Legal Entity Agencies Included in Fourth Generation Data Set
Fiscal Year 2004-05**

Los Angeles County
 Handicapped and Disabled Students Program
 July 1, 2003, through June 30, 2006
 Comparison of Units of Services and Costs of Legal Entities Included in Fourth Generation Data Set
 Original Claim v. Fourth Generation Data Set
 FY 2004-05

Entity Name	Entity Number	Mode	SFC	UOS Identified on 1909	Gen 4 Units	Variance	Rate	1909 Gross Costs	Gen 4 Gross Costs	Variance
LACDMH	00019	10	85	1,133	0	(1,133)	196.54	222,680	-	(222,680)
LACDMH	00019	10	92	0	1	1	81.63	0	82	82
LACDMH	00019	15	04	742,922	691,984	(50,938)	1.88	1,396,693	1,300,930	(95,763)
LACDMH	00019	15	10	116,936	109,977	(6,959)	2.41	281,816	265,045	(16,771)
LACDMH	00019	15	34	21,837	12,291	(9,546)	2.43	53,064	29,867	(23,197)
LACDMH	00019	15	42	2,015,337	1,931,744	(83,593)	2.41	4,856,962	4,655,503	(201,459)
LACDMH	00019	15	52	20,666	16,060	(4,606)	2.41	49,805	38,705	(11,100)
LACDMH	00019	15	62	106,429	86,843	(19,586)	4.68	498,088	406,425	(91,662)
LACDMH	00019	60	60	6,977	0	(6,977)	97.70	681,653	-	(681,653)
Institute For Redesign of Learning (The Alr 00171		15	04	9,834	5,623	(4,211)	1.60	15,734	8,997	(6,738)
Institute For Redesign of Learning (The Alr 00171		15	10	10,954	9,063	(1,891)	2.07	22,675	18,760	(3,914)
Institute For Redesign of Learning (The Alr 00171		15	12	2,798	2,421	(377)	2.07	5,792	5,011	(780)
Institute For Redesign of Learning (The Alr 00171		15	41	7,889	7,100	(789)	2.07	16,330	14,697	(1,633)
Institute For Redesign of Learning (The Alr 00171		15	42	96,066	80,044	(16,022)	2.07	198,857	165,691	(33,166)
Institute For Redesign of Learning (The Alr 00171		15	52	11,845	2,565	(9,280)	2.07	24,519	5,310	(19,210)
Institute For Redesign of Learning (The Alr 00171		15	54	960	640	(320)	2.07	1,987	1,325	(662)
Institute For Redesign of Learning (The Alr 00171		15	61	1,010	835	(175)	3.83	3,868	3,198	(670)
Institute For Redesign of Learning (The Alr 00171		15	62	9,496	7,205	(2,291)	3.83	36,370	27,595	(8,775)
Cedars Sinai Medical Center	00178	15	04	5,748	6,173	425	1.71	9,829	10,556	727
Cedars Sinai Medical Center	00178	15	10	2,330	2,630	300	2.19	5,103	5,760	657
Cedars Sinai Medical Center	00178	15	12	30	30	0	2.19	66	66	0
Cedars Sinai Medical Center	00178	15	34	435	570	135	2.19	953	1,248	295
Cedars Sinai Medical Center	00178	15	41	1,695	1,695	0	2.19	3,712	3,712	0
Cedars Sinai Medical Center	00178	15	42	26,099	30,355	4,256	2.19	57,157	66,477	9,321
Cedars Sinai Medical Center	00178	15	52	2,250	2,460	210	2.19	4,928	5,387	460
Cedars Sinai Medical Center	00178	15	54	100	100	0	2.19	219	219	0
Cedars Sinai Medical Center	00178	15	61	280	280	0	4.07	1,140	1,140	0
Cedars Sinai Medical Center	00178	15	62	3,640	4,091	451	4.07	14,815	16,650	1,836
Childrens Hospital of Los Angeles	00179	15	04	11,433	15,753	4,320	1.77	20,236	27,883	7,646
Childrens Hospital of Los Angeles	00179	15	10	4,595	23,083	18,488	2.28	10,477	52,629	42,153
Childrens Hospital of Los Angeles	00179	15	34	3,700	1,960	(1,740)	2.28	8,436	4,469	(3,967)
Childrens Hospital of Los Angeles	00179	15	42	51,539	116,925	65,386	2.28	117,509	266,589	149,080
Childrens Hospital of Los Angeles	00179	15	52	6,861	6,495	(366)	2.28	15,643	14,809	(834)
Childrens Hospital of Los Angeles	00179	15	62	6,093	24,889	18,796	4.23	25,773	105,290	79,517
Community Counseling Service	00180	15	03	2,728	2,728	0	1.43	3,901	3,901	0
Community Counseling Service	00180	15	04	9,748	10,890	1,142	1.43	13,940	15,573	1,633
Community Counseling Service	00180	15	10	4,581	6,153	1,572	1.85	8,475	11,383	2,908
Community Counseling Service	00180	15	12	1,368	1,368	0	1.85	2,531	2,531	0

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Community Counseling Service	00180	15	33	570	570	0	1.85	1,055	1,055	0
Community Counseling Service	00180	15	41	6,749	6,749	0	1.85	12,486	12,486	0
Community Counseling Service	00180	15	42	19,007	20,765	1,758	1.85	35,163	38,415	3,252
Community Counseling Service	00180	15	52	8,985	10,218	1,233	1.85	16,622	18,903	2,281
Community Counseling Service	00180	15	54	3,053	(90)	2,963	1.85	5,648	5,482	(167)
Community Counseling Service	00180	15	61	535	550	15	3.41	1,824	1,876	51
Community Counseling Service	00180	15	62	2,146	2,270	124	3.42	7,339	7,763	424
Community Family Guidance Center	00181	15	03	3,095	3,220	125	1.31	4,054	4,218	164
Community Family Guidance Center	00181	15	04	2,720	3,260	540	1.31	3,563	4,271	707
Community Family Guidance Center	00181	15	10	22,975	22,590	(385)	1.66	38,139	37,499	(639)
Community Family Guidance Center	00181	15	12	8,262	11,682	3,420	1.66	13,715	19,392	5,677
Community Family Guidance Center	00181	15	41	32,452	38,542	6,090	1.69	54,844	65,136	10,292
Community Family Guidance Center	00181	15	42	84,540	77,752	(6,788)	1.69	142,873	131,401	(11,472)
Community Family Guidance Center	00181	15	52	160	160	0	1.69	270	270	0
Community Family Guidance Center	00181	15	54	27	27	0	1.69	46	46	0
Community Family Guidance Center	00181	15	61	2,055	2,575	520	3.12	6,412	8,034	1,622
Community Family Guidance Center	00181	15	62	4,435	4,485	50	3.12	13,837	13,993	156
Didi Hirsch Psychiatric Service	00183	15	04	8,690	6,592	(2,098)	1.68	14,599	11,075	(3,525)
Didi Hirsch Psychiatric Service	00183	15	10	28,439	28,371	(68)	2.21	62,850	62,700	(150)
Didi Hirsch Psychiatric Service	00183	15	34	6,702	6,314	(388)	2.21	14,811	13,954	(857)
Didi Hirsch Psychiatric Service	00183	15	42	158,795	155,969	(2,826)	2.21	350,937	344,691	(6,245)
Didi Hirsch Psychiatric Service	00183	15	52	9,165	8,350	(815)	2.21	20,255	18,454	(1,801)
Didi Hirsch Psychiatric Service	00183	15	62	9,853	10,731	878	4.03	39,708	43,246	3,538
Dubnoff Center	00184	15	04	15,263	15,263	0	1.70	25,947	25,947	0
Dubnoff Center	00184	15	10	1,358	1,393	35	2.18	2,960	3,037	76
Dubnoff Center	00184	15	34	2,453	2,453	0	2.18	5,348	5,348	0
Dubnoff Center	00184	15	42	116,797	111,618	(5,179)	2.19	255,785	244,443	(11,342)
Dubnoff Center	00184	15	52	6,584	7,364	780	2.19	14,419	16,127	1,708
Dubnoff Center	00184	15	61	1,990	1,990	0	3.99	7,940	7,940	0
Dubnoff Center	00184	15	62	21,406	23,899	2,493	4.07	87,122	97,269	10,147
Enki Health & Research	00188	10	85	676	570	(106)	121.98	82,458	69,529	(12,930)
Enki Health & Research	00188	15	04	101,492	50,096	(51,396)	1.09	110,626	54,605	(56,022)
Enki Health & Research	00188	15	10	53,493	34,925	(18,568)	1.80	96,287	62,865	(33,422)
Enki Health & Research	00188	15	34	63	414	351	1.80	113	745	632
Enki Health & Research	00188	15	42	221,272	220,277	(995)	1.80	398,290	396,499	(1,791)
Enki Health & Research	00188	15	52	9,366	14,412	5,046	1.80	16,859	25,942	9,083
Enki Health & Research	00188	15	62	81,650	37,797	(43,853)	3.38	275,977	127,754	(148,223)
The Guidance Center	00191	15	03	0	5,825	5,825	1.66	0	9,670	9,670

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00191	The Guidance Center	15	04	15,681	5,945	(9,736)	1.66	26,030	9,869	(16,162)
00191	The Guidance Center	15	10	49,407	37,551	(11,856)	2.00	98,814	75,102	(23,712)
00191	The Guidance Center	15	12	0	8,604	8,604	2.00	0	17,208	17,208
00191	The Guidance Center	15	33	0	122	122	2.00	0	244	244
00191	The Guidance Center	15	34	1,518	956	(562)	2.00	3,036	1,912	(1,124)
00191	The Guidance Center	15	41	0	36,386	36,386	2.00	0	72,772	72,772
00191	The Guidance Center	15	42	143,992	107,504	(36,488)	2.00	287,984	215,008	(72,976)
00191	The Guidance Center	15	52	19,261	11,561	(7,700)	2.00	38,522	23,122	(15,400)
00191	The Guidance Center	15	54	0	6,654	6,654	2.00	0	13,308	13,308
00191	The Guidance Center	15	61	0	4,833	4,833	3.39	0	16,384	16,384
00191	The Guidance Center	15	62	16,064	12,067	(3,997)	3.39	54,457	40,907	(13,550)
00192	Hathaway Children & Family Services	10	98	0	217	217	92.81	0	20,140	20,140
00192	Hathaway Children & Family Services	10	99	52	52	0	92.81	4,826	4,826	0
00192	Hathaway Children & Family Services	15	03	875	875	0	1.43	1,251	1,251	0
00192	Hathaway Children & Family Services	15	04	5,490	6,535	1,045	1.43	7,851	9,345	1,494
00192	Hathaway Children & Family Services	15	10	55,171	65,645	10,474	1.82	100,474	119,474	19,063
00192	Hathaway Children & Family Services	15	12	3,645	3,580	(65)	1.82	6,634	6,516	(118)
00192	Hathaway Children & Family Services	15	33	120	120	0	1.82	218	218	0
00192	Hathaway Children & Family Services	15	34	650	650	0	1.82	1,183	1,183	0
00192	Hathaway Children & Family Services	15	41	18,713	18,018	(695)	1.82	34,058	32,793	(1,265)
00192	Hathaway Children & Family Services	15	42	177,976	228,328	50,352	1.82	323,916	415,557	91,641
00192	Hathaway Children & Family Services	15	52	2,414	6,751	4,337	1.82	4,393	12,287	7,893
00192	Hathaway Children & Family Services	15	54	1,117	1,117	0	1.82	2,033	2,033	0
00192	Hathaway Children & Family Services	15	61	1,156	1,126	(30)	3.40	3,930	3,828	(102)
00192	Hathaway Children & Family Services	15	62	4,849	7,865	3,016	3.40	16,487	26,741	10,254
00195	Intercommunity Child Guidance Center	15	03	2,889	2,329	(560)	1.52	4,391	3,540	(851)
00195	Intercommunity Child Guidance Center	15	04	7,394	7,334	(60)	1.52	11,239	11,148	(91)
00195	Intercommunity Child Guidance Center	15	10	16,637	16,340	(297)	1.52	25,288	24,837	(451)
00195	Intercommunity Child Guidance Center	15	12	3,258	3,148	(110)	1.52	4,952	4,785	(167)
00195	Intercommunity Child Guidance Center	15	33	195	195	0	1.52	296	296	0
00195	Intercommunity Child Guidance Center	15	34	450	640	190	1.52	684	973	289
00195	Intercommunity Child Guidance Center	15	41	18,139	17,524	(615)	1.52	27,571	26,636	(935)
00195	Intercommunity Child Guidance Center	15	42	110,674	114,622	3,948	1.52	168,224	174,225	6,001
00195	Intercommunity Child Guidance Center	15	52	853	1,473	620	1.52	1,297	2,239	942
00195	Intercommunity Child Guidance Center	15	54	1,490	0	(1,490)	1.52	2,265	-	(2,265)
00195	Intercommunity Child Guidance Center	15	61	1,425	1,365	(60)	3.23	4,603	4,409	(194)
00195	Intercommunity Child Guidance Center	15	62	8,454	8,197	(257)	3.23	27,306	26,476	(830)
00196	Vista Del Mar Child and Family Services	10	85	0	278	278	189.33	0	52,634	52,634
00196	Vista Del Mar Child and Family Services	10	89	4,829	663	(4,166)	189.33	914,275	125,526	(788,749)
00196	Vista Del Mar Child and Family Services	10	98	0	1,164	1,164	122.75	0	142,881	142,881

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								Rate	Gen 4 Gross Costs	Rate	Gen 4 Gross Costs	
Vista Del Mar Child and Family Services	00196	10	99	3,117	1,048	(2,069)	122.75	382,612	128,642	128,642	(253,970)	
Vista Del Mar Child and Family Services	00196	15	03	26,517	26,482	(35)	1.89	50,117	50,051	50,051	(66)	
Vista Del Mar Child and Family Services	00196	15	04	0	52,449	52,449	1.89	0	99,129	99,129	99,129	
Vista Del Mar Child and Family Services	00196	15	10	0	7,848	7,848	2.44	0	19,149	19,149	19,149	
Vista Del Mar Child and Family Services	00196	15	12	2,659	3,201	542	2.44	6,488	7,810	7,810	1,322	
Vista Del Mar Child and Family Services	00196	15	33	795	795	0	2.44	1,940	1,940	1,940	0	
Vista Del Mar Child and Family Services	00196	15	41	34,983	33,814	(1,169)	2.44	85,359	82,506	82,506	(2,852)	
Vista Del Mar Child and Family Services	00196	15	42	0	71,247	71,247	2.44	0	173,843	173,843	173,843	
Vista Del Mar Child and Family Services	00196	15	52	0	418	418	2.44	0	1,020	1,020	1,020	
Vista Del Mar Child and Family Services	00196	15	54	14,652	14,517	(135)	2.44	35,751	35,421	35,421	(329)	
Vista Del Mar Child and Family Services	00196	15	61	16,423	15,021	(1,402)	4.51	74,068	67,745	67,745	(6,323)	
Vista Del Mar Child and Family Services	00196	15	62	0	18,965	18,965	4.51	0	85,532	85,532	85,532	
Help Group Child & Family Center	00198	10	92	1	1	0	72.18	72	72	72	0	
Help Group Child & Family Center	00198	10	98	17	0	(17)	113.87	1,936	1,936	1,936	(1,936)	
Help Group Child & Family Center	00198	15	03	2,585	2,585	0	1.75	4,524	4,524	4,524	0	
Help Group Child & Family Center	00198	15	04	19,411	14,981	(4,430)	1.75	33,969	26,217	26,217	(7,753)	
Help Group Child & Family Center	00198	15	10	99,435	97,719	(1,716)	2.28	226,712	222,799	222,799	(3,912)	
Help Group Child & Family Center	00198	15	12	51,891	49,907	(1,984)	2.28	118,311	113,788	113,788	(4,524)	
Help Group Child & Family Center	00198	15	41	158,230	148,554	(9,676)	2.28	360,764	338,703	338,703	(22,061)	
Help Group Child & Family Center	00198	15	42	561,491	510,019	(51,472)	2.28	1,280,199	1,162,843	1,162,843	(117,356)	
Help Group Child & Family Center	00198	15	52	542	393	(149)	2.28	1,236	896	896	(340)	
Help Group Child & Family Center	00198	15	54	470	470	0	2.28	1,072	1,072	1,072	0	
Help Group Child & Family Center	00198	15	58	18,355	0	(18,355)	2.28	41,849	-	-	(41,849)	
Help Group Child & Family Center	00198	15	61	10,110	8,690	(1,420)	4.22	42,664	36,672	36,672	(5,992)	
Help Group Child & Family Center	00198	15	62	30,694	30,807	113	4.22	129,529	130,006	130,006	477	
Los Angeles Child Guidance Clinic	00199	10	82	0	37	37	122.05	0	4,516	4,516	4,516	
Los Angeles Child Guidance Clinic	00199	10	85	0	141	141	171.41	0	24,169	24,169	24,169	
Los Angeles Child Guidance Clinic	00199	15	03	10,628	10,498	(130)	1.71	18,174	17,952	17,952	(222)	
Los Angeles Child Guidance Clinic	00199	15	04	59,260	59,230	(30)	1.71	101,335	101,283	101,283	(51)	
Los Angeles Child Guidance Clinic	00199	15	10	21,710	19,939	(1,771)	2.21	47,978	44,065	44,065	(3,914)	
Los Angeles Child Guidance Clinic	00199	15	12	4,040	3,832	(208)	2.21	8,928	8,469	8,469	(459)	
Los Angeles Child Guidance Clinic	00199	15	33	315	315	0	2.21	696	696	696	0	
Los Angeles Child Guidance Clinic	00199	15	34	3,736	970	(2,766)	2.21	8,257	2,144	2,144	(6,113)	
Los Angeles Child Guidance Clinic	00199	15	41	33,374	32,241	(1,133)	2.21	73,757	71,253	71,253	(2,504)	
Los Angeles Child Guidance Clinic	00199	15	42	196,182	186,305	(9,877)	2.21	433,562	411,734	411,734	(21,828)	
Los Angeles Child Guidance Clinic	00199	15	52	50,374	20,842	(29,532)	2.21	111,327	46,061	46,061	(65,266)	
Los Angeles Child Guidance Clinic	00199	15	54	5,281	5,281	0	2.21	11,671	11,671	11,671	0	
Los Angeles Child Guidance Clinic	00199	15	61	4,823	4,623	(200)	4.08	19,678	18,862	18,862	(816)	
Los Angeles Child Guidance Clinic	00199	15	62	37,372	24,791	(12,581)	4.08	152,478	101,147	101,147	(51,330)	
Penny Lane Centers	00201	15	03	145	145	0	1.46	212	212	212	0	

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00201	Penny Lane Centers	15	04	244	231	(13)	1.46	356	337	(19)
00201	Penny Lane Centers	15	10	4,692	3,903	(789)	2.00	9,384	7,806	(1,578)
00201	Penny Lane Centers	15	12	513	513	0	2.00	1,026	1,026	0
00201	Penny Lane Centers	15	41	1,590	1,358	(232)	2.00	3,180	2,716	(464)
00201	Penny Lane Centers	15	42	41,241	31,071	(10,170)	2.00	82,482	62,142	(20,340)
00201	Penny Lane Centers	15	52	54	27	(27)	2.00	108	54	(54)
00201	Penny Lane Centers	15	54	76	76	0	2.00	152	152	0
00201	Penny Lane Centers	15	58	22,992	0	(22,992)	2.00	45,984	-	(45,984)
00201	Penny Lane Centers	15	61	360	280	(80)	4.05	1,458	1,134	(324)
00201	Penny Lane Centers	15	62	4,170	3,170	(1,000)	4.05	16,889	12,839	(4,050)
00203	Pacific Clinics	10	89	516	585	69	129.19	66,662	75,576	8,914
00203	Pacific Clinics	15	03	93,894	90,812	(3,082)	1.29	121,123	117,147	(3,976)
00203	Pacific Clinics	15	12	95,945	91,853	(4,092)	1.66	159,289	152,476	(6,793)
00203	Pacific Clinics	15	33	120	120	0	1.66	199	199	0
00203	Pacific Clinics	15	41	1,057,986	1,017,930	(40,056)	1.66	1,756,257	1,689,764	(66,493)
00203	Pacific Clinics	15	54	99,082	93,628	(5,454)	1.66	164,476	155,422	(9,054)
00203	Pacific Clinics	15	61	66,513	62,428	(4,085)	3.08	204,860	192,278	(12,582)
00206	Harbor View Rehabilitation Center	10	85	0	940	940	94.77	0	89,084	89,084
00206	Harbor View Rehabilitation Center	15	62	0	205	205	2.47	0	506	506
00207	Child & Family Guidance Center	15	03	72,270	9,951	(62,319)	1.85	133,700	18,409	(115,290)
00207	Child & Family Guidance Center	15	04	0	60,685	60,685	1.85	0	112,267	112,267
00207	Child & Family Guidance Center	15	10	0	71,742	71,742	2.38	0	170,746	170,746
00207	Child & Family Guidance Center	15	12	89,901	8,398	(81,503)	2.38	213,964	19,987	(193,977)
00207	Child & Family Guidance Center	15	33	4,006	1,000	(3,006)	2.37	9,494	2,370	(7,124)
00207	Child & Family Guidance Center	15	34	0	2,813	2,813	2.38	0	6,695	6,695
00207	Child & Family Guidance Center	15	41	926,514	89,272	(837,242)	2.38	2,205,103	212,467	(1,992,636)
00207	Child & Family Guidance Center	15	42	0	702,376	702,376	2.38	0	1,671,655	1,671,655
00207	Child & Family Guidance Center	15	52	0	69,902	69,902	2.38	0	166,367	166,367
00207	Child & Family Guidance Center	15	54	57,243	23,116	(34,127)	2.38	136,238	55,016	(81,222)
00207	Child & Family Guidance Center	15	61	112,042	7,661	(104,381)	4.40	492,985	33,708	(459,276)
00207	Child & Family Guidance Center	15	62	0	96,642	96,642	4.40	0	425,225	425,225
00210	Child & Family Center	10	89	0	0	0	0	0	-	0
00210	Child & Family Center	15	03	89,067	4,260	(84,807)	1.66	147,851	7,072	(140,780)
00210	Child & Family Center	15	04	0	77,237	77,237	1.66	0	128,213	128,213
00210	Child & Family Center	15	10	0	70,143	70,143	2.10	0	147,300	147,300
00210	Child & Family Center	15	12	90,312	5,235	(85,077)	2.10	189,655	10,994	(178,662)
00210	Child & Family Center	15	33	2,080	490	(1,590)	2.10	4,368	1,029	(3,339)
00210	Child & Family Center	15	34	0	1,775	1,775	2.10	0	3,728	3,728
00210	Child & Family Center	15	41	518,764	51,818	(466,946)	2.10	1,089,404	108,818	(980,587)

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Entity Number	Entity Name	Mode	SFC	UOS Identified on 1909	Gen 4 Units	Variance	Rate	1909 Gross Costs	Gen 4 Gross Costs	Variance
00210	Child & Family Center	15	42	0	383,747	383,747	2.10	0	805,869	805,869
00210	Child & Family Center	15	52	0	59,626	59,626	2.10	0	125,215	125,215
00210	Child & Family Center	15	54	74,477	7,005	(67,472)	2.10	156,402	14,711	(141,691)
00210	Child & Family Center	15	61	41,809	2,570	(39,239)	3.60	150,512	9,252	(141,260)
00210	Child & Family Center	15	62	0	34,629	34,629	3.60	0	124,664	124,664
00213	South Bay Children's Health Center	10	98	1,471	1,533	62	115.14	169,371	176,510	7,139
00213	South Bay Children's Health Center	10	99	0	328	328	115.14	0	37,766	37,766
00213	South Bay Children's Health Center	15	03	1,364	1,337	(27)	1.77	2,414	2,366	(48)
00213	South Bay Children's Health Center	15	04	97	97	0	1.77	172	172	0
00213	South Bay Children's Health Center	15	10	2,885	2,917	32	2.19	6,318	6,388	70
00213	South Bay Children's Health Center	15	12	2,459	2,284	(175)	2.19	5,385	5,002	(383)
00213	South Bay Children's Health Center	15	33	60	60	0	2.19	131	0	131
00213	South Bay Children's Health Center	15	34	1,735	1,735	0	2.19	3,800	3,800	0
00213	South Bay Children's Health Center	15	41	10,449	10,001	(448)	2.19	22,883	21,902	(981)
00213	South Bay Children's Health Center	15	42	22,553	21,907	(646)	2.19	49,391	47,976	(1,415)
00213	South Bay Children's Health Center	15	52	45	45	0	2.19	99	99	0
00213	South Bay Children's Health Center	15	54	0	30	30	2.19	0	66	66
00213	South Bay Children's Health Center	15	61	1,540	1,463	(77)	3.88	5,975	5,676	(299)
00213	South Bay Children's Health Center	15	62	8,675	8,215	(460)	3.88	33,659	31,874	(1,785)
00214	Special Service For Groups	15	03	2,313	2,228	(85)	1.40	3,238	3,119	(119)
00214	Special Service For Groups	15	04	0	4,292	4,292	1.40	0	6,009	6,009
00214	Special Service For Groups	15	10	0	3,627	3,627	1.59	0	5,767	5,767
00214	Special Service For Groups	15	12	2,224	2,116	(108)	1.59	3,536	3,364	(172)
00214	Special Service For Groups	15	34	0	635	635	1.59	0	1,010	1,010
00214	Special Service For Groups	15	41	4,204	4,204	0	1.59	6,684	6,684	0
00214	Special Service For Groups	15	42	0	18,888	18,888	1.59	0	30,032	30,032
00214	Special Service For Groups	15	52	0	2,672	2,672	1.59	0	4,248	4,248
00214	Special Service For Groups	15	54	1,898	1,691	(207)	1.59	3,018	2,669	(329)
00214	Special Service For Groups	15	61	576	576	0	3.19	1,837	1,837	0
00214	Special Service For Groups	15	62	0	1,496	1,496	3.19	0	4,772	4,772
00216	Stirling Academy, Inc.	15	03	627	577	(50)	1.78	1,116	1,027	(89)
00216	Stirling Academy, Inc.	15	04	11,621	9,994	(1,627)	1.77	20,569	17,689	(2,880)
00216	Stirling Academy, Inc.	15	10	35,061	31,780	(3,281)	2.29	80,290	72,776	(7,513)
00216	Stirling Academy, Inc.	15	12	2,401	2,301	(100)	2.29	5,498	5,269	(229)
00216	Stirling Academy, Inc.	15	41	8,799	7,652	(1,147)	2.29	20,150	17,523	(2,627)
00216	Stirling Academy, Inc.	15	42	121,566	110,037	(11,529)	2.29	278,386	251,985	(26,401)
00216	Stirling Academy, Inc.	15	52	897	897	0	2.29	2,054	2,054	0
00216	Stirling Academy, Inc.	15	61	190	120	(70)	4.24	806	509	(297)
00216	Stirling Academy, Inc.	15	62	1,152	992	(160)	4.24	4,884	4,206	(678)

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Entity Name	Entity Number		Mode	SFC	UOS		Gen 4 Units	Variance	Rate	1909 Gross Costs		Gen 4 Gross Costs	Variance
	00221	00221			Identified on 1909	Units				1909 Gross Costs	Gen 4 Gross Costs		
Verdugo Mental Health Center	15	10	15	12,687	8,022	(4,665)	2.44	30,956	19,574	(11,383)			
Verdugo Mental Health Center	15	12	15	0	445	445	2.44	0	1,086	1,086			
Verdugo Mental Health Center	15	34	15	1,125	1,030	(95)	2.44	2,745	2,513	(232)			
Verdugo Mental Health Center	15	41	15	0	3,360	3,360	2.44	0	8,198	8,198			
Verdugo Mental Health Center	15	42	15	114,057	95,525	(18,532)	2.44	278,299	233,081	(45,218)			
Verdugo Mental Health Center	15	52	15	24,270	13,037	(11,233)	2.44	59,219	31,810	(27,409)			
Verdugo Mental Health Center	15	54	15	0	1,014	1,014	2.44	0	2,474	2,474			
Verdugo Mental Health Center	15	61	15	0	1,070	1,070	4.51	0	4,826	4,826			
Verdugo Mental Health Center	15	62	15	15,528	12,508	(3,020)	4.51	70,031	56,411	(13,620)			
Aspen Health Services	10	85	10	986	1,458	472	155.43	153,254	226,617	73,363			
Aspen Health Services	15	04	15	12,755	33,020	20,265	1.56	19,898	51,511	31,613			
Aspen Health Services	15	10	15	2,734	824	(1,910)	2.01	5,495	1,656	(3,839)			
Aspen Health Services	15	42	15	2,341	10,492	8,151	2.01	4,705	21,089	16,384			
Aspen Health Services	15	62	15	2,426	5,958	3,532	3.73	9,049	22,223	13,174			
Total				10,564,315	10,091,193	(473,122)		\$ 25,937,427	\$ 23,380,529	\$ (2,557,194)			

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit A-12
Comparison of Units of Service and Gross Costs
Of Legal Entity Agencies Included in Fourth Generation Data Set
Fiscal Year 2005-06**

Los Angeles County
 Handicapped and Disabled Students Program
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 Comparison of Units of Services and Costs of Legal Entities Included in Fourth Generation Data Set
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Entity Name	Entity Number	Mode	SFC	UOS Identified on 1909	Gen 4 Units	Variance	Rate	1909 Gross Costs	Gen 4 Gross Costs	Variance
LACDMH	00019	10	85	3	0	(3)	212.28	637	0	(637)
LACDMH	00019	15	04	893,193	869,653	(23,540)	2.03	1,813,182	1,765,396	(47,786)
LACDMH	00019	15	10	106,703	98,466	(8,237)	2.60	277,428	256,012	(21,416)
LACDMH	00019	15	34	6,834	5,463	(1,371)	2.62	17,905	14,313	(3,592)
LACDMH	00019	15	42	2,203,538	2,262,861	59,323	2.60	5,729,199	5,883,439	154,240
LACDMH	00019	15	52	17,689	12,541	(5,148)	2.60	45,991	32,607	(13,385)
LACDMH	00019	15	62	87,906	78,037	(9,869)	5.07	445,683	395,648	(50,036)
LACDMH	00019	60	60	9,476	0	(9,476)	108.75	1,011,563	-	(1,011,563)
Institute For Redesign of Learning (The Alir 00171	00171	15	04	3,165	2,850	(315)	1.52	4,811	4,332	(479)
Institute For Redesign of Learning (The Alir 00171	00171	15	10	2,753	2,575	(178)	1.97	5,423	5,073	(351)
Institute For Redesign of Learning (The Alir 00171	00171	15	42	55,960	54,532	(1,428)	1.97	110,241	107,428	(2,813)
Institute For Redesign of Learning (The Alir 00171	00171	15	52	4,401	4,722	321	1.97	8,670	9,302	632
Institute For Redesign of Learning (The Alir 00171	00171	15	62	3,830	3,355	(475)	3.64	13,941	12,212	(1,729)
Cedars Sinai Medical Center	00178	15	04	10,815	7,425	(3,390)	1.95	21,089	14,479	(6,611)
Cedars Sinai Medical Center	00178	15	10	12,710	10,070	(2,640)	2.52	32,029	25,376	(6,653)
Cedars Sinai Medical Center	00178	15	34	645	795	150	2.52	1,625	2,003	378
Cedars Sinai Medical Center	00178	15	42	70,241	59,716	(10,525)	2.52	177,007	150,484	(26,523)
Cedars Sinai Medical Center	00178	15	52	2,610	2,220	(390)	2.52	6,577	5,694	(883)
Cedars Sinai Medical Center	00178	15	62	10,829	9,644	(1,185)	4.65	50,355	44,845	(5,510)
Childrens Hospital of Los Angeles	00179	15	04	5,856	5,371	(485)	1.95	11,419	10,473	(946)
Childrens Hospital of Los Angeles	00179	15	10	7,424	7,379	(45)	2.52	18,708	18,595	(113)
Childrens Hospital of Los Angeles	00179	15	34	1,450	1,450	0	2.52	3,654	3,654	0
Childrens Hospital of Los Angeles	00179	15	42	35,233	34,378	(855)	2.52	88,787	86,633	(2,155)
Childrens Hospital of Los Angeles	00179	15	52	1,182	834	(348)	2.52	2,979	2,102	(877)
Childrens Hospital of Los Angeles	00179	15	62	11,381	11,346	(35)	4.65	52,922	52,759	(163)
Community Counseling Service	00180	15	04	6,685	7,334	649	1.53	10,228	11,221	993
Community Counseling Service	00180	15	10	3,174	4,953	1,779	1.96	6,221	9,708	3,487
Community Counseling Service	00180	15	34	570	570	0	1.96	1,117	1,117	0
Community Counseling Service	00180	15	42	14,248	17,283	3,035	1.96	27,926	33,875	5,949
Community Counseling Service	00180	15	52	5,010	5,097	87	1.96	9,820	9,990	171
Community Counseling Service	00180	15	62	1,490	1,490	0	3.64	5,424	5,424	0
Community Family Guidance Center	00181	15	04	1,075	880	(195)	1.44	1,548	1,267	(281)
Community Family Guidance Center	00181	15	10	27,480	25,900	(1,580)	1.86	51,113	48,174	(2,939)
Community Family Guidance Center	00181	15	42	100,958	93,268	(7,690)	1.86	187,782	173,478	(14,303)
Community Family Guidance Center	00181	15	62	6,630	6,295	(335)	3.44	22,807	21,655	(1,152)
Didi Hirsch Psychiatric Service	00183	15	04	3,165	3,031	(134)	1.87	5,919	5,668	(251)

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Entity Number	Entity Name	Mode	SFC	UOS Identified on 1909	Gen 4 Units	Variance	Rate	1909 Gross Costs	Gen 4 Gross Costs	Variance
00183	Didi Hirsch Psychiatric Service	15	10	12,763	12,571	(192)	2.46	31,397	30,925	(472)
00183	Didi Hirsch Psychiatric Service	15	34	2,952	2,952	0	2.46	7,262	7,262	0
00183	Didi Hirsch Psychiatric Service	15	42	95,190	93,973	(1,217)	2.46	234,167	231,174	(2,994)
00183	Didi Hirsch Psychiatric Service	15	52	785	807	22	2.46	1,931	1,985	54
00183	Didi Hirsch Psychiatric Service	15	62	7,869	7,437	(432)	4.49	35,332	33,392	(1,940)
00184	Dubnoff Center	15	04	1,233	1,343	110	1.91	2,355	2,565	210
00184	Dubnoff Center	15	10	1,910	2,287	377	2.46	4,699	5,626	927
00184	Dubnoff Center	15	34	0	243	243	2.47	0	600	600
00184	Dubnoff Center	15	42	101,884	100,897	(987)	2.48	252,672	250,225	(2,448)
00184	Dubnoff Center	15	52	5,086	7,562	2,476	2.44	12,410	18,451	6,041
00184	Dubnoff Center	15	62	18,484	23,532	5,048	4.58	84,657	107,777	23,120
00188	Enki Health & Research	10	85	146	149	3	132.00	19,272	19,668	396
00188	Enki Health & Research	15	04	18,194	18,691	497	1.18	21,469	22,055	586
00188	Enki Health & Research	15	10	26,288	26,451	163	1.95	51,262	51,579	318
00188	Enki Health & Research	15	42	169,533	175,254	5,721	1.95	330,589	341,745	11,156
00188	Enki Health & Research	15	52	12,376	12,339	(37)	1.95	24,133	24,061	(72)
00188	Enki Health & Research	15	62	22,722	23,342	620	3.65	82,935	85,198	2,263
00191	The Guidance Center	15	04	4,575	4,583	8	1.78	8,144	8,158	14
00191	The Guidance Center	15	10	31,937	31,724	(213)	2.15	68,665	68,207	(458)
00191	The Guidance Center	15	34	630	725	95	2.15	1,355	1,559	204
00191	The Guidance Center	15	42	103,496	102,143	(1,353)	2.15	222,516	219,607	(2,909)
00191	The Guidance Center	15	52	25,652	25,622	(30)	2.15	55,152	55,087	(65)
00191	The Guidance Center	15	62	8,797	8,467	(330)	3.63	31,933	30,735	(1,198)
00192	Hathaway Children & Family Services	10	98	1,381	1,347	(34)	105.42	145,585	142,001	(3,584)
00192	Hathaway Children & Family Services	15	04	10,857	10,997	140	1.62	17,588	17,815	227
00192	Hathaway Children & Family Services	15	10	43,287	43,421	134	2.10	90,903	91,184	281
00192	Hathaway Children & Family Services	15	34	368	368	0	2.10	773	773	0
00192	Hathaway Children & Family Services	15	42	194,211	188,956	(5,255)	2.10	407,843	396,808	(11,036)
00192	Hathaway Children & Family Services	15	52	50,644	50,199	(445)	2.10	106,352	105,418	(935)
00192	Hathaway Children & Family Services	15	62	47,215	44,415	(2,800)	3.87	182,722	171,886	(10,836)
00195	Intercommunity Child Guidance Center	15	04	9,027	9,612	585	1.57	14,172	15,091	918
00195	Intercommunity Child Guidance Center	15	10	17,471	17,260	(211)	2.03	35,466	35,038	(428)
00195	Intercommunity Child Guidance Center	15	34	585	650	65	2.03	1,188	1,320	132
00195	Intercommunity Child Guidance Center	15	42	123,231	118,336	(4,895)	2.03	250,159	240,222	(9,937)
00195	Intercommunity Child Guidance Center	15	52	37,179	39,266	2,087	2.03	75,473	79,710	4,237
00195	Intercommunity Child Guidance Center	15	62	17,345	15,573	(1,772)	3.77	65,391	58,710	(6,680)
00196	Vista Del Mar Child and Family Services	10	85	2,131	244	(1,887)	195.58	416,781	47,722	(369,059)

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Vista Del Mar Child and Family Services	00196	10	88	4,112	1,549	(2,563)	126.80	521,402	196,413	(324,988)
Vista Del Mar Child and Family Services	00196	15	04	95,238	43,625	(51,613)	1.95	185,714	85,069	(100,645)
Vista Del Mar Child and Family Services	00196	15	10	22,904	14,006	(8,898)	2.52	57,718	35,295	(22,423)
Vista Del Mar Child and Family Services	00196	15	34	360	360	0	2.52	907	907	0
Vista Del Mar Child and Family Services	00196	15	42	188,449	104,960	(83,489)	2.52	474,891	264,499	(210,392)
Vista Del Mar Child and Family Services	00196	15	52	9,511	7,228	(2,283)	2.52	23,968	18,215	(5,753)
Vista Del Mar Child and Family Services	00196	15	58	182,048	0	(182,048)	2.52	458,761	-	(458,761)
Vista Del Mar Child and Family Services	00196	15	62	103,956	24,014	(79,942)	4.66	484,435	111,905	(372,530)
Help Group Child & Family Center	00198	15	04	4,491	5,386	895	1.88	8,443	10,126	1,683
Help Group Child & Family Center	00198	15	10	88,037	84,690	(3,347)	2.45	215,691	207,491	(8,200)
Help Group Child & Family Center	00198	15	34	207	207	0	2.45	507	507	0
Help Group Child & Family Center	00198	15	42	655,746	610,699	(45,047)	2.45	1,606,578	1,496,213	(110,365)
Help Group Child & Family Center	00198	15	52	6,617	6,377	(240)	2.45	16,212	15,624	(588)
Help Group Child & Family Center	00198	15	58	15,221	0	(15,221)	2.45	37,291	-	(37,291)
Help Group Child & Family Center	00198	15	62	46,776	42,484	(4,292)	4.54	212,363	192,877	(19,486)
Los Angeles Child Guidance Clinic	00199	10	82	166	149	(17)	134.30	22,294	20,011	(2,283)
Los Angeles Child Guidance Clinic	00199	15	04	38,600	36,784	(1,816)	1.88	72,568	69,154	(3,414)
Los Angeles Child Guidance Clinic	00199	15	10	18,211	16,579	(1,632)	2.42	44,071	40,121	(3,949)
Los Angeles Child Guidance Clinic	00199	15	34	550	550	0	2.42	1,331	1,331	0
Los Angeles Child Guidance Clinic	00199	15	42	220,236	208,735	(11,501)	2.42	532,971	505,139	(27,832)
Los Angeles Child Guidance Clinic	00199	15	52	22,494	20,999	(1,495)	2.42	54,435	50,818	(3,618)
Los Angeles Child Guidance Clinic	00199	15	62	23,105	21,010	(2,095)	4.48	103,510	94,125	(9,386)
Penny Lane Centers	00201	15	04	70	34	(36)	1.55	109	53	(56)
Penny Lane Centers	00201	15	10	4,761	3,942	(819)	2.13	10,141	8,396	(1,744)
Penny Lane Centers	00201	15	34	575	575	(575)	2.13	1,225	-	(1,225)
Penny Lane Centers	00201	15	42	28,944	19,643	(9,301)	2.13	61,651	41,840	(19,811)
Penny Lane Centers	00201	15	52	1,181	1,181	0	2.13	2,516	2,516	0
Penny Lane Centers	00201	15	58	1,051	0	(1,051)	2.13	2,239	-	(2,239)
Penny Lane Centers	00201	15	62	2,555	2,305	(250)	4.31	11,012	9,935	(1,078)
Pacific Clinics	00203	10	89	1,713	1,620	(93)	138.85	237,850	224,937	(12,913)
Pacific Clinics	00203	15	03	63,691	58,997	(4,694)	1.38	87,894	81,416	(6,478)
Pacific Clinics	00203	15	12	67,364	62,014	(5,350)	1.79	120,582	111,005	(9,577)
Pacific Clinics	00203	15	33	60	60	0	1.78	107	107	0
Pacific Clinics	00203	15	41	788,641	719,411	(69,230)	1.79	1,411,667	1,287,746	(123,922)
Pacific Clinics	00203	15	54	52,633	48,314	(4,319)	1.79	94,213	86,482	(7,731)
Pacific Clinics	00203	15	61	60,022	57,161	(2,861)	3.31	198,673	189,203	(9,470)
Harbor View Rehabilitation Center	00206	10	85	109	105	(4)	99.35	10,829	10,432	(397)
Harbor View Rehabilitation Center	00206	15	04	245	185	(60)	1.08	265	200	(65)

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Harbor View Rehabilitation Center	00206	15	10	15	15	1.42	21	21	0	0
Harbor View Rehabilitation Center	00206	15	42	2,540	2,540	1.42	3,607	3,607	0	0
Harbor View Rehabilitation Center	00206	15	58	180	0	1.42	256	-	(180)	(256)
Child & Family Guidance Center	00207	15	04	21,114	13,666	1.90	40,117	25,965	(7,448)	(14,151)
Child & Family Guidance Center	00207	15	10	67,009	49,689	2.46	164,842	122,235	(17,320)	(42,607)
Child & Family Guidance Center	00207	15	34	3,431	2,154	2.46	8,440	5,299	(1,277)	(3,141)
Child & Family Guidance Center	00207	15	42	791,165	484,151	2.46	1,946,266	1,191,011	(307,014)	(755,254)
Child & Family Guidance Center	00207	15	52	27,212	52,024	2.46	66,942	127,979	24,812	61,038
Child & Family Guidance Center	00207	15	62	93,029	63,860	4.54	422,352	289,924	(29,169)	(132,427)
Child & Family Center	00210	15	03	59,421	58,746	1.77	105,175	103,980	(675)	(1,195)
Child & Family Center	00210	15	12	89,348	86,033	2.24	200,140	192,714	(3,315)	(7,426)
Child & Family Center	00210	15	33	655	655	2.24	1,467	-	(655)	(1,467)
Child & Family Center	00210	15	34	655	655	2.24	0	1,467	655	1,467
Child & Family Center	00210	15	41	418,550	406,260	2.24	937,552	-	(418,550)	(937,552)
Child & Family Center	00210	15	42	406,260	406,260	2.24	0	910,022	406,260	910,022
Child & Family Center	00210	15	52	46,094	45,094	2.24	0	101,011	45,094	101,011
Child & Family Center	00210	15	54	46,253	46,253	2.24	103,607	-	(46,253)	(103,607)
Child & Family Center	00210	15	61	37,224	37,224	3.84	142,940	-	(37,224)	(142,940)
Child & Family Center	00210	15	62	36,714	36,714	3.84	0	140,982	36,714	140,982
South Bay Children's Health Center	00213	10	98	105	105	126.68	13,301	13,301	0	0
South Bay Children's Health Center	00213	15	04	559	559	1.95	1,090	1,090	0	0
South Bay Children's Health Center	00213	15	10	4,100	4,100	2.52	10,332	10,332	0	0
South Bay Children's Health Center	00213	15	42	29,432	29,432	2.52	74,169	74,169	0	0
South Bay Children's Health Center	00213	15	52	92	92	2.52	232	232	0	0
South Bay Children's Health Center	00213	15	62	5,571	5,571	4.65	25,905	25,905	0	0
Special Service For Groups	00214	15	03	2,608	2,608	1.89	4,929	-	(2,608)	(4,929)
Special Service For Groups	00214	15	04	2,573	2,573	1.89	0	4,863	2,573	4,863
Special Service For Groups	00214	15	10	3,560	3,560	2.44	0	8,686	3,560	8,686
Special Service For Groups	00214	15	12	4,027	4,027	2.44	9,826	-	(4,027)	(9,826)
Special Service For Groups	00214	15	41	14,631	14,631	2.44	35,700	-	(14,631)	(35,700)
Special Service For Groups	00214	15	42	17,675	17,675	2.44	0	43,127	17,675	43,127
Special Service For Groups	00214	15	52	3,428	3,428	2.44	0	8,364	3,428	8,364
Special Service For Groups	00214	15	54	7,195	7,195	2.44	17,556	-	(7,195)	(17,556)
Special Service For Groups	00214	15	58	3,553	3,553	2.44	8,669	-	(3,553)	(8,669)
Special Service For Groups	00214	15	61	1,558	1,558	4.51	7,027	-	(1,558)	(7,027)
Special Service For Groups	00214	15	62	761	761	4.51	0	3,432	761	3,432
Stirling Academy, Inc.	00216	15	04	7,259	6,988	1.75	12,703	12,229	(271)	(474)
Stirling Academy, Inc.	00216	15	10	30,838	30,568	1.75	53,967	53,484	(270)	(473)

Los Angeles County
 Handicapped and Disabled Students Program
 July 1, 2003, through June 30, 2006
 Comparison of Units of Services and Costs of Legal Entities Included in Fourth Generation Data Set
 Original Claim v. Fourth Generation Data Set
 FY 2005-06

Entity Name	Entity Number	Mode	SFC	UJOS Identified on 1909	Gen 4 Units	Variance	Rate	1909 Gross Costs	Gen 4 Gross Costs	Variance
Stirling Academy, Inc.	00216	15	42	128,065	128,651	586	1.75	224,114	225,139	1,026
Stirling Academy, Inc.	00216	15	52	3,593	4,387	794	1.75	6,288	7,677	1,390
Stirling Academy, Inc.	00216	15	62	1,863	1,740	(123)	3.83	7,135	6,664	(471)
Verdugo Mental Health Center	00221	15	10	9,930	9,005	(925)	2.34	23,236	21,072	(2,165)
Verdugo Mental Health Center	00221	15	34	440	440	0	2.34	1,030	1,030	0
Verdugo Mental Health Center	00221	15	42	118,404	111,616	(6,788)	2.34	277,065	261,181	(15,884)
Verdugo Mental Health Center	00221	15	52	26,694	22,317	(4,377)	2.34	62,464	52,222	(10,242)
Verdugo Mental Health Center	00221	15	62	11,285	10,425	(860)	4.33	48,864	45,140	(3,724)
Providence Community Services (Aspen)	00801	10	85	718	802	84	161.95	116,280	129,884	13,604
Providence Community Services (Aspen)	00801	15	04	43,285	22,037	(21,248)	1.59	68,823	35,039	(33,784)
Providence Community Services (Aspen)	00801	15	10		230	230	2.09	0	481	481
Providence Community Services (Aspen)	00801	15	42	17,114	18,247	1,133	2.09	35,768	38,136	2,368
Providence Community Services (Aspen)	00801	15	62	3,196	5,179	1,983	3.86	12,337	19,991	7,654
Total				9,917,657	8,902,974	(1,014,683)		\$ 26,365,997	\$ 22,034,876	\$ (4,331,498)

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

Exhibit A-13

**State Controller's Office Letter to the Los Angeles County Department
of Mental Health Dated May 7, 2013**



JOHN CHIANG
California State Controller

May 7, 2013

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

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

Dear Dr. Kay:

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

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

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

RECEIVED

MAY 14 2013

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

CHIEF DEPUTY DIRECTOR

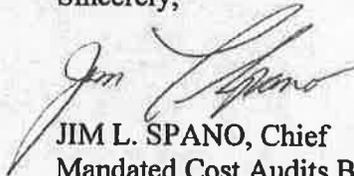
Robin C. Kay, Ph.D.
May 7, 2013
Page 1

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

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

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

Sincerely,



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

JS/kw

12006

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

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit B-1
Claiming Instructions
Fiscal Year 2003-04, 2004-05 and 2005-06**

SERVICES TO HANDICAPPED STUDENTS

1. Summary of Chapters 1747/84 and 1274/85

Chapter 1747, Statutes of 1984, added Chapter 26, commencing with § 7570, to Division 7 of Title 1 of the Government Code.

Chapter 1274, Statutes of 1985, amended Government Code §§ 7572, 7572.5, 7575, 7576, 7579, 7582, and 7587; amended and repealed § 7583; added § 7586.5 and 7586.7; repealed § 7574 and amended § 5651 of the Welfare and Institutions Code. To the extent that Government Code § 7572 and § 60040, Title 2, Code of California Regulations, require county participation in the mental health assessment for "individuals with exceptional needs," such legislation and regulations impose a new program or higher level of service upon a county. Furthermore, any related county participation in the expanded "Individualized Education Program" (IEP) team and case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed", pursuant to Subdivisions (a), (b), and (c) of Government Code § 7572.5 and their implementing regulations.

The aforementioned mandatory county participation in the IEP process is not subject to the Short Doyle Act, and accordingly, such costs related thereto, are costs mandated by the state and are fully reimbursable within the meaning of § 6, Article XIIIB of the California Constitution.

The provisions of Welfare and Institutions Code § 5651, Subdivision (g), result in a higher level of service within the county Short-Doyle program because pursuant to Government Code §§ 7571 and 7576 and their implementing regulations, the mental health services must be included in the county Short-Doyle annual plan. Such services include psychotherapy and other mental health services provided to "individuals with exceptional needs", including those designated as "seriously emotionally disturbed", and required in such individual's IEP.

Such mental health services are subject to the current cost sharing formula of the Short-Doyle Act, through which the state provides ninety (90) percent of the total costs of the Short-Doyle program, and the county is required to provide the remaining ten (10) percent of the funds. Accordingly, only ten (10) percent of such program costs are reimbursable within the meaning of § 6, Article XIIIB of the California Constitution as costs mandated by the state, because the Short-Doyle Act currently provides counties ninety (90) percent of the costs of furnishing those mental health services set forth in Government Code §§ 7571 and 7576 and their implementing regulations, and described in the county's Short-Doyle annual plan pursuant to Welfare and Institutions Code § 5651, Subdivision (g).

On April 26, 1990, the Commission on State Mandates determined that Chapter 1747, Statutes of 1984 and Chapter 1274, Statutes of 1985 resulted in state mandated costs that are reimbursable pursuant to Part 7 (commencing with Government Code § 17500) of Division 4 of Title 2. The Commission determined that county participation in the IEP process is a state mandated program and any related cost is fully reimbursable. Furthermore, any mental health treatment required by an IEP is subject to the Short-Doyle cost sharing formula. Consequently, only the county's Short-Doyle share (i.e., ten percent) of the mental health treatment costs will be reimbursed as costs mandated by the state.

2. Eligible Claimants

Any county incurring increased costs as a result of this mandate is eligible to claim reimbursement of these costs.

3. Appropriations

These claiming instructions are issued following the adoption of the program's amended parameters and guidelines by the Commission on State Mandates. Funds for payment of the 1994/95, 1995/96, 1996/97 costs are made available in state budget acts of these fiscal years.

To determine if this program is funded in subsequent fiscal years, refer to the schedule "Appropriations for State Mandated Cost Programs" in the "Annual Claiming Instructions for State Mandated Costs" issued in September of each year to county auditors.

4. Types of Claims**A. Reimbursement and Estimated Claims**

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

B. Minimum Claim

Government Code § 17564(a) provides that no claim shall be filed pursuant to Government Code § 17561 unless such a claim exceeds \$200 per program per fiscal year.

5. Filing Deadline**A. Initial Claims**

Initial claims must be filed within 120 days from the issuance date of claiming instructions. Accordingly:

- (1) Reimbursement claims detailing the actual costs incurred for the 1994/95 and 1995/96 fiscal years must be filed with the State Controller's Office and post-marked by July 28, 1997. If the reimbursement claim is filed after the deadline of July 28, 1997, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.
- (2) Estimated claims for costs to be incurred during the 1996/97 fiscal year must be filed with the State Controller's Office and postmarked by July 28, 1997. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1996/97 reimbursement claim must be filed by November 30, 1997.

B. Annually Thereafter

Refer to the item "Reimbursable State Mandated Cost Programs" contained in the annual cover letter for mandated cost programs issued annually in September, which identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19__/19__ Reimbursement Claim," and/or "19__/19__ Estimated Claim," claims may be filed as follows:

- (1) An estimated claim must be filed with the State Controller's Office and postmarked by November 30 of the fiscal year in which costs are to be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by November 30 of the following fiscal year. If the local agency fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the agency may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims, refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

- (2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by November 30 following the fiscal year in which costs were incurred. If the claim is filed after the deadline but by November 30 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

6. Reimbursable Components

Eligible claimants will be reimbursed for the direct and indirect cost of labor, supplies, and services incurred for the following mandated components:

A. Assessment, IEP Participation, Case Management

- (1) The scope of the mandate is one hundred percent (100) percent reimbursement of any costs related to IEP Participation, Assessment, and Case Management, except for individuals billed to Medi-Cal only. The Federal Financing Participation portion (FFP) for these activities should be deducted from reimbursable activities not subject to the Short-Doyle Act.
- (2) For each eligible claimant, the following cost items are one hundred (100%) percent reimbursable (G. C. § 7572, subd. (d)(1)):
 - (a) Whenever an LEA refers an individual suspected of being an "individual with exceptional needs" to the local mental health department, mental health assessment and recommendation by qualified mental health professionals in conformance with assessment procedures set forth in Article 2 (commencing with § 56320) of Chapter 4 of part 30 of Division 4 of the Education Code, and regulations developed by the State Department of Mental Health, in consultation with the State Department of Education, including but not limited to the following mandated services:
 - i. Interview with the child and family
 - ii. Collateral interviews as necessary
 - iii. Review of the records
 - iv. Observation of the child at school
 - v. Psychological testing and/or psychiatric assessment, as necessary.
 - (b) Review and discussion of mental health assessment and recommendations with parent and appropriate IEP team members. (G. C. § 7572, subd. (d)(1)).
 - (c) Attendance by the mental health professional who conducted the assessment at IEP meetings, when requested. (G. C. § 7572, subd. (d)(1)).
 - (d) Review by claimant's mental health professional of any independent assessment(s) submitted by the IEP team. (G. C. 7572, subd. (d)(2)).
 - (e) When the written mental health assessment report provided by the local mental health program determines that an "individual with special needs" is seriously

emotionally disturbed", and any member of the IEP team recommends residential placement based upon relevant assessment information, inclusion of the claimant's mental health professional on that individual's expanded IEP team.

(f) When the IEP prescribes residential placement for an "individual with exceptional needs" who is "seriously emotionally disturbed," claimant's mental health personnel's identification of out-of-home placement, case management, six month review of IEP, and expanded IEP responsibilities. (G. C. § 7572.5).

(g) Required participation in due process procedures, including but not limited to due process hearings.

(b) One hundred (100%) percent of any administrative costs related to IEP Participation, Assessment, and Case Management, whether direct or indirect.

B. Treatment Services

Any costs related to mental health treatment services rendered under the Short-Doyle Act:

(1) The scope of the mandate is ten (10%) percent reimbursement.

(2) For each eligible claimant, the following cost items for the provision of mental health services when required by a child's individualized education program are ten (10%) percent reimbursable (G. C. § 7576):

(a) Individual therapy

(b) Collateral therapy and contacts

(c) Group therapy

(d) Day treatment

(e) Mental health portion of residential treatment in excess of the State Department of Social Services payment for the residential placement.

(b) Ten (10%) percent of any administrative costs related to mental health treatment services rendered under the Short-Doyle Act, whether direct or indirect.

7. Reimbursement Limitations

A. Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed.

B. The following reimbursements for this mandate shall be deducted from the claim:

1. Any direct payments (categorical funding) received from the State which are specifically allocated to this program.

2. Any other reimbursement for this mandate (excluding Short-Doyle funding, private insurance payments, and Medi-Cal payments), which is received from any source, e.g., federal, state, etc.

8. Claiming Forms and Instructions

The diagram "Illustration of Claim Forms" provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms HDS-1, HDS-2, HDS-3, HDS-4, HDS-5, and HDS-6 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary. In such instances, new replacement forms will be mailed to claimants.

9. Claim Preparation

There are two satisfactory methods of submitting claims for reimbursement of increased costs incurred to comply with the mandate:

A. Cost Report Method

Under this claiming method a complete copy of the annual cost report including all supporting schedules attached to the cost report as filed with DMH must also be filed with the claim forms submitted to the State Controller.

To the extent that reimbursable indirect costs have not already been reimbursed by DMH from categorical funding sources, they may be claimed under this method in either of the two following ways prescribed in the State Controller's claiming instructions:

Ten (10%) percent of related direct labor, excluding fringe benefits. This method may not result in a total combined reimbursement from DMH and SCO for program indirect costs that exceed ten (10%) percent of total program direct labor costs, excluding fringe benefits.

OR if an indirect cost rate greater than ten (10%) is being claimed:

By preparation of an "Indirect Cost Rate Proposal" (ICRP) in full compliance with Office of Management and Budget Circular A-87 (OMB A-87). Note that OMB A-87 was revised as of May 17, 1995, and that while OMB A-87 is based on the concept of full allocation of indirect costs, it recognizes that in addition to its restrictions, there may be state laws or state regulations that further restrict allowability of costs. Additionally, if more than one department is involved in the mandated program, each department must have its own ICRP. Under this method, total reimbursement for program indirect costs from combined DMH and SCO sources must not exceed the total for those items as computed in the ICRP's.

1. Form HDS-6, Component/Activity Cost Detail

This form is used to detail the cost of administration for Assessment, IEP Participation, Case Management and Mental Health Treatment. The indirect costs summarized on this form must be carried forward to HDS-3, line (03)(e) or HDS-3, line (03)(g), as appropriate.

Indirect costs may be computed as ten (10%) of direct labor costs, excluding fringe benefits. If an indirect cost rate greater than ten (10%) is used, include the Indirect Cost Proposal (ICRP) with the claim. If more than one department is involved in the mandated costs program, each department must have their own ICRP.

2. Form HDS-5, Component/Activity Cost Detail

This form is used to detail the cost of due process proceedings. Claim statistics shall identify the amount of work performed during the period in which costs are claimed. The claimant must provide the number of due process proceedings. The cost summarized on this form must be carried forward to HDS-3, line (03)(d).

Indirect costs may be computed as ten (10%) of direct labor costs, excluding fringe benefits. If an indirect cost rate greater than ten (10%) is used, include the Indirect Cost Proposal (ICRP) with the claim. If more than one department is involved in the mandated costs program, each department must have their own ICRP.

3. Form HDS-4, Component/Activity Cost Detail

This form is used to segregate the detailed cost by claim component. Information required to complete this form: (a) Name of Providers, (b) Provider I.D. Numbers, (c) Service Function Codes, (d) Units of Service, and (e) Rate Per

Unit. Carry forward the total from line (05) column (f) to form HDS-3, block (03) in the appropriate line.

4. Form HDS-3, Claim Summary

This form is used to summarize the cost from forms HDS-4, HDS-5, and HDS-6. The cost must be reduced by the amount of funds received from Non-Categorical State General/Realignment Funds, State Categorical Funds, Short-Doyle/Medi Cal (FFP only), and other funds that reimburse any portion of the mandate. The total claimed amount on this form is carried forward to form FAM-27.

B. Actual Increased Cost Method

Report actual increased costs incurred for each of the following expense categories in the format specified by the State Controller's claiming instructions. Attach supporting schedules as necessary.

1. Form HDS-2, Component/Activity Cost Detail

This form is used to segregate the detailed cost by claim component. A separate form HDS-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

(a) Salaries and Benefits

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate and related fringe benefits.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

(b) Materials and Supplies

Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders and other documents evidencing the validity of the expenditures.

(c) Contracted Services

Contracting costs are reimbursable to the extent that the function to be performed requires special skill or knowledge that is not readily available from the claimant's staff or the service to be provided by the contractor is cost effective. Use of contract services must be justified by the claimant.

Give the name(s) of the contractor(s) who performed the services. Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates when services were performed, and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

For audit purposes, all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents shall be made available to the State Controller's Office on request.

2. Form HDS-1, Claim Summary

This form is used to summarize direct costs by cost component and compute allowable indirect costs for the mandate. Direct costs summarized on this form are derived from form HDS-2 and carried forward to form FAM-27.

One hundred (100%) of any indirect administrative costs related to IEP participation, assessment, case management, and ten percent (10%) of mental health treatment rendered under the Short-Doyle Act may be claimed to the extent that reimbursable indirect costs have not already been reimbursed by the DMH. Indirect costs may be claimed using either of two methods:

- (a) Ten (10) percent of related direct labor, excluding fringe benefits. This method may not result in a total combined reimbursement from DMH and SCO for program indirect costs which exceed ten (10) percent of total program direct labor costs, excluding fringe benefits.

OR if an indirect cost rate greater than ten (10) percent is being claimed,

- (b) By preparation of an "Indirect Cost Rate Proposal" (ICRP) in full compliance with Office of Management and Budget Circular No. A-87 (OMB A-87). Note that OMB A-87 was revised as of May 17, 1995, and that while OMB A-87 is based on the concept of full allocation of indirect costs, it recognizes that in addition to its restrictions, there may be state laws or state regulations which further restrict allowability of costs. Additionally, if more than one department is involved in the mandated program, each department must have its own ICRP. Under this method, total reimbursement for program indirect costs from combined DMH and SCO sources must not exceed the total for those items as computed in the ICRP's.

C. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form HDS-1 or HDS-3 must be carried forward to this form for the State Controller's Office to process the claim for payment.

Illustration of Claim Forms

A. Cost Report Method

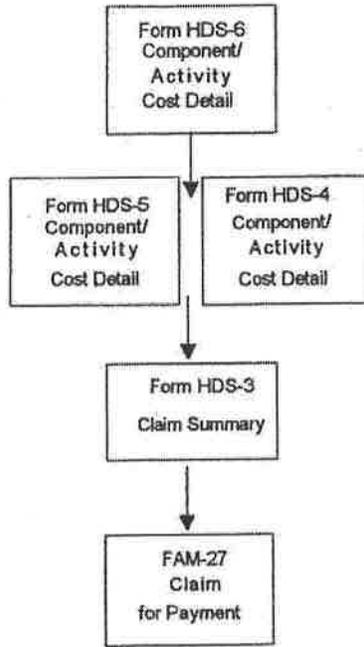
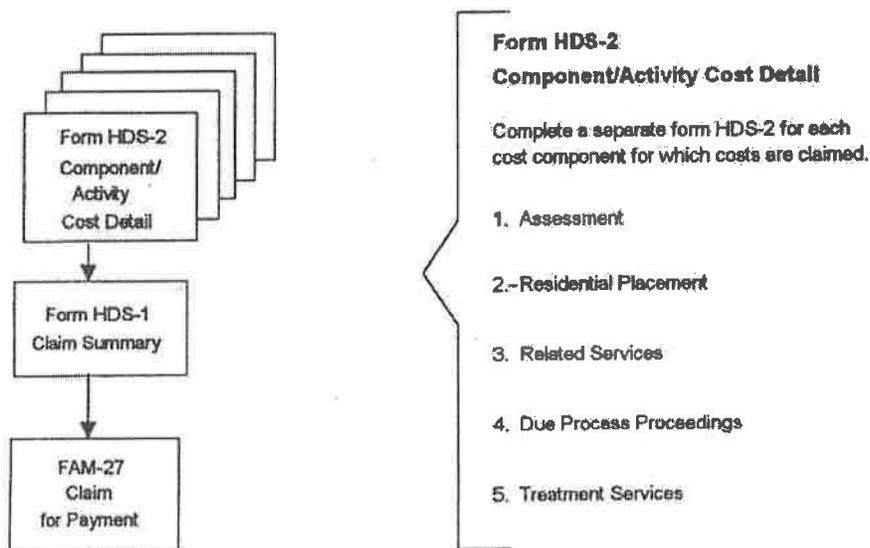


Illustration of Claim Forms

B. Actual Report Method



CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 SERVICES TO HANDICAPPED STUDENTS		For State Controller Use Only (19) Program Number 00111 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	111 Program
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">L A B E L H E R E</div> <div style="border: 1px solid black; padding: 2px;"> (01) Claimant Identification Number (02) Claimant Name County of Location Street Address or P.O. Box _____ Suite _____ City _____ State _____ Zip Code _____ </div> </div>		Reimbursement Claim Data	
Type of Claim	Estimated Claim	Reimbursement Claim	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(26) HDS-1, (04)(2)(d)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27) HDS-1, (04)(3)(d)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28) HDS-1, (04)(4)(d)
			(29) HDS-1, (04)(5)(d)
Fiscal Year of Cost	(06) 20__/20__	(12) 20__/20__	(30) HDS-1, (06)
Total Claimed Amount	(07)	(13)	(31) HDS-3, (05)
Less: 10% Late Penalty, not to exceed \$1,000		(14)	(32) HDS-3, (06)
Less: Prior Claim Payment Received		(15)	(33) HDS-3, (07)
Net Claimed Amount		(16)	(34) HDS-3, (09)
Due from State	(08)	(17)	(35) HDS-3, (10)
Due to State		(18)	(36)
(37) CERTIFICATION OF CLAIM			
<p>In accordance with the provisions of Government Code §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.</p> <p>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.</p> <p>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.</p>			
Signature of Authorized Officer		Date	
_____		_____	
Type or Print Name		Title	
_____		_____	
(38) Name of Contact Person for Claim		Telephone Number () - Ext.	
_____		E-Mail Address	_____

Program 111	SERVICES TO HANDICAPPED STUDENTS Certification Claim Form Instructions	FORM FAM-27
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- (01) Enter the payee number assigned by 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) or complete form HDS-3 and enter the amount from line (15). If more than one form is completed due to multiple department involvement in this mandate, add the total claimed amounts from each form as applicable.
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year. The total claimed amount should exceed \$1,000.
- (13) Enter the amount of the reimbursement claim from form HDS-1, line (11) or form HDS-3, line (15). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by January 15 of the following fiscal year in which costs are incurred 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 (10% penalty), or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and a 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, (03)(a), means the information is located on form HDS-1, block (03), line (a). 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 agency's authorized officer, and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

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

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

Address, if delivered by other delivery service:

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

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS CLAIM SUMMARY			FORM HDS-1
(01) Claimant		(02) Type of Claim		Fiscal Year
		Reimbursement	<input type="checkbox"/>	20__/20__
		Estimated	<input type="checkbox"/>	
Claim Statistics				
(03) (a) Number of students who were suspected of being "individuals with exceptional needs," and were referred to the local mental health department for assessment and recommendation in the fiscal year of claim.				
(b) Number of students who required residential placements in the fiscal year of claim.				
(c) Number of due proceedings that took place in the fiscal year of claim.				
Direct Costs		Object Accounts		
(04) Reimbursable Components	(a)	(b)	(c)	(d)
	Salaries	Benefits	Services and Supplies	Total
1. Assessment				
2. Residential Placement				
3. Related Services				
4. Due Process Proceedings				
5. Treatment Services				
(05) Total Direct Costs				
Indirect Costs				
(06) Indirect Cost Rate	[From ICRP]			%
(07) Total Indirect Costs	[Line (06) x line (05)(a)] or [line (06) x {line (05)(a) + line (05)(b)}]			
(08) Total Direct and Indirect Costs	[Line (05)(d) + line (07)]			
Cost Reduction				
(09) Less: Offsetting Savings, if applicable				
(10) Less: Other Reimbursements, if applicable, (i.e., State General/Realignment Funds, State Categorical Funds, Short-Doyle/Medi-Cal (FFP only), etc.)				
(11) Total Claimed Amount	[Line (08) - (line (09) + line (10))]			

Program 111	SERVICES TO HANDICAPPED STUDENTS CLAIM SUMMARY Instructions	FORM HDS-1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- 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) (a) Enter the number of students who were suspected of being "individuals with exceptional needs," and were referred to the local mental health department for assessment and recommendation in the fiscal year of claim.
- (b) Enter the number of students who required residential placements in the fiscal year of claim.
- (c) Enter the number of due proceedings that took place in the fiscal year of claim.
- (04) Reimbursable Components. For each reimbursable component, enter the total from form HDS-2, line (05), columns (d), (e), and (f) to form HDS-1, block (04), columns (a), (b), and (c) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (d).
- (06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim.
- (07) Total Indirect Costs. If the 10% flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by the Indirect Cost Rate, line (06). If an ICRP is submitted and 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). If more than one department is reporting costs, each must have its own ICRP for the program.
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(d), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct 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, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-2
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(01) Claimant	(02) Fiscal Year
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input type="checkbox"/> Due Process Proceedings
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Treatment Services
<input type="checkbox"/> Related Services	

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

(05) Total <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: ___ of ___
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Program 111	SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL Instructions	FORM HDS-2
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- (01) Enter the name of the claimant. If more than one department has incurred costs for this mandate, give the name of each department. A form HDS-2 should be completed for each department.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form HDS-2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component 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, contract services, travel expenses, etc. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns						Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	
Salaries	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked			
Benefits	Title Activities	Benefit Rate		Salaries	Benefits = Benefit Rate x Salaries		
Services and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used	
Office Supplies							
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service			Cost = Hourly Rate x Hours Worked Or Total Cost	Invoice

- (05) Total line (04), columns (d), (e), and (f) 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 component/activity costs, number each page. Enter totals from line (05), columns (d), (e), and (f) to form HDS-1, block (04), columns (a), (b), and (c) in the appropriate row.

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS CLAIM SUMMARY	FORM HDS-3
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__
(03) Reimbursable Components Assessment of Individuals with Exceptional Needs (a) Assessment: Interviews, Review of Records, Observations, Testing, etc. (b) Residential Placement: IEP Reviews, Case Management, and Expanded IEP (c) Related Services: Attendance at IEP meetings, Meeting with IEP Members and Parents, and Review of Independent Assessment. (d) Due Process Proceedings (e) Administrative Costs Mental Health Treatment (f) Treatment Services: Short-Doyle Program (g) Administrative Costs		
(04) Sub-total for Assessment of Individual with Exceptional Needs [Sum of (03), lines (a) to (e)]		
(05) Less: Amount Received from Short-Doyle/Medi-Cal (FFP only)		
(06) Less: Amount Received from State Categorical Funding		
(07) Less: Amount Received from Other (Identify)		
(08) Total for Assessment of Individual with Exceptional Needs [Line (04) minus the sum of lines (05) to (07)]		
(09) Sub-total for Mental Health Treatment [Block (03), lines (f) and (g)]		
(10) Less: Non-Categorical State General/Realignment Funds		
(11) Less: Amount Received from State Categorical Funding		
(12) Less: Amount Received from Short-Doyle/Medi-Cal (FFP only)		
(13) Less: Amount Received from Other (Identify)		
(14) Total Mental Health Treatment [Line (09) minus the sum of lines (10) to (13)]		
(15) Total Claimed Amount [Sum of line (08) and line (14)]		

Program 111	SERVICES TO HANDICAPPED STUDENTS CLAIM SUMMARY Instructions	FORM HDS-3
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.
- Form HDS-3 must be filed for a reimbursement claim. Do not complete form HDS-3 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-3 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) Reimbursable Components. For each reimbursable component under block (03), lines (a), (b), and (c), enter the totals from form HDS-4, line (05), column (f), as applicable. For block (03), line (d), enter the cost from form HDS-5, line (08), if applicable. For block (03), lines (e) and (g), enter the cost from HDS-6, line (07), as appropriate.
- (04) Sub-total for Assessment of Individual with Exceptional Needs. Enter the sum of the amounts on block (03), lines (a) through (e).
- (05) Less: Amount Received from Short-Doyle/Medi-Cal (Federal Financial Participation only).
- (06) Less: Amount Received from State Categorical Funding
- (07) Less: Amount Received from Other (Identify)
- (08) Total for Assessment of Individual with Exceptional Needs. Enter the result of subtracting the sum of lines (05), (06), and (07) from line (04).
- (09) Sub-total for Mental Health Treatment. Enter the sum of the amount from block (03), lines (f) and (g).
- (10) Less: Non-Categorical State General/Realignment Funds.
- (11) Less: Amount Received from State Categorical Funding. Enter the total amount received from the State General Fund for special education.
- (12) Less: Amount Received from Short-Doyle/Medi-Cal (Federal Financial Participation only). From line 72, "Medi-Cal Federal," the Department of Mental Health Cost Reporting/Data Collection System, "Local Services Cost Report," form MH 1944, enter the sum of amounts shown for providers listed on form HDS-4, block (04)(a).
- (13) Less: Amount Received from Other (Identify). Enter the total amount received from sources which reimbursed the cost of this mandate (e.g., Patient health insurance). Attach a separate schedule identifying those funding.
- (14) Total Mental Health Treatment. Enter the result of subtracting the sum of lines (10) to (13) from line (09).
- (15) Total Claimed Amount. Enter the sum of line (08) and line (14). Carry forward the amount on this line to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant	(02) Fiscal Year
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

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

(05) Total <input type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: ___ of ___	
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Program 111	SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL Instructions	FORM HDS-4
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form HDS-4 shall be prepared for each applicable component.
- (04) Description of Expenses. For each "checked" component/activity box in block (03), enter the detailed costs for each case claimed.
- (a) Enter the name of the provider.
 - (b) Enter the provider identification number.
 - (c) Enter the service function codes.
 - (d) Enter the number of units of service.
 - (e) Enter the rate per unit.
 - (f) Enter the total [Column (d) x column (e)].

A copy of that portion of the county's Short-Doyle fiscal year end report relating to the amounts claimed must be submitted with the claim.

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.

- (05) Total line (04), column (f), 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 component/activity costs, number each page. Enter the total from line (05), column (f), to form HDS-3, block (03), in the appropriate line.

Program 111		MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL				FORM HDS-5	
(01) Claimant			(02) Fiscal Year				
(03) Reimbursable Component: Due Process Proceedings							
(04) Description of Expenses			Object Accounts				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Employee Names, Job Classifications, Functions Performed, and Description of Expenses	Hourly Rate or Unit Cost	Hours Worked or Quantity	Salaries	Benefits	Office Supplies	Contract Services	
Totals							
(05) Total Direct Costs			[Sum line (04)(d) to line (04)(g)]				
Indirect Costs							
(06) Indirect Cost Rate			[From ICRP]			%	
(07) Total Indirect Costs			[Line (06) x line (04)(d)] or [line (06) x (line (04)(d) + line (04)(e))]				
(08) Total Direct and Indirect Costs			[Line (05) + line (07)]				

Program 111	SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL Instructions	FORM HDS-5
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Component. Due Process Proceedings.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component 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, contract services, travel expenses, etc. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns							Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Salaries	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked				
Benefits	Title Activities	Benefit Rate		Salaries	Benefits = Benefit Rate x Salaries			
Services and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used		
Office Supplies								
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service				Cost = Hourly Rate x Hours Worked Or Total Cost	Invoice

- (05) Total Direct Costs. Enter the total for columns (d) to (g).
- (06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim.
- (07) Total Indirect Costs. If the 10% flat rate is used for indirect costs, multiply Total Salaries, line (04)(d), by the Indirect Cost Rate, line (06). If an ICRP is submitted and 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 (04)(d), and Total Benefits, line (04)(e), by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05), and Total Indirect Costs, line (07). Forward the amount to form HDS-1, line (04)(4)(d).

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL						FORM HDS-6
(01) Claimant				(02) Fiscal Year			
(03) Reimbursable Component: Administrative Costs							
<input type="checkbox"/> Assessment of Individual				<input type="checkbox"/> Mental Health Treatment			
(04) Description of Expenses				Object Accounts			
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Total
Totals							
(05) Total Direct Costs			[Sum line (04)(d) to line (04)(g)]				
Indirect Costs							
(06) Indirect Cost Rate			[From ICRP]				%
(07) Total Indirect Costs			[Line (06) x line (04)(d)] or [line (06) x (line (04)(d) + line (04)(e))]				

Program 111	SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL Instructions	FORM HDS-6
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Component. Check the box which indicates the administrative cost component being claimed. Check only one box per form. A separate form HDS-6 shall be prepared for each applicable component. Do not include indirect costs for line (04)(d), since the cost should be recovered on form HDS-5.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component 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, contract services, travel expenses, etc. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns							Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Salaries	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked				
Benefits	Title Activities	Benefit Rate		Salaries	Benefits = Benefit Rate x Salaries			
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used		
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service				Cost = Hourly Rate x Hours Worked Or Total Cost	Invoice

- (05) Total Direct Costs. Enter the total for columns (d) to (g).
- (06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim.
- (07) Total Indirect Costs. If the 10% flat rate is used for indirect costs, multiply Total Salaries, line (04)(d), by the Indirect Cost Rate, line (06). If an ICRP is submitted and 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 (04)(d), and Total Benefits, line (04)(e), by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.

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BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

Claim Of:

County of San Bernardino

Claimant

No. CSM-4282

Title 2, Cal. Code Regs., Div. 9,
Sections 60000-60200

Chapter 1747, Statutes of 1984

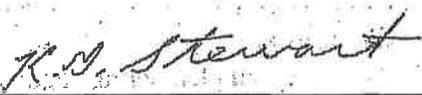
Chapter 1274, Statutes of 1985

Handicapped and Disabled Students

PARAMETERS AND GUIDELINES

The attached *amended* Parameters and Guidelines of the Commission on State Mandates are hereby adopted by the Commission on State Mandates in the above entitled matter.

IT IS SO ORDERED August 29, 1996.


Kirk G. Stewart, Executive Director
Commission on State Mandates

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Commission Staff: Lucila Ledesma
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PARAMETERS AND GUIDELINES

Sections 60000-60200

Title 2, California Code of Regulations, Division 9

Chapter 1747, Statutes of 1984

Chapter 1274, Statutes of 1985

Handicapped and Disabled Students

I. SUMMARY OF MANDATE

Chapter 1747 of the Statutes of 1984 added Chapter 26, commencing with section 7570, to Division 7 of Title 1 of the Government Code (Gov. Code).

Chapter 1274 of the Statutes of 1985 amended sections 7572, 7572.5, 7575, 7576, 7579, 7582, and 7587 of, amended and repealed 7583 of, added section 7586.5 and 7586.7 to, and repealed 7574 of, the Gov. Code, and amended section 5651 of the Welfare and Institutions Code.

To the extent that Gov. Code section 7572 and section 60040, Title 2, Code of California Regulations, require county participation in the mental health assessment for "individuals with exceptional needs," such legislation and regulations impose a new program or higher level of service upon a county. Furthermore, any related county participation on the expanded "Individualized Education Program" (IEP) team and case management services for "individuals with exceptional needs" who are designated as "seriously emotionally disturbed," pursuant to subdivisions (a), (b), and (c) of Gov. Code section 7572.5 and their implementing regulations, impose a new program or higher level of service upon a county.

The aforementioned mandatory county participation in the IEP process is not subject to the Short-Doyle Act, and accordingly, such costs related thereto are costs mandated by the state and are fully reimbursable within the meaning of section 6, article XIII B of the California Constitution.

The provisions of Welfare and Institutions Code section 5651, subdivision (g), result in a higher level of service within the county Short-Doyle program because the mental health services, pursuant to Gov. Code sections 7571 and 7576 and their implementing regulations, must be included in the county Short-Doyle annual plan. Such services include psychotherapy and other mental health services provided to "individuals with exceptional needs," including those designated as "seriously emotionally disturbed," and required in such individual's IEP.

Such mental health services are subject to the current cost sharing formula of the Short-Doyle Act, through which the state provides ninety (90) percent of the total costs of the Short-Doyle program, and the county is required to provide the remaining ten (10) percent of the funds. Accordingly, only ten (10) percent of such program costs are reimbursable within the meaning of section 6, article XIII B of the California Constitution as costs mandated by the state, because the Short-Doyle Act currently provides counties ninety (90) percent of the costs of furnishing those mental health services set forth in Gov. Code section 7571 and 7576 and their implementing regulations, and described in the county's Short-Doyle annual plan pursuant to Welfare and Institutions Code section 5651, subdivision (g).

II. COMMISSION ON STATE MANDATES' DECISION

The Commission on State Mandates, at its April 26, 1990 hearing, adopted a Statement of Decision that determined that County participation in the IEP process is a state mandated program and any costs related thereto are fully reimbursable. Furthermore, any mental health treatment required by an IEP is subject to the Short-Doyle cost sharing formula. Consequently, only the county's Short-Doyle share (i.e., ten percent) of the mental health treatment costs will be reimbursed as costs mandated by the state.

III. ELIGIBLE CLAIMANTS

All counties

IV. PERIOD OF REIMBURSEMENT

Section 17557 of the Gov. Code states that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for that year. The test claim for this mandate was filed on August 17, 1987; all costs incurred on or after July 1, 1986, are reimbursable.

Actual costs for one fiscal year should be included in each claim, and estimated costs for the subsequent year may be included on the same claim, if applicable, pursuant to Government Code section 17561.

If the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Gov. Code section 17564.

V. REIMBURSABLE COSTS

A. One Hundred (100) percent of any costs related to IEP Participation, Assessment, and Case Management:

1. The scope of the mandate is one hundred (100) percent reimbursement, except that for individuals billed to Medi-Cal only, the Federal Financing Participation portion (FFP) for these activities should be deducted from reimbursable activities not subject to the Short-Doyle Act.
2. For each eligible claimant, the following cost items are one hundred (100) percent reimbursable (Gov. Code, section 7572, subd. (d)(1)):
 - a. Whenever an LEA refers an individual suspected of being an 'individual with exceptional needs' to the local mental health department, mental health assessment and recommendation by qualified mental health professionals in conformance with assessment procedures set forth in Article 2 (commencing with section 56320) of Chapter 4 of part 30 of Division 4 of the Education Code, and regulations developed by the State Department of Mental Health, in consultation with the State Department of Education, including but not limited to the following mandated services:
 - i. interview with the child and family,
 - ii. collateral interviews, as necessary,
 - iii. review of the records,
 - iv. observation of the child at school, and
 - v. psychological testing and/or psychiatric assessment, as necessary.
 - b. Review and discussion of mental health assessment and recommendation with parent and appropriate IEP team members. (Government Code section 7572, subd. (d)(1))
 - c. Attendance by the mental health professional who conducted the assessment at IEP meetings, when requested. (Government Code section 7572, subd. (d)(1))
 - d. Review by claimant's mental health professional of any independent assessment(s) submitted by the IEP team. (Government Code section 7572, subd. (d)(2))
 - e. When the written mental health assessment report provided by the local mental health program determines that an 'individual with special needs' is 'seriously emotionally disturbed', and any member of the IEP team recommends residential placement based upon relevant assessment information, inclusion of

the claimant's mental health professional on that individual's expanded IEP team.

f. When the IEP prescribes residential placement for an 'individual with exceptional needs' who is 'seriously emotionally disturbed,' claimant's mental health personnel's identification of out-of-home placement, case management, six month review of IEP, and expanded IEP responsibilities. (Government Code section 7572.5).

g. Required participation in due process procedures, including but not limited to due process hearings.

3. One hundred (100) percent of any administrative costs related to IEP Participation, Assessment, and Case Management, whether direct or indirect.

B. Ten (10) percent of any costs related to mental health treatment services rendered under the Short-Doyle Act :

1. The scope of the mandate is ten (10) percent reimbursement.

2. For each eligible claimant, the following cost items, for the provision of mental health services when required by a child's individualized education program, are ten (10) percent reimbursable (Government Code 7576):

a. Individual therapy,

b. Collateral therapy and contacts,

c. Group therapy,

d. Day treatment, and

e. Mental health portion of residential treatment in excess of the State Department of Social Services payment for the residential placement.

3. Ten (10) percent of any administrative costs related to mental health treatment services rendered under the Short-Doyle Act, whether direct or indirect.

VI. CLAIM PREPARATION

There are two satisfactory methods of submitting claims for reimbursement of increased costs incurred to comply with the mandate:

A. Actual Increased Costs Method: To claim under the Actual Increased Costs Method, report actual increased costs incurred for each of the following expense categories in the format specified by the State Controller's claiming instructions. Attach supporting schedules as necessary:

1. Employee Salaries and Benefits: Show the classification of the employees involved, mandated functions performed, number of hours devoted to the function, and hourly rates and benefits.
2. Services and supplies: Include only expenditures which can be identified as a direct cost resulting from the mandate. List cost of materials acquired which have been consumed or expended specifically for the purpose of this mandate.
3. Direct Administrative Costs:
 - a. One hundred (100) percent of any direct administrative costs related to IEP Participation, Assessment, and Case Management.
 - b. Ten (10) percent of any direct administrative costs related to mental health treatment rendered under the Short-Doyle Act.
4. Indirect Administrative and Overhead Costs: To the extent that reimbursable indirect costs have not already been reimbursed by DMH from categorical funding sources, they may be claimed under this method in either of the two following ways prescribed in the State Controller's claiming instructions:
 - a. Ten (10) percent of related direct labor, excluding fringe benefits. This method may not result in a total combined reimbursement from DMH and SCO for program indirect costs which exceeds ten (10) percent of total program direct labor costs, excluding fringe benefits.

OR if an indirect cost rate greater than ten (10) percent is being claimed,

- b. By preparation of an "Indirect Cost Rate Proposal" (ICRP) in full compliance with Office of Management and Budget Circular No. A-87 (OMB A-87). Note that OMB A-87 was revised as of May 17, 1995, and that while OMB A-87 is based on the concept of full allocation of indirect costs, it recognizes that in addition to its restrictions, there may be state laws or state regulations which further restrict allowability of costs. Additionally, if more than one department is involved in the mandated program; each department must have its own ICRP. Under this method, total reimbursement for program indirect costs from combined DMH and SCO sources must not exceed the total for those items as computed in the ICRP(s).

B. Cost Report Method. Under this claiming method the mandate reimbursement claim is still submitted on the State Controller's claiming forms in accordance with the claiming instructions. A complete copy of the annual cost report including all supporting schedules attached to the cost report as filed with DMH must also be filed with the claim forms submitted to the State Controller.

1. To the extent that reimbursable indirect costs have not already been reimbursed by DMH from categorical funding sources, they may be claimed under this method in either of the two following ways prescribed in the State Controller's claiming instructions:

a. Ten (10) percent of related direct labor, excluding fringe benefits. This method may not result in a total combined reimbursement from DMH and SCO for program indirect costs which exceeds ten (10) percent of total program direct labor costs, excluding fringe benefits.

OR if an indirect cost rate greater than ten (10) percent is being claimed,

b. By preparation of an "Indirect Cost Rate Proposal" (ICRP) in full compliance with Office of Management and Budget Circular No. A-87 (OMB A-87). Note that OMB A-87 was revised as of May 17, 1995, and that while OMB A-87 is based on the concept of full allocation of indirect costs, it recognizes that in addition to its restrictions, there may be state laws or state regulations which further restrict allowability of costs. Additionally, if more than one department is involved in the mandated program; each department must have its own ICRP. Under this method, total reimbursement for program indirect costs from combined DMH and SCO sources must not exceed the total for those items as computed in the ICRP(s).

VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs. Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district is subject to audit by the State Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the State Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS

- A. Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed.
- B. The following reimbursements for this mandate shall be deducted from the claim:
 1. Any direct payments (categorical funding) received from the State which are specifically allocated to this program; and
 2. Any other reimbursement for this mandate (excluding Short-Doyle funding, private insurance payments, and Medi-Cal payments), which is received from any source, e.g. federal, state, etc.

IX. REQUIRED CERTIFICATION

An authorized representative of the claimant will be required to provide a certification of claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained herein.

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit B-2
Initial Claiming Instructions
Reconsideration of the Decision on the Handicapped and Disabled
Students Program
Fiscal Years 2004-05 and 2005-06**

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COST CLAIMING INSTRUCTIONS NO. 2006-32
HANDICAPPED AND DISABLED STUDENTS

JANUARY 2, 2007

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 (HDS) program. These claiming instructions are issued subsequent to adoption of the program's Amended Parameters and Guidelines (P's & G's) by the Commission on State Mandates (COSM).

On May 26, 2005, the COSM adopted the Statement of Decision pursuant to Senate Bill 1895. The COSM determined that the test claim legislation established costs mandated by the State according to the provisions listed in the Amended P's & G's. For your reference, the Amended P's & G's are included as an integral part of the claiming instructions.

Limitations

Commencing with fiscal year 2006-07, reimbursement claims shall be filed through the consolidated P's and G's for HDS, HDS II, and Seriously Emotionally Disturbed (SED) Pupils: Out of State Mental Health Services.

Claims should exclude reimbursable costs included in claims previously filed, beginning in fiscal year 2004-05, for HDS II or SED Pupils: Out of State Mental Health Services, except that costs previously claimed under HDS for renewing interagency agreement, initial assessment of pupil, participation in IEP team, lead case manager, out-of-home residential care, and due process hearings, shall be included and refiled under these claiming instructions.

Reimbursement to parents for attorneys' fees when parents prevail in due process hearings and in negotiated settlement agreements is **not** reimbursable.

There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

Eligible Claimants

Any 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 reimbursable for fiscal years 2004-05 and 2005-06. Claims must be filed with the SCO and be delivered or postmarked on or before **May 2, 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%, the supplemental claim forms must be completed to support the 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 incurred to implement the mandated activities. These costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at, or near, the same time the actual cost was incurred for the event or activity in question.

Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts. Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. It may also 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 for this mandate 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 ateng@sco.ca.gov. Or, if you wish, you may call Angie of the Local Reimbursements Section at (916) 323-0706.

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

Amendment Adopted: October 26, 2006
Corrected: July 21, 2006
Adopted January 26, 2006

AMENDED PARAMETERS AND GUIDELINES

Government Code Sections 7570-7588
Statutes 1984, Chapter 1747 (Assem. Bill No. 3632);
Statutes 1985, Chapter 1274 (Assem. Bill No. 882)

California Code of Regulations, Title 2, Sections 60000-60610
(Emergency regulations effective January 1, 1986 [Register 86, No. 1], and re-filed
June 30, 1986, designated effective July 12, 1986 [Register 86, No. 28])

Handicapped and Disabled Students (04-RL-4282-10)

EFFECTIVE FOR REIMBURSEMENT CLAIMS FILED FOR COSTS INCURRED THROUGH THE 2005-2006 FISCAL YEAR

I. SUMMARY OF THE MANDATE

Statutes 2004, chapter 493 (Sen. Bill No. 1895) directed the Commission on State Mandates (Commission) to reconsider its prior final decision and parameters and guidelines on the *Handicapped and Disabled Students* program (CSM 4282). On May 26, 2005, the Commission adopted a Statement of Decision on *Handicapped and Disabled Students (04-RL-4282-10)* pursuant to Senate Bill 1895.

The Handicapped and Disabled Students program was 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.

The Commission determined that the test claim legislation imposes a reimbursable state-mandated program on counties pursuant to article XIII B, section 6 of the California Constitution for the activities expressly required by statute and regulation. The Commission also concluded that there is revenue and/or proceeds that must be identified as an offset and deducted from the costs claimed.

Two other Statements of Decision have been adopted by the Commission on the Handicapped and Disabled Students program. They include *Handicapped and Disabled Students II (02-TC-40/02-TC-49)*, and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services (97-TC-05)*.

These parameters and guidelines address only the Commission's findings on reconsideration of the *Handicapped and Disabled Students* program. These parameters and guidelines are effective for reimbursement claims filed through the 2005-2006 fiscal year. Commencing with the 2006-2007 fiscal year, reimbursement claims shall be filed through the consolidated parameters and guidelines for *Handicapped and Disabled Students (04-RL-4282-10)*, *Handicapped and Disabled Students II (02-TC-40/02-TC-49)*, and *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services (97-TC-05)*.

II. ELIGIBLE CLAIMANTS

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

III. PERIOD OF REIMBURSEMENT

The period of reimbursement for the activities in this parameters and guidelines amendment begins on July 1, 2004.

Pursuant to Government Code section 17560, reimbursement for state-mandated costs may be claimed as follows:

1. A local agency may file an estimated reimbursement claim by January 15 of the fiscal year in which costs are to be incurred, and, by January 15 following that fiscal year shall file an annual reimbursement claim that details the costs actually incurred for that fiscal year; or it may comply with the provisions of subdivision (b).
2. A local agency may, by January 15 following the fiscal year in which costs are incurred, file an annual reimbursement claim that details the costs actually incurred for that fiscal year.
3. In the event revised claiming instructions are issued by the Controller pursuant to subdivision (c) of section 17558 between October 15 and January 15, a local agency filing an annual reimbursement claim shall have 120 days following the issuance date of the revised claiming instructions to file a claim.

Reimbursable actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of the issuance of the State Controller's claiming instructions. If the total costs for a given fiscal year do not exceed \$1,000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

There shall be no reimbursement for any period in which the Legislature has suspended the operation of a mandate pursuant to state law.

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 2004-2005, for *Handicapped and Disabled Students II* (02-TC-40/02-TC-49), or *Seriously Emotionally Disturbed (SED) Pupils: Out-of State Mental Health Services* (97-TC-05). In addition, estimated and actual claims filed for fiscal years 2004-2005 and 2005-2006 pursuant to the parameters and guidelines and claiming instructions for Handicapped and Disabled Students (CSM 4282) shall be re-filed under these parameters and guidelines.

Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate. For each eligible claimant, the following activities are eligible for reimbursement:

- A. Renew the interagency agreement with the local educational agency every three years and, if necessary, revise the agreement (Gov. Code, § 7571; Cal. Code Regs., tit. 2, §§ 60030, 60100)
 1. Renew the interagency agreement every three years, and revise if necessary.
 2. Define the process and procedures for coordinating local services to promote alternatives to out-of-home care of seriously emotionally disturbed pupils.
- B. Perform an initial assessment of a pupil referred by the local educational agency, and discuss assessment results with the parents and IEP team (Gov. Code, § 7572, Cal. Code Regs., tit. 2, § 60040)
 1. Review the following educational information of a pupil referred to the county by a local educational agency for an assessment: a copy of the assessment reports completed in accordance with Education Code section 56327, current and relevant behavior observations of the pupil in a variety of educational and natural settings, a report prepared by personnel that provided "specialized" counseling and guidance services to the pupil and, when appropriate, an explanation why such counseling and guidance will not meet the needs of the pupil.
 2. If necessary, observe the pupil in the school environment to determine if mental health assessments are needed.
 3. If necessary, interview the pupil and family, and conduct collateral interviews.
 4. If mental health assessments are deemed necessary by the county, develop a mental health assessment plan and obtain the parent's written informed consent for the assessment.
 5. Assess the pupil within the time required by Education Code section 56344.
 6. If a mental health assessment cannot be completed within the time limits, provide notice to the IEP team administrator or designee no later than 15 days before the scheduled IEP meeting.

7. Prepare and provide to the IEP team, and the parent or guardian, a written assessment report in accordance with Education Code section 56327. The report shall include the following information: whether the pupil may need special education and related services; the basis for making the determination; the relevant behavior noted during the observation of the pupil in the appropriate setting; the relationship of that behavior to the pupil's academic and social functioning; the educationally relevant health and development, and medical findings, if any; for pupils with learning disabilities, whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services; a determination concerning the effects of environmental, cultural, or economic disadvantage, where appropriate; and the need for specialized services, materials, equipment for pupils with low incidence disabilities.
 8. Review and discuss the county recommendation with the parent and the appropriate members of the IEP team before the IEP team meeting.
 9. In cases where the local education agency refers a pupil to the county for an assessment, attend the IEP meeting if requested by the parent.
 10. Review independent assessments of a pupil obtained by the parent.
 11. Following review of the independent assessment, discuss the recommendation with the parent and with the IEP team before the meeting of the IEP team.
 12. In cases where the parent has obtained an independent assessment, attend the IEP team meeting if requested.
- C. Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary (Gov. Code, § 7572.5, subs. (a) and (b); Cal. Code Regs., tit. 2, § 60100)
1. Participate as a member of the IEP team whenever the assessment of a pupil determines the pupil is seriously emotionally disturbed and residential placement may be necessary.
 2. Re-assess the pupil in accordance with section 60400 of the regulations, if necessary.
- D. Act as the lead case manager if the IEP calls for residential placement of a seriously emotionally disturbed pupil (Gov. Code, § 7572.5, subd. (c)(1); Cal. Code Regs., tit. 2, § 60110)
1. Designate a lead case manager when the expanded IEP team recommends out-of-home residential placement for a seriously emotionally disturbed pupil. The lead case manager shall perform the following activities:
 - a. Convene parents and representatives of public and private agencies in accordance with section 60100, subdivision (f), in order to identify the appropriate residential facility.
 - b. Complete the local mental health program payment authorization in order to initiate out of home care payments.
 - c. Coordinate the completion of the necessary County Welfare Department, local mental health program, and responsible local education agency financial paperwork or contracts.

- d. Coordinate the completion of the residential placement as soon as possible.
 - e. Develop the plan for and assist the family and pupil in the pupil's social and emotional transition from home to the residential facility and the subsequent return to the home.
 - f. Facilitate the enrollment of the pupil in the residential facility.
 - g. Conduct quarterly face-to-face contacts with the pupil at the residential facility to monitor the level of care and supervision and the implementation of the treatment services and the IEP.
 - h. Notify the parent or legal guardian and the local education agency administrator or designee when there is a discrepancy in the level of care, supervision, provision of treatment services, and the requirements of the IEP.
- E. Issue payments to providers of out-of-home residential care for the residential and non-educational costs of seriously emotionally disturbed pupils (Gov. Code, § 7581; Cal. Code Regs., tit. 2, § 60200, subd. (e))
- 1. Issue payments to providers of out-of-home residential facilities for the residential and non-educational costs of seriously emotionally disturbed pupils. Payments are for the costs of food, clothing, shelter, daily supervision, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation. Counties are eligible to be reimbursed for 60 percent of the total residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility.
- Beginning July 19, 2005, Welfare and Institutions Code section 18355.5 applies to this program and prohibits a county from claiming reimbursement for its 60-percent share of the total residential and non-educational costs of a seriously emotionally disturbed child placed in an out-of-home residential facility if the county claims reimbursement for these costs from the Local Revenue Fund identified in Welfare and Institutions Code section 17600 and receives the funds.*
- 2. Submit reports to the State Department of Social Services for reimbursement of payments issued to seriously emotionally disturbed pupils for 24-hour out-of-home care.
- F. Participate in due process hearings relating to mental health assessments or services (Gov. Code, § 7586; Cal. Code Regs., tit. 2, § 60550.) When there is a proposal or a refusal to initiate or change the identification, assessment, or educational placement of the child or the provision of a free, appropriate public education to the child relating to mental health assessments or services, the following activities are eligible for reimbursement:
- 1. Retaining county counsel to represent the county mental health agency in dispute resolution. The cost of retaining county counsel is reimbursable.
 - 2. Preparation of witnesses and documentary evidence to be presented at hearings.
 - 3. Preparation of correspondence and/or responses to motions for dismissal, continuance, and other procedural issues.
 - 4. Attendance and participation in formal mediation conferences.

5. Attendance and participation in information resolution conferences.
6. Attendance and participation in pre-hearing status conferences convened by the Office of Administrative Hearings.
7. Attendance and participation in settlement conferences convened by the Office of Administrative Hearings.
8. Attendance and participation in Due Process hearings conducted by the Office of Administrative Hearings.
9. Paying for psychological and other mental health treatment services mandated by the test claim legislation (California Code of Regulations, title 2, sections 60020, subdivisions (f) and (i)), and the out-of-home residential care of a seriously emotionally disturbed pupil (Gov. Code, § 7581; Cal. Code Regs., tit. 2, § 60200, subd. (e)), that are required by an order of a hearing officer or a settlement agreement between the parties to be provided to a pupil following due process hearing procedures initiated by a parent or guardian.

Reimbursement to parents for attorneys' fees when parents prevail in due process hearings and in negotiated settlement agreements is 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.

There are two satisfactory methods of submitting claims for reimbursement of increased costs incurred to comply with the mandate: the direct cost reporting method and the cost report method.

Direct Cost Reporting Method

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.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

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.

Cost Report Method

A. Cost Report Method

Under this claiming method, the mandate reimbursement claim is still submitted on the State Controller's claiming forms in accordance with claiming instructions. A complete copy of the annual cost report, including all supporting schedules attached to the cost report as filed with the Department of Mental Health, must also be filed with the claim forms submitted to the State Controller.

B. Indirect Cost Rates

To the extent that reimbursable indirect costs have not already been reimbursed, they may be claimed under this method.

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 chapter¹ 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 REVENUES AND OTHER REIMBURSEMENTS

Any offsets 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), 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), and the \$69 million appropriation in 2005 (Stats. 2005, ch. 38, item 6110-161-0890, provision 9).

¹ This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

3. Funds received and applied to this program from the appropriation made by the Legislature in the Budget Act of 2005 for disbursement by the State Controller's Office, which appropriated \$120 million for costs claimed for fiscal years 2004-2005 and 2005-2006 for the *Handicapped and Disabled Students program* (CSM 4282) and for *Seriously Emotionally Disturbed (SED) Pupils: Out-of-State Mental Health Services* (97-TC-05). (Stats. 2005, ch. 38, item 4440-295-0001, provisions 11 and 12.)
4. Private insurance proceeds obtained with the consent of a parent for purposes of this program.
5. Medi-Cal proceeds obtained from the state or federal government, exclusive of the county match, 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.
6. Any other reimbursement received from the federal or state government, or other non-local source.

Except as expressly provided in section IV(E)(1) of these parameters and guidelines, Realignment funds received from the Local Revenue Fund that are used by a county for this program are not required to be deducted from the costs claimed. (Stats. 2004, ch. 493, § 6 (Sen. Bill No. 1895).)

VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (c), the Controller shall issue revised claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the revised 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 test claim decision and the revised parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(2), 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 on reconsideration 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 and the reconsideration. The administrative record, including the Statement of Decision, is on file with the Commission.

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HANDICAPPED AND DISABLED STUDENTS			For State Controller Use Only (19) Program Number 00111 (20) Date Filed (21) LRS Input	PROGRAM 111
(01) Claimant Identification Number			Reimbursement Claim Data	
(02) Claimant Name			(22) FORM-1, (04)(A)(g)	
Address			(23) FORM-1, (04)(B)(g)	
			(24) FORM-1, (04)(C)(g)	
			(25) FORM-1, (04)(D)(g)	
Type of Claim	Estimated Claim		Reimbursement Claim	
	(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input type="checkbox"/>
	(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>
	(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/>
Fiscal Year of Cost	(06)	(12)	(26) FORM-1, (04)(E)(g)	
Total Claimed Amount	(07)	(13)	(27) FORM-1, (04)(F)(g)	
Less: 10% Late Penalty			(14)	(28) FORM-1, (06)
Less: Prior Claim Payment Received			(15)	(29) FORM-1, (07)
Net Claimed Amount			(16)	(30) FORM-1, (09)
Due from State	(08)	(17)	(31) FORM-1, (10)	
Due to State		(18)	(32)	
(37) CERTIFICATION OF CLAIM				
In accordance with the provisions of Government Code § 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 Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Signature of Authorized Officer			Date	
_____			_____	
Type or Print Name			Title	
(38) Name of Contact Person for Claim			Telephone Number	
_____			_____	
			E-mail Address	
_____			_____	

Program 111	HANDICAPPED AND DISABLED STUDENTS Certification Claim Form Instructions	FORM FAM-27
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete Form-1 and enter the amount from line (08).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from Form-1, line (08). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims for fiscal years 04-05 and 05-06 must be filed by **May 2, 2007**, otherwise the claims shall be reduced by a late penalty. Claims beginning with FY 06-07 must be filed according to the claim instructions for the Consolidation of HDS, HDS II, and SED. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed \$1,000.
- (15) If filing a reimbursement claim or a 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., Form-1, (04)(A)(g), means the information is located on Form-1, block (04) (A), column (g). 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., 7.548% should be shown as 8. Completion of this data block will expedite the payment process.
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the district's authorized officer, and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

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

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

Address, if delivered by other delivery service:

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

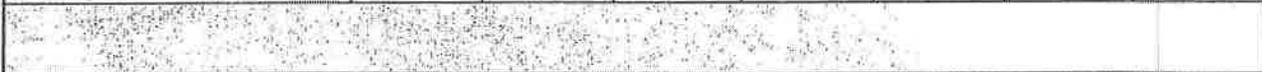
Program 111	MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS CLAIM SUMMARY	FORM 1
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(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20 /20
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(03) Department	
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Direct Costs	Object Accounts
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(04) Reimbursable Components	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
A. Renew Interagency Agreement							
B. Initial Assessment of Pupil							
C. Participation in IEP Team							
D. Lead Case Manager							
E. Out-of-Home Residential Care							
F. Due Process Hearings							
(05) Total Direct Costs							



Indirect Costs

(06) Indirect Cost Rate	[From ICRP]	%
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(07) Total Indirect Costs	[Line (06) x line (05)(a)] or [Line (06) x {line (05)(a) + line (05)(b)}]
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(08) Total Direct and Indirect Costs	[Line (05)(g) + line (07)]
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Cost Reduction

(09) Less: Offsetting Savings	
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(10) Less: Other Reimbursements	
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(11) Total Claimed Amount	[Line (08) - {line (09) + line (10)}]
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Program 111	HANDICAPPED AND DISABLED STUDENTS CLAIM SUMMARY Instructions	FORM 1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form Form-1 must be filed for a reimbursement claim. Do not complete form Form-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 Form-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) Department. If more than one department has incurred costs for this mandate, give the name of each department. A separate form Form-1 should be completed for each department.
- (04) Reimbursable Components. For each reimbursable component, enter the totals from form Form-2, line (05), columns (d) through (i), to form Form-1, block (04), columns (a) through (f), in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (g).
- (06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim.
- (07) Total Indirect Costs. If the 10% flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by the Indirect Cost Rate, line (06). If an ICRP is submitted and 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). If more than one department is reporting costs, each must have its own ICRP for the program.
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct 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, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program <div style="font-size: 2em; font-weight: bold; text-align: center;">111</div>	MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS ACTIVITY COST DETAIL	FORM <div style="font-size: 2em; font-weight: bold; text-align: center;">2</div>
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(01) Claimant	(02) Fiscal Year
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<input type="checkbox"/> Review Interagency Agreement	<input type="checkbox"/> Initial Assessment of Pupil
<input type="checkbox"/> Participation in IEP Team	<input type="checkbox"/> Lead Case Manager
<input type="checkbox"/> Out-of-Home Residential Care	<input type="checkbox"/> Due Process Hearings

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

(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ___ of ___	
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Program 111	HANDICAPPED AND DISABLED STUDENTS ACTIVITY COST DETAIL Instructions	FORM 2
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- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities. Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and travel expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub object Accounts	Columns									Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Salaries	Employee Name/Title	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked						
Benefits	Activities Performed	Benefit Rate			Benefits = Benefit Rate x Salaries					
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used				
Contract Services	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service				Cost = Hourly Rate x Hours Worked			Copy of Contract
Fixed Assets	Description of Equipment Purchased	Unit Cost	Usage					Cost = Unit Cost x Usage		
Travel	Purpose of Trip Name and Title Departure and Return Date	Per Diem Rate Mileage Rate Travel Cost	Days Miles Travel Mode						Cost = Rate x Days or Miles or Total Travel Cost	

- (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 (i) to form 1, block (04), columns (a) through (f) in the appropriate row.

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

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

LOS ANGELES COUNTY

Audit Report

HANDICAPPED AND DISABLED STUDENTS PROGRAM

Chapter 1747, Statutes of 1984,
and Chapter 1274, Statutes of 1985

July 1, 2003, through June 30, 2006



JOHN CHIANG
California State Controller

June 2010



JOHN CHIANG
California State Controller

June 30, 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 Program (Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006.

The county claimed \$26,924,935 (\$26,925,935 less a \$1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that \$8,542,409 is allowable and \$18,382,526 is unallowable. The costs are unallowable because the county claimed ineligible, unsupported, and duplicate services; overstated indirect costs by applying indirect cost rates toward ineligible direct costs; and overstated offsetting revenues by using inaccurate Medi-Cal units, applying incorrect funding percentages for Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) for FY 2005-06, including unsupported revenues, and applying revenue to ineligible direct and indirect costs. The State paid the county \$20,549,722. The State will offset \$12,007,313 from other mandated program payments due the county. Alternatively, the county may remit this amount to the State.

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/vb

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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 Program (Chapter 1747, Statutes of 1984, and Chapter 1274, Statutes of 1985) for the period of July 1, 2003, through June 30, 2006.

The county claimed \$26,924,935 (\$26,925,935 less a \$1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that \$8,542,409 is allowable and \$18,328,526 is unallowable. The costs are unallowable because the county claimed ineligible, unsupported, and duplicate services; overstated indirect costs by applying indirect cost rates toward ineligible direct costs; and overstated offsetting revenues by using inaccurate Medi-Cal units, applying incorrect funding percentages for Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) for FY 2005-06, including unsupported revenues, and applying revenue to ineligible direct and indirect costs. The State paid the county \$20,549,722. The State will offset \$12,007,313 from other mandated program payments due the county. Alternatively, the county may remit this amount to the State.

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 fiscal year (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 identified 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, the 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 Program for the period of July 1, 2003, through June 30, 2006.

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 \$26,924,935 (\$26,925,935 less a \$1,000 penalty for filing a late claim) for costs of the Handicapped and Disabled Students Program. Our audit disclosed that \$8,542,409 is allowable and \$18,382,526 is unallowable.

For the fiscal year (FY) 2003-04 claim, the State made no payment to the county. Our audit disclosed that none of the costs are allowable.

For the FY 2004-05 claim, the State paid the county \$8,061,754. Our audit disclosed that \$3,095,357 is allowable. The State will offset \$4,966,397 from other mandated program payments due the county. Alternatively, the county may remit this amount to the State.

For the FY 2005-06 claim, the State paid the county \$12,487,968. Our audit disclosed that \$5,447,052 is allowable. The State will offset \$7,040,916 from other mandated program payments due the county. Alternatively, the county may remit this amount to the State.

**Views of
Responsible
Officials**

We issued a draft audit report on May 19, 2010. Wendy L. Watanabe, Auditor-Controller, responded by letter dated June 16, 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

June 30, 2010

**Schedule 1—
Summary of Program Costs
July 1, 2003, through June 30, 2006**

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2003, through June 30, 2004</u>				
Assessment/case management costs	\$ 5,929,138	\$ 5,787,859	\$ (141,279)	Finding 1
Administrative costs	805,396	353,303	(452,093)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(1,270,666)	(1,514,027)	(243,361)	Finding 3
State categorical funds (EPSDT)	—	(1,139,639)	(1,139,639)	Finding 3
State categorical funds (IDEA) ²	(3,546,463)	(3,546,463)	—	Finding 3
Other	—	(400,621)	(400,621)	Finding 3
State general/realignment funds	—	—	—	Finding 3
40% board and care	—	—	—	Finding 3
Net assessment/case management costs	<u>1,917,405</u>	<u>(459,588)</u>	<u>(2,376,993)</u>	
Treatment costs	22,783,049	16,106,240	(6,676,809)	Finding 1
Administrative costs	1,865,725	697,215	(1,168,510)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(6,494,214)	(4,380,033)	2,114,181	Finding 3
State categorical funds (EPSDT)	—	(3,296,940)	(3,296,940)	Finding 3
State categorical funds (IDEA) ²	—	(9,621,191)	(9,621,191)	Finding 3
Other	<u>(15,778,344)</u>	<u>—</u>	<u>15,778,344</u>	Finding 3
Net treatment costs	<u>2,376,216</u>	<u>(494,709)</u>	<u>(2,870,925)</u>	
Subtotal	4,293,621	(954,297)	(5,247,918)	
Adjustment to eliminate negative balance ³	—	954,297	954,297	
Less late claim penalty	—	—	—	
Total program costs	<u>\$ 4,293,621</u>	<u>—</u>	<u>\$ (4,293,621)</u>	
Less amount paid by the State	—	—	—	
Allowable costs claimed in excess of (less than) amount paid	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>	
<u>July 1, 2004, through June 30, 2005</u>				
Assessment/case management costs	\$ 19,680,965	\$ 17,224,873	\$ (2,456,092)	Finding 1
Administrative costs	553,202	105,740	(447,462)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(192,927)	(459,581)	(266,654)	Finding 3
State categorical funds (EPSDT)	—	(393,026)	(393,026)	Finding 3
State categorical funds (IDEA) ²	(1,099,786)	(1,099,786)	—	Finding 3
Other	(14,230,658)	(523,883)	13,706,775	Finding 3
State general/realignment funds	—	(5,929,000)	(5,929,000)	Finding 3
40% board and care	—	(5,951,419)	(5,951,419)	Finding 3
Net assessment/case management costs	<u>4,710,796</u>	<u>2,973,918</u>	<u>(1,736,878)</u>	

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2004, through June 30, 2005 (continued)</u>				
Treatment costs	28,544,988	19,964,556	(8,580,432)	Finding 1
Administrative costs	2,746,638	1,176,638	(1,570,000)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(6,569,210)	(4,466,386)	2,102,824	Finding 3
State categorical funds (EPSDT)	—	(3,819,581)	(3,819,581)	Finding 3
State categorical funds (IDEA) ²	—	(12,732,788)	(12,732,788)	Finding 3
Other	(19,288,866)	—	19,288,866	Finding 3
Net treatment costs	5,433,550	122,439	(5,311,111)	
Subtotal	10,144,346	3,096,357	(7,047,989)	
Adjustment to eliminate negative balance ³	—	—	—	
Less late claim penalty	(1,000)	(1,000)	—	
Total program costs	<u>\$ 10,143,346</u>	<u>3,095,357</u>	<u>\$ (7,047,989)</u>	
Less amount paid by the State		(8,061,754)		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (4,966,397)</u>		
<u>July 1, 2005, through June 30, 2006</u>				
Assessment/case management costs	\$ 21,153,500	\$ 17,453,855	\$ (3,699,645)	Finding 1
Administrative costs	685,226	79,844	(605,382)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(423,898)	(546,639)	(122,741)	Finding 3
State categorical funds (EPSDT)	—	(469,235)	(469,235)	Finding 3
State categorical funds (IDEA) ²	—	(1,449,671)	(1,449,671)	Finding 3
Other	(17,512,485)	(568,041)	16,944,444	Finding 3
State general/realignment funds	—	(5,929,000)	(5,929,000)	Finding 3
40% board and care	—	(6,041,974)	(6,041,974)	Finding 3
Net assessment/case management costs	3,902,343	2,529,139	(1,373,204)	
Treatment costs	24,382,255	18,513,247	(5,869,008)	Finding 1
Administrative costs	2,138,697	1,007,135	(1,131,562)	Finding 2
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(4,702,850)	(4,017,603)	685,247	Finding 3
State categorical funds (EPSDT)	—	(3,448,710)	(3,448,710)	Finding 3
State categorical funds (IDEA) ²	—	(9,136,156)	(9,136,156)	Finding 3
Other	(13,232,477)	—	13,232,477	Finding 3
Net treatment costs	8,585,625	2,917,913	(5,667,712)	
Subtotal	12,487,968	5,447,052	(7,040,916)	
Adjustment to eliminate negative balance ³	—	—	—	
Less late claim penalty	—	—	—	
Total program costs	<u>\$ 12,487,968</u>	<u>5,447,052</u>	<u>\$ (7,040,916)</u>	
Less amount paid by the State		(12,487,968)		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (7,040,916)</u>		

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>Summary: July 1, 2003, through June 30, 2006</u>				
Assessment/case management costs	\$ 46,763,603	\$ 40,466,587	\$ (6,297,016)	
Administrative costs	2,043,824	538,887	(1,504,937)	
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(1,887,491)	(2,520,247)	(632,756)	
State categorical funds (EPSDT)	—	(2,001,900)	(2,001,900)	
State categorical funds (IDEA) ²	(4,646,249)	(6,095,920)	(1,449,671)	
Other	(31,743,143)	(1,492,545)	30,250,598	
State general/realignment funds	—	(11,858,000)	(11,858,000)	
40% board and care	—	(11,993,393)	(11,993,393)	
Net assessment/case management costs	<u>10,530,544</u>	<u>5,043,469</u>	<u>(5,487,075)</u>	
Treatment costs	75,710,292	54,584,043	(21,126,249)	
Administrative costs	6,751,060	2,880,988	(3,870,072)	
Offsetting revenues:				
Short-Doyle/Medi-Cal funds	(17,766,274)	(12,864,022)	4,902,252	
State categorical funds (EPSDT)	—	(10,565,231)	(10,565,231)	
State categorical funds (IDEA) ²	—	(31,490,135)	(31,490,135)	
Other	<u>(48,299,687)</u>	<u>—</u>	<u>48,299,687</u>	
Net treatment costs	<u>16,395,391</u>	<u>2,545,643</u>	<u>(13,849,748)</u>	
Subtotal	26,925,935	7,589,112	(19,336,823)	
Adjustment to eliminate negative balance ³	—	954,297	954,297	
Less late claim penalty	<u>(1,000)</u>	<u>(1,000)</u>	<u>—</u>	
Total program costs	<u>\$ 26,924,935</u>	<u>8,542,409</u>	<u>\$(18,382,526)</u>	
Less amount paid by the State		<u>(20,549,722)</u>		
Allowable costs claimed in excess of (less than) amount paid		<u>\$(12,007,313)</u>		

¹ See the Findings and Recommendations section.

² The county received \$14,034,309, \$13,832,574, and \$13,832,574 in Individuals with Disabilities Education Act funds for FY 2003-04, FY 2004-05, and FY 2005-06, respectively. The county allocated IDEA funds between Handicapped and Disabled Students (HDS) and Seriously Emotionally Disturbed Pupils: Out-of-State Mental Health Services (SEDP). The portion of IDEA funds allocated to the HDS program are included in the Allowable per Audit column.

³ The county overapplied IDEA funds to the HDS program. We moved the excess of IDEA funds, in the amount of \$954,297, to the SEDP Program.

Findings and Recommendations

FINDING 1— Overstated assessment and treatment costs

The county overstated assessment and treatment costs by \$27,423,265 for the audit period.

The county inadvertently claimed \$4,901,331 in mental health assessment costs twice for fiscal year (FY) 2004-05 and FY 2005-06. We allowed eligible assessment costs once, eliminating the duplication in the affected fiscal years.

The county claimed mental health service costs that are not fully based on actual costs to implement the mandated program. For the audit period, the county did not provide support for the claim in a testable format that could be verified. The county ran unit-of-service reports to support its claims. This process was repeated multiple times because the initial reports were run based on incorrect parameters. In the course of testing these reports, we noted errors including, but not limited to, duplicate transactions, ineligible clients, incorrect activity code/procedure code usage, missing progress notes, addition errors, and under- and over-billing.

We worked with the county to correct the query parameters before it reran the unit-of-service reports for the fourth time. The fourth generation reports resolved most of the aforementioned issues, resulting in fewer units of service. However, the reports still contained instances of overbilled, duplicate, and ineligible units of service. To remedy this situation, we excluded all overbilled services (i.e., single-client service visits in excess of ten hours), duplicate day services, and the ineligible individual and group rehabilitation services.

The county also claimed ineligible case management support costs. The services consist of pre- and post-IEP case management support services that are not eligible in accordance with the program's parameters and guidelines, and underlying state regulations that form the basis of the state-mandated cost program. Further, the services are not included in the fourth generation unit of service reports because they are not tracked by client and are based on manually prepared telephone contact logs.

In our review of the county's reports and underlying documentation used to support the case management support costs, we noted other significant issues. In the reports provided to support the case management support services, the units of service did not reconcile to the units claimed, and duplicate services were included. Concerning the latter, in some instances, the total number of telephone contacts in a given day was reported twice.

In our review of the telephone logs, we noted a number of other problematic issues. The county did not maintain records concerning the identity of the client served; it maintained only a log documenting that a contact was made concerning a program-related client. As such, we could not verify the eligibility of clients served. The logs also document telephone contacts with non-program related clients. Also, the increment of time concerning each telephone contact was not documented; the

county used a standardized 15-minute increment regardless of the actual time taken to perform the activity. This increment could result in inconsistencies in the amount of time reported to provide the service. Further, one of the county facilities providing the services shredded the telephone logs for a portion of the audit period, resulting in a lack of supporting documentation to justify the services provided.

In the course of testing the in-state, out-of-home residential placement costs, we noted ineligible services and unsupported costs. The county inappropriately claimed Community Treatment Facilities (CTF) funds as part of the residential board and care costs of clients placed out-of-home. Concerning our testing of residential placements, we noted instances of ineligible and unsupported costs including missing client files, unsupported vendor payments, and intake/discharge date errors. The latter resulted in the county claiming costs outside of the client's authorized placement period.

To correct the unit based mental health service costs, we recalculated costs based on actual, supportable units of service provided to eligible clients using the appropriate unit cost, representing the actual cost to the county. Further, we reclassified the mental health services placing each in a consistent category (i.e., assessment or treatment). For residential placement costs, we did not allow unsupported and ineligible costs, and excluded CTF funds from placement costs.

The following table summarizes the overstated costs claimed:

	Fiscal Year			Totals
	2003-04	2004-05	2005-06	
Assessment:				
Mental health:				
Duplicate assessment	\$ —	\$ (2,076,865)	\$ (2,824,466)	\$ (4,901,331)
Reclassification of units	749,970	1,064,320	585,557	2,399,847
Single client visits over 10 hours	(15,050)	(18,925)	(2,033)	(36,008)
Case management support	(852,594)	(681,587)	(1,011,668)	(2,545,849)
Unsupported units	(23,605)	(94,348)	(47,403)	(165,356)
Total mental health	(141,279)	(1,807,405)	(3,300,013)	(5,248,697)
Residential placement:				
Missing case files	—	(184,754)	—	(184,754)
Missing board-and-care support	—	(69,780)	—	(69,780)
Services outside of authorized period	—	—	(52,596)	(52,596)
Ineligible CTF funds	—	(394,153)	(347,036)	(741,189)
Total residential placement	—	(648,687)	(399,632)	(1,048,319)
Total assessment	(141,279)	(2,456,092)	(3,699,645)	(6,297,016)
Treatment:				
Reclassification of units	(749,970)	(1,064,320)	(585,557)	(2,399,847)
Single client visits over 10 hours	(15,930)	(22,557)	(28,106)	(66,593)
Rehabilitation	(175,441)	(1,025,483)	(1,141,887)	(2,342,811)
Duplicate day services	(1,238)	(2,881)	(685)	(4,804)
Unsupported units	(5,734,230)	(6,465,191)	(4,112,773)	(16,312,194)
Total treatment	(6,676,809)	(8,580,432)	(5,869,008)	(21,126,249)
Total adjustments	\$ (6,818,088)	\$ (11,036,524)	\$ (9,568,653)	\$ (27,423,265)

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.

The parameter and guidelines also provide that costs must be traceable to source documentation to show evidence of the validity of such costs.

Title 2, California Code of Regulation (CCR), section 60020, subdivision (i), which forms the basis for the services in the state-mandated cost program, does not include case management support services and rehabilitation services. As such, these costs are not included in the program's parameters and guidelines.

Concerning case management support services (pre- and post-IEP services), Government Code, section 7576, subdivision (h), states that the county mental health agency does not have fiscal or legal responsibility for costs it incurs prior to approval of IEP, except for costs associated with conducting a mental health assessment.

Recommendation

We recommend that the county implement policies and procedures to ensure that only actual and supported costs for program eligible clients are claimed in accordance with the mandate program. We also recommend that the county ensure that it claims costs only once and places them in the correct category of cost.

County's Response

The county agreed with the finding.

FINDING 2— Overstated administrative costs

The county overstated administrative costs by \$5,375,009 for the audit period.

The county applied administrative cost rates to ineligible costs. In all three fiscal years, the county claimed direct costs that were not based on actual program costs. Further, the county applied administrative costs rates to overbilled services, ineligible services, and duplicated day services. The county also commingled assessment and treatment direct costs and the corresponding administrative costs. For FY 2004-05 and FY 2005-06, the county inadvertently claimed assessment administrative costs twice.

The county misclassified Short Doyle/Medi-Cal (SD/MC), EPSDT, and the portion of out-of-state case management administrative revenues, resulting in an inconsistent application of these revenues to direct costs. Also, in some cases, the county applied the same administrative revenues twice in the same fiscal year. The county also applied a portion of unsupported revenues to administrative costs.

We applied administrative cost rates to eligible direct costs. We also applied the portion of SD/MC, EPSDT, and out-of-state case management administrative cost revenues to the corresponding assessment and treatment administrative costs.

The following table summarizes the overstated administrative costs claimed:

	Fiscal Year			Total
	2003-04	2004-05	2005-06	
Assessment	\$ (452,093)	\$ (447,462)	\$ (605,382)	\$ (1,504,937)
Treatment	(1,168,510)	(1,570,000)	(1,131,562)	(3,870,072)
Total adjustment	<u>\$ (1,620,603)</u>	<u>\$ (2,017,462)</u>	<u>\$ (1,736,944)</u>	<u>\$ (5,375,009)</u>

The parameters and guidelines specify that administrative 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 administrative costs from categorical funding sources, they may be claimed.

Recommendation

We recommend that the county apply administrative cost rates to eligible and supported direct costs. Further, we recommend that the county ensure that all relevant and supported administrative revenues are applied to valid administrative costs.

County's Response

The county agreed with the finding.

FINDING 3— Overstated offsetting revenues

The county overstated offsetting revenues by \$13,461,451 for the audit period.

The county miscalculated offsetting revenues by using inaccurate Medi-Cal units for audit period and applied an incorrect funding percentage for EPSDT for FY 2005-06. The county also applied revenues toward ineligible and unsupported direct costs.

The county did not apply assessment and treatment revenues consistently from year to year. Many of assessment revenues were duplicated because multiple forms were used to generate the claims. In addition, the county comingled assessment and treatment costs, and comingled the corresponding revenues during the claim process. The county also included unsupported revenue allocations.

We recalculated revenues related to eligible assessment and treatment costs by applying the appropriate cost per unit to actual, supported Medi-Cal units, using the correct funding percentages for SD/MC and EPSDT, and excluding unsupported revenues. To clearly identify the offsetting revenues, we reclassified revenues by placing each in a separate and distinct category.

For residential placement costs, the county applied offsetting revenues to ineligible and unsupported costs in FY 2004-05 and FY 2005-06. We recalculated the California Department of Social Services board and care reimbursement by applying the 40% cost-sharing mechanism to eligible residential placement costs. We also reviewed the county's application of realignment funds to offset residential placement costs; we noted no anomalies in the county's allocation and application of realignment funds for FY 2004-05 and FY 2005-06.

The following table summarizes the overstated offsetting revenues claimed:

	Fiscal Year			Total
	2003-04	2004-05	2005-06	
Assessment offsetting revenues:				
Short-Doyle/Medi-Cal funds	\$ (243,361)	\$ (266,654)	\$ (122,741)	\$ (632,756)
State categorical funds (EPSDT)	(1,139,639)	(393,026)	(469,235)	(2,001,900)
State categorical funds (IDEA)	—	—	(1,449,671)	(1,449,671)
Other	(400,621)	13,706,775	16,944,444	30,250,598
State general/realignment funds 40% board and care	—	(5,929,000)	(5,929,000)	(11,858,000)
	—	(5,951,419)	(6,041,974)	(11,993,393)
Subtotal	(1,783,621)	1,166,676	2,931,823	2,314,878
Treatment offsetting revenues:				
Short-Doyle/Medi-Cal funds	2,114,181	2,102,824	685,247	4,902,252
State categorical funds (EPSDT)	(3,296,940)	(3,819,581)	(3,448,710)	(10,565,231)
State categorical funds (IDEA)	(9,621,191)	(12,732,788)	(9,136,156)	(31,490,135)
Other	15,778,344	19,288,866	13,232,477	48,299,687
Subtotal	4,974,394	4,839,321	1,332,858	11,146,573
Total offsetting revenues	\$ 3,190,773	\$ 6,005,997	\$ 4,264,681	\$ 13,461,451

The parameters and guidelines specify that any direct payments (categorical funds, Short Doyle/Medi-Cal FFP, 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.

Welfare and Institutions Code section 15200, subdivision (c)(1), provides the cost sharing mechanism whereby the California Department of Social Services reimburses counties for 40% of the 24-hour out-of-home residential board-and-care costs.

Recommendation

We recommend that the county ensure that appropriate revenues are identified and applied to valid costs. In addition, we recommend that the county apply the appropriate EPSDT reimbursement percentages. Further, we recommend that the county ensure that revenues are applied once to the correct category of cost, and that it maintains supporting documentation for all applicable offsetting revenues.

County's Response

The county agreed with the finding.

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



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

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 525
LOS ANGELES, CALIFORNIA 90012-3873
PHONE: (213) 974-8301 FAX: (213) 626-5427

WENDY L. WATANABE
AUDITOR-CONTROLLER

MARIA M. OMS
CHIEF DEPUTY

ASST. AUDITOR-CONTROLLERS

ROBERT A. DAVIS
JOHN NAIMO
JUDI E. THOMAS

June 16, 2010

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

Dear Mr. Brownfield:

**LOS ANGELES COUNTY'S RESPONSE
TO THE STATE CONTROLLER'S DRAFT AUDIT REPORT
HANDICAPPED AND DISABLED STUDENTS (HDS) PROGRAM
CHAPTER 1747, STATUTES OF 1984**

The County of Los Angeles has reviewed the State's draft audit report dated May 19, 2010 for the HDS program, for the period July 1, 2003 through June 30, 2006. The draft audit report concluded that, of the \$26,924,935 claimed under HDS, \$8,542,409 is allowable. The remaining \$18,382,526 is not allowable pursuant to the Parameters and Guidelines adopted by the Commission on State Mandates on August 29, 1996.

The County's attached response 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 HDS are eligible, mandate related, and supported. We also recognize that if the County subsequently provides additional information to support its \$18,382,526 of unallowable costs, or if there are any changes in the laws and regulations, 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\QSTC\alm Submission\Ch1747\Audit Response Cover 6-15-10.doc

Attachment

**LOS ANGELES COUNTY'S RESPONSE
TO THE STATE CONTROLLER'S DRAFT AUDIT REPORT
HANDICAPPED AND DISABLED STUDENTS (HDS) PROGRAM
CHAPTER 1747, STATUTES OF 1984**

Finding 1 – Overstated assessment and treatment costs

The County overstated assessment and treatment costs by \$27,423,265 for the audit period. The County inadvertently claimed mental health assessment costs twice in the amount of \$4,901,331 for Fiscal Year (FY) 2004-05 and FY 2005-06. We allowed eligible assessment costs once, eliminating the duplication in the affected fiscal years.

The County claimed mental health service costs that are not fully based on actual costs to implement the mandated program. For the audit period, the County did not provide support for the claim in a testable format that could be verified. The County ran unit-of-service reports to support its claims.

The County also claimed ineligible case management support costs. The services consist of pre- and post Individualized Education Program (IEP) case management support services that are not eligible in accordance with the program's parameters and guidelines, and underlying state regulations that form the basis of the state mandated cost program. Further, the services are not included in the fourth generation unit of service reports because they are not tracked by client and are based on manually prepared telephone contact logs.

State's Recommendation

We recommend that the County implement policies and procedures to ensure that only actual and supported costs for program eligible clients are claimed in accordance with the mandate program. We also recommend that the County ensure that it claims costs only once and places them in the correct category of cost.

County's Response

We agree with the recommendation. The County will strengthen the policies and procedures to ensure that only actual units of service for eligible clients are claimed in accordance with the mandated program. The County will ensure all staff members are trained on the applicable policies and procedures.

The County followed the claiming instructions and did not intentionally submit a duplicate claim. The audit finding for duplicate assessment costs claims for FY 2004-05 and FY 2005-06 were actual assessment costs claimed in Chapter 1747 and were re-filed in compliance with the instructions in the Amended Parameters and Guidelines (Ps and Gs) for Handicapped and Disabled Students (04-RL-4282-10), that states "In addition, estimated and actual claims filed for fiscal years 2004-2005 and 2005-2006 pursuant to the parameters and guidelines and claiming instructions for Handicapped and Disabled Students (CSM 4282) shall be re-filed under these

**LOS ANGELES COUNTY'S RESPONSE
TO THE STATE CONTROLLER'S DRAFT AUDIT REPORT
HANDICAPPED AND DISABLED STUDENTS (HDS) PROGRAM
CHAPTER 1747, STATUTES OF 1984**

parameters and guidelines". (Please see attached Ps and Gs pages 3 to 6). The amended parameters and guidelines include activities for assessment and residential placements. The County re-filed the assessment costs merely for reporting purposes and was not aware that the State would pay for the re-filed claims.

The County has agreed to the audit disallowances for Case Management Support Costs. However, the County reserves the right to claim these unallowed costs in future fiscal year claims in the event that these costs are in compliance with the Parameters and Guidelines for this mandate.

Finding 2 – Overstated administrative costs

The County overstated administrative costs by \$5,375,009 for the audit period.

The County applied administrative cost rates to ineligible costs. In all three fiscal years, the County claimed direct costs that were not based on actual program costs. Further, the County applied administrative cost rates to overbilled services, ineligible services, and duplicated day services. The County also comingled assessment and treatment direct costs and corresponding administrative costs. For FY 2004-05 and FY 2005-06, the County inadvertently claimed assessment administrative costs twice.

State's Recommendation

We recommend that the County apply administrative cost rates to eligible and supported direct costs. Further, we recommend that the County ensure that all relevant and supported administrative revenues are applied to valid administrative costs.

County's Response

We agree with the recommendation. As stated in the County's Response for Finding 1, the County will strengthen the policies and procedures to ensure that only actual units of service for eligible clients are claimed in accordance with the mandated program and will ensure the administrative cost rates are applied appropriately. At the time of claim preparation, it was the County's understanding that the administrative cost rates were applied to eligible and supported direct costs. The State auditor's discovery of ineligible units of service resulted in the ineligibility of the administrative costs. The County has and will continue to apply administrative cost rates to eligible and supported direct costs at the time of claim preparation and make its best effort to assure that all units of service are eligible. The County will follow the State audit method to include both the County and non governmental agencies targeted case management services (Mode 15 Service Function Codes (SFC) 03 and 04) and psychological testing services (Mode 15 SFC 33 and 34) in the Assessment component.

**LOS ANGELES COUNTY'S RESPONSE
TO THE STATE CONTROLLER'S DRAFT AUDIT REPORT
HANDICAPPED AND DISABLED STUDENTS (HDS) PROGRAM
CHAPTER 1747, STATUTES OF 1984**

For FY 2004-05 and FY 2005-06, the County did not claim assessment administrative costs twice. As stated in the County's response for Finding 1, the County re-filed the assessment costs merely for reporting purposes, per the amended parameters and guidelines, and without the knowledge that the State would pay the re-filed claims. In view of this, the County requests that the audit findings on duplicate assessment administrative costs claims for FY 2004-05 and FY 2005-06 be removed from the total gross claimed amount and the total audit findings.

Finding 3 – Overstated offsetting revenues

The County overstated offsetting revenues by \$13,461,451 for the audit period.

The County miscalculated offsetting revenues by using inaccurate Medi-Cal units for audit period and applied an incorrect funding percentage for Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) for FY 2005-06. The County also applied revenues toward ineligible and unsupported direct costs.

State's Recommendation

We recommend that the County ensure that the appropriate revenues are identified and applied to valid costs. In addition, we recommend that the County apply the appropriate EPSDT reimbursement percentages. Further, we recommend that the County ensure that the revenues applied once to the correct category of costs, and it maintains supporting documentation for all applicable offsetting revenues.

County's Response

We agree with the recommendation. It is always the County's intent to apply the applicable offsetting revenues (including federal, state, and local reimbursements) to eligible costs, which are supported by source documentation. However, final Medi-Cal reimbursement and EPSDT reimbursement percentages will not be available until the State issues the Medi-Cal and EPSDT settlement. The State did not incorporate the actual reimbursement percentages into the cost report process, which is the basis for this mandated claim. To show diligence, it has been the County's practice to adjust the difference between the claimed and final settlement amounts in the subsequent year claims to reflect the final Medi-Cal revenue per settlement. The County has and will continue to follow policies and procedures making its best effort to ensure the most accurate revenues are applied to valid program costs.

**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 Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit D-1
Fiscal Year 2003-04 Claim**

COUNTY OF LOS ANGELES

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

SUSAN KERR
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director



BOARD OF SUPERVISORS
GLORIA MOLINA
YVONNE BRATHWAITE BURKE
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

<http://www.dmh.co.la.ca.us>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4808
Fax: (213) 386-5282

E-mail: gskhalsa@dmh.co.la.ca.us

January 5, 2005

TO: Leonard Kaye, Principal Accountant
SB90 Section – Auditor-Controller

FROM: Gurubanda Singh Khalsa
Director of Financial Services

SUBJECT: CHAPTER 1747/84 ACTUAL FY 2003/04 AND ESTIMATED FY 2004/05
SB90 CLAIM

Attached is the actual claim for FY 2003/04 SB90 Chapter 1747/84 Services to Handicapped Students. This claim includes two components, LAC/DMH and Tri-City Mental Health. Both components were consolidated into one FAM-27 form in the amount of \$4,293,621. The LAC/DMH component, in the amount of \$4,144,061, is based on the Department's FY 2003/04 Cost Report and is our basis for the FY 2004/05 LAC/DMH estimated claim of \$4,558,467. This claim has been prepared in compliance with: (1) the State Controller's Office SB90 Claiming Instructions, (2) the SDMH SB90 Parameters & Guidelines, and (3) the annual DMH Cost Report. Tri-City staff prepared the Tri-City component of the claim in the amount of \$149,560. The FY 2004/05 estimate for Tri-City is \$0.

Please note that amounts for Crisis Intervention, Medication Monitoring, and In-State Placement are not included in this claim. However, the amounts have been disclosed in a footnote on the FAM-27.

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

GSK:MPB:brd

Attachments

- c: Marvin J. Southard, DSW (memo and summary only)
- Susan Kerr (memo and summary only)
- Mike Motodani (memo and summary only)
- Judy Weigand (memo and summary only)
- Paul Mclver (memo and summary only)

CLAIM FOR PAYMENT			For State Controller Use Only		Program
Pursuant to Government Code Section 17561 SERVICES TO HANDICAPPED STUDENTS			(19) Program Number	00111	111
			(20) Date Filed	/ /	
			(21) LRS Input	/ /	
			Reimbursement Claim Data		
L A B E L H E R E	(01) Claimant Identification Number		(22) HDS-1, (03)(a)		
	(02) Claimant Name Auditor-Controller		(23) HDS-1, (03)(b)		
	County of Location County of Los Angeles		(24) HDS-1, (03)(c)		
	Street Address or P.O. Box 500 West Temple Street, Room 603		(25) HDS-1, (04)(1)(d)		
	City Los Angeles		(26) HDS-1, (04)(2)(d)		
	State CA		(27) HDS-1, (04)(3)(d)		
	Zip Code 90012		(28) HDS-1, (04)(4)(d)		
	Type of Claim		(29) HDS-1, (04)(5)(d)		
	Estimated Claim		(30) HDS-1, (06)		
	Reimbursement Claim		(31) HDS-3, (05)		
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(32) HDS-3, (06)		
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(33) HDS-3, (07)		
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(34) HDS-3, (09)		
Fiscal Year of Cost	(06) 2004/2005	(12) 2003/2004	(35) HDS-3, (10)		
Total Claimed Amount	(07) 4,558,467	(13) 4,293,621	(36)		1,270,666
Less: 10% Late Penalty, not to exceed \$1,000		(14)			0
Less: Prior Claim Payment Received		(15)			3,546,463
Net Claimed Amount		(16) 4,293,621			24,648,774
Due from State	(08) 4,558,467	(17) 4,293,621			0
Due to State		(18)			
(37) CERTIFICATION OF CLAIM					
<p>In accordance with the provisions of Government Code 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.</p> <p>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.</p> <p>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.</p>					
Signature of Authorized Officer			Date		
_____ J. Tyler McCauley			_____ Auditor-Controller		
Type or Print Name			Title		
(38) Name of Contact Person for Claim			Telephone Number (213) 974-8564 Ext. N/A		
Leonard Kaye			E-Mail Address lkaye@auditor.co.la.ca.us		

Form FAM-27 (Revised 09/03)

Note: 1) Please note that costs for LAC-DMH Medication Monitoring (\$3,074,878), LAC-DMH Crisis Intervention (\$3,960,974), LAC-DCFS In-State Placement (\$9,115,367), and Tri-City Medication Monitoring (\$4,428) have not been included in FY 2003/04 Reimbursement Claim at this time pending action before the Commission on State Mandates that would make these costs eligible for claiming under SB 90 Chapter 1747.

2) The Estimated Claim for FY 2004-05 does not include an amount for Tri-City.

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS CLAIM SUMMARY	FORM HDS - 3
(01) Claimant: Los Angeles County/Consolidated	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year: 2003/2004
(03) Reimbursable Components		
Assessment of Individuals With Exceptional Needs		
(a) Assessment: Interviews, Review of Records, Observations, Testing, etc.		5,929,138
(b) Residential Placement: IEP Reviews, Case Management, and Expanded IEP		0
(c) Related Services: Attendance at IEP meetings, Meetings with IEP Members and Parents, and Review of Independent Assessment.		0
(d) Due Process Proceedings		0
(e) Administrative Costs <i>[From HDS-6 line (07)]</i>		805,396
Mental Health Treatment		
(f) Treatment Services: Short-Doyle Program		22,783,049
(g) Administrative Costs <i>[From HDS-6 line (07)]</i>		1,866,725
(04) Sub-total for Assessment of Individual with Exceptional Needs [Sum of (03), lines (a) to (e)]		6,734,534
(05) Less: Amount Received from Short-Doyle/Medi-Cal (FFP only)		1,270,666
(06) Less: Amount Received from State Categorical Funding		0
(07) Less: Amount Received from Other (Identify) - Federal IDEA Funds (<i>Attachment 7h</i>)		3,546,463
(08) Total for Assessment of Individual with Exceptional Needs [Line (04) minus the sum of lines (05) to (07)]		1,917,405
(09) Sub-Total for Mental Health Treatment [Block (03), lines (f) and (g)]		24,648,774
(10) Less: Non-Categorical State General/Realignment Funds		0
(11) Less: Amount Received from State Categorical Funding		0
(12) Less: Amount Received from Short-Doyle/Medi-Cal (FFP only)		6,494,214
(13) Less: Amount Received from Other (Identify)		732,858
- Federal Financial Participation share of Admin Cost (<i>Attachment 7a</i>)		4,783,284
- State General Fund (SGF) from Early and Periodic Screening Diagnosis Treatment (EPSDT) and share of Admin Cost (<i>Attachment 7b</i>)		15,678
- Federal SAMHSA Grant and share of Admin Cost (<i>Attachment 7d</i>)		124,804
- Other State and Local Funds and share of Admin Cost (<i>Attachment 7e</i>)		45,489
- Third Party Revenues and share of Admin Cost (<i>Attachment 7f</i>)		455,040
- Case Management Out-Of-State Placement Adjustment-- SB 90 Chapter 654 (<i>Attachment 7g</i>)		9,621,191
- Federal IDEA Funds (<i>Attachment 7h</i>)		
(14) Total Mental Health Treatment [Line (09) minus the sum of lines (10) to (13)]		2,376,216
(15) Total Claimed Amount [Sum of line (08) and line (14)]		4,293,621

Part 1

LAC / MAIN – DMH

COUNTY OF LOS ANGELES / MAIN

FY 2003/2004 SB 90 CHAPTER 1747/84 ACTUAL COST CLAIM

Table of Attachments

Attachment 1	FAM-27 Claim Form
Attachment 2	HDS-3 Claim Summary
Attachment 3	HDS-4 Component / Activity Cost Detail HDS-5 Component / Activity Cost Detail (Omitted - no claimable costs for Due Process Proceedings) HDS-6 Component / Activity Cost Detail
Attachment 4	MH 1909 Supplemental Cost Report for AB 3632 / SB 90 (From FY 2003/2004 Cost Report)
Attachment 5	FY 2003/2004 State Allocation Worksheet
Attachment 6	MH 1909 / SB 90 Worksheet
Attachment 7	Offsetting Revenue Worksheet
Attachment 8	FY 2003/2004 Indirect Cost Proposal (ICP) Rate Summary
Attachment 9	Cost Report Actual Rates for FY 2003/2004
Attachment 10	Cost Report Forms MH 1966

Attachment 1

FAM-27 Claim Form

COUNTY OF LOS ANGELES

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

SUSAN KERR
Deputy Director

RODERICK SHANER, M.D.
Medical Director



BOARD OF SUPERVISORS
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DEPARTMENT OF MENTAL HEALTH

<http://www.dmh.co.la.ca.us>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4608
Fax: (213) 388-5282

E-mail: gskhalsea@dmh.co.la.ca.us

January 5, 2005

TO: Leonard Kaye, Principal Accountant
SB90 Section – Auditor-Controller

FROM: Gurubanda Singh Khalsa
Director of Financial Services

SUBJECT: **CHAPTER 1747/84 ACTUAL FY 2003/04 AND ESTIMATED FY 2004/05
SB90 CLAIM**

Attached is the actual claim for FY 2003/04 SB90 Chapter 1747/84 Services to Handicapped Students. This claim includes two components, LAC/DMH and Tri-City Mental Health. Both components were consolidated into one FAM-27 form in the amount of \$4,293,621. The LAC/DMH component, in the amount of \$4,144,061, is based on the Department's FY 2003/04 Cost Report and is our basis for the FY 2004/05 LAC/DMH estimated claim of \$4,558,467. This claim has been prepared in compliance with: (1) the State Controller's Office SB90 Claiming Instructions, (2) the SDMH SB90 Parameters & Guidelines, and (3) the annual DMH Cost Report. Tri-City staff prepared the Tri-City component of the claim in the amount of \$149,560. The FY 2004/05 estimate for Tri-City is \$0.

Please note that amounts for Crisis Intervention, Medication Monitoring, and In-State Placement are not included in this claim. However, the amounts have been disclosed in a footnote on the FAM-27.

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

GSK:MPB:brd

Attachments

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

Attachment 2

HDS-3 Claim Summary

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS CLAIM SUMMARY	FORM HDS - 3
(01) Claimant: Los Angeles County/Main	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> X Estimated	Fiscal Year: <u>2003/2004</u>
(03) Reimbursable Components		
Assessment of Individuals with Exceptional Needs		
(a) Assessment: Interviews, Review of Records, Observations, Testing, etc.		5,929,138
(b) Residential Placement: IEP Reviews, Case Management, and Expanded IEP		0
(c) Related Services: Attendance at IEP meetings, Meetings with IEP Members and Parents, and Review of Independent Assessment.		0
(d) Due Process Proceedings		0
(e) Administrative Costs <i>[From HDS-6 line (07)]</i>		805,396
Mental Health Treatment		
(f) Treatment Services: Short-Doyle Program		22,647,085
(g) Administrative Costs <i>[From HDS-6 line (07)]</i>		1,852,129
(04) Sub-total for Assessment of Individual with Exceptional Needs [Sum of (03), lines (a) to (e)]		6,734,534
(05) Less: Amount Received from Short-Doyle/Medi-Cal (FFP only)		1,270,666
(06) Less: Amount Received from State Categorical Funding		0
(07) Less: Amount Received from Other (Identify) - Federal IDEA Funds (Attachment 7h)		3,546,463
(08) Total for Assessment of Individual with Exceptional Needs [Line (04) minus the sum of lines (05) to (07)]		1,917,405
(09) Sub-Total for Mental Health Treatment [Block (03), lines (f) and (g)]		24,499,214
(10) Less: Non-Categorical State General/Realignment Funds		0
(11) Less: Amount Received from State Categorical Funding		0
(12) Less: Amount Received from Short-Doyle/Medi-Cal (FFP only)		6,494,214
(13) Less: Amount Received from Other (Identify)		732,858
- Federal Financial Participation share of Admin Cost (Attachment 7a)		
- State General Fund (SGF) from Early and Periodic Screening Diagnosis Treatment (EPSDT) and share of Admin Cost (Attachment 7b)		4,783,284
- Federal SAMHSA Grant and share of Admin Cost (Attachment 7d)		15,878
- Other State and Local Funds and share of Admin Cost (Attachment 7e)		124,804
- Third Party Revenues and share of Admin Cost (Attachment 7f)		45,489
- Case Management Out-Of-State Placement Adjustment - SB-90 Chapter 654 (Attachment 7g)		455,040
- Federal IDEA Funds (Attachment 7h)		9,621,191
(14) Total Mental Health Treatment [Line (09) minus the sum of lines (10) to (13)]		2,226,656
(15) Total Claimed Amount [Sum of line (08) and line (14)]		4,144,061

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
-----------------------	---	-----------------------------

(01) Claimant LOS ANGELES COUNTY / MAIN	(02) Fiscal Year 2003/2004
---	-----------------------------------

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

<input checked="" type="checkbox"/> Assessment	<input type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
LACDMH	00019	15 / 03	3,086,432	1.61	4,963,799
LACDMH	00019	15 / 04	70,104	1.61	112,746
LACDMH	00019	60 / 63	10,107	84.36	852,594

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: <u>1</u> of <u>1</u>	5,929,138
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
-----------------------	---	----------------------

(01) Claimant: LOS ANGELES COUNTY / MAIN	(02) Fiscal Year 2003/2004
--	-----------------------------------

(03) Reimbursable Components: Check only **one** box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
LACDMH	00019	10 / 85	9	166.33	1,497
LACDMH	00019	10 / 92	29	89.09	2,004
LACDMH	00019	10 / 98	5	107.83	539
LACDMH	00019	15 / 10	5,066	2.06	10,435
LACDMH	00019	15 / 12	59,391	2.06	122,340
LACDMH	00019	15 / 33	5,150	2.08	10,708
LACDMH	00019	15 / 34	655	2.08	1,362
LACDMH	00019	15 / 41	289,468	2.06	596,275
LACDMH	00019	15 / 42	31,870	2.06	65,649
LACDMH	00019	15 / 52	2,930	2.06	6,036
LACDMH	00019	15 / 54	25,749	2.06	53,040
LACDMH	00519	10 / 89	613	121.21	74,302
Aspen Health Services	00519	15 / 03	8,438	1.43	12,063
Aspen Health Services	00519	15 / 12	447	1.88	840
Aspen Health Services	00519	15 / 41	3,535	1.88	6,646
Associated League of Mexican-Americans, Inc.	00173	15 / 03	2,107	1.48	3,118
Associated League of Mexican-Americans, Inc.	00173	15 / 12	640	1.93	1,235
Associated League of Mexican-Americans, Inc.	00173	15 / 41	16,500	1.93	31,845
Bienvenidos Children's Center, Inc	00860	15 / 41	75	1.54	116
Cedars-Sinai Medical Center	00178	15 / 03	330	1.71	564
Cedars-Sinai Medical Center	00178	15 / 12	1,832	2.19	4,012
Cedars-Sinai Medical Center	00178	15 / 41	13,683	2.19	29,966
Cedars-Sinai Medical Center	00178	15 / 54	2,557	2.19	5,600
Child & Family Center	00210	10 / 89	308	134.70	41,488
Child & Family Center	00210	15 / 03	43,560	1.66	72,310
Child & Family Center	00210	15 / 12	58,059	2.10	121,924
Child & Family Center	00210	15 / 33	2,030	2.10	4,263
Child & Family Center	00210	15 / 41	540,213	2.10	1,134,447
Child & Family Center	00210	15 / 54	92,632	2.10	194,527
Child & Family Guidance Center	00207	10 / 89	1,979	121.94	241,319
Child & Family Guidance Center	00207	10 / 99	956	113.31	108,324
Child & Family Guidance Center	00207	15 / 03	92,963	1.57	145,952

(05) Total <input type="checkbox"/>	Subtotal <input checked="" type="checkbox"/>	Page: <u>1</u> of <u>7</u>	3,104,746
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY / MAIN	(02) Fiscal Year 2003/2004
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Child & Family Guidance Center	00207	15 / 12	119,355	1.93	230,355
Child & Family Guidance Center	00207	15 / 33	14,914	1.93	28,784
Child & Family Guidance Center	00207	15 / 41	1,057,456	1.93	2,040,890
Child & Family Guidance Center	00207	15 / 54	126,418	1.93	243,987
ChildNet Youth & Family Services	00783	10 / 99	160	105.00	16,800
ChildNet Youth & Family Services	00783	15 / 03	9,323	1.63	15,196
ChildNet Youth & Family Services	00783	15 / 12	4,345	2.09	9,081
ChildNet Youth & Family Services	00783	15 / 41	26,965	2.09	58,357
ChildNet Youth & Family Services	00783	15 / 54	560	2.09	1,170
Children's Bureau	00668	15 / 03	93	1.68	156
Childrens Hospital of Los Angeles	00179	10 / 98	14	115.14	1,612
Childrens Hospital of Los Angeles	00179	15 / 03	4,483	1.77	7,935
Childrens Hospital of Los Angeles	00179	15 / 04	3,059	1.77	5,414
Childrens Hospital of Los Angeles	00179	15 / 10	1,625	2.28	3,705
Childrens Hospital of Los Angeles	00179	15 / 12	10,714	2.28	24,428
Childrens Hospital of Los Angeles	00179	15 / 33	2,930	2.28	6,680
Childrens Hospital of Los Angeles	00179	15 / 34	1,407	2.28	3,208
Childrens Hospital of Los Angeles	00179	15 / 41	74,124	2.28	169,003
Childrens Hospital of Los Angeles	00179	15 / 42	18,027	2.28	41,102
Childrens Hospital of Los Angeles	00179	15 / 52	2,284	2.28	5,208
Childrens Hospital of Los Angeles	00179	15 / 54	3,798	2.28	8,659
Children's Institute International	00591	15 / 03	1,270	1.74	2,216
Children's Institute International	00591	15 / 12	6,858	2.25	15,429
Children's Institute International	00591	15 / 41	15,995	2.25	35,984
Children's Institute International	00591	15 / 54	609	2.25	1,370
Community Counseling Service	00180	15 / 03	25,607	1.31	33,545
Community Counseling Service	00180	15 / 12	10,096	1.65	16,658
Community Counseling Service	00180	15 / 41	55,758	1.65	92,001
Community Counseling Service	00180	15 / 54	15,990	1.65	26,384
Community Counseling Service	00180	60 / 63	1	50.71	51
Community Family Guidance Center	00181	15 / 03	7,490	1.34	10,037
Community Family Guidance Center	00181	15 / 12	55,835	1.66	92,686
Community Family Guidance Center	00181	15 / 41	185,870	1.66	308,544
Community Family Guidance Center	00181	15 / 54	8,713	1.66	14,464

(05) Total <input type="checkbox"/>	Subtotal <input checked="" type="checkbox"/>	Page: <u>2</u> of <u>7</u>	3,569,098
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY / MAIN	(02) Fiscal Year 2003/2004
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Devereux Foundation	00472	10 / 99	577	99.07	57,163
Didi Hirsch Psychiatric Service	00183	10 / 89	518	149.38	77,378
Didi Hirsch Psychiatric Service	00183	15 / 03	18,070	1.50	27,137
Didi Hirsch Psychiatric Service	00183	15 / 04	46,024	1.50	69,117
Didi Hirsch Psychiatric Service	00183	15 / 10	55,862	1.97	109,802
Didi Hirsch Psychiatric Service	00183	15 / 12	16,519	1.97	32,586
Didi Hirsch Psychiatric Service	00183	15 / 33	3,270	1.97	6,450
Didi Hirsch Psychiatric Service	00183	15 / 34	22,109	1.97	43,814
Didi Hirsch Psychiatric Service	00183	15 / 41	210,568	1.97	415,055
Didi Hirsch Psychiatric Service	00183	15 / 42	305,607	1.97	602,389
Didi Hirsch Psychiatric Service	00183	15 / 52	20,657	1.97	40,749
Didi Hirsch Psychiatric Service	00183	15 / 54	40,873	1.97	80,828
Dubnoff Center	00184	10 / 99	703	107.38	75,488
El Centro De Amistad, Inc.	00185	15 / 03	3,670	1.78	6,522
El Centro De Amistad, Inc.	00185	15 / 12	3,354	2.19	7,334
El Centro De Amistad, Inc.	00185	15 / 33	120	2.18	262
El Centro De Amistad, Inc.	00185	15 / 41	6,721	2.19	14,606
Enki Health & Research	00188	10 / 85	523	111.51	58,320
Enki Health & Research	00188	10 / 89	841	111.51	93,780
Enki Health & Research	00188	15 / 03	25,138	0.99	24,887
Enki Health & Research	00188	15 / 04	39,762	0.99	39,364
Enki Health & Research	00188	15 / 10	22,298	1.65	36,792
Enki Health & Research	00188	15 / 12	36,833	1.65	60,774
Enki Health & Research	00188	15 / 41	228,157	1.65	376,459
Enki Health & Research	00188	15 / 42	139,755	1.65	230,596
Enki Health & Research	00188	15 / 52	902	1.65	1,488
Enki Health & Research	00188	15 / 54	17,622	1.65	29,076
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00647	10 / 99	99	107.09	10,602
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00647	15 / 12	447	2.02	903
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00647	15 / 33	660	2.02	1,333
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00647	15 / 41	2,563	2.02	5,177
Foothill Family Service	00724	15 / 03	350	1.49	522
Foothill Family Service	00724	15 / 12	23,840	1.76	41,958
Foothill Family Service	00724	15 / 33	707	1.76	1,244

(05) Total	<input type="checkbox"/>	Subtotal	<input checked="" type="checkbox"/>	Page: <u>3</u> of <u>7</u>	2,679,647
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY / MAIN	(02) Fiscal Year 2003/2004
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(04) Description of Expenses

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Foothill Family Service	00724	15 / 41	118,359	1.76	208,312
Foothill Family Service	00724	15 / 54	909	1.76	1,600
Gateways Hospital	00190	15 / 03	1,472	1.10	1,619
Gateways Hospital	00190	15 / 12	1,799	1.59	2,860
Gateways Hospital	00190	15 / 33	1,906	1.59	3,031
Gateways Hospital	00190	15 / 41	10,627	1.59	16,897
Hamburger Home, Inc.	00174	10 / 99	77	100.90	7,769
Hamburger Home, Inc.	00174	15 / 03	7,209	1.41	10,165
Hamburger Home, Inc.	00174	15 / 12	2,465	1.86	4,585
Hamburger Home, Inc.	00174	15 / 41	21,760	1.86	40,474
Hathaway Children & Family Services	00192	10 / 99	2,023	92.81	187,755
Hathaway Children & Family Services	00192	15 / 03	5,115	1.43	7,314
Hathaway Children & Family Services	00192	15 / 12	40,013	1.82	72,824
Hathaway Children & Family Services	00192	15 / 33	1,430	1.82	2,603
Hathaway Children & Family Services	00192	15 / 41	266,162	1.82	484,415
Hathaway Children & Family Services	00192	15 / 54	7,159	1.82	13,029
Help Group Child & Family Center	00198	10 / 99	40	113.87	4,555
Help Group Child & Family Center	00198	15 / 03	5,194	1.75	9,090
Help Group Child & Family Center	00198	15 / 12	239,895	2.28	546,961
Help Group Child & Family Center	00198	15 / 33	1,832	2.28	4,177
Help Group Child & Family Center	00198	15 / 41	702,404	2.28	1,601,481
Help Group Child & Family Center	00198	15 / 54	14,841	2.28	33,837
Hillsides	00321	10 / 99	850	87.54	74,409
Hillsides	00321	15 / 03	3,757	1.30	4,884
Hillsides	00321	15 / 12	5,953	1.71	10,180
Hillsides	00321	15 / 33	105	1.71	180
Hillsides	00321	15 / 41	79,671	1.71	136,237
Hillsides	00321	15 / 54	1,263	1.71	2,160
Institute For Redesign of Learning (The Almansor Center)	00171	15 / 03	2,408	1.66	3,997
Institute For Redesign of Learning (The Almansor Center)	00171	15 / 12	35,485	1.86	66,002
Institute For Redesign of Learning (The Almansor Center)	00171	15 / 41	121,794	1.86	226,537
Institute For Redesign of Learning (The Almansor Center)	00171	15 / 54	19,067	1.86	35,465
Intercommunity Child Guidance Center	00195	10 / 89	197	135.25	26,644
Intercommunity Child Guidance Center	00195	15 / 03	8,291	1.59	13,183

(05) Total <input type="checkbox"/>	Subtotal <input checked="" type="checkbox"/>	Page: <u>4</u> of <u>7</u>	3,865,228
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY / MAIN	(02) Fiscal Year 2003/2004
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(03) Reimbursable Components: Check only **one** box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Intercommunity Child Guidance Center	00195	15 / 12	5,593	1.59	8,893
Intercommunity Child Guidance Center	00195	15 / 33	360	1.59	572
Intercommunity Child Guidance Center	00195	15 / 41	35,266	1.59	56,073
Intercommunity Child Guidance Center	00195	15 / 54	329	1.59	523
LAUSD 97th St. Mental Health	00315	15 / 03	850	1.71	1,454
LAUSD 97th St. Mental Health	00315	15 / 12	27,968	2.20	61,530
LAUSD 97th St. Mental Health	00315	15 / 41	63,610	2.20	139,942
LAUSD 97th St. Mental Health	00315	15 / 54	19,322	2.20	42,508
Los Angeles Child Guidance Clinic	00199	10 / 89	8	139.82	1,119
Los Angeles Child Guidance Clinic	00199	10 / 99	494	100.01	49,405
Los Angeles Child Guidance Clinic	00199	15 / 03	59,260	1.31	77,631
Los Angeles Child Guidance Clinic	00199	15 / 12	21,710	2.06	44,723
Los Angeles Child Guidance Clinic	00199	15 / 33	2,442	2.06	5,031
Los Angeles Child Guidance Clinic	00199	15 / 41	196,162	2.06	404,094
Los Angeles Child Guidance Clinic	00199	15 / 54	51,518	2.06	106,127
McKinley Children's Center	00971	10 / 99	2,433	118.94	289,381
New Horizons Family Center	01170	15 / 04	41	1.60	66
New Horizons Family Center	01170	15 / 10	8	2.15	17
New Horizons Family Center	01170	15 / 42	1,097	2.15	2,359
Pacific Clinics	00203	10 / 89	1,108	122.72	135,977
Pacific Clinics	00203	15 / 03	56,016	1.22	68,572
Pacific Clinics	00203	15 / 12	67,255	1.58	106,175
Pacific Clinics	00203	15 / 33	425	1.58	671
Pacific Clinics	00203	15 / 41	1,193,185	1.58	1,883,666
Pacific Clinics	00203	15 / 54	249,658	1.58	394,132
Pasadena Childrens Training	00204	10 / 89	4,087	114.50	467,962
Pasadena Childrens Training	00204	15 / 03	25,643	1.03	26,412
Pasadena Childrens Training	00204	15 / 12	19,878	1.97	39,160
Pasadena Childrens Training	00204	15 / 33	377	1.97	743
Pasadena Childrens Training	00204	15 / 41	114,045	1.97	224,669
Pasadena Childrens Training	00204	15 / 54	21,233	1.97	41,829
Penny Lane Centers	00201	15 / 03	369	1.46	539
Penny Lane Centers	00201	15 / 12	13,357	2.00	26,714
Penny Lane Centers	00201	15 / 41	59,613	2.00	119,226

(05) Total <input type="checkbox"/>	Subtotal <input checked="" type="checkbox"/>	Page: <u>5</u> of <u>7</u>	4,827,891
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY / MAIN	(02) Fiscal Year 2003/2004
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(04) Description of Expenses

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Penny Lane Centers	00201	15 / 54	7,740	2.00	15,480
Saint Johns Health center	00217	15 / 03	10,370	1.83	18,977
Saint Johns Health center	00217	15 / 12	21,610	2.36	51,000
Saint Johns Health center	00217	15 / 33	2,695	2.36	6,380
Saint Johns Health center	00217	15 / 41	52,104	2.36	122,965
Saint Johns Health center	00217	15 / 54	380	2.36	897
San Fernando Valley CMHC Inc.	00208	10 / 89	25	170.08	4,252
San Fernando Valley CMHC Inc.	00208	10 / 99	43	110.26	4,741
San Fernando Valley CMHC Inc.	00208	15 / 03	9,494	1.52	14,419
San Fernando Valley CMHC Inc.	00208	15 / 12	13,185	1.96	25,823
San Fernando Valley CMHC Inc.	00208	15 / 41	61,093	1.96	119,854
San Fernando Valley CMHC Inc.	00208	15 / 54	20,013	1.96	39,196
San Gabriel Children's Center	00320	10 / 89	2,621	175.66	460,415
San Gabriel Children's Center	00320	15 / 03	513	1.75	899
San Gabriel Children's Center	00320	15 / 12	2,894	2.26	6,540
San Gabriel Children's Center	00320	15 / 41	30,888	2.26	69,798
San Gabriel Children's Center	00320	15 / 54	49,897	2.26	112,753
SHIELDS for Families, Inc.	00558	15 / 12	1,367	1.26	1,722
SHIELDS for Families, Inc.	00558	15 / 41	2,783	1.26	3,507
SHIELDS for Families, Inc.	00558	15 / 54	830	1.26	1,048
South Bay Children's Health Center	00213	10 / 99	1,723	115.14	198,386
South Bay Children's Health Center	00213	15 / 03	3,831	1.77	6,781
South Bay Children's Health Center	00213	15 / 12	7,091	2.19	15,529
South Bay Children's Health Center	00213	15 / 33	3,239	2.19	7,093
South Bay Children's Health Center	00213	15 / 41	37,386	2.19	81,875
South Bay Children's Health Center	00213	15 / 54	368	2.19	806
Special Service Fro Groups	00214	15 / 03	9,302	1.40	13,023
Special Service Fro Groups	00214	15 / 12	15,518	1.66	25,760
Special Service Fro Groups	00214	15 / 33	1,235	1.66	2,050
Special Service Fro Groups	00214	15 / 41	26,111	1.66	43,344
Special Service Fro Groups	00214	15 / 54	12,490	1.66	20,733
St. Francis Medical Center	00784	15 / 03	922	1.83	1,687
St. Francis Medical Center	00784	15 / 12	300	2.36	708
St. Francis Medical Center	00784	15 / 41	3,821	2.36	9,018

(05) Total <input type="checkbox"/>	Subtotal <input checked="" type="checkbox"/>	Page: <u>6</u> of <u>7</u>	1,507,238
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY / MAIN	(02) Fiscal Year 2003/2004
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(03) Reimbursable Components: Check only **one** box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(04) Description of Expenses

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Starview Adolescent Center	00543	15 / 03	6,900	1.46	10,074
Starview Adolescent Center	00543	15 / 12	2,865	1.99	5,701
Starview Adolescent Center	00543	15 / 41	27,164	1.99	54,056
Stirling Academy, Inc.	00216	15 / 03	19,429	1.60	31,086
Stirling Academy, Inc.	00216	15 / 12	36,453	1.91	69,625
Stirling Academy, Inc.	00216	15 / 33	15	1.91	29
Stirling Academy, Inc.	00216	15 / 41	86,583	1.91	165,374
Stirling Academy, Inc.	00216	15 / 54	1,095	1.91	2,091
The Guidance Center	00191	10 / 99	370	101.08	37,400
The Guidance Center	00191	15 / 03	56,639	1.53	86,900
The Guidance Center	00191	15 / 12	57,295	1.77	101,697
The Guidance Center	00191	15 / 33	3,445	1.78	6,125
The Guidance Center	00191	15 / 41	192,446	1.78	342,161
The Guidance Center	00191	15 / 54	24,229	1.78	43,078
Verdugo Mental Health Center	00221	15 / 12	20,871	2.11	43,943
Verdugo Mental Health Center	00221	15 / 33	2,610	2.11	5,495
Verdugo Mental Health Center	00221	15 / 41	159,472	2.11	335,763
Verdugo Mental Health Center	00221	15 / 54	37,740	2.11	79,460
Vista Del Mar Child and Family Services	00196	10 / 89	2,247	177.60	399,067
Vista Del Mar Child and Family Services	00196	10 / 99	5,524	115.14	636,033
Vista Del Mar Child and Family Services	00196	15 / 03	89,590	1.77	158,574
Vista Del Mar Child and Family Services	00196	15 / 12	16,093	1.94	31,220
Vista Del Mar Child and Family Services	00196	15 / 33	3,503	1.94	6,796
Vista Del Mar Child and Family Services	00196	15 / 41	199,884	1.94	387,775
Vista Del Mar Child and Family Services	00196	15 / 54	27,686	1.94	53,711

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: <u>7</u> of <u>7</u>	22,647,085
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-6
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(01) Claimant: Los Angeles County / Main	(02) Fiscal Year 2003/2004
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(03) Reimbursable Component: Administrative Costs	
<input checked="" type="checkbox"/> Assessment of Individual	<input type="checkbox"/> Mental Health Treatment

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Total
Claim based on unique service function codes set aside exclusively for the AB 3632/SEP program. The cost report process determines the cost per unit of service in a generic sense, not on an individual clinician basis. This data is detailed on Attachment 6. Direct service cost details have been completed on HDS-4 based on cost report method.							

Totals							
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(05) Total Direct Costs	[From HDS-4 line (05)]						5,929,138
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Indirect Costs							
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(06) Indirect Cost Rate	<i>See attached Auditor-Controller approved Plan Year 2003/2004 ICRP and FY 2003/2004 Cost Report Actuals (Attachment 8 & 9).</i>						14%
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(07) Total Indirect Costs	[Line (06) x line (04)(d)] or [Line (06) x (line [(04)(d) + line (04)(e)]]						805,396
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-6
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(01) Claimant: Los Angeles County / Main	(02) Fiscal Year: 2003/2004
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(03) Reimbursable Component: Administrative Costs	
<input type="checkbox"/> Assessment of Individual	<input checked="" type="checkbox"/> Mental Health Treatment

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Total
Claim based on unique service function codes set aside exclusively for the AB 3632/SEP program. The cost report process determines the cost per unit of service in a generic sense, not on an individual clinician basis. This data is detailed on Attachment 6. Direct service cost details have been completed on HDS-4 based on cost report method.							

Totals	
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(05) Total Direct Costs	[From HDS-4 line (05)]	22,647,085
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Indirect Costs	
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(06) Indirect Cost Rate	<i>See attached Auditor-Controller approved Plan Year 2003/2004 ICRP and FY 2003/2004 Cost Report Actuals (Attachment 8 & 9).</i>	8%
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(07) Total Indirect Costs	[Line (06) x line (04)(d)] or [Line (06) x (line [(04)(d) + line (04)(e)]]	1,852,129
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**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2003-2004 SB 90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS**

FOOTNOTE TO HDS-6's

Reimbursement Components: Administrative Costs

Mental Health Treatment

\$22,647,085 on line (05) includes the following components:

DMH directly operated	\$ 869,885	a	@ an indirect rate of	13.5837%	Total Indirect Cost	\$ 118,163
Private contract provider	21,777,200	b	@ an indirect rate of	7.9623%		1,733,966
	<u>\$ 22,647,085</u>					<u>\$ 1,852,129</u>

8.1762% is the average rate rounded to

8% on line (06).

a \$869,885 is the total of the entries with legal entity number 00019 from column (f) of form HDS-4.

b \$21,777,200 is the total of the entries with legal entity numbers other than 00019 from column (f) of form HDS-4.

Assessment of Individual

\$5,929,138 on line (05) pertains to DMH directly operated clinics' cost only and therefore is applied an indirect rate of 13.5837%, which is rounded to

14% on line (06).

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 AB3632 COST SUMMARY
 FY 2003-2004

COST ELEMENTS IDENTIFIED BY GROSS PROGRAM COSTS, OFFSETTING REVENUES, AND NET SB90 REIMBURSABLE COSTS

The following procedure has been followed to assure all appropriate revenue offsets have been applied. Total eligible cost was identified (Line 1) and all applicable revenues have been offset to identify the remaining balance as the eligible SB90 Chapter 1747 reimbursement.

Line 1	AB3632 Gross Program Cost	\$ 38,269,599	MH1909 - Sum of columns H, I, J, and K
Line 2	Less: AB 3632 Cost pending claim eligibility of COSM action - Medication Monitoring	(3,074,878)	MH 1909 - Sum of Mode 15, SFC 61 & 62, columns H, I, J, and K
Line 3	Crisis Intervention	(3,980,874)	MH 1909 - Sum of Mode 15, SFC 77, columns H, I, J, and K
Line 4	AB3632 Gross Program Cost Eligible To Be Claimed in SB 90	\$ 31,233,747	MH 1909 - Sum of all other Modes and SFCs, columns H, I, J, and K
Line 5	Less: State General Fund from EPSDT (Attachment 7b)	(4,257,819)	MH 1909 - Sum of all other Modes and SFCs, Column H
Line 6	Less: Federal Financial Participation (FFP)	(8,159,258)	MH 1909 - Sum of all other Modes and SFCs, Column J
Line 7	Gross SB90 Program Reimbursable Cost	\$ 18,816,870	MH 1909 - Sum of all other Modes and SFCs, Column K
Line 8	Federal Financial Participation (FFP) share of Admin Cost (Attachment 7a)	(732,858)	Included in Form HDS -3, Line 13
Line 9	Federal Financial Participation (FFP) Return (Attachment 7a)	(18,494)	Included in Form HDS -3, Line 12
Line 10	State General Fund from EPSDT share of Admin Cost (Attachment 7b)	(387,116)	Included in Form HDS -3, Line 13
Line 11	FY 2002/2003 Adjustment to reflect final Federal Financial Participation (FFP) Payments (Attachment 7c)	412,843	Included in Form HDS -3, Line 12
Line 12	FY 2002/2003 Adjustment to reflect final EPSDT State General Fund Payments Received (Attachment 7b.c)	(168,548)	Included in Form HDS -3, Line 13
Line 13	Federal SAMHSA Grant and share of Admin Cost (Attachment 7d)	(16,878)	Included in Form HDS -3, Line 13
Line 14	Other State and Local Funds and share of Admin Cost (Attachment 7e)	(124,804)	Included in Form HDS -3, Line 13
Line 15	Third Party Revenues & share of Admin Cost (Attachment 7f)	(45,488)	Included in Form HDS -3, Line 13
Line 16	Case Management Out-Of-State Placement Adjustment - SB 90 Chapter 654 (Attachment 7g)	(455,040)	Included in Form HDS -3, Line 13
Line 17	Federal IDEA funds (Attachment 7h)	(13,187,854)	Included in Form HDS -3, Sum of Lines 07 and 13
Line 18	Net SB90 Reimbursable Cost	\$ 4,144,061	

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2003-2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
SUPPLEMENTAL COST REPORT DATA BY PROGRAM CATEGORY
MH 1909_SEP (09/04)

1) COUNTY NAME		2) FISCAL YEAR		3) DATE COMPLETED		6) ALLOCATION AMOUNT										
Los Angeles		2003-2004		12/22/2004												
4) BUDGET PROGRAM CATEGORY		5) BUDGET ITEM NUMBER														
S.E.P. Assessment		4440-131-0001														
A		B	C	D	E	F	G	H	I	J	K					
7) LEGAL ENTITY NAME:		Legal Entity Number	Mode of Service	Service Function	Units of Service	State Share of Net Cost	Medi-Cal/ State Share	State General Fund Total	County Matching Funds	Medi-Cal FFP Share	Other Fund Sources					
County of Los Angeles		00019	10	85	9	\$	\$	\$	\$	\$	\$ 1,497					
County of Los Angeles		00019	10	92	29	\$	\$	\$	\$	\$	\$ 2,004					
County of Los Angeles		00019	10	98	5	\$	\$	\$	\$	\$	\$ 539					
County of Los Angeles		00019	15	03	3,086,432	\$	\$ 418,020	\$ 418,020	\$	\$ 1,251,787	\$ 3,293,997					
County of Los Angeles		00019	15	04	70,104	\$	\$ 16,184	\$ 16,184	\$	\$ 18,878	\$ 77,684					
County of Los Angeles		00019	15	10	5,066	\$	\$	\$	\$	\$	\$ 10,435					
County of Los Angeles		00019	15	12	59,391	\$	\$ 8,501	\$ 8,501	\$	\$ 27,513	\$ 86,326					
County of Los Angeles		00019	15	33	5,150	\$	\$ 1,174	\$ 1,174	\$	\$ 3,523	\$ 6,011					
County of Los Angeles		00019	15	34	655	\$	\$ 528	\$ 528	\$	\$ 594	\$ 240					
County of Los Angeles		00019	15	41	289,468	\$	\$ 43,430	\$ 43,430	\$	\$ 130,682	\$ 422,163					
County of Los Angeles		00019	15	42	31,870	\$	\$ 9,039	\$ 9,039	\$	\$ 10,875	\$ 45,735					
County of Los Angeles		00019	15	54	25,749	\$	\$	\$	\$	\$	\$ 6,036					
County of Los Angeles		00019	60	63	10,107	\$	\$ 3,192	\$ 3,192	\$	\$ 9,935	\$ 39,914					
Aspen Health Services		00519	10	89	613	\$	\$ 25,593	\$ 25,593	\$	\$ 29,064	\$ 19,645					
Aspen Health Services		00519	15	03	8,436	\$	\$ 4,927	\$ 4,927	\$	\$ 5,671	\$ 1,466					
Aspen Health Services		00519	15	12	447	\$	\$ 295	\$ 295	\$	\$ 351	\$ 194					
Aspen Health Services		00519	15	41	3,535	\$	\$ 1,605	\$ 1,605	\$	\$ 1,805	\$ 3,236					
ASSOCIATED LEAGUE OF MEXICAN-AMERICANS, INC		00173	15	03	2,107	\$	\$ 619	\$ 619	\$	\$ 1,668	\$ 832					
ASSOCIATED LEAGUE OF MEXICAN-AMERICANS, INC		00173	15	12	640	\$	\$ 136	\$ 126	\$	\$ 553	\$ 556					
ASSOCIATED LEAGUE OF MEXICAN-AMERICANS, INC		00173	15	41	16,500	\$	\$ 3,283	\$ 3,283	\$	\$ 12,179	\$ 16,383					
Buenavistas Children's Center, Inc		00860	15	41	75	\$	\$ 54	\$ 54	\$	\$ 62	\$ (0)					
Cedars-Sinai Medical Center		00178	15	03	330	\$	\$	\$	\$	\$ 28	\$ 536					
Cedars-Sinai Medical Center		00178	15	12	1,832	\$	\$	\$	\$	\$ 1,075	\$ 2,937					
Cedars-Sinai Medical Center		00178	15	41	13,683	\$	\$	\$	\$	\$ 2,806	\$ 27,159					
Cedars-Sinai Medical Center		00178	15	54	2,557	\$	\$	\$	\$	\$ 735	\$ 4,865					
Child & Family Center		00210	10	89	308	\$	\$ 4,181	\$ 4,181	\$	\$ 4,978	\$ 32,328					
Child & Family Center		00210	15	03	43,560	\$	\$ 11,228	\$ 11,228	\$	\$ 16,772	\$ 44,310					
Child & Family Center		00210	15	12	58,059	\$	\$ 14,073	\$ 14,073	\$	\$ 23,532	\$ 84,319					
Child & Family Center		00210	15	33	2,030	\$	\$ 1,245	\$ 1,245	\$	\$ 1,411	\$ 1,607					
Child & Family Center		00210	15	41	540,213	\$	\$ 158,559	\$ 158,559	\$	\$ 224,127	\$ 751,761					
Child & Family Center		00210	15	54	92,632	\$	\$ 26,049	\$ 26,049	\$	\$ 40,482	\$ 127,996					
Child & Family Guidance Center		00207	10	89	1,979	\$	\$ 39,778	\$ 39,778	\$	\$ 41,380	\$ 31,727					
Child & Family Guidance Center		00207	10	99	956	\$	\$ 35,217	\$ 35,217	\$	\$ 48,092	\$ 153,449					
Child & Family Guidance Center		00207	15	03	92,965	\$	\$ 52,206	\$ 52,206	\$	\$ 62,554	\$ 31,192					
Child & Family Guidance Center		00207	15	12	119,355	\$	\$ 57,643	\$ 57,643	\$	\$ 69,196	\$ 103,516					
Child & Family Guidance Center		00207	15	33	14,914	\$	\$ 5,202	\$ 5,202	\$	\$ 6,949	\$ 16,633					
Child & Family Guidance Center		00207	15	41	1,057,456	\$	\$ 554,246	\$ 554,246	\$	\$ 676,088	\$ 810,556					
Child & Family Guidance Center		00207	15	54	126,418	\$	\$ 54,972	\$ 54,972	\$	\$ 72,673	\$ 116,342					
ChildNet Youth & Family Services		00783	10	99	160	\$	\$ 7,813	\$ 7,813	\$	\$ 8,987	\$					

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2003-2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
SUPPLEMENTAL COST REPORT DATA BY PROGRAM CATEGORY
MH 1909_SEP (09/04)

1) COUNTY NAME		2) FISCAL YEAR		3) DATE COMPLETED		4) BUDGET PROGRAM CATEGORY		5) BUDGET ITEM NUMBER		6) ALLOCATION AMOUNT		7) LEGAL ENTITY NAME:	
Los Angeles		2003-2004		12/22/2004		4440-131-0001		4440-131-0001		A			
B	C	D	E	F	G	H	I	J	K	L	M	N	O
Legal Entity Number	Mode of Service	Service Function	Units of Service	State Share of Net Cost	Medi-Cal/State Share	State General Fund Total	County Matching Funds	Medi-Cal FFP Share	Other Fund Sources				
00783	15	03	9,323	\$ 6,792	\$ 6,792	\$ 6,792	\$ 7,838	\$ 7,838	\$ 566				
00783	15	12	4,345	\$ 4,061	\$ 4,061	\$ 4,061	\$ 4,641	\$ 4,641	\$ 378				
00783	15	41	26,965	\$ 22,701	\$ 22,701	\$ 22,701	\$ 25,871	\$ 25,871	\$ 7,785				
00783	15	54	560	\$ 551	\$ 551	\$ 551	\$ 620	\$ 620	\$ (0)				
00668	15	03	93	\$ 71	\$ 71	\$ 71	\$ 84	\$ 84	\$ 1				
00179	10	98	14	\$	\$	\$	\$	\$	\$ 1,612				
00179	15	03	4,483	\$ 3,421	\$ 3,421	\$ 3,421	\$ 4,084	\$ 4,084	\$ 430				
00179	15	04	3,059	\$	\$	\$	\$	\$	\$ 5,414				
00179	15	10	1,625	\$	\$	\$	\$	\$	\$ 3,705				
00179	15	12	10,714	\$ 10,532	\$ 10,532	\$ 10,532	\$ 12,501	\$ 12,501	\$ 374				
00179	15	33	2,930	\$ 2,878	\$ 2,878	\$ 2,878	\$ 3,429	\$ 3,429	\$ 3,208				
00179	15	34	1,407	\$	\$	\$	\$	\$	\$ 9,274				
00179	15	41	74,124	\$ 72,855	\$ 72,855	\$ 72,855	\$ 86,874	\$ 86,874	\$ 41,102				
00179	15	42	18,027	\$	\$	\$	\$	\$	\$ 5,208				
00179	15	52	2,284	\$	\$	\$	\$	\$	\$ 478				
00179	15	54	3,798	\$ 3,733	\$ 3,733	\$ 3,733	\$ 4,448	\$ 4,448	\$ 850				
00591	15	03	1,270	\$ 635	\$ 635	\$ 635	\$ 731	\$ 731	\$ 850				
00591	15	12	6,858	\$ 3,311	\$ 3,311	\$ 3,311	\$ 3,807	\$ 3,807	\$ 8,311				
00591	15	41	15,995	\$ 2,033	\$ 2,033	\$ 2,033	\$ 4,835	\$ 4,835	\$ 29,117				
00591	15	54	609	\$	\$	\$	\$ 79	\$ 79	\$ 1,291				
00180	15	03	25,607	\$ 14,930	\$ 14,930	\$ 14,930	\$ 17,270	\$ 17,270	\$ 1,346				
00180	15	12	10,096	\$ 6,149	\$ 6,149	\$ 6,149	\$ 8,053	\$ 8,053	\$ 2,456				
00180	15	41	55,758	\$ 36,349	\$ 36,349	\$ 36,349	\$ 46,036	\$ 46,036	\$ 9,615				
00180	15	54	15,990	\$ 9,668	\$ 9,668	\$ 9,668	\$ 11,545	\$ 11,545	\$ 5,171				
00180	60	63	1	\$	\$	\$	\$	\$	\$ 51				
00181	15	03	7,490	\$	\$	\$	\$ 2,710	\$ 2,710	\$ 7,327				
00181	15	12	55,835	\$	\$	\$	\$ 20,247	\$ 20,247	\$ 72,459				
00181	15	41	185,870	\$	\$	\$	\$ 72,462	\$ 72,462	\$ 236,082				
00181	15	54	8,713	\$	\$	\$	\$ 3,567	\$ 3,567	\$ 10,896				
00472	10	99	577	\$ 97	\$ 97	\$ 97	\$ 29,132	\$ 29,132	\$ 27,934				
00183	10	89	518	\$ 29,622	\$ 29,622	\$ 29,622	\$ 35,985	\$ 35,985	\$ 11,771				
00183	15	03	18,070	\$ 6,177	\$ 6,177	\$ 6,177	\$ 7,900	\$ 7,900	\$ 13,060				
00183	15	04	46,024	\$ 29,537	\$ 29,537	\$ 29,537	\$ 33,241	\$ 33,241	\$ 6,339				
00183	15	10	55,662	\$ 36,873	\$ 36,873	\$ 36,873	\$ 41,497	\$ 41,497	\$ 31,432				
00183	15	12	16,519	\$ 6,811	\$ 6,811	\$ 6,811	\$ 8,694	\$ 8,694	\$ 17,082				
00183	15	33	3,270	\$	\$	\$	\$ 2,025	\$ 2,025	\$ 4,426				
00183	15	34	22,109	\$ 18,901	\$ 18,901	\$ 18,901	\$ 21,271	\$ 21,271	\$ 3,442				
00183	15	41	210,568	\$ 122,932	\$ 122,932	\$ 122,932	\$ 152,487	\$ 152,487	\$ 139,616				
00183	15	42	305,607	\$ 228,727	\$ 228,727	\$ 228,727	\$ 257,409	\$ 257,409	\$ 116,253				
00183	15	52	20,657	\$ 8,607	\$ 8,607	\$ 8,607	\$ 9,686	\$ 9,686	\$ 22,456				
00183	15	54	40,873	\$ 22,863	\$ 22,863	\$ 22,863	\$ 25,836	\$ 25,836	\$ 31,929				
00184	10	99	703	\$	\$	\$	\$ 26,791	\$ 26,791	\$ 48,697				
00185	15	03	3,670	\$ 224	\$ 224	\$ 224	\$ 252	\$ 252	\$ 6,046				

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2003-2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
SUPPLEMENTAL COST REPORT DATA BY PROGRAM CATEGORY
MH 1909_SEP (09/04)

1) COUNTY NAME		2) FISCAL YEAR		3) DATE COMPLETED		6) ALLOCATION AMOUNT										
Los Angeles		2003-2004		12/22/2004												
4) BUDGET PROGRAM CATEGORY		5) BUDGET ITEM NUMBER		6) ALLOCATION AMOUNT												
S.E.P. Assessment		4440-131-0001														
A	B	C	D	E	F	G	H	I	J	K						
Legal Entity Number	Mode of Service	Service Function	Units of Service	State Share of Net Cost	Medi-Cal/State Share	State General Fund Total	County Matching Funds	Medi-Cal FFP Share	Other Fund Sources							
7) LEGAL ENTITY NAME:																
El Centro de Amistad, Inc.	00185	15	12	3,354	\$	\$		\$ 36	\$ 7,298							
El Centro de Amistad, Inc.	00185	15	33	120	\$	\$		\$ 214	\$ 14,482							
El Centro de Amistad, Inc.	00185	15	41	6,721	\$	\$		\$ 30,881	\$ 5,949							
Enki Health & Research	00188	10	85	841	\$	\$ 27,439	\$ 27,439	\$ 49,821	\$ 6,291							
Enki Health & Research	00188	10	89	25,138	\$	\$ 8,569	\$ 8,569	\$ 10,027	\$ 15,624							
Enki Health & Research	00188	15	03	39,762	\$	\$ 11,147	\$ 11,147	\$ 12,593	\$ 9,561							
Enki Health & Research	00188	15	04	22,298	\$	\$ 12,729	\$ 12,729	\$ 14,502	\$ 15,828							
Enki Health & Research	00188	15	10	36,833	\$	\$ 20,761	\$ 20,761	\$ 24,186	\$ 114,501							
Enki Health & Research	00188	15	12	228,157	\$	\$ 120,478	\$ 120,478	\$ 141,480	\$ 79,657							
Enki Health & Research	00188	15	41	139,755	\$	\$ 69,959	\$ 69,959	\$ 80,980	\$ 0							
Enki Health & Research	00188	15	52	902	\$	\$ 700	\$ 700	\$ 788	\$ 0							
Enki Health & Research	00188	15	54	17,622	\$	\$ 5,197	\$ 5,197	\$ 5,992	\$ 17,888							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00647	10	99	99	\$	\$		\$	\$ 10,602							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00647	15	12	447	\$	\$		\$	\$ 903							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00647	15	33	660	\$	\$		\$	\$ 1,333							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00647	15	41	2,563	\$	\$		\$	\$ 5,177							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00724	15	03	350	\$	\$ 7	\$ 7	\$ 8	\$ 506							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00724	15	12	23,840	\$	\$ 9,496	\$ 9,496	\$ 10,511	\$ 21,952							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00724	15	33	707	\$	\$		\$	\$ 1,244							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00724	15	41	118,359	\$	\$ 44,251	\$ 44,251	\$ 49,227	\$ 114,833							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00724	15	54	909	\$	\$ 753	\$ 753	\$ 828	\$ 19							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00190	15	03	1,472	\$	\$ 349	\$ 349	\$ 436	\$ 834							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00190	15	12	1,799	\$	\$ 688	\$ 688	\$ 847	\$ 1,325							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00190	15	33	1,906	\$	\$ 409	\$ 409	\$ 519	\$ 2,103							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00190	15	41	10,627	\$	\$ 4,260	\$ 4,260	\$ 5,321	\$ 7,316							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00174	10	99	77	\$	\$ 3,608	\$ 3,608	\$ 3,978	\$ 184							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00174	15	03	7,209	\$	\$ 4,683	\$ 4,683	\$ 5,372	\$ 110							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00174	15	12	2,465	\$	\$ 2,126	\$ 2,126	\$ 2,409	\$ 49							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00174	15	41	21,760	\$	\$ 18,713	\$ 18,713	\$ 21,325	\$ 436							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00192	10	99	2,023	\$	\$ 57,630	\$ 57,630	\$ 63,021	\$ 67,104							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00192	15	03	5,115	\$	\$ 2,905	\$ 2,905	\$ 3,270	\$ 1,139							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00192	15	12	40,013	\$	\$ 21,299	\$ 21,299	\$ 25,787	\$ 25,738							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00192	15	33	1,430	\$	\$ 441	\$ 441	\$ 486	\$ 1,675							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00192	15	41	266,162	\$	\$ 102,538	\$ 102,538	\$ 195,657	\$ 186,220							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00192	15	54	7,159	\$	\$ 0	\$ 0	\$ 4,725	\$ 8,804							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00198	10	99	40	\$	\$ 2,079	\$ 2,079	\$ 2,476	\$ 989							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00198	15	03	5,194	\$	\$ 3,798	\$ 3,798	\$ 4,303	\$ 989							
Five Acres Boys' & Girls' Aid Society of Los Angeles County	00198	15	12	239,895	\$	\$ 55,732	\$ 55,732	\$ 72,485	\$ 418,744							

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2003-2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
SUPPLEMENTAL COST REPORT DATA BY PROGRAM CATEGORY
MH 1909_SEP (09/04)

1) COUNTY NAME		2) FISCAL YEAR		3) DATE COMPLETED		4) BUDGET PROGRAM CATEGORY		5) BUDGET ITEM NUMBER		6) ALLOCATION AMOUNT		7) LEGAL ENTITY NAME:	
Los Angeles		2003-2004		12/22/2004		S.E.P. Assessment		4440-131-0001		A			
B	C	D	E	F	G	H	I	J	K	L	M	N	O
Legal Entity Number	Mode of Service	Service Function	Units of Service	State Share of Net Cost	Medi-Cal/State Share	State General Fund Total	County Matching Funds	Medi-Cal FFP Share	Other Fund Sources				
00198	15	33	1,832		\$ 415	\$ 415		\$ 508	\$ 3,254				
Help Group Child & Family Center													
00198	15	41	702,404		\$ 162,058	\$ 162,058		\$ 210,123	\$ 1,229,301				
Help Group Child & Family Center													
00198	15	54	14,841		\$ 5,906	\$ 5,906		\$ 6,855	\$ 21,076				
Hillside													
00321	10	99	850		\$ 22,943	\$ 22,943		\$ 28,071	\$ 23,395				
Hillside													
00321	15	03	3,757		\$ 870	\$ 870		\$ 1,001	\$ 3,013				
Hillside													
00321	15	12	5,953		\$ 2,771	\$ 2,771		\$ 3,174	\$ 4,236				
Hillside													
00321	15	33	105		\$	\$		\$	\$ 180				
Hillside													
00321	15	41	79,671		\$ 17,801	\$ 17,801		\$ 23,380	\$ 95,057				
Hillside													
00321	15	54	1,263		\$ 519	\$ 519		\$ 604	\$ 1,037				
Hillside													
00171	15	03	2,408		\$ 1,197	\$ 1,197		\$ 2,029	\$ 771				
The Almsor Center													
00171	15	12	35,485		\$ 17,123	\$ 17,123		\$ 29,102	\$ 19,777				
The Almsor Center													
00171	15	41	121,794		\$ 53,124	\$ 53,124		\$ 92,850	\$ 80,563				
The Almsor Center													
00171	15	54	19,067		\$ 8,372	\$ 8,372		\$ 14,330	\$ 12,763				
The Almsor Center													
00195	10	89	197		\$	\$		\$ 13,943	\$ 12,761				
Intercommunity Child Guidance Center													
00195	15	03	8,291		\$	\$		\$ 3,228	\$ 9,954				
Intercommunity Child Guidance Center													
00195	15	12	5,593		\$	\$		\$ 1,282	\$ 7,611				
Intercommunity Child Guidance Center													
00195	15	33	360		\$	\$		\$ 295	\$ 277				
Intercommunity Child Guidance Center													
00195	15	41	35,266		\$	\$		\$ 12,331	\$ 43,742				
Intercommunity Child Guidance Center													
00195	15	54	329		\$	\$		\$ 276	\$ 247				
Intercommunity Child Guidance Center													
00315	15	03	850		\$ 0	\$ 0		\$ 572	\$ 882				
LAUSD 97th St. Mental Health													
00315	15	12	27,968		\$ 0	\$ 0		\$ 18,950	\$ 42,579				
LAUSD 97th St. Mental Health													
00315	15	41	63,610		\$ 0	\$ 0		\$ 42,856	\$ 97,085				
LAUSD 97th St. Mental Health													
00315	15	54	19,322		\$ 0	\$ 0		\$ 11,395	\$ 31,113				
LAUSD 97th St. Mental Health													
00199	10	89	8		\$	\$		\$ 608	\$ 511				
Los Angeles Child Guidance Clinic													
00199	10	99	494		\$	\$		\$ 25,150	\$ 24,255				
Los Angeles Child Guidance Clinic													
00199	15	03	59,260		\$	\$		\$ 34,809	\$ 42,822				
Los Angeles Child Guidance Clinic													
00199	15	12	21,710		\$	\$		\$ 21,789	\$ 22,934				
Los Angeles Child Guidance Clinic													
00199	15	33	2,442		\$	\$		\$ 2,671	\$ 2,360				
Los Angeles Child Guidance Clinic													
00199	15	41	196,162		\$	\$		\$ 181,404	\$ 222,690				
Los Angeles Child Guidance Clinic													
00199	15	54	51,518		\$	\$		\$ 46,770	\$ 59,357				
Los Angeles Child Guidance Clinic													
00971	10	99	2,433		\$ 132,102	\$ 132,102		\$ 157,279	\$				
McKinley Children's Center													
01170	15	04	41		\$	\$		\$ 35	\$ 30				
New Horizons Family Center													
01170	15	10	8		\$	\$		\$ 9	\$ 8				
New Horizons Family Center													
01170	15	42	1,097		\$	\$		\$ 1,249	\$ 1,109				
New Horizons Family Center													
00203	10	89	1,108		\$ 0	\$ 0		\$ 56,238	\$ 79,739				
Pacific Clinics													
00203	15	03	56,016		\$ 0	\$ 0		\$ 27,197	\$ 41,375				
Pacific Clinics													
00203	15	12	67,255		\$ 0	\$ 0		\$ 37,559	\$ 68,616				
Pacific Clinics													
00203	15	33	425		\$ 0	\$ 0		\$ 361	\$ 310				
Pacific Clinics													
00203	15	41	1,193,185		\$ 0	\$ 0		\$ 725,108	\$ 1,158,558				
Pacific Clinics													
00204	10	89	4,087		\$ 0	\$ 0		\$ 144,602	\$ 249,530				
Pasadena Childrens Training													
00204	15	03	25,643		\$ 0	\$ 0		\$ 200,379	\$ 267,582				
Pasadena Childrens Training													
00204	15	12	19,878		\$ 0	\$ 0		\$ 6,226	\$ 20,186				
Pasadena Childrens Training													

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2003-2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
SUPPLEMENTAL COST REPORT DATA BY PROGRAM CATEGORY
MH 1909_SEP (09/04)

1) COUNTY NAME	2) FISCAL YEAR	3) DATE COMPLETED	6) ALLOCATION AMOUNT												
Los Angeles	2003-2004	12/22/2004													
4) BUDGET PROGRAM CATEGORY	5) BUDGET ITEM NUMBER														
S.E.P. Assignment	4440-131-0001														
A	B	C	D	E	F	G	H	I	J	K					
LEGAL ENTITY NAME:	Legal Entity Number	Mode of Service	Service Function	Units of Service	State Share of Net Cost	Medi-Cal/State Share	State General Fund Total	County Matching Funds	Medi-Cal FFP Share	Other Fund Sources					
Pasadena Childrens Training	00204	15	33	377	\$ 0	\$ 0	\$ 0	\$ 0	\$ 393	\$ 349					
Pasadena Childrens Training	00204	15	41	114,045	\$ 0	\$ 0	\$ 0	\$ 0	\$ 15,548	\$ 209,121					
Pasadena Childrens Training	00204	15	54	21,233	\$ 0	\$ 0	\$ 0	\$ 0	\$ 4,767	\$ 37,062					
PENNY LANE CENTERS	00201	15	03	369	\$	\$	\$	\$	\$ 137	\$ 401					
PENNY LANE CENTERS	00201	15	12	13,357	\$	\$	\$	\$	\$ 7,238	\$ 19,476					
PENNY LANE CENTERS	00201	15	41	59,613	\$	\$	\$	\$	\$ 36,661	\$ 82,565					
PENNY LANE CENTERS	00201	15	54	7,740	\$	\$	\$	\$	\$ 5,312	\$ 10,168					
Saint Johns Health center	00217	15	03	10,370	\$ 0	\$ 0	\$ 0	\$ 0	\$ 6,361	\$ 12,616					
Saint Johns Health center	00217	15	12	21,610	\$ 0	\$ 0	\$ 0	\$ 0	\$ 10,551	\$ 40,448					
Saint Johns Health center	00217	15	33	2,695	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,062	\$ 4,298					
Saint Johns Health center	00217	15	41	52,104	\$ 0	\$ 0	\$ 0	\$ 0	\$ 16,957	\$ 106,008					
Saint Johns Health center	00217	15	54	380	\$ 0	\$ 0	\$ 0	\$ 0	\$ 371	\$ 526					
San Fernando Valley CMHC Inc.	00208	10	89	25	\$	\$	\$	\$	\$	\$ 4,252					
San Fernando Valley CMHC Inc.	00208	10	99	43	\$	\$	\$	\$	\$	\$ 4,741					
San Fernando Valley CMHC Inc.	00208	15	03	9,494	\$	\$	\$	\$	\$ 4,731	\$ 9,688					
San Fernando Valley CMHC Inc.	00208	15	12	13,185	\$	\$	\$	\$	\$ 6,731	\$ 19,093					
San Fernando Valley CMHC Inc.	00208	15	41	61,093	\$	\$	\$	\$	\$ 28,856	\$ 90,798					
San Fernando Valley CMHC Inc.	00208	15	54	20,013	\$	\$	\$	\$	\$ 11,944	\$ 27,252					
San Gabriel Children's Center	00320	10	89	2,621	\$	\$ 201,704	\$ 201,704	\$	\$ 230,604	\$ 28,106					
San Gabriel Children's Center	00320	15	03	513	\$	\$ 423	\$ 423	\$	\$ 476	\$					
San Gabriel Children's Center	00320	15	12	2,894	\$	\$ 3,022	\$ 3,022	\$	\$ 3,401	\$ 118					
San Gabriel Children's Center	00320	15	41	30,888	\$	\$ 29,291	\$ 29,291	\$	\$ 33,136	\$ 7,371					
San Gabriel Children's Center	00320	15	54	49,897	\$	\$ -13,563	\$ 43,563	\$	\$ 49,578	\$ 19,612					
SHIELDS for Families, Inc.	00558	15	12	1,367	\$	\$	\$	\$	\$	\$ 1,722					
SHIELDS for Families, Inc.	00558	15	41	2,783	\$	\$	\$	\$	\$	\$ 3,507					
SHIELDS for Families, Inc.	00558	15	54	830	\$	\$	\$	\$	\$	\$ 1,046					
South Bay Children's Health Center	00213	10	99	1,723	\$	\$	\$	\$	\$ 32,889	\$ 165,498					
South Bay Children's Health Center	00213	15	03	3,831	\$	\$	\$	\$	\$ 934	\$ 5,847					
South Bay Children's Health Center	00213	15	12	7,091	\$	\$	\$	\$	\$ 2,033	\$ 13,497					
South Bay Children's Health Center	00213	15	33	3,239	\$	\$	\$	\$	\$ 1,452	\$ 5,641					
South Bay Children's Health Center	00213	15	41	37,386	\$	\$	\$	\$	\$ 12,550	\$ 69,326					
South Bay Children's Health Center	00213	15	54	368	\$	\$ 0	\$ 0	\$	\$ 230	\$ 576					
Special Service For Groups	00214	15	03	9,302	\$	\$ 1,070	\$ 1,070	\$	\$ 4,172	\$ 7,780					
Special Service For Groups	00214	15	12	15,518	\$	\$ 600	\$ 600	\$	\$ 3,795	\$ 21,365					
Special Service For Groups	00214	15	33	1,235	\$	\$	\$	\$	\$	\$ 2,050					
Special Service For Groups	00214	15	41	26,111	\$	\$ 2,661	\$ 2,661	\$	\$ 10,446	\$ 30,237					
Special Service For Groups	00214	15	54	12,490	\$	\$ 141	\$ 141	\$	\$ 4,827	\$ 15,765					
St. Francis Medical Center - Children's Center	00784	15	03	922	\$	\$	\$ 786	\$ 786	\$	\$ 901					
St. Francis Medical Center - Children's Center	00784	15	12	300	\$	\$ 327	\$ 327	\$	\$ 381	\$					
St. Francis Medical Center - Children's Center	00784	15	41	3,821	\$	\$ 4,027	\$ 4,027	\$	\$ 4,812	\$ 178					
STARVIEW	00543	15	03	6,900	\$	\$ 1,111	\$ 1,111	\$	\$ 1,228	\$ 7,235					
STARVIEW	00543	15	12	2,865	\$	\$ 75	\$ 75	\$	\$ 83	\$ 5,543					
STARVIEW	00543	15	41	27,164	\$	\$ 3,169	\$ 3,169	\$	\$ 3,517	\$ 47,371					

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2003-2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
SUPPLEMENTAL COST REPORT DATA BY PROGRAM CATEGORY
MH 1909_SEP (09/04)

1) COUNTY NAME		2) FISCAL YEAR		3) DATE COMPLETED		6) ALLOCATION AMOUNT										
Los Angeles		2003-2004		12/22/2004												
4) BUDGET PROGRAM CATEGORY		5) BUDGET ITEM NUMBER		6) ALLOCATION AMOUNT												
S.E.P. Assessment		4440-131-0001														
A																
B	C	D	E	F	G	H	I	J	K							
Legal Entity Number	Mode of Service	Service Function	Units of Service	State Share of Net Cost	Medi-Cal/ State Share	State General Fund Total	County Matching Funds	Medi-Cal FFP Share	Other Fund Sources							
00216	15	03	19,429	\$	\$	\$	\$	\$ 409	\$ 30,677							
Stirling Academy, Inc.								\$	\$							
00216	15	12	36,453	\$	\$	\$	\$	\$ 432	\$ 69,193							
Stirling Academy, Inc.								\$	\$							
00216	15	33	15	\$	\$	\$	\$	\$	\$ 29							
Stirling Academy, Inc.								\$	\$							
00216	15	41	86,583	\$	\$	\$	\$	\$ 53	\$ 165,321							
Stirling Academy, Inc.								\$	\$							
00191	10	99	370	\$	\$ 17,267	\$ 17,267	\$	\$ 20,133	\$							
The Guidance Center								\$	\$							
00191	15	03	56,639	\$	\$ 34,989	\$ 34,989	\$	\$ 40,353	\$ 11,558							
The Guidance Center								\$	\$							
00191	15	12	57,295	\$	\$ 31,626	\$ 31,626	\$	\$ 36,252	\$ 33,819							
The Guidance Center								\$	\$							
00191	15	33	3,445	\$	\$ 1,261	\$ 1,261	\$	\$ 1,483	\$ 3,382							
The Guidance Center								\$	\$							
00191	15	41	192,446	\$	\$ 96,865	\$ 96,865	\$	\$ 110,678	\$ 134,618							
The Guidance Center								\$	\$							
00191	15	54	24,229	\$	\$ 13,790	\$ 13,790	\$	\$ 15,763	\$ 1,525							
The Guidance Center								\$	\$							
00221	15	12	20,871	\$	\$ 0	\$ 0	\$	\$ 4,453	\$ 39,490							
VERDUGO MENTAL HEALTH								\$	\$							
00221	15	33	2,610	\$	\$ 0	\$ 0	\$	\$ 303	\$ 5,192							
VERDUGO MENTAL HEALTH								\$	\$							
00221	15	41	159,472	\$	\$ 0	\$ 0	\$	\$ 36,830	\$ 298,932							
VERDUGO MENTAL HEALTH								\$	\$							
00196	10	54	37,740	\$	\$ 146,549	\$ 146,549	\$	\$ 166,205	\$ 86,314							
Vista Del Mar								\$	\$							
00196	10	89	2,247	\$	\$ 133,396	\$ 133,396	\$	\$ 152,611	\$ 350,026							
Vista Del Mar								\$	\$							
00196	10	99	5,524	\$	\$ 26,806	\$ 26,806	\$	\$ 30,649	\$ 101,118							
Vista Del Mar								\$	\$							
00196	15	03	89,590	\$	\$ 6,180	\$ 6,180	\$	\$ 7,047	\$ 17,994							
Vista Del Mar								\$	\$							
00196	15	12	16,093	\$	\$ 2,630	\$ 2,630	\$	\$ 2,982	\$ 1,183							
Vista Del Mar								\$	\$							
00196	15	33	3,503	\$	\$ 94,986	\$ 94,986	\$	\$ 108,219	\$ 184,570							
Vista Del Mar								\$	\$							
00196	15	41	199,884	\$	\$ 12,321	\$ 12,321	\$	\$ 13,914	\$ 27,476							
Vista Del Mar								\$	\$							
00196	15	54	27,686	\$	\$ 18,889	\$ 18,889	\$	\$ 25,408	\$ 91,552							
Vista Del Mar								\$	\$							
00019	15	61	34,224	\$	\$ 7,837	\$ 7,837	\$	\$ 9,255	\$ 13,028							
County of Los Angeles								\$	\$							
00019	15	62	7,588	\$	\$ 2,489	\$ 2,489	\$	\$ 2,865	\$ 698							
County of Los Angeles								\$	\$							
00519	15	61	1,823	\$	\$	\$	\$	\$	\$							
Aspen Health Services								\$	\$							
ASSOCIATED LEAGUE OF MEXICAN-																
AMERICANS, INC																
00173	15	61	774	\$	\$ 550	\$ 550	\$	\$ 1,465	\$ 740							
American-Sinai Medical Center								\$	\$							
00178	15	61	2,722	\$	\$	\$	\$	\$ 1,610	\$ 9,469							
Child & Family Center								\$	\$							
00210	15	61	30,786	\$	\$ 17,250	\$ 17,250	\$	\$ 25,018	\$ 68,562							
Child & Family Center								\$	\$							
00207	15	61	173,168	\$	\$ 172,501	\$ 172,501	\$	\$ 31,599	\$ 474,718							
Child & Family Guidance Center								\$	\$							
00783	15	61	907	\$	\$ 1,630	\$ 1,630	\$	\$ 1,855	\$ 43							
ChildNet Youth & Family Services								\$	\$							
00179	15	61	7,181	\$	\$ 13,186	\$ 13,186	\$	\$ 15,645	\$ 1,545							
Children's Hospital of Los Angeles								\$	\$							
00591	15	61	1,750	\$	\$	\$	\$	\$ 1,540	\$ 5,751							
Children's Institute International								\$	\$							
00180	15	61	2,950	\$	\$ 2,782	\$ 2,782	\$	\$ 3,344	\$ 394							
Community Counseling Service								\$	\$							
00181	15	61	11,710	\$	\$	\$	\$	\$ 6,405	\$ 15,492							
Community Family Guidance Center								\$	\$							
00472	15	61	69	\$	\$	\$	\$	\$ 125	\$ 119							
DEVEREUX FOUNDATION								\$	\$							
00183	15	61	10,568	\$	\$ 10,353	\$ 10,353	\$	\$ 12,182	\$ 15,537							
Didi Hirsch Psychiatric Service								\$	\$							
00184	15	61	12,055	\$	\$	\$	\$	\$ 20,366	\$ 30,627							
Dubnoff Center								\$	\$							
00185	15	61	435	\$	\$	\$	\$	\$	\$ 1,899							
El Centro de Amistad, Inc.								\$	\$							
00188	15	61	26,144	\$	\$ 28,135	\$ 28,135	\$	\$ 33,919	\$ 18,732							
Enki Health & Research								\$	\$							
00188	15	61	26,144	\$	\$	\$	\$	\$	\$							
Five Acres Boys' & Girls' Aid Society of Los Angeles County								\$	\$							
00647	15	61	2,238	\$	\$	\$	\$	\$ 5,152	\$ 6,177							
Five Acres Boys' & Girls' Aid Society of Los Angeles County								\$	\$							
00724	15	61	9,313	\$	\$	\$	\$	\$	\$ 33,683							
Football Family Service								\$	\$							

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2003-2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
SUPPLEMENTAL COST REPORT DATA BY PROGRAM CATEGORY
MH 1909_SEP (09/04)

1) COUNTY NAME Los Angeles	2) FISCAL YEAR 2003-2004		3) DATE COMPLETED 12/22/2004		6) ALLOCATION AMOUNT										
	4) BUDGET PROGRAM CATEGORY S.E.P. Assessment	5) BUDGET ITEM NUMBER 4440-131-0001	B	C	D	E	F	G	H	I	J	K			
A	Legal Entity Number	Mode of Service	Service Function	Units of Service	State Share of Net Cost	Medi-Cal/ State Share	State General Fund Total	County Matching Funds	Medi-Cal FFP Share	Other Fund Sources					
Gateways Hospital	00190	15	61	1,308	\$ 1,299	\$ 1,299	\$ 1,299	\$	\$	\$ 997					
Hamburger Home, Inc.	00174	15	61	724	\$	\$ 1,175	\$ 1,175	\$	\$ 1,296	\$ 27					
Bayway Children & Family Services	00192	15	61	21,266	\$	\$	\$	\$	\$ 29,036	\$ 43,269					
Help Group Child & Family Center	00198	15	61	50,924	\$	\$ 35,893	\$ 35,893	\$	\$ 44,758	\$ 134,248					
Hillside	00321	15	61	9,120	\$	\$ 12,477	\$ 12,477	\$	\$ 14,114	\$ 2,320					
The Almansor Center	00171	15	61	8,115	\$	\$ 6,399	\$ 6,399	\$	\$ 12,138	\$ 10,028					
Intercommunity Child Guidance Center	00195	15	61	6,341	\$	\$	\$	\$	\$ 2,285	\$ 2,991					
LAUSD 97th St. Mental Health	00315	15	61	1,290	\$	\$	\$	\$	\$ 65,329	\$ 70,331					
Los Angeles Child Guidance Clinic	00199	15	61	37,372	\$	\$	\$	\$	\$ 88,286	\$ 124,813					
Pacific Clinics	00203	15	61	72,898	\$	\$	\$	\$	\$ 70,957	\$ 107,547					
Pasadena Childrens Training	00204	15	61	47,046	\$	\$	\$	\$	\$ 5,098	\$ 10,721					
PENNY LANE CENTERS	00201	15	61	3,906	\$	\$	\$	\$	\$ 5,508	\$ 31,694					
Saint Johns Health center	00217	15	61	8,513	\$	\$	\$	\$	\$	\$					
San Fernando Valley CMHC Inc.	00208	15	61	1,570	\$	\$	\$	\$	\$ 130	\$ 5,563					
San Gabriel Children's Center	00320	15	61	5,250	\$	\$ 9,190	\$ 9,190	\$	\$ 10,644	\$ 2,134					
South Bay Children's Health Center	00213	15	61	10,252	\$	\$	\$	\$	\$ 7,410	\$ 32,368					
Special Service For Groups	00214	15	61	1,886	\$	\$	\$	\$	\$ 1,549	\$ 4,731					
St. Francis Medical Center - Children's Center	00784	15	61	185	\$	\$ 360	\$ 360	\$	\$ 410	\$ 745					
STARVIEW	00543	15	61	421	\$	\$ 334	\$ 334	\$	\$ 385	\$ 5,747					
Stirling Academy, Inc.	00216	15	61	1,635	\$	\$	\$	\$	\$ 73	\$ 25,935					
The Guidance Center	00191	15	61	23,905	\$	\$ 21,424	\$ 21,424	\$	\$ 24,556	\$ 66,173					
VERDUGO MENTAL HEALTH	00221	15	61	21,270	\$	\$	\$	\$	\$ 16,792	\$ 27,682					
Vista Del Mar	00196	15	61	62,741	\$	\$ 48,954	\$ 48,954	\$	\$ 55,741	\$ 128,701					
Childrens Hospital of Los Angeles	00179	15	62	1,564	\$	\$	\$	\$	\$	\$ 6,616					
Didi Hirsch Psychiatric Service	00183	15	62	22,607	\$	\$ 29,745	\$ 29,745	\$	\$ 33,475	\$ 18,222					
Endt Health & Research	00188	15	62	19,851	\$	\$ 21,419	\$ 21,419	\$	\$ 24,848	\$ 15,073					
County of Los Angeles	00019	15	77	9,373	\$	\$ 1,098	\$ 1,098	\$	\$ 1,235	\$ 27,682					
Aspen Health Services	00519	15	77	16,199	\$	\$	\$	\$	\$ 23,993	\$ 21,202					
ASSOCIATED LEAGUE OF MEXICAN-AMERICANS, INC	00173	15	77	5,366	\$	\$	\$	\$	\$ 436	\$ 15,823					
Bienvenidos Children's Center, Inc	00860	15	77	18,006	\$	\$	\$	\$	\$ 27,650	\$ 24,387					
Child & Family Center	00210	15	77	22,289	\$	\$	\$	\$	\$ 17,423	\$ 51,896					
Child & Family Guidance Center	00207	15	77	63,304	\$	\$	\$	\$	\$ 98,674	\$ 105,798					
Child & Family Guidance Center	00207	15	77	3,118	\$	\$	\$	\$	\$ 5,164	\$ 4,907					
Child & Family Guidance Center	00207	15	77	83	\$	\$	\$	\$	\$	\$ 268					
Child's Bureau	00668	15	77	207	\$	\$	\$	\$	\$ 252	\$ 230					
Community Family Guidance Center	00181	15	77	8,875	\$	\$	\$	\$	\$ 7,622	\$ 7,998					
Endt Health & Research	00188	15	77	86,724	\$	\$	\$	\$	\$ 96,325	\$ 143,910					
Five Acres Boys & Girls Aid Society of Los Angeles County	00647	15	77	626	\$	\$	\$	\$	\$ 878	\$ 925					
Foothill Family Service	00724	15	77	11,104	\$	\$	\$	\$	\$ 16,212	\$ 21,652					
The Guidance Center	00191	15	77	46,368	\$	\$	\$	\$	\$ 53,698	\$ 68,360					
Hamburger Home, Inc.	00174	15	77	18,854	\$	\$	\$	\$	\$ 22,808	\$ 28,664					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 SUPPLEMENTAL COST REPORT DATA BY PROGRAM CATEGORY
 MH 1909_SEP (09/04)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2003-2004

1) COUNTY NAME	2) FISCAL YEAR	3) DATE COMPLETED	6) ALLOCATION AMOUNT									
Los Angeles	2003-2004	12/22/2004										
4) BUDGET PROGRAM CATEGORY	5) BUDGET ITEM NUMBER											
S.E.P. Assessment	4440-131-0001											
A	B	C	D	E	F	G	H	I	J	K		
7) LEGAL ENTITY NAME:	Legal Entity Number	Mode of Service	Service Function	Units of Service	State Share of Net Cost	Medi-Cal/ State Share	State General Fund Total	County Matching Funds	Medi-Cal FPP Share	Other Fund Sources		
Hillside	00321	15	77	2,489	\$	\$	\$	\$	\$ 3,430	\$ 2,967		
The Almsour Center	00171	15	77	11,574	\$	\$	\$	\$	\$ 14,099	\$ 14,605		
Intercommunity Child Guidance Center	00195	15	77	3,860	\$	\$	\$	\$	\$ 3,668	\$ 6,060		
LAUSD 97th St. Mental Health	00315	15	77	2,690	\$	\$	\$	\$	\$ 4,359	\$ 4,491		
Pasadena Childrens Training	00204	15	77	82,859	\$	\$	\$	\$	\$ 115,080	\$ 103,668		
San Fernando Valley CMHC Inc.	00208	15	77	396,278	\$	\$	\$	\$	\$ 585,685	\$ 571,933		
SHIELDS for Families, Inc.	00558	15	77	32,894	\$	\$	\$	\$	\$ 27,287	\$ 34,882		
Special Service For Groups	00214	15	77	19,228	\$	\$	\$	\$	\$ 3,814	\$ 4,334		
Saint Johns Health center	00217	15	77	2,315	\$	\$	\$	\$	\$ 42,100	\$ 50,808		
STARVIEW	00543	15	77	27,246	\$	\$	\$	\$	\$ 64,207	\$ 78,050		
VERDUGO MENTAL HEALTH	00221	15	77	45,224	\$	\$	\$	\$	\$ 8,507	\$ 8,870		
Community Counseling Service	00180	15	77	7,595	\$	\$	\$	\$	\$ 466,990	\$ 415,491		
Pacific Clinics	00203	15	77	374,782	\$	\$	\$	\$	\$	\$		
DiDi Hirsch Psychiatric Service	00183	15	77	31,997	\$	\$	\$	\$	\$ 40,929	\$ 51,509		
County of Los Angeles	00019	20	20		\$	\$	\$	\$	\$	\$ 950,180		
County of Los Angeles	00019	20	20		\$	\$	\$	\$	\$	\$ 2,236,448		
					TOTAL STATE GENERAL FUNDS \$		\$ 4,722,988	\$ 4,722,988	\$	\$ 10,647,171	\$ 22,899,440	
					ADDITIONAL FUNDS							

Footnotes:
 Column K includes County General Fund (\$4,144,061), Federal SAMHSA (\$14,522), Local Funds (\$115,600), Third Party Revenues (\$41,731), Case Management, Out-Of-State Placement Adjustment SB 90 Chapter 654 (\$400,621) and Federal Individuals With Disabilities Education Act Funds (IDEA) from LACOE (\$13,167,654), and share of Administration Cost and other offsets (\$932,661). Sum of these items = Gross Reimbursable costs for the Mandate claim (\$18,816,870).
 Column K also includes County General Fund (\$3,637,306), Federal SAMHSA (\$29), Third Party Revenues (\$21,202), Other State and Local Funds (\$154,536), and share of Administration Cost and other offset (\$269,297) that are applicable to Mode 15 Service Functions 61 and 62 (Medication Monitoring), and Service Function 77 (Crisis Intervention) that were omitted from the Mandate claim pending COSM action. Sum of these costs not yet eligible for the Mandate claim (\$4,082,570).
 Total Column K = \$22,899,440

Attachment 5

FY 2003/2004 State Allocation Worksheet



CALIFORNIA DEPARTMENT OF

Mental Health

GSK
ci SK

1600 9th Street, Sacramento, CA 95814
(916) 654-3060

July 7, 2004

Marvin J. Southard, DSW, Director
Los Angeles County Mental Health
550 South Vermont Avenue, 12th Floor
Los Angeles, California 90020

FINAL ALLOCATION WORKSHEET - FISCAL YEAR (FY) 2003-04

Dear Dr. Southard:

This letter transmits the Final FY 2003-04 Allocation Worksheet for Los Angeles County. The enclosed worksheet reflects total General Fund dollars allocated during FY 2003-04 for your mental health program and includes all revisions that occurred during the year. The final allocation will be used by the Department of Mental Health for settlement of the FY 2003-04 Cost Report.

If you have any questions, please contact your County Financial Reporting Systems analyst or call (916) 654-2314.

Sincerely,

STAN JOHNSON
Chief
County Financial Program Support

Enclosure

*Copy to
Mike Motodani
Michael Boyle
Wendy Suen
Lubana Wiersma
Judith Wenzel
Return to me GSK H's*

RECEIVED

JUL 13 2004

DIRECTOR OF MENTAL HEALTH

LOS ANGELES

PROGRAM	CURRENT ALLOCATION	ADJUSTMENT	TOTAL ALLOCATION
Community Services	\$17,768,130	\$0	\$17,768,130
Children's Mental Health Services	\$4,836,213		\$4,836,213
Adult System of Care	\$0	\$0	\$0
Community Services: Other Treatment for Mental Health Managed Care	\$67,456,432	\$0	\$67,456,432
<i>Services</i>	(\$67,255,534)	\$0	(\$67,255,534)
<i>Federal Regulations Implementation</i>	(\$200,898)	\$0	(\$200,898)
TOTAL COMMUNITY SERVICES	\$90,060,775	\$0	\$90,060,775

PROGRAM DATA BY FUND SOURCES			
4440-101-0001(1) Community Services - Other Treatment	\$17,768,130	\$0	\$17,768,130
4440-101-0001(1.5) Children's Mental Health Services	\$4,836,213	\$0	\$4,836,213
4440-101-0001 Adult System of Care	\$0	\$0	\$0
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	\$67,456,432	\$0	\$67,456,432
<i>Services</i>	(\$67,255,534)	\$0	(\$67,255,534)
<i>Federal Regulations Implementation</i>	(\$200,898)	\$0	(\$200,898)
TOTAL FUND SOURCES	\$90,060,775	\$0	\$90,060,775

PURPOSE: Final FY 2003-04 Allocation

DATE: July 7, 2004

Attachment 6

MH 1909 / SB 90 Worksheet

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 MH1009/SB90 WORKSHEET
 FISCAL YEAR 2003-2004

ENTTY NUMBER	CON- TRACT MODE	SFC RFO	ENTTY NAME	AR9333 COST					BDMC REBURSEMENT (BDMC ENHANCED MEDICAL AND HEALTHY PAIRES)					
				AR9333 UNITS (CR08)	APPLICABLE RATE	GROSS AR9333 COST (CR08)	DMH ADAM, 13.5637% (% #)	CONTRACTOR ADAM, 7.9623% (% #)	ADJ. GROSS AR9333 COST (3+4+5)	NET BDMC (CR08)	COP MATCH TO PFP	EPBDT-00P MATCH TO PFP	06 90 AB 9332 MATCH TO PFP (CR08)	PFP (CR.7-2-04+10)
SEP PROGRAM														
00019	10	85	CR	LACDMH	9	189.33	1,497	203	1,700	-	-	-	-	
00019	10	82	CR	LACDMH	29	80.09	2,004	273	2,278	-	-	-	-	
00019	10	98	CR	LACDMH	5	107.83	539	73	612	-	-	-	-	
00019	15	10	CR	LACDMH	5,068	2.08	10,438	1,418	11,856	-	-	-	-	
00019	15	12	CR	LACDMH	69,391	2.08	122,340	16,818	138,858	80,713	-	8,501	14,889	27,613
00019	15	33	CR	LACDMH	5,180	2.08	10,708	1,455	12,163	6,850	-	1,174	1,853	3,023
00019	15	34	CR	LACDMH	658	2.08	1,362	185	1,547	1,122	-	528	-	594
00019	15	41	CR	LACDMH	289,468	2.08	600,278	80,998	677,271	244,063	-	43,430	88,940	180,682
00019	15	42	CR	LACDMH	31,070	2.08	65,646	8,918	74,567	10,969	-	9,089	55	10,878
00019	15	62	CR	LACDMH	2,930	2.08	6,036	820	6,856	-	-	-	-	-
00019	15	64	CR	LACDMH	25,749	2.08	53,040	7,208	60,248	18,487	-	3,192	8,330	9,838
00019	10	89	NR	Aspen Health Services	813	121.21	74,302	9,915	80,218	64,867	-	25,593	(0)	28,004
00519	15	03	NR	Aspen Health Services	8,438	1.43	12,063	961	13,024	10,868	-	4,927	-	8,971
00519	15	12	NR	Aspen Health Services	447	1.88	840	67	907	847	-	285	-	351
00519	15	41	NR	Aspen Health Services	3,538	1.88	6,648	529	7,175	3,410	-	1,605	(0)	1,805
00173	15	03	NR	Associated League of Mexican-Americans	2,107	1.48	3,118	248	3,367	3,118	-	819	831	1,688
00173	15	12	NR	Associated League of Mexican-Americans	840	1.93	1,298	86	1,384	1,042	-	128	383	853
00173	15	41	NR	Associated League of Mexican-Americans	18,500	1.93	31,948	2,536	34,381	22,870	-	3,283	7,408	12,179
00880	15	41	NR	Bienvenida Children's Center, Inc	75	1.84	116	9	125	116	-	84	(0)	82
00178	15	03	NR	Cedars-Sinai Medical Center	330	1.71	564	45	609	51	-	-	28	28
00178	15	12	NR	Cedars-Sinai Medical Center	1,832	2.19	4,012	319	4,332	2,030	-	-	956	1,078
00178	15	41	NR	Cedars-Sinai Medical Center	13,883	2.19	29,896	2,388	32,284	5,293	-	-	2,487	2,800
00178	15	64	NR	Cedars-Sinai Medical Center	2,987	2.19	6,500	446	6,946	1,388	-	-	853	735
00210	10	89	NR	Child & Family Center	308	134.70	41,458	3,303	44,761	9,150	-	4,181	-	4,978
00210	15	03	NR	Child & Family Center	43,890	1.89	72,310	5,728	78,038	39,179	-	11,228	2,179	16,778
00210	15	12	NR	Child & Family Center	88,059	2.10	121,824	9,728	131,552	41,851	-	14,073	4,046	23,532
00210	15	33	NR	Child & Family Center	2,030	3.10	4,293	339	4,632	2,857	-	1,245	-	1,411
00210	15	41	NR	Child & Family Center	640,213	2.10	1,134,447	90,328	1,224,775	408,027	-	158,559	23,341	224,127
00210	15	64	NR	Child & Family Center	69,832	2.10	144,827	15,489	160,316	72,421	-	28,040	5,890	40,482
00297	10	89	NR	Child & Family Guidance Center	1,979	121.94	241,319	19,210	260,529	88,510	-	39,778	840	48,082
00297	10	89	NR	Child & Family Guidance Center	958	113.31	108,924	8,825	116,949	76,598	-	35,217	-	41,380
00297	15	03	NR	Child & Family Guidance Center	82,083	1.57	128,982	11,821	140,803	116,871	-	11,228	2,111	82,524
00297	15	12	NR	Child & Family Guidance Center	118,385	1.93	230,355	18,342	248,697	189,327	-	57,843	2,487	86,180
00297	15	33	NR	Child & Family Guidance Center	14,914	1.93	28,784	2,292	31,076	12,967	-	5,202	808	8,949
00297	15	41	NR	Child & Family Guidance Center	1,057,456	1.93	2,040,890	162,509	2,203,399	1,280,485	-	84,248	30,101	678,085
00297	15	64	NR	Child & Family Guidance Center	128,418	1.93	243,857	18,427	262,284	134,842	-	64,872	8,097	72,873
00783	10	99	NR	ChildNet Youth & Family Services	180	105.00	18,900	1,338	20,238	18,800	-	7,813	-	8,887
00783	15	03	NR	ChildNet Youth & Family Services	9,323	1.83	16,980	1,210	18,190	14,631	-	6,792	-	7,838
00783	15	12	NR	ChildNet Youth & Family Services	4,345	2.09	9,081	723	9,804	8,703	-	4,081	-	4,641
00783	15	41	NR	ChildNet Youth & Family Services	28,985	2.09	60,587	4,457	65,044	48,572	-	22,701	(0)	25,871
00783	15	64	NR	ChildNet Youth & Family Services	590	2.09	1,170	93	1,264	1,170	-	581	(0)	820
00898	15	03	NR	Children's Bureau	93	1.88	159	12	171	155	-	71	-	84
00179	10	88	NR	Children's Hospital of Los Angeles	14	115.14	1,612	128	1,740	-	-	-	-	-
00179	15	03	NR	Children's Hospital of Los Angeles	4,483	1.77	7,935	832	8,767	7,909	-	3,421	104	4,084
00179	15	04	NR	Children's Hospital of Los Angeles	3,059	1.77	5,414	431	5,845	-	-	-	-	-
00179	15	10	NR	Children's Hospital of Los Angeles	1,828	2.28	3,705	285	4,000	-	-	-	-	-
00179	15	12	NR	Children's Hospital of Los Angeles	10,714	2.28	24,228	1,848	26,076	23,590	-	10,532	267	12,501
00179	15	33	NR	Children's Hospital of Los Angeles	2,930	2.28	6,680	532	7,212	8,398	-	2,878	82	3,429
00179	15	34	NR	Children's Hospital of Los Angeles	1,407	2.28	3,208	258	3,466	-	-	-	-	-
00179	15	41	NR	Children's Hospital of Los Angeles	74,124	2.28	169,003	13,487	182,490	161,957	-	72,868	2,129	88,874
00179	15	42	NR	Children's Hospital of Los Angeles	18,027	2.28	41,102	3,278	44,374	-	-	-	-	-
00179	15	62	NR	Children's Hospital of Los Angeles	2,294	2.28	5,208	418	5,626	-	-	-	-	-
00179	15	64	NR	Children's Hospital of Los Angeles	3,785	2.28	8,560	689	9,249	9,288	-	3,733	108	4,448
00591	15	03	CR	Children's Institute International	1,270	1.74	2,218	178	2,396	1,388	-	838	0	731
00591	15	12	CR	Children's Institute International	8,858	2.28	18,429	1,228	19,657	7,118	-	3,311	0	3,807
00591	15	41	CR	Children's Institute International	15,995	2.28	36,884	2,865	39,749	9,008	-	2,033	2,140	4,885
00591	15	64	CR	Children's Institute International	809	2.25	1,370	109	1,479	148	-	-	70	79
00180	15	03	NR	Community Counseling Service	28,807	1.31	33,545	2,871	36,216	32,884	-	14,830	884	17,270
00180	15	12	NR	Community Counseling Service	10,098	1.65	16,658	1,328	17,986	15,328	-	6,148	1,126	8,053
00180	15	41	NR	Community Counseling Service	65,758	1.65	102,001	7,325	109,326	87,878	-	36,349	6,291	46,036
00180	15	64	NR	Community Counseling Service	15,990	1.65	26,384	2,101	28,485	22,089	-	8,888	859	11,545
00180	60	83	NR	Community Counseling Service	1	60.71	61	4	65	-	-	-	-	-
00181	15	03	NR	Community Family Guidance Center	7,490	1.34	10,037	799	10,836	5,072	-	-	2,382	2,710
00181	15	12	NR	Community Family Guidance Center	55,835	1.88	92,888	7,380	100,068	38,006	-	-	17,768	20,247
00181	15	41	NR	Community Family Guidance Center	185,870	1.88	308,644	24,597	333,111	138,130	-	-	83,980	72,488
00181	15	64	NR	Community Family Guidance Center	8,713	1.88	14,494	1,152	15,646	8,860	-	-	3,113	3,597
00472	10	89	NR	Deverox Foundation	577	89.07	51,183	4,862	56,045	55,826	-	97	28,597	28,132
00183	10	89	CR	Diak Hirsch Psychiatric Service	619	148.38	77,378	6,181	83,639	88,028	-	38,282	418	38,985
00183	15	03	CR	Diak Hirsch Psychiatric Service	18,070	1.50	27,107	2,181	29,287	14,415	-	6,177	339	7,900
00183	15	04	CR	Diak Hirsch Psychiatric Service	46,024	1.50	69,117	5,603	74,721	82,778	-	29,537	-	33,241
00183	15	10	CR	Diak Hirsch Psychiatric Service	85,982	1.97	169,802	8,743	178,544	78,370	-	36,878	-	41,497
00183	15	12	CR	Diak Hirsch Psychiatric Service	18,519	1.97	36,888	2,836	39,724	18,000	-	8,811	498	8,894
00183	15	33	CR	Diak Hirsch Psychiatric Service	3,270	1.97	6,460	514	6,974	6,974	-	-	1,090	2,025
00183	15	34	CR	Diak Hirsch Psychiatric Service	22,109	1.97	43,614	3,473	47,087	40,172	-	18,901	-	21,271
00183	15	41	CR	Diak Hirsch Psychiatric Service	210,588	1.97	418,055	33,048	451,103	282,143	-	122,832	8,724	162,487
00183	15	42	CR	Diak Hirsch Psychiatric Service	305,807	1.97	602,389	47,954	650,353	489,138	-	228,727	-	257,409
00183	15	62	CR	Diak Hirsch Psychiatric Service	20,857	1.97	40,740	3,245	43,985	18,293	-	8,807	-	9,888
00183	15	64	CR	Diak Hirsch Psychiatric Service	40,873	1.97	80,628	6,420	87					

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 MH1809/8880 WORKSHEET
 FISCAL YEAR 2009-2004

CONTRACT		ASBSS3 COST						EDMHC REIMBURSEMENT (EDMHC ENHANCED MEDICAL AND HEALTHY FAMILIES)							
ENTTY NUMBER	CONTRACT NO	TRACT SFC	TYPE	ENTTY NAME	ASBSS3 UNITS	APPLICABLE RATE	GROSS AMOUNT	DAH AMOUNT	CONTRACTOR AMOUNT	ADJ. GROSS AMOUNT	NET SDMHC	COF MATCH TO PPP	EPB07-80P MATCH TO PPP	88 80 AD 8833 MATCH TO PPP	PPP
					(UNITS)		(DOLLARS)	(% * 8)	(% * 9)	(DOLLARS)	(DOLLARS)			(DOLLARS)	(FORM 7-09/04/10)
00188	10	89	NR	End Health & Research	841	111.51	93,780	7,467	101,247	90,992	10,255	-	28,000	3,161	48,831
00189	16	03	NR	End Health & Research	35,438	0.99	35,087	1,982	37,069	18,705	-	-	5,699	109	10,027
00189	16	04	NR	End Health & Research	39,712	0.98	38,984	3,134	42,118	23,798	-	-	11,147	26	12,825
00188	16	10	NR	End Health & Research	92,989	1.85	172,032	2,929	174,961	27,328	-	-	12,729	95	14,502
00188	16	12	NR	End Health & Research	35,833	1.85	66,274	4,639	70,913	48,057	-	-	-	110	24,188
00188	16	41	NR	End Health & Research	223,167	1.65	368,225	20,975	389,200	283,228	-	-	120,478	1,298	141,880
00188	16	42	NR	End Health & Research	138,755	1.65	228,846	18,281	247,127	152,140	-	-	88,959	1,210	88,980
00188	16	62	NR	End Health & Research	902	1.88	1,695	119	1,814	1,507	-	-	700	-	708
00188	16	64	NR	End Health & Research	17,822	1.85	32,870	2,515	35,385	11,159	-	-	5,127	-	5,882
00847	10	99	NR	Five Acres Boys' & Girls' Aid Society	99	107.09	10,602	844	11,446	-	-	-	-	-	-
00847	16	12	NR	Five Acres Boys' & Girls' Aid Society	447	2.02	903	72	975	-	-	-	-	-	-
00847	16	33	NR	Five Acres Boys' & Girls' Aid Society	960	2.02	1,939	106	2,045	-	-	-	-	-	-
00847	16	41	NR	Five Acres Boys' & Girls' Aid Society	2,583	2.02	5,217	412	5,629	-	-	-	-	-	-
00724	15	03	NR	Football Family Service	850	1.49	1,265	42	1,307	683	15	-	7	-	8
00724	15	12	NR	Football Family Service	23,840	1.78	42,428	3,241	45,669	20,007	-	-	8,498	-	10,811
00724	15	33	NR	Football Family Service	707	1.78	1,258	89	1,347	-	-	-	-	-	-
00724	15	41	NR	Football Family Service	118,388	1.78	210,512	10,586	221,098	83,479	-	-	44,261	-	48,227
00724	15	64	NR	Football Family Service	808	1.78	1,438	127	1,565	763	-	-	-	-	826
00190	15	03	NR	Galathea Hospital	1,478	1.10	1,626	189	1,815	816	-	-	348	33	436
00190	15	12	NR	Galathea Hospital	1,788	1.89	3,380	229	3,609	1,888	-	-	888	68	847
00190	15	33	NR	Galathea Hospital	1,808	1.89	3,417	241	3,658	970	-	-	408	62	519
00190	15	41	NR	Galathea Hospital	10,827	1.89	20,465	1,248	21,713	18,342	-	-	4,280	401	5,321
00174	10	99	NR	Hamburger Home, Inc.	77	100.80	7,769	819	8,588	7,898	-	-	3,808	(0)	3,878
00174	15	03	NR	Hamburger Home, Inc.	7,208	1.41	10,168	809	10,977	10,055	-	-	4,888	-	5,172
00174	15	12	NR	Hamburger Home, Inc.	2,898	1.88	5,448	386	5,834	4,585	-	-	2,128	-	3,408
00174	15	41	NR	Hamburger Home, Inc.	21,780	1.88	40,974	3,878	44,852	40,017	-	-	18,713	(0)	21,325
00192	10	99	NR	Halfway Children & Family Services	2,029	92.91	187,785	14,850	202,635	128,881	-	-	57,880	(0)	83,021
00192	15	03	NR	Halfway Children & Family Services	5,115	1.53	7,814	682	8,496	6,226	-	-	2,908	60	3,270
00192	15	12	NR	Halfway Children & Family Services	40,013	1.62	64,824	5,795	70,619	48,223	-	-	21,299	1,148	28,187
00192	15	33	NR	Halfway Children & Family Services	1,430	1.62	2,316	207	2,523	1,627	-	-	441	(0)	488
00192	15	41	NR	Halfway Children & Family Services	205,182	1.82	373,430	38,871	412,301	380,308	-	-	102,838	82,012	188,857
00192	15	64	NR	Halfway Children & Family Services	7,189	1.82	13,089	1,037	14,126	7,373	-	-	0	3,048	4,225
00198	10	99	NR	Help Group Child & Family Center	40	113.87	4,555	363	4,918	4,855	-	-	2,079	-	2,478
00198	15	03	NR	Help Group Child & Family Center	8,194	1.75	14,338	724	15,062	8,101	-	-	3,789	-	4,309
00198	15	12	NR	Help Group Child & Family Center	239,895	2.28	546,961	43,691	590,652	198,988	-	-	88,732	7,761	72,465
00198	15	33	NR	Help Group Child & Family Center	1,832	2.28	4,177	333	4,510	636	-	-	415	12	808
00198	15	41	NR	Help Group Child & Family Center	702,404	2.28	1,601,491	127,815	1,729,306	304,406	-	-	182,059	22,238	210,123
00198	15	64	NR	Help Group Child & Family Center	14,441	2.28	32,937	2,894	35,831	12,877	-	-	6,808	118	8,986
00321	10	99	NR	Hillside	850	87.84	74,408	5,825	80,233	82,868	-	-	22,043	1,842	28,071
00321	15	03	NR	Hillside	3,767	1.30	4,908	389	5,297	1,871	-	-	870	-	1,001
00321	15	12	NR	Hillside	5,983	1.71	10,180	811	10,991	5,944	-	-	2,771	-	3,174
00321	15	33	NR	Hillside	105	1.71	180	14	194	-	-	-	-	-	-
00321	15	41	NR	Hillside	79,871	1.71	135,587	10,648	146,235	43,399	-	-	17,801	2,208	25,280
00321	15	64	NR	Hillside	1,283	1.71	2,189	172	2,361	1,123	-	-	619	-	804
00171	15	03	NR	Institute For Redesign of Learning (I)	2,408	1.66	3,997	319	4,316	3,791	-	-	1,187	654	2,029
00171	15	12	NR	Institute For Redesign of Learning (I)	95,485	1.88	179,502	8,298	187,800	71,257	-	-	17,123	8,297	28,102
00171	15	41	NR	Institute For Redesign of Learning (I)	121,798	1.88	228,878	18,038	246,916	173,928	-	-	83,134	27,851	82,880
00171	15	64	NR	Institute For Redesign of Learning (I)	10,087	1.88	18,965	2,824	21,789	26,809	-	-	8,372	4,201	14,830
00195	10	89	NR	Intercommunity Child Guidance Center	117	135.25	15,814	1,191	17,005	25,273	-	-	-	13,330	15,943
00195	15	03	NR	Intercommunity Child Guidance Center	8,291	1.59	13,183	1,050	14,233	8,197	-	-	2,628	3,226	
00195	15	12	NR	Intercommunity Child Guidance Center	6,899	1.59	10,963	708	8,601	5,451	-	-	1,169	1,282	
00195	15	33	NR	Intercommunity Child Guidance Center	380	1.59	604	48	652	884	-	-	-	289	295
00195	15	41	NR	Intercommunity Child Guidance Center	20,288	1.59	32,257	4,485	36,742	23,649	-	-	11,218	12,331	
00195	15	64	NR	Intercommunity Child Guidance Center	328	1.59	521	42	563	616	-	-	0	239	278
00315	15	03	NR	LAUSD 07th St. Mental Health	850	1.71	1,454	110	1,564	1,077	-	-	-	-	878
00315	15	12	NR	LAUSD 07th St. Mental Health	27,088	2.20	59,590	4,898	64,488	38,847	-	-	0	18,898	18,950
00315	15	41	NR	LAUSD 07th St. Mental Health	83,610	2.20	183,948	11,143	195,091	80,583	-	-	0	37,896	42,858
00315	15	64	NR	LAUSD 07th St. Mental Health	10,322	2.20	22,708	3,385	26,093	21,482	-	-	0	10,807	11,288
00199	10	89	NR	Los Angeles Child Guidance Clinic	8	139.82	1,119	89	1,208	1,119	-	-	-	611	808
00199	10	99	NR	Los Angeles Child Guidance Clinic	100,01	1.00	100,000	3,834	103,834	68,805	-	-	21,454	26,120	
00199	15	03	NR	Los Angeles Child Guidance Clinic	59,280	1.31	77,853	6,181	84,034	65,417	-	-	30,809	34,809	
00199	15	12	NR	Los Angeles Child Guidance Clinic	21,710	2.09	45,373	3,651	49,024	40,030	-	-	-	18,141	21,789
00199	15	33	NR	Los Angeles Child Guidance Clinic	2,442	2.08	5,081	401	5,482	6,031	-	-	-	2,360	2,871
00199	15	41	NR	Los Angeles Child Guidance Clinic	189,182	2.08	393,694	32,175	425,869	340,213	-	-	188,809	181,404	
00199	15	64	NR	Los Angeles Child Guidance Clinic	81,818	2.08	170,187	8,489	178,676	87,299	-	-	40,829	48,770	
00871	10	99	CR	McKinley Children's Center	2,433	118.84	288,381	23,041	311,422	288,381	-	-	132,102	-	157,278
01170	15	04	CR	New Horizons Family Center	41	1.80	74	6	80	66	-	-	-	31	36
01170	15	10	CR	New Horizons Family Center	8	2.15	17	1	18	17	-	-	-	8	9
01170	15	42	CR	New Horizons Family Center	1,087	2.15	2,339	168	2,507	2,359	-	-	-	1,110	1,849
00203	10	89	CR	Pacific Clinics	1,108	122.72	135,877	10,827	146,704	102,474	-	-	0	48,258	58,258
00203	15	03	CR	Pacific Clinics	88,018	1.22	107,376	5,480	112,856	74,032	-	-	0	32,362	27,197
00203	15	12	CR	Pacific Clinics	87,295	1.58	137,726	8,484	146,210	99,728	-	-	0	33,189	37,859
00203	15	33	CR	Pacific Clinics	428	1.88	804	63	867	724	-	-	0	310	381
00203	15	41	CR	Pacific Clinics	1,183,185	1.88	2,224,398	148,983	2,373,381	1,349,718	-	-	0	828,808	728,108
00203	15	64	CR	Pacific Clinics	249,868	1.58	394,792	31,382	426,174						

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MH1009/8580 WORKSHEET
FISCAL YEAR 2003-2004

ENTITY NUMBER	CON-TRACT TYPE	ENTITY NAME	AS3433 COST						EDMHC REIMBURSEMENT (EDMHC, ENHANCED MEDICAL AND HEALTHY FAMILIES)				
			AS3433 UNITS (CRDB)	APPLICABLE RATE	ORDER AS3433 (CRDB)	DMH ADMSL 13.5837% (%=3)	CONTRACTOR ADMSL 7.0023% (%=3)	ADL ORDER AS3433 (3+4+5)	NET EDMSL (CRDB)	DOP MATCH TO FPP	EPADT-SEP MATCH TO FPP	BS 80 AS 3433 MATCH TO FPP (CRDB)	FPP (Chg 7-8+9+10)
00217	15 33 CR	Saint Johns Health Center	2,895	2.38	8,380		608	8,857	3,894	-	0	1,832	2,062
00217	15 41 CR	Saint Johns Health Center	52,104	2.38	122,985		0,701	132,789	31,794	-	0	14,836	16,957
00217	15 84 CR	Saint Johns Health Center	390	2.38	897		71	968	701	-	0	330	371
00208	10 89 CR	San Fernando Valley CMHC Inc.	25	170.08	4,252		339	4,590	-	-	-	-	-
00208	10 99 CR	San Fernando Valley CMHC Inc.	43	110.26	4,741		378	5,119	-	-	-	-	-
00208	15 03 CR	San Fernando Valley CMHC Inc.	8,494	1.52	15,419		1,148	15,587	8,822	-	-	4,131	4,731
00208	15 12 CR	San Fernando Valley CMHC Inc.	13,188	1.98	25,823		2,058	27,660	12,895	-	-	6,885	8,731
00208	15 41 CR	San Fernando Valley CMHC Inc.	81,053	1.98	119,884		9,527	129,181	54,313	-	-	25,487	28,898
00208	15 84 CR	San Fernando Valley CMHC Inc.	20,013	1.98	38,188		3,121	42,317	22,552	-	-	10,608	11,944
00320	10 89 cr	San Gabriel Children's Center	2,821	175.08	480,415		30,880	497,075	432,308	-	201,704	-	230,604
00320	15 03 cr	San Gabriel Children's Center	513	1.78	899		72	970	899	-	423	-	478
00320	15 12 cr	San Gabriel Children's Center	2,894	2.28	6,540		821	7,060	6,422	-	3,022	-	3,401
00320	15 41 cr	San Gabriel Children's Center	30,888	2.28	68,788		6,056	75,355	82,427	-	29,291	-	33,138
00320	15 84 cr	San Gabriel Children's Center	49,687	2.28	112,783		8,878	121,731	93,141	-	43,583	-	49,678
00558	15 12 NR	BHIELDS for Families, Inc.	1,387	1.29	1,722		137	1,860	-	-	-	-	-
00558	15 41 NR	BHIELDS for Families, Inc.	2,783	1.29	3,607		279	3,786	-	-	-	-	-
00558	15 84 NR	BHIELDS for Families, Inc.	830	1.29	1,045		83	1,129	-	-	-	-	-
00213	10 99 NR	South Bay Children's Health Center	1,723	115.14	198,288		18,708	214,182	81,946	-	-	29,057	32,889
00213	15 03 NR	South Bay Children's Health Center	3,831	1.77	6,781		540	7,321	1,437	-	-	503	634
00213	15 12 NR	South Bay Children's Health Center	7,091	2.19	15,529		1,238	16,788	3,127	-	-	1,095	2,033
00213	15 33 NR	South Bay Children's Health Center	3,238	2.19	7,083		865	7,958	2,234	-	-	782	1,452
00213	15 41 NR	South Bay Children's Health Center	37,388	2.19	81,875		6,519	88,385	19,907	-	-	6,757	12,580
00213	15 84 NR	South Bay Children's Health Center	368	2.19	806		64	870	434	-	0	204	230
00214	15 03 NR	Special Services Pro Groups	9,302	1.40	13,023		1,037	14,060	7,821	-	1,070	1,778	4,172
00214	15 12 NR	Special Services Pro Groups	15,818	1.98	25,780		2,051	27,811	7,074	-	800	2,878	3,795
00214	15 33 NR	Special Services Pro Groups	1,235	1.88	2,300		189	2,489	-	-	-	-	-
00214	15 41 NR	Special Services Pro Groups	26,111	1.88	45,344		3,451	48,795	17,795	-	2,861	4,888	10,446
00214	15 84 NR	Special Services Pro Groups	12,490	1.88	20,739		1,951	22,384	8,151	-	141	3,162	4,827
00784	15 03 NR	St. Francis Medical Center	822	1.83	1,487		134	1,622	1,687	-	788	-	901
00784	15 12 NR	St. Francis Medical Center	300	2.38	708		58	764	708	-	327	-	381
00784	15 41 NR	St. Francis Medical Center	3,821	2.38	8,918		718	9,736	8,018	-	4,027	178	4,812
00643	15 03 NR	Starview Adolescent Center	8,800	1.48	10,074		802	10,876	2,338	-	1,111	-	1,228
00643	15 12 NR	Starview Adolescent Center	2,655	1.98	5,701		454	6,155	159	-	75	-	63
00643	15 41 NR	Starview Adolescent Center	27,184	1.98	54,058		4,304	58,362	8,888	-	3,789	-	3,517
00210	15 03 NR	Birling Academy, Inc.	18,429	1.80	31,000		2,475	33,522	801	-	-	382	400
00210	15 12 NR	Birling Academy, Inc.	36,463	1.80	69,825		6,844	76,159	831	-	-	398	432
00210	15 33 NR	Birling Academy, Inc.	15	1.91	29		2	31	-	-	-	-	-
00210	15 41 NR	Birling Academy, Inc.	86,883	1.91	166,374		13,168	179,541	117	-	-	84	63
00210	15 84 NR	Birling Academy, Inc.	1,066	1.91	2,091		187	2,288	488	-	-	218	246
00191	10 89 CR	The Guidance Center	370	101.06	37,400		2,878	40,378	37,400	-	17,287	-	20,133
00191	15 03 CR	The Guidance Center	89,839	1.53	136,600		6,810	143,410	75,342	-	34,089	-	40,363
00191	15 12 CR	The Guidance Center	87,295	1.77	151,897		8,097	160,795	87,870	-	31,628	-	36,262
00191	15 33 CR	The Guidance Center	3,448	1.78	6,125		488	6,613	2,743	-	1,281	-	1,483
00191	15 41 CR	The Guidance Center	192,448	1.78	342,181		27,244	369,404	207,543	-	89,885	-	110,678
00191	15 84 CR	The Guidance Center	24,229	1.78	43,078		3,430	46,508	29,583	-	13,780	-	16,793
00221	15 12 CR	Verdugo Mental Health Center	20,871	2.11	43,943		3,499	47,442	8,390	-	0	3,937	4,463
00221	15 33 CR	Verdugo Mental Health Center	2,810	2.11	5,946		438	6,383	589	-	0	288	303
00221	15 41 CR	Verdugo Mental Health Center	159,472	2.11	335,783		29,734	365,497	88,712	-	0	31,881	38,630
00221	15 84 CR	Verdugo Mental Health Center	37,740	2.11	79,480		6,327	85,787	29,298	-	0	13,709	15,888
00198	10 89 NR	Vista Del Mar Child and Family Servc	2,247	177.80	399,087		31,776	430,842	312,704	-	148,519	-	168,206
00198	10 99 NR	Vista Del Mar Child and Family Servc	5,824	118.14	688,033		60,843	748,876	298,008	-	133,398	-	162,611
00198	15 03 NR	Vista Del Mar Child and Family Servc	89,589	1.77	158,674		12,828	171,200	87,488	-	28,608	-	30,849
00198	15 12 NR	Vista Del Mar Child and Family Servc	18,093	1.94	31,220		2,458	33,708	12,227	-	8,160	-	7,017
00198	15 33 NR	Vista Del Mar Child and Family Servc	3,523	1.94	6,788		541	7,327	5,812	-	2,830	-	2,982
00198	15 41 NR	Vista Del Mar Child and Family Servc	199,884	1.94	387,778		30,878	418,651	203,205	-	84,608	-	108,219
00198	15 84 NR	Vista Del Mar Child and Family Servc	27,888	1.94	53,711		4,877	57,987	28,235	-	12,321	-	13,914
SUBTOTAL - SEP			10,011,724		22,647,088	118,183	1,733,988	24,489,214	12,841,088	-	3,823,416	2,129,857	6,886,593
IEP PROGRAM													
00019	15 03 CR	LACDMH	3,089,432	1.81	4,983,799	874,288		5,638,088	2,341,048	-	418,020	871,238	1,281,787
00019	15 04 CR	LACDMH	70,184	1.81	112,748	15,315		128,061	35,220	-	16,184	188	18,878
00019	80 83 CR	LACDMH	10,107	84.39	862,694	115,814		868,408	-	-	-	-	-
SUBTOTAL - IEP			3,169,843		5,929,138	805,396		6,734,535	2,376,268	-	434,203	871,397	1,270,686
TOTAL			13,178,367		28,576,223	823,859	1,733,988	31,233,748	15,218,232	-	4,257,819	2,801,355	8,159,258

Attachment 7

Offsetting Revenue Worksheet

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2003-2004 SB 80 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUE WORKSHEET - FEDERAL FINANCIAL PARTICIPATION (FFP)

ENTITY NUMBER	MODE	SFC	ENTITY NAME	SD/MC	ENHANCED	HF	Total
A. FY 2003-2004 FFP AND SHARE OF ADMINISTRATIVE COST							
TREATMENT - SEP PROGRAM							
00019	15	12	LACDMH	\$ 25,130	\$ -	\$ 2,383	\$ 27,513
00019	15	33	LACDMH	3,523	-	-	3,523
00019	15	34	LACDMH	594	-	-	594
00019	15	41	LACDMH	128,085	-	2,598	130,682
00019	15	42	LACDMH	10,798	-	79	10,875
00019	15	52	LACDMH	-	-	-	-
00019	15	54	LACDMH	9,391	-	544	9,935
			SUBTOTAL LACDMH	\$ 177,519	\$ -	\$ 5,603	\$ 183,122
			CONTRACT PROVIDERS (NGA)	6,422,205	25,129	258,137	6,705,470
			SUBTOTAL	\$ 6,599,724	\$ 25,129	\$ 263,740	\$ 6,888,593
			DMH ADMIN COST	13.5837%	24,114	781	24,875
			NGA ADMIN COST	7.9823%	511,355	2,001	533,910
			TOTAL	\$ 7,135,193	\$ 27,129	\$ 265,055	\$ 7,447,377
ASSESSMENT - JEP PROGRAM							
00019	15	03	LACDMH	\$ 1,230,394	\$ 3,447	\$ 17,947	\$ 1,251,787
00019	15	04	LACDMH	18,072	579	228	18,878
			SUBTOTAL	\$ 1,248,465	\$ 4,026	\$ 18,175	\$ 1,270,666
			DMH ADMIN COST	13.5837%	169,588	547	172,603
			TOTAL	\$ 1,418,053	\$ 4,572	\$ 20,644	\$ 1,443,269
TOTAL FFP AND SHARE OF ADMIN COST				\$ 8,553,246	\$ 31,702	\$ 305,696	\$ 8,890,646

B. FY 2003-2004 FFP REFUND AND SHARE OF ADMINISTRATIVE COST

ENTITY NUMBER	MODE	SFC	ENTITY NAME	SD/MC	ENHANCED	HF	Total
00519	10	89	Aspen Health Services	\$ 9	\$ -	\$ -	\$ 9
00519	15	03	Aspen Health Services	2	-	-	2
00519	15	12	Aspen Health Services	0	-	-	0
00519	15	41	Aspen Health Services	1	-	-	1
00173	15	03	Associated League of Mexican-Americans, Inc.	1	-	-	1
00173	15	12	Associated League of Mexican-Americans, Inc.	0	-	-	0
00173	15	41	Associated League of Mexican-Americans, Inc.	8	-	-	8
00688	15	03	Children's Bureau	1	-	-	1
00180	15	03	Community Counseling Service	812	-	5	817
00180	15	12	Community Counseling Service	287	-	1	288
00180	15	41	Community Counseling Service	1,834	-	11	1,845
00180	15	54	Community Counseling Service	413	-	1	414
00472	10	99	Devereux Foundation	1,337	-	-	1,337
00184	10	99	Dubnoff Center	1,805	-	-	1,805
00724	15	03	Foothill Family Service	1	-	-	1
00724	15	12	Foothill Family Service	238	-	-	238
00724	15	41	Foothill Family Service	1,114	-	-	1,114
00724	15	54	Foothill Family Service	19	-	-	19
00190	15	03	Gateways Hospital	0	-	-	0
00190	15	12	Gateways Hospital	0	-	-	0
00190	15	33	Gateways Hospital	(0)	-	-	(0)
00190	15	41	Gateways Hospital	0	-	-	0
00174	10	99	Hamburger Home, Inc.	83	-	-	83
00174	15	03	Hamburger Home, Inc.	110	-	-	110
00174	15	12	Hamburger Home, Inc.	49	-	-	49
00174	15	41	Hamburger Home, Inc.	436	-	-	436
00192	10	99	Hathaway Children & Family Services	2,879	-	-	2,879
00192	15	03	Hathaway Children & Family Services	135	2	2	138
00192	15	12	Hathaway Children & Family Services	492	7	29	528
00192	15	33	Hathaway Children & Family Services	10	-	-	10
00192	15	41	Hathaway Children & Family Services	3,414	128	401	3,943
00192	15	54	Hathaway Children & Family Services	44	3	33	80
00321	10	99	Hillsides	105	-	-	105

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2003-2004 SB 90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUE WORKSHEET - FEDERAL FINANCIAL PARTICIPATION (FFP)

ENTITY NUMBER	MODE	SFC	ENTITY NAME	SD/MC	ENHANCED	HF	Total
00321	15	03	Hillside	4	-	-	4
00321	15	12	Hillside	12	-	-	12
00321	15	41	Hillside	82	-	4	88
00321	15	54	Hillside	2	-	-	2
00171	15	03	Institute For Redesign of Learning (The Almansor Center)	18	-	-	18
00171	15	12	Institute For Redesign of Learning (The Almansor Center)	245	-	7	253
00171	15	41	Institute For Redesign of Learning (The Almansor Center)	788	-	20	807
00171	15	54	Institute For Redesign of Learning (The Almansor Center)	123	-	2	125
00195	10	89	Intercommunity Child Guidance Center	372	-	-	372
00195	15	03	Intercommunity Child Guidance Center	87	-	-	87
00195	15	12	Intercommunity Child Guidance Center	35	-	-	35
00195	15	33	Intercommunity Child Guidance Center	8	-	-	8
00195	15	41	Intercommunity Child Guidance Center	333	-	-	333
00195	15	54	Intercommunity Child Guidance Center	7	-	-	7
00201	15	12	Penny Lane Centers	0	-	-	0
00201	15	41	Penny Lane Centers	0	-	-	0
00201	15	54	Penny Lane Centers	0	-	-	0
00214	15	03	Special Service Fro Groups	12	-	13	28
00214	15	12	Special Service Fro Groups	28	-	-	28
00214	15	41	Special Service Fro Groups	38	-	29	65
00214	15	54	Special Service Fro Groups	15	-	15	30
00543	15	03	Starview Adolescent Center	38	-	-	38
00543	15	12	Starview Adolescent Center	2	-	-	2
00543	15	41	Starview Adolescent Center	104	-	-	104
00218	15	03	Stirling Academy, Inc.	50	-	8	58
00218	15	12	Stirling Academy, Inc.	51	-	10	61
00218	15	41	Stirling Academy, Inc.	20	-	-	20
00218	15	54	Stirling Academy, Inc.	22	-	9	31
TOTAL TREATMENT - SEP FFP REFUND				\$ 17,727	\$ 139	\$ 598	\$ 18,464
CONTRACTOR ADMIN COST				7.9823% 1,411	11	48	1,470
TOTAL FFP REFUND AND SHARE OF ADMIN COST				\$ 19,139	\$ 150	\$ 646	\$ 19,934

C. SUMMARY

TREATMENT - SEP PROGRAM

FY 2003-2004 FEDERAL FINANCIAL PARTICIPATION	\$ 8,888,583
FY 2003-2004 FEDERAL FINANCIAL PARTICIPATION REFUND	18,484
FY 2002-2003 SB 90 CLAIM FFP ADJUSTMENT (Attachment 7c)	(412,843)
TOTAL FEDERAL FINANCIAL PARTICIPATION AND FFP REFUND	\$ 6,494,214 ... To HDS-3, Line 12
ADD: SHARE OF ADMIN COST	580,255
TOTAL FFP AND FFP REFUND AND SHARE OF ADMIN COSTS	\$ 7,054,489

ASSESSMENT - IEP PROGRAM

FY 2003-2004 FEDERAL FINANCIAL PARTICIPATION	\$ 1,270,888 ... To HDS-3, Line 05
ADD: SHARE OF ADMIN COST	172,603
TOTAL FFP AND SHARE OF ADMIN COSTS	\$ 1,443,280

FFP SHARE OF ADMIN COST

TREATMENT - SEP PROGRAM	\$ 580,255
ASSESSMENT - IEP PROGRAM	172,603
	\$ 732,858 ... To HDS-3, Line 13.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2003-2004 SB 90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUE WORKSHEET - EPSDT-SGF MATCH TO FFP

ENTITY NUMBER	MODE	SFC	ENTITY NAME	EPSDT-SGF	DMH	CONTRACTOR ADMIN COSTS	TOTAL
				MATCH TO FFP	ADMIN COSTS 13.5837%		AND ADMIN COSTS 7.9623%
00019	15	03	LACDMH	\$ 418,016	\$ 56,782		\$ 474,798
00019	15	04	LACDMH	16,184	2,198		18,382
00019	15	10	LACDMH	-	-		-
00019	15	12	LACDMH	8,502	1,155		9,656
00019	15	33	LACDMH	1,175	160		1,334
00019	15	34	LACDMH	528	72		600
00019	15	41	LACDMH	43,433	5,900		49,332
00019	15	42	LACDMH	9,099	1,228		10,267
00019	15	52	LACDMH	-	-		-
00019	15	54	LACDMH	3,192	434		3,625
00519	10	89	Aspen Health Services	25,593		2,038	27,631
00519	15	03	Aspen Health Services	4,927		392	5,319
00519	15	12	Aspen Health Services	295		24	319
00519	15	41	Aspen Health Services	1,605		128	1,733
00173	15	03	Associated League of Mexican-Americans, Inc	619		49	668
00173	15	12	Associated League of Mexican-Americans, Inc	126		10	136
00173	15	41	Associated League of Mexican-Americans, Inc	3,283		261	3,545
00860	15	41	Blenvenidos Children's Center, Inc	54		4	58
00178	15	03	Cedars-Sinai Medical Center	-		-	-
00178	15	12	Cedars-Sinai Medical Center	-		-	-
00178	15	41	Cedars-Sinai Medical Center	-		-	-
00178	15	54	Cedars-Sinai Medical Center	-		-	-
00210	10	89	Child & Family Center	4,181		333	4,514
00210	15	03	Child & Family Center	11,228		894	12,122
00210	15	12	Child & Family Center	14,073		1,121	15,194
00210	15	33	Child & Family Center	1,245		99	1,344
00210	15	41	Child & Family Center	158,559		12,625	171,184
00210	15	54	Child & Family Center	26,049		2,074	28,124
00207	10	89	Child & Family Guidance Center	39,778		3,167	42,946
00207	10	99	Child & Family Guidance Center	35,217		2,804	38,021
00207	15	03	Child & Family Guidance Center	52,206		4,157	56,363
00207	15	12	Child & Family Guidance Center	57,643		4,590	62,233
00207	15	33	Child & Family Guidance Center	5,202		414	5,616
00207	15	41	Child & Family Guidance Center	554,246		44,131	598,377
00207	15	54	Child & Family Guidance Center	54,972		4,377	59,349
00783	10	99	ChildNet Youth & Family Services	7,813		622	8,435
00783	15	03	ChildNet Youth & Family Services	8,792		541	9,333
00783	15	12	ChildNet Youth & Family Services	4,061		323	4,385
00783	15	41	ChildNet Youth & Family Services	22,701		1,808	24,509
00783	15	54	ChildNet Youth & Family Services	551		44	595
00668	15	03	Children's Bureau	71		6	77
00179	10	98	Childrens Hospital of Los Angeles	-		-	-
00179	15	03	Childrens Hospital of Los Angeles	3,421		272	3,694
00179	15	04	Childrens Hospital of Los Angeles	-		-	-
00179	15	10	Childrens Hospital of Los Angeles	-		-	-
00179	15	12	Childrens Hospital of Los Angeles	10,532		839	11,371
00179	15	33	Childrens Hospital of Los Angeles	2,878		229	3,107
00179	15	34	Childrens Hospital of Los Angeles	-		-	-
00179	15	41	Childrens Hospital of Los Angeles	72,855		5,801	78,655
00179	15	42	Childrens Hospital of Los Angeles	-		-	-
00179	15	52	Childrens Hospital of Los Angeles	-		-	-
00179	15	54	Childrens Hospital of Los Angeles	3,733		297	4,031
00591	15	03	Children's Institute International	635		51	686
00591	15	12	Children's Institute International	3,311		264	3,575
00591	15	41	Children's Institute International	2,033		162	2,195
00591	15	54	Children's Institute International	-		-	-
00180	15	03	Community Counseling Service	14,930		1,189	16,119
00180	15	12	Community Counseling Service	6,149		490	6,639

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2003-2004 SB 90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUE WORKSHEET - EPSDT-SGF MATCH TO FFP

ENTITY NUMBER	MODE	SFC	ENTITY NAME	EPSDT-SGF	DMH	CONTRACTOR	TOTAL
				MATCH TO FFP	ADMIN COSTS 13.5837%	ADMIN COSTS 7.9623%	EPSDT-SGF AND ADMIN COSTS
00180	15	41	Community Counseling Service	36,349		2,894	39,243
00180	15	54	Community Counseling Service	9,668		770	10,438
00180	60	63	Community Counseling Service	-		-	-
00181	15	03	Community Family Guidance Center	-		-	-
00181	15	12	Community Family Guidance Center	-		-	-
00181	15	41	Community Family Guidance Center	-		-	-
00181	15	54	Community Family Guidance Center	-		-	-
00472	10	99	Devereux Foundation	97		8	105
00183	10	89	Didl Hirsch Psychiatric Service	29,622		2,359	31,981
00183	15	03	Didl Hirsch Psychiatric Service	6,177		492	6,668
00183	15	04	Didl Hirsch Psychiatric Service	29,537		2,352	31,889
00183	15	10	Didl Hirsch Psychiatric Service	36,873		2,936	39,809
00183	15	12	Didl Hirsch Psychiatric Service	6,811		542	7,353
00183	15	33	Didl Hirsch Psychiatric Service	-		-	-
00183	15	34	Didl Hirsch Psychiatric Service	18,901		1,505	20,406
00183	15	41	Didl Hirsch Psychiatric Service	122,932		9,788	132,720
00183	15	42	Didl Hirsch Psychiatric Service	228,727		18,212	246,939
00183	15	52	Didl Hirsch Psychiatric Service	8,607		685	9,292
00183	15	54	Didl Hirsch Psychiatric Service	22,863		1,820	24,683
00184	10	99	Dubnoff Center	-		-	-
00185	15	03	El Centro De Amistad, Inc.	224		18	242
00185	15	12	El Centro De Amistad, Inc.	-		-	-
00185	15	33	El Centro De Amistad, Inc.	-		-	-
00185	15	41	El Centro De Amistad, Inc.	-		-	-
00188	10	85	Enkl Health & Research	27,439		2,185	29,624
00188	10	89	Enkl Health & Research	38,009		3,026	41,036
00188	15	03	Enkl Health & Research	8,569		682	9,251
00188	15	04	Enkl Health & Research	11,147		888	12,035
00188	15	10	Enkl Health & Research	12,729		1,014	13,743
00188	15	12	Enkl Health & Research	20,761		1,653	22,414
00188	15	41	Enkl Health & Research	120,478		9,593	130,071
00188	15	42	Enkl Health & Research	69,959		5,570	75,529
00188	15	52	Enkl Health & Research	700		56	756
00188	15	54	Enkl Health & Research	5,197		414	5,611
00647	10	99	Five Acres Boys' & Girls' Aid Society of Los Ar	-		-	-
00647	15	12	Five Acres Boys' & Girls' Aid Society of Los Ar	-		-	-
00647	15	33	Five Acres Boys' & Girls' Aid Society of Los Ar	-		-	-
00647	15	41	Five Acres Boys' & Girls' Aid Society of Los Ar	-		-	-
00724	15	03	Foothill Family Service	7		1	8
00724	15	12	Foothill Family Service	9,496		756	10,252
00724	15	33	Foothill Family Service	-		-	-
00724	15	41	Foothill Family Service	44,251		3,523	47,775
00724	15	54	Foothill Family Service	753		60	813
00190	15	03	Gateways Hospital	349		28	377
00190	15	12	Gateways Hospital	688		55	743
00190	15	33	Gateways Hospital	409		33	442
00190	15	41	Gateways Hospital	4,260		339	4,599
00174	10	99	Hamburger Home, Inc.	3,608		287	3,895
00174	15	03	Hamburger Home, Inc.	4,683		373	5,056
00174	15	12	Hamburger Home, Inc.	2,126		169	2,295
00174	15	41	Hamburger Home, Inc.	18,713		1,490	20,203
00192	10	99	Hathaway Children & Family Services	57,630		4,589	62,219
00192	15	03	Hathaway Children & Family Services	2,905		231	3,137
00192	15	12	Hathaway Children & Family Services	21,299		1,696	22,995
00192	15	33	Hathaway Children & Family Services	441		35	476
00192	15	41	Hathaway Children & Family Services	102,538		8,164	110,703
00192	15	54	Hathaway Children & Family Services	0		0	0
00198	10	99	Help Group Child & Family Center	2,079		166	2,245
00198	15	03	Help Group Child & Family Center	3,798		302	4,100
00198	15	12	Help Group Child & Family Center	55,732		4,438	60,170

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2003-2004 SB 90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUE WORKSHEET - EPSDT-SGF MATCH TO FFP

ENTITY NUMBER	MODE	SFC	ENTITY NAME	EPSDT-SGF	DMH	CONTRACTOR	TOTAL
				MATCH TO FFP	ADMIN COSTS	ADMIN COSTS	EPSDT-SGF AND ADMIN COSTS
					13.5837%	7.9623%	
00198	15	33	Help Group Child & Family Center	415		33	448
00198	15	41	Help Group Child & Family Center	162,058		12,904	174,961
00198	15	54	Help Group Child & Family Center	5,906		470	6,377
00321	10	99	Hillsides	22,943		1,827	24,770
00321	15	03	Hillsides	870		69	939
00321	15	12	Hillsides	2,771		221	2,991
00321	15	33	Hillsides	-		-	-
00321	15	41	Hillsides	17,801		1,417	19,218
00321	15	54	Hillsides	519		41	560
00171	15	03	Institute For Redesign of Learning (The Alman	1,197		95	1,292
00171	15	12	Institute For Redesign of Learning (The Alman	17,123		1,363	18,486
00171	15	41	Institute For Redesign of Learning (The Alman	53,124		4,230	57,354
00171	15	54	Institute For Redesign of Learning (The Alman	8,372		667	9,038
00195	10	89	Intercommunity Child Guidance Center	-		-	-
00195	15	03	Intercommunity Child Guidance Center	-		-	-
00195	15	12	Intercommunity Child Guidance Center	-		-	-
00195	15	33	Intercommunity Child Guidance Center	-		-	-
00195	15	41	Intercommunity Child Guidance Center	-		-	-
00195	15	54	Intercommunity Child Guidance Center	-		-	-
00315	15	03	LAUSD 97th St. Mental Health	0		0	0
00315	15	12	LAUSD 97th St. Mental Health	0		0	0
00315	15	41	LAUSD 97th St. Mental Health	0		0	0
00315	15	54	LAUSD 97th St. Mental Health	0		0	0
00199	10	89	Los Angeles Child Guidance Clinic	-		-	-
00199	10	99	Los Angeles Child Guidance Clinic	-		-	-
00199	15	03	Los Angeles Child Guidance Clinic	-		-	-
00199	15	12	Los Angeles Child Guidance Clinic	-		-	-
00199	15	33	Los Angeles Child Guidance Clinic	-		-	-
00199	15	41	Los Angeles Child Guidance Clinic	-		-	-
00199	15	54	Los Angeles Child Guidance Clinic	-		-	-
00971	10	99	McKInley Children's Center	132,102		10,518	142,621
01170	15	04	New Horizons Family Center	-		-	-
01170	15	10	New Horizons Family Center	-		-	-
01170	15	42	New Horizons Family Center	-		-	-
00203	10	89	Pacific Clinics	0		0	0
00203	15	03	Pacific Clinics	0		0	0
00203	15	12	Pacific Clinics	0		0	0
00203	15	33	Pacific Clinics	0		0	0
00203	15	41	Pacific Clinics	0		0	0
00203	15	54	Pacific Clinics	0		0	0
00204	10	89	Pasadena Childrens Training	-		-	-
00204	15	03	Pasadena Childrens Training	0		0	0
00204	15	12	Pasadena Childrens Training	-		-	-
00204	15	33	Pasadena Childrens Training	0		0	0
00204	15	41	Pasadena Childrens Training	0		0	0
00204	15	54	Pasadena Childrens Training	0		0	0
00201	15	03	Penny Lane Centers	-		-	-
00201	15	12	Penny Lane Centers	-		-	-
00201	15	41	Penny Lane Centers	-		-	-
00201	15	54	Penny Lane Centers	-		-	-
00217	15	03	Saint Johns Health center	0		0	0
00217	15	12	Saint Johns Health center	0		0	0
00217	15	33	Saint Johns Health center	0		0	0
00217	15	41	Saint Johns Health center	0		0	0
00217	15	54	Saint Johns Health center	0		0	0
00208	10	89	San Fernando Valley CMHC Inc.	-		-	-
00208	10	99	San Fernando Valley CMHC Inc.	-		-	-
00208	15	03	San Fernando Valley CMHC Inc.	-		-	-
00208	15	12	San Fernando Valley CMHC Inc.	-		-	-
00208	15	41	San Fernando Valley CMHC Inc.	-		-	-

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2003-2004 SB 90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUE WORKSHEET - EPSDT-SGF MATCH TO FFP

ENTITY NUMBER	MODE	SFC	ENTITY NAME	EPSDT-SGF	DMH	CONTRACTOR	TOTAL
				MATCH TO FFP	ADMIN COSTS		ADMIN COSTS
					13.5837%		7.9623%
00208	15	54	San Fernando Valley CMHC Inc.	-		-	-
00320	10	89	San Gabriel Children's Center	201,704		16,080	217,765
00320	15	03	San Gabriel Children's Center	423		34	457
00320	15	12	San Gabriel Children's Center	3,022		241	3,262
00320	15	41	San Gabriel Children's Center	29,291		2,332	31,623
00320	15	54	San Gabriel Children's Center	43,563		3,469	47,032
00558	15	12	SHIELDS for Families, Inc.	-		-	-
00558	15	41	SHIELDS for Families, Inc.	-		-	-
00558	15	54	SHIELDS for Families, Inc.	-		-	-
00213	10	99	South Bay Children's Health Center	-		-	-
00213	15	03	South Bay Children's Health Center	-		-	-
00213	15	12	South Bay Children's Health Center	-		-	-
00213	15	33	South Bay Children's Health Center	-		-	-
00213	15	41	South Bay Children's Health Center	-		-	-
00213	15	54	South Bay Children's Health Center	0		0	0
00214	15	03	Special Service Fro Groups	1,070		85	1,155
00214	15	12	Special Service Fro Groups	600		48	648
00214	15	33	Special Service Fro Groups	-		-	-
00214	15	41	Special Service Fro Groups	2,681		212	2,873
00214	15	54	Special Service Fro Groups	141		11	152
00784	15	03	St. Francis Medical Center	786		63	848
00784	15	12	St. Francis Medical Center	327		26	354
00784	15	41	St. Francis Medical Center	4,027		321	4,348
00543	15	03	Starview Adolescent Center	1,111		88	1,200
00543	15	12	Starview Adolescent Center	75		6	81
00543	15	41	Starview Adolescent Center	3,189		252	3,421
00216	15	03	Stirling Academy, Inc.	-		-	-
00216	15	12	Stirling Academy, Inc.	-		-	-
00216	15	33	Stirling Academy, Inc.	-		-	-
00216	15	41	Stirling Academy, Inc.	-		-	-
00216	15	54	Stirling Academy, Inc.	-		-	-
00191	10	99	The Guidance Center	17,267		1,375	18,642
00191	15	03	The Guidance Center	34,989		2,786	37,775
00191	15	12	The Guidance Center	31,628		2,518	34,145
00191	15	33	The Guidance Center	1,261		100	1,361
00191	15	41	The Guidance Center	96,865		7,713	104,577
00191	15	54	The Guidance Center	13,790		1,098	14,888
00221	15	12	Verdugo Mental Health Center	0		0	0
00221	15	33	Verdugo Mental Health Center	0		0	0
00221	15	41	Verdugo Mental Health Center	0		0	0
00221	15	54	Verdugo Mental Health Center	0		0	0
00196	10	89	Vista Del Mar Child and Family Services	146,549		11,669	158,218
00196	10	99	Vista Del Mar Child and Family Services	133,396		10,621	144,018
00196	15	03	Vista Del Mar Child and Family Services	26,806		2,134	28,941
00196	15	12	Vista Del Mar Child and Family Services	6,180		492	6,672
00196	15	33	Vista Del Mar Child and Family Services	2,630		209	2,839
00196	15	41	Vista Del Mar Child and Family Services	94,986		7,563	102,549
00196	15	54	Vista Del Mar Child and Family Services	12,321		981	13,302
TOTAL				\$ 4,257,619	\$ 67,928	\$ 299,188	\$ 4,624,735
ADD:							
FY 2002-2003 SB 90 Claim State General Fund Revenue Adjustment (Attachment 7c)							158,549
TOTAL EPSDT-SGF AND SHARE OF ADMIN COST (To HDS-3 Line 13)							\$ 4,783,284

Attachment 7c

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB 90 CLAIM REVENUE ADJUSTMENTS - PRIOR YEAR
 FY 2003-2004

(1) FY 2002-2003 SB 90 Claim State General Fund (SGF) Revenue Adjustment

	1	2	3	4
TOTAL MEDI-CAL EPSDT		FY 2002-2003 ADJUSTED BASELINE	MEDI-CAL EPSDT AMOUNT OVER FY 2002-2003 ADJUSTED BASELINE (1 minus 2)	REVENUE OFFSET - EPSDT-SGF MATCH TO FFP (Col 3 x %) 48.5625%
	\$ 15,234,120	\$ 5,441,812	\$ 9,792,308	\$ 4,755,390
				\$ 4,596,841
				\$ 158,549 ^a

FY 2002-2003 Final Medi-Cal Explanation of Benefits (EOB)
 FY 2002-2003 Estimate
 Adjustment of FY 2002-2003 Estimate To Actual

(2) FY 2002-2003 SB 90 Claim Federal Financial Participation (FFP) Adjustment

REVENUE OFFSET FFP	
\$ 8,116,165	
\$ 8,529,008	
\$ (412,843) ^a	

FY 2002-2003 Final Medi-Cal Explanation of Benefits (EOB)
 FY 2002-2003 Estimate
 Adjustment of FY 2002-2003 Estimate To Actual

^a Amounts will be reduction to FY 2003-2004 SB 90 claim.

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
FY 2003-2004 SB 90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
OFFSETTING REVENUE WORKSHEET - FEDERAL SAMHSA GRANT**

<u>ENTITY NUMBER</u>	<u>MODE</u>	<u>SFC</u>	<u>ENTITY NAME</u>	<u>AMOUNT</u>
00191	15	03	The Guidance Center	\$ 5,454
00191	15	41	The Guidance Center	9,068
SUBTOTAL				14,522
ADD: CONTRACTOR ADMIN COST @				7.9623% 1,156
TOTAL FEDERAL SAMHSA GRANT AND SHARE OF ADMIN COSTS				\$ 15,678

To HDS-3, Line 13

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2003-2004 SB 90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUE WORKSHEET - OTHER STATE AND LOCAL FUNDS

ENTITY NUMBER	MODE	SFC	ENTITY NAME	CSOC	CalWORKs	TOTAL
00179	15	03	Childrens Hospital of Los Angeles	\$ -	\$ 269	\$ 269
00179	15	04	Childrens Hospital of Los Angeles	-	-	-
00179	15	10	Childrens Hospital of Los Angeles	-	-	-
00179	15	12	Childrens Hospital of Los Angeles	-	832	832
00179	15	33	Childrens Hospital of Los Angeles	-	235	235
00179	15	34	Childrens Hospital of Los Angeles	-	-	-
00179	15	41	Childrens Hospital of Los Angeles	-	5,770	5,770
00179	15	42	Childrens Hospital of Los Angeles	-	-	-
00179	15	52	Childrens Hospital of Los Angeles	-	-	-
00179	15	54	Childrens Hospital of Los Angeles	-	294	294
00183	15	03	Didl Hirsch Psychiatric Service	443	-	443
00183	15	41	Didl Hirsch Psychiatric Service	39	-	39
00188	15	03	Enkl Health & Research	443	-	443
00188	15	12	Enkl Health & Research	5,861	-	5,861
00188	15	41	Enkl Health & Research	29,794	-	29,794
00204	15	03	Pasadena Childrens Training	783	-	783
00204	15	12	Pasadena Childrens Training	979	-	979
00204	15	41	Pasadena Childrens Training	7,354	-	7,354
00208	15	41	San Fernando Valley CMHC Inc.	411	-	411
00191	15	03	The Guidance Center	3,069	-	3,069
00191	15	12	The Guidance Center	1,949	-	1,949
00191	15	41	The Guidance Center	711	-	711
00196	15	03	Vista Del Mar Child and Family Services	36,336	-	36,336
00196	15	12	Vista Del Mar Child and Family Services	1,137	-	1,137
00196	15	41	Vista Del Mar Child and Family Services	18,891	-	18,891
SUBTOTAL				\$ 108,199	\$ 7,401	\$ 115,600
ADD: CONTRACTOR ADMIN COST @				7.9623%	8,615	589
TOTAL, OTHER STATE AND LOCAL FUNDS AND SHARE OF ADMIN COSTS				\$ 116,814	\$ 7,990	\$ 124,804

To HDS-3, Line 13

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2003-2004 SB 90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUE WORKSHEET - THIRD PARTY REVENUES

ENTITY NUMBER	MODE	SFC	ENTITY NAME	PATIENT FEES/CAF	PATIENT INSURANCE	MEDICARE	3RD PARTY OTHER	TOTAL
00019	15	03	LACDMH	\$ -	\$ -	\$ -	\$ 5,371	\$ 5,371
00019	15	04	LACDMH	-	-	-	-	-
00019	15	10	LACDMH	-	-	-	-	-
00019	15	12	LACDMH	-	-	-	143	143
00019	15	33	LACDMH	-	-	-	13	13
00019	15	34	LACDMH	-	-	-	-	-
00019	15	41	LACDMH	-	-	-	726	726
00019	15	42	LACDMH	-	-	-	-	-
00019	15	52	LACDMH	-	-	-	-	-
00019	15	54	LACDMH	-	-	-	64	64
00019	60	63	LACDMH	-	-	-	1,039	1,039
00173	15	41	Associated League of Mexican-Americans, I	3	-	-	-	3
00210	15	03	Child & Family Center	115	-	-	-	115
00210	15	12	Child & Family Center	148	-	-	-	148
00210	15	33	Child & Family Center	6	-	-	-	6
00210	15	41	Child & Family Center	1,376	-	-	-	1,376
00210	15	54	Child & Family Center	236	-	-	-	236
00207	10	89	Child & Family Guidance Center	-	-	-	5,360	5,360
00207	10	99	Child & Family Guidance Center	-	-	-	-	-
00207	15	03	Child & Family Guidance Center	99	382	-	773	1,254
00207	15	12	Child & Family Guidance Center	154	586	-	1,192	1,932
00207	15	33	Child & Family Guidance Center	19	64	-	134	217
00207	15	41	Child & Family Guidance Center	1,387	5,452	-	10,987	17,826
00207	15	54	Child & Family Guidance Center	163	621	-	1,262	2,046
00203	15	03	Pacific Clinics	15	-	61	-	76
00203	15	12	Pacific Clinics	21	-	86	-	107
00203	15	33	Pacific Clinics	-	-	-	-	-
00203	15	41	Pacific Clinics	358	2	1,596	-	1,954
00203	15	54	Pacific Clinics	76	-	328	-	404
00208	15	03	San Fernando Valley CMHC Inc.	-	-	78	-	78
00208	15	12	San Fernando Valley CMHC Inc.	-	-	137	-	137
00208	15	41	San Fernando Valley CMHC Inc.	-	-	634	-	634
00208	15	54	San Fernando Valley CMHC Inc.	-	-	208	-	208
00216	15	03	Stirling Academy, Inc.	8	-	-	24	32
00216	15	12	Stirling Academy, Inc.	19	-	-	54	73
00216	15	33	Stirling Academy, Inc.	-	-	-	-	-
00216	15	41	Stirling Academy, Inc.	45	-	-	128	173
00216	15	54	Stirling Academy, Inc.	1	-	-	1	2
SUBTOTAL				\$ 4,247	\$ 7,107	\$ 3,126	\$ 27,271	\$ 41,751
ADD: DMH ADMIN COST @ 13.5837%				-	-	-	999	999
CONTRACTOR ADMIN COST @ 7.9623%				338	586	249	1,586	2,739
TOTAL THIRD PARTY REVENUES AND SHARE OF ADMIN COSTS				\$ 4,585	\$ 7,673	\$ 3,375	\$ 29,856	\$ 45,489

To HDS-3, Line 13

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
FY 2003-2004 SB 90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
CASE MANAGEMENT OUT-OF-STATE PLACEMENT ADJUSTMENT - SB 90 CHAPTER 654

ENTITY NUMBER	MODE	SFC	ENTITY NAME	CASE MANAGEMENT	ADMIN COST	TOTAL
					13.5837%	
00019	15	03	LACDMH	\$ 400,621	\$ 54,419	\$ 455,040
			TOTAL	\$ 400,621	\$ 54,419	\$ 455,040

To HDS-3, Line 13

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FEDERAL INDIVIDUALS WITH DISABILITIES EDUCATION ACT FUNDS (IDEA FUNDS)
 FISCAL YEAR 2003-2004

	<u>Amount</u>
FEDERAL IDEA FUNDS APPROVED	<u>\$ 14,034,309</u>
FEDERAL IDEA CLAIMED SERVICES TO LACOE- LACDMH	<u>\$ 3,183,575</u>
NGA (Includes In-State and Out-Of-State)	<u>12,749,456</u>
TOTAL	<u>\$ 15,933,031</u>
FEDERAL IDEA FUNDS RECEIVED	<u>\$ 14,034,309</u>

FEDERAL IDEA FUNDS ALLOCATION

	<u>Expenditure*</u>	<u>Allocated Amount</u>
LACDMH	\$ 4,074,538	\$ 4,074,538
NON GOVERNMENTAL AGENCIES (NGA)	9,093,116	9,093,116
OUT-OF-STATE - SED PUPILS	6,807,951	866,655
TOTAL	<u>\$ 19,975,605</u>	<u>\$ 14,034,309</u>

Notes:

* Expenditure based on Eligible Non Medi-Cal mental health services from FY 2003-2004 Annual Cost Report .

1) Federal IDEA Funds For In-State Services To Handicapped Students:

	<u>ASSESSMENT</u>	<u>TREATMENT</u>	<u>TOTAL</u>
LACDMH	\$ 3,546,463	\$ 528,075	\$ 4,074,538
NON GOVERNMENTAL AGENCIES (NGA)	-	9,093,116	9,093,116
TOTAL	<u>\$ 3,546,463</u>	<u>\$ 9,621,191</u>	<u>\$ 13,167,654</u>

To HDS-3, Line 07 and FAM-27, Line 33

To HDS-3, Line 13

Attachment 8

FY 2003/2004 Indirect Cost Proposal (ICP) Rate Summary



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

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 603
LOS ANGELES, CALIFORNIA 90012-2766
PHONE: (213) 974-8321 FAX: (213) 617-8108

J. TYLER McCAULEY
AUDITOR-CONTROLLER

October 9, 2003

TO: Gurubunda Singh Khalsa
Department of Mental Health

FROM: John Naimo, Chief 
Accounting Division

SUBJECT: Fiscal Year 2003-2004 Indirect Cost Proposal

As requested, we reviewed Mental Health's Fiscal Year 2003-2004 Indirect Cost Proposal (ICP) submitted September 5, 2003. Based on our review, the rates shown in your workpapers are approved.

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

JN:RV
dmhicp04

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2003-2004
BASED ON FY 2001-2002 YEAR-END COST REPORT**

INDIRECT COST RATE BY PROGRAM

(1)

(2)

See Worksheet 4 for Indirect/Direct Cost details

	DMH Directly Operated Programs			Life Support / Specialized Shelter		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP						
EXECUTIVE OFFICE	301,288	-	301,288	4,089	-	4,089
GENERAL ADMINISTRATION OPERATIONS	5,413,479	-	5,413,479	-	-	-
FISCAL SERVICES	1,276,178	-	1,276,178	13,724	-	13,724
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,837,278	-	3,837,278	6,758	-	6,758
CONTRACTS ADMINISTRATION	-	-	-	9,189	-	9,189
MANAGEMENT INFORMATION SYSTEMS	475,890	-	475,890	55,338	-	55,338
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	125,678,392	125,678,392	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	12,860,757	12,860,757	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SAEB	11,104,111	138,539,149	149,643,260	89,098	-	89,098

SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS

CCAP	2,025,140	-	2,025,140	27,488	-	27,488
EXECUTIVE OFFICE	87,007	-	87,007	909	-	909
GENERAL ADMINISTRATION OPERATIONS	9,835,805	-	9,835,805	-	-	-
FISCAL SERVICES	127,825	-	127,825	1,180	-	1,180
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1,007,348	-	1,007,348	5,952	-	5,952
CONTRACTS ADMINISTRATION	-	-	-	725	-	725
MANAGEMENT INFORMATION SYSTEMS	2,154,811	-	2,154,811	250,548	-	250,548
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	25,401,287	25,401,287	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	11,984,420	11,984,420	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	2,387,439	2,387,439
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	2,223,192	-	2,223,192	33,278	-	33,278
CARRY FORWARD - DMH - WORKSHEET 3-B	4,134,236	-	4,134,236	420,871	-	420,871
SUB-TOTAL SS & OTHERS	21,574,765	37,385,708	58,940,473	740,946	2,387,439	3,128,385

TOTAL EXPENDITURES

CCAP	2,025,140	-	2,025,140	27,488	-	27,488
EXECUTIVE OFFICE	388,294	-	388,294	4,999	-	4,999
GENERAL ADMINISTRATION OPERATIONS	15,249,085	-	15,249,085	-	-	-
FISCAL SERVICES	1,403,803	-	1,403,803	14,904	-	14,904
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,844,628	-	4,844,628	12,710	-	12,710
CONTRACTS ADMINISTRATION	-	-	-	9,914	-	9,914
MANAGEMENT INFORMATION SYSTEMS	2,830,501	-	2,830,501	305,884	-	305,884
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	151,079,678	151,079,678	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	24,825,177	24,825,177	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	2,387,439	2,387,439
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	2,223,192	-	2,223,192	33,278	-	33,278
CARRY FORWARD - DMH - WORKSHEET 3-B	4,134,236	-	4,134,236	420,871	-	420,871
TOTAL EXPENDITURES	32,676,878	175,904,855	208,581,733	830,045	2,387,439	3,217,484

ADMINISTRATION OVERHEAD RATE

DMH OH	18.1825%	DMH OH	32.2220%
CCAP	2.4151%	CCAP	2.5451%
32,676,878 / 175,904,855 = 18.5778%		830,045 / 2,387,439 = 34.7872%	

**COUNTY OF LOS ANGELES - DEPARTMENT
INDIRECT COST RATE PROPOSAL - PLAN
BASED ON FY 2001-2002 YEAR-END COST**

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

(2A) *

(3)

	Supplemental Rates			Private Contract Providers		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	7,434	-	7,434	812,242	-	812,242
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	24,951	-	24,951	3,514,957	-	3,514,957
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	12,287	-	12,287	9,805,790	-	9,805,790
CONTRACTS ADMINISTRATION	16,706	-	16,706	3,599,014	-	3,399,014
MANAGEMENT INFORMATION SYSTEMS	165,918	-	165,918	1,636,323	-	1,636,323
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	227,296	-	227,296	18,166,327	-	18,166,327

SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS

CCAP	49,971	-	49,971	5,459,603	-	5,459,603
EXECUTIVE OFFICE	1,653	-	1,653	180,646	-	180,646
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	2,145	-	2,145	344,884	-	344,884
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	10,821	-	10,821	2,715,725	-	2,715,725
CONTRACTS ADMINISTRATION	1,318	-	1,318	202,755	-	202,755
MANAGEMENT INFORMATION SYSTEMS	751,200	-	751,200	7,408,518	-	7,408,518
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	4,340,549	4,340,549	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	474,224,462	474,224,462
CARRY FORWARD - CCAP - WORKSHEET 3-A	60,501	-	60,501	5,392,570	-	5,392,570
CARRY FORWARD - DMH - WORKSHEET 3-B	765,176	-	765,176	4,718,518	-	4,718,518
SUB-TOTAL SS & OTHERS	1,642,787	4,340,549	5,983,335	26,423,220	474,224,462	500,647,681

TOTAL EXPENDITURES

CCAP	49,971	-	49,971	5,459,603	-	5,459,603
EXECUTIVE OFFICE	9,088	-	9,088	992,888	-	992,888
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	27,096	-	27,096	3,859,842	-	3,859,842
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	23,108	-	23,108	12,521,515	-	12,521,515
CONTRACTS ADMINISTRATION	18,024	-	18,024	3,801,769	-	3,801,769
MANAGEMENT INFORMATION SYSTEMS	917,118	-	917,118	9,044,841	-	9,044,841
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	4,340,549	4,340,549	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	474,224,462	474,224,462
CARRY FORWARD - CCAP - WORKSHEET 3-A	60,501	-	60,501	5,392,570	-	5,392,570
CARRY FORWARD - DMH - WORKSHEET 3-B	765,176	-	765,176	4,718,518	-	4,718,518
TOTAL EXPENDITURES	1,670,083	4,340,549	6,210,632	45,591,546	474,224,462	519,816,008

*Percentage is not shown. There is no Supplemental Rates program in 2003-04.

DMH OH 7.3255%
CCAP 2.2884%

ADMINISTRATION OVERHEAD RATE

$45,591,546 / 474,224,462 = 9.6139\%$

**COUNTY OF LOS ANGELES - DEPARTMENT
INDIRECT COST RATE PROPOSAL - PLAN
BASED ON FY 2001-2002 YEAR-END COST**

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(4)			(5)		
	DHS			Public Guardian		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	37,957	-	37,957	14,848	-	14,848
GENERAL ADMINISTRATION OPERATIONS	-	-	-	232,885	-	232,885
FISCAL SERVICES	164,258	-	164,258	49,156	-	49,156
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	378,520	-	378,520	296,883	-	296,883
CONTRACTS ADMINISTRATION	98,327	-	98,327	-	-	-
MANAGEMENT INFORMATION SYSTEMS	62,822	-	62,822	7,043	-	7,043
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	10,070	10,070	-	-	-
PUBLIC GUARDIAN	-	-	-	-	5,159,350	5,159,350
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	679,882	10,070	690,752	600,392	5,159,350	5,759,742

SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	265,130	-	265,130	98,446	-	98,446
EXECUTIVE OFFICE	8,442	-	8,442	3,257	-	3,257
GENERAL ADMINISTRATION OPERATIONS	-	-	-	423,088	-	423,088
FISCAL SERVICES	16,117	-	16,117	4,226	-	4,226
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	124,434	-	124,434	26,498	-	26,498
CONTRACTS ADMINISTRATION	1,032	-	1,032	-	-	-
MANAGEMENT INFORMATION SYSTEMS	263,623	-	263,623	31,889	-	31,889
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	88,633,051	88,633,051	-	-	-
PUBLIC GUARDIAN	-	-	-	-	3,391,749	3,391,749
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	308,199	-	308,199	113,038	-	113,038
CARRY FORWARD - DMH - WORKSHEET 3-B	78,272	-	78,272	93,627	-	93,627
SUB-TOTAL SS & OTHERS	1,075,148	88,633,051	89,708,200	794,064	3,391,749	4,185,613

TOTAL EXPENDITURES						
CCAP	255,130	-	255,130	98,446	-	98,446
EXECUTIVE OFFICE	48,398	-	48,398	17,904	-	17,904
GENERAL ADMINISTRATION OPERATIONS	-	-	-	655,950	-	655,950
FISCAL SERVICES	180,373	-	180,373	53,381	-	53,381
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	500,955	-	500,955	323,178	-	323,178
CONTRACTS ADMINISTRATION	39,359	-	39,359	-	-	-
MANAGEMENT INFORMATION SYSTEMS	348,145	-	348,145	38,932	-	38,932
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	88,643,122	88,643,122	-	-	-
PUBLIC GUARDIAN	-	-	-	-	8,551,099	8,551,099
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	308,199	-	308,199	113,038	-	113,038
CARRY FORWARD - DMH - WORKSHEET 3-B	78,272	-	78,272	93,627	-	93,627
TOTAL EXPENDITURES	1,754,830	88,643,122	90,397,952	1,394,456	8,551,099	9,945,556

	DMH OH	1.3442%	DMH OH	13.8342%
	CCAP	0.8355%	CCAP	2.4732%
ADMINISTRATION OVERHEAD RATE	1,754,830 / 88,643,122 =	1.9787%	1,394,456 / 8,551,099 =	16.3073%

**COUNTY OF LOS ANGELES - DEPARTMENT
INDIRECT COST RATE PROPOSAL - PLAN
BASED ON FY 2001-2002 YEAR-END COST**

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(6)			(7)		
	TAR / Office of Managed Care			Fee for Service		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	8,760	-	8,760	62,003	-	62,003
GENERAL ADMINISTRATION OPERATIONS	185,290	-	185,290	-	-	-
FISCAL SERVICES	29,401	-	29,401	217,021	-	217,021
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	18,974	-	18,974	615,057	-	615,057
CONTRACTS ADMINISTRATION	-	-	-	139,327	-	139,327
MANAGEMENT INFORMATION SYSTEMS	-	-	-	222,360	-	222,360
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	4,477,972	4,477,972	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	242,426	4,477,972	4,720,398	1,255,788	-	1,255,788
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	58,884	-	58,884	418,763	-	418,763
EXECUTIVE OFFICE	1,948	-	1,948	13,790	-	13,790
GENERAL ADMINISTRATION OPERATIONS	338,649	-	338,649	-	-	-
FISCAL SERVICES	2,527	-	2,527	1,284,279	-	1,284,279
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	13,177	-	13,177	203,267	-	203,267
CONTRACTS ADMINISTRATION	-	-	-	10,995	-	10,995
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,008,634	-	1,008,634
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	636,708	636,708	-	-	-
FEE FOR SERVICE	-	-	-	-	87,277,446	87,277,446
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	84,794	-	84,794	551,168	-	551,168
CARRY FORWARD - DMH - WORKSHEET 3-B	184,699	-	184,699	(5,478,534)	-	(5,478,534)
SUB-TOTAL SS & OTHERS	662,879	636,708	1,299,587	(1,889,436)	87,277,446	86,288,008
TOTAL EXPENDITURES						
CCAP	58,884	-	58,884	418,763	-	418,763
EXECUTIVE OFFICE	10,709	-	10,709	75,793	-	75,793
GENERAL ADMINISTRATION OPERATIONS	521,939	-	521,939	-	-	-
FISCAL SERVICES	31,929	-	31,929	1,501,300	-	1,501,300
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	32,151	-	32,151	818,324	-	818,324
CONTRACTS ADMINISTRATION	-	-	-	150,322	-	150,322
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,229,214	-	1,229,214
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	5,114,680	5,114,680	-	-	-
FEE FOR SERVICE	-	-	-	-	87,277,446	87,277,446
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	84,794	-	84,794	551,168	-	551,168
CARRY FORWARD - DMH - WORKSHEET 3-B	184,699	-	184,699	(5,478,534)	-	(5,478,534)
TOTAL EXPENDITURES	905,105	5,114,680	6,019,785	(733,650)	87,277,446	86,543,798
			DMH OH		DMH OH	-1.9498%
			CCAP		CCAP	1.1090%
			905,105 / 5,114,680 =		(733,650) / 87,277,446 =	-0.8406%
ADMINISTRATION OVERHEAD RATE						

**COUNTY OF LOS ANGELES - DEPARTMENT
INDIRECT COST RATE PROPOSAL - PLAN
BASED ON FY 2001-2002 YEAR-END COST**

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(B)			(C)		
	Unallowable Costs			State Hospitals		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	103,744	-	103,744	22,980	-	22,980
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	348,188	-	348,188	77,124	-	77,124
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	171,455	-	171,455	216,159	-	216,159
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	75,535	-	75,535
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	39,001	39,001	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	623,384	39,001	662,385	391,798	-	391,798

SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS

CCAP	897,328	-	897,328	154,481	-	154,481
EXECUTIVE OFFICE	23,073	-	23,073	6,111	-	6,111
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	28,931	-	28,931	6,630	-	6,630
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	151,005	-	151,005	74,217	-	74,217
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	341,988	-	341,988
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	53,666,311	53,666,311
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	60,531,372	60,531,372	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	832,829	-	832,829	230,320	-	230,320
CARRY FORWARD - DMH - WORKSHEET 3-B	(11,542)	-	(11,542)	114,432	-	114,432
SUB-TOTAL SS & OTHERS	1,722,424	60,531,372	62,253,797	927,159	53,666,311	54,593,470

TOTAL EXPENDITURES

CCAP	897,328	-	897,328	154,481	-	154,481
EXECUTIVE OFFICE	128,817	-	128,817	28,090	-	28,090
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	378,117	-	378,117	83,754	-	83,754
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	322,460	-	322,460	290,378	-	290,378
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	417,523	-	417,523
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	53,666,311	53,666,311
STATE HOSPITAL	-	-	-	-	-	-
UNALLOWED COST	-	60,570,373	60,570,373	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	832,829	-	832,829	230,320	-	230,320
CARRY FORWARD - DMH - WORKSHEET 3-B	(11,542)	-	(11,542)	114,432	-	114,432
TOTAL EXPENDITURES	2,345,809	60,570,373	62,916,182	1,318,957	53,666,311	54,985,268

ADMINISTRATION OVERHEAD RATE

DMH OH	1.3469%	DMH OH	1.7407%
CCAP	2.5259%	CCAP	0.7170%
2,345,809 / 60,570,373 = 3.8728%		1,318,957 / 53,666,311 = 2.4577%	

**COUNTY OF LOS ANGELES - DEPARTMENT
INDIRECT COST RATE PROPOSAL - PLAN
BASED ON FY 2001-2002 YEAR-END COST**

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(10)	(11) *			(12)
	Total Before Adjustment	Adjustment for Supplemental Rates (2A)			Adjusted Total
		Indirect	Direct	Total	
SALARIES AND EMPLOYEE BENEFITS					
CCAP					
EXECUTIVE OFFICE	1,375,141	(7,434)	-	(7,434)	1,367,707
GENERAL ADMINISTRATION OPERATIONS	5,631,634	-	-	-	5,631,634
FISCAL SERVICES	5,714,955	(24,951)	-	(24,951)	5,690,004
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	15,158,961	(12,267)	-	(12,267)	15,146,694
CONTRACTS ADMINISTRATION	3,602,662	(16,706)	-	(16,706)	3,585,956
MANAGEMENT INFORMATION SYSTEMS	2,701,049	(165,918)	-	(165,918)	2,535,131
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	125,678,392	-	-	-	125,678,392
DMH DIRECTLY OPERATED MH PROG-SPECIAL	12,860,757	-	-	-	12,860,757
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-
DHS	10,070	-	-	-	10,070
PUBLIC GUARDIAN	5,159,350	-	-	-	5,159,350
TAR/OFFICE OF MANAGED CARE	4,477,972	-	-	-	4,477,972
FEE FOR SERVICE	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-
UNALLOWED COST	39,001	-	-	-	39,001
CONTRACT PROVIDERS	-	-	-	-	-
SUB-TOTAL S&EB	162,807,845	(227,296)	-	(227,296)	162,580,549
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS					
CCAP	9,243,213	(49,971)	-	(49,971)	9,193,242
EXECUTIVE OFFICE	305,838	(1,653)	-	(1,653)	304,184
GENERAL ADMINISTRATION OPERATIONS	10,595,340	-	-	-	10,595,340
FISCAL SERVICES	1,819,544	(2,145)	-	(2,145)	1,817,399
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,332,442	(10,621)	-	(10,621)	4,321,821
CONTRACTS ADMINISTRATION	216,826	(1,318)	-	(1,318)	215,507
MANAGEMENT INFORMATION SYSTEMS	12,229,108	(761,200)	-	(761,200)	11,467,908
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	25,401,287	-	-	-	25,401,287
DMH DIRECTLY OPERATED MH PROG-SPECIAL	11,984,420	-	-	-	11,984,420
LIFE SUPPORT/SUPPLEMENTARY RATES	6,727,967	-	(4,340,549)	(4,340,549)	2,387,418
DHS	88,633,051	-	-	-	88,633,051
PUBLIC GUARDIAN	3,391,749	-	-	-	3,391,749
TAR/OFFICE OF MANAGED CARE	836,708	-	-	-	836,708
FEE FOR SERVICE	87,277,446	-	-	-	87,277,446
STATE HOSPITAL	53,666,311	-	-	-	53,666,311
UNALLOWED COST	60,631,372	-	-	-	60,631,372
CONTRACT PROVIDERS	474,224,482	-	-	-	474,224,482
CARRY FORWARD - CCAP - WORKSHEET 3-A	9,609,889	(60,501)	-	(60,501)	9,549,388
CARRY FORWARD - DMH - WORKSHEET 3-B	5,021,755	(765,176)	-	(765,176)	4,256,579
SUB-TOTAL SS & OTHERS	866,028,548	(1,642,767)	(4,340,549)	(5,983,335)	860,045,212
TOTAL EXPENDITURES					
CCAP	9,243,213	(49,971)	-	(49,971)	9,193,242
EXECUTIVE OFFICE	1,680,979	(9,088)	-	(9,088)	1,671,891
GENERAL ADMINISTRATION OPERATIONS	16,426,974	-	-	-	16,426,974
FISCAL SERVICES	7,534,499	(27,096)	-	(27,096)	7,507,402
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	19,486,403	(23,108)	-	(23,108)	19,463,295
CONTRACTS ADMINISTRATION	3,819,388	(18,024)	-	(18,024)	3,801,364
MANAGEMENT INFORMATION SYSTEMS	14,930,158	(917,118)	-	(917,118)	14,013,040
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	151,076,678	-	-	-	151,076,678
DMH DIRECTLY OPERATED MH PROG-SPECIAL	24,825,177	-	-	-	24,825,177
LIFE SUPPORT/SUPPLEMENTARY RATES	6,727,967	-	(4,340,549)	(4,340,549)	2,387,418
DHS	88,643,122	-	-	-	88,643,122
PUBLIC GUARDIAN	8,551,099	-	-	-	8,551,099
TAR/OFFICE OF MANAGED CARE	5,114,880	-	-	-	5,114,880
FEE FOR SERVICE	87,277,446	-	-	-	87,277,446
STATE HOSPITAL	53,666,311	-	-	-	53,666,311
UNALLOWED COST	60,570,373	-	-	-	60,570,373
CONTRACT PROVIDERS	474,224,482	-	-	-	474,224,482
CARRY FORWARD - CCAP - WORKSHEET 3-A	9,609,889	(60,501)	-	(60,501)	9,549,388
CARRY FORWARD - DMH - WORKSHEET 3-B	5,021,755	(765,176)	-	(765,176)	4,256,579
TOTAL EXPENDITURES	1,046,638,392	(1,670,083)	(4,340,549)	(6,210,632)	1,042,426,761

*Adjustment is made to align 2001-02
expenditures to reflect 2003-04 programs.
(See worksheet 1 for details)

ADMINISTRATION OVERHEAD RATE

Attachment 9

Cost Report Annual Rates for FY 2003/2004

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

See Worksheet 4 for Indirect/Direct Cost details

(1)

(2)

	DMH Directly Operated Programs			Life Support/Supplemental Rates		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	360,264	-	360,264	5,512	-	5,512
GENERAL ADMINISTRATION OPERATIONS	5,989,814	-	5,989,814	-	-	-
FISCAL SERVICES	1,705,897	-	1,705,897	18,038	-	18,038
MENTAL HEALTH BUREAU ADMINISTRATION/I	3,589,622	-	3,589,622	6,204	-	6,204
CONTRACTS ADMINISTRATION	-	-	-	13,681	-	13,681
MANAGEMENT INFORMATION SYSTEMS	703,351	-	703,351	45,231	-	45,231
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	-	158,199,470	158,199,470	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	8,456,724	8,456,724	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	12,342,749	164,656,184	176,998,943	90,645	-	90,645

SRVC & SUPP / OTHER CHAR / FIX ASSETS						
CCAP	2,190,021	-	2,190,021	33,509	-	33,509
EXECUTIVE OFFICE	44,258	-	44,258	677	-	677
GENERAL ADMINISTRATION OPERATIONS	6,257,720	-	6,257,720	-	-	-
FISCAL SERVICES	111,232	-	111,232	1,164	-	1,164
MENTAL HEALTH BUREAU ADMINISTRATION/I	372,578	-	372,578	3,793	-	3,793
CONTRACTS ADMINISTRATION	-	-	-	479	-	479
MANAGEMENT INFORMATION SYSTEMS	3,532,183	-	3,532,183	152,578	-	152,578
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL	-	28,228,542	28,228,542	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	4,783,641	4,783,641	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	3,024,446	3,024,446
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	14,507,691	33,012,183	47,520,174	192,198	3,024,446	3,218,644

TOTAL EXPENDITURES						
CCAP	2,190,021	-	2,190,021	33,509	-	33,509
EXECUTIVE OFFICE	404,522	-	404,522	8,189	-	8,189
GENERAL ADMINISTRATION OPERATIONS	14,241,334	-	14,241,334	-	-	-
FISCAL SERVICES	1,817,128	-	1,817,128	19,202	-	19,202
MENTAL HEALTH BUREAU ADMINISTRATION/I	3,962,201	-	3,962,201	11,997	-	11,997
CONTRACTS ADMINISTRATION	-	-	-	14,140	-	14,140
MANAGEMENT INFORMATION SYSTEMS	4,235,534	-	4,235,534	197,607	-	197,607
DMH DIRECTLY OPERATED MH.PROGRAMS-C	-	184,428,012	184,428,012	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	13,240,365	13,240,365	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	3,024,446	3,024,446
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	26,850,740	197,668,377	224,519,117	282,844	3,024,446	3,307,290

		DMH OH	12.4758%		DMH OH	8.2440%
		CCAP	1.1079%		CCAP	1.1079%
ADMIN. OVERHEAD RATE FOR 2003/2004	26,850,740 / 197,668,377 =		13.5837%	282,844 / 3,024,446 =		9.3519%
ADMIN. OVERHEAD RATE FOR 2002/2003	29,331,116 / 189,562,900 =		15.4730%	381,248 / 2,974,725 =		12.8182%

COUNTY OF LOS ANGELES

DEPARTMENT OF MENTAL HEALTH
 FY 2003-2004 YEAR-END COST REPORT
 INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(3a)			(3b)			(4)		
	In-State MH Contract Providers			Consultation, Out of State, & Other Contractors			DHS		
	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS									
CCAP	-	-	-	-	-	-	-	-	-
EXECUTIVE OFFICE	905,237	-	905,237	16,177	-	16,177	39,650	-	39,650
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-	-	-	-
FISCAL SERVICES	4,266,409	-	4,266,409	72,598	-	72,598	167,748	-	167,748
MENTAL HEALTH BUREAU ADMINISTRATION/	9,019,649	-	9,019,649	181,181	-	181,181	369,406	-	369,406
CONTRACTS ADMINISTRATION	4,397,122	-	4,397,122	58,615	-	58,615	40,995	-	40,995
MANAGEMENT INFORMATION SYSTEMS	2,528,231	-	2,528,231	-	-	-	78,171	-	78,171
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPEC/	-	-	-	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-	-	-	-
DHS	-	-	-	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
SUB-TOTAL S&EB	21,134,647	-	21,134,647	306,769	-	306,769	715,972	-	715,972
SRVC & SUPP / OTHER CHAR / FIX ASSETS									
CCAP	5,502,868	-	5,502,868	96,336	-	96,336	241,030	-	241,030
EXECUTIVE OFFICE	111,206	-	111,206	1,987	-	1,987	4,671	-	4,671
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-	-	-	-
FISCAL SERVICES	279,492	-	279,492	4,949	-	4,949	12,242	-	12,242
MENTAL HEALTH BUREAU ADMINISTRATION/	936,178	-	936,178	16,730	-	16,730	40,424	-	40,424
CONTRACTS ADMINISTRATION	147,404	-	147,404	1,672	-	1,672	654	-	654
MANAGEMENT INFORMATION SYSTEMS	11,435,381	-	11,435,381	-	-	-	391,314	-	391,314
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPEC/	-	-	-	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-	-	-	-
DHS	-	-	-	-	-	-	-	87,020,284	87,020,284
PUBLIC GUARDIAN	-	-	-	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	498,681,573	498,681,573	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	8,875,704	8,875,704	-	-	-
SUB-TOTAL SS & OTHERS	18,412,530	498,681,573	515,094,103	123,674	8,875,704	8,999,377	890,535	87,020,284	87,710,819
TOTAL EXPENDITURES									
CCAP	5,502,868	-	5,502,868	96,336	-	96,336	241,030	-	241,030
EXECUTIVE OFFICE	1,016,443	-	1,016,443	16,164	-	16,164	44,521	-	44,521
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-	-	-	-
FISCAL SERVICES	4,565,901	-	4,565,901	77,544	-	77,544	189,990	-	189,990
MENTAL HEALTH BUREAU ADMINISTRATION/	9,955,828	-	9,955,828	177,911	-	177,911	409,832	-	409,832
CONTRACTS ADMINISTRATION	4,544,528	-	4,544,528	58,488	-	58,488	41,849	-	41,849
MANAGEMENT INFORMATION SYSTEMS	13,981,612	-	13,981,612	-	-	-	469,485	-	469,485
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPEC/	-	-	-	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-	-	87,020,284	87,020,284
DHS	-	-	-	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	498,681,573	498,681,573	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	8,875,704	8,875,704	-	-	-
TOTAL EXPENDITURES	39,547,177	498,681,573	536,228,751	430,443	8,875,704	9,308,148	1,408,508	87,020,284	88,428,792
		DMH OH	8.8544%		DMH OH	3.7417%		DMH OH	1.3393%
		CCAP	1.1078%		CCAP	1.1078%		CCAP	0.2770%
ADMIN OVERHEAD RATE FOR 2003/2004	39,547,177 / 498,681,573 =		7.923%	430,443 / 8,875,704 =		4.8497%	1,408,508 / 87,020,284 =		1.6183%
ADMIN OVERHEAD RATE FOR 2002/2003			8.3049%			6.3049%	1,080,720 / 81,464,004 =		1.3369%

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

See Worksheet 4 for Indirect/Direct Cost details

	(6)			(8)			(7)		
	Public Guardian			TAR / Office of Managed Care			Fee for Service		
	Indirect	Direct	Total	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYER BENEFITS									
CCAP	-	-	-	-	-	-	-	-	-
EXECUTIVE OFFICE	15,670	-	15,670	10,484	-	10,484	59,640	-	59,640
GENERAL ADMINISTRATION OPERATIONS	239,345	-	239,345	189,454	-	189,454	-	-	-
FISCAL SERVICES	50,950	-	50,950	34,308	-	34,308	209,917	-	209,917
MENTAL HEALTH BUREAU ADMINISTRATION/	331,768	-	331,768	21,064	-	21,064	555,646	-	555,646
CONTRACTS ADMINISTRATION	-	-	-	-	-	-	147,805	-	147,805
MANAGEMENT INFORMATION SYSTEMS	8,183	-	8,183	-	-	-	333,362	-	333,362
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	-	-	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-	-	-	-
DHS	-	-	-	-	-	-	-	-	-
PUBLIC GUARDIAN	-	5,502,949	5,502,949	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	5,520,842	5,520,842	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
SUB-TOTAL S&EB	643,826	5,502,949	6,146,775	265,308	5,520,842	5,786,150	1,308,370	-	1,308,370
SRVC & SUPP / OTHER CHAR /FX ASSETS									
CCAP	94,650	-	94,650	63,730	-	63,730	382,546	-	382,546
EXECUTIVE OFFICE	1,913	-	1,913	1,288	-	1,288	7,327	-	7,327
GENERAL ADMINISTRATION OPERATIONS	330,309	-	330,309	275,257	-	275,257	-	-	-
FISCAL SERVICES	3,289	-	3,289	2,215	-	2,215	1,044,079	-	1,044,079
MENTAL HEALTH BUREAU ADMINISTRATION/	14,870	-	14,870	7,328	-	7,328	60,804	-	60,804
CONTRACTS ADMINISTRATION	-	-	-	-	-	-	5,181	-	5,181
MANAGEMENT INFORMATION SYSTEMS	20,889	-	20,889	-	-	-	1,318,490	-	1,318,490
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	-	-	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-	-	-	-
DHS	-	-	-	-	-	-	-	-	-
PUBLIC GUARDIAN	-	3,040,004	3,040,004	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	231,345	231,345	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-	-	84,538,984	84,538,984
STATE HOSPITAL	-	-	-	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	465,719	3,040,004	3,505,723	348,818	231,345	581,162	2,796,427	84,538,984	87,335,411
TOTAL EXPENDITURES									
CCAP	94,650	-	94,650	63,730	-	63,730	382,546	-	382,546
EXECUTIVE OFFICE	17,483	-	17,483	11,772	-	11,772	66,968	-	66,968
GENERAL ADMINISTRATION OPERATIONS	569,653	-	569,653	474,711	-	474,711	-	-	-
FISCAL SERVICES	54,239	-	54,239	38,521	-	38,521	1,253,998	-	1,253,998
MENTAL HEALTH BUREAU ADMINISTRATION/	348,438	-	348,438	28,392	-	28,392	616,450	-	616,450
CONTRACTS ADMINISTRATION	-	-	-	-	-	-	152,988	-	152,988
MANAGEMENT INFORMATION SYSTEMS	27,082	-	27,082	-	-	-	1,649,852	-	1,649,852
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	-	-	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-	-	-	-
DHS	-	-	-	-	-	-	-	-	-
PUBLIC GUARDIAN	-	8,542,952	8,542,952	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	5,752,186	5,752,186	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-	-	84,538,984	84,538,984
STATE HOSPITAL	-	-	-	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	-	-	-
TOTAL EXPENDITURES	1,109,545	8,542,952	9,652,498	615,128	5,752,186	6,367,312	4,102,796	84,538,984	88,641,781
		DMH OH	11.8798%		DMH OH	9.5858%		DMH OH	4.4243%
		CCAP	1.1079%		CCAP	1.1079%		CCAP	0.4289%
ADMIN. OVERHEAD RATE FOR 2003/2004	1,109,545 /	8,542,952 =	12.9878%	615,128 /	5,752,186 =	10.8938%	4,102,796 /	84,538,984 =	4.8531%
ADMIN. OVERHEAD RATE FOR 2002/2003	1,387,783 /	8,689,377 =	16.1570%	775,083 /	5,404,078 =	14.3428%	4,302,215 /	90,716,389 =	4.7425%

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

See Worksheet 4 for Indirect/Direct Cost details

	(8)			(9)		
	SD/MC UNREIMBURSABLE COSTS			STATE HOSPITAL		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	88,323	-	88,323	19,677	-	19,677
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	289,020	-	289,020	84,389	-	84,389
MENTAL HEALTH BUREAU ADMINISTRATION/	131,448	-	131,448	173,074	-	173,074
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	65,101	-	65,101
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	336,215	336,215	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	508,791	336,215	845,006	322,242	-	322,242
SRVC & SUPP / OTHER CHAR /FX ASSETS						
CCAP	536,907	-	536,907	119,815	-	119,815
EXECUTIVE OFFICE	10,850	-	10,850	2,417	-	2,417
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	18,857	-	18,857	4,157	-	4,157
MENTAL HEALTH BUREAU ADMINISTRATION/	60,776	-	60,776	19,848	-	19,848
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	219,805	-	219,805
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,124,310	48,124,310	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	627,191	48,124,310	48,751,501	365,841	43,185,230	43,550,671
TOTAL EXPENDITURES						
CCAP	536,907	-	536,907	119,815	-	119,815
EXECUTIVE OFFICE	99,173	-	99,173	22,094	-	22,094
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	307,877	-	307,877	88,546	-	88,546
MENTAL HEALTH BUREAU ADMINISTRATION/	192,224	-	192,224	192,922	-	192,922
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	284,706	-	284,706
DMH DIRECTLY OPERATED MH PROGRAMS-G	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,460,528	48,460,528	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	1,135,982	48,460,528	49,596,507	687,883	43,185,230	43,873,113

	DMH OH	1.2362%	DMH OH	1.3169%
	CCAP	1.1079%	CCAP	0.2770%
ADMIN. OVERHEAD RATE FOR 2003/2004	1,135,982 / 48,460,528 =	2.3441%	687,883 / 43,185,230 =	1.5929%
ADMIN. OVERHEAD RATE FOR 2002/2003	657,058 / 36,054,425 =	1.8224%	885,104 / 43,706,800 =	1.5675%

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

(10)

See Worksheet 4 for Indirect/Direct Cost details

	Grand Total		
	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS			
CCAP	-	-	-
EXECUTIVE OFFICE	1,520,534	-	1,520,534
GENERAL ADMINISTRATION OPERATIONS	8,422,413	-	8,422,413
FISCAL SERVICES	8,919,271	-	8,919,271
MENTAL HEALTH BUREAU ADMINISTRATION/I	14,361,065	-	14,361,065
CONTRACTS ADMINISTRATION	4,658,398	-	4,658,398
MANAGEMENT INFORMATION SYSTEMS	3,757,639	-	3,757,639
DMH DIRECTLY OPERATED MH.PROGRAMS-G	-	156,199,470	156,199,470
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	8,458,724	8,458,724
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-
DHS	-	-	-
PUBLIC GUARDIAN	-	5,502,949	5,502,949
TAR/OFFICE OF MANAGED CARE	-	5,520,842	5,520,842
FEE FOR SERVICE	-	-	-
STATE HOSPITAL	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	338,215	338,215
IN-STATE MH CONTRACT PROVIDERS	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-
SUB-TOTAL S&EB	37,637,319	178,016,200	213,653,519
SRVC & SUPP / OTHER CHAR / FIX ASSETS			
CCAP	9,243,213	-	9,243,213
EXECUTIVE OFFICE	186,784	-	186,784
GENERAL ADMINISTRATION OPERATIONS	8,883,288	-	8,883,288
FISCAL SERVICES	1,481,475	-	1,481,475
MENTAL HEALTH BUREAU ADMINISTRATION/I	1,533,128	-	1,533,128
CONTRACTS ADMINISTRATION	155,391	-	155,391
MANAGEMENT INFORMATION SYSTEMS	17,088,438	-	17,088,438
DMH DIRECTLY OPERATED MH.PROGRAMS-G	-	28,228,542	28,228,542
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	4,783,841	4,783,841
LIFE SUPPORT/SUPPLEMENTARY RATES	-	3,024,448	3,024,448
DHS	-	87,020,284	87,020,284
PUBLIC GUARDIAN	-	3,040,004	3,040,004
TAR/OFFICE OF MANAGED CARE	-	231,345	231,345
FEE FOR SERVICE	-	84,538,984	84,538,984
STATE HOSPITAL	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,124,310	48,124,310
IN-STATE MH CONTRACT PROVIDERS	-	498,681,573	498,681,573
OTHER CONTRACT PROVIDERS	-	8,875,704	8,875,704
SUB-TOTAL SS & OTHERS	39,531,724	807,734,062	846,265,787
TOTAL EXPENDITURES			
CCAP	9,243,213	-	9,243,213
EXECUTIVE OFFICE	1,707,328	-	1,707,328
GENERAL ADMINISTRATION OPERATIONS	15,285,698	-	15,285,698
FISCAL SERVICES	8,400,745	-	8,400,745
MENTAL HEALTH BUREAU ADMINISTRATION/I	15,894,193	-	15,894,193
CONTRACTS ADMINISTRATION	4,811,789	-	4,811,789
MANAGEMENT INFORMATION SYSTEMS	20,828,077	-	20,828,077
DMH DIRECTLY OPERATED MH.PROGRAMS-G	-	184,428,012	184,428,012
DMH DIRECTLY OPERATED MH. PROG-SPECI	-	13,240,385	13,240,385
LIFE SUPPORT/SUPPLEMENTARY RATES	-	3,024,448	3,024,448
DHS	-	87,020,284	87,020,284
PUBLIC GUARDIAN	-	8,542,952	8,542,952
TAR/OFFICE OF MANAGED CARE	-	5,752,188	5,752,188
FEE FOR SERVICE	-	84,538,984	84,538,984
STATE HOSPITAL	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,460,528	48,460,528
IN-STATE MH CONTRACT PROVIDERS	-	498,681,573	498,681,573
OTHER CONTRACT PROVIDERS	-	8,875,704	8,875,704
TOTAL EXPENDITURES	76,188,043	983,750,282	1,059,919,306

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

Attachment 10

Cost Report Forms MH 1966

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (09/04)

County: Los Angeles
County Code: 19

Legal Entity	Legal Entity	Mode	A	B	C	D	E	F	G
Number	Name		Mode Total	Service Function					
				85	82	86			
1	Allocation Percentage		100.00%	87.13%	1.98%	10.89%			
2	Total Units			24,833	1,358	4,789			
3	Gross Cost		4,740,500	4,450,575	93,827	519,958			
4	Cost per Unit			183.33	68.99	107.83			
5	SMA per Unit			183.48	78.20	115.94			
6	Published Charge per Unit			149.59	62.14	98.98			
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units			5,570	282	1,435			
8A		07/01/03 - 09/30/03		14,833	287	1,400			
9	Medicare/Medi-Cal Crossover Units				187	69			
9A		07/01/03 - 09/30/03			214	417			
10	Enhanced SD/MC (Children) Units								
10A		07/01/03 - 09/30/03							
10B	Enhanced SD/MC (Refugees) Units								
10B		07/01/03 - 09/30/04							
11	Healthy Families (SED) Units								
11A		07/01/03 - 09/30/03							
12	Non-Medi-Cal Units			4,330	408	1,468			
13	Medi-Cal Costs		1,100,666	928,436	19,484	154,735			
13A		07/01/03 - 09/30/04	2,854,538	2,483,747	19,828	150,982			
14	Medi-Cal SMA Upper Limits		1,214,040	1,021,872	21,488	170,579			
14A		07/01/03 - 09/30/03	2,927,984	2,739,608	21,868	186,516			
15	Medi-Cal Published Charges		986,906	839,216	17,623	139,185			
15A		07/01/03 - 09/30/03	2,387,434	2,233,827	17,834	135,772			
16	Medi-Cal Negotiated Rates								
16A		07/01/03 - 09/30/03							
17	Medicare/Medi-Cal Crossover Costs		18,979	11,538	7,440				
17A		07/01/03 - 09/30/03	59,751	14,768	44,985				
18	Medicare/Medi-Cal Crossover SMA Upper Limits		20,932	12,725	8,207				
18A		07/01/03 - 09/30/03	85,905	18,307	49,588				
19	Medicare/Medi-Cal Crossover Published Charges		17,088	10,377	6,592				
19A		07/01/03 - 09/30/03	53,739	13,298	40,441				
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A		07/01/03 - 09/30/03							
21	Enhanced SD/MC Costs								
21A		07/01/03 - 09/30/03							
22	Enhanced SD/MC SMA Upper Limits								
22A		07/01/03 - 09/30/03							
23	Enhanced SD/MC Published Charges								
23A		07/01/03 - 09/30/03							
24	Enhanced SD/MC Negotiated Rates								
24A		07/01/03 - 09/30/03							
25	Enhanced SD/MC (Refugees) Costs								
25A		07/01/03 - 09/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
26A		07/01/03 - 09/30/04							
27	Enhanced SD/MC (Refugees) Published Charges								
27A		07/01/03 - 09/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates								
28A		07/01/03 - 09/30/03							
29	Healthy Families Costs								
29A		07/01/03 - 09/30/03							
30	Healthy Families SMA Upper Limits								
30A		07/01/03 - 09/30/03							
31	Healthy Families Published Charges								
31A		07/01/03 - 09/30/03							
32	Healthy Families Negotiated Rates								
32A		07/01/03 - 09/30/03							
33	Non-Medi-Cal Costs		806,676	720,192	28,190	155,295			
33A		07/01/03 - 09/30/04							

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1986 (08/04)

County: Los Angeles
County Code: 19

	Legal Entity Number: 00019 Mode: 15 - Outpatient (Program 1)	Legal Entity: County of Los Angeles	A		B		C		D		E		F		G	
			Mode Total	Service Function 03	Service Function 04	Service Function 05	Service Function 06	Service Function 10	Service Function 12							
1			100.00%	3.23%	12.65%	0.05%	0.00%	0.00%	0.08%							
2			Total Units	3,085,432	12,087,334	45,115	295	1,614,277	68,381							
3			Gross Cost	4,963,789	19,439,629	72,557	474	3,325,250	122,340							
4			Cost per Unit	1.61	1.61	1.61	1.61	2.06	2.06							
5			SMA per Unit	1.83	1.83	1.83	1.83	2.38	2.38							
6			Published Charge per Unit	1.48	1.48	1.48	1.48	1.87	1.87							
7			Negotiated Rate / Cost per Unit													
8			Medi-Cal Units	385,857	2,059,531					136						7,588
8A				1,069,313	4,856,713					160						16,240
9			Medicare/Medi-Cal Crossover Units			98,424										
9A						75										
10			Enhanced SD/MC (Children) Units	3,152	4,589											
10A						334										
10B			Enhanced SD/MC (Refugees) Units	3,450	15,117											
11			Healthy Families (SED) Units	13,688	25,103											
11A				1,630,797	5,030,396	45,115										
12			Non-Medi-Cal Units													
13			Medi-Cal Costs	16,870,381	7,810,879					217						
13A				43,027,139	7,810,879					257						
14			Medi-Cal SMA Upper Limits	19,035,856	9,767,203					247						
14A				48,482,737	9,887,785					288						
15			Medi-Cal Published Charges	15,295,236	534,151					197						
15A				38,921,609	7,050,801					234						
16			Medi-Cal Negotiated Rates													
16A																
17			Medicare/Medi-Cal Crossover Costs	2,014,890	165,076											
17A				4,785,584												
18			Medicare/Medi-Cal Crossover SMA Upper Limits	2,270,080												
18A				5,395,888												
19			Medicare/Medi-Cal Crossover Published Charges	1,821,884												
19A				4,328,391												
20			Medicare/Medi-Cal Crossover Negotiated Rates													
20A																
21			Enhanced SD/MC Coats	461	121											
21A				82,823	7,380											
22			Enhanced SD/MC SMA Upper Limits	526	137											
22A				71,183	6,398											
23			Enhanced SD/MC Published Charges	419	110											
23A				58,905	8,700											
24			Enhanced SD/MC Negotiated Rates													
24A																
25			Enhanced SD/MC (Refugees) Coats	3,269	537											
25A				3,661	511											
26			Enhanced SD/MC (Refugees) SMA Upper Limits	2,848	488											
26A																
27			Enhanced SD/MC (Refugees) Published Charges													
27A																
28			Enhanced SD/MC (Refugees) Negotiated Rates													
28A				184,425	24,312											
29			Healthy Families Coats	317,209	40,372											
29A				188,568	27,884											
30			Healthy Families SMA Upper Limits	359,128	45,838											
30A				148,972	5,061											
31			Healthy Families Published Charges	287,225	19,984											
31A																
32			Healthy Families Negotiated Rates													
32A																
33			Non-Medi-Cal Costs	86,378,886	2,622,753	8,090,210	72,557			0						
33A																

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 19

	CR	H	CR	I	CR	J	CR	K	CR	L	CR	M	CR	N
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	0.00%	0.00%	0.00%	0.01%	0.01%	0.84%	0.84%	0.39%	0.39%	31.57%	31.57%	0.16%	0.16%
2	Total Units	3,488	50	50	5,160	5,160	23,072,204	23,072,204	118,245	118,245	118,245	118,245	259,453	259,453
3	Gross Cost	7,148	124	124	10,708	10,708	48,569,365	48,569,365	2,368	2,368	2,368	2,368	2,368	2,368
4	Cost per Unit	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08
5	SMA per Unit	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36
6	Published Charge per Unit	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87	1.87
7	Negotiated Rate / Cost per Unit													
8	Medi-Cal Units			30	1,690	1,690	108,390	108,390	38,806	38,806	2,885,311	2,885,311		
8A	Medi-Cal Units			30	1,260	1,260	253,858	253,858	82,733	82,733	6,119,758	6,119,758		
9	Medicare/Medi-Cal Crossover Units						2,080	2,080			374,065	374,065		
9A	Medicare/Medi-Cal Crossover Units						12,045	12,045			930,705	930,705		
10	Enhanced SD/MC (Children) Units										15,056	15,056		
10A	Enhanced SD/MC (Children) Units										570	570		
10B	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units							175	175	1,115	32,745	32,745		
11A	Healthy Families (SED) Units							2,831	2,831	826	57,068	57,068		
12	Non-Medi-Cal Units			3,488		2,000	242,884	242,884	170,890	170,890	13,708,886	13,708,886	119,245	119,245
13	Medi-Cal Costs			82	3,930	3,930	221,124	221,124	89,695	89,695	4,819,503	4,819,503		
13A	Medi-Cal Costs			82	2,820	2,820	527,821	527,821	170,422	170,422	12,606,081	12,606,081		
14	Medi-Cal SMA Upper Limits			71	4,480	4,480	250,868	250,868	78,780	78,780	5,629,334	5,629,334		
14A	Medi-Cal SMA Upper Limits			71	2,874	2,874	588,100	588,100	186,250	186,250	14,442,629	14,442,629		
15	Medi-Cal Published Charges			58	3,534	3,534	188,875	188,875	88,216	88,216	4,480,532	4,480,532		
15A	Medi-Cal Published Charges			58	2,358	2,358	474,711	474,711	154,711	154,711	11,449,947	11,449,947		
16	Medi-Cal Negotiated Rates													
16A	Medi-Cal Negotiated Rates													
17	Medicare/Medi-Cal Crossover Costs						4,325	4,325			770,857	770,857		
17A	Medicare/Medi-Cal Crossover Costs						25,044	25,044			1,817,160	1,817,160		
18	Medicare/Medi-Cal Crossover SMA Upper Limits						4,909	4,909			882,783	882,783		
18A	Medicare/Medi-Cal Crossover SMA Upper Limits						28,428	28,428			2,188,484	2,188,484		
19	Medicare/Medi-Cal Crossover Published Charges						3,860	3,860			689,502	689,502		
19A	Medicare/Medi-Cal Crossover Published Charges						22,524	22,524			1,740,418	1,740,418		
20	Medicare/Medi-Cal Crossover Negotiated Rates													
20A	Medicare/Medi-Cal Crossover Negotiated Rates													
21	Enhanced SD/MC Costs												124	124
21A	Enhanced SD/MC Costs												31,014	31,014
22	Enhanced SD/MC SMA Upper Limits												142	142
22A	Enhanced SD/MC SMA Upper Limits												35,532	35,532
23	Enhanced SD/MC Published Charges												112	112
23A	Enhanced SD/MC Published Charges												28,155	28,155
24	Enhanced SD/MC Negotiated Rates													
24A	Enhanced SD/MC Negotiated Rates													
25	Enhanced SD/MC (Refugees) Costs												1,174	1,174
25A	Enhanced SD/MC (Refugees) Costs												1,345	1,345
26	Enhanced SD/MC (Refugees) SMA Upper Limits												1,068	1,068
26A	Enhanced SD/MC (Refugees) SMA Upper Limits													
27	Enhanced SD/MC (Refugees) Published Charges													
27A	Enhanced SD/MC (Refugees) Published Charges													
28	Healthy Families Costs												864	864
28A	Healthy Families Costs												2,287	2,287
29	Healthy Families SMA Upper Limits												1,899	1,899
29A	Healthy Families SMA Upper Limits												1,899	1,899
30	Healthy Families Published Charges												413	413
30A	Healthy Families Published Charges												2,631	2,631
31	Healthy Families Negotiated Rates												1,947	1,947
31A	Healthy Families Negotiated Rates												1,947	1,947
32	Healthy Families Published Charges												327	327
32A	Healthy Families Published Charges												2,065	2,065
33	Non-Medi-Cal Costs			7,148		4,166	505,218	505,218	352,222	352,222	28,234,781	28,234,781	239,453	239,453

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (09/04)

County: Los Angeles
County Code: 19

	Legal Entity Number: 00019 Mode: 16 - Outpatient (Program 1)	O	P	Q	R	S	T	U
		CR	CR	CR	CR	CR	CR	CR
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	47	62	54	58	58	61	62
2	Total Units	0.00%	7.70%	0.03%	0.04%	0.24%	0.09%	28.37%
3	Gross Cost	973	5,741,954	25,749	30,853	178,852	34,224	10,205,377
4	Cost per Unit	2,004	11,027,812	63,040	61,988	364,503	135,849	40,509,320
5	SMA per Unit	2.06	2.06	2.06	2.06	2.06	3.57	3.57
6	Published Charge per Unit	2.96	2.96	2.96	2.96	2.96	4.37	4.37
7	Negotiated Rate / Cost per Unit	1.87	1.87	1.87	1.87	1.87	3.57	3.57
8	Medi-Cal Units	509	793,240	2,118	5,825	986,119	6,315	2,638,689
9	Medicare/Medi-Cal Crossover Units	344	1,485,743	6,435	6,315	178,187	6,315	178,187
10	Enhanced SD/MC (Children) Units	1,001,003 - 09/30/04	339,589			373,353		373,353
10A	Enhanced SD/MC (Refugees) Units	10,001,003 - 09/30/04	208					1,765
10B	Enhanced SD/MC (Refugees) Units	07,001,003 - 09/30/04						380
11	Healthy Families (SED) Units	07,001,003 - 09/30/04	4,631					6,320
11A	Healthy Families (SED) Units	10,001,003 - 09/30/04	5,981	406				11,940
12	Non-Medi-Cal Units	120	3,007,112	16,789	30,083	178,862	22,284	6,001,594
13	Medi-Cal Costs	1,048	1,510,401	4,385	22,828	3,954,004	22,828	3,954,004
13A	Medi-Cal Costs	708	3,060,482	18,265	25,067	10,474,077	24,561	4,365,040
14	Medi-Cal SMA Upper Limits	1,201	1,730,446	5,001	27,597	11,531,116	20,081	3,598,145
14A	Medi-Cal SMA Upper Limits	812	3,506,353	15,187				22,545
15	Medi-Cal Published Charges	862	1,371,159	3,963				9,420,155
15A	Medi-Cal Published Charges	643	2,176,339	12,033				
16	Medi-Cal Negotiated Rates							
16A	Medi-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs		340,850					888,388
17A	Medicare/Medi-Cal Crossover Costs		889,478					1,481,951
18	Medicare/Medi-Cal Crossover SMA Upper Limits		390,607					789,981
18A	Medicare/Medi-Cal Crossover SMA Upper Limits		801,383					1,531,553
19	Medicare/Medi-Cal Crossover Published Charges		309,427					828,023
19A	Medicare/Medi-Cal Crossover Published Charges		834,984					1,332,670
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs		431					7,008
22	Enhanced SD/MC SMA Upper Limits		493					7,713
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges		381					6,301
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							1,548
25A	Enhanced SD/MC (Refugees) Costs							1,704
26	Enhanced SD/MC (Refugees) SMA Upper Limits							1,362
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Healthy Families Costs		9,639	836				21,117
28A	Healthy Families Costs		12,278					47,395
29	Healthy Families SMA Upper Limits		10,928	958				23,248
29A	Healthy Families SMA Upper Limits		14,068					52,178
30	Healthy Families Published Charges		8,860	769				18,992
30A	Healthy Families Published Charges		11,147					42,828
31	Healthy Families Negotiated Rates							
31A	Healthy Families Negotiated Rates							
32	Non-Medi-Cal Costs	247	6,194,351	34,584	61,988	384,503	88,454	23,822,784
32A	Non-Medi-Cal Costs							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 19

Lexal Entity Number	Lexal Entity Name	CR		CR		CR		CR		AB Service Function
		V	W	X	Y	Z	AA	AB		
Mode: 15 - Outpatient (Program 1)		Service Function								
1	Allocation Percentage	65	74	77						
2	Total Units	0.12%	0.01%	14.15%						
3	Gross Cost	47,450	6,701	6,787,813						
4	Cost per Unit	187,458	21,458	21,758,021						
5	SMA per Unit	3.97	3.20	3.20						
6	Published Charge per Unit	4.37	3.52	3.52						
7	Negotiated Rate / Cost per Unit	3.97	2.88	2.88						
8	Medi-Cal Units			591,283						
9	Medicare/Medi-Cal Crossover Units			1,899,307						
10	Enhanced SD/MC (Children) Units			47,883						
10A	Enhanced SD/MC (Refugees) Units			122,793						
10B	Healthy Families (SED) Units			2,502						
11	Non-Medi-Cal Units			4,216						
12	Medi-Cal Costs			10,938						
13	Medicare/Medi-Cal Crossover Costs			47,150						
14	Enhanced SD/MC Costs			1,795,228						
15	Healthy Families SMA Upper Limits			5,441,542						
16	Healthy Families Published Charges			1,840,411						
17	Healthy Families Negotiated Rates			5,981,551						
18	Healthy Families Costs			1,587,808						
19	Healthy Families Crossover Costs			4,894,004						
20	Enhanced SD/MC Costs			153,258						
21	Enhanced SD/MC SMA Upper Limits			383,208						
22	Enhanced SD/MC Published Charges			188,478						
23	Enhanced SD/MC Negotiated Rates			432,231						
24	Healthy Families Published Charges			137,845						
25	Healthy Families Negotiated Rates			353,844						
26	Healthy Families Crossover Rates			8,012						
27	Healthy Families Costs			8,807						
28	Healthy Families SMA Upper Limits			7,208						
29	Healthy Families Published Charges									
30	Healthy Families Negotiated Rates									
31	Healthy Families Crossover Rates									
32	Healthy Families Costs									
33	Healthy Families SMA Upper Limits									
34	Healthy Families Published Charges									
35	Healthy Families Negotiated Rates									
36	Healthy Families Crossover Rates									
37	Healthy Families Costs									
38	Healthy Families SMA Upper Limits									
39	Healthy Families Published Charges									
40	Healthy Families Negotiated Rates									
41	Healthy Families Crossover Rates									
42	Healthy Families Costs									
43	Healthy Families SMA Upper Limits									
44	Healthy Families Published Charges									
45	Healthy Families Negotiated Rates									
46	Healthy Families Crossover Rates									
47	Healthy Families Costs									
48	Healthy Families SMA Upper Limits									
49	Healthy Families Published Charges									
50	Healthy Families Negotiated Rates									
51	Healthy Families Crossover Rates									
52	Healthy Families Costs									
53	Healthy Families SMA Upper Limits									
54	Healthy Families Published Charges									
55	Healthy Families Negotiated Rates									
56	Healthy Families Crossover Rates									
57	Healthy Families Costs									
58	Healthy Families SMA Upper Limits									
59	Healthy Families Published Charges									
60	Healthy Families Negotiated Rates									
61	Healthy Families Crossover Rates									
62	Healthy Families Costs									
63	Healthy Families SMA Upper Limits									
64	Healthy Families Published Charges									
65	Healthy Families Negotiated Rates									
66	Healthy Families Crossover Rates									
67	Healthy Families Costs									
68	Healthy Families SMA Upper Limits									
69	Healthy Families Published Charges									
70	Healthy Families Negotiated Rates									
71	Healthy Families Crossover Rates									
72	Healthy Families Costs									
73	Healthy Families SMA Upper Limits									
74	Healthy Families Published Charges									
75	Healthy Families Negotiated Rates									
76	Healthy Families Crossover Rates									
77	Healthy Families Costs									
78	Healthy Families SMA Upper Limits									
79	Healthy Families Published Charges									
80	Healthy Families Negotiated Rates									
81	Healthy Families Crossover Rates									
82	Healthy Families Costs									
83	Healthy Families SMA Upper Limits									
84	Healthy Families Published Charges									
85	Healthy Families Negotiated Rates									
86	Healthy Families Crossover Rates									
87	Healthy Families Costs									
88	Healthy Families SMA Upper Limits									
89	Healthy Families Published Charges									
90	Healthy Families Negotiated Rates									
91	Healthy Families Crossover Rates									
92	Healthy Families Costs									
93	Healthy Families SMA Upper Limits									
94	Healthy Families Published Charges									
95	Healthy Families Negotiated Rates									
96	Healthy Families Crossover Rates									
97	Healthy Families Costs									
98	Healthy Families SMA Upper Limits									
99	Healthy Families Published Charges									
100	Healthy Families Negotiated Rates									
101	Healthy Families Crossover Rates									
102	Healthy Families Costs									
103	Healthy Families SMA Upper Limits									
104	Healthy Families Published Charges									
105	Healthy Families Negotiated Rates									
106	Healthy Families Crossover Rates									
107	Healthy Families Costs									
108	Healthy Families SMA Upper Limits									
109	Healthy Families Published Charges									
110	Healthy Families Negotiated Rates									
111	Healthy Families Crossover Rates									
112	Healthy Families Costs									
113	Healthy Families SMA Upper Limits									
114	Healthy Families Published Charges									
115	Healthy Families Negotiated Rates									
116	Healthy Families Crossover Rates									
117	Healthy Families Costs									
118	Healthy Families SMA Upper Limits									
119	Healthy Families Published Charges									
120	Healthy Families Negotiated Rates									
121	Healthy Families Crossover Rates									
122	Healthy Families Costs									
123	Healthy Families SMA Upper Limits									
124	Healthy Families Published Charges									
125	Healthy Families Negotiated Rates									
126	Healthy Families Crossover Rates									
127	Healthy Families Costs									
128	Healthy Families SMA Upper Limits									
129	Healthy Families Published Charges									
130	Healthy Families Negotiated Rates									
131	Healthy Families Crossover Rates									
132	Healthy Families Costs									
133	Healthy Families SMA Upper Limits									
134	Healthy Families Published Charges									
135	Healthy Families Negotiated Rates									
136	Healthy Families Crossover Rates									
137	Healthy Families Costs									
138	Healthy Families SMA Upper Limits									
139	Healthy Families Published Charges									
140	Healthy Families Negotiated Rates									
141	Healthy Families Crossover Rates									
142	Healthy Families Costs									
143	Healthy Families SMA Upper Limits									
144	Healthy Families Published Charges									
145	Healthy Families Negotiated Rates									
146	Healthy Families Crossover Rates									
147	Healthy Families Costs									
148	Healthy Families SMA Upper Limits									
149	Healthy Families Published Charges									
150	Healthy Families Negotiated Rates									
151	Healthy Families Crossover Rates									
152	Healthy Families Costs									
153	Healthy Families SMA Upper Limits									
154	Healthy Families Published Charges									
155	Healthy Families Negotiated Rates									
156	Healthy Families Crossover Rates									
157	Healthy Families Costs									
158	Healthy Families SMA Upper Limits									
159	Healthy Families Published Charges									
160	Healthy Families Negotiated Rates									
161	Healthy Families Crossover Rates									

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

County: Los Angeles
County Code: 19

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

	A		B		C		D		E		F		G	
	Mode Total	Service Function												
1 Allocation Percentage	100.00%	3.94%	15.46%	14.21%	4.00%									
2 Total Units		3,287	12,908	84,609	10,107									
3 Gross Cost	21,290,778	838,203	3,291,612	3,024,446	852,594									686,836
4 Cost per Unit		255.01	255.01	35.75	84.36									
5 Non-Medi-Cal Units (Same as Line 2)		3,287	12,908	84,609	10,107									
6 Non-Medi-Cal Costs (Same as Line 3)	21,290,778	838,203	3,291,612	3,024,446	852,594									686,836

DETAIL COST REPORT

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

County: Los Angeles
 County Code: 19

Legal Entity Number: 00519	Legal Entity: Aspen Health Services	Mode: 10 - Day Services	A	B	C	D	E	F	G
			Mode Total	Service Function					
				NR	NR	NR	NR	NR	NR
1	Allocation Percentage		100.00%	85	89				
2	Total Units			90,84%	8,36%				
3	Gross Cost		793,690	5,939	74,254				
4	Cost per Unit			121.13	121.13				
5	SMA per Unit			183.46	183.46				
6	Published Charge per Unit			183.46	183.46				
7	Negotiated Rate / Cost per Unit			121.21	121.21				
8	Medi-Cal Units			1,444	75				
8A				4,478	378				
9	Medicare/Medi-Cal Crossover Units								
10	Enhanced SD/MC (Children) Units								
10A									
10B	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units								
11A									
12	Non-Medi-Cal Units			17	162				
13	Medi-Cal Costs		184,000	174,916	9,085				
13A			587,977	542,432	45,546				
14	Medi-Cal SMA Upper Limits		278,578	264,916	13,750				
14A			890,515	821,534	68,961				
15	Medi-Cal Published Charges		278,578	264,916	13,750				
15A			890,515	821,534	68,961				
16	Medi-Cal Negotiated Rates		184,118	175,027	9,091				
16A			588,353	542,778	45,575				
17	Medicare/Medi-Cal Crossover Costs								
17A									
18	Medicare/Medi-Cal Crossover SMA Upper Limits								
18A									
19	Medicare/Medi-Cal Crossover Published Charges								
19A									
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A									
21	Enhanced SD/MC Costs								
21A									
22	Enhanced SD/MC SMA Upper Limits								
22A									
23	Enhanced SD/MC Published Charges								
23A									
24	Enhanced SD/MC Negotiated Rates								
24A									
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs								
29A									
30	Healthy Families SMA Upper Limits								
30A									
31	Healthy Families Published Charges								
31A									
32	Healthy Families Negotiated Rates								
32A									
33	Non-Medi-Cal Costs		21,883	2,059	19,823				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (06/04)

DETAIL COST REPORT

County: Los Angeles
County Code: 19

Line	Legal Entity: Aspen Health Services Legal Entity Number: 00519 Mode: 15 - Outpatient (Program 1)	A	B		C		D		E		F		G	
			Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 17					
1	Allocation Percentage	100.00%	0.92%	21.52%	1.15%	0.39%	0.06%	0.47%						
2	Total Units	8,438	197,330	10,361	2,661	447	3,250							
3	Gross Cost	1,310,852	252,001	14,908	4,989	840	6,107							
4	Cost per Unit		1.43	1.43	1.43	1.88	1.88							
5	SMA per Unit		1.83	1.83	1.83	2.36	2.36							
6	Published Charge per Unit		1.83	1.83	1.83	2.36	2.36							
7	Negotiated Rate / Cost per Unit		1.43	1.43	1.43	1.88	1.88							
8	Medi-Cal Units		2,986	48,635	1,779	344								
8A			4,416	143,084	6,294	1,866								
9	Medicare/Medi-Cal Crossover Units													
9A														
10	Enhanced SD/MC (Children) Units													
10A														
10B	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units													
11A														
12	Non-Medi-Cal Units		1,024	7,611	4,067	486	103	3,260						
13	Medi-Cal Costs		329,359	4,282	66,845	338	647							
13A			870,002	6,311	204,479	3,750	812							
14	Medi-Cal SMA Upper Limits		418,183	5,483	85,342	422	812							
14A			1,106,578	8,081	261,844	4,711	812							
15	Medi-Cal Published Charges		418,183	5,483	85,342	422	812							
15A			1,106,578	8,081	261,844	4,711	812							
16	Medi-Cal Negotiated Rates		328,618	4,284	66,668	337	647							
16A			870,706	6,315	204,810	3,752	812							
17	Medicare/Medi-Cal Crossover Costs													
17A														
18	Medicare/Medi-Cal Crossover SMA Upper Limits													
18A														
19	Medicare/Medi-Cal Crossover Published Charges													
19A														
20	Medicare/Medi-Cal Crossover Negotiated Rates													
20A														
21	Enhanced SD/MC Costs													
21A														
22	Enhanced SD/MC SMA Upper Limits													
22A														
23	Enhanced SD/MC Published Charges													
23A														
24	Enhanced SD/MC Negotiated Rates													
24A														
25	Enhanced SD/MC (Refugees) Costs													
25A														
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
26A														
27	Enhanced SD/MC (Refugees) Published Charges													
27A														
28	Enhanced SD/MC (Refugees) Negotiated Rates													
28A														
29	Healthy Families Costs													
29A														
30	Healthy Families SMA Upper Limits													
30A														
31	Healthy Families Published Charges													
31A														
32	Healthy Families Negotiated Rates													
32A														
33	Non-Medi-Cal Costs		111,280	1,483	10,877	5,812	913	184	8,107					
33A														

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1866 (06/04)

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 19

		NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
		Service Function													
	Legal Entity: Aspen Health Services														
	Legal Entity Number: 00518														
	Mode: 15 - Outpatient (Program 1)														
1	Allocation Percentage	0.51%	41	42	47	52	58	61	62						
2	Total Units	3,536	215,744	25,034	1,309	1,623	50,394	1,623	50,394						
3	Gross Cost	6,642	405,340	47,033	2,458	3,082	97,665	3,082	97,665						
4	Cost per Unit	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88						
5	SMA per Unit	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36						
6	Published Charge per Unit	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36						
7	Negotiated Rate / Cost per Unit	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88						
8	Medi-Cal Units	1,814	155,888	18,567	121	86,888	661	12,305	37,871						
8A	10/01/03 - 09/30/03														
8B	10/01/03 - 09/30/04														
9	Medicare/Medi-Cal Crossover Units														
9A	10/01/03 - 09/30/03														
9B	10/01/03 - 09/30/04														
10	Enhanced SD/MC (Children) Units														
10A	07/01/03 - 09/30/03														
10B	10/01/03 - 09/30/04														
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A	07/01/03 - 09/30/03														
11B	10/01/03 - 09/30/04														
12	Non-Medi-Cal Units	1,721	38,357	3,446	1,188	210	318								
13	Medi-Cal Costs	3,408	40,772	5,488	227	163,242	2,193	40,778	125,533						
13A	10/01/03 - 09/30/03														
13B	10/01/03 - 09/30/04														
14	Medi-Cal SMA Upper Limits	4,281	387,419	44,054	286	182,167	2,889	185,933	53,773						
14A	07/01/03 - 09/30/03														
14B	10/01/03 - 09/30/04														
15	Medi-Cal Published Charges	4,281	387,419	44,054	286	182,167	2,889	185,933	53,773						
15A	07/01/03 - 09/30/03														
15B	10/01/03 - 09/30/04														
16	Medi-Cal Negotiated Rates	3,410	292,890	35,064	227	145,103	3,161	128,984							
16A	07/01/03 - 09/30/03														
16B	10/01/03 - 09/30/04														
17	Medicare/Medi-Cal Crossover Costs														
17A	07/01/03 - 09/30/03														
17B	10/01/03 - 09/30/04														
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A	07/01/03 - 09/30/03														
18B	10/01/03 - 09/30/04														
19	Medicare/Medi-Cal Crossover Published Charges														
19A	07/01/03 - 09/30/03														
19B	10/01/03 - 09/30/04														
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A	07/01/03 - 09/30/03														
20B	10/01/03 - 09/30/04														
21	Enhanced SD/MC Costs														
21A	07/01/03 - 09/30/03														
21B	10/01/03 - 09/30/04														
22	Enhanced SD/MC SMA Upper Limits														
22A	07/01/03 - 09/30/03														
22B	10/01/03 - 09/30/04														
23	Enhanced SD/MC Published Charges														
23A	07/01/03 - 09/30/03														
23B	10/01/03 - 09/30/04														
24	Enhanced SD/MC Negotiated Rates														
24A	07/01/03 - 09/30/03														
24B	10/01/03 - 09/30/04														
25	Enhanced SD/MC (Refugees) Costs														
25A	07/01/03 - 09/30/03														
25B	10/01/03 - 09/30/04														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A	07/01/03 - 09/30/03														
26B	10/01/03 - 09/30/04														
27	Enhanced SD/MC (Refugees) Published Charges														
27A	07/01/03 - 09/30/03														
27B	10/01/03 - 09/30/04														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A	07/01/03 - 09/30/03														
28B	10/01/03 - 09/30/04														
29	Healthy Families Costs														
29A	07/01/03 - 09/30/03														
29B	10/01/03 - 09/30/04														
30	Healthy Families SMA Upper Limits														
30A	07/01/03 - 09/30/03														
30B	10/01/03 - 09/30/04														
31	Healthy Families Published Charges														
31A	07/01/03 - 09/30/03														
31B	10/01/03 - 09/30/04														
32	Healthy Families Negotiated Rates														
32A	07/01/03 - 09/30/03														
32B	10/01/03 - 09/30/04														
33	Non-Medi-Cal Costs	3,233	72,065	6,474	2,232	687	1,054								
33A	07/01/03 - 09/30/03														
33B	10/01/03 - 09/30/04														

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 19

	NR	O	NR	P	NR	Q	R	S	T	U
		Service Function		Service Function		Service Function				
1	Allocation Percentage	0.05%	77	3.45%						
2	Total Units	371		16,199						
3	Gross Cost	1,231		45,186						
4	Cost per Unit	3.32		2.79						
5	SMA per Unit	4.37		3.52						
6	Published Charge per Unit	4.37		3.52						
7	Negotiated Rate / Cost per Unit	3.32		2.79						
8	Medi-Cal Units	07/01/03 - 09/30/03		1,785						
8A	Medi-Cal Units	10/01/03 - 09/30/04	320	14,414						
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03								
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 09/30/04								
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03								
10A	Enhanced SD/MC (Children) Units	10/01/03 - 09/30/04								
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 09/30/03								
10B	Enhanced SD/MC (Refugees) Units	10/01/03 - 09/30/04								
11	Healthy Families (SED) Units	07/01/03 - 09/30/03								
11A	Healthy Families (SED) Units	10/01/03 - 09/30/04								
12	Non-Medi-Cal Units		61							
13	Medi-Cal Costs	07/01/03 - 09/30/03		4,977						
13A	Medi-Cal Costs	10/01/03 - 09/30/04	1,062	40,189						
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03		6,283						
14A	Medi-Cal SMA Upper Limits	10/01/03 - 09/30/04	1,398	50,737						
15	Medi-Cal Published Charges	07/01/03 - 09/30/03		8,283						
15A	Medi-Cal Published Charges	10/01/03 - 09/30/04	1,388	50,737						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03		4,980						
16A	Medi-Cal Negotiated Rates	10/01/03 - 09/30/04	1,062	40,215						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03								
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 09/30/04								
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03								
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 09/30/04								
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03								
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 09/30/04								
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03								
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 09/30/04								
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03								
21A	Enhanced SD/MC Costs	10/01/03 - 09/30/04								
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03								
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 09/30/04								
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03								
23A	Enhanced SD/MC Published Charges	10/01/03 - 09/30/04								
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03								
24A	Enhanced SD/MC Negotiated Rates	10/01/03 - 09/30/04								
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 09/30/03								
25A	Enhanced SD/MC (Refugees) Costs	10/01/03 - 09/30/04								
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 09/30/03								
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/03 - 09/30/04								
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 09/30/03								
27A	Enhanced SD/MC (Refugees) Published Charges	10/01/03 - 09/30/04								
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 09/30/03								
28A	Enhanced SD/MC (Refugees) Negotiated Rates	10/01/03 - 09/30/04								
29	Healthy Families Costs	07/01/03 - 09/30/03								
29A	Healthy Families Costs	10/01/03 - 09/30/04								
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03								
30A	Healthy Families SMA Upper Limits	10/01/03 - 09/30/04								
31	Healthy Families Published Charges	07/01/03 - 09/30/03								
31A	Healthy Families Published Charges	10/01/03 - 09/30/04								
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03								
32A	Healthy Families Negotiated Rates	10/01/03 - 09/30/04								
33	Non-Medi-Cal Costs		169							

DETAIL COST REPORT

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

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 19

	Legal Entity	Mode	A		B		C		D		E		F		G	
			Mode Total	Service Function												
1	Allocation Percentage		100.00%	03	04	10	12	34	41							
2	Total Units		19,311	2,107	439,217	75,291	840	373	16,600							
3	Gross Cost		3,392,361	3,115	649,347	146,167	1,234	716	31,811							
4	Cost per Unit		1.48	1.48	1.48	1.93	1.93	1.93	1.93							
5	SMA per Unit		1.83	1.83	1.83	2.38	2.38	2.38	2.38							
6	Published Charge per Unit		1.48	1.48	1.48	1.93	1.93	1.93	1.93							
7	Negotiated Rate / Cost per Unit		1.48	1.48	1.48	1.93	1.93	1.93	1.93							
8	Medi-Cal Units			849	82,407	16,286	51	251	2,895							
8A	Medi-Cal Units			1,258	234,780	55,004	489	251	9,189							
9	Medicare/Medi-Cal Crossover Units															
9A	Medicare/Medi-Cal Crossover Units															
10	Enhanced SD/MC (Children) Units															
10A	Enhanced SD/MC (Children) Units															
10B	Enhanced SD/MC (Refugees) Units															
11	Healthy Families (SED) Units															
11A	Healthy Families (SED) Units															
12	Non-Medi-Cal Units															
12A	Non-Medi-Cal Units															
13	Medi-Cal Costs		652,383	1,255	121,832	29,430	95	484	5,138							
13A	Medi-Cal Costs		1,860,898	1,860	347,103	108,045	943	484	17,716							
14	Medi-Cal SMA Upper Limits		800,428	1,554	150,805	38,026	120	582	21,888							
14A	Medi-Cal SMA Upper Limits		2,283,249	2,302	429,847	128,008	1,154	582	21,888							
15	Medi-Cal Published Charges		653,060	1,257	121,852	29,461	96	484	5,143							
15A	Medi-Cal Published Charges		1,852,885	1,882	347,474	108,158	944	484	17,735							
16	Medi-Cal Negotiated Rates		863,060	1,257	121,852	29,461	96	484	5,143							
16A	Medi-Cal Negotiated Rates		1,862,885	1,862	347,474	106,168	944	484	17,735							
17	Medicare/Medi-Cal Crossover Costs															
17A	Medicare/Medi-Cal Crossover Costs															
18	Medicare/Medi-Cal Crossover SMA Upper Limits															
18A	Medicare/Medi-Cal Crossover SMA Upper Limits															
19	Medicare/Medi-Cal Crossover Published Charges															
19A	Medicare/Medi-Cal Crossover Published Charges															
20	Medicare/Medi-Cal Crossover Negotiated Rates															
20A	Medicare/Medi-Cal Crossover Negotiated Rates															
21	Enhanced SD/MC Costs															
21A	Enhanced SD/MC Costs															
22	Enhanced SD/MC SMA Upper Limits															
22A	Enhanced SD/MC SMA Upper Limits															
23	Enhanced SD/MC Published Charges															
23A	Enhanced SD/MC Published Charges															
24	Enhanced SD/MC Negotiated Rates															
24A	Enhanced SD/MC Negotiated Rates															
25	Enhanced SD/MC (Refugees) Costs															
25A	Enhanced SD/MC (Refugees) Costs															
26	Enhanced SD/MC (Refugees) SMA Upper Limits															
26A	Enhanced SD/MC (Refugees) SMA Upper Limits															
27	Enhanced SD/MC (Refugees) Published Charges															
27A	Enhanced SD/MC (Refugees) Published Charges															
28	Enhanced SD/MC (Refugees) Negotiated Rates															
28A	Enhanced SD/MC (Refugees) Negotiated Rates															
29	Healthy Families Costs															
29A	Healthy Families Costs															
30	Healthy Families SMA Upper Limits															
30A	Healthy Families SMA Upper Limits															
31	Healthy Families Published Charges															
31A	Healthy Families Published Charges															
32	Healthy Families Negotiated Rates															
32A	Healthy Families Negotiated Rates															
33	Non-Medi-Cal Costs		849,281		180,412	9,882	193	235	8,957							
33A	Non-Medi-Cal Costs															

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MIDDE TOTAL

County: Los Angeles
 County Code: 18

	NR	H	I	J	K	L	M	N
	NR	Service Function						
Legal Entity: Blervendos Children's Center, Inc.								
Legal Entity Number: 00880								
Mode: 15 - Outpatient (Program 1)								
1 Allocation Percentage	62	4.35%	77					
2 Total Units		24,204	18,008					
3 Gross Cost		75,459	49,818					
4 Cost per Unit		3.16	2.54					
5 SMA per Unit		4.37	3.52					
6 Published Charge per Unit		4.10	3.15					
7 Negotiated Rate / Cost per Unit		3.58	2.89					
8 Medi-Cal Units		6,142	2,383					
8A 10/01/03 - 09/30/03		18,082	15,623					
9 Medicare/Medi-Cal Crossover Units								
9A 07/01/03 - 09/30/03								
10 Enhanced SD/MC (Children) Units								
10A 07/01/03 - 09/30/03								
10B Enhanced SD/MC (Refugees) Units								
10B 10/01/03 - 09/30/04								
11 Healthy Families (SED) Units								
11A 07/01/03 - 09/30/03								
11A 10/01/03 - 09/30/04								
12 Non-Medi-Cal Units								
13 Medi-Cal Costs		19,402	8,084					
13A 10/01/03 - 09/30/04		57,057	35,753					
14 Medi-Cal SMA Upper Limits		26,841	8,388					
14A 10/01/03 - 09/30/04		78,931	54,993					
15 Medi-Cal Published Charges		25,182	7,506					
15A 10/01/03 - 09/30/03		74,054	48,212					
15A 10/01/03 - 09/30/04		22,050	5,887					
16 Medi-Cal Negotiated Rates		64,843	45,150					
16A 10/01/03 - 09/30/04								
17 Medicare/Medi-Cal Crossover Costs								
17A 07/01/03 - 09/30/03								
17A 10/01/03 - 09/30/04								
18 Medicare/Medi-Cal Crossover SMA Upper Limits								
18A 07/01/03 - 09/30/03								
18A 10/01/03 - 09/30/04								
19 Medicare/Medi-Cal Crossover Published Charges								
19A 07/01/03 - 09/30/03								
19A 10/01/03 - 09/30/04								
20 Medicare/Medi-Cal Crossover Negotiated Rates								
20A 07/01/03 - 09/30/03								
20A 10/01/03 - 09/30/04								
21 Enhanced SD/MC Costs								
21A 10/01/03 - 09/30/04								
22 Enhanced SD/MC SMA Upper Limits								
22A 07/01/03 - 09/30/03								
22A 10/01/03 - 09/30/04								
23 Enhanced SD/MC Published Charges								
23A 07/01/03 - 09/30/03								
23A 10/01/03 - 09/30/04								
24 Enhanced SD/MC Negotiated Rates								
24A 07/01/03 - 09/30/03								
24A 10/01/03 - 09/30/04								
25 Enhanced SD/MC (Refugees) Costs								
25 07/01/03 - 09/30/04								
26 Enhanced SD/MC (Refugees) SMA Upper Limits								
26 07/01/03 - 09/30/04								
27 Enhanced SD/MC (Refugees) Published Charges								
27 07/01/03 - 09/30/04								
28 Enhanced SD/MC (Refugees) Negotiated Rates								
28 07/01/03 - 09/30/04								
29 Healthy Families Costs								
29A 07/01/03 - 09/30/03								
29A 10/01/03 - 09/30/04								
30 Healthy Families SMA Upper Limits								
30A 07/01/03 - 09/30/03								
30A 10/01/03 - 09/30/04								
31 Healthy Families Published Charges								
31A 07/01/03 - 09/30/03								
31A 10/01/03 - 09/30/04								
32 Healthy Families Negotiated Rates								
32A 07/01/03 - 09/30/03								
32A 10/01/03 - 09/30/04								
33 Non-Medi-Cal Costs								
33 10/01/03 - 09/30/04								

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1988 (08/04)

County: Los Angeles
 County Code: 19

	Legal Entity Number: 00178 Mode: 15 - Outpatient (Program 1)	A	NR B Service Function 03	NR C Service Function 04	NR D Service Function 10	NR E Service Function 12	NR F Service Function 34	NR G Service Function 41
		Mode Total						
1	Allocation Percentage	100.00%	0.07%	2.05%	7.85%	0.51%	1.34%	3.82%
2	Total Units	330	330	9,592	28,578	1,832	4,800	13,663
3	Gross Cost	1,818,924	1,164	33,737	129,133	8,278	21,809	81,828
4	Cost per Unit		3.53	3.53	4.52	4.52	4.52	4.52
5	SMA per Unit		1.83	1.83	2.36	2.36	2.36	2.36
6	Published Charge per Unit		3.02	3.02	2.24	2.24	2.24	2.24
7	Negotiated Rate / Cost per Unit		1.71	1.71	2.19	2.19	2.19	2.19
8	Medi-Cal Units		30	2,528	5,348	927	300	120
9	Medicare/Medi-Cal Crossover Units			3,891	16,542		2,080	2,297
10	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
12	Non-Medi-Cal Units		300	3,145	6,888	905	2,420	11,286
13	Medi-Cal Costs	181,558	108	8,912	24,166		1,958	542
13A	Medi-Cal Costs	801,505		13,728	74,747	4,189	9,389	10,379
14	Medi-Cal SMA Upper Limits	94,757	55	4,823	12,621		708	283
14A	Medi-Cal SMA Upper Limits	470,344		7,121	39,039	2,188	4,909	5,421
15	Medi-Cal Published Charges	65,049	91	7,629	11,950		672	289
15A	Medi-Cal Published Charges	448,234		11,751	37,054	2,078	4,859	5,145
16	Medi-Cal Negotiated Rates	87,984	51	4,319	11,712		657	263
16A	Medi-Cal Negotiated Rates	438,624		6,654	36,227	2,030	4,555	5,030
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs							
29A	Healthy Families Costs							
30	Healthy Families SMA Upper Limits							
30A	Healthy Families SMA Upper Limits							
31	Healthy Families Published Charges							
31A	Healthy Families Published Charges							
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs	535,881	1,056	11,096	30,221	4,089	10,955	50,907

County: Los Angeles
County Code: 19

	Legal Entity: Child & Family Center Legal Entity Number: 00210 Mode: 15 - Outpatient (Program 1)	A		B		C		D		E		F		G	
		Mode Total	Service Function	03	04	05	06	07	08	09	10	11	12	13	14
1	Allocation Percentage	100.00%													
2	Total Units		1,28%	3,75%	0,09%	0,17%	5,50%	0,17%	5,50%	0,17%	5,50%	0,17%	5,50%	0,17%	5,50%
3	Gross Cost		43,560	126,603	3,075	5,960	146,771	5,960	146,771	5,960	146,771	5,960	146,771	5,960	146,771
4	Cost per Unit		72,469	210,596	5,115	9,485	303,657	122,176	122,176	122,176	122,176	122,176	122,176	122,176	122,176
5	SMA per Unit		1,86	1,86	1,86	1,86	1,86	1,86	1,86	1,86	1,86	1,86	1,86	1,86	1,86
6	Published Charge per Unit		1,83	1,83	1,83	1,83	1,83	1,83	1,83	1,83	1,83	1,83	1,83	1,83	1,83
7	Negotiated Rate / Cost per Unit		1,70	1,70	1,70	1,70	1,70	1,70	1,70	1,70	1,70	1,70	1,70	1,70	1,70
8	Medi-Cal Units	07/01/03 - 09/30/03	1,815	13,500	130	300	23,718	2,884	2,884	2,884	2,884	2,884	2,884	2,884	2,884
8A	Medi-Cal Units	10/01/03 - 09/30/04	12,615	66,516	1,965	84,810	11,445	11,445	11,445	11,445	11,445	11,445	11,445	11,445	11,445
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03													
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 09/30/04													
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03													
10A	Enhanced SD/MC (Children) Units	10/01/03 - 09/30/04													
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 09/30/03													
11	Healthy Families (SED) Units	07/01/03 - 09/30/03	310	1,495	75	4,323	5,195	5,195	5,195	5,195	5,195	5,195	5,195	5,195	5,195
11A	Healthy Families (SED) Units	10/01/03 - 09/30/04	3,440	5,595	75	13,569	18,764	18,764	18,764	18,764	18,764	18,764	18,764	18,764	18,764
12	Non-Medi-Cal Units	07/01/03 - 09/30/03	25,300	34,577	905	4,305	10,321	39,226	39,226	39,226	39,226	39,226	39,226	39,226	39,226
13	Medi-Cal Costs	07/01/03 - 09/30/03	3,019	22,459	218	489	49,811	6,089	6,089	6,089	6,089	6,089	6,089	6,089	6,089
13A	Medi-Cal Costs	10/01/03 - 09/30/04	2,676,216	20,964	119,972	3,269	189,513	24,084	24,084	24,084	24,084	24,084	24,084	24,084	24,084
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	860,962	3,321	24,705	238	55,974	6,906	6,906	6,906	6,906	6,906	6,906	6,906	6,906
14A	Medi-Cal SMA Upper Limits	10/01/03 - 09/30/04	3,010,484	23,065	125,384	3,596	223,752	27,010	27,010	27,010	27,010	27,010	27,010	27,010	27,010
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	779,037	3,086	22,950	221	50,994	6,201	6,201	6,201	6,201	6,201	6,201	6,201	6,201
15A	Medi-Cal Published Charges	10/01/03 - 09/30/04	2,739,574	21,448	116,477	3,341	203,842	24,607	24,607	24,607	24,607	24,607	24,607	24,607	24,607
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	754,955	3,013	22,410	216	49,608	6,056	6,056	6,056	6,056	6,056	6,056	6,056	6,056
16A	Medi-Cal Negotiated Rates	10/01/03 - 09/30/04	2,672,690	20,841	113,737	3,262	189,101	24,035	24,035	24,035	24,035	24,035	24,035	24,035	24,035
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03													
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 09/30/04													
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03													
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 09/30/04													
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03													
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 09/30/04													
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03													
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 09/30/04													
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03													
21A	Enhanced SD/MC Costs	10/01/03 - 09/30/04													
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03													
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 09/30/04													
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03													
23A	Enhanced SD/MC Published Charges	10/01/03 - 09/30/04													
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03													
24A	Enhanced SD/MC Negotiated Rates	10/01/03 - 09/30/04													
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 09/30/03													
25A	Enhanced SD/MC (Refugees) Costs	10/01/03 - 09/30/04													
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 09/30/03													
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/03 - 09/30/04													
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 09/30/03													
27A	Enhanced SD/MC (Refugees) Published Charges	10/01/03 - 09/30/04													
28	Healthy Families Costs	07/01/03 - 09/30/03	82,180	2,437	14,227	126	26,617	3,323	3,323	3,323	3,323	3,323	3,323	3,323	3,323
28A	Healthy Families Costs	10/01/03 - 09/30/04	349,610	5,722	14,227	126	26,617	3,323	3,323	3,323	3,323	3,323	3,323	3,323	3,323
29	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	62,620	567	2,851	10,202	755	755	755	755	755	755	755	755	755
29A	Healthy Families SMA Upper Limits	10/01/03 - 09/30/04	363,720	6,295	15,729	137	82,084	12,237	12,237	12,237	12,237	12,237	12,237	12,237	12,237
30	Healthy Families Published Charges	07/01/03 - 09/30/03	83,962	527	2,491	9,284	688	688	688	688	688	688	688	688	688
30A	Healthy Families Published Charges	10/01/03 - 09/30/04	357,291	5,848	14,512	128	29,238	11,148	11,148	11,148	11,148	11,148	11,148	11,148	11,148
31	Healthy Families Negotiated Rates	07/01/03 - 09/30/03	82,021	515	2,432	9,078	672	672	672	672	672	672	672	672	672
31A	Healthy Families Negotiated Rates	10/01/03 - 09/30/04	345,958	5,710	14,269	125	28,558	10,889	10,889	10,889	10,889	10,889	10,889	10,889	10,889
32	Non-Medi-Cal Costs	07/01/03 - 09/30/03													
32A	Non-Medi-Cal Costs	10/01/03 - 09/30/04	1,750,037	42,216	57,433	1,505	7,161	80,439	80,439	80,439	80,439	80,439	80,439	80,439	80,439
33	Non-Medi-Cal Costs														

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1888 (06/04)

County: Los Angeles
County Code: 19

	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function
Legal Entity: Child & Family Center Legal Entity Number: 00210 Mode: 15 - Outpatient (Program 1)														
1 Allocation Percentage	14	0.21%	17	0.11%	31	0.08%	33	0.08%	34	0.33%	37	39		
2 Total Units	5,488	2,927	6,169	2,927	8,743	4,772	18,335	2,100	2,338	2,115	2,100	2,338	2,115	2,100
3 Gross Cost	11,572	6,169	2,100	2,100	2,338	2,100	2,100	185	1,100	3,370	860	1,570	2,578	7,077
4 Cost per Unit	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10
5 SMA per Unit	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38
6 Published Charge per Unit	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15	2.15
7 Negotiated Rate / Cost per Unit	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10
8 Medi-Cal Units	40	850	850	850	850	850	850	850	850	850	850	850	850	850
8A 07/01/03 - 09/30/03														
1001/03 - 09/30/04	40	915	915	915	915	915	915	915	915	915	915	915	915	915
9 Medicare/Medi-Cal Crossover Units														
9A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
10 Enhanced SD/MC (Children) Units														
10A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
10B Enhanced SD/MC (Refugees) Units														
1001/03 - 09/30/03														
11 Healthy Families (SED) Units														
11A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
12 Non-Medi-Cal Units	5,419	180	180	180	180	180	180	180	180	180	180	180	180	180
13 Medi-Cal Costs	84	1,789	1,789	1,789	1,789	1,789	1,789	1,789	1,789	1,789	1,789	1,789	1,789	1,789
13A 07/01/03 - 09/30/03														
1001/03 - 09/30/04	84	1,925	1,925	1,925	1,925	1,925	1,925	1,925	1,925	1,925	1,925	1,925	1,925	1,925
14 Medi-Cal SMA Upper Limits	84	2,098	2,098	2,098	2,098	2,098	2,098	2,098	2,098	2,098	2,098	2,098	2,098	2,098
14A 07/01/03 - 09/30/03														
1001/03 - 09/30/04	84	2,159	2,159	2,159	2,159	2,159	2,159	2,159	2,159	2,159	2,159	2,159	2,159	2,159
15 Medi-Cal Published Charges	86	1,828	1,828	1,828	1,828	1,828	1,828	1,828	1,828	1,828	1,828	1,828	1,828	1,828
15A 07/01/03 - 09/30/03														
1001/03 - 09/30/04	86	1,967	1,967	1,967	1,967	1,967	1,967	1,967	1,967	1,967	1,967	1,967	1,967	1,967
16 Medi-Cal Negotiated Rates	84	1,785	1,785	1,785	1,785	1,785	1,785	1,785	1,785	1,785	1,785	1,785	1,785	1,785
16A 07/01/03 - 09/30/03														
1001/03 - 09/30/04	84	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922	1,922
17 Medicare/Medi-Cal Crossover Costs														
17A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
18 Medicare/Medi-Cal Crossover SMA Upper Limits														
18A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
19 Medicare/Medi-Cal Crossover Published Charges														
19A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
20 Medicare/Medi-Cal Crossover Negotiated Rates														
20A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
21 Enhanced SD/MC Costs														
21A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
22 Enhanced SD/MC SMA Upper Limits														
22A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
23 Enhanced SD/MC Published Charges														
23A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
24 Enhanced SD/MC Negotiated Rates														
24A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
25 Enhanced SD/MC (Refugees) Costs														
25A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
26 Enhanced SD/MC (Refugees) SMA Upper Limits														
26A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
27 Enhanced SD/MC (Refugees) Published Charges														
27A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
28 Enhanced SD/MC (Refugees) Negotiated Rates														
28A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
29 Healthy Families Costs														
29A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
30 Healthy Families SMA Upper Limits														
30A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
31 Healthy Families Published Charges														
31A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
32 Healthy Families Negotiated Rates														
32A 07/01/03 - 09/30/03														
1001/03 - 09/30/04														
33 Non-Medi-Cal Costs	11,403	379	379	379	379	379	379	379	379	379	379	379	379	379
33A 07/01/03 - 09/30/03														
1001/03 - 09/30/04	11,403	1,610	1,610	1,610	1,610	1,610	1,610	1,610	1,610	1,610	1,610	1,610	1,610	1,610

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (06/04)

County: Los Angeles
County Code: 19

	Legal Entity Number: 00210 Modis: 15 - Outpatient (Program 1)	NR O Service Function	NR P Service Function	NR Q Service Function	NR R Service Function	NR S Service Function	NR T Service Function	NR U Service Function
1	Allocation Percentage	41	42	45	47	52	53	54
2	Total Units	20,24%	39,89%	1,35%	0,68%	2,65%	0,05%	3,47%
3	Gross Cost	540,213	1,054,817	35,296	17,801	85,208	1,440	82,832
4	Cost per Unit	1,138,794	2,240,320	76,379	37,039	143,539	3,030	184,930
5	SMA per Unit	2,10	2,10	2,10	2,10	2,10	2,10	2,10
6	Published Charge per Unit	2,36	2,36	2,36	2,36	2,36	2,36	2,36
7	Negotiated Rate / Cost per Unit	2,15	2,15	2,15	2,15	2,15	2,15	2,15
8	Medi-Cal Units	37,422	183,222	3,590	3,385	8,439	405	3,648
8A	Medicare/Medi-Cal Crossover Units	124,188	677,437	2,455	9,335	38,485	405	22,825
9	Enhanced SD/MC (Children) Units							
10	Enhanced SD/MC (Refugees) Units							
10A	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units	4,265	22,800	1,276	1,276	1,288		449
11A	Healthy Families (SED) Units	27,481	83,545	1,345	1,345	4,850		7,564
12	Non-Medi-Cal Units	348,887	197,612	30,251	2,250	15,134	1,035	55,148
13	Medi-Cal Costs	76,748	385,562	7,555	7,144	17,759		7,577
13A	Medi-Cal SMA Upper Limits	261,292	1,215,128	5,188	19,644	80,988	852	48,032
14	Medi-Cal Published Charges	88,316	432,404	5,472	8,012	19,916		8,809
14A	Medi-Cal Negotiated Rates	293,068	1,362,751	5,794	22,031	90,825	958	53,867
15	Medi-Cal Crossover Negotiated Rates	80,457	393,927	7,719	7,299	16,144		7,843
15A	Medi-Cal Crossover Costs	266,861	1,241,450	5,278	20,070	82,743	871	48,074
16	Medi-Cal Crossover Costs	76,588	384,766	7,539	7,130	17,722		7,861
16A	Medi-Cal Crossover Costs	280,763	1,212,618	5,168	19,604	80,619	851	47,933
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover Published Charges							
19	Medicare/Medi-Cal Crossover Negotiated Rates							
20	Enhanced SD/MC Costs							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC Published Charges							
23	Enhanced SD/MC Negotiated Rates							
24	Enhanced SD/MC (Refugees) Costs							
24A	Enhanced SD/MC (Refugees) Costs							
25	Enhanced SD/MC (Refugees) SMA Upper Limits							
26	Enhanced SD/MC (Refugees) Published Charges							
27	Enhanced SD/MC (Refugees) Negotiated Rates							
28	Healthy Families Costs	6,976	47,979	2,885	2,885	2,731		945
29	Healthy Families SMA Upper Limits	57,851	175,809	3,011	3,011	3,063		15,917
29A	Healthy Families Published Charges	64,879	187,169	3,174	3,174	11,448		17,851
30	Healthy Families Negotiated Rates	9,170	49,020	2,743	2,743	2,781		865
30A	Healthy Families Costs	69,108	179,624	2,982	2,982	10,423		16,283
31	Healthy Families SMA Upper Limits	6,857	47,850	2,825	2,825	2,728		943
31A	Healthy Families Published Charges	57,751	175,447	2,625	2,625	10,185		15,884
32	Healthy Families Negotiated Rates	729,927	415,844	65,655	4,735	31,847	2,178	122,359
32A	Healthy Families Costs							
33	Non-Medi-Cal Costs							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 18

	NR	AC	NR	AD	AE	AF	AG	AH	AI
		Service Function		Service Function					
Legal Entity: Child & Family Center									
Legal Entity Number: 00210									
Mode: 15 - Outpatient (Program 1)									
1 Allocation Percentage					77				
2 Total Units				76					
3 Gross Cost									
4 Cost per Unit									
5 SMA per Unit									
6 Published Charge per Unit									
7 Negotiated Rate / Cost per Unit									
8 Medi-Cal Units									
8A									
9 Medicare/Medi-Cal Crossover Units									
9A									
10 Enhanced SD/MC (Children) Units									
10A									
10B Enhanced SD/MC (Refugees) Units									
11 Healthy Families (SED) Units									
11A									
12 Non-Medi-Cal Units									
13									
13A									
14 Medi-Cal SMA Upper Limits									
14A									
15 Medi-Cal Published Charges									
15A									
16 Medi-Cal Negotiated Rates									
16A									
17 Medicare/Medi-Cal Crossover Costs									
17A									
18 Medicare/Medi-Cal Crossover SMA Upper Limits									
18A									
19 Medicare/Medi-Cal Crossover Published Charges									
19A									
20 Medicare/Medi-Cal Crossover Negotiated Rates									
20A									
21 Enhanced SD/MC Costs									
21A									
22 Enhanced SD/MC SMA Upper Limits									
22A									
23 Enhanced SD/MC Published Charges									
23A									
24 Enhanced SD/MC Negotiated Rates									
24A									
25 Enhanced SD/MC (Refugees) Costs									
25A									
26 Enhanced SD/MC (Refugees) SMA Upper Limits									
26A									
27 Enhanced SD/MC (Refugees) Published Charges									
27A									
28 Enhanced SD/MC (Refugees) Negotiated Rates									
28A									
29 Healthy Families Costs									
29A									
30 Healthy Families SMA Upper Limits									
30A									
31 Healthy Families Published Charges									
31A									
32 Healthy Families Negotiated Rates									
32A									
33 Non-Medi-Cal Costs									
33A									

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (08/04)

County: Los Angeles
County Code: 19

	NR						
	A	B	C	D	E	F	G
Legal Entity: Child & Family Center Legal Entity Number: 00210 Model: 10 - Day Services	Mode Total	Service Function					
1 Allocation Percentage	100.00%	88					
2 Total Units	41,573	308					
3 Gross Cost	134.88	41,573					
4 Cost per Unit	183.48						
5 SMA per Unit	149.97						
6 Published Charge per Unit	134.70						
7 Negotiated Rate / Cost per Unit							
8 Medi-Cal Units		88					
9A Medicare/Medi-Cal Crossover Units							
10 Enhanced SD/MC (Children) Units							
10A Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
11A Non-Medi-Cal Units		240					
13 Medi-Cal Costs	9,179	9,179					
13A Medi-Cal SMA Upper Limits	12,475	12,475					
14A Medi-Cal Published Charges	10,188	10,188					
15A Medi-Cal Negotiated Rates	9,160	9,160					
17 Medicare/Medi-Cal Crossover Costs							
17A Medicare/Medi-Cal Crossover SMA Upper Limits							
18A Medicare/Medi-Cal Crossover Published Charges							
19A Medicare/Medi-Cal Crossover Negotiated Rates							
20A Enhanced SD/MC Costs							
21A Enhanced SD/MC SMA Upper Limits							
22A Enhanced SD/MC Published Charges							
23A Enhanced SD/MC Negotiated Rates							
24A Enhanced SD/MC (Refugees) Costs							
25A Enhanced SD/MC (Refugees) SMA Upper Limits							
26A Enhanced SD/MC (Refugees) Published Charges							
27A Enhanced SD/MC (Refugees) Negotiated Rates							
28A Healthy Families Costs							
28A Healthy Families SMA Upper Limits							
30A Healthy Families Published Charges							
31A Healthy Families Negotiated Rates							
32A Non-Medi-Cal Costs	32,386	32,386					
33 Total	32,386	32,386					

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 19

Line Item	Legal Entity: Child & Family Guidance Center Legal Entity Number: 00207 Mode: 15 - Outpatient (Program 1)	A		B		C		D		E		F		G	
		Mode Total	Service Function 03	Service Function 04											
1	Allocation Percentage	100.00%	0.92%	3.05%	0.22%	0.20%	0.06%	1.40%							
2	Total Units	92,963	309,383	22,064	19,854	33,464	10,798	239,553							
3	Gross Cost	17,079,722	157,098	621,460	37,188	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889
4	Cost per Unit		1.69	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83
5	SMA per Unit		1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57
6	Published Charge per Unit		1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67	1.67
7	Negotiated Rate / Cost per Unit		1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57	1.57
8	Medi-Cal Units		10,482	55,857	4,643										
9	Medicare/Medi-Cal Crossover Units		62,232	214,575	18,941										
10	Enhanced SD/MC (Children) Units														
10A	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units		140	3,607										10	2,738
12	Non-Medi-Cal Units		2,207	12,422	480									1,019	9,685
13	Medi-Cal Costs		2,861,608	17,714	93,809	7,826								2,004	54,425
13A	Medi-Cal SMA Upper Limits		10,870,767	105,168	361,663	28,563								7,084	184,824
14	Medi-Cal SMA Upper Limits		3,209,318	19,182	101,852	8,497								2,222	50,844
14A	Medi-Cal Published Charges		12,216,832	113,985	392,672	31,002								7,965	182,528
15	Medi-Cal Published Charges		2,676,872	16,467	87,361	7,290								1,908	51,771
15A	Medi-Cal Negotiated Rates		10,162,864	97,704	338,863	26,687								6,748	158,695
16	Medi-Cal Negotiated Rates		2,178,972	18,457	87,361	7,290								1,908	51,771
16A	Medicare/Medi-Cal Crossover Costs		10,162,864	97,704	338,863	26,687								6,748	158,695
17	Medicare/Medi-Cal Crossover Costs														
17A	Medicare/Medi-Cal Crossover SMA Upper Limits														
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A	Medicare/Medi-Cal Crossover Published Charges														
19	Medicare/Medi-Cal Crossover Published Charges														
19A	Medicare/Medi-Cal Crossover Negotiated Rates														
20	Enhanced SD/MC Costs														
20A	Enhanced SD/MC SMA Upper Limits														
21	Enhanced SD/MC SMA Upper Limits														
21A	Enhanced SD/MC Published Charges														
22	Enhanced SD/MC Published Charges														
22A	Enhanced SD/MC Negotiated Rates														
23	Healthy Families Costs														
23A	Healthy Families SMA Upper Limits														
24	Healthy Families SMA Upper Limits														
24A	Healthy Families Published Charges														
25	Healthy Families Published Charges														
25A	Healthy Families Negotiated Rates														
26	Healthy Families Negotiated Rates														
26A	Non-Medi-Cal Costs														
27	Non-Medi-Cal Costs														
27A	Non-Medi-Cal SMA Upper Limits														
28	Non-Medi-Cal SMA Upper Limits														
28A	Non-Medi-Cal Published Charges														
29	Non-Medi-Cal Published Charges														
29A	Non-Medi-Cal Negotiated Rates														
30	Non-Medi-Cal Negotiated Rates														
30A	Mode Total	17,079,722	157,098	621,460	37,188	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889
31	Mode Total	17,079,722	157,098	621,460	37,188	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889
31A	Mode Total	17,079,722	157,098	621,460	37,188	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889
32	Mode Total	17,079,722	157,098	621,460	37,188	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889
32A	Mode Total	17,079,722	157,098	621,460	37,188	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889
33	Mode Total	17,079,722	157,098	621,460	37,188	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889
33A	Mode Total	17,079,722	157,098	621,460	37,188	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889	1,889

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 19

Legal Entity: Child & Family Guidance Center Legal Entity Number: 00207 Mode: 15 - Outpatient (Program 1)	NR		CR		NR		NR		NR		NR		CR	
	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	5.01%	0.51%	1.45%	2.90%	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2	Total Units	411,416	41,954	119,355	243,749	17,578	281	50	50	50	50	50	50	50
3	Gross Cost	855,224	86,588	247,785	494,655	35,656	884	104	104	104	104	104	104	104
4	Cost per Unit	2.08	2.08	2.08	2.03	2.03	2.08	2.08	2.08	2.08	2.08	2.08	2.08	2.08
5	SMA per Unit	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38
6	Published Charge per Unit	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93
7	Negotiated Rate / Cost per Unit	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93	1.93
8	Medi-Cal Units	70,134	8,705	13,608	40,496	1,759	148	50	50	50	50	50	50	50
8A		290,981	32,198	52,434	181,818	13,886	111							
9	Medicare/Medi-Cal Crossover Units													
9A														
10	Enhanced SD/MC (Children) Units													
10A														
10B	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units	5,145		86		22								
11A		28,114		1,436		83								
12	Non-Medi-Cal Units	19,042	763	51,791	17,969	1,825	24							
13	Medi-Cal Costs	145,790	18,095	28,251	82,162	3,569	303							
13A		604,872	66,827	108,855	368,900	28,172	231							
14	Medi-Cal SMA Upper Limits	165,516	20,544	32,115	95,588	4,151	345							
14A		888,715	75,983	123,744	429,090	32,771	262							
15	Medi-Cal Published Charges	135,359	16,801	25,253	78,155	3,385	282							
15A		551,553	62,138	101,198	350,808	26,800	214							
16	Medi-Cal Negotiated Rates	135,359	16,801	25,253	78,155	3,385	282							
16A		551,593	62,138	101,198	350,909	26,800	214							
17	Medicare/Medi-Cal Crossover Costs													
17A														
18	Medicare/Medi-Cal Crossover SMA Upper Limits													
18A														
19	Medicare/Medi-Cal Crossover Published Charges													
19A														
20	Medicare/Medi-Cal Crossover Negotiated Rates													
20A														
21	Enhanced SD/MC Costs													
21A														
22	Enhanced SD/MC SMA Upper Limits													
22A														
23	Enhanced SD/MC Published Charges													
23A														
24	Enhanced SD/MC Negotiated Rates													
24A														
25	Enhanced SD/MC (Refugees) Costs													
25A														
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
26A														
27	Enhanced SD/MC (Refugees) Published Charges													
27A														
28	Enhanced SD/MC (Refugees) Negotiated Rates													
28A														
29	Healthy Families Costs	10,885	54,284	2,981	6,984	168	45							
29A		12,142	54,284	2,981	6,984	168	45							
30	Healthy Families SMA Upper Limits	61,628	3,389	8,135	196	42								
30A		9,890	3,389	8,135 </td <td>196</td> <td>42</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	196	42								
31	Healthy Families Published Charges	50,400	2,771	6,653	160	42								
31A		9,930	2,771	6,653	160	42								
32	Healthy Families Negotiated Rates	50,400	2,771	6,653	160	42								
32A		50,400	2,771	6,653	160	42								
33	Non-Medi-Cal Costs	38,593	1,565	107,520	36,489	3,703	50							
33A		38,593	1,565	107,520	36,489	3,703	50							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 19

	Legal Entity: Child/Neel Youth & Family Services	Legal Entity Number: 00783	Mode: 10 - Day Services	NR		NR		NR		NR	
				A	B	C	D	E	F	G	
				Mode Total	Service Function						
1	Allocation Percentage			100.00%	98.82%	1.38%					
2	Total Units				11,408	180					
3	Gross Cost			1,229,151	1,212,147	17,004					
4	Cost per Unit				106.27	106.27					
5	SMA per Unit				118.94	118.94					
6	Published Charge per Unit				118.94	118.94					
7	Negotiated Rate / Cost per Unit				105.00	105.00					
8	Medi-Cal Units				3,465	62					
8A	Medi-Cal Units				7,641	88					
9	Medicare/Medi-Cal Crossover Units										
9A	Medicare/Medi-Cal Crossover Units										
10	Enhanced SD/MC (Children) Units										
10A	Enhanced SD/MC (Children) Units										
10B	Enhanced SD/MC (Refugees) Units										
11	Healthy Families (SED) Units										
11A	Healthy Families (SED) Units										
12	Non-Medi-Cal Units										
13	Medi-Cal Costs			374,824	388,235	6,589					
13A	Medi-Cal Costs			854,327	843,812	10,415					
14	Medi-Cal SMA Upper Limits			419,501	412,127	7,374					
14A	Medi-Cal SMA Upper Limits			956,159	944,503	11,656					
15	Medi-Cal Published Charges			419,501	412,127	7,374					
15A	Medi-Cal Published Charges			858,159	844,503	11,656					
16	Medi-Cal Negotiated Rates			370,335	363,825	6,510					
16A	Medi-Cal Negotiated Rates			844,085	833,805	10,280					
17	Medicare/Medi-Cal Crossover Costs										
17A	Medicare/Medi-Cal Crossover Costs										
18	Medicare/Medi-Cal Crossover SMA Upper Limits										
18A	Medicare/Medi-Cal Crossover SMA Upper Limits										
19	Medicare/Medi-Cal Crossover Published Charges										
19A	Medicare/Medi-Cal Crossover Published Charges										
20	Medicare/Medi-Cal Crossover Negotiated Rates										
20A	Medicare/Medi-Cal Crossover Negotiated Rates										
21	Enhanced SD/MC Costs										
21A	Enhanced SD/MC Costs										
22	Enhanced SD/MC SMA Upper Limits										
22A	Enhanced SD/MC SMA Upper Limits										
23	Enhanced SD/MC Published Charges										
23A	Enhanced SD/MC Published Charges										
24	Enhanced SD/MC Negotiated Rates										
24A	Enhanced SD/MC Negotiated Rates										
25	Enhanced SD/MC (Refugees) Costs										
25A	Enhanced SD/MC (Refugees) Costs										
26	Enhanced SD/MC (Refugees) SMA Upper Limits										
26A	Enhanced SD/MC (Refugees) SMA Upper Limits										
27	Enhanced SD/MC (Refugees) Published Charges										
27A	Enhanced SD/MC (Refugees) Published Charges										
28	Enhanced SD/MC (Refugees) Negotiated Rates										
28A	Enhanced SD/MC (Refugees) Negotiated Rates										
29	Healthy Families Costs										
29A	Healthy Families Costs										
30	Healthy Families SMA Upper Limits										
30A	Healthy Families SMA Upper Limits										
31	Healthy Families Published Charges										
31A	Healthy Families Published Charges										
32	Healthy Families Negotiated Rates										
32A	Healthy Families Negotiated Rates										
33	Non-Medi-Cal Costs										
33A	Non-Medi-Cal Costs										
				(0)	(0)	(0)					

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1868 (09/04)

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 19

Legal Entity Number: 00783 Model: 15 - Outpatient (Program 1)	Legal Entity: ChildNet Youth & Family Services	A		B		C		D		E		F		G	
		Mode Total	Service Function	NR	NR	Service Function	NR	Service Function	NR	Service Function	NR	Service Function	NR	Service Function	NR
1	Allocation Percentage	100.00%	0.25%	04	10.47%	8.40%	0.15%	0.01%	12	4.345	308	28,885	17	58,860	41
2	Total Units	8,179,773	9,323	248,140	5,181,026	5,162	2,11	2,38	2,38	2,38	2,38	2,38	2,38	2,38	2,38
3	Gross Cost		15,244	647,035	1,84	1,83	1,83	1,83	1,83	1,83	1,83	1,83	1,83	1,83	1,83
4	Cost per Unit		1.84	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83
5	SMA per Unit		1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83
6	Published Charge per Unit		1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83
7	Negotiated Rate / Cost per Unit		1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83	1.83
8	Medi-Cal Units		4,907	101,823	52,122	1,135	181	308	3,029	3,029	3,029	3,029	3,029	3,029	3,029
9	Medicare/Medi-Cal Crosscover Units		4,989	290,617	192,829	3,029									
9A	Medicare/Medi-Cal Crosscover Units														
10	Enhanced SD/MC (Children) Units														
10A	Enhanced SD/MC (Children) Units														
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A	Healthy Families (SED) Units														
12	Non-Medi-Cal Units		347	3,275	1,389										
13	Medi-Cal Costs		1,310,205	6,552	186,491	109,907	2,383	10,980	2,383	2,383	2,383	2,383	2,383	2,383	2,383
13A	Medi-Cal Costs		4,828,311	8,125	475,159	406,189	6,397	38,025	6,397	6,397	6,397	6,397	6,397	6,397	6,397
14	Medi-Cal SMA Upper Limits		1,488,378	7,333	186,336	129,008	2,679	12,289	2,679	2,679	2,679	2,679	2,679	2,679	2,679
14A	Medi-Cal SMA Upper Limits		5,403,823	9,063	681,829	454,904	7,148	42,658	7,148	7,148	7,148	7,148	7,148	7,148	7,148
15	Medi-Cal Published Charges		1,488,378	7,333	186,336	129,008	2,679	12,289	2,679	2,679	2,679	2,679	2,679	2,679	2,679
15A	Medi-Cal Published Charges		5,403,823	9,063	681,829	454,904	7,148	42,658	7,148	7,148	7,148	7,148	7,148	7,148	7,148
16	Medi-Cal Negotiated Rates		1,300,400	6,531	185,971	108,935	2,372	10,883	2,372	2,372	2,372	2,372	2,372	2,372	2,372
16A	Medi-Cal Negotiated Rates		4,780,735	8,089	478,708	402,685	6,381	37,889	6,381	6,381	6,381	6,381	6,381	6,381	6,381
17	Medicare/Medi-Cal Crosscover Costs														
17A	Medicare/Medi-Cal Crosscover Costs														
18	Medicare/Medi-Cal Crosscover SMA Upper Limits														
18A	Medicare/Medi-Cal Crosscover SMA Upper Limits														
19	Medicare/Medi-Cal Crosscover Published Charges														
19A	Medicare/Medi-Cal Crosscover Published Charges														
20	Medicare/Medi-Cal Crosscover Negotiated Rates														
20A	Medicare/Medi-Cal Crosscover Negotiated Rates														
21	Enhanced SD/MC Costs														
21A	Enhanced SD/MC Costs														
22	Enhanced SD/MC SMA Upper Limits														
22A	Enhanced SD/MC SMA Upper Limits														
23	Enhanced SD/MC Published Charges														
23A	Enhanced SD/MC Published Charges														
24	Enhanced SD/MC Negotiated Rates														
24A	Enhanced SD/MC Negotiated Rates														
25	Enhanced SD/MC (Refugees) Costs														
25A	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
27A	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs														
29A	Healthy Families Costs														
30	Healthy Families SMA Upper Limits														
30A	Healthy Families SMA Upper Limits														
31	Healthy Families Published Charges														
31A	Healthy Families Published Charges														
32	Healthy Families Negotiated Rates														
32A	Healthy Families Negotiated Rates														
33	Non-Medi-Cal Costs		41,257	567	5,355	2,929	382	845	7,855	7,855	7,855	7,855	7,855	7,855	7,855

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

FISCAL YEAR 2003 - 2004

County: Los Angeles
 County Code: 19

	Legal Entity: ChildNet Youth & Family Services Legal Entity Number: 00783 Mode: 15 - Outpatient (Program 1)	H	I	J	K	L	M	N
		NR						
		Service Function						
1	Allocation Percentage	42	47	52	54	61	62	
2	Total Units	68,19%	0,06%	1,42%	0,02%	0,05%	10,02%	
3	Gross Cost	1,898,418	2,737	41,745	560	807	158,608	
4	Cost per Unit	4,213,979	5,771	89,026	1,181	3,541	619,303	
5	SMA per Unit	2,11	2,11	2,11	2,11	3,90	3,90	
6	Published Charge per Unit	2,36	2,36	2,36	2,36	4,37	4,37	
7	Negotiated Rate / Cost per Unit	2,09	2,09	2,09	2,09	3,89	3,89	
8	Medi-Cal Units	381,047	15,852	15,852	580	179	39,741	
8A	Medicare/Medi-Cal Crossover Units	1,598,800	25,883	25,883	580	717	118,421	
9	Enhanced SD/MC (Children) Units							
10	Enhanced SD/MC (Refugees) Units							
10A	Healthy Families (SED) Units							
11	Non-Medi-Cal Units	7,571	2,737	33,428	889	155,172		
12	Medi-Cal Costs	824,584	54,569	37,411	1,181	2,800	482,396	
13	Medicare/Medi-Cal Crossover SMA Upper Limits	922,871	81,107	37,411	1,322	782	173,888	
14	Medi-Cal Published Charges	3,775,528	81,107	37,411	1,322	3,133	517,500	
15	Medi-Cal Negotiated Rates	817,288	33,131	54,116	1,170	2,788	460,668	
16	Medicare/Medi-Cal Crossover Coats							
17	Medicare/Medi-Cal Crossover SMA Upper Limits							
18	Medicare/Medi-Cal Crossover Published Charges							
19	Medicare/Medi-Cal Crossover Negotiated Rates							
20	Enhanced SD/MC Coats							
21	Enhanced SD/MC SMA Upper Limits							
22	Enhanced SD/MC Published Charges							
23	Enhanced SD/MC Negotiated Rates							
24	Enhanced SD/MC (Refugees) Coats							
25	Enhanced SD/MC (Refugees) SMA Upper Limits							
26	Enhanced SD/MC (Refugees) Published Charges							
27	Enhanced SD/MC (Refugees) Negotiated Rates							
28	Healthy Families Coats							
28A	Healthy Families SMA Upper Limits							
29	Healthy Families Published Charges							
30	Healthy Families Negotiated Rates							
30A								
31								
31A								
32								
32A								
33	Non-Medi-Cal Coats	15,855	5,771	(0)	43	1,745		

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1886 (08/04)

County: Los Angeles
County Code: 19

Legal Entity Number: 00698 Mode: 15 - Outpatient (Program 1)	A Mode Total	NR B		NR C		NR D		NR E		NR F		NR G	
		Service Function 03		Service Function 04		Service Function 08		Service Function 10		Service Function 14		Service Function 42	
1 Allocation Percentage	100.00%	0.00%		2.57%		0.35%		9.20%		0.78%		76.22%	
2 Total Units		83		59,823		13,676		275,760		23,676		2,270,821	
3 Gross Cost	6,347,456	152		152,846		22,355		557,844		80,450		4,838,342	
4 Cost per Unit		1.83		1.83		1.63		2.13		2.13		2.13	
5 SMA per Unit		1.83		1.83		1.83		2.38		2.38		2.86	
6 Published Charge per Unit		1.88		1.88		1.88		2.19		2.19		2.19	
7 Negotiated Rate / Cost per Unit		1.88		1.88		1.88		2.19		2.19		2.19	
8 Medi-Cal Units		93		18,673		837		78,415		4,809		638,684	
9 Medicare/Medi-Cal Crossover Units				78,006		2,890		190,375		5,368		1,884,952	
10 Enhanced SD/MC (Children) Units													
10B Enhanced SD/MC (Refugees) Units													
11 Healthy Families (SED) Units													
12 Non-Medi-Cal Units													
13 Medi-Cal Costs	1,601,349	152		30,523		1,832		167,080		10,247		1,147,939	
13A	4,555,401			127,510		3,907		405,860		11,438		3,580,372	
14 Medi-Cal SMA Upper Limits	1,878,316	170		34,172		1,715		185,058		11,348		1,271,058	
14A	6,069,898			142,761		4,374		449,285		12,868		3,976,487	
15 Medi-Cal Published Charges	1,543,029	156		31,371		1,574		171,728		10,532		1,179,489	
15A	4,881,864			131,060		4,015		416,921		11,756		3,890,045	
16 Medi-Cal Negotiated Rates	1,543,026	156		31,371		1,574		171,728		10,532		1,178,488	
16A	4,881,864			131,060		4,015		416,921		11,756		3,890,045	
17 Medicare/Medi-Cal Crossover Costs													
17A													
18 Medicare/Medi-Cal Crossover SMA Upper Limits													
18A													
19 Medicare/Medi-Cal Crossover Published Charges													
19A													
20 Medicare/Medi-Cal Crossover Negotiated Rates													
20A													
21 Enhanced SD/MC Costs													
21A													
22 Enhanced SD/MC SMA Upper Limits													
22A													
23 Enhanced SD/MC Published Charges													
23A													
24 Enhanced SD/MC Negotiated Rates													
24A													
25 Enhanced SD/MC (Refugees) Costs													
25A													
26 Enhanced SD/MC (Refugees) SMA Upper Limits													
26A													
27 Enhanced SD/MC (Refugees) Published Charges													
27A													
28 Enhanced SD/MC (Refugees) Negotiated Rates													
28A													
29 Healthy Families Costs													
29A													
30 Healthy Families SMA Upper Limits													
30A													
31 Healthy Families Published Charges													
31A													
32 Healthy Families Negotiated Rates													
32A													
33 Non-Medi-Cal Costs	280,736			4,812		18,917		14,886		28,784		100,351	
33A													

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 19

	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function
1	Allocation Percentage	3.24%	52	3.76%	0.08%	1.03%	58	0.16%	62	2.51%	67	0.01%	77	
2	Total Units	96,429	112,602	2,528	30,851	3,395	54,988	207	9,944	159,451	489			
3	Gross Cost	205,476	239,637	5,389	65,121	8,944	159,451	489	2,900	2,900	2,277			
4	Cost per Unit	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13	2.13			
5	SMA per Unit	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36			
6	Published Charge per Unit	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19			
7	Negotiated Rate / Cost per Unit	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19			
8	Medi-Cal Units	20,138	31,919	188	30,561	605	10,821	207	2,065	43,345	207			
8A	Medi-Cal Units	23,421	78,158	1,320	30,561	2,065	43,345	207						
9	Medicare/Medi-Cal Crossover Units													
9A	Medicare/Medi-Cal Crossover Units													
10	Enhanced SD/MC (Children) Units													
10A	Enhanced SD/MC (Children) Units													
10B	Enhanced SD/MC (Refugees) Units													
10C	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (RED) Units													
11A	Healthy Families (RED) Units													
12	Non-Medi-Cal Units	52,870	2,827	1,021										
12A	Non-Medi-Cal Units	42,811	88,014	401										
13	Medi-Cal Costs	49,907	188,538	2,813	85,121	5,987	125,678	489	2,207	47,285	729			
13A	Medi-Cal Costs	47,526	75,929	444	72,124	9,024	189,418	482	1,505	32,247	482			
14	Medi-Cal SMA Upper Limits	56,274	184,448	3,116										
14A	Medi-Cal SMA Upper Limits	44,102	69,903	412										
15	Medi-Cal Published Charges	51,292	171,182	2,891	85,929	6,154	129,188	482	1,505	32,247	482			
16	Medi-Cal Negotiated Rates	44,102	89,903	412										
16A	Medi-Cal Negotiated Rates	51,292	171,182	2,891	85,929	6,154	129,188	482						
17	Medicare/Medi-Cal Crossover Costs													
17A	Medicare/Medi-Cal Crossover Costs													
18	Medicare/Medi-Cal Crossover SMA Upper Limits													
18A	Medicare/Medi-Cal Crossover SMA Upper Limits													
19	Medicare/Medi-Cal Crossover Published Charges													
19A	Medicare/Medi-Cal Crossover Published Charges													
20	Medicare/Medi-Cal Crossover Negotiated Rates													
20A	Medicare/Medi-Cal Crossover Negotiated Rates													
21	Enhanced SD/MC Costs													
21A	Enhanced SD/MC Costs													
22	Enhanced SD/MC SMA Upper Limits													
22A	Enhanced SD/MC SMA Upper Limits													
23	Enhanced SD/MC Published Charges													
23A	Enhanced SD/MC Published Charges													
24	Enhanced SD/MC Negotiated Rates													
24A	Enhanced SD/MC Negotiated Rates													
25	Enhanced SD/MC (Refugees) Costs													
25A	Enhanced SD/MC (Refugees) Costs													
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
26A	Enhanced SD/MC (Refugees) SMA Upper Limits													
27	Enhanced SD/MC (Refugees) Published Charges													
27A	Enhanced SD/MC (Refugees) Published Charges													
28	Enhanced SD/MC (Refugees) Negotiated Rates													
28A	Enhanced SD/MC (Refugees) Negotiated Rates													
29	Healthy Families Costs													
29A	Healthy Families Costs													
30	Healthy Families SMA Upper Limits													
30A	Healthy Families SMA Upper Limits													
31	Healthy Families Published Charges													
31A	Healthy Families Published Charges													
32	Healthy Families Negotiated Rates													
32A	Healthy Families Negotiated Rates													
33	Non-Medi-Cal Costs	112,658	5,385	2,176	(0)	2,392	2,407	0						
33A	Non-Medi-Cal Costs													

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1886 (08/04)

DETAIL COST REPORT

County: Los Angeles
County Code: 18

NR

		A	B	C	D	E	F	G
	Legal Entity: Childrens Hospital of Los Angeles	Mode Total	Service Function 98	Service Function				
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		1,422					
3	Gross Cost	251,787	251,787					
4	Cost per Unit		177.07					
5	SMA per Unit		116.94					
6	Published Charge per Unit		116.25					
7	Negotiated Rate / Cost per Unit		116.14					
8	Medi-Cal Units		345					
8A	07/01/03 - 09/30/03		1,038					
9	Medicare/Medi-Cal Crossover Units							
9A	07/01/03 - 09/30/03							
10	Enhanced SD/MC (Children) Units							
10A	07/01/03 - 09/30/03							
10B	Enhanced SD/MC (Refugees) Units							
10C	07/01/03 - 09/30/03							
11	Healthy Families (SED) Units							
11A	10/01/03 - 06/30/04		41					
12	Non-Medi-Cal Units							
13	Medi-Cal Costs	81,087	61,087					
13A	10/01/03 - 06/30/04	183,439	183,439					
14	Medi-Cal SMA Upper Limits	41,034	41,034					
14A	10/01/03 - 09/30/03	123,222	123,222					
15	Medi-Cal Published Charges	39,761	39,761					
15A	10/01/03 - 06/30/04	119,389	119,389					
16	Medi-Cal Negotiated Rates	39,729	39,729					
16A	10/01/03 - 06/30/04	119,285	119,285					
17	Medicare/Medi-Cal Crossover Costs							
17A	10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs							
21A	10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits							
22A	10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges							
23A	10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates							
24A	10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs							
25A	07/01/03 - 09/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	07/01/03 - 09/30/03							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	07/01/03 - 09/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	07/01/03 - 09/30/03							
29	Healthy Families Costs							
29A	10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits							
30A	10/01/03 - 06/30/04							
31	Healthy Families Published Charges							
31A	10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates							
32A	10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs	7,280	7,280					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1986 (08/04)

DEPARTMENT OF MENTAL HEALTH
 PAGE 1 OF 2
 FISCAL YEAR 2003 - 2004

County: Los Angeles
 County Code: 19

DETAIL COST REPORT

Legal Entity Number: 00179 Mode: 18 - Outpatient (Program 1)	Legal Entity: Childrens Hospital of Los Angeles	A		B		C		D		E		F		G	
		Mode Total	Services Function												
1	Allocation Percentage	100.00%	0.03%	0.04%	0.10%	0.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2	Total Units	10,736,119	4,483	315,227	187,707	10,714	40	2,830	140	10,273	31	33	33	33	33
3	Gross Cost		10,736,119	859,983	588,021	37,958	140	10,273	31	33	33	33	33	33	33
4	Cost per Unit		2.72	2.72	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51	3.51
5	SMA per Unit		1.85	1.85	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38
6	Published Charge per Unit		1.77	1.77	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28
7	Negotiated Rate / Cost per Unit		1.77	1.77	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28	2.28
8	Medi-Cal Units		1,062	59,476	33,948	2,622	10	892	27	2,022	10	892	27	2,022	10
8A			3,103	168,226	88,788	7,372	27	2,022	10	892	27	2,022	10	892	27
9	Medicare/Medi-Cal Crossover Units														
9A															
10	Enhanced SD/MC (Children) Units														
10A															
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A															
12	Non-Medi-Cal Units														
13	Medi-Cal Costs		2,095,042	161,891	119,030	8,843	35	2,426	85	7,090	35	2,426	85	7,090	35
13A			5,978,814	8,446	457,802	348,379	25,848	95	1,853	24	1,853	24	1,853	24	1,853
14	Medi-Cal SMA Upper Limits		1,409,722	1,943	108,841	80,117	5,952	24	4,772	84	4,772	84	4,772	84	4,772
14A			4,023,038	5,678	307,854	233,142	17,398	84	4,772	84	4,772	84	4,772	84	4,772
15	Medi-Cal Published Charges		1,362,342	1,880	105,273	77,401	5,750	23	1,578	23	1,578	23	1,578	23	1,578
15A			3,887,840	5,492	287,760	225,239	16,808	82	4,810	23	1,578	23	1,578	23	1,578
16	Medi-Cal Negotiated Rates		1,362,342	1,880	105,273	77,401	5,750	23	1,578	23	1,578	23	1,578	23	1,578
16A			3,887,840	5,492	287,760	225,239	16,808	82	4,810	23	1,578	23	1,578	23	1,578
17	Medicare/Medi-Cal Crossover Costs														
17A															
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A															
19	Medicare/Medi-Cal Crossover Published Charges														
19A															
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A															
21	Enhanced SD/MC Costs														
21A															
22	Enhanced SD/MC SMA Upper Limits														
22A															
23	Enhanced SD/MC Published Charges														
23A															
24	Enhanced SD/MC Negotiated Rates														
24A															
25	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs		80,528	83	8,448	4,411	250	77	231	4	231	4	231	4	231
29A			241,654	272	19,337	13,229	845	231	52	168	52	168	52	168	52
30	Healthy Families SMA Upper Limits		162,540	183	13,000	6,904	598	2	150	2	150	2	150	2	150
30A			52,364	60	4,191	2,668	182	50	150	2	150	2	150	2	150
31	Healthy Families Published Charges		157,075	177	12,574	8,602	549	182	150	2	150	2	150	2	150
31A			52,364	60	4,191	2,668	182	50	150	2	150	2	150	2	150
32	Healthy Families Negotiated Rates		157,075	177	12,574	8,602	549	182	150	2	150	2	150	2	150
32A			52,364	60	4,191	2,668	182	50	150	2	150	2	150	2	150
33	Non-Medi-Cal Costs		2,340,183	501	213,817	104,973	1,750	449	7	449	7	449	7	449	7

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1986 (09/04)

County: Los Angeles
County Code: 19

Legal Entity Number: 00179 Modis: 15 - Outpatient (Program 1)	H	I	J	K	L	M	N
Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
34	41	42	52	54	61	62	62
1 Allocation Percentage	4.74%	60.76%	7.05%	0.12%	0.44%	6.78%	
2 Total Units	145,198	74,124	1,850,415	235,763	3,788	7,181	181,390
3 Gross Cost	509,032	259,993	6,523,059	829,509	13,917	45,712	1,049,841
4 Cost per Unit	3.51	3.51	3.51	3.51	3.51	6.50	6.50
5 SMA per Unit	2.36	2.36	2.36	2.36	2.36	4.37	4.37
6 Published Charge per Unit	2.28	2.28	2.28	2.28	2.28	4.23	4.23
7 Negotiated Rate / Cost per Unit	2.28	2.28	2.28	2.28	2.28	4.23	4.23
8	28,285	17,529	355,415	45,446	888	1,702	33,212
8A	85,210	51,237	1,005,924	130,359	2,623	4,974	96,696
9							
9A							
10							
10A							
10B							
11	1,089	556	13,953	1,788	29	54	1,211
11A	3,287	1,898	41,859	5,305	85	161	3,831
12	28,345	3,134	443,284	52,678	163	290	28,840
13	102,880	51,481	1,246,170	159,352	3,149	11,072	216,044
13A	298,767	179,549	3,527,010	457,070	9,197	32,398	628,007
14	69,113	41,368	838,779	107,267	2,119	7,438	145,136
14A	201,088	120,919	2,373,961	307,847	6,190	21,798	422,562
15	96,770	39,965	810,346	103,621	2,047	7,199	140,467
15A	184,279	116,820	2,293,507	287,219	5,880	21,040	408,024
16	66,770	39,968	610,346	103,621	2,047	7,199	140,467
16A	184,279	116,820	2,293,507	287,219	5,880	21,040	408,024
17							
17A							
18							
18A							
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21A							
22							
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23A							
24							
24A							
25							
26							
27							
28							
28A	3,818	1,949	48,923	6,189	102	351	7,878
29	11,455	5,648	146,788	19,801	288	1,047	23,620
29A	32,929	1,512	32,929	4,172	68	236	5,292
30	7,710	3,936	96,767	12,520	201	704	15,867
30A	2,483	1,268	31,813	4,031	68	228	5,123
31	2,483	3,803	95,489	12,066	184	581	15,359
31A	2,483	1,268	31,813	4,031	68	228	5,123
32	7,448	3,803	95,489	12,066	184	581	15,359
32A	7,448	3,803	95,489	12,066	184	581	15,359
33	82,372	10,989	1,554,188	185,385	572	1,896	179,293

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1888 (08/04)

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 19

Line Item	Description	A Mode Total	CR B		CR C		CR D		CR E		CR F		CR G	
			Service Function	03	04	08	10	12	17					
1	Allocation Percentage	100.00%	0.03%	4.26%	0.19%	12.97%	0.21%	8.85%	16.73%	0.61%				
2	Total Units	1,270	181,545	7,591	428,503	8,858	16,735	37,649						
3	Gross Cost	7,430,919	2,216	316,703	13,242	864,012	15,429	37,649						
4	Cost per Unit		1.74	1.74	1.74	2.25	2.25	2.25						
5	SMA per Unit		1.83	1.83	1.83	2.38	2.38	2.38						
6	Published Charge per Unit		1.83	1.83	1.83	2.38	2.38	2.38						
7	Negotiated Rate / Cost per Unit													
8	Medi-Cal Units		307	45,801	450	98,925	1,193	780						
8A			478	130,181	2,581	287,156	1,871	10,769						
9	Medicare/Medi-Cal Crossover Units													
9A														
10	Enhanced SD/MC (Children) Units													
10A														
10B	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units													
11A														
12	Non-Medi-Cal Units													
13	Medi-Cal Costs	1,729,074	536	78,869	785	216,054	2,884	1,777						
13A		5,145,278	830	227,064	4,489	688,818	4,434	24,295						
14	Medi-Cal SMA Upper Limits	1,813,832	582	83,818	824	228,743	2,815	1,884						
14A		5,387,498	871	238,195	4,887	701,288	4,862	25,488						
15	Medi-Cal Published Charges	1,813,832	582	83,818	824	228,743	2,815	1,884						
15A		5,387,498	871	238,195	4,887	701,288	4,862	25,488						
16	Medi-Cal Negotiated Rates													
16A														
17	Medicare/Medi-Cal Crossover Costs													
17A														
18	Medicare/Medi-Cal Crossover SMA Upper Limits													
18A														
19	Medicare/Medi-Cal Crossover Published Charges													
19A														
20	Medicare/Medi-Cal Crossover Negotiated Rates													
20A														
21	Enhanced SD/MC Costs													
21A														
22	Enhanced SD/MC SMA Upper Limits													
22A														
23	Enhanced SD/MC Published Charges													
23A														
24	Enhanced SD/MC Negotiated Rates													
24A														
25	Enhanced SD/MC (Refugees) Costs													
25A														
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
26A														
27	Enhanced SD/MC (Refugees) Published Charges													
27A														
28	Enhanced SD/MC (Refugees) Negotiated Rates													
28A														
29	Healthy Families Costs	86,385	1,861	4,164	388	15,078	42	540						
29A		214,192	4,164	1,861	388	15,078	42	540						
30	Healthy Families SMA Upper Limits	71,737	1,863	4,164	388	15,078	44	568						
30A		214,201	4,388	1,863	388	15,817	44	568						
31	Healthy Families Published Charges	71,737	1,863	4,164	388	15,817	44	568						
31A		214,201	4,388	1,863	388	15,817	44	568						
32	Healthy Families Negotiated Rates													
32A														
33	Non-Medi-Cal Costs	283,881	850	3,714	7,890	12,173	8,310	11,037						
33A														

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 19

Legal Entity Number: 00591 Mode: 15 - Outpatient (Program 1)	Legal Entity: Children's Institute International	CR	H	CR	I	CR	J	CR	K	CR	L	CR	M	CR	N
		Service Function		Service Function											
1	Allocation Percentage	0.00%	31	7.17%	34	37	41	42	47	47	52	52	52	52	52
2	Total Units	45	45	236,820	80	80	15,995	1,961,048	104,418	104,418	165,255	165,255	165,255	165,255	165,255
3	Gross Cost	101	101	532,778	135	135	35,984	4,411,808	234,913	234,913	371,780	371,780	371,780	371,780	371,780
4	Cost per Unit	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25	2.25
5	SMA per Unit	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38
6	Published Charge per Unit	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38
7	Negotiated Rate / Cost per Unit														
8	Medi-Cal Units			120,249			2,058	418,228	8,497	8,497	28,254	28,254	28,254	28,254	28,254
8A				118,104			1,945	1,435,261	47,184	47,184	132,857	132,857	132,857	132,857	132,857
9	Medicare/Medi-Cal Crossover Units														
9A															
10	Enhanced SD/MC (Children) Units														
10A															
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units	45	45												
11A															
12	Non-Medi-Cal Units			457			60	11,991	33,533	45,403	728	728	728	728	728
13	Medi-Cal Costs			270,527			4,532	840,898	19,116	19,116	65,594	65,594	65,594	65,594	65,594
13A				281,201			4,378	3,228,912	106,173	106,173	296,891	296,891	296,891	296,891	296,891
14	Medi-Cal SMA Upper Limits			283,788			4,558	987,018	20,053	20,053	65,579	65,579	65,579	65,579	65,579
14A				274,005			4,560	3,387,192	111,378	111,378	319,543	319,543	319,543	319,543	319,543
15	Medi-Cal Published Charges			283,788			4,558	987,018	20,053	20,053	66,678	66,678	66,678	66,678	66,678
15A				274,005			4,560	3,387,192	111,378	111,378	313,543	313,543	313,543	313,543	313,543
16	Medi-Cal Negotiated Rates														
16A															
17	Medicare/Medi-Cal Crossover Costs														
17A															
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A															
19	Medicare/Medi-Cal Crossover Published Charges														
19A															
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A															
21	Enhanced SD/MC Costs														
21A															
22	Enhanced SD/MC SMA Upper Limits														
22A															
23	Enhanced SD/MC Published Charges														
23A															
24	Enhanced SD/MC Negotiated Rates														
24A															
25	Enhanced SD/MC (Refugees) Costs														
25A															
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A															
27	Enhanced SD/MC (Refugees) Published Charges														
27A															
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A															
29	Healthy Families Costs	101	101												
29A															
30	Healthy Families SMA Upper Limits	106	106												
30A															
31	Healthy Families Published Charges	106	106												
31A															
32	Healthy Families Negotiated Rates														
32A															
33	Non-Medi-Cal Costs			1,051			135	28,978	76,440	102,144	1,635	1,635	1,635	1,635	1,635
33A															

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1888 (08/04)

County: Los Angeles
 County Code: 19

Legal Entity Number: 00180 Mode: 16 - Outpatient (Program 1)	Legal Entity: Community Counseling Services	A		B		C		D		E		F		G	
		Mode Total	Service Function 03	Service Function 04	Service Function 09	Service Function 10	Service Function 12	Service Function 17	Service Function 03	Service Function 04	Service Function 09	Service Function 10	Service Function 12	Service Function 17	
1	Allocation Percentage	100.00%	0.62%	13.26%	0.95%	7.91%	0.31%	0.92%							
2	Total Units	25,807	543,669	14,880	257,448	10,098	30,060								
3	Gross Cost	4,974,863	31,074	669,743	18,033	393,438	15,431								
4	Cost per Unit	1.21	1.21	1.21	1.21	1.53	1.53								
5	SMA per Unit	1.83	1.83	1.83	1.83	2.38	2.38								
6	Published Charge per Unit	1.31	1.31	1.31	1.31	1.85	1.85								
7	Negotiated Rate / Cost per Unit	1.31	1.31	1.31	1.31	1.85	1.85								
8	Medi-Cal Units		6,286	104,475	3,768	49,773	2,853								
9	Medicare/Medi-Cal Crossover Units		19,080	344,973	8,298	169,651	6,551								
9A			1,894	10,927											
10	Enhanced SD/MC (Children) Units														
10A	Enhanced SD/MC (Refugees) Units														
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A															
12	Non-Medi-Cal Units		207	5,274	98	5,906	80								
13	Medi-Cal Costs	966,840	7,828	126,781	4,593	78,076	4,407								
13A		3,240,983	23,154	418,925	10,070	285,298	10,013								
14	Medi-Cal SMA Upper Limits	1,527,717	11,503	191,189	8,927	117,464	8,804								
14A		5,111,128	34,916	651,301	15,185	440,498	15,480								
15	Medi-Cal Published Charges	1,043,507	8,235	136,862	4,958	82,125	4,757								
15A		3,488,707	24,995	451,915	10,870	307,974	10,809								
16	Medi-Cal Negotiated Rates	1,043,507	8,235	136,862	4,958	82,125	4,757								
16A		3,487,499	24,995	451,915	10,870	307,974	10,809								
17	Medicare/Medi-Cal Crossover Costs	11,808		2,044		46									
17A		91,389		12,632		2,282									
18	Medicare/Medi-Cal Crossover SMA Upper Limits	18,381		3,082		71									
18A		147,582		18,898		3,523									
19	Medicare/Medi-Cal Crossover Published Charges	12,551		2,208		50									
19A		98,656		13,528		2,483									
20	Medicare/Medi-Cal Crossover Negotiated Rates	12,531		2,206		50									
20A		98,618		13,528		2,463									
21	Enhanced SD/MC Costs														
21A															
22	Enhanced SD/MC SMA Upper Limits														
22A															
23	Enhanced SD/MC Published Charges														
23A															
24	Enhanced SD/MC Negotiated Rates														
24A															
25	Enhanced SD/MC (Refugees) Costs														
25A															
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A															
27	Enhanced SD/MC (Refugees) Published Charges														
27A															
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A															
29	Healthy Families Costs	22,960		1,433		155									
29A		95,346		6,400		44									
30	Healthy Families SMA Upper Limits	35,805		2,181		234									
30A		102,780		9,651		66									
31	Healthy Families Published Charges	24,768		1,547		186									
31A		70,543		6,909		47									
32	Healthy Families Negotiated Rates	24,768		1,547		186									
32A		70,543		6,909		47									
33	Non-Medi-Cal Costs	575,757	41	91,829	3,171	19,952	968								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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

County: Los Angeles
County Code: 19

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1

FISCAL YEAR 2003 - 2004

DETAIL COST REPORT

	A	B	C	D	E	F	G
	Mode Total	Service Function 41	Service Function 60	Service Function 63	Service Function 67	Service Function 64	Service Function 64
1 Allocation Percentage	100.00%	42.16%	15.65%	0.02%	0.05%	28.19%	13.92%
2 Total Units	4,048	4,048	650	1	2	55,002	27,170
3 Gross Cost	195,117	82,271	30,533	47	94	55,002	27,170
4 Cost per Unit	20.32	20.32	46.97	46.97	46.97		
5 Non-Medi-Cal Units (Same as Line 2)	4,048	4,048	650	1	2		
6 Non-Medi-Cal Costs (Same as Line 3)	195,117	82,271	30,533	47	94	55,002	27,170

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1868 (08/04)

County: Los Angeles
County Code: 19

Legal Entity Number: 00181 Mode: 15 - Outpatient (Program 1)	A		B		C		D		E		F		G	
	Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 14	Service Function 10	Service Function 12	Service Function 14	Service Function 12	Service Function 14	Service Function 12	Service Function 14
1 Allocation Percentage	100.00%	0.33%	2.08%	0.04%	13.76%	3.05%	0.86%							
2 Total Units	7,480	47,337	1,016	252,205	55,835	17,884								
3 Gross Cost	3,330,415	10,985	69,437	1,489	458,230	101,448	31,912							
4 Cost per Unit	1.47	1.47	1.47	1.47	1.82	1.82	1.82							
5 SMA per Unit	1.83	1.83	1.83	1.83	2.38	2.38	2.38							
6 Published Charge per Unit	1.34	1.34	1.34	1.34	1.68	1.68	1.68							
7 Negotiated Rate / Cost per Unit	1.34	1.34	1.34	1.34	1.68	1.68	1.68							
8 Medi-Cal Units	1,280	14,162	45	58,214	5,275	3,290								
8A	2,505	28,480	280	178,289	17,820	13,089								
9 Medicare/Medi-Cal Crossover Units														
9A														
10 Enhanced SD/MC (Children) Units														
10A														
10B Enhanced SD/MC (Refugees) Units														
11 Healthy Families (SED) Units														
11A														
12 Non-Medi-Cal Units														
12A														
13 Medi-Cal Costs	846,482	1,877	20,766	68	105,788	9,584	5,978							
13A	2,103,393	3,874	41,785	381	323,949	32,014	23,745							
14 Medi-Cal SMA Upper Limits	868,475	2,342	25,898	82	137,385	12,449	7,764							
14A	2,799,049	4,684	52,137	476	420,788	41,583	30,843							
15 Medi-Cal Published Charges	592,486	1,715	18,984	60	99,835	8,757	5,461							
15A	1,821,767	3,357	38,177	348	295,976	29,249	21,885							
16 Medi-Cal Negotiated Rates	592,486	1,715	18,984	60	98,835	8,757	5,461							
16A	1,821,767	3,357	38,177	348	295,976	29,249	21,885							
17 Medicare/Medi-Cal Crossover Costs														
17A														
18 Medicare/Medi-Cal Crossover SMA Upper Limits														
18A														
19 Medicare/Medi-Cal Crossover Published Charges														
19A														
20 Medicare/Medi-Cal Crossover Negotiated Rates														
20A														
21 Enhanced SD/MC Costs														
21A														
22 Enhanced SD/MC SMA Upper Limits														
22A														
23 Enhanced SD/MC Published Charges														
23A														
24 Enhanced SD/MC Negotiated Rates														
24A														
25 Enhanced SD/MC (Refugees) Costs														
26 Enhanced SD/MC (Refugees) SMA Upper Limits														
27 Enhanced SD/MC (Refugees) Published Charges														
28 Enhanced SD/MC (Refugees) Negotiated Rates														
29 Healthy Families Costs	36,143	2,954	2,954	5,703	21,020	7,408	5,211							
29A	110,083	1,738	2,937	7,408	27,303	19,205	5,211							
30 Healthy Families SMA Upper Limits	48,445	2,189	2,189	5,211	19,205	5,211	19,205							
30A	147,813	33,022	1,586	33,022	33,022	33,022	33,022							
31 Healthy Families Published Charges	100,578	1,888	1,888	1,888	1,888	1,888	1,888							
31A	100,578	1,888	1,888	1,888	1,888	1,888	1,888							
32 Healthy Families Negotiated Rates	100,578	1,888	1,888	1,888	1,888	1,888	1,888							
32A	100,578	1,888	1,888	1,888	1,888	1,888	1,888							
33 Non-Medi-Cal Costs	432,314	5,434	2,784	1,041	1,790	89,848	2,189							
33A														

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 19

Legal Entity Number: 00183 Mode: 15 - Outpatient (Program 1)	Legal Entity: Didi Hirsch Psychiatric Service	A Mode Total	CR					CR G Service Function 12
			B Service Function 03	C Service Function 04	D Service Function 06	E Service Function 08	F Service Function 10	
1	Allocation Percentage	100.00%						
2	Total Units	13,741,418	18,070	915,510	2,081	20,044	382,376	16,519
3	Gross Cost	27,137	1,374,960	3,126	30,101	764,296	32,668	
4	Cost per Unit	1.50	1.50	1.50	1.50	1.50	1.97	1.97
5	SMA per Unit	1.83	1.83	1.83	1.83	2.36	2.36	
6	Published Charge per Unit	1.97	1.97	1.97	1.97	2.58	2.58	
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units		7,135	295,929	51	2,351	65,378	1,842
8A			1,819	295,454	1,687	9,217	297,985	5,551
9	Medicare/Medi-Cal Crossover Units			140,268				4,310
9A								
10	Enhanced SD/MC (Children) Units							
10A								
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units		846	14,425		3,482	21,588	718
11A			8,471	176,446	353	6,024	53,507	8,408
12	Non-Medi-Cal Units							
13	Medi-Cal Costs	2,384,403	10,716	446,917	77	3,531	129,968	3,534
13A		6,743,394	2,732	428,895	2,549	13,842	488,892	10,950
14	Medi-Cal SMA Upper Limits	2,889,250	13,057	543,390	93	4,302	154,282	4,347
14A		8,094,873	3,829	522,381	3,108	16,867	580,724	13,100
15	Medi-Cal Published Charges	3,122,286	14,058	584,850	100	4,851	168,676	4,752
15A		8,827,776	3,683	582,344	3,243	16,157	612,985	14,322
16	Medi-Cal Negotiated Rates							
16A								
17	Medicare/Medi-Cal Crossover Costs	5,350						
17A		1,239,598						8,602
18	Medicare/Medi-Cal Crossover SMA Upper Limits	6,473						
18A		1,491,658						10,172
19	Medicare/Medi-Cal Crossover Published Charges	7,008						
19A		1,621,955						11,120
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A								
21	Enhanced SD/MC Costs							
21A								
22	Enhanced SD/MC SMA Upper Limits							
22A								
23	Enhanced SD/MC Published Charges							
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Healthy Families Costs	500,035	669	21,683		5,184	42,582	1,419
29	Healthy Families SMA Upper Limits	599,728	1,180	26,386		6,317	60,943	1,694
30	Healthy Families Published Charges	854,531	1,271	28,417		6,800	65,682	1,852
30A								
31	Healthy Families Negotiated Rates							
31A								
32	Healthy Families Costs							
32A								
33	Non-Medi-Cal Costs	2,869,851	12,721	267,964	500	7,945	105,951	16,588

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 19

Legal Entity Number: 00163 Mode: 15 - Outpatient (Program 1)	Legal Entity: Didi Hirsch Psychiatric Service	CR H	CR I	CR J	CR K	CR L	CR M	CR N
		Service Function						
1	Allocation Percentage	14	17	33	34	38	41	42
2	Total Units	0.35%	0.04%	0.05%	1.05%	0.10%	0.10%	58.76%
3	Gross Cost	28,744	2,749	9,270	78,251	7,218	210,588	3,957,229
4	Cost per Unit	82,757	5,423	9,450	150,378	14,235	415,055	7,800,189
5	SMA per Unit	1.97	1.97	1.97	1.97	1.97	1.97	1.97
6	Published Charge per Unit	2.36	2.36	2.36	2.36	2.36	2.36	2.36
7	Negotiated Rate / Cost per Unit	2.68	2.68	2.68	2.68	2.68	2.68	2.68
8	Med-Cal Units	7,447	278		18,840	128	28,171	898,828
9	Medicare/Med-Cal Crossover Units	10,923	2,053		35,850	4,588	105,221	2,141,212
10	Enhanced SD/MC (Children) Units				2,059			292,202
11	Healthy Families (SED) Units							
12	Non-Med-Cal Units	3,013	417	1,579	9,499	2,172	9,748	148,973
13	Med-Cal Costs	6,361	560	11,843	33,220	349	67,430	785,727
14	Med-Cal SMA Upper Limits	14,890	4,050	70,799	207,403	249	56,528	1,190,849
15	Med-Cal Published Charges	17,875	668	39,742	88,484	287	86,484	1,389,829
16	Med-Cal Negotiated Rates	25,778	4,845	84,700	248,322	10,783	248,322	5,083,260
17	Medicare/Med-Cal Crossover Costs	19,213	720	43,447	111,788	325	72,981	1,518,171
18	Enhanced SD/MC Costs	28,181	5,297	92,598	271,470	11,788	271,470	5,524,327
19	Enhanced SD/MC SMA Upper Limits							
20	Enhanced SD/MC Published Charges							
21	Enhanced SD/MC Negotiated Rates							
22	Healthy Families Costs							
23	Healthy Families SMA Upper Limits							
24	Healthy Families Published Charges							
25	Healthy Families Negotiated Rates							
26	Med-Cal Units	10,575	823	9,836	28,580	888	132,913	1,548,795
27	Medicare/Med-Cal Crossover Units	10,923	2,053		35,850	4,588	105,221	2,141,212
28	Enhanced SD/MC (Children) Units				2,059			292,202
29	Healthy Families (SED) Units							
30	Non-Med-Cal Units	3,013	417	1,579	9,499	2,172	9,748	148,973
31	Med-Cal Units	6,361	560	11,843	33,220	349	67,430	785,727
32	Medicare/Med-Cal Crossover Units	14,890	4,050	70,799	207,403	249	56,528	1,190,849
33	Enhanced SD/MC (Children) Units	17,875	668	39,742	88,484	287	86,484	1,389,829
34	Enhanced SD/MC Published Charges	25,778	4,845	84,700	248,322	10,783	248,322	5,083,260
35	Enhanced SD/MC Negotiated Rates	19,213	720	43,447	111,788	325	72,981	1,518,171
36	Med-Cal Units	28,181	5,297	92,598	271,470	11,788	271,470	5,524,327
37	Medicare/Med-Cal Crossover Units							
38	Enhanced SD/MC (Children) Units							
39	Healthy Families (SED) Units							
40	Non-Med-Cal Units							
41	Med-Cal Units							
42	Medicare/Med-Cal Crossover Units							
43	Enhanced SD/MC (Children) Units							
44	Healthy Families (SED) Units							
45	Non-Med-Cal Units							
46	Med-Cal Units							
47	Medicare/Med-Cal Crossover Units							
48	Enhanced SD/MC (Children) Units							
49	Healthy Families (SED) Units							
50	Non-Med-Cal Units							
51	Med-Cal Units							
52	Medicare/Med-Cal Crossover Units							
53	Enhanced SD/MC (Children) Units							
54	Healthy Families (SED) Units							
55	Non-Med-Cal Units							
56	Med-Cal Units							
57	Medicare/Med-Cal Crossover Units							
58	Enhanced SD/MC (Children) Units							
59	Healthy Families (SED) Units							
60	Non-Med-Cal Units							
61	Med-Cal Units							
62	Medicare/Med-Cal Crossover Units							
63	Enhanced SD/MC (Children) Units							
64	Healthy Families (SED) Units							
65	Non-Med-Cal Units							
66	Med-Cal Units							
67	Medicare/Med-Cal Crossover Units							
68	Enhanced SD/MC (Children) Units							
69	Healthy Families (SED) Units							
70	Non-Med-Cal Units							
71	Med-Cal Units							
72	Medicare/Med-Cal Crossover Units							
73	Enhanced SD/MC (Children) Units							
74	Healthy Families (SED) Units							
75	Non-Med-Cal Units							
76	Med-Cal Units							
77	Medicare/Med-Cal Crossover Units							
78	Enhanced SD/MC (Children) Units							
79	Healthy Families (SED) Units							
80	Non-Med-Cal Units							
81	Med-Cal Units							
82	Medicare/Med-Cal Crossover Units							
83	Enhanced SD/MC (Children) Units							
84	Healthy Families (SED) Units							
85	Non-Med-Cal Units							
86	Med-Cal Units							
87	Medicare/Med-Cal Crossover Units							
88	Enhanced SD/MC (Children) Units							
89	Healthy Families (SED) Units							
90	Non-Med-Cal Units							
91	Med-Cal Units							
92	Medicare/Med-Cal Crossover Units							
93	Enhanced SD/MC (Children) Units							
94	Healthy Families (SED) Units							
95	Non-Med-Cal Units							
96	Med-Cal Units							
97	Medicare/Med-Cal Crossover Units							
98	Enhanced SD/MC (Children) Units							
99	Healthy Families (SED) Units							
100	Non-Med-Cal Units							
101	Med-Cal Units							
102	Medicare/Med-Cal Crossover Units							
103	Enhanced SD/MC (Children) Units							
104	Healthy Families (SED) Units							
105	Non-Med-Cal Units							
106	Med-Cal Units							
107	Medicare/Med-Cal Crossover Units							
108	Enhanced SD/MC (Children) Units							
109	Healthy Families (SED) Units							
110	Non-Med-Cal Units							
111	Med-Cal Units							
112	Medicare/Med-Cal Crossover Units							
113	Enhanced SD/MC (Children) Units							
114	Healthy Families (SED) Units							
115	Non-Med-Cal Units							
116	Med-Cal Units							
117	Medicare/Med-Cal Crossover Units							
118	Enhanced SD/MC (Children) Units							
119	Healthy Families (SED) Units							
120	Non-Med-Cal Units							
121	Med-Cal Units							
122	Medicare/Med-Cal Crossover Units							
123	Enhanced SD/MC (Children) Units							
124	Healthy Families (SED) Units							
125	Non-Med-Cal Units							
126	Med-Cal Units							
127	Medicare/Med-Cal Crossover Units							
128	Enhanced SD/MC (Children) Units							
129	Healthy Families (SED) Units							
130	Non-Med-Cal Units							
131	Med-Cal Units							
132	Medicare/Med-Cal Crossover Units							
133	Enhanced SD/MC (Children) Units							
134	Healthy Families (SED) Units							
135	Non-Med-Cal Units							
136	Med-Cal Units							
137	Medicare/Med-Cal Crossover Units							
138	Enhanced SD/MC (Children) Units							
139	Healthy Families (SED) Units							
140	Non-Med-Cal Units							
141	Med-Cal Units							
142	Medicare/Med-Cal Crossover Units							
143	Enhanced SD/MC (Children) Units							
144	Healthy Families (SED) Units							
145	Non-Med-Cal Units							
146	Med-Cal Units							
147	Medicare/Med-Cal Crossover Units							
148	Enhanced SD/MC (Children) Units							
149	Healthy Families (SED) Units							
150	Non-Med-Cal Units							
151	Med-Cal Units							
152	Medicare/Med-Cal Crossover Units							
153	Enhanced SD/MC (Children) Units							
154	Healthy Families (SED) Units							
155	Non-Med-Cal Units							
156	Med-Cal Units							
157	Medicare/Med-Cal Crossover Units							
158	Enhanced SD/MC (Children) Units							
159	Healthy Families (SED) Units							
160	Non-Med-Cal Units							
161	Med-Cal Units							
162	Medicare/Med-Cal Crossover Units							
163	Enhanced SD/MC (Children) Units							
164	Healthy Families (SED) Units							
165	Non-Med-Cal Units							
166	Med-Cal Units							
167	Medicare/Med-Cal Crossover Units							
168	Enhanced SD/MC (Children) Units							
169	Healthy Families (SED) Units							
170	Non-Med-Cal Units							
171	Med-Cal Units							
172	Medicare/Med-Cal Crossover Units							
173	Enhanced SD/MC (Children)							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (08/04)

County: Los Angeles

County Code: 19

Legal Entity: Dubnoff Center
Legal Entity Number: 00184
Mode: 10 - Day Services

		A	B	C	D	E	F	G
		Mode Total	Service Function					
1	Allocation Percentage	100.00%	68	28.76%	69			
2	Total Units			703				
3	Gross Cost	1,869	153,847	65,235				
4	Cost per Unit	219.182	92.80	92.80				
5	SMA per Unit		118.94	118.94				
6	Published Charge per Unit		107.38	107.38				
7	Negotiated Rate / Cost per Unit		107.38	107.38				
8	Medi-Cal Units		1,001	300				
8A	10/01/03 - 06/30/04		614	185				
9	Medicare/Medi-Cal Crossover Units							
9A	07/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units							
10A	07/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A	07/01/03 - 06/30/04							
12	Non-Medi-Cal Units		44	208				
13	Medi-Cal Costs	120,758	92,888	27,839				
13A	10/01/03 - 06/30/04	75,071	56,978	18,085				
14	Medi-Cal SMA Upper Limits	154,741	119,069	35,882				
14A	10/01/03 - 06/30/04	96,222	73,029	23,183				
15	Medi-Cal Published Charges	138,701	107,487	32,214				
15A	10/01/03 - 06/30/04	86,870	65,531	20,959				
16	Medi-Cal Negotiated Rates	139,701	107,487	32,214				
16A	10/01/03 - 06/30/04	86,870	65,531	20,959				
17	Medicare/Medi-Cal Crossover Costs							
17A	07/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	07/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	07/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	07/01/03 - 06/30/04							
21	Enhanced SD/MC Costs							
21A	10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits							
22A	07/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges							
23A	07/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates							
24A	10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	07/01/03 - 06/30/04							
29	Healthy Families Costs							
29A	07/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits							
30A	07/01/03 - 06/30/04							
31	Healthy Families Published Charges							
31A	07/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates							
32A	07/01/03 - 06/30/04							
33	Non-Medi-Cal Costs	23,384	4,093	19,301				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1986 (08/04)

DEPARTMENT OF MENTAL HEALTH
 PAGE 1 OF 1

FISCAL YEAR 2003 - 2004

County: Los Angeles
 County Code: 19

Legal Entity Number: 00184 Model: 19 - Outpatient (Program 1)	A	B	C	D	E	F	G
	Mode Total	Service Function 04	Service Function 10	Service Function 42	Service Function 52	Service Function 61	Service Function 62
1 Allocation Percentage	100.00%	16.85%	5.11%	56.47%	8.27%	3.08%	10.23%
2 Total Units	169,381	37,463	413,890	60,846	12,055	40,265	40,265
3 Gross Cost	1,437,833	242,258	73,480	511,839	118,968	44,087	147,161
4 Cost per Unit	1.53	1.95	1.95	1.95	1.95	3.66	3.66
5 SMA per Unit	1.83	2.36	2.36	2.36	2.36	4.37	4.37
6 Published Charge per Unit	1.77	2.27	2.27	2.27	2.27	4.23	4.23
7 Negotiated Rate / Cost per Unit	1.77	2.27	2.27	2.27	2.27	4.23	4.23
8		25,905	6,087	47,358	3,770	1,726	12,405
8A Med-Cal Units		98,987	19,942	280,355	49,238	7,942	28,354
9 Medicare/Medi-Cal Crossover Units							
10 Enhanced SD/MC (Children) Units							
10A Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
11A Non-Medi-Cal Units							
12		33,489	11,454	98,157	8,638	2,388	1,488
13 Med-Cal Costs	203,513	39,624	11,941	92,901	7,398	6,308	45,348
13A Medicare/Medi-Cal Crossover SMA Upper Limits	980,491	161,410	39,120	649,988	94,627	29,032	96,338
14 Med-Cal SMA Upper Limits	244,182	47,408	14,365	111,765	8,897	7,538	54,210
14A Medicare/Medi-Cal Crossover Published Charges	1,163,582	181,146	47,069	891,638	113,842	34,707	116,167
15 Med-Cal Published Charges	236,500	45,852	13,817	107,503	8,558	7,297	52,473
15A Medicare/Medi-Cal Crossover Negotiated Rates	1,111,454	175,207	45,268	635,408	109,500	33,586	111,477
16 Med-Cal Negotiated Rates	1,111,454	175,207	45,268	635,408	109,500	33,586	111,477
16A Medicare/Medi-Cal Crossover Costs							
17 Medicare/Medi-Cal Crossover SMA Upper Limits							
17A Medicare/Medi-Cal Crossover Published Charges							
18 Medicare/Medi-Cal Crossover Negotiated Rates							
18A Enhanced SD/MC Costs							
19 Enhanced SD/MC SMA Upper Limits							
19A Enhanced SD/MC Published Charges							
20 Enhanced SD/MC Negotiated Rates							
20A Healthy Families Costs							
21 Healthy Families SMA Upper Limits							
21A Healthy Families Published Charges							
22 Healthy Families Negotiated Rates							
22A							
23							
23A							
24							
24A							
25 Enhanced SD/MC (Refugees) Costs							
25A Enhanced SD/MC (Refugees) SMA Upper Limits							
26 Enhanced SD/MC (Refugees) Published Charges							
27 Enhanced SD/MC (Refugees) Negotiated Rates							
28 Healthy Families Costs							
28A Healthy Families SMA Upper Limits							
29 Healthy Families Published Charges							
30 Healthy Families Negotiated Rates							
30A							
31							
31A							
32							
32A							
33 Non-Medi-Cal Costs	279,828	51,224	22,430	189,032	16,945	8,728	5,489

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (08/04)

FISCAL YEAR 2003 - 2004

County: Los Angeles

	Legal Entity	Legal Entity Number	Mode	A Mode Total	CR B		CR C		CR D		CR E		CR F		CR G	
					Service Function	03	04	10	12	33	34	03	33	34	03	33
1	Allocation Percentage			100.00%												
2	Total Units			35,574												
3	Gross Cost			3,970												
4	Cost per Unit			110.51												
5	SMA per Unit			1.83												
6	Published Charge per Unit			1.11												
7	Negotiated Rate / Cost per Unit															
8	Medi-Cal Units															
9A	Medicare/Medi-Cal Crossover Units															
9B	Medicare/Medi-Cal Crossover Units															
10	Enhanced SD/MC (Children) Units															
10A	Enhanced SD/MC (Refugees) Units															
10B	Enhanced SD/MC (Refugees) Units															
11	Healthy Families (SED) Units															
11A	Healthy Families (SED) Units															
12	Non-Medi-Cal Units															
13	Medi-Cal Costs			221,111												
13A	Medi-Cal Costs			749,854												
14	Medi-Cal SMA Upper Limits			233,900												
14A	Medi-Cal SMA Upper Limits			783,827												
15	Medi-Cal Published Charges			122,820												
15A	Medi-Cal Published Charges			412,451												
16	Medi-Cal Negotiated Rates															
16A	Medi-Cal Negotiated Rates															
17	Medicare/Medi-Cal Crossover Costs															
17A	Medicare/Medi-Cal Crossover Costs															
18	Medicare/Medi-Cal Crossover SMA Upper Limits															
18A	Medicare/Medi-Cal Crossover SMA Upper Limits															
19	Medicare/Medi-Cal Crossover Published Charges															
19A	Medicare/Medi-Cal Crossover Published Charges															
20	Medicare/Medi-Cal Crossover Negotiated Rates															
20A	Medicare/Medi-Cal Crossover Negotiated Rates															
21	Enhanced SD/MC Costs															
21A	Enhanced SD/MC Costs															
22	Enhanced SD/MC SMA Upper Limits															
22A	Enhanced SD/MC SMA Upper Limits															
23	Enhanced SD/MC Published Charges															
23A	Enhanced SD/MC Published Charges															
24	Enhanced SD/MC Negotiated Rates															
24A	Enhanced SD/MC Negotiated Rates															
25	Enhanced SD/MC (Refugees) Costs															
26	Enhanced SD/MC (Refugees) SMA Upper Limits															
27	Enhanced SD/MC (Refugees) Published Charges															
28	Enhanced SD/MC (Refugees) Negotiated Rates															
29	Healthy Families Costs															
29A	Healthy Families Costs															
30	Healthy Families SMA Upper Limits															
30A	Healthy Families SMA Upper Limits															
31	Healthy Families Published Charges															
31A	Healthy Families Published Charges															
32	Healthy Families Negotiated Rates															
32A	Healthy Families Negotiated Rates															
33	Non-Medi-Cal Costs			325,828												
33A	Non-Medi-Cal Costs			6,046												
				137,987												
				11,636												
				7,288												
				292												
				1,574												

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1886 (06/04)

County: Los Angeles
County Code: 19

		H	I	J	K	L	M	N
		Service Function						
Legal Entity Number: 00185	Legal Entity: El Centro de Amistad, Inc.							
Mode: 15 - Outpatient (Program 1)								
1 Allocation Percentage		41	42	52	61	62		
2 Total Units		1,13%	43,51%	1,30%	0,15%	5,39%		
3 Gross Cost		6,721	258,007	7,704	435	15,987		
4 Cost per Unit		14,896	584,124	16,845	1,889	66,892		
5 SMA per Unit		2,18	2,18	2,18	4,37	4,37		
6 Published Charge per Unit		2,36	2,36	2,36	4,37	4,37		
7 Negotiated Rate / Cost per Unit		1,12	1,12	1,12	2,38	2,38		
8 Medi-Cal Units	07/01/03 - 09/30/03	180	40,577	3,097		1,901		
8A	10/01/03 - 06/30/04		181,556	3,476		8,385		
9 Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A	10/01/03 - 06/30/04							
10 Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A	10/01/03 - 06/30/04							
10B Enhanced SD/MC (Refugees) Units	07/01/03 - 09/30/03							
11 Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A	10/01/03 - 06/30/04							
12 Non-Medi-Cal Units	07/01/03 - 09/30/03	6,541	55,872	1,131	435	4,701		
13 Medi-Cal Costs	07/01/03 - 09/30/03	384	88,720	6,772		8,305		
13A	10/01/03 - 06/30/04		353,241	7,600		41,047		
14 Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	425	95,762	7,309		8,307		
14A	10/01/03 - 06/30/04		381,277	8,203		41,058		
15 Medi-Cal Published Charges	07/01/03 - 09/30/03	202	45,446	3,466		4,524		
15A	10/01/03 - 06/30/04		180,945	3,893		22,360		
16 Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A	10/01/03 - 06/30/04							
17 Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A	10/01/03 - 06/30/04							
18 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A	10/01/03 - 06/30/04							
19 Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A	10/01/03 - 06/30/04							
20 Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A	10/01/03 - 06/30/04							
21 Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A	10/01/03 - 06/30/04							
22 Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A	10/01/03 - 06/30/04							
23 Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A	10/01/03 - 06/30/04							
24 Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A	10/01/03 - 06/30/04							
25 Enhanced SD/MC (Refugees) Costs	07/01/03 - 09/30/03							
25A	10/01/03 - 06/30/04							
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 09/30/03							
26A	10/01/03 - 06/30/04							
27 Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 09/30/03							
27A	10/01/03 - 06/30/04							
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 09/30/03							
28A	10/01/03 - 06/30/04							
29 Healthy Families Costs	07/01/03 - 09/30/03							
29A	10/01/03 - 06/30/04							
30 Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A	10/01/03 - 06/30/04							
31 Healthy Families Published Charges	07/01/03 - 09/30/03							
31A	10/01/03 - 06/30/04							
32 Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A	10/01/03 - 06/30/04							
33 Non-Medi-Cal Costs		14,302	122,152	2,473	1,899	20,539		

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (06/04)

County: Los Angeles
County Code: 19

		A	B	C	D	E	F	G
		Mode Total	Service Function					
			85	89				
1	Allocation Percentage	100.00%	84.04%	5.95%				
2	Total Units		13,285	841				
3	Gross Cost	1,519,434	1,521,943	98,461				
4	Cost per Unit		114.73	114.73				
5	SMA per Unit		183.48	183.48				
6	Published Charge per Unit		125.00	125.00				
7	Negotiated Rate / Cost per Unit		111.51	111.51				
8	Medi-Cal Units		2,077	354				
8A			5,617	381				
9	Medicare/Medi-Cal Crossover Units		272					
9A								
10	Enhanced SD/MC (Children) Units							
10A								
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units		285	53				
11A			1,007	28				
12	Non-Medi-Cal Units		4,097	25				
13	Medi-Cal Costs	278,818	238,302	40,818				
13A		678,700	632,988	43,714				
14	Medi-Cal SMA Upper Limits	445,881	381,048	84,845				
14A		1,082,047	1,012,149	89,898				
15	Medi-Cal Published Charges	303,875	259,825	44,250				
15A		737,250	688,825	47,825				
16	Medi-Cal Negotiated Rates	271,651	231,808	39,475				
16A		667,898	615,201	42,485				
17	Medicare/Medi-Cal Crossover Costs	31,208	31,208					
17A								
18	Medicare/Medi-Cal Crossover SMA Upper Limits	49,901	49,901					
18A								
19	Medicare/Medi-Cal Crossover Published Charges	34,000	34,000					
19A								
20	Medicare/Medi-Cal Crossover Negotiated Rates	30,331	30,331					
20A								
21	Enhanced SD/MC Costs							
21A								
22	Enhanced SD/MC SMA Upper Limits							
22A								
23	Enhanced SD/MC Published Charges							
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs	39,927	33,848	6,081				
29A		118,748	115,537	3,213				
30	Healthy Families SMA Upper Limits	53,844	54,121	9,723				
30A		180,881	184,744	5,137				
31	Healthy Families Published Charges	48,500	39,875	6,825				
31A		128,375	125,875	3,500				
32	Healthy Families Negotiated Rates	38,895	32,885	5,910				
32A		115,413	112,281	3,122				
33	Non-Medi-Cal Costs	472,632	470,064	2,868				

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (06/04)

County: Los Angeles
County Code: 19

	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 17
1	100.00%	0.14%	6.81%	0.07%	4.77%	0.34%	0.06%
2	Total Units	25,138	1,237,842	13,164	519,822	36,833	10,352
3	Gross Cost	25,808	1,280,818	13,409	882,502	62,631	17,575
4	Cost per Unit	1.02	1.02	1.02	1.70	1.70	1.70
5	SMA per Unit	1.85	1.85	1.85	2.38	2.38	2.38
6	Published Charge per Unit	1.15	1.15	1.15	1.85	1.85	1.85
7	Negotiated Rate / Cost per Unit	0.99	0.99	0.99	1.85	1.85	1.85
8	Medi-Cal Units	8,189	185,935	3,886	80,178	12,899	2,800
8A		12,410	784,138	6,227	288,053	14,621	6,060
9	Medicare/Medi-Cal Crossover Units	294	294	281	1,017		
9A		5,587					
10	Enhanced SD/MC (Children) Units						
10A							
10B	Enhanced SD/MC (Refugees) Units						
11	Healthy Families (SED) Units						
11A							
12	Non-Medi-Cal Units						
13	Medi-Cal Costs	3,127,476	6,284	3,794	183,065	21,384	4,923
13A		9,425,897	12,841	6,343	488,028	24,852	8,538
14	Medi-Cal SMA Upper Limits	4,405,913	11,289	6,709	212,820	29,727	6,844
14A		13,389,845	22,710	11,385	679,805	34,270	11,871
15	Medi-Cal Published Charges	3,402,847	7,094	4,216	186,829	23,303	5,365
15A		10,257,712	14,272	7,161	532,896	26,864	9,308
16	Medi-Cal Negotiated Rates	3,089,802	6,107	3,828	148,784	20,783	4,785
16A		9,180,864	12,288	6,185	475,237	23,980	5,300
17	Medicare/Medi-Cal Crossover Costs	205,940	289	289	477		
17A		403,803	5,881	1,727	683		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	283,259	538	312	2,400		
18A		558,540	10,224	520	520		
19	Medicare/Medi-Cal Crossover Published Charges	220,854	338	338	1,881		
19A		433,812	8,426	281	484		
20	Medicare/Medi-Cal Crossover Negotiated Rates	200,153	281	281	1,678		
20A		392,453	5,831				
21	Enhanced SD/MC Costs						
21A							
22	Enhanced SD/MC SMA Upper Limits						
22A							
23	Enhanced SD/MC Published Charges						
23A							
24	Enhanced SD/MC Negotiated Rates						
24A							
25	Enhanced SD/MC (Refugees) Costs						
25A							
26	Enhanced SD/MC (Refugees) SMA Upper Limits						
26A							
27	Enhanced SD/MC (Refugees) Published Charges						
27A							
28	Healthy Families Costs	185,027	20	4,983	321	12,833	357
28A		664,578	300	29,881	205	57,851	181
29	Healthy Families SMA Upper Limits	230,822	37	8,916	578	17,851	224
29A		784,277	540	49,284	388	80,141	328
30	Healthy Families Published Charges	179,418	23	5,803	392	13,766	176
30A		614,873	339	30,349	251	62,822	178
31	Healthy Families Negotiated Rates	180,390	20	4,823	312	12,278	347
31A		548,713	292	26,126	189	59,031	167
32	Healthy Families SMA Upper Limits	4,818,410	6,380	285,845	2,908	167,892	3,519
32A							
33	Non-Medi-Cal Costs						
33A							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1899 (08/04)

County: Los Angeles
County Code: 19

Legal Entity Number	Mode	NR	NR	A	B	C	D	E	F	G
Legal Entity Number: 09847	Mode: 10 - Day Services	NR	NR	Mode Total	Service Function 99	Service Function 99	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage			100.00%	0.40%					
2	Total Units			2,672,953	24,832	10,700				
3	Gross Cost			108.08	108.08	108.08				
4	Cost per Unit			118.94	107.09	107.09				
5	SMA per Unit			6,274	18,418					
6	Published Charge per Unit									
7	Negotiated Rate / Cost per Unit									
8	Medi-Cal Units	07/01/03 - 09/30/03								
9	Medicare/Medi-Cal Crossover Units	10/01/03 - 09/30/04								
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03								
10A	Enhanced SD/MC (Refugees) Units	10/01/03 - 09/30/04								
11	Healthy Families (SED) Units	07/01/03 - 09/30/03								
11A	Non-Medi-Cal Units	10/01/03 - 09/30/04								
12	Medi-Cal Costs	07/01/03 - 09/30/03		871,816	871,816					
13A	Medi-Cal SMA Upper Limits	10/01/03 - 09/30/04		1,990,837	1,990,837					
14A	Medi-Cal Published Charges	07/01/03 - 09/30/03		739,093	739,093					
15A	Medi-Cal Negotiated Rates	10/01/03 - 09/30/04		2,190,657	2,190,657					
16A	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03		865,457	865,457					
17A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 09/30/04		865,457	865,457					
18A	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03		1,972,384	1,972,384					
19A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 09/30/04		1,972,384	1,972,384					
20A	Enhanced SD/MC Costs	07/01/03 - 09/30/03								
21A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 09/30/04								
22A	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03								
23A	Enhanced SD/MC Negotiated Rates	10/01/03 - 09/30/04								
24A	Healthy Families Costs	07/01/03 - 09/30/03								
25A	Healthy Families SMA Upper Limits	10/01/03 - 09/30/04								
26A	Healthy Families Published Charges	07/01/03 - 09/30/03								
27A	Healthy Families Negotiated Rates	10/01/03 - 09/30/04								
28A	Non-Medi-Cal Costs	07/01/03 - 09/30/03								
29A	Non-Medi-Cal SMA Upper Limits	10/01/03 - 09/30/04								
30A	Non-Medi-Cal Published Charges	07/01/03 - 09/30/03								
31A	Non-Medi-Cal Negotiated Rates	10/01/03 - 09/30/04								
32A				10,700	(0)	10,700				
33	Non-Medi-Cal Costs			10,700	(0)	10,700				

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (06/04)

County: Los Angeles
County Code: 19

Legal Entity Number: 00947 Modex: 15 - Outpatient (Program 1)	Legal Entity: Five Acres Boys' & Girls' Aid Society of Los Angeles	C	A		B		C		D		E		F		G	
			Mode Total	Service Function 04	Service Function 10	Service Function 12	Service Function 31	Service Function 33	Service Function 34							
1	Allocation Percentage		100.00%	4.42%	4.63%	0.02%	0.07%	0.03%	0.84%							
2	Total Units			42,138	106,872	447	1,643	680	19,360							
3	Gross Cost		3,805,848	51,204	187,086	689	2,589	1,032	30,252							
4	Cost per Unit			1.22	1.68	1.56	1.56	1.56	1.56							
5	SMA per Unit			1.53	2.36	2.36	2.36	2.36	2.36							
6	Published Charge per Unit			1.57	2.02	2.02	2.02	2.02	2.02							
7	Negotiated Rate / Cost per Unit			1.57	2.02	2.02	2.02	2.02	2.02							
8	Medi-Cal Units	07/01/03 - 09/30/03		12,801	28,588		647		8,480							
8A	Medi-Cal Units	10/01/03 - 09/30/04		29,337	78,274		966		10,860							
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03														
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 09/30/04														
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03														
10A	Enhanced SD/MC (Children) Units	10/01/03 - 09/30/04														
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 09/30/04														
11	Healthy Families (SED) Units	07/01/03 - 09/30/03														
11A	Healthy Families (SED) Units	10/01/03 - 09/30/04														
12	Non-Medi-Cal Units									447				680		
13	Medi-Cal Costs	07/01/03 - 09/30/03	916,849	15,555	44,711		1,012		13,273							
13A	Medi-Cal Costs	10/01/03 - 09/30/04	2,679,390	35,849	122,375		1,557		16,978							
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,538,813	23,428	87,481		1,527		20,036							
14A	Medi-Cal SMA Upper Limits	10/01/03 - 09/30/04	4,522,266	53,867	184,727		2,361		25,850							
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	1,239,040	20,068	57,788		1,307		17,150							
15A	Medi-Cal Published Charges	10/01/03 - 09/30/04	3,628,667	46,059	158,113		2,012		21,937							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	1,239,040	20,068	57,788		1,307		17,150							
16A	Medi-Cal Negotiated Rates	10/01/03 - 09/30/04	3,628,667	46,059	158,113		2,012		21,937							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03														
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 09/30/04														
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03														
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 09/30/04														
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03														
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 09/30/04														
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03														
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 09/30/04														
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03														
21A	Enhanced SD/MC Costs	10/01/03 - 09/30/04														
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03														
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 09/30/04														
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03														
23A	Enhanced SD/MC Published Charges	10/01/03 - 09/30/04														
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03														
24A	Enhanced SD/MC Negotiated Rates	10/01/03 - 09/30/04														
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 09/30/04														
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 09/30/04														
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 09/30/04														
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 09/30/04														
29	Healthy Families Costs	07/01/03 - 09/30/03														
28A	Healthy Families Costs	10/01/03 - 09/30/04														
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03														
30A	Healthy Families SMA Upper Limits	10/01/03 - 09/30/04														
31	Healthy Families Published Charges	07/01/03 - 09/30/03														
31A	Healthy Families Published Charges	10/01/03 - 09/30/04														
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03														
32A	Healthy Families Negotiated Rates	10/01/03 - 09/30/04														
33	Non-Medi-Cal Costs		9,837	0	0	0	899	0	1,032	0						

DETAIL COST REPORT

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

County: Los Angeles
 County Code: 18

Legal Entity Number	Legal Entity Name	Mode	NR H		NR I		NR J		NR K		NR L		NR M		NR N	
			Service Function	Cost												
1	Allocation Percentage		41	34.81%	42	1.96	52	0.25%	68	43.15%	61	0.10%	82	14.52%	77	0.04%
2	Total Units		2,963	802,815	4,007	1,255,139	8,877	1,658,159	3,598	523,828	1,395	325,512	2,238	325,512	628	1,395
3	Gross Cost		4,007	1,255,139	8,877	1,658,159	8,877	1,658,159	3,598	523,828	1,395	325,512	2,238	325,512	628	1,395
4	Cost per Unit		1.35	156.25	2.17	207.17	2.09	187.23	1.39	147.01	0.97	127.01	0.97	127.01	2.05	187.23
5	SMA per Unit		2.38	2.38	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02
6	Published Charge per Unit		2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02
7	Negotiated Rate / Cost per Unit		2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02	2.02
8	Medi-Cal Units		178,635	178,635	1,527	275,894	1,527	275,894	1,527	275,894	1,527	275,894	1,527	275,894	1,527	275,894
8A	Medi-Cal Units		178,635	178,635	1,527	275,894	1,527	275,894	1,527	275,894	1,527	275,894	1,527	275,894	1,527	275,894
9	Medicare/Medi-Cal Crossover Units		824,180	824,180	4,151	719,470	4,151	719,470	4,151	719,470	4,151	719,470	4,151	719,470	4,151	719,470
9A	Medicare/Medi-Cal Crossover Units		824,180	824,180	4,151	719,470	4,151	719,470	4,151	719,470	4,151	719,470	4,151	719,470	4,151	719,470
10	Enhanced SD/MC (Children) Units															
10A	Enhanced SD/MC (Children) Units															
10B	Enhanced SD/MC (Refugees) Units															
10B A	Enhanced SD/MC (Refugees) Units															
11	Healthy Families (SED) Units															
11A	Healthy Families (SED) Units															
12	Non-Medi-Cal Units		2,663								2,238					
13	Medi-Cal Costs		279,282	2,387	431,323	125,011	1,395	395,617	1,124,838	347,861	2,204	1,075,094	218,702	678,988	219,702	1,803
13A	Medi-Cal Costs		279,282	2,387	431,323	125,011	1,395	395,617	1,124,838	347,861	2,204	1,075,094	218,702	678,988	219,702	1,803
14	Medi-Cal SMA Upper Limits		975,857	3,504	651,086	1,897,848	1,803	1,803	1,897,848	1,803	1,803	1,803	1,803	1,803	1,803	1,803
14A	Medi-Cal SMA Upper Limits		975,857	3,504	651,086	1,897,848	1,803	1,803	1,897,848	1,803	1,803	1,803	1,803	1,803	1,803	1,803
15	Medi-Cal Published Charges		380,843	3,085	1,453,328	3,885	3,885	3,885	1,453,328	3,885	3,885	3,885	3,885	3,885	3,885	3,885
15A	Medi-Cal Published Charges		380,843	3,085	1,453,328	3,885	3,885	3,885	1,453,328	3,885	3,885	3,885	3,885	3,885	3,885	3,885
16	Medi-Cal Negotiated Rates		1,280,844	1,280,844	8,385	1,453,328	8,385	1,453,328	1,280,844	1,280,844	8,385	1,453,328	1,280,844	1,280,844	8,385	1,453,328
16A	Medi-Cal Negotiated Rates		1,280,844	1,280,844	8,385	1,453,328	8,385	1,453,328	1,280,844	1,280,844	8,385	1,453,328	1,280,844	1,280,844	8,385	1,453,328
17	Medicare/Medi-Cal Crossover Costs															
17A	Medicare/Medi-Cal Crossover Costs															
18	Medicare/Medi-Cal Crossover SMA Upper Limits															
18A	Medicare/Medi-Cal Crossover SMA Upper Limits															
19	Medicare/Medi-Cal Crossover Published Charges															
19A	Medicare/Medi-Cal Crossover Published Charges															
20	Medicare/Medi-Cal Crossover Negotiated Rates															
20A	Medicare/Medi-Cal Crossover Negotiated Rates															
21	Enhanced SD/MC Costs															
21A	Enhanced SD/MC Costs															
22	Enhanced SD/MC SMA Upper Limits															
22A	Enhanced SD/MC SMA Upper Limits															
23	Enhanced SD/MC Published Charges															
23A	Enhanced SD/MC Published Charges															
24	Enhanced SD/MC Negotiated Rates															
24A	Enhanced SD/MC Negotiated Rates															
25	Enhanced SD/MC (Refugees) Costs															
25A	Enhanced SD/MC (Refugees) Costs															
26	Enhanced SD/MC (Refugees) SMA Upper Limits															
26A	Enhanced SD/MC (Refugees) SMA Upper Limits															
27	Enhanced SD/MC (Refugees) Published Charges															
27A	Enhanced SD/MC (Refugees) Published Charges															
28	Enhanced SD/MC (Refugees) Negotiated Rates															
28A	Enhanced SD/MC (Refugees) Negotiated Rates															
29	Healthy Families Costs															
29A	Healthy Families Costs															
30	Healthy Families SMA Upper Limits															
30A	Healthy Families SMA Upper Limits															
31	Healthy Families Published Charges															
31A	Healthy Families Published Charges															
32	Healthy Families Negotiated Rates															
32A	Healthy Families Negotiated Rates															
33	Non-Medi-Cal Costs		4,007								3,889				0	
33A	Non-Medi-Cal Costs		4,007								3,889				0	

DETAIL COST REPORT

County: Los Angeles
County Code: 19

Line Item	Legal Entity, Foothill Family Service Mode: 15 - Outpatient (Program 1)	A Mode Total	NR B			NR C			NR D			NR E			NR F			NR G		
			Service Function	03	04	10	12	18	24	30	36	42	48	54	60	66	72	78	84	90
1	Allocation Percentage	100.00%	0.01%	2.44%	20.09%	0.80%														
2	Total Units		350	107,237	599,233	23,840														
3	Gross Cost	4,985,288	388	121,908	999,935	39,982														
4	Cost per Unit		1.14	1.14	1.68	1.68														
5	SMA per Unit		1.83	1.83	2.86	2.86														
6	Published Charge per Unit		1.70	1.70	2.61	2.61														
7	Negotiated Rate / Cost per Unit		1.49	1.49	1.76	1.76														
8	Medi-Cal Units		11	25,222	115,119	1,180														
8A	Medi-Cal Units			81,284	459,839	10,823														
9	Medicare/Medi-Cal Crossover Units																			
9A	Medicare/Medi-Cal Crossover Units																			
10	Enhanced SD/MC (Children) Units																			
10A	Enhanced SD/MC (Children) Units																			
10B	Enhanced SD/MC (Refugees) Units																			
10B	Enhanced SD/MC (Refugees) Units																			
11	Healthy Families (SED) Units																			
11A	Healthy Families (SED) Units																			
12	Non-Medi-Cal Units		339	721	21,778	12,387														
13	Medi-Cal Costs	1,017,715	12	28,849	183,083	1,979														
13A	Medi-Cal Costs	3,637,211	20	48,188	271,878	2,785														
14	Medi-Cal SMA Upper Limits	1,440,285	19	42,877	288,948	2,982														
14A	Medi-Cal SMA Upper Limits	5,144,513	16	37,581	202,808	2,077														
15	Medi-Cal Published Charges	1,623,154																		
15A	Medi-Cal Published Charges	5,443,802																		
16	Medi-Cal Negotiated Rates	1,088,350																		
16A	Medi-Cal Negotiated Rates	3,887,918																		
17	Medicare/Medi-Cal Crossover Costs																			
17A	Medicare/Medi-Cal Crossover Costs																			
18	Medicare/Medi-Cal Crossover SMA Upper Limits																			
18A	Medicare/Medi-Cal Crossover SMA Upper Limits																			
19	Medicare/Medi-Cal Crossover Published Charges																			
19A	Medicare/Medi-Cal Crossover Published Charges																			
20	Medicare/Medi-Cal Crossover Negotiated Rates																			
20A	Medicare/Medi-Cal Crossover Negotiated Rates																			
21	Enhanced SD/MC Costs																			
21A	Enhanced SD/MC Costs																			
22	Enhanced SD/MC SMA Upper Limits																			
22A	Enhanced SD/MC SMA Upper Limits																			
23	Enhanced SD/MC Published Charges																			
23A	Enhanced SD/MC Published Charges																			
24	Enhanced SD/MC Negotiated Rates																			
24A	Enhanced SD/MC Negotiated Rates																			
25	Enhanced SD/MC (Refugees) Costs																			
26	Enhanced SD/MC (Refugees) SMA Upper Limits																			
27	Enhanced SD/MC (Refugees) Published Charges																			
28	Enhanced SD/MC (Refugees) Negotiated Rates																			
28A	Enhanced SD/MC (Refugees) Negotiated Rates																			
29	Healthy Families Costs																			
29A	Healthy Families Costs																			
30	Healthy Families SMA Upper Limits																			
30A	Healthy Families SMA Upper Limits																			
31	Healthy Families Published Charges																			
31A	Healthy Families Published Charges																			
32	Healthy Families Negotiated Rates																			
32A	Healthy Families Negotiated Rates																			
33	Non-Medi-Cal Costs	330,382	285	618	38,820	20,890														
33A	Non-Medi-Cal Costs																			

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (06/04)

County: Los Angeles
County Code: 19

	Legal Entity: Foothill Family Service Legal Entity Number: 00724 Mode: 15 - Outpatient (Program 1)	NR H Service Function	NR I Service Function	NR J Service Function	NR K Service Function	NR L Service Function	NR M Service Function	NR N Service Function
1	Allocation Percentage	34	41	42	52	54	61	62
2	Total Units	0.10%	3.98%	84.97%	3.43%	0.03%	0.56%	2.84%
3	Gross Cost	3,103	118,959	1,861,155	108,552	909	9,313	49,107
4	Cost per Unit	5,204	189,498	3,238,717	173,852	1,524	27,753	148,339
5	SMA per Unit	1.68	1.68	1.68	1.68	1.68	2.98	2.98
6	Published Change per Unit	2.38	2.38	2.38	2.38	2.38	4.37	4.37
7	Negotiated Rate / Cost per Unit	1.78	1.78	1.78	1.78	1.78	4.17	4.17
8	Medi-Cal Units	3,103	43,417	410,232	27,884	909	477	11,988
9A	Medicare/Medi-Cal Crossover Units		10,329	1,442,799	73,981		2,205	35,218
9B	Medicare/Medi-Cal Crossover Costs							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Costs							
12	Non-Medi-Cal Units		64,813	76,134	1,847		8,831	2,223
13	Medi-Cal Costs		17,323	897,995	48,445		1,421	34,785
13A	Medicare/Medi-Cal Crossover Costs		72,814	2,419,894	124,089	1,524	9,571	104,950
14	Medi-Cal SMA Upper Limits		24,378	868,148	65,358		2,084	50,930
14A	Medicare/Medi-Cal Crossover Published Charges		102,484	3,404,982	174,819	2,145	9,856	153,903
15	Medi-Cal Published Charges		25,928	1,028,682	69,512		2,127	52,090
15A	Medicare/Medi-Cal Crossover Negotiated Rates		108,677	3,621,400	186,717	2,282	9,834	167,072
16	Medi-Cal Negotiated Rates		18,179	722,008	48,741		1,989	49,647
16A	Medicare/Medi-Cal Crossover Costs		76,414	2,539,308	130,224	1,600	9,185	148,959
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover SMA Upper Limits							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover Published Charges							
18A	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Enhanced SD/MC Costs							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC SMA Upper Limits							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC Published Charges							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Negotiated Rates							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC (Refugees) Costs							
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Negotiated Rates							
28	Healthy Families Costs							
28A	Healthy Families SMA Upper Limits							
30A	Healthy Families Published Charges							
31A	Healthy Families Published Charges							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs		108,382	131,038	3,098		19,780	6,825

DETAIL COST REPORT

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

County: Los Angeles
 County Code: 19

	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service
	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function
Legal Entity: Gateway Hospital	10													
Legal Entity Number: 00190														
Mode: 15 - Outpatient (Program 1)														
1 Allocation Percentage	3.45%	0.00%	0.00%	0.25%	42	34	42	48.38%	9.77%	52	82	8.59%	0.08%	
2 Total Units	42,007	26	26	3,052	118,752	593,289	943,187	180,393	167,485	1,472	1,619	1,619	1,619	
3 Gross Cost	66,781	41	41	4,852	159	159	159	159	159	3.00	3.00	3.00	3.00	
4 Cost per Unit	1.59	1.59	1.59	1.59	2.36	2.36	2.36	2.36	2.36	5.00	5.00	5.00	5.00	
5 SMA per Unit	5.00	5.00	5.00	5.00	1.59	1.59	1.59	1.59	1.59	13,940	13,940	13,940	13,940	
6 Published Charge per Unit														
7 Negotiated Rate / Cost per Unit														
8 Medi-Cal Units	10,251	10,251	10,251	1,330	108,094	18,107	13,940	13,940	13,940	204	204	204	204	
9 Medicare/Medi-Cal Crossover Units	21,862	21,862	21,862	837	282,333	60,900	27,457	27,457	27,457	540	540	540	540	
10 Enhanced SD/MC (Children) Units														
10A Enhanced SD/MC (Refugees) Units														
10B Healthy Families (SED) Units	391	391	391	2,633	2,633	2,633	2,633	2,633	2,633	2,633	2,633	2,633	2,633	
11 Healthy Families (SED) Units	2,633	2,633	2,633	2,633	2,633	2,633	2,633	2,633	2,633	2,633	2,633	2,633	2,633	
12 Non-Medi-Cal Units	6,970	6,970	6,970	28	866	866	866	866	866	866	866	866	866	
13 Medi-Cal Costs	16,297	16,297	16,297	2,114	171,843	25,608	40,914	40,914	40,914	224	224	224	224	
13A Medi-Cal Costs	34,755	34,755	34,755	1,331	448,842	96,816	82,359	82,359	82,359	594	594	594	594	
14 Medi-Cal SMA Upper Limits	24,182	24,182	24,182	3,139	265,102	38,013	119,987	119,987	119,987	988	988	988	988	
14A Medi-Cal SMA Upper Limits	51,594	51,594	51,594	1,976	688,308	143,724	540,470	540,470	540,470	818	818	818	818	
15 Medi-Cal Published Charges	51,255	51,255	51,255	4,186	1,411,865	304,500	182,189	182,189	182,189	224	224	224	224	
15A Medi-Cal Published Charges	109,310	109,310	109,310	2,115	171,868	25,610	40,920	40,920	40,920	594	594	594	594	
16 Medi-Cal Negotiated Rates	34,761	34,761	34,761	1,331	448,909	96,831	82,371	82,371	82,371	594	594	594	594	
16A Medi-Cal Negotiated Rates														
17 Medicare/Medi-Cal Crossover Costs														
17A Medicare/Medi-Cal Crossover Costs														
18 Medicare/Medi-Cal Crossover SMA Upper Limits														
18A Medicare/Medi-Cal Crossover SMA Upper Limits														
19 Medicare/Medi-Cal Crossover Published Charges														
19A Medicare/Medi-Cal Crossover Published Charges														
20 Medicare/Medi-Cal Crossover Negotiated Rates														
20A Medicare/Medi-Cal Crossover Negotiated Rates														
21 Enhanced SD/MC Costs														
21A Enhanced SD/MC Costs														
22 Enhanced SD/MC SMA Upper Limits														
22A Enhanced SD/MC SMA Upper Limits														
23 Enhanced SD/MC Published Charges														
23A Enhanced SD/MC Published Charges														
24 Enhanced SD/MC Negotiated Rates														
24A Enhanced SD/MC Negotiated Rates														
25 Enhanced SD/MC (Refugees) Costs														
25A Enhanced SD/MC (Refugees) Costs														
26 Enhanced SD/MC (Refugees) SMA Upper Limits														
26A Enhanced SD/MC (Refugees) SMA Upper Limits														
27 Enhanced SD/MC (Refugees) Published Charges														
27A Enhanced SD/MC (Refugees) Published Charges														
28 Enhanced SD/MC (Refugees) Negotiated Rates														
28A Enhanced SD/MC (Refugees) Negotiated Rates														
29 Healthy Families Costs	4,188	4,188	4,188	6,708	6,708	6,708	6,708	6,708	6,708	825	825	825	825	
29A Healthy Families Costs	9,23	9,23	9,23	9,564	9,564	9,564	9,564	9,564	9,564	1,202	1,202	1,202	1,202	
30 Healthy Families SMA Upper Limits	5,214	5,214	5,214	4,989	4,989	4,989	4,989	4,989	4,989	4,989	4,989	4,989	4,989	
30A Healthy Families SMA Upper Limits	1,926	1,926	1,926	160	160	160	160	160	160	1,926	1,926	1,926	1,926	
31 Healthy Families Published Charges	13,165	13,165	13,165	80,735	80,735	80,735	80,735	80,735	80,735	7,105	7,105	7,105	7,105	
31A Healthy Families Published Charges	822	822	822	8,707	8,707	8,707	8,707	8,707	8,707	825	825	825	825	
32 Healthy Families Negotiated Rates	4,186	4,186	4,186	28,854	28,854	28,854	28,854	28,854	28,854	3,961	3,961	3,961	3,961	
32A Healthy Families Negotiated Rates	10,922	10,922	10,922	41	1,407	1,407	1,407	1,407	1,407	64,559	64,559	64,559	64,559	
33 Non-Medi-Cal Costs														
33A Non-Medi-Cal Costs														

DETAIL COST REPORT

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

County: Los Angeles
 County Code: 19

Legal Entity Number	Legal Entity Name	NR	O	NR	P	NR	Q	NR	R	S	T	U
Model: 15 - Outpatient (Program 1)		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	12	0.16%	33	0.19%	41	0.87%	61	0.20%			
2	Total Units		1,788		1,808		10,827		1,308			
3	Gross Cost		2,850		3,031		18,854		3,923			
4	Cost per Unit		1.59		1.69		1.59		3.00			
5	SMA per Unit		2.36		2.36		4.37					
6	Published Charge per Unit		5.00		5.00		7.00					
7	Negotiated Rate / Cost per Unit		1.59		1.59		3.00					
8	Medi-Cal Units		155		1,608		370					
8A		07/01/03 - 09/30/04	847		816		845					
9	Medicare/Medi-Cal Crossover Units											
9A		07/01/03 - 09/30/03										
10	Enhanced SD/MC (Children) Units											
10A		07/01/03 - 09/30/03										
10B	Enhanced SD/MC (Refugees) Units											
10A		07/01/03 - 09/30/04										
11	Healthy Families (SED) Units											
11A		07/01/03 - 09/30/03										
12	Non-Medi-Cal Units		767		1,280		4,349		293			
13	Medi-Cal Costs		248		880		2,558		1,110			
13A		07/01/03 - 09/30/04	1,347		980		7,424		1,835			
14	Medi-Cal SMA Upper Limits		368		1,454		3,795		1,817			
14A		07/01/03 - 09/30/04	1,989		1,454		11,021		2,819			
15	Medi-Cal Published Charges		776		3,080		8,040		2,980			
15A		07/01/03 - 09/30/04	4,235		3,080		23,350		4,516			
16	Medi-Cal Negotiated Rates		248		979		2,557		1,110			
16A		07/01/03 - 09/30/04	1,347		979		7,425		1,935			
17	Medicare/Medi-Cal Crossover Costs											
17A		07/01/03 - 09/30/03										
18	Medicare/Medi-Cal Crossover SMA Upper Limits											
18A		07/01/03 - 09/30/03										
19	Medicare/Medi-Cal Crossover Published Charges											
19A		07/01/03 - 09/30/04										
20	Medicare/Medi-Cal Crossover Negotiated Rates											
20A		07/01/03 - 09/30/03										
21	Enhanced SD/MC Costs											
21A		07/01/03 - 09/30/04										
22	Enhanced SD/MC SMA Upper Limits											
22A		07/01/03 - 09/30/04										
23	Enhanced SD/MC Published Charges											
23A		07/01/03 - 09/30/03										
24	Enhanced SD/MC Negotiated Rates											
24A		07/01/03 - 09/30/03										
25	Enhanced SD/MC (Refugees) Costs											
25A		07/01/03 - 09/30/04										
26	Enhanced SD/MC (Refugees) SMA Upper Limits											
26A		07/01/03 - 09/30/04										
27	Enhanced SD/MC (Refugees) Published Charges											
27A		07/01/03 - 09/30/04										
28	Enhanced SD/MC (Refugees) Negotiated Rates											
28A		07/01/03 - 09/30/04										
29	Healthy Families Costs											
29A		07/01/03 - 09/30/03										
30	Healthy Families SMA Upper Limits											
30A		07/01/03 - 09/30/03										
31	Healthy Families Published Charges											
31A		07/01/03 - 09/30/03										
32	Healthy Families Negotiated Rates											
32A		07/01/03 - 09/30/03										
33	Non-Medi-Cal Costs		1,267		2,061		8,814		879			
33A		07/01/03 - 09/30/04										

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MPH 1986 (06/04)

County: Los Angeles
County Code: 16

Legal Entity Number: 00174	Legal Entity: Hamburger Home, Inc.	Mode: 10 - Day Services	A	B	C	D	E	F	G
			Mode Total	Service Function					
				NR	NR				
1	Allocation Percentage		100.00%	99.36%	0.64%				
2	Total Units		11,922	11,922	77				
3	GROSS COST		1,153,513	1,151,078	7,434				
4	Cost per Unit		96.56	96.56	96.56				
5	SMA per Unit		118.94	118.94	118.94				
6	Published Charge per Unit		100.80	100.80	100.80				
7	Negotiated Rate / Cost per Unit		100.80	100.80	100.80				
8	Medi-Cal Units	07/01/03 - 09/30/03		3,288					
9	Medicare/Medi-Cal Crossover Units	10/01/03 - 09/30/04		8,515	78				
9A		07/01/03 - 09/30/03							
10	Enhanced SD/MC (Children) Units	10/01/03 - 09/30/04							
10A		07/01/03 - 09/30/03							
10B	Enhanced SD/MC (Refugees) Units	10/01/03 - 09/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 09/30/04		171	1				
12	Non-Medi-Cal Units								
13	Medi-Cal Costs	07/01/03 - 09/30/03	312,436	312,438					
13A		10/01/03 - 09/30/04	829,483	822,130	7,338				
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	384,860	384,860					
14A		10/01/03 - 09/30/04	1,021,514	1,012,774	9,039				
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	326,512	326,512					
15A		10/01/03 - 09/30/04	866,832	859,164	7,668				
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	326,512	326,512					
16A		10/01/03 - 09/30/04	866,832	859,164	7,668				
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 09/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 09/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 09/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 09/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 09/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 09/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 09/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 09/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 09/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 09/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 09/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 09/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 09/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 09/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 09/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 09/30/04							
33	INSTR/Medi-Cal Costs		18,807	18,610	97				

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (08/04)

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 19

	Legal Entity: Hamberger Home, Inc. Legal Entity Number: 00174 Mode: 15 - Outpatient (Program 1)	A		B		C		D		E		F		G	
		Mode Total	Service Function 03	Service Function 04	Service Function 04	Service Function 10	Service Function 12	Service Function 41	Service Function 42						
1	Allocation Percentage	100.00%	0.24%	7.65%	10.89%	0.11%	0.97%	63.08%							
2	Total Units		7,209	228,988	244,854	2,465	36,729	2,525,240							
3	Gross Cost	4,003,023	9,727	309,907	435,788	4,387	66,729	2,525,240							
4	Cost per Unit		1.35	1.35	1.78	1.78	1.78	1.78							
5	SMA per Unit		1.83	1.83	2.38	2.38	2.38	2.38							
6	Published Charge per Unit		1.41	1.41	1.86	1.86	1.86	1.86							
7	Negotiated Rate / Cost per Unit		1.41	1.41	1.86	1.86	1.86	1.86							
8	Medi-Cal Units		5,024	87,147	71,218	1,195	12,675	350,475							
9A	Medicare/Medi-Cal Crossover Units		2,185	128,516	158,407	1,270	9,085	971,118							
9B	Medicare/Medi-Cal Crossover Costs														
10A	Enhanced SD/MC (Children) Units														
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A	Healthy Families Negotiated Rates														
12	Non-Medi-Cal Units														
13	Medi-Cal Costs	1,100,227	6,778	117,551	126,756	2,127	22,559	623,784							
14	Medi-Cal SMA Upper Limits	2,858,041	2,848	173,397	281,897	2,280	18,170	1,728,417							
15	Medi-Cal Published Charges	1,482,863	9,194	169,479	188,074	2,620	29,913	827,121							
16	Medi-Cal Negotiated Rates	3,629,496	3,959	235,184	373,541	2,697	21,441	2,281,634							
17	Medicare/Medi-Cal Crossover Costs	1,149,788	7,084	122,577	132,465	2,223	23,576	651,934							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	2,777,775	3,081	181,208	204,637	2,223	23,576	1,806,276							
19	Medicare/Medi-Cal Crossover Published Charges	1,449,788	7,084	122,577	132,465	2,223	23,576	651,934							
20	Medicare/Medi-Cal Crossover Negotiated Rates	2,777,775	3,081	181,208	204,637	2,223	23,576	1,806,276							
21	Enhanced SD/MC Costs														
21A	Enhanced SD/MC SMA Upper Limits														
22	Enhanced SD/MC Published Charges														
23	Enhanced SD/MC Negotiated Rates														
24	Healthy Families Costs														
25	Healthy Families SMA Upper Limits														
26	Healthy Families Published Charges														
27	Healthy Families Negotiated Rates														
28	Mode Total	185,155	(0)	16,973	16,896	0	0	110,451							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1888 (08/04)

County: Los Angeles
County Code: 19

	Legal Entity Number: 00174	Legal Entity Name: Hambarger Home, Inc.	Mode: 15 - Outpatient (Program 1)	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
				Service Function													
1				62	58	61	62	61	62	61	62	61	62	61	62	61	62
2				1.03%	4.05%	0.06%	1.00%	0.06%	1.00%	0.06%	1.00%	0.06%	1.00%	0.06%	1.00%	0.06%	1.00%
3				23,215	81,040	724	128,807	18,864	424,239	49,263	2,390	2,390	2,390	2,390	2,390	2,390	2,390
4				41,319	162,035	2,390	424,239	49,263	2,390	2,390	2,390	2,390	2,390	2,390	2,390	2,390	2,390
5				1.78	1.78	3.30	3.30	2.81	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30	3.30
6				2.36	2.36	4.37	4.37	3.52	4.37	4.37	4.37	4.37	4.37	4.37	4.37	4.37	4.37
7				1.88	1.88	3.45	3.45	2.73	3.45	3.45	3.45	3.45	3.45	3.45	3.45	3.45	3.45
8				4,185	37,291	724	30,740	9,700	724	30,740	9,700	30,740	9,700	30,740	9,700	30,740	9,700
9A				18,960	53,469	724	92,647	6,144	724	92,647	6,144	92,647	6,144	92,647	6,144	92,647	6,144
9B																	
10A																	
10B																	
11A																	
12				20	250		190	905		190	905	4,125	3,010				
13A				7,449	56,371		101,482	26,340		101,482	26,340	305,524	16,050				
14A				33,728	85,218	2,390	134,834	34,144		134,834	34,144	404,430	21,627				
15A				9,577	58,007	3,164	106,053	29,481		106,053	29,481	319,267	16,773				
16A				44,722	128,258	2,498	108,053	28,481		108,053	28,481	319,267	16,773				
17A				7,784	69,351		108,053	28,481		108,053	28,481	319,267	16,773				
18A				35,247	99,508	2,498	108,053	28,481		108,053	28,481	319,267	16,773				
19A				7,784	69,351		108,053	28,481		108,053	28,481	319,267	16,773				
20A				35,247	99,508	2,498	108,053	28,481		108,053	28,481	319,267	16,773				
21A																	
22A																	
23A																	
24A																	
25A																	
26A																	
27A																	
28A																	
29A																	
30A																	
31A																	
32A																	
33				107	445		13,618	7,853		13,618	7,853						

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 19

Legal Entity: Hathaway Children & Family Services
Legal Entity Number: 00192
Mode: 15 - Outpatient (Program 1)

	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 17
1	100.00%	0.09%	1.80%	0.07%	4.93%	0.95%	2.11%
2	Total Units	5,115	89,451	3,892	204,430	40,013	57,548
3	Gross Cost	8,980	129,884	5,098	355,948	69,670	152,433
4	Cost per Unit	1.31	1.31	1.31	1.74	1.74	1.74
5	SMA per Unit	1.83	1.83	1.83	2.36	2.36	2.36
6	Published Charge per Unit	1.80	1.80	1.80	2.40	2.40	2.40
7	Negotiated Rate / Cost per Unit	1.43	1.43	1.43	1.82	1.82	1.82
8	Medi-Cal Units	1,070	22,517	945	38,559	9,945	4,530
8A		3,280	82,124	657	115,911	21,045	16,136
9	Medicare/Medi-Cal Crossover Units						
9A							
10	Enhanced SD/MC (Children) Units	30	1,105		825	127	
10A		20	1,601		4,586	220	
11	Enhanced SD/MC (Refugees) Units	30	865		3,709	365	130
11A		20	4,305		10,428	1,090	1,760
12	Non-Medi-Cal Units	665	6,914	2,390	30,412	13,221	64,960
13	Medi-Cal Costs	1,480,589	1,997,294,055	1,103,87,139	9,969,7,888	36,643,28,068	26,068,10,881
13A		4,073,311	81,127	658	201,821	36,643	26,068
14	Medi-Cal SMA Upper Limits	1,988,594	41,206	1,548	80,959	8,310	10,881
14A		5,548,745	6,002	113,687	273,550	49,658	38,081
15	Medi-Cal Published Charges	5,614,574	5,904,111,823	1,183,278,198	50,508,38,729	7,180,8,245	29,368,29,368
15A		4,263,411	4,890,89,837	840	210,953	35,302	29,368
17	Medicare/Medi-Cal Crossover Costs						
17A							
18	Medicare/Medi-Cal Crossover SMA Upper Limits						
18A							
19	Medicare/Medi-Cal Crossover Published Charges						
19A							
20	Medicare/Medi-Cal Crossover Negotiated Rates						
20A							
21	Enhanced SD/MC Costs	29,508	39	1,443	1,436	221	
21A		80,328	26	2,091	7,985	363	
22	Enhanced SD/MC SMA Upper Limits	40,200	55	2,022	1,947	300	
22A		109,270	37	2,930	10,823	519	
23	Enhanced SD/MC Published Charges	40,873	54	1,989	1,900	305	
23A		110,723	36	2,862	11,008	528	
24	Enhanced SD/MC Negotiated Rates	31,051	43	1,550	1,502	231	
24A		84,950	29	2,269	8,347	400	
25	Enhanced SD/MC (Refugees) Costs						
25A							
26	Enhanced SD/MC (Refugees) SMA Upper Limits						
26A							
27	Enhanced SD/MC (Refugees) Published Charges						
27A							
28	Enhanced SD/MC (Refugees) Negotiated Rates						
28A							
29	Healthy Families Costs	86,077	38	1,168	6,458	636	226
29A		276,217	26	5,622	18,157	1,868	3,064
30	Healthy Families SMA Upper Limits	117,281	55	1,638	8,753	881	307
30A		375,437	37	7,878	24,810	2,572	4,154
31	Healthy Families Published Charges	118,947	54	1,611	8,902	876	312
31A		380,732	36	7,748	25,027	2,616	4,224
32	Healthy Families Negotiated Rates	289,700	48	1,260	6,750	664	257
32A		1,213,819	26	6,159	18,979	1,984	3,203
33	Non-Medi-Cal Costs						
33A							
34	Non-Medi-Cal SMA Upper Limits						
34A							
35	Non-Medi-Cal Published Charges						
35A							
36	Non-Medi-Cal Negotiated Rates						
36A							
37	Mode Total	1,213,819	898	9,029	3,108	52,953	28,020
37A							
38	Mode Total	1,213,819	898	9,029	3,108	52,953	28,020
38A							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1866 (08/04)

County: Los Angeles
County Code: 18

	H	I	J	K	L	M	N
	Service Function						
1	0.03%	0.34%	0.04%	8.42%	37.86%	7.34%	3.07%
2	1,430	13,970	1,800	288,182	1,561,523	304,418	127,248
3	2,480	24,324	3,134	453,454	2,719,057	530,048	221,661
4	1.74	1.74	1.74	1.74	1.74	1.74	1.74
5	2.38	2.38	2.38	2.38	2.38	2.38	2.38
6	2.40	2.40	2.40	2.40	2.40	2.40	2.40
7	1.82	1.82	1.82	1.82	1.82	1.82	1.82
8	1,895	6,820	360	34,958	339,369	11,030	19,417
8A	515	6,820	360	138,281	842,978	56,473	79,119
9							
9A							
10	120			1,190	11,543		571
10A	2,430			5,305	27,037		1,471
11	600			5,195	28,395	1,955	2,221
11A	2,505	1,440		15,175	95,420	9,470	8,975
12	915			68,080	219,890	224,891	15,474
13	2,961			60,864	590,853	20,588	33,808
13A	887	11,527	927	240,738	1,467,773	98,328	137,760
14	1,215	4,000		82,488	800,987	27,919	45,824
14A	15,823	850		328,288	1,989,430	133,278	186,721
15	1,228	4,083		53,884	814,482	28,352	48,601
15A	15,838	884		331,828	2,028,150	135,535	189,886
16	3,085			65,920	617,533	21,531	35,339
16A	12,048	855		281,856	1,634,222	102,761	143,997
17							
17A							
18							
18A							
19							
19A							
20							
20A							
21	209			2,072	20,088		984
21A	4,231			9,287	47,076		2,561
22	283			2,808	27,241		1,348
22A	5,735			12,520	63,807		3,472
23	288			2,858	27,703		1,370
23A	5,832			12,782	64,889		3,530
24	218			2,168	21,008		1,089
24A	4,423			9,655	49,207		2,677
25							
25A							
26							
26A							
27							
27A							
28							
28A							
29	1,045			8,045	48,441	3,404	3,867
29A	26,422			186,143	18,489	15,827	15,827
30	67,012			12,280	4,914	5,242	5,242
30A	225,181			35,613	225,181	22,348	21,181
31	1,416			12,463	68,148	4,992	5,330
31A	1,440			36,420	229,008	22,728	21,540
32	1,092			9,455	51,678	3,558	4,042
32A	27,618			173,894	17,295	16,835	16,835
33	1,593	4,362	2,507	116,057	377,843	381,228	26,943

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - WIDE TOTAL
MH 1888 (06/04)

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 18

Legal Entity Number: 00182 Modes: 16 - Outpatient (Program 1)	Legal Entity: Hathaway Children & Family Services	NR O	NR P	NR Q	NR R	NR S	NR T	NR U
		Service Function						
1	Allocation Percentage	54	57	58	61	62	67	76
2	Total Units	0.17%	0.08%	24.28%	0.92%	8.44%	0.24%	0.01%
3	Gross Cost	7,159	2,286	1,007,229	21,258	218,384	5,590	340
4	Cost per Unit	12,485	3,966	1,753,781	86,341	881,271	17,439	848
5	SMA per Unit	1.74	1.74	1.74	3.12	3.12	3.12	2.49
6	Published Charge per Unit	2.38	2.38	2.38	4.37	4.37	4.37	3.52
7	Negotiated Rate / Cost per Unit	2.40	2.40	2.40	4.30	4.30	4.30	3.43
8	Medi-Cal Units	1.82	1.82	1.82	3.40	3.40	3.40	2.73
9	Medicare/Medi-Cal Crossover Units	801	375	735,119	6,713	146,011	1,015	30
10	Enhanced SD/MC (Children) Units	1,455						
11	Enhanced SD/MC (Refugees) Units							
12	Healthy Families (SED) Units	134						
13	Non-Medi-Cal Units	1,860	135	685	265	3,375	120	
14	Medi-Cal Costs	3,119	1,765	6,758	16,968	4,306	300	
15	Medi-Cal SMA Upper Limits	1,395		472,598	12,095	151,104	488	25
16	Medi-Cal Published Charges	2,533	653	1,278,970	20,942	455,498	3,188	75
17	Medi-Cal Negotiated Rates	1,890		640,563	16,942	211,570	658	35
18	Medicare/Medi-Cal Crossover SMA Upper Limits	3,434	885	1,794,881	29,338	638,088	4,438	108
19	Medicare/Medi-Cal Crossover Published Charges	1,922		651,420	16,671	208,278	645	34
20	Medicare/Medi-Cal Crossover Negotiated Rates	3,482	900	1,764,266	26,886	827,847	4,385	103
21	Enhanced SD/MC Costs	1,458		493,984	13,182	154,888	510	27
22	Enhanced SD/MC SMA Upper Limits	2,848	683	1,337,817	22,824	498,437	3,451	82
23	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
25	Healthy Families Costs	293			406	2,589		
26	Healthy Families SMA Upper Limits				1,107	5,387		
27	Healthy Families Published Charges	316			588	3,627		
28	Healthy Families Negotiated Rates	322			1,551	7,560		
29	Medicare/Medi-Cal Crossover Costs	244			559	3,589		
30	Medicare/Medi-Cal Crossover SMA Upper Limits				1,527	7,439		
31	Medicare/Medi-Cal Crossover Published Charges				442	2,822		
32	Medicare/Medi-Cal Crossover Negotiated Rates				1,207	5,882		
33	Enhanced SD/MC (Refugees) Costs							
34	Enhanced SD/MC (Refugees) SMA Upper Limits							
35	Enhanced SD/MC (Refugees) Published Charges							
36	Enhanced SD/MC (Refugees) Negotiated Rates							
37	Healthy Families Costs	2,873	295	1,183	12,946	4,477	374	
38	Healthy Families SMA Upper Limits	3,894	319	1,617	18,138	6,271	524	
39	Healthy Families Published Charges	3,980	324	1,844	17,845	6,171	516	
40	Healthy Families Negotiated Rates	3,003	248	1,247	14,110	4,878	408	
41	Non-Medi-Cal Costs	5,431	3,108	0	17,856	51,979	13,430	747

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (06/04)

County: Los Angeles
County Code: 19

Legal Entity: Help Group Child & Family Center
Legal Entity Number: 00188
Mode: 10 - Day Services

	A	B	C	D	E	F	G
	Mode Total	Service Function					
		82	92	98	86		
1	100.00%	11.69%	41.42%	46.43%	0.48%		
2	Total Units	936	5,624	3,956	40		
3	Gross Cost	969,528	409,854	459,412	4,599		
4	Cost per Unit	123.16	72.88	114.97	114.97		
5	SMA per Unit	130.63	78.20	118.94	118.94		
6	Published Charge per Unit	122.00	72.18	113.87	113.87		
7	Negotiated Rate / Cost per Unit	122.00	72.18	113.87	113.87		
8	Medi-Cal Units	234	1,075	573	40		
9A	Medicare/Medi-Cal Crossover Units	706	4,608	2,944			
9	Medicare/Medi-Cal Crossover Units						
10A	Enhanced SD/MC (Children) Units						
10	Enhanced SD/MC (Children) Units						
10B	Enhanced SD/MC (Refugees) Units						
10B	Enhanced SD/MC (Refugees) Units						
11	Healthy Families (SED) Units						
11A	Healthy Families (SED) Units						
12	Non-Medi-Cal Units	41	379				
13	Medi-Cal Costs	189,137	28,823	77,373	4,599		
13A	Medi-Cal Costs	753,830	86,839	328,625	338,488		
14	Medi-Cal SMA Upper Limits	197,287	81,915	80,047	4,758		
14A	Medi-Cal SMA Upper Limits	785,763	92,084	343,510	350,169		
15	Medi-Cal Published Charges	157,331	28,548	77,694	4,555		
15A	Medi-Cal Published Charges	748,691	66,010	325,367	335,233		
16	Medi-Cal Negotiated Rates	157,331	28,548	77,694	4,555		
16A	Medi-Cal Negotiated Rates	746,691	66,010	325,367	335,233		
17	Medicare/Medi-Cal Crossover Costs						
17A	Medicare/Medi-Cal Crossover Costs						
18	Medicare/Medi-Cal Crossover SMA Upper Limits						
18A	Medicare/Medi-Cal Crossover SMA Upper Limits						
19	Medicare/Medi-Cal Crossover Published Charges						
19A	Medicare/Medi-Cal Crossover Published Charges						
20	Medicare/Medi-Cal Crossover Negotiated Rates						
20A	Medicare/Medi-Cal Crossover Negotiated Rates						
21	Enhanced SD/MC Costs						
21A	Enhanced SD/MC Costs						
22	Enhanced SD/MC SMA Upper Limits						
22A	Enhanced SD/MC SMA Upper Limits						
23	Enhanced SD/MC Published Charges						
23A	Enhanced SD/MC Published Charges						
24	Enhanced SD/MC Negotiated Rates						
24A	Enhanced SD/MC Negotiated Rates						
25	Enhanced SD/MC (Refugees) Costs						
25	Enhanced SD/MC (Refugees) SMA Upper Limits						
26	Enhanced SD/MC (Refugees) Published Charges						
27	Enhanced SD/MC (Refugees) Negotiated Rates						
27A	Enhanced SD/MC (Refugees) Negotiated Rates						
28	Healthy Families Costs						
28A	Healthy Families Costs						
29	Healthy Families SMA Upper Limits						
29A	Healthy Families SMA Upper Limits						
30	Healthy Families Published Charges						
30A	Healthy Families Published Charges						
31	Healthy Families Negotiated Rates						
31A	Healthy Families Negotiated Rates						
32	Non-Medi-Cal Costs	48,561	2,988	43,573			
32A	Non-Medi-Cal Costs						
33	Non-Medi-Cal Costs						

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 19

	Legal Entity: Help Group Child & Family Center Legal Entity Number: 00188 Mode: 16 - Outpatient (Program 1)	A		NR B		NR C		NR D		NR E		NR F		NR G	
		Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 17							
1	Allocation Percentage	100.00%	0.11%	4.82%	0.04%	13.50%	6.86%	0.10%							
2	Total Units		5,194	229,380	1,752	486,348	239,895	3,527							
3	Gross Cost	8,295,868	9,177	396,993	3,148	1,119,561	652,234	8,119							
4	Cost per Unit		1.77	1.71	1.77	2.30	2.30	2.30							
5	SMA per Unit		1.93	1.93	1.83	2.38	2.38	2.38							
6	Published Charge per Unit		1.76	1.76	1.76	2.28	2.28	2.28							
7	Negotiated Rate / Cost per Unit		1.75	1.75	1.75	2.28	2.28	2.28							
8	Medi-Cal Units	07/01/03 - 09/30/03	567	37,489	872	69,219	14,395	30							
9	Medicare/Medi-Cal Crossover Units	10/01/03 - 09/30/04	4,047	143,802	910	367,787	43,771	3,487							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03	15				533	943							
11	Enhanced SD/MC (Refugees) Units	10/01/03 - 09/30/04					214	528							
12	Healthy Families (SEDF) Units	07/01/03 - 09/30/03													
13	Healthy Families (SEDF) Units	10/01/03 - 09/30/04													
14	Non-Medi-Cal Units		866	42,188											
15	Medi-Cal Costs	07/01/03 - 09/30/03	1,170,082												
16	Medi-Cal Costs	10/01/03 - 09/30/04	4,335,886												
17	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,200,345												
18	Medi-Cal SMA Upper Limits	10/01/03 - 09/30/04	4,448,042												
19	Medi-Cal Published Charges	07/01/03 - 09/30/03	1,159,908												
20	Medi-Cal Published Charges	10/01/03 - 09/30/04	4,284,459												
21	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	1,159,908												
22	Medi-Cal Negotiated Rates	10/01/03 - 09/30/04	4,284,459												
23	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	16,953												
24	Medicare/Medi-Cal Crossover Costs	10/01/03 - 09/30/04	9,731												
25	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	17,973												
26	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 09/30/04	9,977												
27	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	16,468												
28	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 09/30/04	9,636												
29	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03	16,468												
30	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 09/30/04	9,636												
31	Enhanced SD/MC Costs	07/01/03 - 09/30/03													
32	Enhanced SD/MC Costs	10/01/03 - 09/30/04													
33	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03													
34	Enhanced SD/MC SMA Upper Limits	10/01/03 - 09/30/04													
35	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03													
36	Enhanced SD/MC Published Charges	10/01/03 - 09/30/04													
37	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03													
38	Enhanced SD/MC Negotiated Rates	10/01/03 - 09/30/04													
39	Healthy Families Costs	07/01/03 - 09/30/03	25,302												
40	Healthy Families Costs	10/01/03 - 09/30/04	77,795												
41	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	25,576												
42	Healthy Families SMA Upper Limits	10/01/03 - 09/30/04	79,773												
43	Healthy Families Published Charges	07/01/03 - 09/30/03	25,060												
44	Healthy Families Published Charges	10/01/03 - 09/30/04	77,052												
45	Healthy Families Negotiated Rates	07/01/03 - 09/30/03	25,060												
46	Healthy Families Negotiated Rates	10/01/03 - 09/30/04	77,052												
47	Non-Medi-Cal Costs		2,860,440												
48	Non-Medi-Cal Costs		958												
49	Non-Medi-Cal Costs		74,506												
50	Non-Medi-Cal Costs		958												
51	Non-Medi-Cal Costs		2,860,440												
52	Non-Medi-Cal Costs		958												
53	Non-Medi-Cal Costs		74,506												
54	Non-Medi-Cal Costs		958												
55	Non-Medi-Cal Costs		2,860,440												
56	Non-Medi-Cal Costs		958												
57	Non-Medi-Cal Costs		74,506												
58	Non-Medi-Cal Costs		958												
59	Non-Medi-Cal Costs		2,860,440												
60	Non-Medi-Cal Costs		958												
61	Non-Medi-Cal Costs		74,506												
62	Non-Medi-Cal Costs		958												
63	Non-Medi-Cal Costs		2,860,440												
64	Non-Medi-Cal Costs		958												
65	Non-Medi-Cal Costs		74,506												
66	Non-Medi-Cal Costs		958												
67	Non-Medi-Cal Costs		2,860,440												
68	Non-Medi-Cal Costs		958												
69	Non-Medi-Cal Costs		74,506												
70	Non-Medi-Cal Costs		958												
71	Non-Medi-Cal Costs		2,860,440												
72	Non-Medi-Cal Costs		958												
73	Non-Medi-Cal Costs		74,506												
74	Non-Medi-Cal Costs		958												
75	Non-Medi-Cal Costs		2,860,440												
76	Non-Medi-Cal Costs		958												
77	Non-Medi-Cal Costs		74,506												
78	Non-Medi-Cal Costs		958												
79	Non-Medi-Cal Costs		2,860,440												
80	Non-Medi-Cal Costs		958												
81	Non-Medi-Cal Costs		74,506												
82	Non-Medi-Cal Costs		958												
83	Non-Medi-Cal Costs		2,860,440												
84	Non-Medi-Cal Costs		958												
85	Non-Medi-Cal Costs		74,506												
86	Non-Medi-Cal Costs		958												
87	Non-Medi-Cal Costs		2,860,440												
88	Non-Medi-Cal Costs		958												
89	Non-Medi-Cal Costs		74,506												
90	Non-Medi-Cal Costs		958												
91	Non-Medi-Cal Costs		2,860,440												
92	Non-Medi-Cal Costs		958												
93	Non-Medi-Cal Costs		74,506												
94	Non-Medi-Cal Costs		958												
95	Non-Medi-Cal Costs		2,860,440												
96	Non-Medi-Cal Costs		958												
97	Non-Medi-Cal Costs		74,506												
98	Non-Medi-Cal Costs		958												
99	Non-Medi-Cal Costs		2,860,440												
100	Non-Medi-Cal Costs		958												

DETAIL COST REPORT

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	NR	O	P	NR	O	R	S	T	U
Mode: 15 - Outpatient (Program 1)		Service Function								
1	Allocation Percentage	57	0.02%	58	61	67	0.00%			
2	Total Units	650	2,824	625	50,924	64,525	70			
3	Gross Cost	1,588	1,438	1,438	218,874	402,749	288			
4	Cost per Unit	2.30	2.30	2.30	4.28	4.28	4.28			
5	SMA per Unit	2.36	2.36	2.36	4.37	4.37	4.37			
6	Published Charge per Unit	2.28	2.28	2.28	4.22	4.22	4.22			
7	Negotiated Rate / Cost per Unit	2.28	2.28	2.28	4.22	4.22	4.22			
8	Medi-Cal Units	690	625	625	13,514	65,884	70			
9	Medicare/Medi-Cal Crossover Units				310	240				
10	Enhanced SD/MC (Children) Units				130					
10A	Enhanced SD/MC (Refugees) Units									
11	Healthy Families (SED) Units									
11A	Non-Medi-Cal Units				31,058	18,783				
13	Medi-Cal Costs	1,888	1,438	1,438	25,189	84,809	288			
14	Medi-Cal SMA Upper Limits	1,628	1,475	1,475	25,835	86,779	308			
15	Medi-Cal Published Charges	1,573	1,425	1,425	24,949	83,801	295			
16	Medi-Cal Negotiated Rates	1,573	1,425	1,425	24,949	83,801	295			
17	Medicare/Medi-Cal Crossover Costs				1,321	1,023				
17A	Medicare/Medi-Cal Crossover SMA Upper Limits				564	448				
18	Medicare/Medi-Cal Crossover Published Charges				568	448				
18A	Medicare/Medi-Cal Crossover Negotiated Rates				548	448				
19	Enhanced SD/MC Published Charges				1,308	1,013				
19A	Enhanced SD/MC Negotiated Rates				548	448				
20	Healthy Families Published Charges									
20A	Healthy Families Negotiated Rates									
21	Enhanced SD/MC Costs									
21A	Enhanced SD/MC SMA Upper Limits									
22	Enhanced SD/MC Published Charges									
22A	Enhanced SD/MC Negotiated Rates									
23	Healthy Families Published Charges									
23A	Healthy Families Negotiated Rates									
24	Enhanced SD/MC Costs									
24A	Enhanced SD/MC SMA Upper Limits									
25	Enhanced SD/MC Published Charges									
25A	Enhanced SD/MC Negotiated Rates									
26	Healthy Families Published Charges									
26A	Healthy Families Negotiated Rates									
27	Enhanced SD/MC Costs									
27A	Enhanced SD/MC SMA Upper Limits									
28	Enhanced SD/MC Published Charges									
28A	Enhanced SD/MC Negotiated Rates									
29	Healthy Families Published Charges									
29A	Healthy Families Negotiated Rates									
30	Enhanced SD/MC Costs									
30A	Enhanced SD/MC SMA Upper Limits									
31	Enhanced SD/MC Published Charges									
31A	Enhanced SD/MC Negotiated Rates									
32	Healthy Families Published Charges									
32A	Healthy Families Negotiated Rates									
33	Non-Medi-Cal Costs				132,328	79,943				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1888 (08/04)

DETAIL COST REPORT

County: Los Angeles
County Code: 18

Legal Entity Number: Mode: 15 - Outpatient (Program 1)	A	B	C	D	E	F	G
Legal Entity Number: Mode: 15 - Outpatient (Program 1)	Mode Total	Service Function 03	Service Function 04	Service Function 08	Service Function 10	Service Function 12	Service Function 17
1 Allocation Percentage	100.00%	0.11%	1.30%	0.08%	4.37%	0.23%	0.12%
2 Total Units	43,939	3,757	43,939	2,027	112,700	5,953	3,065
3 Gross Cost	4,372,787	4,845	56,868	2,814	181,183	10,089	5,199
4 Cost per Unit		1.29	1.29	1.29	1.70	1.70	1.70
5 SMA per Unit		1.83	1.83	1.83	2.36	2.36	2.36
6 Published Charge per Unit		1.75	1.75	1.75	2.50	2.50	2.50
7 Negotiated Rate / Cost per Unit		1.30	1.30	1.30	1.71	1.71	1.71
8	8,113	878	8,113	1,313	17,482	1,326	
8A Medi-Cal Units	788	31,371			87,801	2,157	2,050
9 Medicare/Medi-Cal Crossover Units							
9A							
10 Enhanced SD/MC (Children) Units							
10A							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units			401		780		
11A			1,439		3,912		
12 Non-Medi-Cal Units		2,315	1,616	714	2,925	2,470	1,015
13	835,729	872	11,733		26,656	2,249	
13A Medi-Cal Costs	3,225,615	866	40,458	1,663	148,506	3,658	3,478
14	1,162,742	1,237	16,677		41,258	3,129	
14A Medi-Cal SMA Upper Limits	4,487,900	1,402	57,409	2,403	206,738	5,091	4,838
15	1,198,285	1,163	15,948		43,705	3,315	
15A Medi-Cal Published Charges	4,949,078	1,341	54,999	2,288	219,003	5,363	5,125
16	842,432	878	11,847		29,694	2,267	
16A Medi-Cal Negotiated Rates	3,251,489	866	40,782	1,707	149,788	3,888	3,508
17							
17A Medicare/Medi-Cal Crossover Costs							
18							
18A Medicare/Medi-Cal Crossover SMA Upper Limits							
19							
19A Medicare/Medi-Cal Crossover Published Charges							
20							
20A Medicare/Medi-Cal Crossover Negotiated Rates							
21							
21A Enhanced SD/MC Costs							
22							
22A Enhanced SD/MC SMA Upper Limits							
23							
23A Enhanced SD/MC Published Charges							
24							
24A Enhanced SD/MC Negotiated Rates							
25							
25A Enhanced SD/MC (Refugees) Costs							
26							
26A Enhanced SD/MC (Refugees) SMA Upper Limits							
27							
27A Enhanced SD/MC (Refugees) Published Charges							
28							
28A Enhanced SD/MC (Refugees) Negotiated Rates							
29							
29A Healthy Families Costs	15,460	517			1,323		
30	83,879	1,656			6,036		
30A Healthy Families SMA Upper Limits	21,520	734			1,841		
31	118,740	2,633			9,282		
31A Healthy Families Published Charges	22,667	702			1,950		
32	123,287	2,518			9,780		
32A Healthy Families Negotiated Rates	15,584	521			1,334		
32A	84,552	1,871			6,690		
32A	212,084	2,988		821	4,952		1,722
32A Non-Medi-Cal Costs							

DETAIL COST REPORT

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

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 19

Legal Entity Number	Mode	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
Legal Entity Number	Mode	33	34	34	41	42	47	52	54	54	54	54	54	54	54
Allocation Percentage	Total Units	0.00%	1.70	1.70	3.09%	31.30%	1.58%	6.88%	0.05%	1.70	1.70	1.70	1.70	1.70	1.70
Gross Cost	Cost per Unit	178	28,460	135,153	79,571	808,840	89,116	282,321	2,143	1,369	1,369	1,369	1,369	1,369	1,369
SMA per Unit	SMA Charge per Unit	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38	2.38
Negotiated Rate / Cost per Unit	Negotiated Rate / Cost per Unit	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71	1.71
8	Medi-Cal Units	1,557	7,448	112,137	28,084	282,321	12,416	131,728	438						
9	Medicare/Medi-Cal Crossover Units	13,319	18,676	634,717	22,584	1,076,728	21,052	223,462	377						
10	Enhanced SD/MC (Children) Units	838	976	34,847	17,677	284,843	29,302	310,878	524						
10A	Enhanced SD/MC (Refugees) Units	105	1,188	54,247	19,063	26,959	3,931	605							
11	Healthy Families (SED) Units	105	2,841	12,635	190,228	49,304	746								
12	Non-Medi-Cal Units	22,584	28,269	1,076,728	3,675	1,497,952	29,302	310,878	524						
13	Medi-Cal Costs	31,433	39,355	1,497,952	18,920	280,343	31,040	328,320	555						
14	Medi-Cal SMA Upper Limits	33,298	41,690	1,588,793	2,662	191,754	49,868	746							
15	Medi-Cal Published Charges	2,662	12,736	191,754	22,776	1,086,366	21,231	226,255	380						
16A	Medi-Cal Negotiated Rates														
17	Medicare/Medi-Cal Crossover Costs														
17A	Medicare/Medi-Cal Crossover SMA Upper Limits														
18	Published Charges														
18A	Published Charges														
19	Medicare/Medi-Cal Crossover Published Charges														
19A	Medicare/Medi-Cal Crossover Negotiated Rates														
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A	Enhanced SD/MC Costs														
21	Enhanced SD/MC Costs														
21A	Enhanced SD/MC SMA Upper Limits														
22	Enhanced SD/MC SMA Upper Limits														
22A	Enhanced SD/MC Published Charges														
23	Enhanced SD/MC Published Charges														
23A	Enhanced SD/MC Negotiated Rates														
24	Enhanced SD/MC Negotiated Rates														
24A	Enhanced SD/MC (Refugees) Costs														
25	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs														
29A	Healthy Families SMA Upper Limits														
30	Healthy Families SMA Upper Limits														
30A	Healthy Families Published Charges														
31	Healthy Families Published Charges														
31A	Healthy Families Negotiated Rates														
32	Healthy Families Negotiated Rates														
32A	Non-Medi-Cal Costs														
33	Non-Medi-Cal Costs	178	2,017	92,024	32,338	45,733	8,889	1,028							

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1866 (06/04)

County: Los Angeles
County Code: 19

	NR	O	NR	P	NR	Q	NR	R	NR	S	NR	T	NR	U
		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function
Legal Entity Number: 00321														
Mode: 15 - Outpatient (Program 1)														
1 Allocation Percentage	57	0.05%	58	35.34%	81	14.23%	82	0.02%	76	0.15%	77	2.488	8892	6,346
2 Total Units	1,400	910,921	9,120	197,915	389	2,488	892	6,346						
3 Gross Cost	2,376	1,546,280	28,680	622,988	892	2,488	6,346							
4 Cost per Unit	1.70	1.10	3.14	3.14	3.14	2.65	2.55							
5 SMA per Unit	2.36	2.36	4.37	4.37	4.37	3.52	3.52							
6 Published Charge per Unit	2.50	2.50	4.00	4.00	4.00	3.50	3.50							
7 Negotiated Rate / Cost per Unit	1.71	1.71	3.17	3.17	3.17	2.67	2.67							
8														
8A Medi-Cal Units		07/01/03 - 09/30/03	222,221	1,330	46,881	389	1,802							
9		10/01/03 - 06/30/04	682,810	7,075	148,883									
9A Medicare/Medi-Cal Crossover Units		07/01/03 - 09/30/03												
10		10/01/03 - 06/30/04												
10A Enhanced SD/MC (Children) Units		07/01/03 - 09/30/03												
10B Enhanced SD/MC (Refugees) Units		10/01/03 - 06/30/04												
11		07/01/03 - 09/30/03												
11A Healthy Families (SED) Units		10/01/03 - 06/30/04												
12		07/01/03 - 09/30/03	1,297	6,090	715	145								
12A Non-Medi-Cal Units		10/01/03 - 06/30/04												
13		07/01/03 - 09/30/03												
13A Medi-Cal Costs		10/01/03 - 06/30/04	176	1,157,975	22,249	468,235	892	4,584						
14		07/01/03 - 09/30/03												
14A Medi-Cal SMA Upper Limits		10/01/03 - 06/30/04	243	1,810,980	30,918	650,882	1,389	8,343						
15		07/01/03 - 09/30/03												
15A Medi-Cal Published Charges		10/01/03 - 06/30/04	258	1,706,525	28,300	585,572	1,382	6,307						
16		07/01/03 - 09/30/03												
16A Medi-Cal Negotiated Rates		10/01/03 - 06/30/04	176	1,187,283	22,428	471,861	1,000	4,831						
17		07/01/03 - 09/30/03												
17A Medicare/Medi-Cal Crossover Costs		10/01/03 - 06/30/04												
18		07/01/03 - 09/30/03												
18A Medicare/Medi-Cal Crossover SMA Upper Limits		10/01/03 - 06/30/04												
19		07/01/03 - 09/30/03												
19A Medicare/Medi-Cal Crossover Published Charges		10/01/03 - 06/30/04												
20		07/01/03 - 09/30/03												
20A Medicare/Medi-Cal Crossover Negotiated Rates		10/01/03 - 06/30/04												
21		07/01/03 - 09/30/03												
21A Enhanced SD/MC Costs		10/01/03 - 06/30/04												
22		07/01/03 - 09/30/03												
22A Enhanced SD/MC SMA Upper Limits		10/01/03 - 06/30/04												
23		07/01/03 - 09/30/03												
23A Enhanced SD/MC Published Charges		10/01/03 - 06/30/04												
24		07/01/03 - 09/30/03												
24A Enhanced SD/MC Negotiated Rates		10/01/03 - 06/30/04												
25		07/01/03 - 09/30/03												
25A Enhanced SD/MC (Refugees) Costs		10/01/03 - 06/30/04												
26		07/01/03 - 09/30/03												
26A Enhanced SD/MC (Refugees) SMA Upper Limits		10/01/03 - 06/30/04												
27		07/01/03 - 09/30/03												
27A Enhanced SD/MC (Refugees) Published Charges		10/01/03 - 06/30/04												
28		07/01/03 - 09/30/03												
28A Enhanced SD/MC (Refugees) Negotiated Rates		10/01/03 - 06/30/04												
29		07/01/03 - 09/30/03												
29A Healthy Families Costs		10/01/03 - 06/30/04												
30		07/01/03 - 09/30/03												
30A Healthy Families SMA Upper Limits		10/01/03 - 06/30/04												
31		07/01/03 - 09/30/03												
31A Healthy Families Published Charges		10/01/03 - 06/30/04												
32		07/01/03 - 09/30/03												
32A Healthy Families Negotiated Rates		10/01/03 - 06/30/04												
33		07/01/03 - 09/30/03	2,200	10,331	2,249	458								
33A Non-Medi-Cal Costs		10/01/03 - 06/30/04												

Taylor, Alfred

From: Maricela Aguilar [MAguilar@first5la.org]
Sent: Wednesday, July 31, 2013 5:01 PM
To: Lam, Vy
Cc: Taylor, Alfred; Tiet, Liane; Minasyan, Madlen
Subject: First 5 MAA Coordination Qtr 3
Attachments: FY11-12 LGA Checklist for Preparing the MAA Detail Invoice- MAA Coordination.docx; MAA Worksheet - MAA Coordination Qtr 3.xls; MAA Coordination LGA Invoice 11-12 Qtr 3.xls; 3rd qtr signed direct charge.pdf; 3rd qtr GL.pdf; 3rd quarter payroll register.pdf; 3rd qtr timesheets.pdf; GL benefits breakdown Qtr 3.xls

Good afternoon Vy,

Attached, please find the MAA invoice and documents for First 5 MAA Coordination for FY 11-12 Quarter 3.

Please do not hesitate to contact me if you have any questions or if I can be of assistance.

Thank you.

Marcy Aguilar
Accounting Technician
First 5 LA
ph: 213.482.9397
fax: 213.482.5903
maguilar@first5la.org



Champions for Our Children

www.first5la.org

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DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

County: Los Angeles
County Code: 19

Legal Entity Number: 00171 Mode: 15 - Outpatient (Program 1)	Legal Entity: The Alhambra Center	A		B		C		D		E		F		G	
		Mode Total	Service Function 09	Service Function 04	Service Function 03	Service Function 10	Service Function 12	Service Function 33	Service Function 34	Service Function 09	Service Function 04	Service Function 03	Service Function 10	Service Function 12	Service Function 33
1	Allocation Percentage	100.00%	0.06%	17.26%	7.89%	1.27%									
2	Total Units		2,408	539,650	220,213	35,485									
3	Gross Cost	5,034,228	3,923	879,268	402,028	64,783									
4	Cost per Unit		1.63	1.63	1.83	1.83									
5	SMA per Unit		1.66	1.66	1.86	1.86									
6	Published Charge per Unit		1.86	1.86	1.86	1.86									
7	Negotiated Rate / Cost per Unit		1.86	1.86	1.86	1.86									
8	Medi-Cal Units		1,638	120,347	42,247	7,447									
8A			750	406,855	174,029	21,125									
9	Medicare/Medi-Cal Crossover Units														
9A															
10	Enhanced SD/MC (Children) Units														
10A															
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A															
12	Non-Medi-Cal Units		120	12,118	3,937	6,068									
13	Medi-Cal Costs	995,708	2,508	196,085	77,127	13,585									
13A		3,900,477	1,222	662,900	317,713	38,598									
14	Medi-Cal SMA Upper Limits	1,245,660	2,815	220,235	99,703	17,575									
14A		4,930,543	1,373	744,545	410,708	48,855									
15	Medi-Cal Published Charges	1,009,337	2,553	189,778	76,579	13,851									
15A		3,873,805	1,245	675,378	323,894	39,263									
16	Medi-Cal Negotiated Rates	1,008,337	2,553	189,778	76,579	13,851									
16A		3,973,905	1,245	675,378	323,894	39,263									
17	Medicare/Medi-Cal Crossover Costs														
17A															
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A															
19	Medicare/Medi-Cal Crossover Published Charges														
19A															
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A															
21	Enhanced SD/MC Costs														
21A															
22	Enhanced SD/MC SMA Upper Limits														
22A															
23	Enhanced SD/MC Published Charges														
23A															
24	Enhanced SD/MC Negotiated Rates														
24A															
25	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs	6,208	6,208	638	638	849									
29A		8,018	8,018	804	804	897									
30	Healthy Families SMA Upper Limits	7,774	7,774	774	774	707									
30A		6,325	6,325	648	648	665									
31	Healthy Families Published Charges	6,132	6,132	545	545	707									
31A		6,325	6,325	632	632	665									
32	Healthy Families Negotiated Rates	5,132	5,132	485	485	855									
32A		191,820	196	19,744	7,188	11,078									
33	Non-Medi-Cal Costs														

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (06/04)

County: Los Angeles

County Code: 19

Line Item	Legal Entity, Intercommunity Child Guidance Center Legal Entity Number: 00186 Mode: 15 - Outpatient (Program 1)	A Mode Total	NR			NR			NR			NR		
			B Service Function 03	C Service Function 04	D Service Function 06	E Service Function 10	F Service Function 12	G Service Function 17	B Service Function 03	C Service Function 04	D Service Function 06	E Service Function 10	F Service Function 12	G Service Function 17
1	Allocation Percentage	100.00%	0.40%	19.34%	0.45%	11.34%	0.27%	0.48%						
2	Total Units		8,281	400,590	9,981	234,984	5,593	9,842						
3	Gross Cost	3,109,878	12,447	801,413	14,098	352,758	8,397	14,828						
4	Cost per Unit		1.50	1.50	1.50	1.50	1.50	1.50						
5	SMA per Unit		1.83	1.83	1.83	2.38	2.38	2.38						
6	Published Charge per Unit		1.89	1.89	1.89	1.89	1.89	1.89						
7	Negotiated Rate / Cost per Unit		1.59	1.59	1.59	1.59	1.59	1.59						
8	Medi-Cal Units		420	108,581	538	44,543	20	498						
8A	Medicare/Medi-Cal Crossover Units		3,807	248,412	4,650	181,340	1,543	4,155						
9	Enhanced SD/MC (Children) Units													
10	Enhanced SD/MC (Refugees) Units													
10A	Health Families (SED) Units													
10B	Non-Medi-Cal Units													
11	Medi-Cal Units		4,384	32,918	4,103	14,538	4,030	6,288						
12	Medicare/Medi-Cal Crossover Units		831	180,012	958	88,878	30	748						
13	Enhanced SD/MC (Children) Units		5,295	374,447	6,981	242,228	2,317	6,288						
13A	Medicare/Medi-Cal Crossover Units		789	195,043	1,168	105,124	47	1,176						
14	Enhanced SD/MC (Refugees) Units		8,418	456,424	8,610	380,762	3,641	9,805						
14A	Health Families (SED) Units		605,112	688	189,484	1,014	70,823	32	792					
15	Medi-Cal Published Charges		5,678	396,565	7,984	258,531	2,453	6,606						
15A	Medicare/Medi-Cal Crossover Costs		868	189,484	1,014	70,823	32	792						
16	Medi-Cal Negotiated Rates		5,578	396,565	7,984	258,531	2,453	6,606						
16A	Medicare/Medi-Cal Crossover Costs													
17	Enhanced SD/MC (Refugees) Costs													
17A	Health Families (SED) Costs													
18	Medicare/Medi-Cal Crossover SMA Upper Limits													
18A	Enhanced SD/MC SMA Upper Limits													
19	Medicare/Medi-Cal Crossover Published Charges													
19A	Enhanced SD/MC Published Charges													
20	Medicare/Medi-Cal Crossover Negotiated Rates													
20A	Enhanced SD/MC Negotiated Rates													
21	Enhanced SD/MC Costs													
21A	Health Families (SED) Costs													
22	Enhanced SD/MC SMA Upper Limits													
22A	Enhanced SD/MC SMA Upper Limits													
23	Enhanced SD/MC Published Charges													
23A	Enhanced SD/MC Published Charges													
24	Enhanced SD/MC Negotiated Rates													
24A	Enhanced SD/MC Negotiated Rates													
25	Enhanced SD/MC (Refugees) Costs													
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
27	Enhanced SD/MC (Refugees) Published Charges													
28	Enhanced SD/MC (Refugees) Negotiated Rates													
29	Health Families Costs		27,846	1,519	27,846	1,519	19,370	2,484						
29A	Health Families (SED) Costs		111,559	1,852	111,559	1,852	18,016	3,573						
30	Health Families SMA Upper Limits		42,338	19,521	42,338	19,521	30,449	2,809						
30A	Health Families (SED) SMA Upper Limits		168,899	1,809	168,899	1,809	20,514	2,809						
31	Health Families Published Charges		29,285	1,891	29,285	1,891	20,514	2,809						
31A	Health Families (SED) Published Charges		118,174	1,809	118,174	1,809	20,514	2,809						
32	Health Families Negotiated Rates		29,295	1,809	29,295	1,809	20,514	2,809						
32A	Health Families (SED) Negotiated Rates		118,174	1,809	118,174	1,809	20,514	2,809						
33	Non-Medi-Cal Costs		342,852	6,562	342,852	6,562	21,825	8,050						
33A	Non-Medi-Cal Costs													

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1988 (08/04)

County: Los Angeles
 County Code: 19

	Legal Entity Number: 00195 Mode: 15 - Outpatient (Program 1)	Legal Entity: Intercommunity Child Guidance Center	NR O	NR P	NR Q	NR R	NR S	NR T	NR U
			Service Function						
1	Allocation Percentage		54	57	61	62	67	77	
2	Total Units		0.02%	0.07%	0.86%	10.64%	0.14%	0.30%	
3	Gross Cost		329	1,430	6,341	102,918	1,354	3,880	
4	Cost per Unit		484	2,147	20,237	327,880	4,921	9,185	
5	SMA per Unit		1.60	1.60	3.19	3.19	3.19	2.38	
6	Published Charge per Unit		2.38	4.37	4.37	4.37	4.37	3.52	
7	Negotiated Rate / Cost per Unit		1.59	1.59	3.38	3.38	3.38	2.52	
8	Medi-Cal Units		304	135	1,276	18,803	135	256	
9	Medicare/Medi-Cal Crossover Units		25	135	3,051	72,861	625	2,561	
9A	Medicare/Medi-Cal Crossover Units								
10	Enhanced SD/MC (Children) Units								
10A	Enhanced SD/MC (Children) Units								
10B	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units					915			
11A	Healthy Families (SED) Units					4,407			
12	Non-Medi-Cal Units			1,285	2,015	6,830	594	1,044	
13	Medi-Cal Costs		459	4,089	58,312	431	807		
13A	Medi-Cal Costs		38	208	9,737	231,491	1,985	6,054	
14	Medi-Cal SMA Upper Limits		717	319	5,672	79,984	680	898	
14A	Medi-Cal SMA Upper Limits		69	13,353	317,529	2,731	9,015		
15	Medi-Cal Published Charges		483	4,310	61,854	456	843		
15A	Medi-Cal Published Charges		40	215	10,312	245,594	2,113	6,454	
16	Medi-Cal Negotiated Rates		483	4,310	61,854	456	843		
16A	Medi-Cal Negotiated Rates		40	215	10,312	245,594	2,113	6,454	
17	Medicare/Medi-Cal Crossover Costs								
17A	Medicare/Medi-Cal Crossover Costs								
18	Medicare/Medi-Cal Crossover SMA Upper Limits								
18A	Medicare/Medi-Cal Crossover SMA Upper Limits								
19	Medicare/Medi-Cal Crossover Published Charges								
19A	Medicare/Medi-Cal Crossover Published Charges								
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A	Medicare/Medi-Cal Crossover Negotiated Rates								
21	Enhanced SD/MC Costs								
21A	Enhanced SD/MC Costs								
22	Enhanced SD/MC SMA Upper Limits								
22A	Enhanced SD/MC SMA Upper Limits								
23	Enhanced SD/MC Published Charges								
23A	Enhanced SD/MC Published Charges								
24	Enhanced SD/MC Negotiated Rates								
24A	Enhanced SD/MC Negotiated Rates								
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
28A	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs					2,915			
29A	Healthy Families Costs					14,040			
30	Healthy Families SMA Upper Limits					3,968			
30A	Healthy Families SMA Upper Limits					19,259			
31	Healthy Families Published Charges					3,053			
31A	Healthy Families Published Charges					14,898			
32	Healthy Families Negotiated Rates					3,053			
32A	Healthy Families Negotiated Rates					14,898			
33	Non-Medi-Cal Costs		(0)	1,944	9,431	21,123	1,898	2,484	

County: Los Angeles
County Code: 19

	NR	H	NR	J	NR	K	NR	L	NR	M	NR
		Service Function		Service Function		Service Function		Service Function		Service Function	
1	Allocation Percentage	52	54	61	82	77					
2	Total Units	14.84%	1.07%	0.13%	1.35%	0.22%					
3	Gross Cost	285,108	19,322	1,280	13,282	2,680					
4	Cost per Unit	859,807	82,666	7,778	80,144	13,047					
5	SMA per Unit	3.24	3.24	6.03	6.03	4.85					
6	Published Charge per Unit	2.20	2.20	4.37	4.37	3.28					
7	Negotiated Rate / Cost per Unit	2.20	2.20	4.08	4.08	3.28					
8	Medi-Cal Units	15,884	1,182	185	1,402	855					
9	Medicare/Medi-Cal Crossover Units	168,068	8,559	855	4,415	1,455					
10	Enhanced SD/MC (Children) Units										
10A	Enhanced SD/MC (Refugees) Units										
11	Healthy Families (SEED) Units										
12	Non-Medi-Cal Units	83,123	9,571	240	7,475	580					
13	Medi-Cal Costs	61,516	3,834	1,178	8,453	3,177					
14	Medi-Cal SMA Upper Limits	538,702	27,791	5,155	28,820	7,057					
15	Medi-Cal Published Charges	37,488	2,790	852	6,127	2,908					
16	Medi-Cal Negotiated Rates	381,994	20,223	3,736	19,294	5,122					
17	Medicare/Medi-Cal Crossover Costs	34,945	2,800	788	5,734	2,155					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	385,418	18,852	3,487	18,057	4,787					
19	Medicare/Medi-Cal Crossover Published Charges	34,945	2,800	788	5,734	2,155					
20	Medicare/Medi-Cal Crossover Negotiated Rates	385,418	18,852	3,487	18,057	4,787					
21	Enhanced SD/MC Costs										
21A	Enhanced SD/MC (Refugees) Costs										
22	Enhanced SD/MC SMA Upper Limits										
22A	Enhanced SD/MC (Refugees) SMA Upper Limits										
23	Enhanced SD/MC Published Charges										
23A	Enhanced SD/MC (Refugees) Published Charges										
24	Enhanced SD/MC Negotiated Rates										
24A	Enhanced SD/MC (Refugees) Negotiated Rates										
25	Healthy Families Costs										
26	Healthy Families SMA Upper Limits										
27	Healthy Families Published Charges										
28	Healthy Families Negotiated Rates										
29	Non-Medi-Cal Costs	288,588	31,041	1,447	45,071	2,813					

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1866 (08/04)

County: Los Angeles
County Code: 19

Line	Legal Entity Number	Legal Entity Name	Mode	A		B		C		D		E		F		G	
				Mode Total	Service Function												
1		Allocation Percentage		100.00%													
2		Total Units			59,260	860,753	20,478	241,155	21,710	16,342							
3		Gross Cost		7,809,857	79,428	885,952	27,445	805,755	45,744								
4		Cost per Unit			1.34	1.34	1.34	1.34	2.11								
5		SMA per Unit			1.83	1.83	1.83	1.83	2.88								
6		Published Charge per Unit			1.31	1.31	1.31	1.31	2.08								
7		Negotiated Rate / Cost per Unit			1.31	1.31	1.31	1.31	2.06								
8		Medi-Cal Units	07/01/03 - 09/30/03		7,985	106,953	1,097	40,220	3,272	2,805							
8A			10/01/03 - 09/30/04		41,802	454,913	13,927	159,107	16,508	9,955							
9		Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						30								
9A			10/01/03 - 09/30/04						375								
10		Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03														
10A			10/01/03 - 09/30/04														
10B		Enhanced SD/MC (Refugees) Units	07/01/03 - 09/30/03														
11		Healthy Families (SED) Units	07/01/03 - 09/30/03														
11A			10/01/03 - 09/30/04														
12		Non-Medi-Cal Units	07/01/03 - 09/30/03		9,323	71,391	5,422	27,154	1,841	3,587							
13		Medi-Cal Costs	07/01/03 - 09/30/03		1,415,992	149,219	1,457	84,772	6,896	5,491							
13A			10/01/03 - 09/30/04		4,916,914	59,029	609,795	18,967	335,478	34,796	20,982						
14		Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03		1,633,878	14,513	195,541	1,988	84,919	7,722	5,145						
14A			10/01/03 - 09/30/04		6,704,840	76,488	852,491	25,498	375,934	38,961	23,494						
15		Medi-Cal Published Charges	07/01/03 - 09/30/03		1,393,946	10,480	139,977	1,424	82,653	6,740	5,366						
15A			10/01/03 - 09/30/04		4,805,052	54,781	695,936	18,244	327,894	34,009	20,507						
16		Medi-Cal Negotiated Rates	07/01/03 - 09/30/03		1,383,946	10,480	139,977	1,424	82,653	6,740	5,366						
16A			10/01/03 - 09/30/04		4,805,052	54,781	695,936	18,244	327,894	34,009	20,507						
17		Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03		4,182				83								
17A			10/01/03 - 09/30/04		5,760				700								
18		Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03		4,992				71								
18A			10/01/03 - 09/30/04		9,484				895								
19		Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03		4,088				62								
19A			10/01/03 - 09/30/04		6,930				773								
20		Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03		4,088				82								
20A			10/01/03 - 09/30/04		6,930				773								
21		Enhanced SD/MC Costs	07/01/03 - 09/30/03														
21A			10/01/03 - 09/30/04														
22		Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03														
22A			10/01/03 - 09/30/04														
23		Enhanced SD/MC Published Charges	07/01/03 - 09/30/03														
23A			10/01/03 - 09/30/04														
24		Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03														
24A			10/01/03 - 09/30/04														
25		Enhanced SD/MC (Refugees) Costs	07/01/03 - 09/30/03														
25A			10/01/03 - 09/30/04														
26		Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 09/30/03														
26A			10/01/03 - 09/30/04														
27		Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 09/30/03														
27A			10/01/03 - 09/30/04														
28		Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 09/30/03														
28A			10/01/03 - 09/30/04														
29		Healthy Families Costs	07/01/03 - 09/30/03		85,225	40	4,854		54	5,008							
29A			10/01/03 - 09/30/04		276,503	181	32,007		54	24,940							
30		Healthy Families SMA Upper Limits	07/01/03 - 09/30/03		74,468	55	6,784		73	5,907							
30A			10/01/03 - 09/30/04		318,647	220	43,700		73	27,928							
31		Healthy Families Published Charges	07/01/03 - 09/30/03		63,749	39	4,842		52	4,895							
31A			10/01/03 - 09/30/04		270,245	157	31,283		52	24,376							
32		Healthy Families Negotiated Rates	07/01/03 - 09/30/03		63,749	39	4,842		52	4,895							
32A			10/01/03 - 09/30/04		270,245	157	31,283		52	24,376							
33		Non-Medi-Cal Costs	07/01/03 - 09/30/03		1,125,891	12,498	66,888	7,287	3,880	7,518							
33A			10/01/03 - 09/30/04														

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1886 (06/04)

County: Los Angeles
County Code: 19

	NR	O	NR	P	NR	Q	NR	R	NR	S	T	U
	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service
	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function
1	Allocation Percentage	64	57	61	82	87						
2	Total Units	1,39%	0,78%	1,79%	8,34%	0,11%						
3	Gross Cost	51,518	29,019	37,572	198,453	2,266						
4	Cost per Unit	108,584	81,163	138,502	729,551	8,490						
5	SMA per Unit	2,11	2,11	3,71	3,71	3,71						
6	Published Charge per Unit	2,98	2,98	4,37	4,37	4,37						
7	Negotiated Rate / Cost per Unit	2,08	2,08	3,63	3,63	3,63						
8	Medi-Cal Units	207	70	7,370	40,140	840						
9	Medicare/Medi-Cal Crossover Units	39,898	28,643	25,945	124,514	861						
10	Enhanced SD/MC (Children) Units				45							
10A	Enhanced SD/MC (Refugees) Units				150							
11	Healthy Families (SED) Units											
12	Non-Medi-Cal Units	2,172	135	300	5,050	465						
13	Medi-Cal Costs	9,140	2,171	3,667	25,929	465						
13A	Medi-Cal Costs	438	148	27,378	149,082	3,120						
14	Medi-Cal SMA Upper Limits	84,305	58,155	86,381	462,452	3,643						
14A	Medi-Cal Published Charges	489	185	32,207	175,412	3,671						
15	Medi-Cal Negotiated Rates	84,396	82,877	113,390	644,126	4,287						
16	Medicare/Medi-Cal Crossover Costs	428	144	28,763	145,708	3,049						
17	Medicare/Medi-Cal Crossover SMA Upper Limits	82,398	64,885	94,180	451,986	3,591						
18	Medicare/Medi-Cal Crossover Published Charges	428	144	28,763	145,708	3,049						
19	Medicare/Medi-Cal Crossover Negotiated Rates	82,398	64,885	94,180	451,986	3,591						
20	Enhanced SD/MC Costs											
21	Enhanced SD/MC SMA Upper Limits											
22	Enhanced SD/MC Published Charges											
23	Enhanced SD/MC Negotiated Rates											
24	Healthy Families Costs											
25	Healthy Families SMA Upper Limits											
26	Healthy Families Published Charges											
27	Healthy Families Negotiated Rates											
28	Non-Medi-Cal Costs	19,294	4,578	13,618	95,167	1,727						
29	Non-Medi-Cal Costs	4,578	285	1,114	18,768	3,543						
30	Non-Medi-Cal SMA Upper Limits	5,128	319	1,311	22,059	3,933						
31	Non-Medi-Cal Published Charges	4,474	278	1,069	18,332	3,257						
32	Non-Medi-Cal Negotiated Rates	4,474	278	1,069	18,332	3,257						
33	Non-Medi-Cal Costs	19,294	4,578	13,618	95,167	1,727						

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1888 (08/04)

County: Los Angeles
County Code: 19

Line Item	Description	CR			G
		A	B	C	
		Mode Total	Service Function	Service Function	Service Function
1	Allocation Percentage	100.00%	88	88	
2	Total Units		11,81%	11,81%	
3	Gross Cost	18,172	2,433	2,433	
4	Cost per Unit	2,499,872	295,180	295,180	
5	SMA per Unit		121.32	121.32	
6	Published Charge per Unit		118.94	118.94	
7	Negotiated Rate / Cost per Unit		118.94	118.94	
8	Medi-Cal Units		3,414	2,433	
9A	07/01/03 - 09/30/03				
9B	10/01/03 - 09/30/04		14,758		
9	Medicare/Medi-Cal Crossover Units				
9A	07/01/03 - 09/30/03				
9B	10/01/03 - 09/30/04				
10	Enhanced SD/MC (Children) Units				
10A	07/01/03 - 09/30/03				
10B	10/01/03 - 09/30/04				
10B	Enhanced SD/MC (Refugees) Units				
11	Healthy Families (SED) Units				
11A	07/01/03 - 09/30/03				
11B	10/01/03 - 09/30/04				
12	Non-Medi-Cal Units				
13	Medi-Cal Costs	709,378	414,188	295,180	
13A	07/01/03 - 09/30/03	1,790,483	1,790,483		
13B	10/01/03 - 09/30/04	685,442	406,061	289,381	
14	Medi-Cal SMA Upper Limits	1,765,317	1,765,317		
14A	07/01/03 - 09/30/03	685,442	406,061	289,381	
14B	10/01/03 - 09/30/04	1,765,317	1,765,317		
15	Medi-Cal Published Charges				
15A	07/01/03 - 09/30/03				
15B	10/01/03 - 09/30/04				
16	Medi-Cal Negotiated Rates				
16A	07/01/03 - 09/30/03				
16B	10/01/03 - 09/30/04				
17	Medicare/Medi-Cal Crossover Costs				
17A	07/01/03 - 09/30/03				
17B	10/01/03 - 09/30/04				
18	Medicare/Medi-Cal Crossover SMA Upper Limits				
18A	07/01/03 - 09/30/03				
18B	10/01/03 - 09/30/04				
19	Medicare/Medi-Cal Crossover Published Charges				
19A	07/01/03 - 09/30/03				
19B	10/01/03 - 09/30/04				
20	Medicare/Medi-Cal Crossover Negotiated Rates				
20A	07/01/03 - 09/30/03				
20B	10/01/03 - 09/30/04				
21	Enhanced SD/MC Costs				
21A	07/01/03 - 09/30/03				
21B	10/01/03 - 09/30/04				
22	Enhanced SD/MC SMA Upper Limits				
22A	07/01/03 - 09/30/03				
22B	10/01/03 - 09/30/04				
23	Enhanced SD/MC Published Charges				
23A	07/01/03 - 09/30/03				
23B	10/01/03 - 09/30/04				
24	Enhanced SD/MC Negotiated Rates				
24A	07/01/03 - 09/30/03				
24B	10/01/03 - 09/30/04				
25	Enhanced SD/MC (Refugees) Costs				
25A	07/01/03 - 09/30/03				
25B	10/01/03 - 09/30/04				
26	Enhanced SD/MC (Refugees) SMA Upper Limits				
26A	07/01/03 - 09/30/03				
26B	10/01/03 - 09/30/04				
27	Enhanced SD/MC (Refugees) Published Charges				
27A	07/01/03 - 09/30/03				
27B	10/01/03 - 09/30/04				
28	Enhanced SD/MC (Refugees) Negotiated Rates				
28A	07/01/03 - 09/30/03				
28B	10/01/03 - 09/30/04				
29	Healthy Families Costs				
29A	07/01/03 - 09/30/03				
29B	10/01/03 - 09/30/04				
30	Healthy Families SMA Upper Limits				
30A	07/01/03 - 09/30/03				
30B	10/01/03 - 09/30/04				
31	Healthy Families Published Charges				
31A	07/01/03 - 09/30/03				
31B	10/01/03 - 09/30/04				
32	Healthy Families Negotiated Rates				
32A	07/01/03 - 09/30/03				
32B	10/01/03 - 09/30/04				
33	Non-Medi-Cal Costs				
33A	07/01/03 - 09/30/03				
33B	10/01/03 - 09/30/04				
		0	0	0	

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1889 (08/04)

County: Los Angeles
County Code: 18

Legal Entity Number: 01170 Mode: 15 - Outpatient (Program 1)	Legal Entity: New Horizons Family Center Mode: 15 - Outpatient (Program 1)	CR					CR				
		A Mode Total	B Service Function 04	C Service Function 42	D Service Function 10	E Service Function 62	F Service Function	G Service Function			
1	Allocation Percentage	100.00%	6.77%	73.42%	4.40%	15.41%					
2	Total Units	3,505	28,859	1,698	3,008						
3	Gross Cost	146,517	107,645	6,444	22,697						
4	Cost per Unit	3.00	4.04	4.04	7.51						
5	SMA per Unit	1.83	2.39	2.39	4.37						
6	Published Charge per Unit	1.80	2.15	2.15	4.00						
7	Negotiated Rate / Cost per Unit										
8	Medi-Cal Units		3,274	25,511	1,409	8,008					
8A	Medicare/Medi-Cal Crossover Units										
9	Medicare/Medi-Cal Crossover Units										
9A	Enhanced SD/MC (Children) Units										
10	Enhanced SD/MC (Refugees) Units										
10A	Enhanced SD/MC (Refugees) Units										
10B	Healthy Families (SEED) Units										
11	Healthy Families (SEED) Units		31	1,148	187						
11A	Non-Medi-Cal Units										
12	Medi-Cal Costs	141,133	9,838	103,009	5,889	22,697					
13	Medi-Cal Costs	82,868	5,961	60,208	3,325	13,145					
13A	Medi-Cal SMA Upper Limits	75,148	5,238	54,849	3,029	12,092					
14	Medi-Cal Published Charges										
14A	Medi-Cal Negotiated Rates										
15	Medicare/Medi-Cal Crossover Costs										
16	Medicare/Medi-Cal Crossover Costs										
17	Medicare/Medi-Cal Crossover SMA Upper Limits										
18	Medicare/Medi-Cal Crossover Published Charges										
18A	Medicare/Medi-Cal Crossover Negotiated Rates										
19	Enhanced SD/MC Costs										
20	Enhanced SD/MC Costs										
20A	Enhanced SD/MC SMA Upper Limits										
21	Enhanced SD/MC Published Charges										
21A	Enhanced SD/MC Negotiated Rates										
22	Enhanced SD/MC (Refugees) Costs										
22A	Enhanced SD/MC (Refugees) SMA Upper Limits										
23	Enhanced SD/MC (Refugees) Published Charges										
23A	Enhanced SD/MC (Refugees) Negotiated Rates										
24	Healthy Families Costs	5,484	93	4,635	765						
24A	Healthy Families SMA Upper Limits	3,207	57	2,709	441						
25	Healthy Families Published Charges	2,620	60	2,468	402						
25A	Healthy Families Negotiated Rates										
26	Non-Medi-Cal Costs	(0)	(0)	(0)	(0)						

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 19

Legal Entity: Pacific Clinics	A	B	C	D	E	F	G
Legal Entity Number: 0203	Mode Total	Service Function					
Mode: 10 - Day Services	85	86	87	88	89	90	
1 Allocation Percentage	100.00%	67.94%	5.48%	21.09%			
2 Total Units	1,558	13,740	1,108	8,578			
3 Gross Cost	2,481,770	1,896,143	1,896,213	135,977	523,448		
4 Cost per Unit	1,593.15	137.33	1,722.72	152.72	608.58		
5 SMA per Unit		130.63	183.46	183.46	118.94		
6 Published Charge per Unit		165.82	221.10	221.10	138.18		
7 Negotiated Rate / Cost per Unit							
8 Medi-Cal Units		240	2,203	325	96		
8A		1,068	8,118	414	878		
9 Medicare/Medi-Cal Crossover Units		468	468	605			
9A		740	740	1,688			
10 Enhanced SD/MC (Children) Units		14	413	978			
10A		56	986	2,384			
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
11A		150	685	273	101		
12 Non-Medi-Cal Units							
13	336,487	20,872	270,359	39,885	5,251		
13A Medi-Cal Costs	1,212,955	95,947	996,285	50,807	69,836		
14	502,988	31,351	404,182	59,826	7,850		
14A Medi-Cal SMA Upper Limits	1,819,281	143,432	1,489,328	75,982	104,548		
15	607,857	38,787	487,083	71,858	9,120		
15A Medi-Cal Published Charges	2,189,958	182,070	1,794,890	91,535	121,460		
16							
16A Medi-Cal Negotiated Rates							
17	105,325	57,189			48,136		
17A Medicare/Medi-Cal Crossover Costs	217,161	90,816			126,346		
18	167,451	85,492			71,959		
18A Medicare/Medi-Cal Crossover SMA Upper Limits	324,837	135,760			188,877		
19	188,832	103,033			83,569		
19A Medicare/Medi-Cal Crossover Published Charges	383,044	163,814			219,430		
20							
20A Medicare/Medi-Cal Crossover Negotiated Rates							
21	129,662	1,223	50,885		77,854		
21A Enhanced SD/MC Costs	307,849	4,853	114,669		188,087		
22	193,683	1,829	75,769		116,085		
22A Enhanced SD/MC SMA Upper Limits	480,208	7,316	171,719		281,174		
23	228,489	2,321	91,314		134,884		
23A Enhanced SD/MC Published Charges	542,893	9,288	208,950		328,658		
24							
24A Enhanced SD/MC Negotiated Rates							
25							
25A Enhanced SD/MC (Refugees) Costs							
26							
26A Enhanced SD/MC (Refugees) SMA Upper Limits							
27							
27A Enhanced SD/MC (Refugees) Published Charges							
28							
28A Enhanced SD/MC (Refugees) Negotiated Rates							
29	14,236	6,750	7,488				
29A Healthy Families Costs	19,613	15,218	4,295				
30	21,281	10,060	11,161				
30A Healthy Families SMA Upper Limits	29,140	12,749	8,421				
31	25,848	12,161	13,487				
31A Healthy Families Published Charges	35,155	27,416	7,739				
32							
32A Healthy Families Negotiated Rates							
33	138,712	13,107	84,065	33,503	8,036		
33A Non-Medi-Cal Costs							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1868 (08/04)

DETAIL COST REPORT

County: Los Angeles
County Code: 19

Legal Entity Number: Mode: 15 - Outpatient (Program 1)	Legal Entity: Pacific Clinics	CR H Service Function	CR I Service Function	CR J Service Function	CR K Service Function	CR L Service Function	CR M Service Function	CR N Service Function
1	Allocation Percentage	14	17	33	34	38	41	42
2	Total Units	0.18%	0.01%	0.00%	0.42%	0.03%	4.81%	46.14%
3	Gross Cost	41,142	3,737	425	106,504	7,898	1,193,185	11,947,072
4	Cost per Unit	54,950	5,800	871	171,294	12,408	1,893,996	18,950,695
5	SMA per Unit	1.58	1.58	1.58	1.58	1.58	1.58	1.58
6	Published Charge per Unit	2.38	2.38	2.38	2.38	2.38	2.38	2.38
7	Negotiated Rate / Cost per Unit	2.38	2.38	2.38	2.38	2.38	2.38	2.38
8	Medi-Cal Units	9,454	760	185	654	240	22,883	260
9	Medicare/Medi-Cal Crossover Units	2,024	114	114	1,037	248	56,401	248
10	Enhanced SD/MC (Children) Units	9,191	527	527	13,440	748	622,100	5,327,197
11	Enhanced SD/MC (Refugees) Units							
12	Healthy Families (SED) Units							
13	Non-Medi-Cal Units	20,473	1,882		4,352	4,707	338,886	1,778,888
14	Medi-Cal Costs	14,825	1,200	282	87,481	381	982,101	8,409,880
15	Medi-Cal SMA Upper Limits	22,311	1,784	588	64,004	580	478,550	3,810,183
16	Medi-Cal Published Charges	22,501	1,557	571	54,482	585	482,585	3,840,788
17	Medi-Cal Negotiated Rates		1,509	440	131,854	580	1,480,588	12,878,729
18	Medicare/Medi-Cal Crossover Costs							
19	Medicare/Medi-Cal Crossover SMA Upper Limits							
20	Medicare/Medi-Cal Crossover Published Charges							
21	Medicare/Medi-Cal Crossover Negotiated Rates							
22	Enhanced SD/MC Costs	3,195	180		11,382	3,074	1,189,450	
23	Enhanced SD/MC SMA Upper Limits	4,777	289		21,218	1,178	2,748,246	
24	Enhanced SD/MC Published Charges	21,891	1,244		17,050	4,896	1,778,123	
25	Enhanced SD/MC Negotiated Rates	4,817	271		31,718	1,781	4,108,387	
26	Healthy Families Costs	21,875	1,254		17,174	4,834	1,783,192	
27	Healthy Families SMA Upper Limits							
28	Healthy Families Published Charges							
29	Healthy Families Negotiated Rates							
30	Healthy Families Costs							
31	Healthy Families SMA Upper Limits							
32	Healthy Families Published Charges							
33	Healthy Families Negotiated Rates							
34	Non-Medi-Cal Costs	32,320	2,658		6,870	7,431	531,988	2,808,482

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1866 (09/04)

County: Los Angeles
 County Code: 19

Legal Entity: Pacific Clinics
 Mode: 15 - Outpatient (Program 1)

	CR	O	P	Q	R	S	T	U
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	45	47	52	53	54	57	58
2	Total Units	0.82%	0.25%	5.81%	0.01%	0.98%	0.00%	4.34%
3	Gross Cost	212,255	67,308	1,482,164	2,259	249,658	481	1,124,823
4	Cost per Unit	335,084	108,258	2,292,513	3,566	384,132	728	1,775,744
5	SMA per Unit	1.58	1.58	1.58	1.58	1.58	1.58	1.58
6	Published Charge per Unit	2.38	2.38	2.38	2.38	2.38	2.38	2.38
7	Negotiated Rate / Cost per Unit	2.38	2.38	2.38	2.38	2.38	2.38	2.38
8	Medi-Cal Units	07/01/03 - 09/30/03	6,378	76,681	377	35,383	275	322,574
9	Medicare/Medi-Cal Crossover Units	10/01/03 - 09/30/04	20,492	289,174	343	129,743	159	738,541
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03	5,687	159,824	801			10,423
11	Enhanced SD/MC (Refugees) Units	10/01/03 - 09/30/04	7,312	355,825	82			62,810
12	Healthy Families (SED) Units	07/01/03 - 09/30/03	2,077	4,496		1,858		
13	Non-Medi-Cal Units	10/01/03 - 09/30/04	23,484	332,520	656	78,879	27	675
14	Medi-Cal Costs	07/01/03 - 09/30/03	10,070	121,071	585	55,874	434	509,244
15	Medi-Cal SMA Upper Limits	10/01/03 - 09/30/04	32,335	466,515	541	204,824	251	1,165,825
16	Medi-Cal Published Charges	07/01/03 - 09/30/03	15,054	180,961	890	83,527	649	761,275
17	Medi-Cal Negotiated Rates	10/01/03 - 09/30/04	48,338	682,451	808	306,183	375	1,742,957
18	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	15,182	182,525	897	84,235	655	787,728
19	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 09/30/04	48,747	688,234	616	308,788	378	1,757,728
20	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
21	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 09/30/04						
22	Enhanced SD/MC Costs	07/01/03 - 09/30/03	8,820	262,470	1,284			18,455
23	Enhanced SD/MC SMA Upper Limits	10/01/03 - 09/30/04	11,543	561,864	129			83,055
24	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	13,185	377,421	1,890			24,598
25	Enhanced SD/MC Negotiated Rates	10/01/03 - 09/30/04	106,877	839,983	184			124,180
26	Healthy Families Costs	07/01/03 - 09/30/03	13,297	380,619	1,908			24,807
27	Healthy Families SMA Upper Limits	10/01/03 - 09/30/04	17,403	847,102	186			125,212
28	Healthy Families Published Charges	07/01/03 - 09/30/03						
29	Healthy Families Negotiated Rates	10/01/03 - 09/30/04						
30	Enhanced SD/MC (Refugees) Costs	07/01/03 - 09/30/03	3,279	7,086		2,619		
31	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/03 - 09/30/04	3,137	12,087		6,805		
32	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 09/30/03	4,802	10,611		3,915		
33	Enhanced SD/MC (Refugees) Negotiated Rates	10/01/03 - 09/30/04	4,869	18,085		9,874		
34	Healthy Families Costs	07/01/03 - 09/30/03	4,943	10,700		3,948		
35	Healthy Families SMA Upper Limits	10/01/03 - 09/30/04	4,728	18,236		9,858		
36	Healthy Families Published Charges	07/01/03 - 09/30/03						
37	Healthy Families Negotiated Rates	10/01/03 - 09/30/04						
38	Non-Medi-Cal Costs	07/01/03 - 09/30/03	193,683	524,845	1,038	124,210	43	1,088

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 19

	CR	V	CR	W	CR	X	CR	Y	CR	Z	CR	AA	CR	AB
	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service	Service
	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function	Function
1	07/01/03 - 09/30/03	80	0.00%	61	52	87	76	77	76	77	76	77	76	77
2	07/01/03 - 09/30/03	20	17.52%	17,520	17,520	17,520	17,520	17,520	17,520	17,520	17,520	17,520	17,520	17,520
3	07/01/03 - 09/30/03	58	72.99%	2,453,888	2,453,888	2,453,888	2,453,888	2,453,888	2,453,888	2,453,888	2,453,888	2,453,888	2,453,888	2,453,888
4	07/01/03 - 09/30/03	2.82	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92	2.92
5	07/01/03 - 09/30/03	4.37	4.37	4.37	4.37	4.37	4.37	4.37	4.37	4.37	4.37	4.37	4.37	4.37
6	07/01/03 - 09/30/03	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92	4.92
7	07/01/03 - 09/30/03	19,515	119,116	521	33	35,201	33	119,342	33	119,342	33	119,342	33	119,342
8	07/01/03 - 09/30/03	20	32,948	515,063	70,053	7,942	28,472	44,991	371	44,991	371	44,991	371	44,991
9	07/01/03 - 09/30/03	280,002	284,808	681,516	2,374	2,863	2,863	2,863	2,863	2,863	2,863	2,863	2,863	2,863
10	07/01/03 - 09/30/03	1,920	6,717	40	40	40	40	40	40	40	40	40	40	40
11	07/01/03 - 09/30/03	1,453	8,988	3,025	45	44,043	45	44,043	45	44,043	45	44,043	45	44,043
12	07/01/03 - 09/30/03	17,081	547,888	1,523	78	281,008	78	281,008	78	281,008	78	281,008	78	281,008
13	07/01/03 - 09/30/03	57,047	349,208	1,523	78	281,008	78	281,008	78	281,008	78	281,008	78	281,008
14	07/01/03 - 09/30/03	86,318	1,505,628	2,277	118	420,084	118	420,084	118	420,084	118	420,084	118	420,084
15	07/01/03 - 09/30/03	85,281	620,837	13,822	118	420,084	118	420,084	118	420,084	118	420,084	118	420,084
16	07/01/03 - 09/30/03	143,987	2,260,782	13,822	118	420,084	118	420,084	118	420,084	118	420,084	118	420,084
17	07/01/03 - 09/30/03	88,014	588,051	2,563	157	588,876	157	588,876	157	588,876	157	588,876	157	588,876
18	07/01/03 - 09/30/03	182,108	2,534,081	15,682	157	588,876	157	588,876	157	588,876	157	588,876	157	588,876
19	07/01/03 - 09/30/03	204,782	204,782	16,701	16,701	16,701	16,701	16,701	16,701	16,701	16,701	16,701	16,701	16,701
20	07/01/03 - 09/30/03	760,050	760,050	27,956	27,956	27,956	27,956	27,956	27,956	27,956	27,956	27,956	27,956	27,956
21	07/01/03 - 09/30/03	308,132	308,132	100,221	100,221	100,221	100,221	100,221	100,221	100,221	100,221	100,221	100,221	100,221
22	07/01/03 - 09/30/03	1,138,208	1,138,208	344,681	344,681	344,681	344,681	344,681	344,681	344,681	344,681	344,681	344,681	344,681
23	07/01/03 - 09/30/03	1,278,210	1,278,210	136,282	136,282	136,282	136,282	136,282	136,282	136,282	136,282	136,282	136,282	136,282
24	07/01/03 - 09/30/03	831,980	831,980	873	873	105,938	873	105,938	873	105,938	873	105,938	873	105,938
25	07/01/03 - 09/30/03	1,904,540	1,904,540	768	768	211,339	768	211,339	768	211,339	768	211,339	768	211,339
26	07/01/03 - 09/30/03	1,243,737	1,243,737	3,381	3,381	158,388	3,381	158,388	3,381	158,388	3,381	158,388	3,381	158,388
27	07/01/03 - 09/30/03	2,847,121	2,847,121	1,145	1,145	316,934	1,145	316,934	1,145	316,934	1,145	316,934	1,145	316,934
28	07/01/03 - 09/30/03	1,400,271	1,400,271	3,783	3,783	213,707	3,783	213,707	3,783	213,707	3,783	213,707	3,783	213,707
29	07/01/03 - 09/30/03	3,205,454	3,205,454	1,289	1,289	428,332	1,289	428,332	1,289	428,332	1,289	428,332	1,289	428,332
30	07/01/03 - 09/30/03	5,813	19,588	117	117	6,270	117	6,270	117	6,270	117	6,270	117	6,270
31	07/01/03 - 09/30/03	4,247	28,218	8,390	8,390	8,390	8,390	8,390	8,390	8,390	8,390	8,390	8,390	8,390
32	07/01/03 - 09/30/03	6,350	39,190	176	176	11,277	176	11,277	176	11,277	176	11,277	176	11,277
33	07/01/03 - 09/30/03	9,446	33,048	187	187	12,649	187	12,649	187	12,649	187	12,649	187	12,649
34	07/01/03 - 09/30/03	7,149	44,128	49,874	49,874	1,601,548	49,874	1,601,548	49,874	1,601,548	49,874	1,601,548	49,874	1,601,548
35	07/01/03 - 09/30/03	49,874	1,601,548	8,843	8,843	103,708	8,843	103,708	8,843	103,708	8,843	103,708	8,843	103,708

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 DEPARTMENT OF MENTAL HEALTH
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 FISCAL YEAR 2003 - 2004
 PAGE 1 OF 3

County: Los Angeles
 County Code: 19

Line Item	Legal Entity	Mode Total	NR B		NR C		NR D		NR E		NR F		NR G
			Service Function	Percentage									
1	Legal Entity: Pasadena Childrens Training	100.00%	03	0.25%	D4	5.31%	10	7.55%	12	31	0.02%	33	0.01%
2	Legal Entity Number: 00204	11,707,486	26,943	0.23%	685,321	5.85%	452,475	3.86%	18,878	0.16%	628	5.31%	4.52%
3	Mode: 15 - Outpatient (Program 1)	11,707,486	27,248	0.23%	621,917	5.29%	919,522	7.81%	40,388	0.34%	1,852	1.58%	0.01%
4	Allocation Percentage		1.06	0.009%	1.06	0.009%	2.03	0.017%	2.03	0.017%	2.03	0.017%	0.01%
5	Total Units		1.83	0.015%	1.83	0.015%	2.36	0.020%	2.36	0.020%	2.36	0.020%	0.01%
6	Gross Cost		1.03	0.008%	1.03	0.008%	1.97	0.017%	1.97	0.017%	1.97	0.017%	0.01%
7	Cost per Unit		1.03	0.008%	1.03	0.008%	1.97	0.017%	1.97	0.017%	1.97	0.017%	0.01%
8	SMA per Unit		1.03	0.008%	1.03	0.008%	1.97	0.017%	1.97	0.017%	1.97	0.017%	0.01%
9	Published Charge per Unit		1.03	0.008%	1.03	0.008%	1.97	0.017%	1.97	0.017%	1.97	0.017%	0.01%
10	Negotiated Rate / Cost per Unit		1.03	0.008%	1.03	0.008%	1.97	0.017%	1.97	0.017%	1.97	0.017%	0.01%
11	Medi-Cal Units		168	0.001%	124,332	1.06%	90,422	0.77%	747	0.006%	49	0.004%	0.003%
12	Medicare/Medi-Cal Crossover Units		10,076	0.086%	437,189	3.73%	339,223	2.89%	48	0.000%	48	0.000%	0.003%
13	Enhanced SD/MC (Children) Units												
14	Enhanced SD/MC (Refugees) Units												
15	Healthy Families (SED) Units		217	0.002%	2,552	0.022%	1,321	0.011%	454	0.004%	454	0.004%	0.003%
16	Non-Medi-Cal Units		735	0.006%	5,151	0.044%	8,423	0.072%	1,931	0.016%	1,931	0.016%	0.01%
17	Medi-Cal Costs		14,448	0.123%	15,117	0.129%	15,098	0.129%	17,483	0.149%	130	0.001%	0.001%
18	Medicare/Medi-Cal Crossover Costs		178	0.001%	132,108	1.13%	183,756	1.57%	1,516	0.013%	1,516	0.013%	0.01%
19	Enhanced SD/MC Costs		8,528,815	72.8%	484,522	4.1%	889,371	7.6%	100	0.000%	100	0.000%	0.000%
20	Medi-Cal SMA Upper Limits		2,852,874	24.3%	227,528	1.9%	213,598	1.8%	1,753	0.015%	1,753	0.015%	0.01%
21	Medicare/Medi-Cal Crossover Published Charges		10,159,877	86.8%	800,019	6.8%	800,568	6.8%	116	0.001%	116	0.001%	0.000%
22	Medi-Cal Published Charges		2,310,828	19.7%	128,062	1.1%	178,131	1.5%	1,472	0.012%	1,472	0.012%	0.01%
23	Medi-Cal Negotiated Rates		8,265,810	70.6%	450,284	3.8%	869,269	7.4%	97	0.000%	97	0.000%	0.000%
24	Medi-Cal Negotiated Rates		2,310,828	19.7%	128,062	1.1%	178,131	1.5%	1,472	0.012%	1,472	0.012%	0.01%
25	Medicare/Medi-Cal Crossover Costs		8,265,810	70.6%	450,284	3.8%	869,269	7.4%	97	0.000%	97	0.000%	0.000%
26	Medicare/Medi-Cal Crossover Costs												
27	Medicare/Medi-Cal Crossover SMA Upper Limits												
28	Medicare/Medi-Cal Crossover Published Charges												
29	Medicare/Medi-Cal Crossover Negotiated Rates												
30	Enhanced SD/MC Costs												
31	Enhanced SD/MC SMA Upper Limits												
32	Enhanced SD/MC Published Charges												
33	Enhanced SD/MC Negotiated Rates												
34	Enhanced SD/MC (Refugees) Costs												
35	Enhanced SD/MC (Refugees) SMA Upper Limits												
36	Enhanced SD/MC (Refugees) Published Charges												
37	Enhanced SD/MC (Refugees) Negotiated Rates												
38	Healthy Families Costs		38,698	0.33%	2,712	0.023%	2,688	0.023%	823	0.007%	823	0.007%	0.005%
39	Healthy Families SMA Upper Limits		83,814	0.71%	5,478	0.046%	13,053	0.11%	3,924	0.033%	3,924	0.033%	0.025%
40	Healthy Families Published Charges		48,426	0.41%	4,570	0.039%	3,118	0.026%	1,071	0.009%	1,071	0.009%	0.008%
41	Healthy Families Negotiated Rates		100,821	0.86%	9,438	0.081%	15,158	0.13%	4,557	0.039%	4,557	0.039%	0.03%
42	Non-Medi-Cal Costs		37,418	0.32%	2,529	0.021%	2,602	0.022%	884	0.007%	884	0.007%	0.006%
43	Non-Medi-Cal Costs		81,054	0.69%	757	0.006%	12,653	0.11%	3,804	0.032%	3,804	0.032%	0.025%
44	Non-Medi-Cal Costs		81,054	0.69%	757	0.006%	12,653	0.11%	3,804	0.032%	3,804	0.032%	0.025%
45	Non-Medi-Cal Costs		874,873	7.47%	15,351	0.13%	30,868	0.26%	35,549	0.30%	284	0.002%	0.002%

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (08/04)

County: Los Angeles

County Code: 19

	Legal Entity	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
	Legal Entity Number	Service Function													
	Mode														
1	Allocation Percentage	5.38%	34	41	42	58	62	64	68	81					
2	Total Units	308,990	114,045	2,955,953	417,573	21,293	692,605	47,048	1,57%						
3	Gross Cost	627,651	231,753	6,027,487	848,188	43,150	1,407,518	183,835							
4	Cost per Unit	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03	2.03
5	SMA per Unit	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36
6	Published Charge per Unit	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97
7	Negotiated Rate / Cost per Unit	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97
8	Medi-Cal Units	34,031	6,281	837,878	69,231	702	180,747	5,946							
9A	Medicare/Medi-Cal Crossover Units	281,308	4,433	2,178,069	341,183		511,858	28,588							
9B	Medicare/Medi-Cal Crossover Units														
10	Enhanced SD/MC (Children) Units														
10A	Enhanced SD/MC (Refugees) Units														
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A	Healthy Families (SED) Units														
12	Non-Medi-Cal Units	12,903	100,052	118,588	7,829	17,380									
13	Medi-Cal Costs	68,158	12,764	1,256,893	128,488		367,316	23,243							
13A	Medi-Cal Costs	531,028	9,008	4,426,257	683,262	1,427	1,040,201	111,762							
14	Medi-Cal SMA Upper Limits	60,313	14,823	1,504,920	149,225		429,553	25,990							
14A	Medi-Cal SMA Upper Limits	619,682	10,462	5,140,212	605,074	1,657	1,207,885	124,821							
15	Medi-Cal Published Charges	67,041	12,374	1,256,226	124,866		366,072	22,562							
15A	Medi-Cal Published Charges	514,776	8,733	4,290,770	872,032	1,363	1,006,360	108,341							
16	Medi-Cal Negotiated Rates	67,041	12,374	1,256,226	124,866		366,072	22,562							
16A	Medi-Cal Negotiated Rates	514,776	8,733	4,290,770	872,032	1,363	1,006,360	108,341							
17	Medicare/Medi-Cal Crossover Costs														
17A	Medicare/Medi-Cal Crossover Costs														
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A	Medicare/Medi-Cal Crossover SMA Upper Limits														
19	Medicare/Medi-Cal Crossover Published Charges														
19A	Medicare/Medi-Cal Crossover Published Charges														
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A	Medicare/Medi-Cal Crossover Negotiated Rates														
21	Enhanced SD/MC Costs														
21A	Enhanced SD/MC Costs														
22	Enhanced SD/MC SMA Upper Limits														
22A	Enhanced SD/MC SMA Upper Limits														
23	Enhanced SD/MC Published Charges														
23A	Enhanced SD/MC Published Charges														
24	Enhanced SD/MC Negotiated Rates														
24A	Enhanced SD/MC Negotiated Rates														
25	Enhanced SD/MC (Refugees) Costs														
25A	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
27A	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs														
29A	Healthy Families Costs														
30	Healthy Families SMA Upper Limits														
30A	Healthy Families SMA Upper Limits														
31	Healthy Families Published Charges														
31A	Healthy Families Published Charges														
32	Healthy Families Negotiated Rates														
32A	Healthy Families Negotiated Rates														
33	Non-Medi-Cal Costs	28,222	203,326	240,895	15,504	35,920									
33A	Non-Medi-Cal Costs														

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

	H	I	J	K	L	M	N
	NR	NR	NR	NR	NR	NR	NR
	Service	Service	Service	Service	Service	Service	Service
	Function	Function	Function	Function	Function	Function	Function
1	34	41	42	47	52	54	57
2	1.22%	1.13%	54.22%	0.98%	5.00%	0.15%	0.09%
3	64,835	59,613	2,869,428	50,841	284,869	7,740	4,745
4	129,286	119,225	5,738,768	101,681	528,712	15,490	9,482
5	2.00	2.00	2.00	2.00	2.00	2.00	2.00
6	2.36	2.36	2.36	2.36	2.36	2.36	2.36
7	2.42	2.42	2.42	2.42	2.42	2.42	2.42
8	2.00	2.00	2.00	2.00	2.00	2.00	2.00
9	19,050	7,055	891,470	8,349	65,912	1,296	353
10	47,175	27,377	1,896,910	34,285	169,545	3,894	4,393
11							
12	615	25,181	242,603	7,917	1,908	2,758	
13	32,100	14,110	1,392,928	16,998	131,823	2,595	708
14	84,348	54,753	3,785,780	68,769	339,088	7,388	8,788
15	37,878	16,650	1,631,668	19,704	155,552	3,053	833
16	111,333	64,510	4,476,708	81,149	400,128	8,694	10,387
17	39,841	17,073	1,673,357	20,205	169,507	3,141	854
18	114,164	66,252	4,590,522	83,212	410,268	8,915	10,631
19	32,100	14,110	1,392,940	16,998	131,824	2,598	708
20	84,350	54,754	3,793,820	68,770	339,090	7,388	8,788
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County: Los Angeles
 County Code: 19

Legal Entity	Legal Entity Number	Mode	O	P	NR	NR	NR	NR	S	T	U
Legal Entity	Legal Entity Number	Mode	Service Function								
1	Allocation Percentage		58	61	62	87					
2	Total Units		19.85%	0.15%	10.70%	0.04%					
3	Gross Cost		723,184	3,908	279,738	1,084					
4	Cost per Unit		1,448,818	15,818	1,132,927	4,188					
5	SMA per Unit		2.00	4.05	4.05	4.05					
6	Published Charge per Unit		2.36	4.37	4.37	4.37					
7	Negotiated Rate / Cost per Unit		2.42	4.49	4.49	4.49					
8	Medi-Cal Units		182,445	620	64,483	185					
9A	Medicare/Medi-Cal Crossover Units		530,366	1,741	200,241	689					
10	Enhanced SD/MC (Children) Units										
10B	Enhanced SD/MC (Refugees) Units										
11	Healthy Families (SED) Units										
12	Non-Medi-Cal Units		351	1,545	12,223	260					
13A	Medi-Cal Costs		384,986	2,511	281,072	749					
14A	Medi-Cal SMA Upper Limits		1,060,725	7,051	810,968	2,904					
15A	Medi-Cal Published Charges		454,170	2,709	281,703	808					
16A	Medi-Cal Negotiated Rates		1,251,688	7,608	875,063	2,487					
17A	Medicare/Medi-Cal Crossover Costs		485,717	2,784	289,439	831					
18A	Medicare/Medi-Cal Crossover SMA Upper Limits		1,283,481	7,817	889,082	2,655					
19A	Medicare/Medi-Cal Crossover Published Charges		384,890	2,511	281,075	749					
20A	Medicare/Medi-Cal Crossover Negotiated Rates		1,080,738	7,051	810,978	2,904					
21A	Enhanced SD/MC Costs										
22A	Enhanced SD/MC SMA Upper Limits										
23A	Enhanced SD/MC Published Charges										
24A	Enhanced SD/MC Negotiated Rates										
25A	Enhanced SD/MC (Refugees) Costs										
26A	Enhanced SD/MC (Refugees) SMA Upper Limits										
27A	Enhanced SD/MC (Refugees) Published Charges										
28A	Enhanced SD/MC (Refugees) Negotiated Rates										
29A	Healthy Families Costs										
30A	Healthy Families SMA Upper Limits										
31A	Healthy Families Published Charges										
32A	Healthy Families Negotiated Rates										
33	Non-Medi-Cal Costs		702	6,257	49,503	1,134					

FISCAL YEAR 2003 - 2004

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	H	I	J	K	L	M	N
Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
00217	Saint Joins Health center	31	33	34	41	42	45	52
Mode: 16 - Outpatient (Program 1)								
1	Allocation Percentage	0.24%	0.25%	2.88%	4.75%	53.51%	1.75%	7.72%
2	Total Units	2,875	2,895	32,880	62,104	686,771	19,199	84,627
3	Gross Cost	7,312	7,367	88,362	142,432	1,604,005	52,463	231,338
4	Cost per Unit	2.73	2.73	2.73	2.73	2.73	2.73	2.73
5	SMA per Unit	2.36	2.36	2.36	2.36	2.36	2.36	2.36
6	Published Charge per Unit	2.50	2.50	2.50	2.50	2.50	2.50	2.50
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	270	1,730	1,730	3,711	86,689	10,814	9,572
8A	Medi-Cal Costs	1,750	1,650	21,415	9,761	363,028	4,860	51,880
9	Medicare/Medi-Cal Crossover Units					7,452		1,388
9A	Medicare/Medi-Cal Crossover Costs					34,443		5,958
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Children) Costs							
10B	Enhanced SD/MC (Refugees) Units							
10BA	Enhanced SD/MC (Refugees) Costs							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Costs							
12	Non-Medi-Cal Units	655	1,045	4,261	38,632	94,588	3,725	14,438
13	Medi-Cal Costs	738	4,784	4,728	10,144	179,514	29,561	28,188
13A	Medi-Cal Costs	4,784	4,510	58,949	28,863	982,373	12,739	142,039
14	Medi-Cal SMA Upper Limits	637	4,063	4,063	6,768	154,979	25,621	22,560
14A	Medi-Cal SMA Upper Limits	4,130	3,894	50,648	23,038	856,741	10,998	122,626
15	Medi-Cal Published Charges	675	4,325	4,325	9,278	184,173	27,036	23,930
15A	Medi-Cal Published Charges	4,375	4,126	63,545	24,403	907,585	11,550	129,900
16	Medi-Cal Negotiated Rates							
16A	Medi-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs							
29A	Healthy Families Costs							
30	Healthy Families SMA Upper Limits							
30A	Healthy Families SMA Upper Limits							
31	Healthy Families Published Charges							
31A	Healthy Families Published Charges							
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs	1,781	2,857	14,435	105,605	258,587	10,183	39,488

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (08/04)

County: Los Angeles
County Code: 19

	A	B	C	D	E	F	G
	Mode Total	Service Function					
1	100.00%	85	88	88	88		
2	100.00%	52.55%	0.17%	47.07%	0.19%		
3	8,622	8,622	10,853	10,853	4,741		
4	2,522,317	1,328,130	4,252	1,187,194	4,741		
5	153.81	170.08	108.99	110.26			
6	183.48	183.48	118.94	118.94			
7	183.48	183.48	118.94	118.94			
8	2,357	2,357	2,590	2,590			
8A	5,954	5,954	8,067	8,067			
9	33	33					
9A	25	25					
10							
10A							
10B							
11							
11A							
12		253	25	238	43		
13	844,801	382,525	282,278	282,278			
13A	1,794,958	915,771	879,187	879,187			
14	740,470	432,416	308,055	308,055			
14A	2,051,810	1,082,321	959,488	959,488			
15	740,470	432,415	308,055	308,055			
15A	2,051,810	1,082,321	959,488	959,488			
16							
16A							
17	5,078	5,078					
17A	3,845	3,845					
18	8,054	8,054					
18A	4,587	4,587					
19	8,054	8,054					
19A	4,587	4,587					
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33	73,627	38,813	4,252	25,721	4,741		
33A							

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1988 (08/04)

County: Los Angeles
 County Code: 19

	Legal Entity: San Fernando Valley CMHC Inc. Legal Entity Number: 00208 Mode: 15 - Outpatient (Program 1)	A		B		C		D		E		F		G	
		Mode Total	Service Function 03	Service Function 04	Service Function 10	Service Function 12	Service Function 41	Service Function 42							
1	Allocation Percentage	100.00%	0.10%	8.89%	3.42%	0.17%	53.77%								
2	Total Units		9,494	844,488	261,649	13,185	4,107,662								
3	Gross Cost	14,969,441	14,419	1,434,416	672,463	25,823	119,954	8,045,101							
4	Cost per Unit		1.52	1.62	1.88	1.98	1.88	1.88							
5	SMA per Unit		1.83	1.83	2.38	2.38	2.38	2.38							
6	Negotiated Rate / Cost per Unit		1.83	1.83	2.38	2.38	2.38	2.38							
7															
8	Medi-Cal Units		1,824	134,718	82,241	303	3,642	949,868							
8A			4,081	713,348	183,621	6,248	24,513	2,563,808							
9	Medicare/Medi-Cal Crossover Units				160			543							
9A					148			571							
10	Enhanced SD/MC (Children) Units														
10A															
10B	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A															
12	Non-Medi-Cal Units		3,809	98,434	15,479	6,633	33,038	565,064							
13	Medi-Cal Costs		3,059,695	2,770	204,594	121,802	593	8,637	1,880,031						
13A			9,657,981	8,167	1,093,398	359,631	12,239	48,010	5,080,098						
14	Medi-Cal SMA Upper Limits		3,686,658	3,338	246,530	148,889	715	8,359	2,241,287						
14A			11,637,807	7,432	1,305,427	433,346	14,748	57,851	8,121,382						
15	Medi-Cal Published Charges		3,888,838	3,338	246,530	148,889	715	8,359	2,241,287						
15A			11,637,807	7,432	1,305,427	433,346	14,748	57,851	8,121,382						
16	Medi-Cal Negotiated Rates														
16A															
17	Medicare/Medi-Cal Crossover Costs		3,584		313			1,063							
17A			5,281		290			1,118							
18	Medicare/Medi-Cal Crossover SMA Upper Limits		4,284		378			1,251							
18A			8,384		348			1,348							
19	Medicare/Medi-Cal Crossover Published Charges		4,284		378			1,251							
19A			8,384		348			1,348							
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A															
21	Enhanced SD/MC Costs														
21A															
22	Enhanced SD/MC SMA Upper Limits														
22A															
23	Enhanced SD/MC Published Charges														
23A															
24	Enhanced SD/MC Negotiated Rates														
24A															
25	Enhanced SD/MC (Refugees) Costs														
25A															
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A															
27	Enhanced SD/MC (Refugees) Published Charges														
27A															
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A															
29	Healthy Families Costs														
29A															
30	Healthy Families SMA Upper Limits														
30A															
31	Healthy Families Published Charges														
31A															
32	Healthy Families Negotiated Rates														
32A															
33	Non-Medi-Cal Costs		2,236,930	5,481	146,455	30,316	12,861	64,707	1,102,789						

DETAIL COST REPORT

County: Los Angeles
 County Code: 19
 Legal Entity: San Fernando Valley CMHC Inc.
 Legal Entity Number: 00208
 Mode: 15 - Outpatient (Program 1)

	H	I	J	K	L	M	N
	Service Function						
1	52	54	56	81	82	77	
2	6.85%	0.25%	4.50%	0.04%	13.76%	7.74%	
3	447,399	20,013	343,939	1,670	587,787	398,278	
4	878,263	38,188	573,523	5,884	2,059,194	1,157,518	
5	1.98	1.96	1.96	3.53	3.63	2.82	
6	2.38	2.38	2.38	4.37	4.37	3.52	
7	2.38	2.38	2.38	4.37	4.37	3.52	
8	52,882	78	88,787	45	108,580	87,323	
9	312,506	11,512	252,582	30	307,030	282,812	
10	383	30			380		
11					1,088		
12	81,846	8,392	1,580	1,495	152,738	48,343	
13	103,633	155	175,813	183	389,527	198,868	
14	812,059	22,547	484,884	109	1,113,488	825,574	
15	124,754	188	211,850	197	485,755	238,877	
16	737,514	27,188	595,094	131	1,341,721	884,784	
17	124,754	188	211,850	197	485,755	238,877	
18	737,514	27,188	595,094	131	1,341,721	884,784	
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33	159,912	16,436	3,114	5,422	653,829	135,378	

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1888 (06/04)

County: Los Angeles
County Code: 19

Legal Entity Number: 00320 Mode: 10 - Day Services	Legal Entity: San Gabriel Children's Center	CR					G Service Function
		A Mode Total	B Service Function	C Service Function	D Service Function	E Service Function	
1	Allocation Percentage	100.00%	57.77%	42.23%			
2	Total Units	3,888	2,821	1,067			
3	Gross Cost	1,080,945	628,931	452,014			
4	Cost per Unit	278.02	222.91	422.65			
5	SMA per Unit	175.68	183.46	183.46			
6	Published Charge per Unit	183.46	183.46	183.46			
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	731	2,731	1,484			
8A	Medi-Cal Units						
9	Medicare/Medi-Cal Crossover Units	287					
9A	Medicare/Medi-Cal Crossover Units						
10	Enhanced SD/MC (Children) Units						
10A	Enhanced SD/MC (Children) Units						
10B	Enhanced SD/MC (Refugees) Units						
10B	Enhanced SD/MC (Refugees) Units						
11	Healthy Families (SED) Units						
11A	Healthy Families (SED) Units						
12	Non-Medi-Cal Units	124	180				
13	Medi-Cal Costs	249,618	128,410	121,208			
13A	Medi-Cal Costs	740,423	478,738	261,685			
14	Medi-Cal SMA Upper Limits	260,997	134,109	126,887			
14A	Medi-Cal SMA Upper Limits	773,284	501,029	272,255			
15	Medi-Cal Published Charges	280,997	134,109	126,887			
15A	Medi-Cal Published Charges	773,284	501,029	272,255			
16	Medi-Cal Negotiated Rates						
16A	Medi-Cal Negotiated Rates						
17	Medicare/Medi-Cal Crossover Costs	50,418		50,418			
17A	Medicare/Medi-Cal Crossover Costs						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	52,853		52,853			
18A	Medicare/Medi-Cal Crossover SMA Upper Limits						
19	Medicare/Medi-Cal Crossover Published Charges	52,853		52,853			
19A	Medicare/Medi-Cal Crossover Published Charges						
20	Medicare/Medi-Cal Crossover Negotiated Rates						
20A	Medicare/Medi-Cal Crossover Negotiated Rates						
21	Enhanced SD/MC Costs						
21A	Enhanced SD/MC Costs						
22	Enhanced SD/MC SMA Upper Limits						
22A	Enhanced SD/MC SMA Upper Limits						
23	Enhanced SD/MC Published Charges						
23A	Enhanced SD/MC Published Charges						
24	Enhanced SD/MC Negotiated Rates						
24A	Enhanced SD/MC Negotiated Rates						
25	Enhanced SD/MC (Refugees) Costs						
25A	Enhanced SD/MC (Refugees) Costs						
26	Enhanced SD/MC (Refugees) SMA Upper Limits						
26A	Enhanced SD/MC (Refugees) SMA Upper Limits						
27	Enhanced SD/MC (Refugees) Published Charges						
27A	Enhanced SD/MC (Refugees) Published Charges						
28	Enhanced SD/MC (Refugees) Negotiated Rates						
28A	Enhanced SD/MC (Refugees) Negotiated Rates						
29	Healthy Families Costs						
29A	Healthy Families Costs						
30	Healthy Families SMA Upper Limits						
30A	Healthy Families SMA Upper Limits						
31	Healthy Families Published Charges						
31A	Healthy Families Published Charges						
32	Healthy Families Negotiated Rates						
32A	Healthy Families Negotiated Rates						
33	Non-Medi-Cal Costs	49,889	21,782	28,106			

DEPARTMENT OF MENTAL HEALTH
PAGE 2 OF 2

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1888 (06/04)

County: Los Angeles
County Code: 18

Legal Entity Number	Legal Entity Name	Mode	H	I	J	K	L	M	N
00320	San Gabriel Children's Center	18 - Outpatient (Program 1)	Service Function						
1	Allocation Percentage		52	54	81	82			
2	Total Units		49,05%	13,34%	2,60%	5,05%			
3	Gross Cost		153,438	49,887	5,250	10,220			
4	Cost per Unit		414,617	112,753	21,968	42,764			
5	SMA per Unit		2,28	2,28	4,18	4,18			
6	Published Charge per Unit		2,36	2,36	4,37	4,37			
7	Negotiated Rate / Cost per Unit		2,36	2,36	4,37	4,37			
8	Medi-Cal Units	07/01/03 - 09/30/03	65,063	8,209	2,427	4,333			
8A	Medi-Cal Units	10/01/03 - 09/30/04	128,345	33,069	2,083	5,787			
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03			230				
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 09/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A	Enhanced SD/MC (Children) Units	10/01/03 - 09/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 09/30/03							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A	Healthy Families (SED) Units	10/01/03 - 09/30/04							
12	Non-Medi-Cal Units			8,678	510	150			
13	Medi-Cal Costs	07/01/03 - 09/30/03	124,484	18,550	10,155	18,131			
13A	Medi-Cal Costs	10/01/03 - 09/30/04	290,023	74,561	5,718	24,005			
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	130,019	19,373	10,808	18,885			
14A	Medi-Cal SMA Upper Limits	10/01/03 - 09/30/04	302,894	77,901	6,103	25,071			
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	130,019	18,373	10,808	18,885			
15A	Medi-Cal Published Charges	10/01/03 - 09/30/04	302,894	77,901	5,103	25,071			
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A	Medi-Cal Negotiated Rates	10/01/03 - 09/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03			982				
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 09/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03			1,005				
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 09/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03			1,005				
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 09/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 09/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A	Enhanced SD/MC Costs	10/01/03 - 09/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 09/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A	Enhanced SD/MC Published Charges	10/01/03 - 09/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A	Enhanced SD/MC Negotiated Rates	10/01/03 - 09/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 09/30/03							
25A	Enhanced SD/MC (Refugees) Costs	10/01/03 - 09/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 09/30/03							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/03 - 09/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 09/30/03							
27A	Enhanced SD/MC (Refugees) Published Charges	10/01/03 - 09/30/04							
28	Healthy Families Costs	07/01/03 - 09/30/03							
28A	Healthy Families Costs	10/01/03 - 09/30/04							
29	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
29A	Healthy Families SMA Upper Limits	10/01/03 - 09/30/04							
30	Healthy Families Published Charges	07/01/03 - 09/30/03							
30A	Healthy Families Published Charges	10/01/03 - 09/30/04							
31	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
31A	Healthy Families Negotiated Rates	10/01/03 - 09/30/04							
32	Non-Medi-Cal Costs		0	19,812	2,134	928			
32A	Non-Medi-Cal Costs								
33	Non-Medi-Cal Costs								

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1998 (06/04)

DETAIL COST REPORT

County: Los Angeles
County Code: 19

Legal Entity Number	Legal Entity Name	Mode	NR	O	P	NR	Q	NR	R	NR	S	T	U
Legal Entity Number	Legal Entity Name	Mode	Service Function										
1	Allocation Percentage		57	62	76	77							
2	Total Units		1,65%	0,34%	0,20%	0,27%							
3	Gross Cost		62,684	12,982	7,577	10,138							
4	Cost per Unit		76,188	15,784	12,327	39,994							
5	SMA per Unit		1,22	1,22	1,22	1,22							
6	Published Charge per Unit		2,36	4,37	4,37	3,52							
7	Negotiated Rate / Cost per Unit		1,50	2,50	2,50	2,00							
8	Medi-Cal Units		1,28	2,34	2,34	1,89							
8A	Medicare/Medi-Cal Crossover Units		13,050	3,106	2,625	7,385							
8B	Medicare/Medi-Cal Crossover Units		18,480	8,835	2,162	24,674							
9	Enhanced SD/MC (Children) Units		222	255	160								
10	Enhanced SD/MC (Refugees) Units												
10A	Healthy Families (SED) Units												
10B	Healthy Families (SED) Units												
11	Non-Medi-Cal Units		30,932	1,041	2,535	4,555							
12	Medi-Cal Costs		15,968	3,778	3,192	3,939							
13	Medi-Cal Costs		22,444	10,742	2,629	2,674							
14	Medi-Cal SMA Upper Limits		30,798	13,573	11,471	11,387							
15	Medi-Cal Published Charges		43,598	36,009	9,448	7,740							
16	Medi-Cal Negotiated Rates		19,575	7,765	6,563	6,470							
17	Medicare/Medi-Cal Crossover Costs		27,680	22,088	5,405	4,388							
18	Medicare/Medi-Cal Crossover Costs		16,443	7,268	6,143	5,114							
19	Medicare/Medi-Cal Crossover Published Charges		23,280	20,874	5,059	4,168							
20	Medicare/Medi-Cal Crossover Negotiated Rates		270	310	182								
21	Enhanced SD/MC Costs		524	1,114	628								
22	Enhanced SD/MC SMA Upper Limits		333	638	300								
23	Enhanced SD/MC Published Charges		280	567	284								
24	Enhanced SD/MC Negotiated Rates												
25	Enhanced SD/MC (Refugees) Costs												
26	Enhanced SD/MC (Refugees) SMA Upper Limits												
27	Enhanced SD/MC (Refugees) Published Charges												
28	Enhanced SD/MC (Refugees) Negotiated Rates												
29	Healthy Families Costs												
30	Healthy Families SMA Upper Limits												
31	Healthy Families Published Charges												
32	Healthy Families Negotiated Rates												
33	Non-Medi-Cal Costs		37,908	1,266	3,082	5,538							

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1868 (06/04)

County: Los Angeles

County Code: 19

Line	Description	NR					G
		A	B	C	D	E	
		Mode Total	Service Function 98	Service Function 98	Service Function 98	Service Function	Service Function
1	Allocation Percentage	100.00%	0.75%	98.25%			
2	Total Units		13	1,723			
3	Gross Cost	254,498	1,908	252,692			
4	Cost per Unit	149.60	148.60	148.60			
5	SMA per Unit	118.94	118.94	118.94			
6	Published Charge per Unit	120.00	120.00	120.00			
7	Negotiated Rate / Cost per Unit	116.14	116.14	116.14			
8	Medi-Cal Units		10	85			
8A	Medi-Cal Units		3	483			
9	Medicare/Medi-Cal Crossover Units						
9A	Medicare/Medi-Cal Crossover Units						
10	Enhanced SD/MC (Children) Units						
10A	Enhanced SD/MC (Children) Units						
10B	Enhanced SD/MC (Refugees) Units						
11	Healthy Families (SED) Units						
11A	Healthy Families (SED) Units						
12	Non-Medi-Cal Units			1,185			
13	Medi-Cal Costs	9,629	1,488	8,068			
13A	Medi-Cal Costs	71,245	440	70,808			
14	Medi-Cal SMA Upper Limits	7,751	1,189	6,542			
14A	Medi-Cal SMA Upper Limits	57,805	357	57,448			
15	Medi-Cal Published Charges	7,800	1,200	6,600			
15A	Medi-Cal Published Charges	58,320	380	57,940			
16	Medi-Cal Negotiated Rates	7,484	1,151	6,333			
16A	Medi-Cal Negotiated Rates	55,968	345	55,613			
17	Medicare/Medi-Cal Crossover Costs						
17A	Medicare/Medi-Cal Crossover Costs						
18	Medicare/Medi-Cal Crossover SMA Upper Limits						
18A	Medicare/Medi-Cal Crossover SMA Upper Limits						
19	Medicare/Medi-Cal Crossover Published Charges						
19A	Medicare/Medi-Cal Crossover Published Charges						
20	Medicare/Medi-Cal Crossover Negotiated Rates						
20A	Medicare/Medi-Cal Crossover Negotiated Rates						
21	Enhanced SD/MC Costs						
21A	Enhanced SD/MC Costs						
22	Enhanced SD/MC SMA Upper Limits						
22A	Enhanced SD/MC SMA Upper Limits						
23	Enhanced SD/MC Published Charges						
23A	Enhanced SD/MC Published Charges						
24	Enhanced SD/MC Negotiated Rates						
24A	Enhanced SD/MC Negotiated Rates						
25	Enhanced SD/MC (Refugees) Costs						
25A	Enhanced SD/MC (Refugees) Costs						
26	Enhanced SD/MC (Refugees) SMA Upper Limits						
26A	Enhanced SD/MC (Refugees) SMA Upper Limits						
27	Enhanced SD/MC (Refugees) Published Charges						
27A	Enhanced SD/MC (Refugees) Published Charges						
28	Enhanced SD/MC (Refugees) Negotiated Rates						
28A	Enhanced SD/MC (Refugees) Negotiated Rates						
29	Healthy Families Costs						
29A	Healthy Families Costs						
30	Healthy Families SMA Upper Limits						
30A	Healthy Families SMA Upper Limits						
31	Healthy Families Published Charges						
31A	Healthy Families Published Charges						
32	Healthy Families Negotiated Rates						
32A	Healthy Families Negotiated Rates						
33	Non-Medi-Cal Costs	173,721		173,721			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1988 (08/04)

DEPARTMENT OF MENTAL HEALTH
 PAGE 1 OF 2
 FISCAL YEAR 2003 - 2004

County: Los Angeles
 County Code: 19

DETAIL COST REPORT

	Legal Entity Number: 00213 Mode: 15 - Outpatient (Program 1)	Legal Entity: South Bay Children's Health Center	A		B		C		D		E		F		G	
			Mode Total	Service Function												
1			100.00%	03	1.22%	04	10.23%	12	2.78%	33	1.27%	34	1.49%			
2			710,188	03	3,831	7,642	28,045	7,091	3,289	3,784						
3				04	8,634	17,222	72,624	19,772	9,032	10,578						
4				12	2,29	2,79	2,79	2,79	2,79	2,79						
5				279	1.83	1.83	2.36	2.36	2.36	2.36						
6				210	2.10	2.10	2.50	2.50	2.50	2.50						
7				177	1.77	1.77	2.18	2.18	2.18	2.18						
8				1,347	1,347	5,058										
8A				4,851	4,851	14,809										
9																
9A																
10				60	60											
10A				762	762											
10B																
11				181	181	786										
11A				563	563	2,427										
12				3,016	3,016	2,958										
12A																
13				89,321	89,321	14,104										
13A				318,865	318,865	41,253										
14				78,140	78,140	11,937										
14A				271,643	271,643	34,948										
15				80,090	80,090	2,829										
15A				285,616	285,616	10,187										
16				70,163	70,163	11,077										
16A				250,224	250,224	6,596										
17																
17A																
18																
18A																
19																
19A																
20																
20A																
21				14,180	14,180	136										
21A				33,572	33,572	1,695										
22				12,244	12,244	110										
22A				28,684	28,684	1,376										
23				12,680	12,680	128										
23A				30,112	30,112	1,578										
24				11,137	11,137	106										
24A				26,360	26,360	1,331										
25																
25A																
26																
26A																
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28A																
29																
29A																
30																
30A																
31																
31A																
32																
32A																
33				200,799	200,799	6,804										
33A				1,900	1,900	8,242										
33B				15,781	15,781	6,187										
33C				8,242	8,242	6,187										

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1896 (06/04)

County: Los Angeles
County Code: 18

Legal Entity Number: 00214 Mode: 15 - Outpatient (Program 1)	H	I	J	K	L	M	N
Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1 Allocation Percentage	41	42	52	54	61	62	77
2 Total Units	0.38%	43.37%	24.09%	0.16%	0.09%	12.97%	0.37%
3 Gross Cost	28,111	2,985,957	1,664,237	12,480	1,868	446,768	18,228
4 Cost per Unit	42,714	4,801,002	2,722,479	20,432	8,168	1,455,115	41,687
5 SMA per Unit	1.64	1.64	1.64	1.64	1.64	3.28	2.17
6 Published Charge per Unit	2.36	2.36	2.36	2.36	2.36	4.72	3.52
7 Negotiated Rate / Cost per Unit	1.74	1.74	1.74	1.74	1.74	3.50	2.31
8 Medi-Cal Units	1.86	1.86	1.86	1.86	1.86	3.72	2.20
9 Medicare/Medi-Cal Crossover Units	3,722	473,841	332,778	1,330	97	64,243	2,067
10 Enhanced SD/AMC (Refugees) Units	2,201	1,467,540	1,030,078	1,125	818	224,693	8,246
11 Healthy Families (SED) Units	12,557	5,408	5,408	2,473	1,971	1,971	90
12 Non-Medi-Cal Units	100,638	37,952	37,952	2,859	2,859	2,859	120
13 Medi-Cal Costs	15,952	895,340	243,568	7,562	1,003	128,314	7,607
14 Medi-Cal SMA Upper Limits	6,099	775,143	544,382	2,176	220	210,820	5,762
15 Medi-Cal Published Charges	3,601	2,400,708	1,555,078	1,840	2,676	737,255	17,878
16 Medi-Cal Negotiated Rates	8,794	1,116,265	765,368	3,139	283	280,742	9,398
17 Medicare/Medi-Cal Crossover Costs	5,184	3,463,384	2,430,884	2,855	8,568	981,777	29,028
18 Medicare/Medi-Cal Crossover SMA Upper Limits	6,476	824,463	579,034	2,314	235	224,951	6,151
19 Medicare/Medi-Cal Crossover Published Charges	3,830	2,553,520	1,762,336	1,558	2,858	788,321	19,048
20 Medicare/Medi-Cal Crossover Negotiated Rates	6,179	796,578	562,411	2,268	223	213,928	5,957
21 Enhanced SD/AMC Costs	3,654	2,436,116	1,709,829	1,868	2,717	748,126	18,141
22 Enhanced SD/AMC SMA Upper Limits	21,032	61,447	61,447	1,336	1,336	1,336	984
23 Enhanced SD/AMC Published Charges	184,631	184,631	184,631	1,779	1,779	1,779	827
24 Enhanced SD/AMC Negotiated Rates	30,343	12,763	12,763	827	827	827	1,128
25 Healthy Families Costs	237,508	88,846	88,846	1,425	1,425	1,425	411
26 Healthy Families SMA Upper Limits	22,371	9,410	9,410	81,067	81,067	81,067	739
27 Healthy Families Published Charges	175,110	65,358	65,358	1,355	1,355	1,355	362
28 Healthy Families Negotiated Rates	21,343	8,977	8,977	77,129	77,129	77,129	704
29 Total	187,059	62,953	62,953	1,811	1,811	1,811	1,811
30 Total	14,340	5,212	5,212	2,717	2,717	2,717	2,717
31 Total	21,510	7,518	7,518	2,412	2,412	2,412	2,412
32 Total	20,988	7,518	7,518	3,618	3,618	3,618	3,618
33 Total	31,032	11,278	11,278	1,932	1,932	1,932	1,932
34 Total	15,263	5,544	5,544	2,898	2,898	2,898	2,898
35 Total	22,879	8,315	8,315	1,838	1,838	1,838	1,838
36 Total	14,552	5,289	5,289	2,757	2,757	2,757	2,757
37 Total	21,827	7,933	7,933				
38 Total							
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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

DETAIL COST REPORT

County: Los Angeles
County Code: 19

	Legal Entity Number: 00784 Mode: 15 - Outpatient (Program 1)	Legal Entity: SL Francis Medical Center - Children's Center	A		B		C		D		E		F		G	
			Mode Total	Service Function 03	Service Function 04	Service Function 10	Service Function 12	Service Function 31	Service Function 34							
1			100.00%	0.10%	6.93%	6.94%	0.04%	0.00%								
2	Total Units		822	81,658	48,559	300	35	22,127								
3	Gross Cost		1,675,798	1,669	149,679	114,666	708	83	52,272							
4	Cost per Unit			1.83	2.36	2.36	2.36	2.36								
5	SMA per Unit			1.83	1.83	2.36	2.36	2.36								
6	Published Charge per Unit			1.83	1.83	2.36	2.36	2.36								
7	Negotiated Rate / Cost per Unit			1.83	1.83	2.36	2.36	2.36								
8	Medi-Cal Units			315	18,498	12,968	170	35	5,183							
8A				607	65,158	35,570	130	35	16,944							
9	Medicare/Medi-Cal Crossover Units															
9A																
10	Enhanced SD/MC (Children) Units															
10A																
10B	Enhanced SD/MC (Refugees) Units															
11	Healthy Families (SED) Units															
11A																
12	Non-Medi-Cal Units															
13	Medi-Cal Costs		414,083	577	30,221	30,637	402									12,244
13A			1,261,705	1,112	119,357	84,028	307	83	40,028							
14	Medi-Cal SMA Upper Limits		414,217	576	30,181	30,607	401									12,232
14A			1,263,333	1,111	119,238	83,945	307	83	39,988							
15	Medi-Cal Published Charges		413,662	576	30,181	30,607	401									12,232
15A			1,260,455	1,111	119,238	83,945	307	83	39,988							
16	Medi-Cal Negotiated Rates		413,662	576	30,181	30,607	401									12,232
16A			1,260,455	1,111	119,238	83,945	307	83	39,988							
17	Medicare/Medi-Cal Crossover Costs															
17A																
18	Medicare/Medi-Cal Crossover SMA Upper Limits															
18A																
18B	Medicare/Medi-Cal Crossover Published Charges															
18A																
20	Medicare/Medi-Cal Crossover Negotiated Rates															
20A																
21	Enhanced SD/MC Costs															
21A																
22	Enhanced SD/MC SMA Upper Limits															
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23	Enhanced SD/MC Published Charges															
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24	Enhanced SD/MC Negotiated Rates															
24A																
25	Enhanced SD/MC (Refugees) Costs															
25A																
26	Enhanced SD/MC (Refugees) SMA Upper Limits															
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27	Enhanced SD/MC (Refugees) Published Charges															
27A																
28	Enhanced SD/MC (Refugees) Negotiated Rates															
28A																
29	Healthy Families Costs															
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30	Healthy Families SMA Upper Limits															
30A																
31	Healthy Families Published Charges															
31A																
32	Healthy Families Negotiated Rates															
32A																
33	Non-Medi-Cal Costs															
33A																

DEPARTMENT OF MENTAL HEALTH
PAGE 2 OF 2
FISCAL YEAR 2003 - 2004

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

County: Los Angeles
County Code: 19

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

		NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR
		Service Function												
1	Allocation Percentage	41	42	52	61	0.05%	3.88%	0.05%	3.88%	16,084	66,893	4.16		
2	Total Units	3,821	514,388	27,495	185									
3	Gross Cost	9,027	1,215,180	84,953	770									
4	Cost per Unit	2.36	2.36	2.36	4.16									
5	SMA per Unit	2.36	2.36	2.36	4.37									
6	Published Charge per Unit	2.36	2.36	2.36	4.16									
7	Negotiated Rate / Cost per Unit	2.36	2.36	2.36	4.16									
8	Medi-Cal Units	1,135	129,811	8,498	41									
9A	Medicare/Medi-Cal Crosscover Units	2,888	384,577	18,988	144									
9	Medicare/Medi-Cal Crosscover Units													
10A	Enhanced SD/MC (Children) Units													
10B	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units													
11A	Healthy Families (SED) Units													
12	Non-Medi-Cal Units													
13	Medi-Cal Costs	2,681	308,659	20,070	171									
13A	Medi-Cal Costs	6,345	808,502	44,882	600									
14	Medi-Cal SMA Upper Limits	2,678	306,354	20,051	178									
14A	Medi-Cal SMA Upper Limits	6,339	807,602	44,838	629									
15	Medi-Cal Published Charges	2,879	308,354	20,051	171									
15A	Medi-Cal Published Charges	6,339	807,602	44,838	629									
16	Medi-Cal Negotiated Rates	2,678	306,354	20,051	171									
16A	Medi-Cal Negotiated Rates	6,339	807,602	44,838	629									
17	Medicare/Medi-Cal Crosscover Costs													
17A	Medicare/Medi-Cal Crosscover Costs													
18	Medicare/Medi-Cal Crosscover SMA Upper Limits													
18A	Medicare/Medi-Cal Crosscover SMA Upper Limits													
19	Medicare/Medi-Cal Crosscover Published Charges													
19A	Medicare/Medi-Cal Crosscover Published Charges													
20	Medicare/Medi-Cal Crosscover Negotiated Rates													
20A	Medicare/Medi-Cal Crosscover Negotiated Rates													
21	Enhanced SD/MC Costs													
21A	Enhanced SD/MC Costs													
22	Enhanced SD/MC SMA Upper Limits													
22A	Enhanced SD/MC SMA Upper Limits													
23	Enhanced SD/MC Published Charges													
23A	Enhanced SD/MC Published Charges													
24	Enhanced SD/MC Negotiated Rates													
24A	Enhanced SD/MC Negotiated Rates													
25	Enhanced SD/MC (Refugees) Costs													
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
27	Enhanced SD/MC (Refugees) Published Charges													
28	Enhanced SD/MC (Refugees) Negotiated Rates													
28A	Healthy Families Costs													
29	Healthy Families SMA Upper Limits													
30	Healthy Families Published Charges													
30A	Healthy Families Published Charges													
31	Healthy Families Negotiated Rates													
31A	Healthy Families Negotiated Rates													
32	Non-Medi-Cal Costs													
32A	Non-Medi-Cal Costs													
33	Non-Medi-Cal Costs													

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 2

FISCAL YEAR 2003 - 2004

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (06/04)

County: Los Angeles
County Code: 18

Legal Entity Number	Mode	A	B		C		D		E		F		G	
			Service Function	NR	Service Function	NR	Service Function	NR	Service Function	NR	Service Function	NR	Service Function	NR
1	Allocation Percentage	100.00%	5.31%	10	0.04%	41	72.32%	42	7.81%	58	1.87%	125,153	233,905	1,877
2	Total Units	12,523,029	355,794	2,855	27,184	4,849,205	529,977	9,056,481	980,001	2,36	2,25	1,98	1,87	2,36
3	Gross Cost	664,570	1,87	1,87	2,36	2,25	1,87	1,87	1,87	1,87	1,87	1,87	1,87	1,87
4	Cost per Unit		2,36	2,36	2,36	2,36	2,36	2,36	2,36	2,36	2,36	2,36	2,36	2,36
5	SMA per Unit		2,25	2,25	2,25	2,25	2,25	2,25	2,25	2,25	2,25	2,25	2,25	2,25
6	Published Charge per Unit		1,89	1,89	1,89	1,89	1,89	1,89	1,89	1,89	1,89	1,89	1,89	1,89
7	Negotiated Rate / Cost per Unit		69,970	18	917	888,440	172,765	3,622,331	333,830	87,288	27,365	27,365	27,365	27,365
8	Medi-Cal Units		262,074	65	2,495	3,622,331	333,830	87,288	27,365	27,365	27,365	27,365	27,365	27,365
8A	Medicare/Medi-Cal Crossover Units													
9	Medicare/Medi-Cal Crossover Units													
9A	Medicare/Medi-Cal Crossover Units													
10	Enhanced SD/MC (Children) Units													
10A	Enhanced SD/MC (Refugees) Units													
10B	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units													
11A	Healthy Families (SED) Units													
12	Non-Medi-Cal Units		23,720	2,784	23,752	337,434	23,382	492						
13	Medi-Cal Costs	2,480,410	130,704	30	1,713	1,669,812	322,728	51,155						
13A	Medi-Cal Costs	9,182,245	459,556	121	4,651	6,799,540	623,697	181,731						
14	Medi-Cal SMA Upper Limits	3,188,201	195,129	38	2,164	2,086,718	407,725	84,628						
14A	Medi-Cal SMA Upper Limits	11,544,894	618,495	153	5,988	8,545,701	787,939	229,595						
15	Medi-Cal Published Charges	3,110,909	157,433	38	2,053	1,989,960	388,721	61,618						
15A	Medi-Cal Published Charges	11,365,780	589,667	148	5,614	8,150,245	751,118	218,894						
16	Medi-Cal Negotiated Rates	2,853,963	138,240	32	1,825	1,767,996	343,802	54,498						
16A	Medi-Cal Negotiated Rates	9,785,461	521,527	129	4,985	7,208,458	864,322	193,599						
17	Medicare/Medi-Cal Crossover Costs													
17A	Medicare/Medi-Cal Crossover Costs													
18	Medicare/Medi-Cal Crossover SMA Upper Limits													
18A	Medicare/Medi-Cal Crossover SMA Upper Limits													
18B	Medicare/Medi-Cal Crossover Published Charges													
18C	Medicare/Medi-Cal Crossover Negotiated Rates													
20	Medicare/Medi-Cal Crossover Negotiated Rates													
20A	Medicare/Medi-Cal Crossover Negotiated Rates													
21	Enhanced SD/MC Costs													
21A	Enhanced SD/MC Costs													
22	Enhanced SD/MC SMA Upper Limits													
22A	Enhanced SD/MC SMA Upper Limits													
23	Enhanced SD/MC Published Charges													
23A	Enhanced SD/MC Published Charges													
24	Enhanced SD/MC Negotiated Rates													
24A	Enhanced SD/MC Negotiated Rates													
25	Enhanced SD/MC (Refugees) Costs													
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
27	Enhanced SD/MC (Refugees) Published Charges													
28	Enhanced SD/MC (Refugees) Negotiated Rates													
29	Healthy Families Costs													
29A	Healthy Families Costs													
30	Healthy Families SMA Upper Limits													
30A	Healthy Families SMA Upper Limits													
31	Healthy Families Published Charges													
31A	Healthy Families Published Charges													
32	Healthy Families Negotiated Rates													
32A	Healthy Families Negotiated Rates													
33	Non-Medi-Cal Costs	870,373	44,309	5,201	44,369	890,328	43,878	819						

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1886 (06/04)

County: Los Angeles
County Code: 19

Legal Entity Number: 00543 Model: 15 - Outpatient (Program 1)	H	I	J	K	L	M	N
Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1 Allocation Percentage	0.01%	62	77	04	03		
2 Total Units	421	107,404	27,248	787,950	8,900		
3 Gross Cost	1,375	350,853	81,331	1,079,061	9,456		
4 Cost per Unit	3.27	3.27	2.99	1.37	1.37		
5 SMA per Unit	4.37	4.37	3.52	1.83	1.83		
6 Published Charge per Unit	4.25	4.25	3.50	2.25	2.25		
7 Negotiated Rate / Cost per Unit	3.48	3.48	3.41	1.46	1.46		
8 Medi-Cal Units	194	22,881	3,534	173,721	310		
8A Medi-Cal Units	15	80,577	21,141	560,278	1,317		
9 Medicare/Medi-Cal Crossover Units							
9A Medicare/Medi-Cal Crossover Units							
10 Enhanced SD/MC (Children) Units							
10A Enhanced SD/MC (Children) Units							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
11A Healthy Families (SED) Units							
12 Non-Medi-Cal Units	211	3,936	2,571	53,393	5,273		
13 Medi-Cal Costs	634	74,777	10,549	238,084	425		
13A Medi-Cal Costs	52	263,216	63,107	767,857	1,805		
14 Medi-Cal SMA Upper Limits	848	100,034	12,440	317,909	667		
14A Medi-Cal SMA Upper Limits	70	352,121	74,416	1,025,305	2,410		
15 Medi-Cal Published Charges	825	87,287	12,368	380,872	688		
15A Medi-Cal Published Charges	68	342,452	73,984	1,280,821	2,963		
16 Medi-Cal Negotiated Rates	675	79,661	12,061	253,633	453		
16A Medi-Cal Negotiated Rates	56	260,408	72,061	818,003	1,823		
17 Medicare/Medi-Cal Crossover Costs							
17A Medicare/Medi-Cal Crossover Costs							
18 Medicare/Medi-Cal Crossover SMA Upper Limits							
18A Medicare/Medi-Cal Crossover SMA Upper Limits							
19 Medicare/Medi-Cal Crossover Published Charges							
19A Medicare/Medi-Cal Crossover Published Charges							
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A Medicare/Medi-Cal Crossover Negotiated Rates							
21 Enhanced SD/MC Costs							
21A Enhanced SD/MC Costs							
22 Enhanced SD/MC SMA Upper Limits							
22A Enhanced SD/MC SMA Upper Limits							
23 Enhanced SD/MC Published Charges							
23A Enhanced SD/MC Published Charges							
24 Enhanced SD/MC Negotiated Rates							
24A Enhanced SD/MC Negotiated Rates							
25 Enhanced SD/MC (Refugees) Costs							
25A Enhanced SD/MC (Refugees) Costs							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
26A Enhanced SD/MC (Refugees) SMA Upper Limits							
27 Enhanced SD/MC (Refugees) Published Charges							
27A Enhanced SD/MC (Refugees) Published Charges							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A Enhanced SD/MC (Refugees) Negotiated Rates							
29 Healthy Families Costs							
29A Healthy Families Costs							
30 Healthy Families SMA Upper Limits							
30A Healthy Families SMA Upper Limits							
31 Healthy Families Published Charges							
31A Healthy Families Published Charges							
32 Healthy Families Negotiated Rates							
32A Healthy Families Negotiated Rates							
33 Non-Medi-Cal Costs	688	12,858	7,875	73,120	7,227		
33A Non-Medi-Cal Costs							

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1886 (06/04)

County: Los Angeles
 County Code: 19

Line	Description	Legal Entity Number	Legal Entity Name	Mode	A		B		C		D		E		F		G	
					Mode Total	Service Function												
1	Allocation Percentage				100.00%	1.42%	6.50%	17.23%	38.453	0.00%	3.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2	Total Units				1,841,484	19,428	188,852	282,795	52,057	21	15	21	21	21	21	21	21	21
3	Gross Cost					1,20	1.83	2.36	1.81	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91
4	Cost per Unit					1.83	2.36	1.81	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91	1.91
5	SMA per Unit					1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80
6	Published Charge per Unit					1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80
7	Negotiated Rate / Cost per Unit					1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80	1.80
8	Medi-Cal Units					485	51,359	186,188	360	15	15	15	15	15	15	15	15	15
8A	Medicare/Medi-Cal Crossover Units																	
9	Enhanced SD/MC (Refugees) Units																	
10	Enhanced SD/MC (Children) Units																	
10A	Enhanced SD/MC (Refugees) Units																	
10B	Enhanced SD/MC (Children) Units																	
11	Healthy Families (SED) Units					60	925	1,920	85	15	15	15	15	15	15	15	15	15
11A	Non-Medi-Cal Units					18,874	22,203	13,363	35,848	15	15	15	15	15	15	15	15	15
12	Medi-Cal Costs					276,535	14,535	55,348	88	21	21	21	21	21	21	21	21	21
13	Medicare/Medi-Cal Crossover Costs					887,012	682	61,457	194,457	514	142	142	142	142	142	142	142	142
14	Medi-Cal SMA Upper Limits					455,088	22,235	91,459	850	35	35	35	35	35	35	35	35	35
14A	Medi-Cal SMA Upper Limits					1,457,955	908	94,060	321,427	115	115	115	115	115	115	115	115	115
15	Medi-Cal Published Charges					369,863	792	82,238	280,138	888	115	115	115	115	115	115	115	115
15A	Medi-Cal Published Charges					1,188,368	19,440	74,028	888	29	29	29	29	29	29	29	29	29
16	Medi-Cal Negotiated Rates					369,863	792	82,238	280,138	888	115	115	115	115	115	115	115	115
16A	Medi-Cal Negotiated Rates					1,188,368	19,440	74,028	888	29	29	29	29	29	29	29	29	29
17	Medicare/Medi-Cal Crossover Costs																	
17A	Medicare/Medi-Cal Crossover Costs																	
18	Medicare/Medi-Cal Crossover SMA Upper Limits																	
18A	Medicare/Medi-Cal Crossover SMA Upper Limits																	
19	Medicare/Medi-Cal Crossover Published Charges																	
19A	Medicare/Medi-Cal Crossover Published Charges																	
20	Medicare/Medi-Cal Crossover Negotiated Rates																	
20A	Medicare/Medi-Cal Crossover Negotiated Rates																	
21	Enhanced SD/MC Costs																	
21A	Enhanced SD/MC Costs																	
22	Enhanced SD/MC SMA Upper Limits																	
22A	Enhanced SD/MC SMA Upper Limits																	
23	Enhanced SD/MC Published Charges																	
23A	Enhanced SD/MC Published Charges																	
24	Enhanced SD/MC Negotiated Rates																	
24A	Enhanced SD/MC Negotiated Rates																	
25	Enhanced SD/MC (Refugees) Costs																	
26	Enhanced SD/MC (Refugees) SMA Upper Limits																	
27	Enhanced SD/MC (Refugees) Published Charges																	
28	Enhanced SD/MC (Refugees) Negotiated Rates																	
29	Healthy Families Costs					22,285	1,107	2,742	121	21	21	21	21	21	21	21	21	21
29A	Healthy Families Costs					57,443	2,843	11,082	4,531	121	121	121	121	121	121	121	121	121
30	Healthy Families SMA Upper Limits					36,705	1,688	4,531	201	21	21	21	21	21	21	21	21	21
30A	Healthy Families SMA Upper Limits					94,540	4,502	15,314	201	21	21	21	21	21	21	21	21	21
31	Healthy Families Published Charges					28,619	1,480	3,987	162	21	21	21	21	21	21	21	21	21
31A	Healthy Families Published Charges					76,828	3,938	14,822	162	21	21	21	21	21	21	21	21	21
32	Healthy Families Negotiated Rates					28,619	1,480	3,987	162	21	21	21	21	21	21	21	21	21
32A	Healthy Families Negotiated Rates					76,828	3,938	14,822	162	21	21	21	21	21	21	21	21	21
33	Non-Medi-Cal Costs					386,179	22,578	28,581	19,128	51,358	21	21	21	21	21	21	21	21

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1666 (06/04)

County: Los Angeles
County Code: 19

		CR	D	CR	P	CR	Q	CR	R	CR	S	CR	T	CR	U
	Legal Entity: The Guidance Center Legal Entity Number: 00191 Mode: 15 - Outpatient (Program 1)	Service Function													
1	Allocation Percentage	54	0.52%	57	0.05%	58	0.91%	81	0.65%	82	11.13%	67	0.25%	76	0.08%
2	Total Units	24,229	2,747	42,428	23,805	307,672	8,123	2,461	71,915	925,567	24,437	5,478			
3	Gross Cost	43,078	4,884	75,432	3,011	4,371	3,353	2,921	3,353	3,353	3,353	3,353	3,353	3,353	3,353
4	Cost per Unit	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78	1.78
5	SMA per Unit	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36	2.36
6	Published Charge per Unit	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97	1.97
7	Negotiated Rate / Cost per Unit														
8	Medi-Cal Units	07/01/03 - 09/30/03	4,593	2,109	2,510	28,107	4,870	10,314	86,369	181,222	2,870	4,874	2,870	4,874	1,930
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04	12,028												
9B	Medicare/Medi-Cal Crossover Units	07/01/03 - 06/30/03													
10	Enhanced SD/MC (Children) Units	10/01/03 - 09/30/03													
10A	Enhanced SD/MC (Refugees) Units	10/01/03 - 06/30/04													
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/03													
11	Healthy Families (SED) Units	07/01/03 - 06/30/03													
11A	Healthy Families (SED) Units	10/01/03 - 09/30/04													
12	Non-Medi-Cal Units		7,607	237	11,211	8,621	51,689	378	8,351	51,689	378	618			
13	Medi-Cal Costs	07/01/03 - 09/30/03	8,166	3,748	14,952	196,662	8,634	4,251	14,952	196,662	8,634	4,251			
13A	Medi-Cal Costs	10/01/03 - 06/30/04	21,387	4,463	51,761	31,028	545,180	12,542	21,719	280,033	21,289	5,736			
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	10,839	5,924	86,693	45,072	781,940	9,667	221,228	781,940	9,667	18,247			
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	28,369	9,048	4,153	34,390	804,087	18,247	4,754	804,087	18,247	4,754			
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	9,048	4,945	57,341										
15A	Medi-Cal Published Charges	10/01/03 - 06/30/04	23,697												
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03													
16A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04													
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 06/30/03													
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04													
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 06/30/03													
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04													
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03													
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04													
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03													
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04													
21	Enhanced SD/MC Costs	07/01/03 - 06/30/03													
21A	Enhanced SD/MC Costs	10/01/03 - 06/30/04													
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03													
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04													
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03													
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04													
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03													
24A	Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04													
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/03													
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04													
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04													
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04													
29	Healthy Families Costs	07/01/03 - 09/30/03													
29A	Healthy Families Costs	10/01/03 - 06/30/04													
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03													
30A	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04													
31	Healthy Families Published Charges	07/01/03 - 09/30/03													
31A	Healthy Families Published Charges	10/01/03 - 06/30/04													
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03													
32A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04													
33	Non-Medi-Cal Costs		13,525	421	19,833	25,935	155,489	1,140	1,627	155,489	1,140	1,627			

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (08/04)

County: Los Angeles
County Code: 19

	A	B	C	D	E	F	G
	Mode Total	Service Function D4	Service Function 10	Service Function 12	Service Function 33	Service Function 34	Service Function 41
1	100.00%	1.31%	3.50%	0.89%	0.11%	5.01%	6.83%
2	39,292	81,738	20,871	2,810	116,910	159,472	159,472
3	84,295	172,057	43,943	5,495	248,150	335,763	335,763
4	1.84	2.11	2.11	2.11	2.11	2.11	2.11
5	1.83	2.36	2.36	2.36	2.36	2.36	2.36
6	1.95	2.51	2.51	2.51	2.51	2.51	2.51
7							
8	2,945	18,073	390	60	12,985	6,344	6,344
9	8,827	48,138	3,625	210	86,003	25,285	25,285
10	975	148	448		1,018		
11	2,928				3,050		
12							
13	812,785	4,817	38,052	788	128	27,381	13,357
14	2,283,312	14,439	103,458	7,632	442	139,987	53,195
15	910,883	5,389	42,652	850	142	30,988	14,972
16	2,558,345	18,163	115,968	8,555	498	155,767	59,825
17	888,950	5,743	45,363	904	151	32,617	16,923
18	2,722,017	17,213	123,338	9,089	527	165,688	63,415
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33	1,356,154	38,589	22,958	35,653	4,927	84,724	287,051

DETAIL COST REPORT

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (06/04)

County: Los Angeles

County Code: 19

Legal Entity Number	Legal Entity Name	Mode	H	I	J	K	L	M	N
Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	40.97%	11.85%	1.62%	1.89%	23.34%	2.88%		
2	Total Units	968,672	278,768	37,740	21,270	294,147	45,224		
3	Gross Cost	2,014,240	682,707	79,480	82,886	1,147,339	142,257		
4	Cost per Unit	2.11	2.11	2.11	3.90	3.90	3.15		
5	SMA per Unit	2.38	2.38	2.51	4.37	4.37	3.52		
6	Published Charge per Unit	2.51	2.51	2.51	4.85	4.85	3.75		
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	172,105	68,388	2,580	2,280	48,228	7,571		
9A		480,410	138,088	11,355	5,780	148,194	24,350		
9	Medicare/Medi-Cal Crossover Units	13,828	7,362			10,680	1,422		
9A		40,550	22,088			32,680	4,287		
10	Enhanced SD/MC (Children) Units								
10A									
10B	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units	6,188	1,358			320	97		
11A		18,698	4,070			980	293		
12	Non-Medi-Cal Units	245,257	37,427	28,825	13,200	52,005	7,214		
13	Medi-Cal Costs	882,361	138,738	5,380	8,883	188,118	23,815		
13A		889,377	290,742	23,908	22,584	581,941	78,827		
14	Medi-Cal SMA Upper Limits	408,188	168,831	8,042	6,984	210,758	28,660		
14A		1,086,558	325,580	28,798	26,302	851,878	85,747		
15	Medi-Cal Published Charges	431,984	196,588	8,428	10,802	224,250	28,381		
15A		1,155,829	348,803	28,501	26,824	688,762	91,360		
16	Medi-Cal Negotiated Rates								
16A									
17	Medicare/Medi-Cal Crossover Costs	28,478	15,500			42,350	4,473		
17A		85,440	48,501			127,080	13,422		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	31,821	17,374			47,458	5,005		
18A		95,788	52,128			142,575	15,020		
19	Medicare/Medi-Cal Crossover Published Charges	33,950	18,478			50,489	6,333		
19A		101,868	55,438			151,487	18,001		
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A									
21	Enhanced SD/MC Costs								
21A									
22	Enhanced SD/MC SMA Upper Limits								
22A									
23	Enhanced SD/MC Published Charges								
23A									
24	Enhanced SD/MC Negotiated Rates								
24A									
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs	13,050	2,855			1,248	305		
29A		39,163	8,568			3,745	922		
30	Healthy Families SMA Upper Limits	14,627	3,200			1,388	341		
30A		43,887	9,605			4,195	1,081		
31	Healthy Families Published Charges	15,557	3,404			1,488	384		
31A		45,575	10,216			4,484	1,068		
32	Healthy Families Negotiated Rates								
32A									
33	Non-Medi-Cal Costs	516,380	78,801	50,103	51,487	202,849	22,892		

Legal Entity Number (Program 1)	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 17
1 Allocation Percentage	100.00%	3.82%	14.42%	0.00%	8.63%	0.65%	0.03%
2 Total Units	88,950	355,968	51	213,535	16,083	774	1,575
3 Gross Cost	5,039,877	182,286	725,313	104	434,474	32,744	1,575
4 Cost per Unit	2.03	2.03	2.03	2.03	2.03	2.03	2.03
5 SMA per Unit	1.83	1.83	1.83	1.83	1.83	1.83	1.83
6 Published Charge per Unit	2.25	2.25	2.25	2.25	2.25	2.25	2.25
7 Negotiated Rate / Cost per Unit	1.77	1.77	1.77	1.77	1.84	1.94	1.84
8 Medi-Cal Units	9,142	76,280			39,061	1,588	107
8A	23,319	262,301			136,925	5,230	432
9 Medicare/Medi-Cal Crossover Units							
9A							
10 Enhanced SD/MC (Children) Units							
10A							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
11A							
12 Non-Medi-Cal Units	57,129	19,407		51	38,549	9,275	235
13 Medi-Cal Costs	886,283	16,801	153,129		79,478	3,231	218
13A	3,115,887	47,447	533,697		276,563	10,841	878
14 Medi-Cal SMA Upper Limits	1,006,075	16,750	137,725		92,184	3,748	253
14A	3,486,258	42,674	480,011		320,783	12,343	1,020
15 Medi-Cal Published Charges	993,325	20,570	169,335		87,897	3,573	241
15A	3,445,308	52,488	590,177		305,631	11,768	972
16 Medi-Cal Negotiated Rates	655,983	16,181	133,210		75,778	3,081	208
16A	2,857,644	41,276	464,273		283,595	10,146	838
17 Medicare/Medi-Cal Crossover Costs							
17A							
18 Medicare/Medi-Cal Crossover SMA Upper Limits							
18A							
19 Medicare/Medi-Cal Crossover Published Charges							
19A							
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A							
21 Enhanced SD/MC Costs							
21A							
22 Enhanced SD/MC SMA Upper Limits							
22A							
23 Enhanced SD/MC Published Charges							
23A							
24 Enhanced SD/MC Negotiated Rates							
24A							
25 Enhanced SD/MC (Refugees) Costs							
25A							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
26A							
27 Enhanced SD/MC (Refugees) Published Charges							
27A							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A							
29 Healthy Families Costs							
29A							
30 Healthy Families SMA Upper Limits							
30A							
31 Healthy Families Published Charges							
31A							
32 Healthy Families Negotiated Rates							
32A							
33 Non-Medi-Cal Costs	1,022,028	116,239	39,487	104	76,435	18,872	478

DETAIL COST REPORT

	NR	O	NR	P	NR	Q	R	S	T	U
	Service Function									
1	68	61	62							
2	6.32%	4.51%	12.20%							
3	196,307	82,741	199,848							
5	318,034	226,847	614,386							
4	2.03	3.62	3.62							
5	2.36	4.37	4.37							
6	2.26	4.00	4.00							
7	1.84	3.72	3.72							
8	39,447	5,854	45,285							
8A	116,700	22,280	108,847							
9										
9A										
10										
10A										
10B										
11										
11A										
12	160	34,697	15,614							
13	80,282	21,175	183,805							
13A	237,446	80,627	394,083							
14	83,086	25,662	197,895							
14A	276,412	97,407	476,068							
15	88,766	23,418	181,140							
15A	282,576	88,160	435,788							
16	76,527	21,777	188,450							
16A	226,388	82,819	405,283							
17										
17A										
18										
18A										
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31A										
32										
32A										
33	328	125,144	56,479							

Part II

LAC / TRI-CITY MHC

COUNTY OF LOS ANGELES / TRI-CITY

FY 2003/2004 SB 90 CHAPTER 1747/84 ACTUAL COST CLAIM

Table of Attachments

Attachment 1	FAM-27 Claim Form
Attachment 2	HDS-3 Claim Summary
Attachment 3	HDS-4 Component / Activity Cost Detail HDS-5 Component / Activity Cost Detail (Omitted - no claimable costs for Due Process Proceedings) HDS-6 Component / Activity Cost Detail
Attachment 4	Cost Report Forms MH 1966
Attachment 5	Supporting Document
Attachment 6	Tri-City Mental Health Center Contract

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 SERVICES TO HANDICAPPED STUDENTS	For State Controller Use Only (19) Program Number 00111 (20) Date Filed / / (21) LRS Input / /	Program 111
--	--	--

L A B E L H E R E	(01) Claimant Identification Number		Reimbursement Claim Data	
	(02) Claimant Name County of Los Angeles / TRI-CITY		(22) HDS-1, (03)(a)	
	(03) County of Location County of Los Angeles		(23) HDS-1, (03)(b)	
	(04) Street Address or P.O. Box 2008 N. Garey Avenue		(24) HDS-1, (03)(c)	
	(05) City POMONA		(25) HDS-1, (04)(1)(d)	
			(26) HDS-1, (04)(2)(d)	
			(27) HDS-1, (04)(3)(d)	
			(28) HDS-1, (04)(4)(d)	
			(29) HDS-1, (04)(5)(d)	
			(30) HDS-1, (06)	
Type of Claim		Estimated Claim	Reimbursement Claim	
		(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) HDS-1, (04)(3)(d)
		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) HDS-1, (04)(4)(d)
		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) HDS-1, (04)(5)(d)
Fiscal Year of Cost		(06) 2004 / 2005	(12) 2003 / 2004	(30) HDS-1, (06)
Total Claimed Amount		(07) 0	(13) 149,560	(31) HDS-3, (05) 0
Less: 10% Late Penalty, not to exceed \$1,000			(14) 0	(32) HDS-3,(06) 0
Less: Prior Claim Payment Received			(15) 0	(33) HDS-3,(07) 0
Net Claimed Amount		(08) 0	(16) 149,560	(34) HDS-3, (09) 149,560
Due from State		(08) 0	(17) 149,560	(35) HDS-3, (10) 0
Due to State			(18)	(36)

(37) CERTIFICATION OF CLAIM

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

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

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

Signature of Authorized Officer	Date
<i>Margaret Harris</i>	12-15-04
Margaret Harris	Interim Chief Financial Officer
Type or Print Name	Title
(38) Name of Contact Person for Claim	Telephone Number (909) 623-6131 Ext. 2325
Rosl Olivos	E-Mail Address rolivos@tricitymhs.org

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS CLAIM SUMMARY		FORM HDS - 3
(01) Claimant: Los Angeles County / TRI-CITY MHC	(02) Type of Claim Reimbursement Estimated	<input checked="" type="checkbox"/> X <input type="checkbox"/>	Fiscal Year: 2003 / 2004
(03) Reimbursable Components Assessment of Individuals With Exceptional Needs			
(a) Assessment: Interviews, Review of Records, Observations, Testing, etc.			0
(b) Residential Placement: IEP Reviews, Case Management, and Expanded IEP			0
(c) Related Services: Attendance at IEP meetings, Meetings with IEP Members and Parents, and Review of Independent Assessment.			0
(d) Due Process Proceedings			0
(e) Administrative Costs			0
Mental Health Treatment			
(f) Treatment Services: Short-Doyle Program		(FOOTNOTE 3)	135,964
(g) Administrative Costs			13,596
(04) Sub-total for Assessment of Individual with Exceptional Needs [Sum of (03), lines (a) to (e)]			0
(05) Less: Amount Received from Short-Doyle/Medi-Cal (FFP only) (FOOTNOTE 1)			0
(06) Less: Amount Received from State Categorical Funding (FOOTNOTE 2)			0
(07) Less: Amount Received from Other (Identify) - FFP Share of Admin Cost			0
(08) Total for Assessment of Individual with Exceptional Needs [Line (04) minus the sum of lines (05) to (07)]			0
(09) Sub-Total for Mental Health Treatment [Block (03), lines (f) and (g)]			149,560
(10) Less: Non-Categorical State General/Realignment Funds			0
(11) Less: Amount Received from State Categorical Funding (FOOTNOTE 2)			0
(12) Less: Amount Received from Short-Doyle/Medi-Cal (FFP only) (FOOTNOTE 1)			0
(13) Less: Amount Received from Other (Identify)			0
(14) Total Mental Health Treatment [Line (09) minus the sum of lines (10) to (13)]			149,560
(15) Total Claimed Amount [Sum of line (08) and line (14)]			149,560



2008 N. Garey Avenue, Pomona, CA 91767
(909) 623-6131
Fax: Administration (909) 623-4073

Founded by Pomona, Claremont, and La Verne in 1960

**TRI-CITY MENTAL HEALTH CENTER
AB 3632 NON-MEDI-CAL BILLING
FY 2003-04**

FORM HDS - EXPLANATION OF FOOTNOTES

Footnote 1 - No FFP revenue received from Short-Doyle/Medi-Cal.
See Attached list of non-Medi-Cal service recipients

Footnote 2 - No revenue received from State Categorical Funding
See Attached list of non-Medi-Cal service recipients

Footnote 3 - The treatment services amount of \$135,964 does not include the following services
due to pending amendment of the Parameters and Guidelines for SB90 Chapter 1747:

<u>Mode/SFC</u>	<u>Description</u>	<u>Units</u>	<u>Rate</u>	<u>Total Claim</u>
15/61	Medication Support	785	\$ 5.64	\$ 4,428
Additional Services to claim				\$ 4,428

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: Los Angeles County / TRI-CITY MHC	(02) Fiscal Year 2003-04
---	-----------------------------

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

<input checked="" type="checkbox"/> Assessment	<input type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
LOS ANGELES COUNTY / TRI-CITY MHC	00066	15 / 33			\$ -

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: <u>1</u> of <u>1</u>	0
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4			
(01) Claimant: Los Angeles County / TRI-CITY MHC		(02) Fiscal Year 2003-04			
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.					
<input type="checkbox"/> Assessment <input checked="" type="checkbox"/> Treatment Services <input type="checkbox"/> Residential Placement <input type="checkbox"/> Other (Identify)					
(04) Description of Expenses					
(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
LOS ANGELES COUNTY / TRI-CITY MHC LOS ANGELES COUNTY / TRI-CITY MHC LOS ANGELES COUNTY / TRI-CITY MHC LOS ANGELES COUNTY / TRI-CITY MHC	00066 00066 00066 00066	15 / 03 15 / 12 15 / 41 15 / 54	1,020 5,450 36,679 1,519	2.37 3.06 3.06 3.06	\$ 2,415 \$ 16,675 \$ 112,228 \$ 4,648
(05) Total <input checked="" type="checkbox"/> Subtotal <input type="checkbox"/> Page: <u> 1 </u> of <u> 1 </u>					135,964

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-6
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(01) Claimant: Los Angeles County / TRI-CITY MHC	(02) Fiscal Year 2003-04
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(03) Reimbursable Component: Administrative Costs

<input checked="" type="checkbox"/> Assessment of Individual	<input type="checkbox"/> Mental Health Treatment
--	--

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

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Total

Totals	FROM HDS-4 (LINE 5)						\$ -
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(05) Total Direct Costs	[Sum line (04)(d) to line (04)(g)]	\$ -
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Indirect Costs

(06) Indirect Cost Rate	[From ICRP]	10%
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(07) Total Indirect Costs	[Line (06) x line (04)(d)] or [Line (06) x {line [(04)(d) + line (04)(e)]}]	\$ -
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-6
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(01) Claimant: Los Angeles County / TRI-CITY MHC	(02) Fiscal Year 2003-04
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(03) Reimbursable Component: Administrative Costs

<input type="checkbox"/> Assessment of Individual	<input checked="" type="checkbox"/>	Mental Health Treatment
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(04) Description of Expenses:	Object Accounts
-------------------------------	------------------------

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Total
Totals FROM HDS-4 (LINE 5)							\$ 135,984

(05) Total Direct Costs	[Sum line (04)(d) to line (04)(g)]	\$ 135,984
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Indirect Costs

(06) Indirect Cost Rate	[From ICRP]	10%
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(07) Total Indirect Costs	[Line (06) x line (04)(d)] or [Line (06) x {line [(04)(d) + line (04)(e)]}]	\$ 13,598
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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1988 (09/04)

DETAIL COST REPORT

County: Los Angeles
County Code: 19

Legal Entity Number: 00098 Mode: 19 - Outpatient (Program 1)	Legal Entity: Tri-City Mental Health Center	CR H	CR I	CR J	CR K	CR L	CR M	CR N
		Service Function						
1	Allocation Percentage	31	34	41	42	52	54	60
2	Total Units	0.28%	0.01%	4.58%	55.10%	3.45%	0.18%	2.53%
3	Gross Cost	2,263	90	38,878	440,221	27,580	1,519	10,944
4	Cost per Unit	6,924	275	112,228	1,346,857	84,325	4,848	81,728
5	SMA per Unit	3.06	3.06	3.06	3.06	3.06	3.06	3.06
6	Published Charge per Unit	2.38	2.38	2.38	2.38	2.38	2.38	2.38
7	Negotiated Rate / Cost per Unit	2.30	2.30	2.30	2.30	2.30	2.30	2.30
8	Medi-Cal Units	1,580	90	38,878	248,042	13,041	1,519	8,184
9A	Medi-Cal Costs	4,654	305,558	28,042	34,788	28,042	28,042	28,042
9B	Medicare/Medi-Cal Crossover Units	3,729	282,448	16,382	26,837	16,382	16,382	16,382
10	Enhanced SD/MC (Children) Units	3,654	217,859	12,835	20,889	12,835	12,835	12,835
10A	Enhanced SD/MC (Refugees) Units	3,654	229,882	21,080	28,135	21,080	21,080	21,080
10B	Healthy Families (SED) Units	883	212,320	12,314	20,267	12,314	12,314	12,314
11A	Non-Medi-Cal Units							
12	Medi-Cal Costs							
13A	Medicare/Medi-Cal Crossover Costs							
13B	Medicare/Medi-Cal Crossover SMA Upper Limits							
14A	Medicare/Medi-Cal Crossover Published Charges							
14B	Medicare/Medi-Cal Crossover Negotiated Rates							
15A	Enhanced SD/MC Costs							
15B	Enhanced SD/MC (Refugees) Costs							
16A	Enhanced SD/MC (Refugees) SMA Upper Limits							
16B	Enhanced SD/MC (Refugees) Published Charges							
16C	Enhanced SD/MC (Refugees) Negotiated Rates							
17A	Healthy Families Costs							
17B	Healthy Families SMA Upper Limits							
17C	Healthy Families Published Charges							
17D	Healthy Families Negotiated Rates							
18A	Non-Medi-Cal Costs							
18B	Non-Medi-Cal SMA Upper Limits							
18C	Non-Medi-Cal Published Charges							
18D	Non-Medi-Cal Negotiated Rates							
19A	Medicare/Medi-Cal Crossover Costs							
19B	Medicare/Medi-Cal Crossover SMA Upper Limits							
19C	Medicare/Medi-Cal Crossover Published Charges							
19D	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Enhanced SD/MC Costs							
20B	Enhanced SD/MC (Refugees) Costs							
20C	Enhanced SD/MC (Refugees) SMA Upper Limits							
20D	Enhanced SD/MC (Refugees) Published Charges							
20E	Enhanced SD/MC (Refugees) Negotiated Rates							
21A	Healthy Families Costs							
21B	Healthy Families SMA Upper Limits							
21C	Healthy Families Published Charges							
21D	Healthy Families Negotiated Rates							
22A	Non-Medi-Cal Costs							
22B	Non-Medi-Cal SMA Upper Limits							
22C	Non-Medi-Cal Published Charges							
22D	Non-Medi-Cal Negotiated Rates							
23A	Medicare/Medi-Cal Crossover Costs							
23B	Medicare/Medi-Cal Crossover SMA Upper Limits							
23C	Medicare/Medi-Cal Crossover Published Charges							
23D	Medicare/Medi-Cal Crossover Negotiated Rates							
24A	Enhanced SD/MC Costs							
24B	Enhanced SD/MC (Refugees) Costs							
24C	Enhanced SD/MC (Refugees) SMA Upper Limits							
24D	Enhanced SD/MC (Refugees) Published Charges							
24E	Enhanced SD/MC (Refugees) Negotiated Rates							
25A	Healthy Families Costs							
25B	Healthy Families SMA Upper Limits							
25C	Healthy Families Published Charges							
25D	Healthy Families Negotiated Rates							
26A	Non-Medi-Cal Costs							
26B	Non-Medi-Cal SMA Upper Limits							
26C	Non-Medi-Cal Published Charges							
26D	Non-Medi-Cal Negotiated Rates							
27A	Medicare/Medi-Cal Crossover Costs							
27B	Medicare/Medi-Cal Crossover SMA Upper Limits							
27C	Medicare/Medi-Cal Crossover Published Charges							
27D	Medicare/Medi-Cal Crossover Negotiated Rates							
28A	Enhanced SD/MC Costs							
28B	Enhanced SD/MC (Refugees) Costs							
28C	Enhanced SD/MC (Refugees) SMA Upper Limits							
28D	Enhanced SD/MC (Refugees) Published Charges							
28E	Enhanced SD/MC (Refugees) Negotiated Rates							
29A	Healthy Families Costs							
29B	Healthy Families SMA Upper Limits							
29C	Healthy Families Published Charges							
29D	Healthy Families Negotiated Rates							
30A	Non-Medi-Cal Costs							
30B	Non-Medi-Cal SMA Upper Limits							
30C	Non-Medi-Cal Published Charges							
30D	Non-Medi-Cal Negotiated Rates							
31A	Medicare/Medi-Cal Crossover Costs							
31B	Medicare/Medi-Cal Crossover SMA Upper Limits							
31C	Medicare/Medi-Cal Crossover Published Charges							
31D	Medicare/Medi-Cal Crossover Negotiated Rates							
32A	Enhanced SD/MC Costs							
32B	Enhanced SD/MC (Refugees) Costs							
32C	Enhanced SD/MC (Refugees) SMA Upper Limits							
32D	Enhanced SD/MC (Refugees) Published Charges							
32E	Enhanced SD/MC (Refugees) Negotiated Rates							
33A	Healthy Families Costs							
33B	Healthy Families SMA Upper Limits							
33C	Healthy Families Published Charges							
33D	Healthy Families Negotiated Rates							
34A	Non-Medi-Cal Costs							
34B	Non-Medi-Cal SMA Upper Limits							
34C	Non-Medi-Cal Published Charges							
34D	Non-Medi-Cal Negotiated Rates							
35A	Medicare/Medi-Cal Crossover Costs							
35B	Medicare/Medi-Cal Crossover SMA Upper Limits							
35C	Medicare/Medi-Cal Crossover Published Charges							
35D	Medicare/Medi-Cal Crossover Negotiated Rates							
36A	Enhanced SD/MC Costs							
36B	Enhanced SD/MC (Refugees) Costs							
36C	Enhanced SD/MC (Refugees) SMA Upper Limits							
36D	Enhanced SD/MC (Refugees) Published Charges							
36E	Enhanced SD/MC (Refugees) Negotiated Rates							
37A	Healthy Families Costs							
37B	Healthy Families SMA Upper Limits							
37C	Healthy Families Published Charges							
37D	Healthy Families Negotiated Rates							
38A	Non-Medi-Cal Costs							
38B	Non-Medi-Cal SMA Upper Limits							
38C	Non-Medi-Cal Published Charges							
38D	Non-Medi-Cal Negotiated Rates							
39A	Medicare/Medi-Cal Crossover Costs							
39B	Medicare/Medi-Cal Crossover SMA Upper Limits							
39C	Medicare/Medi-Cal Crossover Published Charges							
39D	Medicare/Medi-Cal Crossover Negotiated Rates							
40A	Enhanced SD/MC Costs							
40B	Enhanced SD/MC (Refugees) Costs							
40C	Enhanced SD/MC (Refugees) SMA Upper Limits							
40D	Enhanced SD/MC (Refugees) Published Charges							
40E	Enhanced SD/MC (Refugees) Negotiated Rates							
41A	Healthy Families Costs							
41B	Healthy Families SMA Upper Limits							
41C	Healthy Families Published Charges							
41D	Healthy Families Negotiated Rates							
42A	Non-Medi-Cal Costs							
42B	Non-Medi-Cal SMA Upper Limits							
42C	Non-Medi-Cal Published Charges							
42D	Non-Medi-Cal Negotiated Rates							
43A	Medicare/Medi-Cal Crossover Costs							
43B	Medicare/Medi-Cal Crossover SMA Upper Limits							
43C	Medicare/Medi-Cal Crossover Published Charges							
43D	Medicare/Medi-Cal Crossover Negotiated Rates							
44A	Enhanced SD/MC Costs							
44B	Enhanced SD/MC (Refugees) Costs							
44C	Enhanced SD/MC (Refugees) SMA Upper Limits							
44D	Enhanced SD/MC (Refugees) Published Charges							
44E	Enhanced SD/MC (Refugees) Negotiated Rates							
45A	Healthy Families Costs							
45B	Healthy Families SMA Upper Limits							
45C	Healthy Families Published Charges							
45D	Healthy Families Negotiated Rates							
46A	Non-Medi-Cal Costs							
46B	Non-Medi-Cal SMA Upper Limits							
46C	Non-Medi-Cal Published Charges							
46D	Non-Medi-Cal Negotiated Rates							
47A	Medicare/Medi-Cal Crossover Costs							
47B	Medicare/Medi-Cal Crossover SMA Upper Limits							
47C	Medicare/Medi-Cal Crossover Published Charges							
47D	Medicare/Medi-Cal Crossover Negotiated Rates							
48A	Enhanced SD/MC Costs							
48B	Enhanced SD/MC (Refugees) Costs							
48C	Enhanced SD/MC (Refugees) SMA Upper Limits							
48D	Enhanced SD/MC (Refugees) Published Charges							
48E	Enhanced SD/MC (Refugees) Negotiated Rates							
49A	Healthy Families Costs							
49B	Healthy Families SMA Upper Limits							
49C	Healthy Families Published Charges							
49D	Healthy Families Negotiated Rates							
50A	Non-Medi-Cal Costs							
50B	Non-Medi-Cal SMA Upper Limits							
50C	Non-Medi-Cal Published Charges							
50D	Non-Medi-Cal Negotiated Rates							
51A	Medicare/Medi-Cal Crossover Costs							
51B	Medicare/Medi-Cal Crossover SMA Upper Limits							
51C	Medicare/Medi-Cal Crossover Published Charges							
51D	Medicare/Medi-Cal Crossover Negotiated Rates							
52A	Enhanced SD/MC Costs							
52B	Enhanced SD/MC (Refugees) Costs							
52C	Enhanced SD/MC (Refugees) SMA Upper Limits							
52D	Enhanced SD/MC (Refugees) Published Charges							

SB900 SITE CLAIM FOR FYE 2003-2004
 BASED ON LA COUNTY MIS UNITS

SFC DESCRIPTION	MODE-SFC	CLIENT NAME	CLIENT ID	BIRTHYR	HRS:MIN	UNITS	SERVICE MO/YR	RATE PER	TOTAL
SEP CASEMNG Total	15-03					1020		\$ 2.367647059	\$ 2,415
SEP COLLAT Total	15-12					5450		\$ 3.059633028	\$ 16,675
SEP GROUP Total	15-54					1519		\$ 3.059907834	\$ 4,648
SEP INDIV Total	15-41					36679		\$ 3.059679926	\$ 112,226

Grand Total - TREATMENT 44,668 \$ 135,964

GRANDTOTAL 44,668 units \$ 135,964
 + 10% Admin Cost \$13,596
\$ 149,560

REMOVED FROM CLAIM & REPORTED AS FOOTNOTE PER LACDMH

SEP MED SUP Total 15-61 785 \$5.640764331 \$4,428
 + 10% Admin Cost \$443
\$ 4,871

SB900 STATE CLAIM FOR FYE 2003-2004
 BASED ON LA COUNTY MIS UNITS

SFC DESCRIPTION	MODE-SFC	CLIENT NAME	CLIENT ID	BIRTHYR	HRS:MIN	UNITS	SERVICE MOYR	RATE PER LAC COST REPORT	TOTAL CLAIMABLE	
SEP CASEMNG			1544849	87	0:45	0:45	45	07/03		
SEP CASEMNG			1765611	82	0:30	0:30	30	10/03		
SEP CASEMNG			1897822	89	0:45	0:45	45	07/03		
SEP CASEMNG			1760972	82	0:30	0:30	30	10/03		
SEP CASEMNG			1760963	83	1:15	1:15	75	10/03		
SEP CASEMNG			1725257	81	1:00	1:00	60	02/04		
SEP CASEMNG			1689377	79	0:45	0:45	45	01/04		
SEP CASEMNG			1857079	85	1:00	1:00	60	01/04		
SEP CASEMNG			1529130	81	1:30	1:30	90	10/03		
SEP CASEMNG			1487964	83	1:30	1:30	90	10/03		
SEP CASEMNG			1809827	81	1:00	1:00	60	11/03		
SEP CASEMNG			1787109	80	0:25	0:25	25	02/04		
SEP CASEMNG			1504423	82	0:30	0:30	30	10/03		
SEP CASEMNG			1894855	85	1:10	1:10	70	10/03		
SEP CASEMNG			1894855	85	1:00	1:00	60	09/03		
SEP CASEMNG			1742074	92	1:15	1:15	75	10/03		
SEP CASEMNG			1906098	81	1:30	1:30	90	07/03		
SEP CASEMNG			1818909	83	0:20	0:20	20	08/03		
SEP CASEMNG			1765699	86	0:20	0:20	20	08/03		
SEP CASEMNG Total 15-03							1020		\$ 2,367,647,059	\$ 2,415
SEP COLLAT			1543091	88	1:00	1:00	60	09/03		
SEP COLLAT			1834226	92	5:10	5:10	310	07/03		
SEP COLLAT			1834226	92	0:35	0:35	35	11/03		
SEP COLLAT			1834226	92	1:10	1:10	70	12/03		
SEP COLLAT			1834226	92	1:40	1:40	100	11/03		
SEP COLLAT			1834226	90	0:30	0:30	30	12/03		
SEP COLLAT			1760963	83	1:45	1:45	105	07/03		
SEP COLLAT			1725257	83	1:00	1:00	60	07/03		
SEP COLLAT			1725257	83	0:30	0:30	30	11/03		
SEP COLLAT			1725257	83	1:50	1:50	110	10/03		
SEP COLLAT			1725257	83	0:40	0:40	40	11/03		
SEP COLLAT			1725257	81	2:00	2:00	120	01/04		
SEP COLLAT			1725257	81	4:10	4:10	250	12/03		
SEP COLLAT			1894565	84	0:30	0:30	30	11/03		
SEP COLLAT			1894565	84	0:35	0:35	35	10/03		
SEP COLLAT			1894565	83	1:10	1:10	70	01/04		
SEP COLLAT			1667107	85	1:15	1:15	75	07/03		
SEP COLLAT			1689377	81	1:10	1:10	70	11/03		
SEP COLLAT			1689377	81	0:35	0:35	35	12/03		
SEP COLLAT			1857079	87	1:00	1:00	60	11/03		
SEP COLLAT			1857079	87	0:30	0:30	30	10/03		
SEP COLLAT			1857079	87	1:00	1:00	60	12/03		

SB96 STATE CLAIM FOR FYE 2003-2004
 BASED ON LA COUNTY MIS UNITS

SFC DESCRIPTION	MODE-SFC	CLIENT NAME	CLIENT ID	BIRTHYR	HRS:MIN	UNITS	SERVICE MO/YR	RATE PER LAC COST REPORT	TOTAL CLAIMABLE
SEP COLLAT			1857079	87	0:30	30	11/03		
SEP COLLAT			1857079	85	2:00	120	01/04		
SEP COLLAT			1725257	83	1:40	100	08/03		
SEP COLLAT			1857079	85	0:15	15	01/04		
SEP COLLAT			1873520	89	5:15	315	07/03		
SEP COLLAT			1873520	89	1:30	90	11/03		
SEP COLLAT			1873520	89	2:05	125	12/03		
SEP COLLAT			1873520	89	0:20	20	11/03		
SEP COLLAT			1873520	87	1:30	90	01/04		
SEP COLLAT			1873520	87	1:00	60	12/03		
SEP COLLAT			1564455	85	0:30	30	11/03		
SEP COLLAT			1564455	85	0:40	40	10/03		
SEP COLLAT			1564455	84	4:55	60	07/03		
SEP COLLAT			1523889	84	1:00	60	07/03		
SEP COLLAT			1487964	82	2:30	150	07/03		
SEP COLLAT			1487964	83	0:30	30	10/03		
SEP COLLAT			1775659	83	6:25	385	07/03		
SEP COLLAT			1876530	88	3:00	180	10/03		
SEP COLLAT			1876530	88	1:00	60	10/03		
SEP COLLAT			1876530	88	1:00	60	12/03		
SEP COLLAT			1876530	88	1:00	60	11/03		
SEP COLLAT			1886538	88	1:00	60	07/03		
SEP COLLAT			1543091	88	0:45	45	07/03		
SEP COLLAT			1894565	84	2:00	120	08/03		
SEP COLLAT			1894565	84	1:10	70	09/03		
SEP COLLAT			1667107	85	1:00	60	08/03		
SEP COLLAT			1667107	85	0:45	45	07/03		
SEP COLLAT			1667107	85	1:00	60	09/03		
SEP COLLAT			1900926	84	0:30	30	09/03		
SEP COLLAT			1689377	81	2:00	120	09/03		
SEP COLLAT			1523889	84	0:30	30	08/03		
SEP COLLAT			1523889	84	2:30	150	09/03		
SEP COLLAT			1523889	84	1:30	90	08/03		
SEP COLLAT			1775659	83	3:45	225	08/03		
SEP COLLAT			1876530	88	5:00	300	08/03		
SEP COLLAT			1876530	88	3:00	180	07/03		
SEP COLLAT Total	15-12					5450		\$	3.059653028 \$ 16,675
SEP GROUP			1897822	89	0:30	30	08/03		
SEP GROUP			1897822	89	0:50	50	07/03		
SEP GROUP			1897822	89	1:20	80	09/03		
SEP GROUP			1897822	89	0:30	30	09/03		
SEP GROUP			1897822	89	2:30	150	08/03		

STATE CLAIM FOR FYE 2003-2004
 BASED ON LA COUNTY MIS UNITS

SFC DESCRIPTION	MODE-SFC	CLIENT NAME	CLIENT ID	BIRTHYR	HRS:MIN	UNITS	SERVICE MO/YR	RATE PER LAC COST REPORT	TOTAL CLAIMABLE
SEP GROUP			1834226	92	2:40	160	07/03		
SEP GROUP			1834226	92	1:30	90	11/03		
SEP GROUP			1960558	87	0:40	40	01/04		
SEP GROUP			1960558	87	0:24	24	12/03		
SEP GROUP			1873520	89	0:30	30	09/03		
SEP GROUP			1775659	83	1:35	95	07/03		
SEP GROUP			1775659	83	0:40	40	07/03		
SEP GROUP			1873520	89	2:40	160	09/03		
SEP GROUP			1809827	81	0:45	45	08/03		
SEP GROUP			1787109	82	0:45	45	08/03		
SEP GROUP			1775659	83	3:00	180	08/03		
SEP GROUP			1876530	88	3:30	210	09/03		
SEP GROUP			1876530	88	1:00	60	08/03		
SEP GROUP Total	15-54					1519		\$ 3.059907834	\$ 4,648
SEP INDIV			1544849	87	0:15	15	08/03		
SEP INDIV			1544849	87	1:30	90	07/03		
SEP INDIV			1543091	88	1:50	110	08/03		
SEP INDIV			1543091	88	0:15	15	07/03		
SEP INDIV			1543091	88	3:15	195	09/03		
SEP INDIV			1834226	92	3:20	200	08/03		
SEP INDIV			1834226	92	1:00	60	07/03		
SEP INDIV			1834226	92	8:40	520	09/03		
SEP INDIV			1834226	92	0:50	50	08/03		
SEP INDIV			1760963	83	1:25	85	08/03		
SEP INDIV			1760963	83	0:45	45	07/03		
SEP INDIV			1760963	83	9:42	582	09/03		
SEP INDIV			1725257	83	2:40	160	08/03		
SEP INDIV			1725257	83	2:00	120	08/03		
SEP INDIV			1818909	83	1:20	80	08/03		
SEP INDIV			1765699	86	2:55	175	08/03		
SEP INDIV			1765699	86	2:00	120	07/03		
SEP INDIV			1765699	86	4:10	250	09/03		
SEP INDIV			1894565	84	5:55	355	08/03		
SEP INDIV			1894565	84	1:50	110	07/03		
SEP INDIV			1894565	84	3:10	190	09/03		
SEP INDIV			1894565	84	0:20	20	08/03		
SEP INDIV			1897822	89	0:20	20	07/03		
SEP INDIV			1897822	89	0:45	45	09/03		
SEP INDIV			1897822	89	0:35	35	10/03		
SEP INDIV			1543091	88	6:55	415	07/03		
SEP INDIV			1543091	88	0:30	30	09/03		
SEP INDIV			1543091	87	1:45	105	02/04		

SB900 WHITE CLAIM FOR FYE 2003-2004
 BASED ON LA COUNTY MIS UNITS

SFC DESCRIPTION	MODE-SFC	CLIENT NAME	CLIENT ID	BIRTHYR	HRS:MIN	UNITS	SERVICE MO/YR	RATE PER LAC COST REPORT	TOTAL CLAIMABLE
SEP INDIV			1543091	87	2:15	135	02/04		
SEP INDIV			1834226	92	2:30	150	07/03		
SEP INDIV			1834226	92	9:30	570	10/03		
SEP INDIV			1834226	92	2:30	150	09/03		
SEP INDIV			1835768	86	5:50	350	08/03		
SEP INDIV			1835768	86	0:25	25	07/03		
SEP INDIV			1834226	92	0:50	50	08/03		
SEP INDIV			1834226	92	1:30	90	11/03		
SEP INDIV			1667107	85	1:25	85	07/03		
SEP INDIV			1834226	92	2:05	125	10/03		
SEP INDIV			1834226	92	3:20	200	12/03		
SEP INDIV			1834226	90	6:30	390	01/04		
SEP INDIV			1834226	90	2:10	130	12/03		
SEP INDIV			1834226	91	1:00	60	02/04		
SEP INDIV			1834226	91	1:40	100	01/04		
SEP INDIV			1834226	91	1:40	100	02/04		
SEP INDIV			1689377	80	7:10	430	08/03		
SEP INDIV			1689377	80	1:45	105	07/03		
SEP INDIV			1689377	81	7:35	455	09/03		
SEP INDIV			1834226	90	1:30	90	09/03		
SEP INDIV			1760963	83	3:20	200	10/03		
SEP INDIV			1760963	83	4:15	255	09/03		
SEP INDIV			1760963	83	0:45	45	11/03		
SEP INDIV			1760963	83	0:15	15	10/03		
SEP INDIV			1725257	83	5:20	320	07/03		
SEP INDIV			1725257	83	2:05	125	10/03		
SEP INDIV			1725257	83	2:00	120	09/03		
SEP INDIV			1725257	83	4:10	250	10/03		
SEP INDIV			1725257	83	1:40	100	12/03		
SEP INDIV			1725257	81	3:45	225	12/03		
SEP INDIV			1857079	87	9:15	555	08/03		
SEP INDIV			1857079	87	1:15	75	07/03		
SEP INDIV			1857079	87	6:00	360	09/03		
SEP INDIV			1530151	77	2:30	150	01/04		
SEP INDIV			1530151	77	0:45	45	12/03		
SEP INDIV			1765699	86	2:00	120	07/03		
SEP INDIV			1765699	86	3:10	190	10/03		
SEP INDIV			1765699	87	1:30	90	11/03		
SEP INDIV			1765699	87	1:30	90	10/03		
SEP INDIV			1765699	87	2:30	150	12/03		
SEP INDIV			1765699	85	3:00	180	01/04		
SEP INDIV			1765699	85	1:45	105	02/04		

SB900 SITE CLAIM FOR FYE 2003-2004
 BASED ON LA COUNTY MIS UNITS

SFC DESCRIPTION	MODE-SFC	CLIENT NAME	CLIENT ID	BIRTHYR	HRS:MIN	UNITS	SERVICE MO/YR	RATE PER LAC COST REPORT	TOTAL CLAIMABLE
SEP INDIV			1765699	85	0:25	25	02/04		
SEP INDIV			1894565	84	1:05	65	07/03		
SEP INDIV			1894565	84	5:50	350	10/03		
SEP INDIV			1894565	84	1:50	110	09/03		
SEP INDIV			1894565	84	2:45	165	11/03		
SEP INDIV			1894565	85	1:15	75	12/03		
SEP INDIV			1873520	89	2:35	155	08/03		
SEP INDIV			1894565	83	0:25	25	12/03		
SEP INDIV			1894565	83	0:40	40	02/04		
SEP INDIV			1873520	89	2:15	135	07/03		
SEP INDIV			1873520	89	8:50	530	09/03		
SEP INDIV			1835768	86	3:25	205	07/03		
SEP INDIV			1667107	85	0:45	45	10/03		
SEP INDIV			1667107	85	2:00	120	09/03		
SEP INDIV			1900926	83	1:00	60	07/03		
SEP INDIV			1689377	80	9:10	550	07/03		
SEP INDIV			1689377	81	4:50	290	10/03		
SEP INDIV			1689377	81	2:10	130	09/03		
SEP INDIV			1689377	81	7:15	435	11/03		
SEP INDIV			1689377	81	3:25	205	10/03		
SEP INDIV			1689377	81	3:35	215	12/03		
SEP INDIV			1689377	81	2:40	160	11/03		
SEP INDIV			1689377	79	6:55	415	12/03		
SEP INDIV			1857079	87	6:45	405	07/03		
SEP INDIV			1857079	87	4:00	240	10/03		
SEP INDIV			1857079	87	2:10	130	09/03		
SEP INDIV			1857079	87	3:15	195	11/03		
SEP INDIV			1857079	87	9:30	570	10/03		
SEP INDIV			1857079	87	8:45	525	12/03		
SEP INDIV			1857079	87	2:15	135	11/03		
SEP INDIV			1564455	84	3:00	180	08/03		
SEP INDIV			1564455	84	5:15	315	07/03		
SEP INDIV			1564455	85	3:30	210	09/03		
SEP INDIV			1857079	85	8:15	485	01/04		
SEP INDIV			1857079	85	1:00	60	12/03		
SEP INDIV			1873520	89	4:15	255	07/03		
SEP INDIV			1873520	89	9:30	570	10/03		
SEP INDIV			1873520	89	0:30	30	09/03		
SEP INDIV			1873520	89	7:30	450	11/03		
SEP INDIV			1873520	89	3:27	207	10/03		
SEP INDIV			1873520	89	2:00	120	12/03		
SEP INDIV			1873520	87	7:00	420	01/04		

STATE CLAIM FOR FYE 2003-2004
 BASED ON LA COUNTY MIS UNITS

SFC DESCRIPTION	MODE-SFC	CLIENT NAME	CLIENT ID	BIRTHYR	HRS:MIN	UNITS	SERVICE MOYR	RATE PER LAC COST REPORT	TOTAL CLAIMABLE
SEP INDIV			1873520	87	0:30	30	12/03		
SEP INDIV			1873520	87	3:15	195	02/04		
SEP INDIV			1529130	81	2:00	120	10/03		
SEP INDIV			1529130	81	0:20	20	09/03		
SEP INDIV			1564455	85	6:00	360	10/03		
SEP INDIV			1523889	84	5:30	330	08/03		
SEP INDIV			1564455	85	1:45	105	09/03		
SEP INDIV			1564455	85	10:40	640	11/03		
SEP INDIV			1523889	84	0:20	20	07/03		
SEP INDIV			1523889	84	5:25	325	09/03		
SEP INDIV			1487964	82	4:00	240	08/03		
SEP INDIV			1564455	85	6:10	370	10/03		
SEP INDIV			1564455	85	2:50	170	12/03		
SEP INDIV			1487964	82	0:40	40	09/03		
SEP INDIV			1564455	83	10:00	600	01/04		
SEP INDIV			1564455	83	3:25	205	12/03		
SEP INDIV			1564455	83	1:15	75	01/04		
SEP INDIV			1809827	81	2:45	165	07/03		
SEP INDIV			1809827	81	1:15	75	08/03		
SEP INDIV			1564455	83	1:15	75	02/04		
SEP INDIV			1564455	84	4:55	295	07/03		
SEP INDIV			1523889	84	4:30	270	07/03		
SEP INDIV			1487964	82	6:25	385	07/03		
SEP INDIV			1809827	81	1:45	105	07/03		
SEP INDIV			1787109	82	8:30	510	07/03		
SEP INDIV			1787109	82	8:30	510	09/03		
SEP INDIV			1787109	82	1:45	105	08/03		
SEP INDIV			1809827	81	3:00	180	10/03		
SEP INDIV			1809827	81	3:00	180	09/03		
SEP INDIV			1809827	81	0:45	45	08/03		
SEP INDIV			1787109	82	4:40	280	07/03		
SEP INDIV			1787109	82	2:00	120	10/03		
SEP INDIV			1787109	82	1:45	105	09/03		
SEP INDIV			1787109	82	1:25	85	08/03		
SEP INDIV			1787109	82	0:55	55	07/03		
SEP INDIV			1787109	82	6:00	360	11/03		
SEP INDIV			1787109	82	7:30	450	10/03		
SEP INDIV			1787109	82	10:30	630	12/03		
SEP INDIV			1787109	82	2:00	120	11/03		
SEP INDIV			1775659	83	3:45	225	08/03		
SEP INDIV			1787109	80	3:25	205	01/04		
SEP INDIV			1787109	80	3:30	210	02/04		

SB9 STATE CLAIM FOR FYE 2003-2004
BASED ON LA COUNTY MIS UNITS

SFC DESCRIPTION	MODE-SFC	CLIENT NAME	CLIENT ID	BIRTHYR	HRS:MIN	UNITS	SERVICE MO/YR	RATE PER LAC COST REPORT	TOTAL CLAIMABLE
SEP INDIV			1775659	83	2:10	130	07/03		
SEP INDIV			1787109	80	1:45	105	01/04		
SEP INDIV			1876530	88	4:15	255	07/03		
SEP INDIV			1876530	88	2:00	120	10/03		
SEP INDIV			1876530	88	7:30	450	08/03		
SEP INDIV			1876530	88	9:20	560	07/03		
SEP INDIV			1876530	88	8:45	525	09/03		
SEP INDIV			1876530	88	1:00	60	08/03		
SEP INDIV			1876530	88	3:45	225	09/03		
SEP INDIV			1876530	88	4:20	260	07/03		
SEP INDIV			1876530	88	4:00	240	11/03		
SEP INDIV			1876530	88	5:45	345	10/03		
SEP INDIV			1876530	88	7:00	420	12/03		
SEP INDIV			1876530	88	7:45	465	11/03		
SEP INDIV			1876530	86	4:00	240	01/04		
SEP INDIV			1876530	86	2:00	120	02/04		
SEP INDIV			1876530	86	3:00	180	01/04		
SEP INDIV			1894855	85	1:30	90	12/03		
SEP INDIV			1742074	91	1:00	60	07/03		
SEP INDIV			1742074	92	1:45	105	10/03		
SEP INDIV			1838442	86	2:45	165	07/03		
SEP INDIV			1886538	88	0:30	30	07/03		
SEP INDIV			1906098	81	0:40	40	07/03		
SEP INDIV			1742074	91	0:20	20	07/03		
SEP INDIV			1742074	91	1:30	90	09/03		
SEP INDIV			1906098	81	0:20	20	07/03		
SEP INDIV Total	15-41					36679		\$ 3.059679926	\$ 112,226

Grand Total - TREATMENT 44,668 \$ 135,964

GRANDTOTAL 44,668 units \$ 135,964
+ 10% Admin Cost \$13,596
\$ 149,560

SFC DESCRIPTION MODE-SFC CLIENT NAME CLIENT ID BIRTHYR HRS:MIN UNITS SERVICE MO/YR RATE PER LAC COST REPORT TOTAL CLAIMABLE

REMOVED FROM CLAIM & REPORTED AS FOOTNOTE PER LACDMH

SEP MED SUP			1530151	77	0:30	30	03/04		
SEP MED SUP			1586483	85	0:30	30	08/03		
SEP MED SUP			1544849	87	1:30	90	08/03		
SEP MED SUP			1887822	89	1:30	90	08/03		
SEP MED SUP			1725257	83	0:30	30	08/03		
SEP MED SUP			1667107	85	0:30	30	08/03		
SEP MED SUP			1873520	89	1:30	90	09/03		
SEP MED SUP			1564455	84	0:30	30	08/03		
SEP MED SUP			1564455	84	0:30	30	07/03		
SEP MED SUP			1564455	85	0:15	15	09/03		
SEP MED SUP			1725257	83	0:30	30	10/03		
SEP MED SUP			1530151	78	0:45	45	07/03		
SEP MED SUP			1530151	79	0:20	20	12/03		
SEP MED SUP			1765699	86	1:00	60	09/03		
SEP MED SUP			1667107	85	0:30	30	07/03		
SEP MED SUP			1667107	84	0:30	30	01/04		
SEP MED SUP			1529130	81	0:30	30	09/03		
SEP MED SUP			1529130	82	0:30	30	10/03		
SEP MED SUP			1564455	85	0:45	45	12/03		
SEP MED SUP Total 15-61									\$5,640,764,331
									\$4,428
									+ 10% Admin Cost
									\$443
									\$ 4,871

PAYMENT COPY

DEPARTMENT OF MENTAL HEALTH LEGAL ENTITY AGREEMENT 09

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CONTRACTOR:

Tri-City Mental Health Center

DMH-01487
Contract Number

Business Address:

2750 S. Towne Avenue

DMH-01271
Reference Number(s)

Pomona, CA 91766

00066
Legal Entity Number

Provider Number(s) 7273, 7383

Contractor Headquarters' Supervisorial District 1

Mental Health Service Area(s) 3 OR Countywide

==== Below This Line For Official CDAD Use Only =====

DISTRIBUTION

(Please type in the applicable name for each)

Deputy Director Jim Allen Lead Manager Carlotta Childs-Seagle

K: S X -or- U

kh 7-15-03

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53		

DEPARTMENT OF MENTAL HEALTH LEGAL ENTITY AGREEMENT

1
2
3
4 THIS AGREEMENT is made and entered into this 10TH day of June, 2009, by and
5 between the County of Los Angeles (hereafter "County"), and Tri-City Mental Health Center
6
7 (hereafter "Contractor") with the following business address at 2750 S. Towne Avenue, Pomona, CA
8 91766

9 WHEREAS, County desires to provide to those persons in Los Angeles County who qualify
10 therefor certain mental health services contemplated and authorized by the Bronzan-McCorquodale Act,
11 California Welfare and Institutions Code Section 5600 at seq.; and

12 WHEREAS, Contractor is equipped, staffed, and prepared to provide these services as described
13 in this Agreement; and

14 WHEREAS, County believes it is in the best interest of the people of the County of Los Angeles
15 to provide these services by contract; and

16 WHEREAS, these services shall be provided by Contractor in accordance with all applicable
17 Federal, State and local laws, required licenses, ordinances, rules, Regulations, manuals, guidelines, and
18 directives, which may include, but are not necessarily limited to, the following: Bronzan-McCorquodale
19 Act, California Welfare and Institutions Code Section 5600 at seq., including, but not limited to,
20 Sections 5600.2, 5600.3, 5600.4, 5600.9, 5602, 5608, 5651, 5670, 5670.5, 5671, 5671.5, 5672,
21 5705, 5709, 5710, 5716, 5719, 5721, 5722, 5751.2, and 5900 at seq.; Medi-Cal Act, California
22 Welfare and Institutions Code Section 14000 at seq., including, but not limited to, Section 14132.44;
23 California Welfare and Institutions Code Section 17601 at seq.; California Work Opportunities and
24 Responsibilities to Kids Act, California Welfare and Institutions Code Section 11200 at seq.; California
25 Government Code Sections 26227 and 53703; Title XIX of the Social Security Act, 42 United States
26 Code Section 1396 at seq.; Title IV of the Social Security Act, Part B of Title XIX of the Public Health
27 Service Act, 42 United States Code Section 300x at seq.; California Penal Code Section 11164 at seq.;
28 Title 9 and Title 22, including, but not limited to, Sections 51516, 70001, 71001, 72001 at seq., and
29 72443 at seq. of the California Code of Regulations; State Department of Mental Health's Cost
30 Reporting/Data Collection Manual; State Department of Mental Health's Short-Doyle/Medi-Cal Manual
31 for the Rehabilitation Option and Targeted Case Management; State Department of Mental Health's
32 Short-Doyle/Medi-Cal Automated Cost Reporting System Users Manual; policies and procedures
33 developed by County; State's Medicaid Plan; and policies and procedures which have been documented
34 in the form of Policy Letters issued by State Department of Mental Health; and/or for State Department
35 of Health Services.

1 WHEREAS, this Agreement is authorized by WIC Section 5600 et seq., California Government
2 Code Sections 23004, 26227 and 53703, and otherwise.

3 NOW, THEREFORE, Contractor and County agree as follows:

4 1. TERM:

5 A. Initial Period: The Initial Period of this Agreement shall commence on July 1, 2003 and
6 shall continue in full force and effect through June 30, 2004.

7 B. Automatic Renewal Period(s): After the Initial Period, this Agreement shall be
8 automatically renewed two additional periods without further action by the parties hereto unless either
9 party desires to terminate this Agreement at the end of either the Initial Period or First Automatic
10 Renewal Period and gives written notice to the other party not less than thirty days prior to the end of
11 the Initial Period or at the end of the First Automatic Renewal Period, as applicable.

12 (1) First Automatic Renewal Period: If this Agreement is automatically renewed,
13 the First Automatic Renewal Period shall commence on July 1, 2004 and shall continue in full force and
14 effect through June 30, 2005.

15 (2) Second Automatic Renewal Period: If this Agreement is automatically renewed,
16 the Second Automatic Renewal Period shall commence on July 1, 2005 and shall continue in full force
17 and effect through June 30, 2006.

18 C. Termination:

19 (1) This Agreement may be terminated by either party at any time without cause by
20 giving at least thirty days prior written notice to the other party.

21 (2) This Agreement may be terminated by County immediately:

22 (a) If County determines that:

- 23 i. Any Federal, State, and/or County funds are not available for
24 this Agreement or any portion thereof; or
25 ii. Contractor has failed to initiate delivery of services within 30
26 days of the commencement date of this Agreement; or
27 iii. Contractor has failed to comply with any of the provisions of
28 Paragraphs 16 (NONDISCRIMINATION IN SERVICES), 17
29 (NONDISCRIMINATION IN EMPLOYMENT), 19
30 (INDEMNIFICATION AND INSURANCE), 20 (WARRANTY
31 AGAINST CONTINGENT FEES), 21 (CONFLICT OF INTEREST),
32 26 (DELEGATION AND ASSIGNMENT), 27
33 (SUBCONTRACTING), 45 (CERTIFICATION OF DRUG-FREE
34 WORK PLACE), 48 (CHILD SUPPORT COMPLIANCE
35 PROGRAM), and/or 52 (CONTRACTOR'S EXCLUSION FROM
36 PARTICIPATION IN A FEDERALLY FUNDED PROGRAM); or

1 (b) In accordance with Paragraphs 32 (TERMINATION FOR INSOLVENCY),
2 33 (TERMINATION FOR DEFAULT), 34 (TERMINATION FOR IMPROPER
3 CONSIDERATION), and/or 46 (COUNTY LOBBYISTS).

4 (3) This Agreement shall terminate as of June 30 of the last Fiscal Year for which
5 funds for this Agreement were appropriated by County as provided in Paragraph 5 (COUNTY'S
6 OBLIGATION FOR CURRENT AND FUTURE FISCAL YEARS).

7 (4) In the event that this Agreement is terminated, then:

8 (a) On or after the date of the written notice of termination, County, in its
9 sole discretion, may stop all payments to Contractor hereunder until
10 preliminary settlement based on the Annual Cost Report. Contractor
11 shall prepare an Annual Cost Report, including a statement of expenses
12 and revenues, which shall be submitted pursuant to Paragraph 4
13 (FINANCIAL PROVISIONS), Subparagraph N (Annual Cost Reports),
14 within seventy-five days of the date of termination. Such preliminary
15 settlement shall not exceed the Maximum Monthly Payment (see
16 Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph L (Maximum
17 Monthly Payment) multiplied by the actual number of months or portion
18 thereof during which this Agreement was in effect during the particular
19 Fiscal Year; and

20 (b) Upon issuance of any notice of termination, Contractor shall make
21 immediate and appropriate plans to transfer or refer all patients/clients
22 receiving services under this Agreement to other agencies for continuing
23 services in accordance with the patient's/client's needs. Such plans
24 shall be subject to prior written approval of Director, except that in
25 specific cases, as determined by Contractor, where an immediate
26 patient/client transfer or referral is indicated, Contractor may make an
27 immediate transfer or referral. If Contractor terminates this Agreement,
28 all costs related to all such transfers or referrals as well as all costs
29 related to all continuing services shall not be a charge to this Agreement
30 nor reimbursable in any way under this Agreement; and

31 (c) If Contractor is in possession of any equipment, furniture, removable
32 fixtures, materials, or supplies owned by County as provided in
33 Paragraph 42 (PURCHASES), the same shall be immediately returned to
34 County.

35 (5) Any termination of this Agreement by County shall be approved by County's
36 Board of Supervisors.

1 D. Suspension of Payments: Payments to Contractor under this Agreement shall be
2 suspended if Director, for good cause, determines that Contractor is in default under any of the
3 provisions of this Agreement. Except in cases of alleged fraud or similar intentional wrongdoing, at least
4 30 days notice of such suspension shall be provided to Contractor, including a statement of the
5 reason(s) for such suspension. Thereafter, Contractor may, within 15 days, request reconsideration of
6 the Director's decision. Payments shall not be withheld pending the results of the reconsideration
7 process.

8 2. ADMINISTRATION: Director shall have the authority to administer this Agreement on behalf of
9 County. Contractor shall designate in writing a Contract Manager who shall function as liaison with
10 County regarding Contractor's performance hereunder.

11 3. DESCRIPTION OF SERVICES/ACTIVITIES: Contractor shall provide mental health services in the
12 form as identified on the Financial Summary and Service Exhibit(s) and in the Program Description of
13 Contractor's Negotiation Package for this Agreement as approved in writing by Director, including any
14 addenda thereto as approved in writing by Director. Services provided by Contractor shall be the same
15 regardless of the patient's/client's ability to pay or source of payment.

16 Contractor shall be responsible for delivering services to new clients to the extent that funding is
17 provided by County. Where Contractor determines that services to new clients can no longer be
18 delivered, Contractor shall provide 30 days prior notice to County. Contractor shall also thereafter make
19 referrals of new clients to County or other appropriate agencies.

20 Contractor shall not be required to provide the notice in the preceding paragraph when County
21 reduces funding to Contractor, either at the beginning or during the fiscal year. In addition, when
22 County cuts the funding for a particular program provided by Contractor, Contractor shall not be
23 responsible for continuing services for those clients linked to that funding. Contractor shall also
24 thereafter make referrals of those clients to County or other appropriate agencies.

25 Contractor may provide activities claimable as Title XIX Medi-Cal Administrative Activities
26 pursuant to WIC Section 14132.44. The administrative activities which may be claimable as Title XIX
27 Medi-Cal Administrative Activities are shown on the Financial Summary and are described in the policies
28 and procedures provided by SDMH and/or SDHS.

29 Contractor may provide mental health services claimable as EPSDT services.

30 If, during Contractor's provision of services under this Agreement, there is any need for
31 substantial deviation from the services as described in Contractor's Negotiation Package for this
32 Agreement, as approved in writing by Director, including any addenda thereto as approved in writing by
33 Director, then Contractor shall submit a written request to Director for written approval before any such
34 substantial deviation may occur.

35 4. FINANCIAL PROVISIONS:

36 A. General: This Agreement provides for reimbursement as provided in this Paragraph 4

(FINANCIAL PROVISIONS), Subparagraph J (1) (Payment) and as shown on the Financial Page(s).
2 The Contractor will comply with all requirements necessary for reimbursement as established by
3 Federal, State and local statutes, laws, ordinances, rules, regulations, manuals, policies, guidelines
4 and directives. Under no circumstances can the total Maximum Contract Amount of this Agreement
5 be increased or decreased without a properly executed amendment.

6 (1) Capitated Rate: A fixed amount, including all revenue, interest and return, per
7 enrolled individual/member paid monthly to Contractor for providing comprehensive mental health
8 services/activities as required in that period for the covered individuals/members. All fees paid by or
9 paid on behalf of an enrolled individual/member receiving services/activities hereunder and all other
10 revenue, interest and return resulting from services/activities and/or funds hereunder shall be deducted
11 from the Capitated Rate.

12 (2) Cost Reimbursement: County agrees to reimburse Contractor during the term of
13 this Agreement for the actual and allowable costs, less all fees paid by or on behalf of patients/clients
14 receiving services/activities hereunder and all other revenue, interest and return resulting from
15 services/activities and/or funds paid by County to Contractor hereunder but not to exceed the Maximum
16 Reimbursable Amount per visit as shown on the Financial Summary and the maximum number of
17 allowable visits stipulated in the Fee-For-Service Medi-Cal Specialty Mental Health Services Provider
18 Manual when Contractor is providing mental health services, specialty mental health services and/or
19 Title XIX Medi-Cal Administrative Activities hereunder in accordance with WIC Sections 5704, 5707,
20 5709, 5710, 5714, 5716, 5718, 5719, 5720, 5721, 5723, and 14132.44; CCR Titles 9 and
21 22; SDMH Policy Letters; CR/DC Manual; RO/TCM Manual; DMH policies and procedures; and all other
22 applicable Federal, State, and local laws, ordinances, rules, regulations manuals, guidelines, and
23 directives.

24 (3) EPSDT: County agrees to reimburse Contractor during the term of this
25 Agreement for providing EPSDT mental health services/activities over the State established baseline in
26 accordance with Federal and State laws and regulations. Baseline increases imposed by the State will
27 be imposed on the Contractor in like percentages.

28 EPSDT funds are part of the Maximum Contract Amount(s) of this
29 Agreement and shall be paid by County to Contractor solely in County's capacity as the EPSDT claim
30 intermediary between the Contractor and the State.

31 Notwithstanding any other provision of this Agreement, in the event that Contractor provides
32 EPSDT services reimbursable under the State's EPSDT mandate claim process, in excess of the
33 Contractor's Fiscal Year 2003-2004 base of \$545,664, Contractor shall be
34 paid by County from EPSDT funds upon receipt from the State. The CGF allocated on the Financial
35 Summary Page for EPSDT baseline services is designated solely for EPSDT eligible services and no CGF
36 in this category shall be transferred to any other category on said Financial Summary Page. In the event

1 that EPSDT funds are not available to pay EPSDT claims or that State denies any or all of the EPSDT
2 claims submitted by County on behalf of Contractor, Contractor shall indemnify and hold harmless
3 County for any and all liability for payment of any or all of the denied EPSDT claims or for the
4 unavailability of EPSDT funds to pay for EPSDT claims. Contractor shall be solely liable and responsible
5 for all data and information submitted by Contractor to County in support of all claims for EPSDT funds
6 submitted by County as the fiscal intermediary.

7 (4) IMD: County agrees to reimburse Contractor during the term of this Agreement
8 for providing IMD mental health services/activities in accordance with State laws and regulations.

9 (5) Negotiated Rate: County agrees to reimburse Contractor during the term of this
10 Agreement for providing mental health services hereunder in accordance with WIC Sections 5704,
11 5705, 5707, 5709, 5710, 5714, 5716, 5717, 5718, 5719, 5720, 5721, 5723, and 14132.44; CCR
12 Titles 9 and 22; SDMH Policy Letters; CR/DC Manual; RO/TCM Manual; DMH policies and procedures;
13 and all other applicable Federal, State, and local laws, ordinances, rules, regulations, manuals,
14 guidelines, and directives. Except for Title XIX Medi-Cal Administrative Activities, reimbursement shall
15 be at the Negotiated Rate(s), as mutually agreed upon between County and Contractor and approved by
16 SDMH (for any NR funded in whole or in part by Title XIX Short-Doyle/Medi-Cal and/or State funds) and
17 as shown on the Financial Summary less all fees paid by or on behalf of patients/clients receiving
18 services hereunder and all other revenue, interest and return resulting from services/activities and/or
19 funds paid by County to Contractor hereunder.

20 B. Reimbursement For Initial Period: The Maximum Contract Amount for the Initial Period of
21 this Agreement as described in Paragraph 1 (TERM) shall not exceed ELEVEN MILLION FOUR HUNDRED
22 TWENTY-FIVE THOUSAND NINE HUNDRED FORTY-FOUR
23 DOLLARS (\$11,425,944) and shall consist of County, State, and/or Federal funds as shown on the
24 Financial Summary. This Maximum Contract Amount includes Cash Flow Advance which is repayable
25 through cash and/or appropriate SFC units and/or actual and allowable costs as authorized by other
26 provisions of this Agreement. Notwithstanding any other provision of this Agreement, in no event shall
27 County pay Contractor more than this Maximum Contract Amount for Contractor's performance
28 hereunder during the Initial Period.

29 C. Reimbursement If Agreement Is Automatically Renewed:

30 (1) Reimbursement For First Automatic Renewal Period: The Maximum
31 Contract Amount for the First Automatic Renewal Period of this Agreement as described in Paragraph 1
32 (TERM) shall not exceed ELEVEN MILLION FOUR HUNDRED TWENTY-FIVE THOUSAND NINE
33 HUNDRED FORTY-FOUR
34 DOLLARS (\$11,425,944) and shall consist of County, State, and/or Federal funds as shown on the
35 Financial Summary. This Maximum Contract Amount includes the Cash Flow Advance which is
36 repayable through cash and/or appropriate SFC units and/or actual and allowable costs as authorized by

1 other provisions of this Agreement. Notwithstanding any other provision of this Agreement, in no event
2 shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance
3 hereunder during the First Automatic Renewal Period.

4 (2) Reimbursement For Second Automatic Renewal Period: The Maximum
5 Contract Amount for the Second Automatic Renewal Period of this Agreement as described in
6 Paragraph 1 (TERM) shall not exceed ELEVEN MILLION FOUR HUNDRED TWENTY-FIVE THOUSAND
7 NINE HUNDRED FORTY-FOUR----- DOLLARS (~~\$11,425,944~~)

8 and shall consist of County, State, and/or Federal funds as shown on the Financial Summary. This
9 Maximum Contract Amount includes the Cash Flow Advance which is repayable through cash and/or
10 appropriate SFC units and/or actual and allowable costs as authorized by other provisions of this
11 Agreement. Notwithstanding any other provision of this Agreement, in no event shall County pay
12 Contractor more than this Maximum Contract Amount for Contractor's performance hereunder during
13 the Second Automatic Renewal Period.

14 D. SDMH Approval of Negotiated Rate(s):

15 (1) Pursuant to WIC Section 5716, SDMH's approval of each NR, which is funded
16 in whole or in part by Federal and/or State funds, shall be obtained prior to the commencement date of
17 this Agreement and prior to the beginning of any subsequent Fiscal Year or portion thereof that this
18 Agreement is in effect. Each such NR shall be effective only upon SDMH approval. If SDMH approval
19 is received after the commencement date of this Agreement or after the beginning of any subsequent
20 Fiscal Year, SDMH approval may be retroactive. If any such NR is disapproved by SDMH for any Fiscal
21 Year or portion thereof, Contractor shall be compensated for all mental health services under this
22 Agreement in accordance with the provisions of WIC Section 5716.

23 (2) Contractor understands that any NR funded in whole or in part by Title XIX
24 Short-Doyle/Medi-Cal and/or State funds may include County's share of reimbursement for
25 administrative support costs, including, but not limited to, quality assurance, utilization review, technical
26 assistance, training, cost accounting, contract administration, other direct administrative activities which
27 result because of contracting activities, medications, monitoring, revenue generation, and client data
28 collection. County shall pay Contractor for Contractor's share of reimbursement for any such NR and
29 shall retain County's share of reimbursement to pay for County's associated administrative support
30 costs, if any.

31 E. Established Maximum Allowable Rates:

32 (1) Notwithstanding any other provision of this Agreement, County shall not be
33 required to pay Contractor more than the Established Maximum Allowable Rates for applicable Title XIX
34 Short-Doyle/Medi-Cal SFC units. The Established Maximum Allowable Rates shall be those specified in
35 CCR Title 22, as authorized by WIC Section 5720.

36 (2) Pursuant to Subparagraph D (SDMH Approval of Negotiated Rate(s)) and this

1 Subparagraph E, the appropriate Established Maximum Allowable Rates in effect during the Initial Period
2 of this Agreement, the First Automatic Renewal Period, or the Second Automatic Renewal Period, shall
3 be applicable to this Agreement when adopted by State.

4 (3) The Established Maximum Allowable Rates shall not apply to SFC units which
5 are wholly funded by CGF.

6 F. EPSDT Title XIX Medi-Cal Services, Title XIX Short-Doyle/Medi-Cal Services and Title
7 XIX Medi-Cal Administrative Activities:

8 (1) Except as otherwise provided in this Agreement, if Contractor provides EPSDT
9 Title XIX Medi-Cal services, and/or Title XIX Short-Doyle/Medi-Cal services, and/or Title XIX Medi-Cal
10 Administrative Activities, then Contractor shall be reimbursed by County for the eligible and Federal and
11 State-approved EPSDT Title XIX Medi-Cal SFC units furnished to eligible Medi-Cal beneficiaries; and/or
12 for the eligible and State-approved Title XIX Short-Doyle/Medi-Cal SFC units furnished to eligible
13 Medi-Cal beneficiaries; and/or as determined by the State, for the actual and allowable costs of eligible
14 and State-approved Title XIX Medi-Cal Administrative Activities only in arrears and only to the extent of
15 actual EPSDT Title XIX Medi-Cal, and/or Title XIX Short-Doyle/Medi-Cal, and/or Title XIX Medi-Cal
16 Administrative Activities payments made by the Federal and State governments to County for such
17 service and activities.

18 (2) Each Fiscal Year of the term of this Agreement, such reimbursement for Title
19 XIX Short-Doyle/Medi-Cal SFC units, and/or for Title XIX Medi-Cal Administrative Activities, shall be
20 made as applicable on the basis of: (1) fifty percent Title XIX Short-Doyle/Medi-Cal services FFP funds
21 and/or fifty percent Title XIX Medi-Cal Administrative Activities FFP funds, and/or fifty percent Specialty
22 Mental Health Services FFP funds which are part of the applicable Maximum Contract Amount of this
23 Agreement and which are paid by County to Contractor solely in County's capacity as the fiscal
24 intermediary for such Title XIX Short-Doyle/Medi-Cal services, and/or Title XIX Medi-Cal Administrative
25 Activities, and (2) fifty percent match from funds which are part of the applicable Maximum Contract
26 Amount of this Agreement, and which qualify as eligible FFP match as on the Financial Summary.

27 (3) Each Fiscal Year of the term of this Agreement, such reimbursement for EPSDT
28 Title XIX Medi-Cal services shall be one hundred percent of the program funds which are part of the
29 applicable Maximum Contract Amount of this Agreement and which are paid by County to Contractor
30 solely in County's capacity as the fiscal intermediary. EPSDT Title XIX Medi-Cal services shall be paid
31 as applicable on the basis of fifty percent EPSDT Title XIX services FFP funds and fifty percent State
32 matching general funds for EPSDT and only when such EPSDT Title XIX services exceed the individual
33 Contractor's EPSDT base line as identified in Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph A
34 (3) (EPSDT).

35 (4) Notwithstanding any other provision of this Agreement, if EPSDT Title XIX
36 Medi-Cal services, and/or Title XIX Short-Doyle/Medi-Cal services, and/or Title XIX Medi-Cal

1 Administrative Activities are provided hereunder, such services and administrative activities shall comply
2 with and be compensated in accordance with all applicable Federal and State reimbursement
3 requirements.

4 (5) If EPSDT Title XIX Medi-Cal services, and/or Title XIX Short-Doyle/Medi-Cal
5 services, and/or Title XIX Medi-Cal Administrative Activities, are provided under this Agreement,
6 Contractor authorizes County to serve as the fiscal intermediary for claiming and reimbursement for such
7 EPSDT Title XIX Medi-Cal services, and/or Title XIX Short-Doyle/Medi-Cal services, and/or Title XIX
8 Medi-Cal Administrative Activities and to act on Contractor's behalf with SDMH, SDHS and/or SDSS in
9 regard to claiming reimbursement for EPSDT Title XIX Medi-Cal services, and/or Title XIX
10 Short-Doyle/Medi-Cal services, and/or Title XIX Medi-Cal Administrative Activities.

11 Contractor shall be solely liable and responsible for all data and information submitted by
12 Contractor to County in support of all claims for EPSDT Title XIX Medi-Cal services, and/or Title XIX
13 Short-Doyle/Medi-Cal services, and/or Title XIX Medi-Cal Administrative Activities, submitted by County
14 as the fiscal intermediary to SDMH, SDHS and/or SDSS and for any subsequent State approvals or
15 denials of such claims that may be based on data and information submitted by Contractor. Contractor
16 shall process all EPSDT Title XIX Medi-Cal and/or Title XIX Short-Doyle/Medi-Cal, Explanation of Balance
17 (EOB) or other data within the time frame prescribed by the State and Federal governments. County
18 shall have no liability for Contractor's failure to comply with State and Federal time frames.

19 Notwithstanding any other provision of this Agreement, Contractor shall hold County
20 harmless from and against any loss to Contractor resulting from any such State denials, unresolved EOB
21 claims, and/or any Federal and/or State audit disallowances for such Title XIX Short-Doyle/Medi-Cal
22 services, and/or Title XIX Medi-Cal Administrative Activities.

23 (6) Contractor shall hold County harmless from and against any loss to Contractor
24 resulting from any such State denials, unresolved EOB claims, and/or any Federal and/or State audit
25 disallowances for such EPSDT Title XIX Medi-Cal services.

26 (7) Notwithstanding any other provision of this Agreement, Contractor shall be
27 totally liable and responsible for: (1) the accuracy of all data and information on all claims for EPSDT
28 Title XIX Medi-Cal services, and/or Title XIX Short-Doyle/Medi-Cal services which Contractor inputs into
29 MIS, (2) the accuracy of all data and information which Contractor provides to DMH, and (3) ensuring
30 that all EPSDT Title XIX Medi-Cal services, and/or Title XIX Short-Doyle/Medi-Cal services, and/or Title
31 XIX Medi-Cal Administrative Activities, are performed appropriately within Medi-Cal, guidelines
32 including, but not limited to, administration, utilization review, documentation, and staffing.

33 (8) As the State designated Short-Doyle/Medi-Cal fiscal intermediary, County shall
34 submit a claim to SDMH for EPSDT Title XIX Medi-Cal, and/or Title XIX Short-Doyle/Medi-Cal
35 reimbursement only for those services entered by Contractor into MIS which are identified by Contractor
36 as "Y". The "Y" means that the service provided is to be claimed by County to Short-Doyle/Medi-Cal.

1 Contractor shall comply with all written instructions from County and/or State regarding EPSDT Title
2 XIX Medi-Cal, and/or Title XIX Short-Doyle/Medi-Cal claiming and documentation.

3 Contractor shall maintain an audit file documenting all EPSDT Title XIX Medi-Cal, and/or
4 Title XIX Short-Doyle/Medi-Cal services as instructed by County for a period of seven years from the
5 end of the Fiscal Year in which such services were provided or until final resolution of any audits,
6 whichever occurs later.

7 (9) County is the State designated fiscal intermediary for EPSDT Title XIX Medi-Cal
8 services, and Title XIX Short-Doyle/Medi-Cal services, and Title XIX Medi-Cal Administrative Activities.
9 Contractor shall comply with all written instructions from County regarding any such Title XIX claims
10 and documentation. Contractor shall certify in writing that all necessary Title XIX documentation exists
11 at the time any such claims for EPSDT Title XIX Medi-Cal services, and/or Title XIX Short-Doyle/Medi-
12 Cal services, and/or Title XIX Medi-Cal Administrative Activities, are submitted by Contractor to County.

13 Contractor shall maintain all records, including, but not limited to, all time studies
14 prepared by Contractor, documenting all EPSDT Title XIX Medi-Cal services, and/or Title XIX Short-
15 Doyle/Medi-Cal services, and/or Title XIX Medi-Cal Administrative Activities, as instructed by County for
16 a period of seven years from the end of the quarter in which such services were provided or until final
17 resolution of any audits, whichever occurs later.

18 (10) County may modify the claiming systems for either EPSDT Title XIX Medi-Cal
19 services, and/or Title XIX Short-Doyle/Medi-Cal services, and/or Title XIX Medi-Cal Administrative
20 Activities, at any time in order to comply with changes in, or interpretations of, State or Federal laws,
21 rules, regulations, manuals, guidelines, and directives. When possible, County shall notify Contractor in
22 writing of any such modification and the reason for the modification thirty days prior to the
23 implementation of the modification.

24 (11) EPSDT Title XIX Medi-Cal and Title XIX Short-Doyle/Medi-Cal Reconciliation
25 Report: Prior to fourteen and one-half months after the close of each Fiscal Year, Contractor shall
26 provide DMH with two copies of an accurate and complete EPSDT Title XIX Medi-Cal and Title XIX
27 Short-Doyle/Medi-Cal Reconciliation Report at the legal entity level for each of Contractor's
28 Short-Doyle/Medi-Cal provider numbers which are part of the legal entity, for all EPSDT Title XIX Medi-
29 Cal, and/or Title XIX Short-Doyle/Medi-Cal SFC units furnished and State-approved during the applicable
30 Fiscal Year. Each such EPSDT Title XIX Medi-Cal and Title XIX Short-Doyle/Medi-Cal Reconciliation
31 Report shall be prepared by Contractor in accordance with all SDMH instructions and shall be certified in
32 writing by Contractor's Chief Executive Officer. If Contractor does not so provide DMH with the EPSDT
33 Title XIX Medi-Cal and Title XIX Short-Doyle/Medi-Cal Reconciliation Report within such fourteen and
34 one-half months, then Director, in his sole discretion, shall determine which State approved EPSDT
35 Medi-Cal, and/or Short-Doyle/Medi-Cal data shall be used by County for completion of the EPSDT Title
36 XIX Medi-Cal and Title XIX Short-Doyle/Medi-Cal Reconciliation Report.

1 (12) ~~EPSDT Title XIX Medi-Cal Services, Title XIX Short-Doyle/Medi-Cal Services,~~
2 ~~Title XIX Medi-Cal Administrative Activities, Overpayment Recovery Procedures:~~ Contractor shall repay
3 to County the amount, if any, paid by County to Contractor for EPSDT Title XIX Medi-Cal services, and
4 Title XIX Short-Doyle/Medi-Cal services, and Title XIX Medi-Cal Administrative Activities, which are
5 found by County, State, and/or Federal governments not to be reimbursable.

6 For Federal audit exceptions, Federal audit appeal processes shall be followed. County
7 recovery of Federal overpayment shall be made in accordance with all applicable Federal laws,
8 regulations, manuals, guidelines, and directives.

9 For State audit exceptions, County shall immediately recover any overpayment from
10 Contractor when the State recovers the overpayment from County.

11 For County audit exceptions, County shall immediately recover the overpayment from
12 Contractor 30 days from the date of the applicable audit determination by Director.

13 Contractor shall pay County according to the method described in Subparagraph S
14 (Payments Due to County/Method of Payment).

15 G. Funding Sources:

16 (1) County, State, and/or Federal funds shall be limited to and shall not exceed the
17 respective amounts shown on the Financial Summary. County funds include the portion of Cash Flow
18 Advance and is repayable through cash, and/or County SFC units, and/or approved EPSDT Title XIX
19 Medi-Cal units of service, approved Title XIX Short-Doyle/Medi-Cal SFC units, and/or approved Title XIX
20 Medi-Cal Administrative Activities units of activities.

21 (2) The reimbursement method of payment for the respective County, State and/or
22 Federal funding source(s) is shown on the Financial Summary.

23 (3) The combined CGF and any other funding sources shown on the Financial
24 Summary as funds to be disbursed by County shall not total more than the Maximum Contract Amount
25 for the applicable period of the Agreement term as specified in Subparagraphs B (Reimbursement For
26 Initial Period) and C (Reimbursement If Agreement Is Automatically Renewed).

27 (4) County funds include Cash Flow Advance which is repayable through cash
28 and/or County SFC units, and/or approved EPSDT Title XIX Medi-Cal SFC units, and/or approved Title
29 XIX Short-Doyle/Medi-Cal SFC units, and/or approved Title XIX Medi-Cal Administrative Activities units
30 of activities.

31 Notwithstanding any other provision of this Agreement, EPSDT Title XIX Medi-Cal, FFP
32 funds shall be paid by County to Contractor solely in County's capacity as the fiscal intermediary for
33 EPSDT Title XIX Medi-Cal services, and/or Title XIX Short-Doyle/Medi-Cal services, and/or Title XIX
34 Medi-Cal Administrative Activities. In no event shall County be liable or responsible to Contractor for
35 any payment for any disallowed EPSDT Title XIX Medi-Cal services, and/or Title XIX
36 Short-Doyle/Medi-Cal services, and/or Title XIX Medi-Cal Administrative Activities.

1 EPSDT Title XIX Medi-Cal and FFP funds shall be subject to all applicable Federal and
2 State laws, rules, regulations, manuals, guidelines, and directives.

3 (5) To the extent permitted by Federal law, certain funds, as designated on the
4 Financial Summary, may be used to match the FFP component of reimbursement for Title XIX
5 Short-Doyle/Medi-Cal services, and/or Title XIX Medi-Cal Administrative Activities, in order to achieve
6 the maximum Federal reimbursement possible for mental health services and administrative activities
7 provided under this Agreement.

8 H. Government Funding Restrictions: This Agreement shall be subject to any restrictions,
9 limitations, or conditions imposed by State, including, but not limited to, those contained in State's
10 Budget Act, which may in any way affect the provisions or funding of this Agreement. This Agreement
11 shall also be subject to any additional restrictions, limitations, or conditions imposed by the Federal
12 government which may in any way affect the provisions or funding of this Agreement.

13 I. Patient/Client Eligibility, UMDAP Fees, Third Party Revenue, and Interest:

14 (1) Contractor shall comply with all County, State, and Federal requirements and
15 procedures, as described in WIC Sections 5709, 5710 and 5721, relating to: (1) the determination and
16 collection of patient/client fees for services hereunder based on UMDAP and DMH's Revenue Manual,
17 (2) the eligibility of patients/clients for Short-Doyle/Medi-Cal, Medicare, private insurance, or other third
18 party revenue, and (3) the collection, reporting and deduction of all patient/client and other revenue for
19 patients/clients receiving services hereunder. Contractor shall vigorously pursue and report collection of
20 all patient/client and other revenue.

21 (2) All fees paid by patients/clients receiving services under this Agreement and all
22 fees paid on behalf of patients/clients receiving services hereunder shall be utilized by Contractor only
23 for the delivery of mental health service units specified in this Agreement.

24 (3) If Contractor provides Title XIX Medi-Cal Administrative Activities funded by
25 Title XIX pursuant to WIC Section 14132.44 as described in Paragraph 3 (DESCRIPTION OF
26 SERVICES), or then Contractor shall assure that FFP reimbursement for such Title XIX Medi-Cal
27 Administrative Activities and shall be utilized by Contractor only for the provision of Title XIX Medi-Cal
28 Administrative Activities.

29 (4) Contractor may retain unanticipated revenue, which is not shown in
30 Contractor's Negotiation Package for this Agreement, for a maximum period of one Fiscal Year, provided
31 that the unanticipated revenue is utilized for the delivery of mental health service units specified in this
32 Agreement. Contractor shall report the mental health services funded by this unanticipated revenue in
33 the Annual Cost Report submitted by Contractor to County. The Annual Cost Report shall be prepared
34 as instructed by State and County.

35 (5) Contractor shall not retain any fees paid by any resources for or on behalf of
36 Medi-Cal beneficiaries without having those fees deducted from the cost of providing the mental health

1 service/units specified in this Agreement.

2 (6) Contractor may retain any interest and/or return which may be received, earned
3 or collected from any funds paid by County to Contractor, provided that Contractor shall utilize all such
4 interest and return only for the delivery of mental health service units specified in this Agreement.

5 (7) Failure of Contractor to report in all its monthly claims and in its Annual Cost
6 Report all fees paid by patients/clients receiving services hereunder, all fees paid on behalf of
7 patients/clients receiving services hereunder, all fees paid by third parties on behalf of Medi-Cal
8 beneficiaries receiving services and/or activities hereunder, all unanticipated revenue not shown in
9 Contractor's Negotiation Package for this Agreement, and all interest and return on funds paid by
10 County to Contractor, shall result in: (1) Contractor's submission of a revised claim statement showing
11 all such nonreported revenue, (2) a report by County to SDMH of all such nonreported revenue, (3) a
12 report by County to the Federal Health Care Financing Administration (HCFA) should any such
13 unreported revenue be paid by any resources for or on behalf of Medi-Cal beneficiaries, and/or (4) any
14 appropriate financial adjustment to Contractor's reimbursement.

15 J. Payment:

16 (1) For each month of the term of this Agreement, Contractor shall submit to
17 County a claim for each applicable row (payer funding source) identified on the Financial Summary and
18 Rate Schedule, in the form and content specified by County. Each monthly claim shall be submitted
19 within sixty days of Contractor's receipt of County's MIS reports for the last date mental health services
20 were provided during the particular month and within sixty days of the last date Title XIX Medi-Cal
21 Administrative Activities were provided during the particular month.

22 (a) Capitated Rate: Contractor's monthly claim to County shall show all
23 Contractor's enrolled individuals/members covered by the Capitated Rate Program and all other revenue,
24 interest and return resulting from services/activities and/or funds paid by County to Contractor
25 hereunder for the particular month.

26 (b) Cost Reimbursement: Contractor's monthly claim to County shall show
27 all Contractor's actual and allowable costs and all other revenue, interest and return resulting from
28 services/activities and/or funds paid by County to Contractor hereunder for the particular month. The
29 County may make provisional reimbursement, subject to final settlement to cost. All provisional
30 reimbursement shall be based upon specialty mental health services actually provided as shown on
31 County's Claims Systems reports. Contractor certifies that all units of service claimed by Contractor on
32 a provisional reimbursement basis are true and accurate claims for reimbursement.

33 (c) For IMDs Only: Those Institutions for Mental Disease which are
34 licensed as Skilled Nursing Facilities (SNF) by SDHS are, thereby, entitled by law to the rates established
35 by SDHS for Skilled Nursing Facilities. The IMD rate consists of a basic SNF rate and a STP rate, or a
36 MHRC rate. Contractor's monthly claim to County shall be for those patient days that have been

1 approved in writing by the County and shall be separately itemized by each patient day. Claims shall be
2 submitted to County within 30 days of the end of the billing period. Monthly claims shall be reviewed
3 and approved by County.

4 (d) Negotiated Rate: Contractor's monthly claim to County shall be
5 separately itemized by each SFC to show the payment calculation for each SFC by multiplying the SFC
6 units as shown on MIS reports by the applicable NR for such SFC as shown on the Financial Summary,
7 except that for PATH and SAMHSA services, Contractor's monthly claim shall show Contractor's actual
8 and allowable costs, less all fees paid by or on behalf of patients/clients receiving services hereunder and
9 all other revenue, interest and return resulting from services/activities and/or funds paid by County to
10 Contractor hereunder.

11 (1) DMH shall have the option to deny payment for services when
12 documentation of clinical work does not meet minimum State and County standards.

13 (2) Final reimbursement to Contractor shall not exceed the listed
14 rates as shown on the Financial Summary. Provisional reimbursement to contractor shall be at the State
15 established Title XXII rates for CPT codes. At cost report, provisional reimbursement will be adjusted to
16 State approved Negotiated Rates not to exceed the rates shown on the Financial Summary and shall be
17 considered payment in full, subject to third party liability and beneficiary share of cost, for the specialty
18 mental health services provided to a beneficiary. Reimbursement shall be made only for State approved
19 Short-Doyle/Medi-Cal claims and to the extent that funds allocated by State for County specifically for
20 these services are available.

21 (3) For Organizational Providers only. Provisional reimbursement
22 shall be based on the rates shown on the Provisional Rate Schedule(s) as published and periodically
23 revised as supplements to the Los Angeles County DMH Fee-For-Service Medi-Cal Specialty Mental
24 Health Services Provider Manual by the DMH, Office of Managed Care and distributed to DMH
25 Organizational Providers and to the Los Angeles County DMH Contracts Development and
26 Administration Division.

27 Further, Contractor agrees to hold harmless both the State and beneficiary in the event County cannot
28 or will not pay for services performed by Contractor pursuant to this Agreement.

29 (2) On the basis of this monthly claim and after Director's review and approval of
30 the monthly claim, Contractor shall receive from County payment of Contractor's claimed amount for
31 NR services, actual and allowable costs for all cost reimbursed services and activities, and claimed
32 amount for Capitated Rate, less all revenue, interest and return resulting from services/activities and/or
33 funds paid by County to Contractor hereunder, including, but not limited to, all Medicare, patient/client
34 fees, private insurance, and any other revenue, interest and return as described in Subsection 7 of
35 Subparagraph 1 (Patient/Client Eligibility, UMDAP Fees, Third Party Revenue, and Interest).

36 The monthly claim and subsequent payment shall be made in accordance with County

1 policies and procedures. If a claim is not submitted as required by County, then payment shall be
2 withheld until County is in receipt of a complete and correct claim and such claim has been reviewed
3 and approved by Director.

4 If Contractor has received any Cash Flow Advance pursuant to Subparagraph K (Cash
5 Flow Advances In Expectation of Services/Activities To Be Rendered), then Director may, in his
6 discretion, at any time, make adjustments to any of Contractor's monthly claims as necessary to ensure
7 that Contractor shall not be paid by County a sum in excess of the amount determined by multiplying
8 the SFC units as shown on MIS reports by the applicable NR for such SFC as shown on the Financial
9 Summary for NR services and/or Contractor's actual and allowable costs of providing mental health
10 services and Title XIX Medi-Cal Administrative Activities and/or a sum in excess of the amount
11 determined by multiplying the Capitated Rate by the applicable enrolled individuals/members for
12 Capitated Rate Contractors, or the Maximum Contract Amount for such Fiscal Year as shown in
13 Subparagraphs B (Reimbursement for Initial Period) or C (Reimbursement If Agreement Is Automatically
14 Renewed), whichever is less, less all revenue, interest and return resulting from services/activities and/or
15 funds paid by County to Contractor hereunder. Contractor may request in writing, and shall receive if
16 requested, DMH's computations for determining any adjustment to Contractor's monthly claim.

17 (3) All monthly claims shall be subject to adjustment based upon the MIS reports,
18 EOB data, and/or Contractor's Annual Cost Report which shall supersede and take precedence over all
19 claims.

20 (4) All monthly claims shall be based on mental health services actually provided as
21 shown on MIS reports and/or Title XIX Medi-Cal Administrative Activities actually provided as shown by
22 State-approved time studies prepared or actual and allowable costs for State approved units of activities
23 reported by Contractor. Contractor certifies that all units of services reported by Contractor into MIS
24 are true and accurate claims for reimbursement.

25 (5) EPSDT Title XIX Medi-Cal funds, and Title XIX Short-Doyle/Medi-Cal FFP funds
26 shall be paid by County to Contractor only for State approved claims for EPSDT Title XIX Medi-Cal
27 and/or Title XIX Short-Doyle/Medi-Cal SFC units provided to eligible Medi-Cal beneficiaries. EPSDT Title
28 XIX Medi-Cal funds, and Title XIX Short-Doyle/Medi-Cal FFP funds shall be paid by County to Contractor
29 only in arrears, only for the period of time Contractor is certified as a Title XIX Short-Doyle/Medi-Cal
30 provider, only to the extent that eligible FFP matching funds are available under this Agreement, and
31 only after County has received EPSDT and FFP payment from State.

32 (6) Title XIX Medi-Cal Administrative Activities FFP funds shall be paid by County to
33 Contractor only for State approved claims for Title XIX Medi-Cal Administrative Activities based on time
34 studies prepared or actual and allowable costs for units of activities reported by Contractor. Title XIX
35 Medi-Cal Administrative Activities FFP funds shall be paid by County to Contractor only in arrears and
36 only if Contractor is authorized as a Title XIX Medi-Cal Administrative Activities provider, only to the

1 extent that eligible FFP matching funds are available under this Agreement, and only after County has
2 received FFP payment from State.

3 (7) EPSDT and FFP funds shall be paid by County to Contractor solely in County's
4 capacity as the fiscal intermediary for EPSDT Title XIX Medi-Cal services, Title XIX
5 Short-Doyle/Medi-Cal services, and Title XIX Medi-Cal Administrative Activities. Each Fiscal Year of the
6 term of this Agreement, County shall pay to Contractor FFP funds only to the extent that the applicable
7 Maximum Contract Amount has eligible State and/or local funds which qualify as the match to FFP, as
8 required by Federal and/or State laws, regulations, manuals, guidelines, and directives.

9 (8) EPSDT Title XIX Medi-Cal services funds, Title XIX Short-Doyle/Medi-Cal
10 services FFP funds, Title XIX Medi-Cal Administrative Activities FFP funds, shall be paid by County to
11 Contractor solely in County's capacity as the fiscal intermediary for EPSDT Title XIX Medi-Cal services,
12 Title XIX Short-Doyle/Medi-Cal services, Title XIX Medi-Cal Administrative Activities. Each Fiscal Year
13 of the term of this Agreement, County shall pay to Contractor EPSDT Title XIX Medi-Cal services,
14 and/or Title XIX Short-Doyle/Medi-Cal services, and/or Title XIX Medi-Cal Administrative Activities funds
15 only to the extent required by Federal laws, regulations, manuals, guidelines, and directives.

16 (9) Notwithstanding any other provision of this Agreement, in the event that
17 Contractor provides EPSDT Title XIX Medi-Cal services pursuant to the EPSDT provisions of this
18 Agreement in excess of Contractor's EPSDT baseline as identified in Paragraph 4 (FINANCIAL
19 PROVISIONS), Subparagraph A (3) (EPSDT) as calculated with SDMH service approval data, and County
20 does not meet the Fiscal Year 1994-95 base as adjusted by the State, Contractor shall be paid by
21 County from a CGF risk reserve pool established for this purpose. The CGF risk reserve pool funds shall
22 be maintained in accordance with County policies and procedures and shall be for the SDMH general
23 fund portion of the individual Contractor's EPSDT approved services.

24 (10) County pays any EPSDT-SGF (Early and Periodic Screening, Diagnosis, and
25 Treatment-State General Funds) local matching funds in excess of the EPSDT baseline as identified in
26 Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph A (3) (EPSDT) and Medi-Cal Federal Financial
27 Participation Funds (FFP) to Contractor solely in County's capacity as the EPSDT-SGF and FFP
28 intermediary between the Contractor and the State. Solely to assist the County in expeditiously
29 processing and initially paying Contractor (because of the internal accounting necessity for
30 appropriation authority) for such claims for payment pending reimbursement from the state, the
31 Maximum Contract Amount(s) of this Agreement shall include EPSDT-SGF and/or FFP. This will
32 establish legal authorization by the Board of Supervisors to make expenditures for the services and/or
33 activities identified on the Financial Summary and Service Exhibit(s) of this Agreement, pending
34 reimbursement by the state. To the extent Contractor exceeds the EPSDT-SGF and/or FFP amount(s)
35 included in this Agreement, such excess will be paid to Contractor only upon Contract Amendment
36 approved by the Board of Supervisors, or from an Appropriation Account set up to record the Board's

1 specific authorization to spend EPSDT-SGF and FFP in excess of the Maximum Contract Amount(s).

2 Contractor understands and agrees that County's assistance in processing
3 and, as an intermediary for the State and Federal governments, initially paying for EPSDT-SGF and
4 FFP in accordance with the above is subject to reimbursement from the State and does not render
5 County in any way responsible for the substantive obligation to be ultimately fiscally responsible for
6 payment for Contractor's claims for payment for these services. Contractor's entitlement to payment
7 for such services, or claimed services, is entirely dependent upon compliance with the law and
8 regulations related to same. In the event of a dispute regarding entitlement for payment, Contractor
9 agrees that County is not liable for payment for such claims and will not pursue any such claims for
10 payment against County.

11 K. Cash Flow Advance In Expectation of Services/Activities To Be Rendered:

12 For each month of each fiscal year, County will reimburse Contractor based upon the County
13 and/or State and/or federal government(s) processing of the reimbursement claims for rendered
14 services/activities submitted by Contractor to the County subject to claim edits, and future settlements
15 and audit processes. However, for each month of each fiscal year not to exceed three (3) or five (5)
16 consecutive months, or portion thereof, as described below, and for such month the County and/or
17 State and/or federal government(s) have not made payment, and/or such payment is less than 1/12th of
18 the Maximum Contract Amount, Contractor may request in writing from County a monthly County
19 General Fund Cash Flow Advance as herein described.

20 Cash Flow Advance shall consist of, and shall be payable only from, the Maximum Contract
21 Amount appropriation approved by County's Board of Supervisors for the particular fiscal year in which
22 the costs are to be incurred and upon which the request(s) is (are) based.

23 Cash Flow Advance is intended to provide cash flow to Contractor pending Contractor's
24 rendering and billing of eligible services/activities, as identified by Paragraph 3, DESCRIPTION OF
25 SERVICES/ACTIVITIES of this Agreement, to the County and/or State and/or federal government(s),
26 and the County and/or State and/or federal government(s) have made payment for such
27 services/activities. Contractor may request each monthly Cash Flow Advance only for such
28 services/activities and only when there is no reimbursement from other public or private sources for
29 such services/activities.

30 The Cash Flow Advance amount for any particular month will be reduced by County payments
31 of actual reimbursement claims received by County from the Contractor. The County's claims payment
32 process is initiated immediately upon County receipt from Contractor of a reimbursement claim. If such
33 Contractor reimbursement claim is received at any time during either the initial three (3) or two (2)
34 additional consecutive months, the monthly payment to Contractor will include the payment for such
35 actual reimbursement claim thereby reducing the Cash Flow Advance disbursement amount for that
36 particular month.

1 Cash Flow Advance is based upon the following:

2 (1) Each month of each fiscal year not to exceed three (3) consecutive months, or portion
3 thereof, that this Agreement is in effect, Contractor may request, separately for each month, in writing
4 from County a monthly County General Fund Cash Flow Advance for any funds which may be part of
5 the Maximum Contract Amount for such fiscal year as identified on the Financial Summary Page.
6 Contractor shall specify in their request the amount of the monthly Cash Flow Advance not to exceed
7 \$952,162 per month and the total Cash Flow Advance for the three (3) months shall not exceed
8 \$2,856,486. The Cash Flow Advance monthly amount is 1/12th of Maximum Contract Amount as
9 identified on the Financial Summary Page, annualized Maximum Contract Amount if a partial year.

10 (2) A Contractor providing EPSDT Short-Doyle Medi-Cal services as part of this Agreement,
11 may for two (2) additional consecutive months, or portion thereof, that this Agreement is in effect,
12 request, separately for each month, in writing from County a monthly County General Fund Cash Flow
13 Advance for any FFP and/or EPSDT-SGF funds designated for clients less than 21 years of age which
14 may be part of the Maximum Contract Amount for such fiscal year as shown on the Financial Summary
15 Page. Contractor shall specify in their request the amount of the monthly Cash Flow Advance not to
16 exceed \$1,339,000 per month for each of the two (2) additional consecutive months and the total Cash
17 Flow Advance for the two (2) additional consecutive months shall not exceed \$2,678,000.

18 The Cash Flow Advance monthly amount for each of the two (2) consecutive months is:

19 (1) 1/12th of the Maximum Contract Amount for EPSDT-SGF as identified on the Financial Summary
20 Page, annualized Maximum Contract Amount if a partial year plus;

21 (2) An amount equal to the 1/12th of the Maximum Contract Amount for EPSDT-SGF that is the
22 Cash Flow Advance component for the anticipated FFP financial participation to be provided by the
23 federal government for services provided to EPSDT Medi-Cal beneficiaries.

24 Upon receipt of a request, Director, in his sole discretion, shall determine whether to approve
25 the Cash Flow Advance request and, if approved, whether the request is approved in whole or in part.
26 The time schedules and examples for County claims payment, and the 3 and 5 months Cash Flow
27 Advance disbursement(s) and Contractor repayment of Cash Flow Advance funds to County by means
28 of a County offset to Contractor claims to County are incorporated herein as Attachment V.

29 County identifies if Contractor's units of service and State FFP & EPSDT-SGF approvals are
30 meeting or exceeding the contracted levels and if not Cash Flow Advance recovery is initiated to
31 ensure Contractor completes repayment of the Cash Flow Advance with units of services by the time
32 the Contractor's fiscal year's twelfth month of claims are received and processed.

33 Any County and/or State and/or federal government(s) approved Contractor reimbursement
34 claims for eligible services/activities in excess of the actual unpaid Cash Flow Advance County to
35 Contractor will be disbursed in accordance with the terms and conditions of this Agreement.

36 Should Contractor request and receive Cash Flow Advance, Contractor shall exercise cash

1 management of such Cash Flow Advance in a prudent manner.

2 (1) For IMD, PHE and Mental Health Rehabilitation Center Contractors Only: The amount of
3 a Cash Flow Advance payment shall be based on 95% of the average daily census for the last two
4 months of the preceding fiscal year.

5 L. Maximum Monthly Payment: County's Maximum Monthly Payment to Contractor for
6 each monthly claim shall not exceed an amount determined pursuant to County policies and procedures.

7 The State and FFP funds for State approved claims for EPSDT Title XIX Medi-Cal SFC
8 units claimed by County to State on behalf of the Contractor shall be paid by County to Contractor only
9 in arrears and only after County has received State and FFP payment from State.

10 The FFP funds for State approved claims for EPSDT Title XIX Medi-Cal SFC units, and/or
11 Title XIX Short-Doyle/Medi-Cal SFC units, and/or Title XIX Medi-Cal Administrative Activities, claimed
12 by County to State on behalf of the Contractor shall be paid by County to Contractor only in arrears and
13 only after County has received FFP payment from State.

14 In order to recover CGF provided to Contractor as Cash Flow Advance pursuant to this
15 Subparagraph L, or any amounts due to County by Contractor under this Agreement or otherwise,
16 County shall withhold from any amounts due by County to Contractor under this Agreement or
17 otherwise: (1) the FFP and/or EPSDT-SGF portions of total State approved Short-Doyle/Medi-Cal
18 claims Cash Flow Advances that are in excess of a cumulative, for each month actual State approval
19 data has been received, 1/12 of the Maximum Contract Amount and/or (2) the FFP portion of Title XIX
20 Short-Doyle/Medi-Cal for State approved claims for Title XIX Short-Doyle/Medi-Cal SFC units and/or (3)
21 the State and FFP portion of EPSDT Title XIX Medi-Cal for State approved claims for EPSDT Title XIX
22 Medi-Cal SFC units and/or (4) the FFP for Title XIX Medi-Cal Administrative Activities and/or (5) the
23 County, State and Federal portions of SFC units claimed by Contractor in MIS for non-Title XIX Medi-
24 Cal. Contractor may request in writing, and shall receive if requested, DMH's computations for
25 determining any amounts withheld.

26 M. Withholding of Payment For Nonsubmission of MIS and Other Information: County may
27 withhold a maximum of ten percent of any monthly claim, if any MIS data, EOB data, RGMS report, or
28 other information is not submitted by Contractor to County within the time limits of submission of this
29 Agreement or if any MIS data, EOB data, RGMS report, or other information is incomplete, incorrect, or
30 is not completed in accordance with the requirements of this Agreement. County shall give Contractor
31 at least 15 working days written notice of its intention to withhold payments hereunder, including the
32 reason(s) for its intended action. Thereafter, Contractor shall have 15 days either to correct any
33 deficiencies, or to request reconsideration of the decision to withhold payment. Payment to Contractor
34 shall not be withheld pending the correction of deficiencies, or if reconsideration is requested, pending
35 the results of the reconsideration process.

1 N. Annual Cost Reports:

2 (1) For each Fiscal Year or portion thereof that this Agreement is in effect,
3 Contractor shall provide DMH with two copies of an accurate and complete Annual Cost Report, with a
4 statement of expenses and revenue. The annual cost report will be comprised of a separate set of
5 forms for the County and State for the Financial Summary within each entity. Such reports will be due
6 within seventy-five days following either the end of such Fiscal Year or the expiration or termination
7 date of this Agreement, whichever occurs earlier. Each such Annual Cost Report shall be prepared by
8 Contractor in accordance with the requirements set forth in the Short-Doyle/Medi-Cal Automated Cost
9 Reporting System Users Manual, CR/DC Manual, RO/TCM Manual, and any other written guidelines
10 which shall be provided to Contractor by Director by June 30 of the Fiscal Year for which the Annual
11 Cost Report is to be prepared.

12 (2) If Contractor fails to submit accurate and complete Annual Cost Report(s) by
13 such due date, and if this Agreement is automatically renewed as provided in Paragraph 1 (TERM), then
14 County shall not make any further payments to Contractor under this Agreement until the accurate and
15 complete Annual Cost Report(s) is (are) submitted.

16 (3) Failure of Contractor to submit accurate and complete Annual Cost Report(s) by
17 such due date shall result in a Late Penalty of ONE HUNDRED DOLLARS (\$100) for each day that the
18 accurate and complete Annual Cost Report(s) is (are) not submitted. The Late Penalty shall be assessed
19 separately on each outstanding Annual Cost Report. The Late Penalty shall commence on the
20 seventy-sixth day following either the end of the applicable Fiscal Year or the expiration or termination
21 date of this Agreement and shall continue thereafter up to the one hundred and fifth day.

22 In the event that Contractor does not submit accurate and complete Annual Cost
23 Report(s) by the one hundred and fifth day, then all amounts covered by the outstanding Annual Cost
24 Report(s) and paid by County to Contractor in the Fiscal Year for which the Annual Cost Report(s) is
25 (are) outstanding shall be due by Contractor to County. Contractor shall pay County according to the
26 method described in Subparagraph S (Payments Due to County/Method of Payment).

27 O. Annual Cost Report Adjustment and Settlement: Based on the Annual Cost Report(s)
28 submitted pursuant to Subparagraph N (Annual Cost Reports), at the end of each Fiscal Year or portion
29 thereof that this Agreement is in effect the cost of all mental health services, and Title XIX Medi-Cal
30 Administrative Activities rendered hereunder shall be adjusted as follows:

31 (1) Capitated Rate - to the applicable Capitated Rate per enrolled individual/member
32 multiplied by the applicable number of enrolled individuals/members assigned to the Contractor multiplied
33 by the applicable number of months which the enrolled individual/member was assigned to the
34 Contractor less all revenue, interest and return resulting from services/activities and/or funds paid by
35 County to Contractor hereunder, including but not limited to, all Medicare, patient/client fees, private
36 insurance, and any other revenue, interest and return resulting from services/activities and/or funds paid

1 by County to Contractor as described in Subsection 7 of Subparagraph I (Patient/Client Eligibility,
2 UMDAP Fees, Third Party Revenue and Interest), not to exceed the applicable Maximum Contract
3 Amount as shown in Subparagraph B (Reimbursement For Initial Period) or C (Reimbursement If
4 Agreement Is Automatically Renewed), provided that reimbursement for Title XIX Short-Doyle/Medi-Cal
5 funded services shall be consistent with the amounts authorized by State law and State's Medicaid Plan,
6 and reimbursement for Title XIX Medi-Cal Administrative Activities shall be consistent with the amounts
7 authorized by State law and State's Title XIX Medi-Cal Administrative Activities Plan not to exceed the
8 Maximum Contract Amount. Reimbursement for Title XIX Short-Doyle/Medi-Cal services, Title XIX
9 Medi-Cal Administrative Activities shall not exceed an amount for which there is sufficient CGF/State
10 match funds in the applicable Maximum Contract Amount.

11 (2) Cost Reimbursement - to actual and allowable costs, not to exceed the
12 applicable Maximum Contract Amount as shown in Subparagraph B (Reimbursement For Initial Period) or
13 C (Reimbursement If Agreement Is Automatically Renewed), provided that reimbursement for
14 Short-Doyle/Medi-Cal funded services shall be consistent with the amounts authorized by State law and
15 State's Medicaid Plan, and reimbursement for Title XIX Medi-Cal Administrative Activities shall be
16 consistent with the amounts authorized by State law and State's Title XIX Medi-Cal Administrative
17 Activities Plan not to exceed the Maximum Contract Amount. Reimbursement for Title XIX Short-
18 Doyle/Medi-Cal services, and/or Title XIX Medi-Cal Administrative Activities, shall not exceed an amount
19 for which there is sufficient CGF/State match funds in the applicable Maximum Contract Amount.

20 (3) IMD - to the lower of the DMH determined final MIS run of reported patient days
21 or the patient days reported in Contractor's Annual Cost Report, multiplied by the applicable SDHS's
22 currently approved Skilled Nursing Facility Rate per patient day for Basic Service plus SDHS's currently
23 approved STP Rate per patient day for STP Services.

24 (4) Negotiated Rate - to the lower of the DMH determined final MIS run of reported
25 SFC units, or the SFC units reported in Contractor's Annual Cost Report, multiplied by the applicable NR
26 less all revenue, interest and return resulting from services/activities and/or funds paid by County to
27 Contractor, including, but not limited to, all Medicare, patient/client fees, private insurance, and any
28 other revenue, interest and return resulting from services/activities and/or funds paid by County to
29 Contractor as described in Subsection 7 of Subparagraph I (Patient/Client Eligibility, UMDAP Fees, Third
30 Party Revenue, and Interest), not to exceed the applicable Maximum Contract Amount as shown in
31 Subparagraph B (Reimbursement For Initial Period) or C (Reimbursement If Agreement Is Automatically
32 Renewed), provided that reimbursement for Title XIX Short-Doyle/Medi-Cal funded services shall be
33 consistent with the amounts authorized by State law and State's Medicaid Plan, and reimbursement for
34 Title XIX Medi-Cal Administrative Activities shall be consistent with the amounts authorized by State
35 law and State's Title XIX Medi-Cal Administrative Activities Plan not to exceed the Maximum Contract
36 Amount. Reimbursement for Title XIX Short-Doyle/Medi-Cal services, and/or Title XIX Medi-Cal

1 Administrative Activities, shall not exceed an amount for which there is sufficient CGF/State match
2 funds in the applicable Maximum Contract Amount. In the event that Contractor adjustments based on
3 any of the above methods indicate an amount due the County, Contractor shall pay County according to
4 the method described in Subparagraph S (Payments Due to County/Method of Payment).

5 P. Post-Contract Audit Settlement:

6 (1) In the event of a post-contract audit conducted by County, State, and/or Federal
7 personnel, actual and allowable SFC units for NR services and actual and allowable costs for cost
8 reimbursement services shall be determined for each Fiscal Year or portion thereof that this Agreement
9 is in effect. Such audit may include requests to review any fiscal, programmatic, or SFC unit concerns
10 County, State, and/or Federal auditors may have under this Agreement. CR/DC Manual, RO/TCM
11 Manual, SDMH's utilization review policies and procedures, State's Medicaid Plan, State's Title XIX
12 Medi-Cal Administrative Activities Plan, and the Federal Health Care Financing Administration's Health
13 Insurance Manual Volume 15 (HIM 15) shall serve as the basic reference and authority for the audit
14 determination of actual and allowable SFC units for mental health services and actual and allowable
15 costs for Title XIX Medi-Cal Administrative Activities and PATH and SAMHSA services. One of the
16 purposes of the audit determination of actual and allowable SFC units is to identify and adjust for
17 duplicated claims; SFC units not provided; SFC units not documented; and utilization review findings,
18 including, but not limited to, unnecessary care and the lack of appropriate licensed practitioners of the
19 healing arts.

20 (2) For mental health services, if the post-contract audit conducted by County,
21 State, and/or Federal personnel determines that the amounts paid by County to Contractor for any SFC
22 units furnished hereunder are more than the amounts allowable pursuant to this Agreement, then the
23 difference shall be due by Contractor to County upon the State and/or Federal collection from County of
24 the amount due, or after exhausting all appeals, if any, whichever occurs first.

25 For Title XIX Medi-Cal Administrative Activities, if the post-contract audit conducted by
26 County, State, and/or Federal personnel determines that the actual and allowable costs for Title XIX
27 Medi-Cal Administrative Activities furnished hereunder are more than the amounts allowable pursuant to
28 this Agreement, then the difference shall be due by Contractor to County. Contractor shall pay County
29 according to the method described in Subparagraph S (Payments Due to County/Method of Payment).

30 (3) For NR and CR services, if the post-contract audit conducted by County, State,
31 and/or Federal personnel determines that the amounts paid by County to Contractor for any NR SFC
32 units furnished hereunder are less than the allowable pursuant to this Agreement and/or CR services,
33 then the difference shall be paid by County to Contractor, provided that in no event shall County's
34 Maximum Contract Amount for the applicable Fiscal Year, as shown in Subparagraph B (Reimbursement
35 For Initial Period) or C (Reimbursement If Agreement Is Automatically Renewed), be exceeded.

36 For Title XIX Medi-Cal Administrative Activities, if the post-contract audit conducted by

1 County, State, and/or Federal personnel determines that the actual and allowable costs for Title XIX
2 Medi-Cal Administrative Activities furnished hereunder are less than the amounts reimbursable pursuant
3 to this Agreement, then the difference shall be paid by County to Contractor, provided that in no event
4 shall County's Maximum Contract Amount for the applicable Fiscal Year, as shown in Subparagraph B
5 (Reimbursement For Initial Period) or C (Reimbursement If Agreement Is Automatically Renewed), be
6 exceeded.

7 Q. Audit Appeals After Post-Contract Audit Settlement: If Contractor appeals any audit
8 report, the appeal shall not prevent the post-contract audit settlement pursuant to Subparagraph P
9 (Post-Contract Audit Settlement).

10 B. County Audit Settlements: If, at any time during the term of this Agreement or at any time
11 after the expiration or termination of this Agreement, authorized representatives of County conduct an
12 audit of Contractor regarding the mental health services and/or Title XIX Medi-Cal Administrative
13 Activities provided hereunder and if such audit finds that County's dollar liability for such services and/or
14 administrative activities is less than payments made by County to Contractor, then the difference shall
15 be due by Contractor to County, unless Contractor files an appeal with County, in which case the
16 amount due, if any, will be determined upon the completion of the appeal. Contractor shall pay County
17 according to the method described in Subparagraph S (Payments Due to County/Method of Payment).

18 If such audit finds that County's dollar liability for such services and/or administrative
19 activities provided hereunder is more than payments made by County to Contractor, then the difference
20 shall be paid to Contractor by County by cash payment, provided that in no event shall County's
21 Maximum Contract Amount for the applicable Fiscal Year, as shown in Subparagraph B (Reimbursement
22 For Initial Period) or C (Reimbursement If Agreement Is Automatically Renewed), be exceeded.

23 S. Payments Due to County/Method of Payment: Within ten days after written notification
24 by County to Contractor of any amount due by Contractor to County, Contractor shall notify County as
25 to which of the following six payment options Contractor requests be used as the method by which
26 such amount shall be recovered by County. Any such amount shall be: (1) paid in one cash payment
27 by Contractor to County, (2) offset against prior year(s) liability(ies), (3) deducted from future claims
28 over a period not to exceed three months, (4) deducted from any amounts due from County to
29 Contractor whether under this Agreement or otherwise, (5) paid by cash payment(s) by Contractor to
30 County over a period not to exceed three months, or (6) a combination of any or all of the above. If
31 Contractor does not so notify County within such ten days, or if Contractor fails to make payment of
32 any such amount to County as required, then Director, in his sole discretion, shall determine which of
33 the above six payment options shall be used by County for recovery of such amount from Contractor.

34 T. Interest Charges on Delinquent Payments: If Contractor, without good cause as
35 determined in the sole judgment of Director, fails to pay County any amount due to County under this
36 Agreement within sixty days after the due date, as determined by Director, then Director, in his sole

1 discretion and after written notice to Contractor, may assess interest charges at a rate equal to
2 County's Pool Rate, as determined by County's Auditor-Controller, per day on the delinquent amount
3 due commencing on the sixty-first day after the due date. Contractor shall have an opportunity to
4 present to Director information bearing on the issue of whether there is a good cause justification for
5 Contractor's failure to pay County within sixty days after the due date. The interest charges shall be:
6 (1) paid by Contractor to County by cash payment upon demand and/or (2) at the sole discretion of
7 Director, deducted from any amounts due by County to Contractor whether under this Agreement or
8 otherwise.

9 U. Financial Solvency: Contractor shall maintain adequate provisions against the risk of
10 insolvency.

11 V. Limitation of County's Obligation Due to Nonappropriation of Funds: Notwithstanding
12 any other provision of this Agreement, County shall not be obligated for Contractor's performance
13 hereunder or by any provision of this Agreement during this or any of County's future fiscal years unless
14 and until County's Board of Supervisors appropriates funds for this Agreement in County's Budget for
15 each such fiscal year. Should County, during this or any subsequent fiscal year impose budgetary
16 restrictions which appropriate less than the amount provided for in Subparagraph B. (Reimbursement For
17 Initial Period) and Subparagraph C. (Reimbursement If Agreement Is Automatically Renewed) of this
18 Agreement, County shall reduce services under this Agreement consistent with such imposed budgetary
19 reductions. In the event funds are not appropriated for this Agreement, then this Agreement shall
20 terminate as of June 30 of the last fiscal year for which funds were appropriated. County shall notify
21 Contractor of any such changes in allocation of funds at the earliest possible date.

22 W. Contractor Requested Changes:

23 (1) If Contractor desires any change in the terms and conditions of this Agreement,
24 Contractor shall request such change in writing prior to April 1 of the Fiscal Year for which the change
25 would be applicable, and all changes shall be made by an amendment pursuant to Agreement Paragraph
26 37 (ALTERATION OF TERMS).

27 (2) If Contractor requests to increase or decrease any Maximum Contract Amount,
28 such request and all reports, data, and other information requested by DMH's Contracts Development
29 and Administration Division, shall be received by DMH's Contracts Development and Administration
30 Division for review prior to April 1 of the Fiscal Year in which the increase or decrease has been
31 requested by Contractor.

32 X. Delegated Authority: Notwithstanding any other provision of this Agreement, County's
33 Department of Mental Health Director may, without further action by County's Board of Supervisors,
34 prepare and sign amendments to this Agreement during the remaining term of this Agreement, under the
35 following conditions:

36 (1) County's total payments to Contractor under this Agreement, for each Fiscal

1 Year of the term of this Agreement, shall not exceed a change of more than the Board approved
2 percentage of the applicable Maximum Contract Amount; and

3 (2) Any such increase shall only be used for additional services or to reflect program
4 and/or policy changes that affect this Agreement; and

5 (3) County's Board of Supervisors has appropriated sufficient funds for all changes
6 described in each such amendment to this Agreement; and

7 (4) Approval of County Counsel and the Chief Administrative Officer or his designee
8 is obtained prior to any such amendment to this Agreement; and

9 (5) County and Contractor may by written amendment mutually agree to reduce
10 programs or services without reference to the Board approved percentage limitation of the applicable
11 Maximum Contract Amount; and

12 (6) County's Department of Mental Health Director shall notify County's Board of
13 Supervisors and Chief Administrative Officer of all Agreement changes, in writing, within thirty days
14 following execution of any such amendment(s).

15 Y. CalWORKs Reimbursement:

16 (1) Reimbursement at cost for existing services under this Agreement shall be
17 considered payment in full, subject to third party liability and beneficiary share of costs, for the
18 CalWORKs beneficiaries.

19 For each month of the term of this Agreement, Contractor shall submit to County a
20 separate claim for CalWORKs services in the form and content specified by County. Each monthly claim
21 shall be submitted within thirty days of Contractor's receipt of County's MIS CalWORKs Service Reports
22 for the last date CalWORKs' mental health services were provided during the particular month.

23 All monthly claims shall be subject to adjustment based upon the MIS reports, EOB data,
24 and/or Contractor's annual Cost Report which shall supersede and take precedence over all claims. No
25 billing changes/adjustments or audits will be allowed after such time.

26 (2) Under no circumstances shall Contractor be reimbursed for the provision of
27 CalWORKs services from any funds included in the Cash Flow Loan Exhibit(s).

28 (3) Director shall have the option to deny payment for services when documentation
29 of clinical work does not meet minimum State and County standards as set forth in the Los Angeles
30 County annotated version of the Rehabilitation Option and Targeted Case Management Manual. Director
31 shall provide Contractor with at least 30 days written notice of his intention to deny payment, including
32 the reason(s) for his intended actions. Thereafter, Contractor may, within 15 days, request
33 reconsideration of the County's decision.

34 (4) Reimbursement shall only be made for CalWORKs services to the extent that
35 funds are allocated by DPSS and the State for these services.

36 (5) Services to CalWORKS beneficiaries shall be limited to Contractor's existing

1 services as provided in this Agreement.

2 Z. CalWORKs Suspension of Payment: Payments to Contractor may be suspended if
3 Director, for good cause, determines that Contractor is in default under any of the provisions of this
4 Agreement, or if funds are unavailable from the State or DPSS for payment on CalWORKs claims.
5 Except in cases of alleged fraud or similar intentional wrongdoing, at least 30 days notice of such
6 suspension shall be provided to Contractor, including a statement of the reason(s) for such suspension.
7 Thereafter, Contractor may, within 15 days, request reconsideration of Director's decision to suspend
8 payment. Suspension of payment to Contractor shall not take effect pending the results of such
9 reconsideration process.

10 Director shall immediately notify Contractor upon receiving notification of unavailability
11 of funds from the State or DPSS for payment on CalWORKs claims.

12 AA. AB3632 Services Utilizing SB90 Funds: SB90 funds are part of the Maximum Contract
13 Amount(s) of this Agreement and shall be paid by County to Contractor solely in County's capacity as
14 the SB90 claim intermediary between the Contractor and the State. The CGF allocated on the Financial
15 Summary Page for AB3632 (SB90) services is designated solely for AB3632 services and no CGF in this
16 category shall be transferred to any other category on said Financial Summary Page. County shall make
17 all instructions issued by the State for SB90 claiming available to Contractor.

18 Notwithstanding any other provision of this Agreement, in the event that Contractor provides
19 AB3632 services reimbursable under the State's SB90 mandate claim process, in excess of the
20 Contractor's Fiscal Year 1997-1998 base of ~~\$0-----~~, Contractor shall be paid by County from SB90
21 funds upon receipt from the State. In the event that SB90 funds are not available to pay SB90 claims
22 or that State denies any or all of the SB90 claims submitted by County on behalf of Contractor,
23 Contractor shall indemnify and hold harmless County for any and all liability for payment of any or all of
24 the denied SB90 claims or for the unavailability of SB90 funds to pay for SB90 claims. Contractor shall
25 be solely liable and responsible for all data and information submitted by Contractor to County in support
26 of all claims for SB90 funds submitted by County as the fiscal intermediary.

27 5. COUNTY'S OBLIGATION FOR CURRENT AND FUTURE FISCAL YEARS:

28 Notwithstanding any other provision of this Agreement, this Agreement shall not be effective and
29 binding upon the parties unless and until County's Board of Supervisors appropriates funds for purposes
30 hereof in County's Budget for County's current Fiscal Year. Further, County shall not be obligated for
31 Contractor's performance hereunder or by any provision of this Agreement during any of County's future
32 Fiscal Years unless and until County's Board of Supervisors appropriates funds for purposes hereof in
33 County's Budget for each such future Fiscal Year. In the event that funds are not appropriated for this
34 Agreement, then this Agreement shall terminate as of June 30 of the last Fiscal Year for which funds
35 were appropriated.

1 6. PRIOR AGREEMENT(S) SUPERSEDED:

2 A. Reference is made to the certain document(s) entitled:

3 TITLE COUNTY AGREEMENT NUMBER DATE OF EXECUTION

4
5
6 N/A N/A N/A

7 The parties agree that the provisions of such prior Agreement(s), and all Amendments thereto, shall be
8 entirely superseded as of N/A, _____, by the provisions of this Agreement.

9 B. The parties further agree that all payments made by County to Contractor under any
10 such prior Agreement(s) for services rendered thereunder on and after N/A, _____, shall be
11 applied to and considered against all applicable Federal, State, and/or County funds provided hereunder.

12 C. Notwithstanding any other provision of this Agreement or the Agreement(s) described in
13 Subparagraph A, the total reimbursement by County to Contractor under all these Agreements for Fiscal
14 Year N/A shall not exceed N/A

15 _____ DOLLARS (\$ N/A);

16 and for Fiscal Year N/A shall not exceed N/A

17 _____ DOLLARS (\$ N/A);

18 and for Fiscal Year N/A shall not exceed N/A

19 _____ DOLLARS (\$ N/A).

20 7. STAFFING: Contractor shall operate throughout the term of this Agreement with staff, including,
21 but not limited to, professional staff, that approximates the type and number as indicated in
22 Contractor's Negotiation Package for this Agreement, as approved in writing by Director, including any
23 addenda thereto as approved in writing by Director, and as required by WIC and CCR. Such staff shall
24 be qualified and shall possess all appropriate licenses in accordance with WIC Section 5603 and all other
25 applicable requirements of the California Business and Professions Code, WIC, CCR, CR/DC Manual,
26 RO/TCM Manual, SDMH Policy Letters, and function within the scope of practice as dictated by
27 licensing boards/bodies. (1) If vacancies occur in any of Contractor's staff that would reduce
28 Contractor's ability to perform any services under the Agreement, Contractor shall promptly notify
29 Director of such vacancies. (2) During the term of this Agreement, Contractor shall have available and
30 shall provide upon request to authorized representatives of County, a list of all persons by name, title,
31 professional degree, and experience, who are providing any services under this Agreement.

32 8. STAFF TRAINING AND SUPERVISION: Contractor shall institute and maintain an in-service
33 training program of treatment review and case conferences in which all its professional,
34 para-professional, intern, student and clinical volunteer personnel shall participate. Contractor shall
35 institute and maintain appropriate supervision of all persons providing services under this Agreement
36 with particular emphasis on the supervision of para-professionals, interns, students, and clinical
37 volunteers in accordance with Departmental clinical supervision policy. Contractor shall be responsible

1 for the training of all appropriate staff on CR/DC Manual, RO/TCM Manual, and other State and County
2 policies and procedures as well as on any other matters that County may reasonably require.

3 **9. PROGRAM SUPERVISION, MONITORING AND REVIEW:**

4 A. Pursuant to WIC Section 5608 and CCR Title 9, Section 521, all services hereunder
5 shall be provided by Contractor under the general supervision of Director. Director shall have the right
6 to monitor and specify the kind, quality, appropriateness, timeliness, amount of services, and the criteria
7 for determining the persons to be served. Upon receipt of a DMH Contract Monitoring Report,
8 Contractor shall respond in writing to the particular DMH Contract Monitor within the time specified in
9 the Report either acknowledging the reported deficiencies or presenting contrary evidence, and, in
10 addition, submitting a plan for immediate correction of all deficiencies. In the event of a State audit of
11 this Agreement, if State auditors disagree with County's written instructions to Contractor in its
12 performance of this Agreement, and if such disagreement results in a State disallowance of any of
13 Contractor's costs hereunder, then County shall be liable for Contractor's disallowed costs as
14 determined by State.

15 B. To assure compliance with this Agreement and for any other reasonable purpose
16 relating to performance of this Agreement, and subject to the provisions of state and federal law,
17 authorized County, State, and/or Federal representatives and designees shall have the right to enter
18 Contractor's premises (including all other places where duties under this Agreement are being
19 performed), with or without notice, to: inspect, monitor and/or audit Contractor's facilities, programs
20 and procedures, or to otherwise evaluate the work performed or being performed; review and copy
21 any records and supporting documentation pertaining to the performance of this Agreement; and elicit
22 information regarding the performance of this Agreement or any related work. The representatives
23 and designees of such agencies may examine, audit and copy such records at the site at which they
24 are located. Contractor shall provide access to facilities and shall cooperate and assist County, State,
25 and/or Federal representatives and designees in the performance of their duties. Unless otherwise
26 agreed upon in writing, Contractor must provide specified data upon request by County, State, and/or
27 Federal representatives and designees within ten (10) state working days for monitoring purposes.

28 **10. COUNTY'S QUALITY ASSURANCE PLAN:** The County or its agent will evaluate
29 Contractor's performance under this Agreement on not less than an annual basis. Such evaluation will
30 include assessing Contractor's compliance with all contract terms and performance standards.
31 Contractor deficiencies which County determines are severe or continuing and that may place
32 performance of the Agreement in jeopardy if not corrected will be reported to the Board of Supervisors.
33 The report will include improvement/corrective action measures taken by the County and Contractor. If
34 improvement does not occur consistent with the corrective action measures, County may terminate this
35 Agreement or impose other penalties as specified in this Agreement.

1 11. RECORDS AND AUDITS:

2 A. Records:

3 (1) Direct Services and Indirect Services Records: Contractor shall maintain a
4 record of all direct services and indirect services rendered by all the various professional,
5 para-professional, intern, student, volunteer and other personnel to fully document all services provided
6 under this Agreement and in sufficient detail to permit an evaluation and audit of such services. All
7 such records shall be retained, maintained, and made immediately available for inspection, program
8 review, and/or audit by authorized representatives and designees of County, State, and/or Federal
9 governments during the term of this Agreement and during the applicable period of records retention.
10 Such access shall include regular and special reports from Contractor. In the event any records are
11 located outside Los Angeles County, Contractor shall pay County for all travel, per diem, and other costs
12 incurred by County for any inspection, program review, and/or audit at such other location. In addition
13 to the requirements in this Paragraph 11, Contractor shall comply with any additional patient/client
14 record requirements described in the Service Exhibit(s) and shall adequately document the delivery of all
15 services described in the Service Exhibit(s).

16 (a) Patient/Client Records (Direct Services): Contractor shall maintain
17 treatment and other records of all direct services (i.e., 24-hour services, day services, case management
18 brokerage, mental health services, medication support and crisis intervention) in accordance with all
19 applicable County, State and Federal requirements on each individual patient/client which shall include,
20 but not be limited to, patient/client identification number, MIS patient/client face sheet, all data elements
21 required by MIS, consent for treatment form, initial evaluation form, treatment plan, progress notes and
22 discharge summary. All patient/client records shall be maintained by Contractor at a location in Los
23 Angeles County for a minimum period of seven years following discharge of the patient/client or
24 termination of services (except that the records of unemancipated minors shall be kept at least one year
25 after such minor has reached the age of eighteen years and in any case not less than seven years), or
26 until County, State and/or Federal audit findings applicable to such services are fully resolved, whichever
27 is later. During such retention period, all such records shall be immediately available and open during
28 County's normal business hours to authorized representatives and designees of County, State, and/or
29 Federal governments for purposes of inspection, program review, and/or audit.

30 (b) Case Management Support Services and Outreach Services Records
31 (Indirect Services): Contractor shall maintain accurate and complete program records of all indirect
32 services (i.e., all services other than direct services) in accordance with all applicable County, State and
33 Federal requirements. All program records shall be maintained by Contractor at a location in Los
34 Angeles County for a minimum period of seven years following the expiration or termination of this
35 Agreement, or until County, State and/or Federal audit findings applicable to such services are fully
36 resolved, whichever is later. During such retention period, all such records shall be immediately available

1 and open during normal business hours to authorized representatives and designees of County, State,
2 and/or Federal governments for purposes of inspection and/or audit.

3 (2) Financial Records: Contractor shall prepare and maintain, on a current basis,
4 accurate and complete financial records of its activities and operations relating to this Agreement in
5 accordance with generally accepted accounting principles, with the procedures set out in the
6 Short-Doyle/Medi-Cal Automated Cost Reporting System Users Manual, and with all guidelines,
7 standards, and procedures which may be provided by County to Contractor. Minimum standards for
8 accounting principles are set forth in County's Auditor-Controller's Contract Accounting and
9 Administration Handbook which shall be furnished to Contractor by County upon request. The above
10 financial records shall include, but are not limited to:

11 (a) Books of original entry and a general ledger.

12 (b) Reports, studies, statistical surveys or other information Contractor used
13 to identify and allocate indirect costs among Contractor's various modes of service. "Indirect costs"
14 shall mean those costs as described by the CR/DC Manual and all guidelines, standards, and procedures
15 which may be provided by County to Contractor.

16 (c) Bronzan-McCorquodale/County statistics and total facility statistics
17 (e.g., patient days, visits) which can be identified by type of service pursuant to the CR/DC Manual and
18 any policies and procedures which may be provided by County to Contractor.

19 (d) A listing of all County remittances received.

20 (e) Patient/client financial folders clearly documenting:
21 i. Contractor's determination of patient's/ client's eligibility for
22 Medi-Cal, medical insurance and any other third party payer coverage; and
23 ii. Contractor's reasonable efforts to collect charges from the
24 patient/client, his responsible relatives, and any other third party payer.

25 (f) Individual patient/client ledger cards indicating the type and amount of
26 charges incurred and payments by source and service type.

27 (g) Employment records.

28 (3) The entries in all of the above financial records must be readily traceable to
29 applicable source documentation (e.g., remittance invoices, vendor invoices, employee timecards signed
30 by employee and countersigned by supervisor in ink, subsidiary ledgers and journals, appointment logs,
31 patient ledger cards, etc.). Any apportionment of costs shall be made in accordance with the
32 requirements of the Short-Doyle/Medi-Cal Automated Cost Reporting System Users Manual, the Federal
33 Health Care Financing Administration's Health Insurance Manual Volume 15 (HIM 15), CR/DC Manual,
34 and RO/TCM Manual. All such records shall be maintained by Contractor at a location in Los Angeles
35 County for a minimum period of seven years following the expiration or termination of the Agreement,
36 or until County, State and/or Federal audit findings are fully resolved, whichever is later. During such

1 retention period, all such records shall be immediately available and open during County's normal
2 business hours to authorized representatives and designees of County, State, and/or Federal
3 governments for purposes of inspection, program review, and/or audit. Such access shall include access
4 to individuals with knowledge of financial records and Contractor's outside auditors, and regular and
5 special reports from Contractor. In the event any records are located outside Los Angeles County,
6 Contractor shall pay County for all travel, per diem, and other costs incurred by County for any
7 inspection or audit at such other location.

8 (4) Preservation of Records: If, following termination of this Agreement,
9 Contractor's facility(ies) is (are) closed or if majority ownership of Contractor changes, then within
10 forty-eight hours thereafter, Director of SDMH and Director shall be notified thereof by Contractor in
11 writing of all arrangements made by Contractor for preservation of all the patient/client, financial, and
12 other records referred to in this Paragraph 11.

13 B. Audits:

14 (1) Contractor shall provide County and its authorized representatives access to and
15 the right to examine, audit, excerpt, copy, or transcribe, any pertinent transaction, activity, time cards,
16 or any other records relating to this Agreement.

17 (2) County may, in its sole discretion, perform periodic fiscal and/or program
18 review(s) of Contractor's records that relate to this Agreement. If County determines that the results of
19 any such reviews indicate the need for corrective action, Contractor shall within 30 days after receiving
20 the findings of the fiscal and/or program review, either (a) submit a corrective plan of action to DMH, or
21 (b) request a review by the Director. If Contractor requests a review by the Director within the 30 days,
22 and if a corrective plan of action is then required, Contractor shall have 30 days to submit its corrective
23 plan of action.

24 (3) Audit Reports: In the event that any audit of any or all aspects of this
25 Agreement is conducted of Contractor by any Federal or State auditor, or by any auditor or accountant
26 employed by Contractor or otherwise, then Contractor shall file a copy of such audit report(s) with
27 DMH's Contracts Development and Administration Division within thirty days of Contractor's receipt
28 thereof, unless otherwise provided by applicable Federal or State law or under this Agreement.
29 Contractor shall promptly notify County of any request for access to information related to this
30 Agreement by any other governmental agency.

31 (4) State Department of Mental Health Access to Records: Contractor agrees that
32 for a period of seven years or until final audit is completed, which ever occurs later, following the
33 furnishing of services under this Agreement, Contractor shall maintain and make available to the State
34 Department of Mental Health, the Secretary of the United States Department of Health and Human
35 Services or the Controller General of the United States, and any other authorized federal and state
36 agencies, or to any of their duly authorized representatives, the contracts, books, documents and

1 records of Contractor which are necessary to verify the nature and extent of the cost of services
2 hereunder. Furthermore, if Contractor carries out any of the services provided hereunder through any
3 subcontract with a value or cost of TEN THOUSAND DOLLARS (\$10,000) or more over a twelve month
4 period with a related organization (as that term is defined under Federal law), Contractor agrees that
5 each such subcontract shall provide for such access to the subcontract, books, documents and records
6 of the subcontractor as provided in paragraph 9 and in this paragraph 11.

7 (5) Federal Access to Records: If, and to the extent that, Section 1861(v)(1)(I) of
8 the Social Security Act (42 United States Code Section 1395x(v)(1)(I)) is applicable, Contractor agrees
9 that for a period of seven years following the furnishing of services under this Agreement, Contractor
10 shall maintain and make available to the Secretary of the United States Department of Health and
11 Human Services or the Controller General of the United States, or to any of their duly authorized
12 representatives, the contracts, books, documents and records of Contractor which are necessary to
13 verify the nature and extent of the cost of services hereunder. Furthermore, if Contractor carries out
14 any of the services provided hereunder through any subcontract with a value or cost of TEN
15 THOUSAND DOLLARS (\$10,000) or more over a twelve month period with a related organization (as
16 that term is defined under Federal law), Contractor agrees that each such subcontract shall provide for
17 such access to the subcontract, books, documents and records of the subcontractor as provided in
18 paragraph 9 and in this paragraph 11.

19 12. REPORTS:

20 A. Contractor shall make reports as required by Director or by State regarding Contractor's
21 activities and operations as they relate to Contractor's performance of this Agreement. In no event may
22 County require such reports unless it has provided Contractor with at least thirty days' prior written
23 notification. County shall provide Contractor with a written explanation of the procedures for reporting
24 the required information.

25 B. Income Tax Withholding: Upon Director's request, Contractor shall provide County with
26 certain documents relating to Contractor's income tax returns and employee income tax withholding.
27 These documents shall include, but are not limited to:

28 (1) A copy of Contractor's Federal and State quarterly income tax withholding returns
29 (i.e., Federal Form 941 and/or State Form DE-3 or their equivalents).

30 (2) A copy of a receipt for, or other proof of payment of, each employee's Federal and
31 State income tax withholding, whether such payments are made on a monthly or quarterly basis.

32 C. Management Information System (MIS):

33 (1) Contractor shall participate in MIS, including, but not limited to, RGMS, as
34 required by Director. Contractor shall report to County, all program, patient/client, staff, and other data
35 and information about Contractor's services, within the specified time periods as required by DMH's
36 Management Information Systems Procedure Manual and Reports Reference Guide and any other

1 County requirements; in no event, no later than 40 calendar days after the close of each Fiscal Year in
2 which the services were provided.

3 (2) Notwithstanding any other provision of this Agreement, only units of service
4 entered by Contractor into MIS shall be counted as delivered units of service. All units of service
5 generated during the Start-Up Period, if any, shall be entered by Contractor into MIS. After the close of
6 the monthly MIS time frame, no data and information relating to units of service for that month may be
7 added without the written approval of Director.

8 (3) If, after the close of the monthly MIS time-frame, Contractor desires to enter
9 any data and information documenting units of services for a particular month, then Contractor shall
10 submit a request in writing setting forth the good cause reasons which prevented Contractor from timely
11 entering such particular data and information into MIS. Director may, at his sole discretion, approve in
12 writing Contractor's request to enter the data and information into MIS. Notwithstanding any other
13 provision of this Agreement, the only units of service which shall be considered legitimate and
14 reimbursable at Annual Cost Report adjustment and settlement time or otherwise shall be those units of
15 service as entered by Contractor into MIS.

16 (4) Contractor shall train its staff in the operation, procedures, policies, and all
17 related use, of MIS as required by County.

18 13. CONFIDENTIALITY: Contractor shall maintain the confidentiality of all records and information,
19 including, but not limited to, claims, County records, patient/client records and information, and MIS
20 records, in accordance with WIC Sections 5328 through 5330, inclusive, and all other applicable
21 County, State, and Federal laws, ordinances, rules, regulations, manuals, guidelines, and directives,
22 relating to confidentiality. Contractor shall require all its officers, employees, and agents providing
23 services hereunder to acknowledge, in writing, understanding of, and agreement to fully comply with, all
24 such confidentiality provisions. Contractor shall indemnify and hold harmless County, its officers,
25 employees, and agents, from and against any and all loss, damage, liability, and expense arising from
26 any disclosure of such records and information by Contractor, its officers, employees, or agents.

27 14. PATIENTS'/CLIENTS' RIGHTS: Contractor shall comply with all applicable patients'/clients'
28 rights provisions, including, but not limited to, WIC Section 5325 et seq., CCR Title 9, Section 850 et
29 seq., and CCR Title 22. Further, Contractor shall comply with all patients'/clients' rights policies
30 provided by County. County Patients' Rights Advocates shall be given access by Contractor to all
31 patients/clients, patients'/clients' records, and Contractor's personnel in order to monitor Contractor's
32 compliance with all applicable statutes, regulations, manuals and policies.

33 15. REPORTING OF PATIENT/CLIENT ABUSE AND RELATED PERSONNEL REQUIREMENTS:

34 A. Elders and Dependent Adults Abuse: Contractor, and all persons employed or
35 subcontracted by Contractor, shall comply with WIC Section 15630 et seq. and shall report all known or
36 suspected instances of physical abuse of elders and dependent adults under the care of Contractor

1 either to an appropriate County adult protective services agency or to a local law enforcement agency,
2 as mandated by WIC Sections 15630, 15631 and 15632. Contractor, and all persons employed or
3 subcontracted by Contractor, shall make the report on such abuse, and shall submit all required
4 information, in accordance with WIC Sections 15630, 15633 and 15633.5.

5 B. Minor Children Abuse: Contractor, and all persons employed or subcontracted by
6 Contractor, shall comply with California Penal Code (hereafter "PC") Section 11164 at seq. and shall
7 report all known or suspected instances of child abuse to an appropriate child protective agency, as
8 mandated by California Penal Code 11164, 11165.8 and 11166. Contractor, and all persons employed
9 or subcontracted by Contractor, shall make the report on such abuse, and shall submit all required
10 information, in accordance with PC Sections 11166 and 11167.

11 C. Contractor Staff:

12 (1) Contractor shall assure that any person who enters into employment as a care
13 custodian of elders, dependent adults or minor children, or who enters into employment as a health or
14 other practitioner, prior to commencing employment, and as a prerequisite to that employment, shall
15 sign a statement on a form provided by Contractor in accordance with the above code sections to the
16 effect that such person has knowledge of, and will comply with, these code sections.

17 (2) Contractor shall assure that clerical and other nontreatment staff who are not
18 legally required to directly report suspected cases of abuse, consult with mandated reporters upon
19 suspecting any abuse.

20 (3) For the safety and welfare of elders, dependent adults, and minor children,
21 Contractor shall, to the maximum extent permitted by law, ascertain arrest and conviction records for all
22 current and prospective employees and shall not employ or continue to employ any person convicted of
23 any crime involving any harm to elders, dependent adults, or minor children.

24 (4) Contractor shall not employ or continue to employ, or shall take other
25 appropriate action to fully protect all persons receiving services under this Agreement concerning, any
26 person whom Contractor knows, or reasonably suspects, has committed any acts which are inimical to
27 the health, morals, welfare, or safety of elders, dependent adults or minor children, or which otherwise
28 make it inappropriate for such person to be employed by Contractor.

29 16. NONDISCRIMINATION IN SERVICES:

30 A. Contractor shall not discriminate in the provision of services hereunder because of race,
31 religion, national origin, ancestry, sex, age, marital status, or physical or mental handicap or medical
32 conditions, in accordance with requirements of Federal and State law. For the purpose of this Paragraph
33 16, discrimination in the provision of services may include, but is not limited to, the following: denying
34 any person any service or benefit or the availability of a facility; providing any service or benefit to any
35 person which is different, or is provided in a different manner or at a different time, from that provided
36 to others; subjecting any person to segregation or separate treatment in any matter related to the receipt

1 of any service; restricting any person in any way in the enjoyment of any advantage or privilege enjoyed
2 by others receiving any service or benefit; and treating any person differently from others in determining
3 admission, enrollment quota, eligibility, membership, or any other requirement or condition which
4 persons must meet in order to be provided any service or benefit. Contractor shall take affirmative
5 action to ensure that intended beneficiaries of this Agreement are provided services without regard to
6 ability to pay or source of payment, race, religion, national origin, ancestry, sex, age, marital status, or
7 physical or mental handicap, or medical conditions.

8 B. Contractor shall establish and maintain written complaint procedures under which any
9 person applying for or receiving any services under this Agreement may seek resolution from Contractor
10 of a complaint with respect to any alleged discrimination in the rendering of services by Contractor's
11 personnel. Such procedures shall also include a provision whereby any such person, who is dissatisfied
12 with Contractor's resolution of the matter, shall be referred by Contractor to Director for the purpose of
13 presenting his complaint of the alleged discrimination. Such complaint procedures shall also indicate
14 that if such person is not satisfied with County's resolution or decision with respect to the complaint of
15 alleged discrimination, such person may appeal the matter to the State, if appropriate.

16 C. If direct services (i.e., 24-hour services, case management services, day services, and
17 outpatient services) are provided hereunder, Contractor shall have admission policies which are in
18 accordance with CCR Title 9, Sections 526 and 527, and which shall be in writing and available to the
19 public. Contractor shall not employ discriminatory practices in the admission of any person, assignment
20 of accommodations, or otherwise. Any time any person applies for services under this Agreement, such
21 person shall be advised by Contractor of the complaint procedures described in the above paragraph. A
22 copy of such complaint procedures shall be posted by Contractor in a conspicuous place, available and
23 open to the public, in each of Contractor's facilities where services are provided under this Agreement.

24 **17. NONDISCRIMINATION IN EMPLOYMENT:**

25 A. Contractor certifies and agrees that all persons employed by it, its affiliates, subsidiaries,
26 or holding companies are and will be treated equally by it without regard to, or because of, race, color,
27 religion, national origin, ancestry, sex, age, marital status, condition of physical disability (including HIV
28 and AIDS) or mental disability, medical condition (cancer), denial of family care leave, or political
29 affiliation, and in compliance with all applicable Federal and State anti-discrimination laws and
30 regulations.

31 B. Contractor shall take affirmative action to ensure that qualified applicants are employed,
32 and that employees are treated during employment without regard to race, color, religion, national origin,
33 ancestry, sex, age, marital status, condition of physical disability (including HIV and AIDS) or mental
34 disability, medical condition (cancer), denial of family care leave, or political affiliation. Such action shall
35 include, but is not limited to, the following: employment, upgrading, demotion, transfer, recruitment or
36 recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection

1 for training, including apprenticeship. Contractor shall not discriminate against or harass, nor shall it
2 permit harassment of, its employees during employment based upon race, color, religion, national origin,
3 ancestry, sex, age, marital status, condition of physical disability (including HIV and AIDS) or mental
4 disability, medical condition (cancer), denial of family care leave, or political affiliation in compliance with
5 all applicable Federal and State anti-discrimination laws and regulations. Contractor shall insure that the
6 evaluation and treatment of its employees and applicants for employment are free from such
7 discrimination and harassment, and will comply with the provisions of the Fair Employment and Housing
8 Act (Government Code section 12990 et seq.) and the applicable regulations promulgated thereunder
9 (California Code of Regulations, Title 2, Section 7285.0 et seq.).

10 C. Contractor shall deal with its subcontractors, bidders, or vendors without regard to or
11 because of race, color, religion, national origin, ancestry, sex, age, marital status, condition of physical
12 disability (including HIV and AIDS) or mental disability, medical condition (cancer), denial of family care
13 leave, or political affiliation. Further, Contractor shall give written notice of its obligations under this
14 Paragraph 17 to labor organizations with which it has a collective bargaining or other agreement.

15 D. Contractor shall allow County representatives access to its employment records during
16 regular business hours to verify compliance with the provisions of this Paragraph 17 when so
17 requested by Director.

18 E. If County finds that any of the above provisions has been violated, the same shall
19 constitute a material breach of this Agreement upon which County may immediately terminate or
20 suspend this Agreement. While County reserves the right to determine independently that the
21 anti-discrimination provisions of this Agreement have been violated, in addition, a determination by the
22 California Fair Employment Practices Commission or the Federal Equal Employment Opportunity
23 Commission that Contractor has violated State or Federal anti-discrimination laws or regulations shall
24 constitute a finding by County that Contractor has violated the anti-discrimination provisions of this
25 Agreement.

26 F. In the event that Contractor violates any of the anti-discrimination provisions of this
27 Paragraph 17, County shall be entitled, at its option, to the sum of FIVE HUNDRED DOLLARS (\$500)
28 pursuant to California Civil Code Section 1671 as liquidated damages in lieu of terminating or
29 suspending this Agreement.

30 18. FAIR LABOR STANDARDS: Contractor shall comply with all applicable provisions of the Federal
31 Fair Labor Standards Act, and shall indemnify, defend, and hold harmless County, its officers,
32 employees, and agents, from any and all liability, including, but not limited to, wages, overtime pay,
33 liquidated damages, penalties, court costs, and attorneys' fees arising under any wage and hour law,
34 including, but not limited to, the Federal Fair Labor Standards Act, for services performed by
35 Contractor's employees for which County may be found jointly or solely liable.

1 19. INDEMNIFICATION AND INSURANCE:

2 A. Indemnification: Contractor shall indemnify, defend and hold harmless County, and its
3 Special Districts, elected and appointed officers, employees, and agents from and against any and all
4 liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including
5 attorney and expert witness fees), arising from or connected with Contractor's acts and/or omissions
6 arising from and/or relating to this Agreement.

7 B. General Insurance Requirements: Without limiting Contractor's indemnification of
8 County and during the term of this Agreement, Contractor shall provide and maintain, and shall require
9 all of its subcontractors to maintain, the following programs of insurance specified in this Agreement.
10 Such insurance shall be primary to and not contributing with any other insurance or self-insurance
11 programs maintained by County, and such coverage shall be provided and maintained at Contractor's
12 own expense.

13 1) Evidence of Insurance: Certificate(s) or other evidence of coverage satisfactory
14 to County shall be delivered to *Department of Mental Health, 550 South Vermont Avenue, Contracts*
15 *Development and Administration Division, 5th Floor, Los Angeles, CA, 90020*, prior to commencing
16 services under this Agreement. Such certificates or other evidence shall:

- 17 (a) Specifically identify this Agreement.
- 18 (b) Clearly evidence all coverages required in this Agreement.
- 19 (c) Contain the express condition that County is to be given written notice
20 by mail at least thirty (30) days in advance of cancellation for all policies evidenced on the certificate of
21 insurance.
- 22 (d) Include copies of the additional insured endorsement to the commercial
23 general liability policy, adding the County of Los Angeles, its Special Districts, its officials, officers and
24 employees as insureds for all activities arising from this Agreement.

25 (e) Identify any deductibles or self-insured retentions for County's approval.
26 The County retains the right to require Contractor to reduce or eliminate such deductibles or self-insured
27 retentions as they apply to County, or, require Contractor to provide a bond guaranteeing payment of all
28 such retained losses and related costs, including, but not limited to, expenses or fees, or both, related to
29 investigations, claims administrations, and legal defense. Such bond shall be executed by a corporate
30 surety licensed to transact business in the State of California.

31 2) Insurer Financial Ratings: Insurance is to be provided by an insurance company
32 acceptable to the County with an A.M. Best rating of not less than A:VII, unless otherwise approved by
33 County.

34 3) Failure to Maintain Coverage: Failure by Contractor to maintain the required
35 insurance, or to provide evidence of insurance coverage acceptable to County, shall constitute a material
36 breach of the contract upon which County may immediately terminate or suspend this Agreement.

1 County, at its sole option, may obtain damages from Contractor resulting from said breach.
2 Alternatively, County may purchase such required insurance coverage, and without further notice to
3 Contractor, County may deduct from sums due to Contractor any premium costs advanced by County
4 for such insurance.

5 4) Notification of Incidents, Claims or Suits: Contractor shall report to County:

6 (a) Any accident or incident relating to services performed under this
7 Agreement which involves injury or property damage which may result in the filing of a claim or lawsuit
8 against Contractor and/or County. Such report shall be made in writing within 24 hours of occurrence.

9 (b) Any third party claim or lawsuit filed against Contractor arising from or
10 related to services performed by Contractor under this Agreement.

11 (c) Any injury to a Contractor employee which occurs on County property.
12 This report shall be submitted on a County "Non-employee Injury Report" to the County contract
13 manager.

14 (d) Any loss, disappearance, destruction, misuse, or theft of any kind
15 whatsoever of County property, monies or securities entrusted to Contractor under the terms of this
16 Agreement.

17 5) Compensation for County Costs: In the event that Contractor fails to comply
18 with any of the indemnification or insurance requirements of this Agreement, and such failure to comply
19 results in any costs to County, Contractor shall pay full compensation for all costs incurred by County.

20 6) Insurance Coverage Requirements for Subcontractors: Contractor shall ensure
21 any and all sub-contractors performing services under this Agreement meet the insurance requirements
22 of this Agreement by either:

23 (a) Contractor providing evidence of insurance covering the activities of
24 sub-contractors, or

25 (b) Contractor providing evidence submitted by sub-contractors evidencing
26 that sub-contractors maintain the required insurance coverage. County retains the right to obtain copies
27 of evidence of sub-contractor insurance coverage at any time.

28 C. Insurance Coverage Requirements:

29 1) General Liability: Insurance (written on ISO policy form CG 00 01 or its
30 equivalent) with limits of not less than the following:

31	General Aggregate:	Two Million Dollars (\$2,000,000)
32	Products/Completed Operations Aggregate:	One Million Dollars (\$1,000,000)
33	Personal and Advertising Injury:	One Million Dollars (\$1,000,000)
34	Each Occurrence:	One Million Dollars (\$1,000,000)

35 2) Automobile Liability: Insurance (written on ISO policy form CA 00 01 or its
36 equivalent) with a limit of liability of not less than One Million Dollars (\$1,000,000) for each accident.

1 Such insurance shall include coverage for all "owned", "hired" and "non-owned" vehicles, or coverage
2 for "any auto".

3 3) Workers Compensation and Employers' Liability: Insurance providing workers
4 compensation benefits, as required by the Labor Code of the State of California or by any other state,
5 and for which Contractor is responsible. If Contractor's employees will be engaged in maritime
6 employment, coverage shall provide workers compensation benefits as required by the U.S. Longshore
7 and Harbor Workers' Compensation Act, Jones Act or any other federal law for which Contractor is
8 responsible. In all cases, the above insurance also shall include Employers' Liability coverage with limits
9 of not less than the following:

10	Each Accident:	One Million Dollars	(\$1,000,000)
11	Disease - policy limit:	One Million Dollars	(\$1,000,000)
12	Disease - each employee:	One Million Dollars	(\$1,000,000)

13 4) Professional Liability: Insurance covering liability arising from any error,
14 omission, negligent or wrongful act of the Contractor, its officers or employees with limits of not less
15 than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) aggregate.
16 The coverage also shall provide an extended two-year reporting period commencing upon termination or
17 cancellation of this Agreement.

18 20. WARRANTY AGAINST CONTINGENT FEES: Contractor warrants that no person or selling
19 agency has been employed or retained to solicit or secure this Agreement upon any agreement or
20 understanding for any commission, percentage, brokerage, or contingent fee, excepting bona fide
21 employees or bona fide established commercial or selling agencies maintained by Contractor for the
22 purpose of securing business. For Contractor's breach or violation of this warranty, County may, in its
23 sole discretion, deduct from the Agreement price or consideration, or otherwise recover, the full amount
24 of such commission, percentage, brokerage, or contingent fee.

25 21. CONFLICT OF INTEREST:

26 A. No County employee whose position in County enables such employee to influence the
27 award or administration of this Agreement or any competing agreement, and no spouse or economic
28 dependent of such employee, shall be employed in any capacity by Contractor or have any direct or
29 indirect financial interest in this Agreement. No officer or employee of Contractor who may financially
30 benefit from the provision of services hereunder shall in any way participate in County's approval, or
31 ongoing evaluation, of such services, or in any way attempt to unlawfully influence County's approval or
32 ongoing evaluation of such services.

33 B. Contractor shall comply with all conflict of interest laws, ordinances and regulations
34 now in effect or hereafter to be enacted during the term of this Agreement. Contractor warrants that it
35 is not now aware of any facts which create a conflict of interest. If Contractor hereafter becomes
36 aware of any facts which might reasonably be expected to create a conflict of interest, it shall

1 immediately make full written disclosure of such facts to County. Full written disclosure shall include,
2 without limitation, identification of all persons implicated and complete description of all relevant
3 circumstances.

4 22. UNLAWFUL SOLICITATION: Contractor shall require all of its employees to acknowledge, in
5 writing, understanding of and agreement to comply with the provisions of Article 9 of Chapter 4 of
6 Division 3 (commencing with Section 6150) of California Business and Professions Code (i.e., State Bar
7 Act provisions regarding unlawful solicitation as a runner or capper for attorneys) and shall take positive
8 and affirmative steps in its performance hereunder to insure that there is no violation of such provisions
9 by its employees. Contractor shall utilize the attorney referral service of all those bar associations within
10 the County of Los Angeles that have such a service.

11 23. INDEPENDENT STATUS OF CONTRACTOR:

12 A. This Agreement is by and between County and Contractor and is not intended, and shall
13 not be construed, to create the relationship of agent, servant, employee, partnership, joint venture, or
14 association, as between County and Contractor. The employees and agents of one party shall not be, or
15 be construed to be, the employees or agents of the other party for any purpose whatsoever.

16 B. Contractor shall be solely liable and responsible for providing to, or on behalf of, all
17 persons performing work pursuant to this Agreement all compensation and benefits. County shall have
18 no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability
19 benefits, Federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel
20 provided by or on behalf of Contractor.

21 C. Contractor understands and agrees that all persons performing services pursuant to this
22 Agreement are, for purposes of workers' compensation liability, the sole employees of Contractor and
23 not employees of County. Contractor shall be solely liable and responsible for furnishing any and all
24 workers' compensation benefits to any person as a result of any injuries arising from or connected with
25 any services performed by or on behalf of Contractor pursuant to this Agreement.

26 D. Contractor shall obtain and maintain on file an executed Contractor Employee
27 Acknowledgment of Employer, in the form as contained in Contractor's Negotiation Package for this
28 Agreement, for each of its employees performing services under this Agreement. Such
29 Acknowledgments shall be executed by each such employee on or immediately after the
30 commencement date of this Agreement but in no event later than the date such employee first performs
31 services under this Agreement.

32 24. CONSIDERATION OF HIRING COUNTY EMPLOYEES TARGETED FOR LAYOFF OR FORMER
33 COUNTY EMPLOYEES ON A REEMPLOYMENT LIST: Should Contractor require additional or

34 replacement personnel after the effective date of this Agreement to perform the services set forth
35 herein, Contractor shall give first consideration for such employment openings to qualified permanent
36 County employees who are targeted for layoff or qualified former County employees who are on a

1 reemployment list during the term of this Agreement.

2 **25. CONSIDERATION FOR HIRING GREATER AVENUES FOR INDEPENDENCE (GAIN)**

3 **PARTICIPANTS:** Should Contractor require additional or replacement personnel after the effective date
4 of this Agreement, Contractor shall give consideration for any such employment openings to participants
5 in the County's Department of Public Social Services' Greater Avenues for Independence (GAIN)
6 Program who meet Contractor's minimum qualifications for the open position. The County will refer
7 GAIN participants by job category to the contractor.

8 **26. DELEGATION AND ASSIGNMENT:** Contractor shall not delegate its duties or assign its rights
9 under this Agreement, or both, either in whole or in part, without the prior written consent of County,
10 and any prohibited delegation or assignment shall be null and void. Any payments by County to any
11 delegatee or assignee on any claim under this Agreement, in consequence of any such consent, shall be
12 subject to set off, recoupment, or other reduction for any claim which Contractor may have against
13 County.

14 **27. SUBCONTRACTING:**

15 **A.** No performance of this Agreement, or any portion thereof, shall be subcontracted by
16 Contractor without the prior written consent of County as provided in this Paragraph 27. Any
17 attempt by Contractor to subcontract any performance, obligation, or responsibility under this
18 Agreement, without the prior written consent of County, shall be null and void and shall constitute a
19 material breach of this Agreement. Notwithstanding any other provision of this Agreement, in the
20 event of any such breach by Contractor, this Agreement may be terminated forthwith by County.
21 Notwithstanding any other provision of this Agreement, the parties do not in any way intend that any
22 person or entity shall acquire any rights as a third party beneficiary of this Agreement.

23 **B.** If Contractor desires to subcontract any portion of its performance, obligations, or
24 responsibilities under this Agreement, Contractor shall make a written request to County for written
25 approval to enter into the particular subcontract. Contractor's request to County shall include:

26 (1) The reasons for the particular subcontract.
27 (2) A detailed description of the services to be provided by the subcontract.
28 (3) Identification of the proposed subcontractor and an explanation of why and how
29 the proposed subcontractor was selected, including the degree of competition involved.

30 (4) A description of the proposed subcontract amount and manner of compensation,
31 together with Contractor's cost or price analysis thereof.

32 (5) A copy of the proposed subcontract which shall contain the following provision:
33 "This contract is a subcontract under the terms of the prime contract with the County of
34 Los Angeles and shall be subject to all of the provisions of such prime contract."

35 (6) A copy of the proposed subcontract, if in excess of \$10,000 and utilizes State
36 funds, shall also contain the following provision:

1 "The contracting parties shall be subject to the examination and audit of the Auditor
2 General for a period of three years after final payment under contract (Government
3 Code, Section 8546.7)."

4 The Contractor will also be subject to the examination and audit of the
5 State Auditor General for a period of three years after final payment under contract (Government
6 Code, Section 8546.7).

7 (7) Any other information and/or certifications requested by County.

8 C. County shall review Contractor's request to subcontract and shall determine, in its sole
9 discretion, whether or not to consent to such request on a case-by-case basis.

10 D. Contractor shall indemnify and hold harmless County, its officers, employees, and
11 agents, from and against any and all liability, damages, costs, and expenses, including, but not limited
12 to, defense costs and legal fees, arising from or related to Contractor's use of any subcontractor,
13 including any officers, employees, or agents of any subcontractor, in the same manner as required for
14 Contractor, its officers, employees, and agents, under this Agreement.

15 E. Notwithstanding any County consent to any subcontracting, Contractor shall remain
16 fully liable and responsible for any and all performance required of it under this Agreement, and no
17 subcontract shall bind or purport to bind County. Further, County approval of any subcontract shall not
18 be construed to limit in any way Contractor's performance, obligations, or responsibilities, to County,
19 nor shall such approval limit in any way any of County's rights or remedies contained in this Agreement.

20 Additionally, County approval of any subcontract shall not be construed in any way to constitute the
21 determination of the allowability or appropriateness of any cost or payment under this Agreement.

22 F. In the event that County consents to any subcontracting, such consent shall be subject
23 to County's right to give prior and continuing approval of any and all subcontractor personnel providing
24 services under such subcontract. Contractor shall assure that any subcontractor personnel not approved
25 by County shall be immediately removed from the provision of any services under the particular
26 subcontract or that other action is taken as requested by County. County shall not be liable or
27 responsible in any way to Contractor, to any subcontractor, or to any officers, employees, or agents of
28 Contractor or any subcontractor, for any liability, damages, costs or expenses arising from or related to
29 County's exercise of such right.

30 G. In the event that County consents to any subcontracting, such consent shall be subject
31 to County's right to terminate, in whole or in part, any subcontract at any time upon written notice to
32 Contractor when such action is deemed by County to be in its best interest. County shall not be liable
33 or responsible in any way to Contractor, to any subcontractor, or to any officers, employees, or agents
34 of Contractor or any subcontractor, for any liability, damages, costs, or expenses arising from or related
35 to County's exercise of such right.

36 H. In the event that County consents to any subcontracting, each and all of the provisions

1 of this Agreement and any amendment thereto shall extend to, be binding upon, and inure to the benefit
2 of, the successors or administrators of the respective parties.

3 I. In the event that County consents to any subcontracting, such consent shall apply to
4 each particular subcontract only and shall not be, or be construed to be, a waiver of this Paragraph 27
5 or a blanket consent to any further subcontracting.

6 J. In the event that County consents to any subcontracting, Contractor shall be solely
7 liable and responsible for any and all payments and/or other compensation to all subcontractors and their
8 officers, employees, and agents. County shall have no liability or responsibility whatsoever for any
9 payment and/or other compensation for any subcontractors or their officers, employees, and agents.

10 K. Contractor shall deliver to the Chief of DMH's Contracts Development and
11 Administration Division a fully executed copy of each subcontract entered into by Contractor pursuant to
12 this Paragraph 27, on or immediately after the effective date of the subcontract but in no event later
13 than the date any services are performed under the subcontract.

14 L. In the event that County consents to any subcontracting, Contractor shall obtain and
15 maintain on file an executed Subcontractor Employee Acknowledgment of Employer, in the form as
16 contained in Contractor's Negotiation Package for the Agreement, for each of the subcontractor's
17 employees performing services under the subcontract. Such Acknowledgments shall be delivered to the
18 Chief of DMH's Contracts Development and Administration Division on or immediately after the
19 commencement date of the particular subcontract but in no event later than the date such employee
20 first performs any services under the subcontract.

21 M. County shall have no liability or responsibility whatsoever for any payment or other
22 compensation for any subcontractor or its officers, employees, and agents.

23 N. Director is hereby authorized to act for and on behalf of County pursuant to this
24 Paragraph 27, including, but not limited to, consenting to any subcontracting.

25 28. GOVERNING LAW, JURISDICTION AND VENUE: This Agreement shall be governed by, and
26 construed in accordance with, the laws of the State of California. Contractor agrees and consents to
27 the exclusive jurisdiction of the courts of the State of California for all purposes regarding this
28 Agreement and further agrees and consents that venue of any action brought hereunder shall be
29 exclusively in the County of Los Angeles, California. Further, this Agreement shall be governed by, and
30 construed in accordance with, all laws, regulations, and contractual obligations of County under its
31 agreement with the State.

32 29. COMPLIANCE WITH APPLICABLE LAW:

33 A. Contractor shall comply with all Federal, including, but not limited to, Title XIX of the
34 Social Security Act, State, and local laws, ordinances, rules, regulations, manuals, guidelines, Americans
35 with Disabilities Act (ADA) standards, and directives applicable to its performance hereunder. Further,
36 all provisions required thereby to be included in this Agreement are hereby incorporated herein by

1 reference.

2 B. Contractor shall indemnify and hold harmless County from and against any and all
3 liability, damages, costs or expenses, including, but not limited to, defense costs and attorneys' fees,
4 arising from or related to any violation on the part of Contractor, its officers, employees, or agents, of
5 any such Federal, State or local laws, ordinances, rules, regulations, manuals, guidelines, ADA
6 standards, or directives.

7 C. Contractor shall maintain in effect an active compliance program in accordance with the
8 recommendations set forth by the Department of Health and Human Services, Office of the Inspector
9 General.

10 30. THIRD PARTY BENEFICIARIES: Notwithstanding any other provision of this Agreement, the
11 parties do not in any way intend that any person or entity shall acquire any rights as a third party
12 beneficiary of this Agreement.

13 31. LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATES:

14 A. Contractor shall obtain and maintain in effect during the term of this Agreement, all
15 licenses, permits, registrations, accreditations, and certificates (including, but not limited to, certification
16 as a Short-Doyle/Medi-Cal provider if Title XIX Short-Doyle/Medi-Cal services are provided hereunder), as
17 required by all Federal, State, and local laws, ordinances, rules, regulations, manuals, guidelines, and
18 directives, which are applicable to Contractor's facility(ies) and services under this Agreement.
19 Contractor shall further ensure that all of its officers, employees, and agents, who perform services
20 hereunder, shall obtain and maintain in effect during the term of this Agreement all licenses, permits,
21 registrations, accreditations, and certificates which are applicable to their performance hereunder. A
22 copy of each such license, permit, registration, accreditation, and certificate (including, but not limited
23 to, certification as a Short-Doyle/Medi-Cal provider if Title XIX Short-Doyle/Medi-Cal services are
24 provided hereunder) as required by all applicable Federal, State, and local laws, ordinances, rules,
25 regulations, manuals, guidelines and directives shall be provided, in duplicate, to DMH's Contracts
26 Development and Administration Division.

27 B. If Contractor is a participant in the Short-Doyle/Medi-Cal program, Contractor shall keep
28 fully informed of all current Short-Doyle/Medi-Cal Policy Letters, including, but not limited to, procedures
29 for maintaining Medi-Cal certification of all its facilities.

30 32. TERMINATION FOR INSOLVENCY:

31 A. County may terminate this Agreement immediately in the event of the occurrence of any
32 of the following:

33 (1) Insolvency of Contractor. Contractor shall be deemed to be insolvent if it has
34 ceased to pay its debts for at least sixty days in the ordinary course of business or cannot pay its debts
35 as they become due, whether or not a petition has been filed under the Federal Bankruptcy Code and
36 whether or not Contractor is insolvent within the meaning of the Federal Bankruptcy Code.

1 (2) The filing of a voluntary or involuntary petition regarding Contractor under the
2 Federal Bankruptcy Code.

3 (3) The appointment of a Receiver or Trustee for Contractor.

4 (4) The execution by Contractor of a general assignment for the benefit of creditors.

5 B. The rights and remedies of County provided in this Paragraph 32 shall not be exclusive
6 and are in addition to any other rights and remedies provided by law or under this Agreement.

7 **33. TERMINATION FOR DEFAULT:**

8 A. County may, by written notice of default to Contractor, terminate this Agreement
9 immediately in any one of the following circumstances:

10 (1) if, as determined in the sole judgment of County, Contractor fails to perform any
11 services within the times specified in this Agreement or any extension thereof as County may authorize
12 in writing; or

13 (2) if, as determined in the sole judgment of County, Contractor fails to perform
14 and/or comply with any of the other provisions of this Agreement or so fails to make progress as to
15 endanger performance of this Agreement in accordance with its terms, and in either of these two
16 circumstances, does not cure such failure within a period of five days (or such longer period as County
17 may authorize in writing) after receipt of notice from County specifying such failure.

18 B. In the event that County terminates this Agreement as provided in Subparagraph A,
19 County may procure, upon such terms and in such manner as County may deem appropriate, services
20 similar to those so terminated; and Contractor shall be liable to County for any reasonable excess costs
21 incurred by County, as determined by County, for such similar services.

22 C. The rights and remedies of County provided in this Paragraph 33 shall not be exclusive
23 and are in addition to any other rights and remedies provided by law or under this Agreement.

24 **34. TERMINATION FOR IMPROPER CONSIDERATION:** County may, by written notice to
25 Contractor, immediately terminate the right of Contractor to proceed under this Agreement if it is found
26 that consideration, in any form, was offered or given by Contractor, either directly or through an
27 intermediary, to any County officer, employee or agent with the intent of securing the Agreement or
28 securing favorable treatment with respect to the award, amendment or extension of the Agreement or
29 the making of any determinations with respect to the Contractor's performance pursuant to the
30 Agreement. In the event of such termination, County shall be entitled to pursue the same remedies
31 against Contractor as it could pursue in the event of default by the Contractor.

32 Contractor shall immediately report any attempt by a County officer or employee to solicit such
33 improper consideration. The report shall be made either to the County manager charged with the
34 supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (213) 974-
35 0914 or (800) 544-6861.

36 Among other items, such improper consideration may take the form of cash, discounts, service,

1 the provision of travel or entertainment, or tangible gifts.

2 35. **SEVERABILITY:** If any provision of this Agreement or the application thereof to any person or
3 circumstance is held invalid, the remainder of this Agreement and the application of such provision to
4 other persons or circumstances shall not be affected thereby.

5 36. **CAPTIONS AND PARAGRAPH HEADINGS:** Captions and paragraph headings used in this
6 Agreement are for convenience only and are not a part of this Agreement and shall not be used in
7 construing this Agreement.

8 37. **ALTERATION OF TERMS:** No addition to, or alteration of, the terms of the body of this
9 Agreement, or the Financial Summary or Service Exhibit(s) hereto, whether by written or oral
10 understanding of the parties, their officers, employees or agents, shall be valid and effective unless
11 made in the form of a written amendment to this Agreement which is formally approved and executed
12 by the parties in the same manner as this Agreement.

13 38. **ENTIRE AGREEMENT:** The body of this Agreement; all attachments; Financial Summary(ies), Service
14 Delivery Site Exhibit, and Service Exhibit(s) 1 through 14

15 _____, attached hereto and
16 incorporated herein by reference; and Contractor's Negotiation Package for this Agreement, as approved
17 in writing by Director, including any addenda thereto as approved in writing by Director, which are
18 hereby incorporated herein by reference but not attached; shall constitute the complete and exclusive
19 statement of understanding between the parties which supersedes all previous agreements, written or
20 oral, and all other communications between the parties relating to the subject matter of this Agreement.

21 In the event of any conflict or inconsistency in the definition or interpretation of any word,
22 responsibility, or schedule, or the contents or description of any service or other work, or otherwise,
23 between the body of this Agreement and the other referenced documents, or between such other
24 documents, such conflict or inconsistency shall be resolved by giving precedence first to the body of
25 this Agreement and its definitions and then to such other documents according to the following priority:

- 26 A. Financial Summary(ies)
- 27 B. Service Delivery Site Exhibit
- 28 C. Service Exhibit(s)
- 29 D. Contractor's Negotiation Package.

30 39. **WAIVER:** No waiver by County of any breach of any provision of this Agreement shall
31 constitute a waiver of any other breach of such provision. Failure of County to enforce at any time, or
32 from time to time, any provision of this Agreement shall not be construed as a waiver thereof. The
33 rights and remedies set forth in this Paragraph 39 shall not be exclusive and are in addition to any other
34 rights and remedies provided by law or under this Agreement.

35 40. **EMPLOYMENT ELIGIBILITY VERIFICATION:** Contractor warrants that it fully complies with all
36 Federal statutes and regulations regarding employment of aliens and others and that all its employees

1 performing services hereunder meet the citizenship or alien status requirements set forth in Federal
2 statutes and regulations. Contractor shall obtain, from all covered employees performing services
3 hereunder, all verification and other documentation of employment eligibility status required by Federal
4 statutes and regulations as they currently exist and as they may be hereafter amended. Contractor shall
5 retain all such documentation for the period prescribed by law. Contractor shall indemnify, defend, and
6 hold harmless County, its officers and employees from and against any employer sanctions and any
7 other liability which may be assessed against Contractor or County in connection with any alleged
8 violation of any Federal statutes or regulations pertaining to the eligibility for employment of persons
9 performing services under this Agreement.

10 41. PUBLIC ANNOUNCEMENTS AND LITERATURE: In public announcements and literature
11 distributed by Contractor for the purpose of apprising patients/clients and the general public of the
12 nature of its treatment services, Contractor shall clearly indicate that the services which it provides
13 under this Agreement are funded by the County of Los Angeles.

14 42. PURCHASES:

15 A. Purchase Practices: Contractor shall fully comply with all Federal, State and County
16 laws, ordinances, rules, regulations, manuals, guidelines, and directives, in acquiring all furniture,
17 fixtures, equipment, materials, and supplies. Such items shall be acquired at the lowest possible price or
18 cost if funding is provided for such purposes hereunder.

19 B. Proprietary Interest of County: In accordance with all applicable Federal, State and
20 County laws, ordinances, rules, regulations, manuals, guidelines and directives, County shall retain all
21 proprietary interest, except the use during the term of this Agreement, in all furniture, fixtures,
22 equipment, materials, and supplies, purchased or obtained by Contractor using any County funds. Upon
23 the expiration or termination of this Agreement, the discontinuance of the business of Contractor, the
24 failure of Contractor to comply with any of the provisions of this Agreement, the bankruptcy of
25 Contractor or its giving an assignment for the benefit of creditors, or the failure of Contractor to satisfy
26 any judgment against it within thirty days of filing, County shall have the right to take immediate
27 possession of all such furniture, removable fixtures, equipment, materials, and supplies, without any
28 claim for reimbursement whatsoever on the part of Contractor. County, in conjunction with Contractor,
29 shall attach identifying labels on all such property indicating the proprietary interest of County.

30 C. Inventory Records, Controls and Reports: Contractor shall maintain accurate and
31 complete inventory records and controls for all furniture, fixtures, equipment, materials, and supplies,
32 purchased or obtained using any County funds. Within ninety days following the execution of this
33 Agreement, Contractor shall provide Director with an accurate and complete inventory report of all
34 furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any County funds.
35 The inventory report shall be prepared by Contractor on a form or forms designated by Director, certified
36 and signed by an authorized officer of Contractor, and one copy thereof shall be delivered to County

1 within thirty days of any change in the inventory. Within five days after the expiration or termination of
2 the Agreement, Contractor shall submit to County six copies of the same inventory report updated to
3 the expiration or termination date of the Agreement, certified and signed by an authorized officer of
4 Contractor, based on a physical count of all items of furniture, fixtures, equipment, materials, and
5 supplies, as of such expiration or termination date.

6 D. Protection of Property in Contractor's Custody: Contractor shall maintain vigilance and
7 take all reasonable precautions, to protect all furniture, fixtures, equipment, materials, and supplies,
8 purchased or obtained using any County funds, against any damage or loss by fire, burglary, theft,
9 disappearance, vandalism or misuse. In the event of any burglary, theft, disappearance, or vandalism of
10 any item of furniture, fixtures, equipment, materials, and supplies, Contractor shall immediately notify
11 the police and make a written report thereof, including a report of the results of any investigation which
12 may be made. In the event of any damage or loss of any item of furniture, fixtures, equipment,
13 materials, and supplies, from any cause, Contractor shall immediately send Director a detailed, written
14 report. Contractor shall contact DMH's Administrative Services Division for instructions for disposition
15 of any such property which is worn out or unusable.

16 E. Disposition of Property in Contractor's Custody: Upon the termination of the funding of
17 any program covered by this Agreement, or upon the expiration or termination of this Agreement, or at
18 any other time that County may request, Contractor shall: (1) provide access to and render all
19 necessary assistance for physical removal by County or its authorized representatives of any or all
20 furniture, fixtures, equipment, materials, and supplies, purchased or obtained using any County funds, in
21 the same condition as such property was received by Contractor, reasonable wear and tear excepted, or
22 (2) at Director's option, deliver any or all items of such property to a location designated by Director.
23 Any disposition, settlement or adjustment connected with such property shall be in accordance with all
24 applicable Federal, State and County laws, ordinances, rules, regulations, manuals, guidelines and
25 directives.

26 43. AUTHORIZATION WARRANTY: Contractor represents and warrants that the person executing
27 this Agreement for Contractor is an authorized agent who has actual authority to bind Contractor to
28 each and every term, condition, and obligation of this Agreement and that all requirements of Contractor
29 have been fulfilled to provide such actual authority.

30 44. RESTRICTIONS ON LOBBYING: If any Federal funds are to be used to pay for any of
31 Contractor's services under this Agreement, Contractor shall fully comply with all certification and
32 disclosure requirements prescribed by Section 319 of Public Law 101-121 (31 United States Code
33 Section 1352) and any implementing regulations, and shall ensure that each of its subcontractors
34 receiving funds under this Agreement also fully complies with all such certification and disclosure
35 requirements.
36

1 45. CERTIFICATION OF DRUG-FREE WORK PLACE: Contractor certifies and agrees that Contractor
2 and its employees shall comply with DMH's policy of maintaining a drug-free work place. Contractor
3 and its employees shall not manufacture, distribute, dispense, possess, or use any controlled substances
4 as defined in 21 United States Code Section 812, including, but not limited to, marijuana, heroin,
5 cocaine, and amphetamines, at any of Contractor's facilities or work sites or County's facilities or work
6 sites. If Contractor or any of its employees is convicted of or pleads *nolo contendere* to any criminal
7 drug statute violation occurring at any such facility or work site, then Contractor, within five days
8 thereafter, shall notify Director in writing.

9 46. COUNTY LOBBYISTS: Contractor and each County lobbyist or County lobbying firm as defined
10 in Los Angeles County Code Section 2.160.010, retained by Contractor, shall fully comply with
11 County's Lobbyist Ordinance, Los Angeles County Code Chapter 2.160. Failure on the part of
12 Contractor or any County lobbyist or County lobbying firm retained by Contractor to fully comply with
13 County's Lobbyist Ordinance shall constitute a material breach of this Agreement upon which County
14 may immediately terminate or suspend this Agreement.

15 47. MAINTENANCE STANDARDS FOR SERVICE DELIVERY SITES: Contractor shall assure that all
16 locations where services are provided under this Agreement are operated at all times in accordance with
17 all County community standards with regard to property maintenance and repair, graffiti abatement,
18 refuse removal, fire safety, landscaping, and in full compliance with all applicable local laws, ordinances,
19 and regulations relating to the property. County's periodic monitoring visits to Contractor's facility(ies)
20 shall include a review of compliance with this Paragraph 47.

21 48. CHILD SUPPORT COMPLIANCE PROGRAM:

22 A. Contractor's Acknowledgement of County's Commitment to Child Support Enforcement:
23 The Contractor acknowledges that the County places a high priority on the enforcement of child support
24 laws and the apprehensive of child support evaders. The Contractor understands that it is the County's
25 policy to encourage all County Contractors to voluntarily post the County's "LA's Most Wanted:
26 Delinquent Parent's" poster in a prominent position at the Contractor's place of business. The County's
27 Child Support Services Department will supply the Contractor with the poster to be used.

28 B. Contractor's Warranty of Adherence to County's Child Support Compliance Program:

29 (1) The Contractor acknowledges that the County has established a goal of
30 ensuring that all individuals who benefit financially from the County through Purchase Order or
31 Agreement are in compliance with their court-ordered child, family and spousal support obligations in
32 order to mitigate the economic burden otherwise imposed upon the County and its taxpayers.

33 (2) As required by the County's Child Support Compliance Program (County Code
34 Chapter 2.200) and without limiting the Contractor's duty under this Agreement to comply with all
35 applicable provisions of law, the Contractor warrants that it is now in compliance and shall during the
36 term of this Agreement maintain compliance with employment and wage reporting requirements as

1 required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment
2 Insurance Code Section 1088.5, and shall implement all lawfully served Wage and Earnings Withholding
3 Orders or Child Support Services Department Notices of Wage and Earnings Assignment for Child or
4 Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code Section
5 6246(b).

6 49. NOTICE TO EMPLOYEES REGARDING THE FEDERAL EARNED INCOME CREDIT: Contractor
7 shall notify its employees, and shall require each subcontractor to notify its employees, that they may
8 be eligible for the federal Earned Income Credit under the federal income tax laws. Such notice shall
9 be provided in accordance with the requirements set forth in Internal Revenue Service Notice 1015.

10 50. USE OF RECYCLED-CONTENT PAPER PRODUCTS: Consistent with the Board of
11 Supervisors' policy to reduce the amount of solid waste deposited at the County landfills, the Contractor
12 agrees to use recycled-content paper to the maximum extent possible on the Project.

13 51. CONTRACTOR RESPONSIBILITY AND DEBARMENT: The following requirements set forth in
14 the Ordinance are effective for this Agreement, except to the extent applicable State and/or Federal
15 laws are inconsistent with the terms of the Ordinance.

16 A. A responsible Contractor is a Contractor who has demonstrated the attribute of
17 trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the
18 contract. It is the County's policy to conduct business only with responsible contractors.

19 B. The Contractor is hereby notified that, in accordance with Chapter 2.202 of the
20 County Code, if the County acquires information concerning the performance of the Contractor on
21 this or other Agreements which indicates that the Contractor is not responsible, the County may, in
22 addition to other remedies provided in the Agreement, debar the Contractor from bidding on County
23 contracts for a specified period of time not to exceed 3 years, and terminate any or all existing
24 contracts the Contractor may have with the County.

25 C. The County may debar a Contractor if the Board of Supervisors finds, in its discretion,
26 that the Contractor has done any of the following: (1) violated any term of an Agreement with the
27 County, (2) committed any act or omission which negatively reflects on the Contractor's quality,
28 fitness or capacity to perform a contract with the County or any other public entity, or engaged in a
29 pattern or practice which negatively reflects on same, (3) committed an act or offense which
30 indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim
31 against the County or any other public entity.

32 D. If there is evidence that the Contractor may be subject to debarment, the Department
33 will notify the Contractor in writing of the evidence which is the basis for the proposed debarment
34 and will advise the Contractor of the scheduled date for a debarment hearing before the Contractor
35 Hearing Board.

36 E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed

1 debarment is presented. The Contractor and/or the Contractor's representative shall be given an
2 opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall
3 prepare a proposed decision, which shall contain a recommendation regarding whether the contractor
4 should be debarred, and, if so, the appropriate length of time of the debarment. If the Contractor
5 fails to avail itself of the opportunity to submit evidence to the Contractor Hearing Board, the
6 Contractor may be deemed to have waived all rights of appeal.

7 F. A record of the hearing, the proposed decision and any other recommendation of the
8 Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors
9 shall have the right to modify, deny or adopt the proposed decision and recommendation of the
10 Hearing Board.

11 G. These terms shall also apply to subcontractors/subconsultants of County Contractors.

12 52. CONTRACTOR'S EXCLUSION FROM PARTICIPATION IN A FEDERALLY FUNDED PROGRAM:

13 Contractor hereby warrants that neither it nor any of its staff members is restricted or
14 excluded from providing services under any health care program funded by the Federal government,
15 directly or indirectly, in whole or in part, and that Contractor will notify Director within thirty (30)
16 calendar days in writing of: (1) any event that would require Contractor or a staff member's
17 mandatory exclusion from participation in a Federally funded health care program; and (2) any
18 exclusionary action taken by any agency of the Federal government against Contractor or one or more
19 staff members barring it or the staff members from participation in a Federally funded health care
20 program, whether such bar is direct or indirect, or whether such bar is in whole or in part.

21 There are a variety of different reasons why an individual or entity may be excluded from
22 participating in a Federally funded health care program. Sometimes, the exclusion is mandatory and in
23 other cases the OIG has the discretion not to exclude.

24 The mandatory bases for exclusion include: (1) felony convictions for program related crimes,
25 including fraud or false claims, or for offenses related to the dispensing or use of controlled substances,
26 or (2) convictions related to patient abuse.

27 Permissive exclusions may be based on: (1) conviction of a misdemeanor related to fraud or
28 financial misconduct involving a government program; (2) obstructing an investigation; (3) failing to
29 provide access to documents or premises as required by federal healthcare program officials; (4)
30 conviction of a misdemeanor related to controlled substances; (5) failing to disclose information about
31 the entity itself, its subcontractors or its significant business transactions; (6) loss of a state license to
32 practice a healthcare profession; (7) default on a student loan given in connection with education in a
33 health profession; (8) charging excessive amounts to a Federally funded health care program or
34 furnishing services of poor quality or which are substantially in excess of the needs of the patients; (9)
35 paying a kickback or submitting a false or fraudulent claim. Persons controlling or managing excluded
36 entities who knew of the conduct leading to the exclusion can themselves be excluded, and entities

1 which are owned and controlled by excluded individuals can also be excluded.

2 Contractor shall indemnify and hold County harmless against any and all loss or damage
3 County may suffer arising from any Federal exclusion of Contractor or its staff members from such
4 participation in a Federally funded health care program. Contractor shall provide the certification set
5 forth in Attachment VI as part of its obligation under this Paragraph 52.

6 Failure by Contractor to meet the requirements of this Paragraph 52 shall constitute a material
7 breach of Agreement upon which County may immediately terminate or suspend this Agreement.

8 53. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT: The parties acknowledge
9 the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing
10 regulations ("HIPAA"). Contractor understands and agrees that it is a "Covered Entity" under HIPAA
11 and, as such, has obligations with respect to the confidentiality, privacy, and security of patients'
12 medical information, and must take certain steps to preserve the confidentiality of this information,
13 both internally and externally, including the training of staff and the establishment of proper
14 procedures for the release of such information, including the use of appropriate consents and
15 authorizations specified under HIPAA.

16 The parties acknowledge their separate and independent obligations with respect to HIPAA,
17 and that such obligations relate to *transactions and code sets, privacy, and security*. Contractor
18 understands and agrees that it is separately and independently responsible for compliance with HIPAA
19 in all these areas and that County has not undertaken any responsibility for compliance on
20 Contractor's behalf. Contractor has not relied, and will not in any way rely, on County for legal
21 advice or other representations with respect to Contractor's obligations under HIPAA, but will
22 independently seek its own counsel and take the necessary measures to comply with the law and its
23 implementing regulations.

24 Contractor and County understand and agree that each is independently responsible for
25 HIPAA compliance and agree to take all necessary and reasonable actions to comply with the
26 requirements of HIPAA law and implementing regulations related to Transactions and Code Sets,
27 Privacy, and Security. Each party further agrees to indemnify and hold harmless the other party
28 (including their officers, employees and agents), for its failure to comply with HIPAA.

29 54. COMPLIANCE WITH JURY SERVICE PROGRAM:

30 A Jury Service Program: This Agreement is subject to the provisions of the County's
31 ordinance entitled Contractor Employee Jury Service ("Jury Service Program") as codified in Sections
32 2.203.010 through 2.203.090 of the Los Angeles County Code.

33 B Written Employee Jury Service Policy:

34 (1) Unless Contractor has demonstrated to the County's satisfaction either that
35 Contractor is not a "Contractor" as defined under the Jury Service Program (Section 2.203.020 of
36 the County Code) or that Contractor qualifies for an exception to the Jury Service Program (Section

1 2.203.070 of the County Code), Contractor shall have and adhere to a written policy that provides
2 that its Employees shall receive from the Contractor, on an annual basis, no less than five days of
3 regular pay for actual jury service. The policy may provide that Employees deposit any fees received
4 for such jury service with the Contractor or that the Contractor deduct from the Employee's regular
5 pay the fees received for jury service.

6 (2) For purposes of this Section, "Contractor" means a person, partnership,
7 corporation or other entity which has an Agreement with the County or a subcontract with a County
8 Contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month
9 period under one or more County Agreements or subcontracts. "Employee" means any California
10 resident who is a full-time employee of Contractor. "Full-time" means 40 hours or more worked per
11 week or a lesser number of hours if: 1) the lesser number is a recognized industry standard as
12 determined by the County, or 2) Contractor has a long-standing practice that defines the lesser number
13 of hours as full-time. Full-time employees providing short-term, temporary services of 90 days or less
14 within a 12-month period are not considered full-time for purposes of the Jury Service Program. If
15 Contractor uses any subcontractor to perform services for the County under the Agreement, the
16 subcontractor shall also be subject to the provisions of this Section. The provisions of this Section shall
17 be inserted into any such subcontract Agreement and a copy of the Jury Service Program shall be
18 attached to the Agreement.

19 (3) If Contractor is not required to comply with the Jury Service Program when the
20 Agreement commences, Contractor shall have a continuing obligation to review the applicability of its
21 "exception status" from the Jury Service Program, and Contractor shall immediately notify County if
22 Contractor at any time either comes within the Jury Service Program's definition of "Contractor" or if
23 Contractor no longer qualifies for an exception to the Program. In either event, Contractor shall
24 immediately implement a written policy consistent with the Jury Service Program. The County may also
25 require, at any time during the Agreement and at its sole discretion, that Contractor demonstrate to the
26 County's satisfaction that Contractor either continues to remain outside of the Jury Service Program's
27 definition of "Contractor" and/or that Contractor continues to qualify for an exception to the Program.

28 (4) Contractor's violation of this section of the Agreement may constitute a material breach
29 of the Agreement. In the event of such material breach, County may, in its sole discretion, terminate
30 the Agreement and/or bar Contractor from the award of future County Agreements for a period of time
31 consistent with the seriousness of the breach.

32 55. NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED BABY LAW: The
33 Contractor shall notify and provide to its employees, and shall require each subcontractor to notify
34 and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its
35 implementation in Los Angeles County, and where and how to safely surrender a baby.
36

1 The fact sheet is set forth in Attachment VII of this Agreement and is also available on the Internet at
2 www.babysefala.org for printing purposes.

3 56. CONTRACTOR'S ACKNOWLEDGEMENT OF COUNTY'S COMMITMENT TO THE SAFELY
4 SURRENDERED BABY LAW: The Contractor acknowledges that the County places a high priority on
5 the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the
6 County's policy to encourage all County Contractors to voluntarily post the County's "Safely
7 Surrendered Baby Law" poster in a prominent position at the Contractor's place of business. The
8 Contractor will also encourage its subcontractors, if any, to post this poster in a prominent position in
9 the subcontractor's place of business. The County's Department of Children and Family Services will
10 supply the Contractor with the poster to be used.

11 57. NOTICES: All notices or demands required or permitted to be given under this Agreement shall
12 be in writing and shall be delivered with signed receipt or mailed by first class, registered or certified
13 mail, postage pre-paid, addressed to the parties at the following addresses and to the attention of the
14 persons named. Director shall have the authority to execute all notices or demands which are required
15 or permitted by County under this Agreement. Addresses and persons to be notified may be changed
16 by either party by giving ten days prior written notice thereof to the other party.

17
18 For the County please use the following contact information:

19 Los Angeles County - Department of Mental Health
20 Contracts Development and Administration Division
21 550 South Vermont Ave., 5th Floor
22 Los Angeles, CA 90020
23 Attention: Chief of Contracts

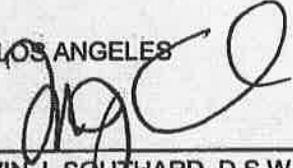
24
25
26 For the Contractor please use the following contact information:

27 Tri-City Mental Health Center
28 2750 S. Towne Avenue
29 Pomona, CA 91766
30 Luann Martenson, Ph.D., Executive Director

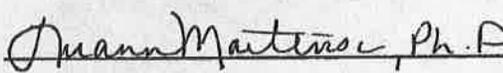
31 /
32 /
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35 /

1 IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this
2 Agreement to be subscribed by County's Director of Mental Health, and Contractor has caused this
3 Agreement to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above
4 written.

5
6
7 COUNTY OF LOS ANGELES

8
9
10 By 
11 MARVIN J. SOUTHARD, D.S.W.
12 Director of Mental Health
13

14
15
16
17
18 Tri-City Mental Health Center
19 CONTRACTOR

20 By 
21

22 Name Luann Martenson, Ph.D.
23

24 Title Executive Director

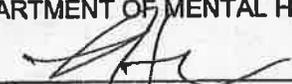
25 (AFFIX CORPORATE SEAL HERE)
26
27
28
29
30

31 APPROVED AS TO FORM
32 BY THE OFFICE OF THE COUNTY COUNSEL

33
34 LLOYD W. PELLMAN
35 County Counsel

36
37 APPROVED AS TO CONTRACT
38 ADMINISTRATION:

39
40 DEPARTMENT OF MENTAL HEALTH

41 By 
42 Chief, Contracts Development
43 and Administration Division
44
45

46
47
48
49 RBLs LegalEntityFile:NRTIT20C.IVA.LE03-04
50 ER:Tri-City Inst. Legal Entity 03-04 Renewal

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit D-2
Fiscal Year 2004-05 Claim**

COUNTY OF LOS ANGELES

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

SUSAN KERR
Deputy Director

RODERICK SHANER, M.D.
Medical Director



BOARD OF SUPERVISORS

GLORIA MOLINA
YVONNE B. BURKE
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.info>

650 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4825
Fax: (213) 838-8773

January 10, 2006

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

FROM: Jeremy D. Cortez
Director of Finance *[Signature]*

SUBJECT: REVISED SB 90 - CHAPTER 1747/84 ACTUAL FISCAL YEAR 2004-05
AND ESTIMATED FISCAL YEAR 2005-06 CLAIM

Attached is the revised actual Fiscal Year (FY) 2004-05 and estimated FY 2005-06 claim for SB 90 - Chapter 1747/84 - Services to Handicapped Students for the Los Angeles County- Department of Mental Health (LAC-DMH) in the amount of \$6,494,303 and \$7,143,733, respectively. This revision was necessary due to the discovery of the need to manually convert Mode 60 data that was previously converted automatically.

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

JDC:MPB:brd

Attachments

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

"To Enrich Lives Through Effective And Caring Service"

COUNTY OF LOS ANGELES

**FISCAL YEAR (FY) 2004-05 SB 90 CHAPTER 1747/84 -
SERVICES TO HANDICAPPED STUDENTS REIMBURSEMENT CLAIM**

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ATTACHMENT 2	HDS-3 Claim Summary
ATTACHMENT 3	HDS-4 Component/Activity Cost Detail HDS-5 Component/Activity Cost Detail (Omitted - no claimable costs for Due Process Proceedings) HDS-6 Component/Activity Cost Detail
ATTACHMENT 4	Supplemental Cost Report Data For Special Education Program (FY 2004-05 Cost Report Form MH1912)
ATTACHMENT 5	FY 2004-05 Final Allocation Worksheet
ATTACHMENT 6	Supporting Worksheet For Cost Report Form MH1912
ATTACHMENT 7	Offsetting Revenue Worksheets
ATTACHMENT 8	FY 2004-05 Indirect Cost Proposal (ICP)
ATTACHMENT 9	FY 2004-05 Year End Indirect Cost Rates by Program
ATTACHMENT 10	FY 2004-05 MH 1966 Cost Report Forms

Attachment 1
FAM-27 Claim Form

CLAIM FOR PAYMENT
 Pursuant to Government Code Section 17561
SERVICES TO HANDICAPPED STUDENTS

For State Controller Use Only		Program
(19)	Program Number 00111	111
(20)	Date Filed / /	
(21)	LRS Input / /	

L A B E L H E R E	(01) Claimant Identification Number		Reimbursement Claim Data		
	(02) Claimant Name Department of Mental Health		(22)	HDS-1, (03)(a)	
	County of Location County of Los Angeles		(23)	HDS-1, (03)(b)	
	Street Address or P.O. Box 550 South Vermont Ave., 11th Floor		(24)	HDS-1, (03)(c)	
	City Los Angeles		(25)	HDS-1, (04)(1)(d)	
	State CA		(26)	HDS-1, (04)(2)(d)	
	Zip Code 90020		(27)	HDS-1, (04)(3)(d)	
	Type of Claim	Estimated Claim	Reimbursement Claim	(28)	HDS-1, (04)(4)(d)
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(29)	HDS-1, (04)(5)(d)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>			
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>				
Fiscal Year of Cost	(06) 2005/2006	(12) 2004/2005	(30)	HDS-1, (06)	
Total Claimed Amount	(07) 7,143,733	(13) 6,494,303	(31)	HDS-3, (05) 192,927	
Less: 10% Late Penalty, not to exceed \$1,000		(14)	(32)	HDS-3, (06) 0	
Less: Prior Claim Payment Received		(15)	(33)	HDS-3, (07) 1,099,786	
Net Claimed Amount		(16) 6,494,303	(34)	HDS-3, (09) 31,291,626	
Due from State	(08) 7,143,733	(17) 6,494,303	(35)	HDS-3, (10) 0	
Due to State		(18)	(36)		

(37) CERTIFICATION OF CLAIM

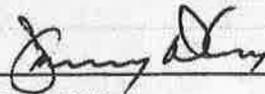
In accordance with the provisions of Government Code 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code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

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

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

Signature of Authorized Officer

Date



1-11-06

Jeremy D. Cortez

Director of Finance

Type or Print Name

Title

(38) Name of Contact Person for Claim
Michael Boyle

Telephone Number (213) 738-4665 Ext. _____
E-mail Address mboyle@dmh.co.la.ca.us

Attachment 2

HDS-3 Claim Summary

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS CLAIM SUMMARY	FORM HDS - 3
(01) Claimant: Los Angeles County	(02) Type of Claim Reimbursement Estimated	<input checked="" type="checkbox"/> X <input type="checkbox"/>
		Fiscal Year: 2004/2005
(03) Reimbursable Components		
Assessment of Individuals with Exceptional Needs		
(a) Assessment: Interviews, Review of Records, Observations, Testing, etc.		2,076,865
(b) Residential Placement: IEP Reviews, Case Management, and Expanded IEP		0
(c) Related Services: Attendance at IEP meetings, Meetings with IEP Members and Parents, and Review of Independent Assessment.		0
(d) Due Process Proceedings		0
(e) Administrative Costs [From HDS-6 line (07)]		276,601
Mental Health Treatment		
(f) Treatment Services: Short-Doyle Program		28,544,988
(g) Administrative Costs [From HDS-6 line (07)]		2,746,638
(04) Sub-total for Assessment of Individual with Exceptional Needs [Sum of (03), lines (a) to (e)]		2,353,466
(05) Less: Amount Received from Short-Doyle/Medi-Cal (FFP only) (Attachment 7a)		192,927
(06) Less: Amount Received from State Categorical Funding		0
(07) Less: Amount Received from Other (Identify) - Federal IDEA Funds (Attachment 7f)		1,099,786
(08) Total for Assessment of Individual with Exceptional Needs [Line (04) minus the sum of lines (05) to (07)]		1,060,753
(09) Sub-Total for Mental Health Treatment [Block (03), lines (f) and (g)]		31,291,626
(10) Less: Non-Categorical State General/Realignment Funds		0
(11) Less: Amount Received from State Categorical Funding		0
(12) Less: Amount Received from Short-Doyle/Medi-Cal (FFP only) (Attachment 7a)		6,569,210
(13) Less: Amount Received from Other (Identify)		
- Federal Financial Participation share of Admin. Cost (Attachment 7a)		746,101
- State General Fund (SGF) from Early and Periodic Screening Diagnosis Treatment (EPSDT) and share of Admin Cost (Attachment 7b)		5,209,972
- Third Party Revenues and share of Admin. Cost (Attachment 7d)		6,350
- Case Management Out-Of-State Placement Adjustment - SB 90 Chapter 654 (Attachment 7e)		593,655
- Federal Individuals with Disabilities Education Act (IDEA) Funds (Attachment 7f)		12,732,788
(14) Total Mental Health Treatment [Line (09) minus the sum of lines (10) to (13)]		5,433,550
(15) Total Claimed Amount [Sum of line (08) and line (14)]		6,494,303

Attachment 3

HDS-4 Component / Activity Cost Detail

HDS-5 Component / Activity Cost Detail

(Omitted – no claimable costs for Due Process Proceedings)

HDS-6 Component / Activity Cost Detail

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY	(02) Fiscal Year: 2004/2005
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input checked="" type="checkbox"/> Assessment	<input type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
LAC-DMH	00019	15 / 04	742,922	1.88	1,395,278
LAC-DMH	00019	60 / 60	6,977	97.70	681,587

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: <u>1</u> of <u>1</u>	2,076,865
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY	(02) Fiscal Year 2004/2005
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(04) Description of Expenses

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
LAC-DMH	00019	10 / 85	1,133	196.54	222,679
LAC-DMH	00019	15 / 10	116,936	2.41	282,365
LAC-DMH	00019	15 / 34	21,837	2.43	53,098
LAC-DMH	00019	15 / 42	2,015,337	2.41	4,866,421
LAC-DMH	00019	15 / 52	20,666	2.41	49,902
LAC-DMH	00019	15 / 62	106,429	4.68	497,972
Aspen Community Services	00801	15 / 04	12,755	1.56	19,896
Aspen Community Services	00801	15 / 10	2,734	2.01	5,499
Aspen Community Services	00801	15 / 42	2,341	2.01	4,709
Aspen Community Services	00801	15 / 62	2,426	3.73	9,042
Aspen Community Services	00801	10 / 85	986	155.43	153,256
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	00173	15 / 03	571	1.52	869
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	00173	15 / 04	1,391	1.52	2,117
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	00173	15 / 10	1,079	2.00	2,154
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	00173	15 / 12	118	2.00	236
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	00173	15 / 41	1,554	2.00	3,102
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	00173	15 / 42	8,134	2.00	16,237
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	00173	15 / 61	309	3.69	1,139
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	00173	15 / 62	1,805	3.69	6,653
Cedars-Sinai Medical Center	00178	15 / 04	5,748	1.71	9,829
Cedars-Sinai Medical Center	00178	15 / 10	2,330	2.19	5,103
Cedars-Sinai Medical Center	00178	15 / 12	30	2.19	66
Cedars-Sinai Medical Center	00178	15 / 34	435	2.19	953
Cedars-Sinai Medical Center	00178	15 / 41	1,695	2.19	3,712
Cedars-Sinai Medical Center	00178	15 / 42	26,099	2.19	57,157
Cedars-Sinai Medical Center	00178	15 / 52	2,250	2.19	4,928
Cedars-Sinai Medical Center	00178	15 / 54	100	2.19	219
Cedars-Sinai Medical Center	00178	15 / 61	280	4.07	1,140
Cedars-Sinai Medical Center	00178	15 / 62	3,640	4.07	14,815
Child & Family Guidance Center	00207	15 / 03	72,270	1.85	133,409
Child & Family Guidance Center	00207	15 / 12	89,901	2.38	213,982
Child & Family Guidance Center	00207	15 / 33	4,006	2.37	9,511
Child & Family Guidance Center	00207	15 / 41	926,514	2.38	2,204,008

(05) Total	<input type="checkbox"/>	Subtotal	<input checked="" type="checkbox"/>	Page: <u>1</u> of <u>10</u>	8,856,178
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY	(02) Fiscal Year 2004/2005
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(04) Description of Expenses

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Child & Family Guidance Center	00207	15 / 54	57,243	2.38	135,972
Child & Family Guidance Center	00207	15 / 61	112,042	4.40	492,625
Child & Family Center	00210	15 / 03	89,087	1.66	147,884
Child & Family Center	00210	15 / 12	90,312	2.10	189,655
Child & Family Center	00210	15 / 33	2,080	2.10	4,368
Child & Family Center	00210	15 / 41	518,764	2.10	1,089,404
Child & Family Center	00210	15 / 54	74,477	2.10	156,402
Child & Family Center	00210	15 / 61	41,809	3.60	150,512
ChildNet Youth & Family svcs	00783	15 / 03	264	1.64	434
ChildNet Youth & Family svcs	00783	15 / 04	1,279	1.64	2,102
ChildNet Youth & Family svcs	00783	15 / 10	2,115	2.12	4,489
ChildNet Youth & Family svcs	00783	15 / 12	466	2.12	989
ChildNet Youth & Family svcs	00783	15 / 41	3,357	2.12	7,124
ChildNet Youth & Family svcs	00783	15 / 42	19,662	2.12	41,727
ChildNet Youth & Family svcs	00783	15 / 61	154	3.92	604
ChildNet Youth & Family svcs	00783	15 / 62	1,009	3.92	3,958
ChildNet Youth & Family svcs	00783	10 / 98	27	106.76	2,883
Childrens Hospital of Los Angeles	00179	15 / 04	11,433	1.77	20,236
Childrens Hospital of Los Angeles	00179	15 / 10	4,695	2.28	10,477
Childrens Hospital of Los Angeles	00179	15 / 34	3,700	2.28	8,436
Childrens Hospital of Los Angeles	00179	15 / 42	51,539	2.28	117,509
Childrens Hospital of Los Angeles	00179	15 / 52	6,861	2.28	15,643
Childrens Hospital of Los Angeles	00179	15 / 62	6,093	4.23	25,773
Children's Institute, Inc.	00591	15 / 04	387	1.83	710
Children's Institute, Inc.	00591	15 / 10	1,300	2.37	3,079
Children's Institute, Inc.	00591	15 / 42	6,443	2.37	15,258
Children's Institute, Inc.	00591	15 / 52	221	2.37	523
Children's Institute, Inc.	00591	15 / 62	155	4.38	678
Community Counseling Service (Amanecer)	00180	15 / 03	2,728	1.43	3,904
Community Counseling Service (Amanecer)	00180	15 / 04	9,748	1.43	13,952
Community Counseling Service (Amanecer)	00180	15 / 10	4,581	1.85	8,464
Community Counseling Service (Amanecer)	00180	15 / 12	1,368	1.85	2,528
Community Counseling Service (Amanecer)	00180	15 / 33	570	1.85	1,053
Community Counseling Service (Amanecer)	00180	15 / 41	6,749	1.85	12,470
Community Counseling Service (Amanecer)	00180	15 / 42	19,007	1.85	35,120

(05) Total	<input type="checkbox"/>	Subtotal	<input checked="" type="checkbox"/>	Page: <u>2</u>	of <u>10</u>	2,728,945
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY	(02) Fiscal Year: 2004/2005
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(04) Description of Expenses

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Community Counseling Service (Amanecer)	00180	15 / 52	8,985	1.85	16,602
Community Counseling Service (Amanecer)	00180	15 / 54	3,053	1.85	5,641
Community Counseling Service (Amanecer)	00180	15 / 61	535	3.41	1,827
Community Counseling Service (Amanecer)	00180	15 / 62	2,160	3.42	7,377
Community Family Guidance Center	00181	15 / 03	3,095	1.31	4,046
Community Family Guidance Center	00181	15 / 04	2,720	1.31	3,556
Community Family Guidance Center	00181	15 / 10	22,975	1.86	38,143
Community Family Guidance Center	00181	15 / 12	8,262	1.86	13,716
Community Family Guidance Center	00181	15 / 41	32,452	1.69	54,774
Community Family Guidance Center	00181	15 / 42	84,540	1.69	142,691
Community Family Guidance Center	00181	15 / 52	160	1.69	270
Community Family Guidance Center	00181	15 / 54	27	1.69	46
Community Family Guidance Center	00181	15 / 61	2,056	3.12	6,411
Community Family Guidance Center	00181	15 / 62	4,435	3.12	13,836
Devereux Foundation	00472	10 / 98	782	97.98	76,823
Devereux Foundation	00472	15 / 58	26,725	1.54	41,182
Devereux Foundation	00472	15 / 62	811	2.22	1,797
Didl Hirsch Psychiatric Service	00183	15 / 04	8,690	1.68	14,500
Didl Hirsch Psychiatric Service	00183	15 / 10	28,439	2.21	62,761
Didl Hirsch Psychiatric Service	00183	15 / 34	6,702	2.21	14,790
Didl Hirsch Psychiatric Service	00183	15 / 42	158,795	2.21	350,169
Didl Hirsch Psychiatric Service	00183	15 / 52	9,165	2.21	20,226
Didl Hirsch Psychiatric Service	00183	15 / 62	8,853	4.03	39,711
Dubnoff Center For Child Development and Educational Therap	00184	15 / 04	15,263	1.70	26,023
Dubnoff Center For Child Development and Educational Therap	00184	15 / 10	1,358	2.18	2,964
Dubnoff Center For Child Development and Educational Therap	00184	15 / 34	2,453	2.18	5,347
Dubnoff Center For Child Development and Educational Therap	00184	15 / 42	116,797	2.19	255,386
Dubnoff Center For Child Development and Educational Therap	00184	15 / 52	6,584	2.19	14,417
Dubnoff Center For Child Development and Educational Therap	00184	15 / 61	1,990	3.99	7,944
Dubnoff Center For Child Development and Educational Therap	00184	15 / 62	21,408	4.07	87,158
D'Veal Family and Youth Services	00778	10 / 92	51	69.24	3,531
D'Veal Family and Youth Services	00778	15 / 04	1,360	1.30	1,768
D'Veal Family and Youth Services	00778	15 / 10	533	1.73	922
D'Veal Family and Youth Services	00778	15 / 42	2,787	1.73	4,822
D'Veal Family and Youth Services	00778	15 / 62	512	3.28	1,679

(05) Total	<input type="checkbox"/>	Subtotal	<input checked="" type="checkbox"/>	Page: <u>3</u>	of <u>10</u>	1,342,756
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY	(02) Fiscal Year 2004/2005
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(04) Description of Expenses

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
El Centro de Amistad, Inc.	00185	15 / 04	557	1.77	988
El Centro de Amistad, Inc.	00185	15 / 10	786	2.38	1,872
El Centro de Amistad, Inc.	00185	15 / 42	3,416	2.38	8,137
El Centro de Amistad, Inc.	00185	15 / 62	330	4.29	1,415
Enkl Health and Research Systems	00188	10 / 85	676	121.98	82,458
Enkl Health and Research Systems	00188	15 / 04	101,492	1.09	110,826
Enkl Health and Research Systems	00188	15 / 10	53,493	1.80	96,287
Enkl Health and Research Systems	00188	15 / 34	63	1.80	113
Enkl Health and Research Systems	00188	15 / 42	221,272	1.80	398,290
Enkl Health and Research Systems	00188	15 / 52	9,368	1.80	16,862
Enkl Health and Research Systems	00188	15 / 62	81,650	3.38	275,977
Foothill Family Service	00724	15 / 04	1,736	1.50	2,598
Foothill Family Service	00724	15 / 10	1,606	2.21	3,548
Foothill Family Service	00724	15 / 12	428	2.21	946
Foothill Family Service	00724	15 / 34	980	2.21	2,187
Foothill Family Service	00724	15 / 41	3,917	2.21	8,654
Foothill Family Service	00724	15 / 42	16,750	2.21	37,006
Foothill Family Service	00724	15 / 81	253	3.93	993
Foothill Family Service	00724	15 / 62	1,645	3.93	6,458
Gateways Hospital	00190	15 / 04	2,163	1.10	2,379
Gateways Hospital	00190	15 / 10	1,172	1.59	1,863
Gateways Hospital	00190	15 / 42	6,219	1.59	9,888
Gateways Hospital	00190	15 / 52	35	1.59	56
Gateways Hospital	00190	15 / 62	1,205	3.00	3,615
Gateways Hospital	00190	15 / 03	428	1.10	471
Gateways Hospital	00190	15 / 12	225	1.59	358
Gateways Hospital	00190	15 / 41	1,166	1.59	1,854
Gateways Hospital	00190	15 / 61	355	3.00	1,065
Guidance Center (The)	00191	15 / 04	15,681	1.66	26,067
Guidance Center (The)	00191	15 / 10	49,407	2.00	98,861
Guidance Center (The)	00191	15 / 34	1,518	2.00	3,042
Guidance Center (The)	00191	15 / 42	143,992	2.00	288,560
Guidance Center (The)	00191	15 / 52	19,261	2.00	38,599
Guidance Center (The)	00191	15 / 62	16,084	3.39	54,464
Hamburger Home, Inc.	00174	10 / 98	204	118.13	24,099

(05) Total	<input type="checkbox"/>	Subtotal	<input checked="" type="checkbox"/>	Page: <u>4</u>	of <u>10</u>	1,610,654
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY	(02) Fiscal Year 2004/2005
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(04) Description of Expenses

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Hamburger Home, Inc.	00174	10 / 99	53	118.13	6,261
Hamburger Home, Inc.	00174	15 / 04	2,390	1.82	4,347
Hamburger Home, Inc.	00174	15 / 10	4,370	2.36	10,262
Hamburger Home, Inc.	00174	15 / 42	38,088	2.36	89,434
Hamburger Home, Inc.	00174	15 / 52	10	2.35	23
Hamburger Home, Inc.	00174	15 / 58	680	2.35	1,597
Hamburger Home, Inc.	00174	15 / 61	422	4.34	1,832
Hamburger Home, Inc.	00174	15 / 62	5,923	4.34	25,708
Hamburger Home, Inc.	00174	15 / 77	210	3.49	734
Hathaway Children & Family Services	00192	10 / 99	52	92.81	4,826
Hathaway Children & Family Services	00192	15 / 03	875	1.43	1,251
Hathaway Children & Family Services	00192	15 / 04	5,490	1.43	7,851
Hathaway Children & Family Services	00192	15 / 10	55,171	1.82	100,411
Hathaway Children & Family Services	00192	15 / 12	3,645	1.82	6,634
Hathaway Children & Family Services	00192	15 / 33	120	1.82	218
Hathaway Children & Family Services	00192	15 / 34	650	1.82	1,183
Hathaway Children & Family Services	00192	15 / 41	18,713	1.82	34,058
Hathaway Children & Family Services	00192	15 / 42	177,976	1.82	323,916
Hathaway Children & Family Services	00192	15 / 52	2,414	1.82	4,393
Hathaway Children & Family Services	00192	15 / 54	1,117	1.82	2,033
Hathaway Children & Family Services	00192	15 / 61	1,166	3.40	3,930
Hathaway Children & Family Services	00192	15 / 62	4,849	3.40	16,487
Help Group Child and Family Center (The)	00198	10 / 92	1	72.18	72
Help Group Child and Family Center (The)	00198	10 / 98	17	113.67	1,936
Help Group Child and Family Center (The)	00198	15 / 03	2,585	1.75	4,524
Help Group Child and Family Center (The)	00198	15 / 04	19,411	1.75	33,969
Help Group Child and Family Center (The)	00198	15 / 10	99,435	2.28	226,712
Help Group Child and Family Center (The)	00198	15 / 12	51,891	2.28	118,311
Help Group Child and Family Center (The)	00198	15 / 41	158,230	2.28	360,764
Help Group Child and Family Center (The)	00198	15 / 42	561,491	2.28	1,280,199
Help Group Child and Family Center (The)	00198	15 / 52	542	2.28	1,236
Help Group Child and Family Center (The)	00198	15 / 54	470	2.28	1,072
Help Group Child and Family Center (The)	00198	15 / 58	18,355	2.28	41,849
Help Group Child and Family Center (The)	00198	15 / 81	10,110	4.22	42,664
Help Group Child and Family Center (The)	00198	15 / 82	30,684	4.22	129,529

(05) Total	<input type="checkbox"/>	Subtotal	<input checked="" type="checkbox"/>	Page: <u>5</u>	of <u>10</u>	2,890,226
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY	(02) Fiscal Year 2004/2005
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(04) Description of Expenses

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Hillsides	00321	10 / 99	9	85.93	773
Hillsides	00321	15 / 04	20,572	1.28	26,332
Hillsides	00321	15 / 10	101,876	1.68	171,152
Hillsides	00321	15 / 34	12,562	1.68	21,105
Hillsides	00321	15 / 41	2,040	1.68	3,427
Hillsides	00321	15 / 42	982,261	1.68	1,650,198
Hillsides	00321	15 / 52	14,393	1.68	24,181
Hillsides	00321	15 / 54	758	1.68	1,273
Hillsides	00321	15 / 58	130,339	1.68	218,969
Hillsides	00321	15 / 61	555	3.11	1,726
Hillsides	00321	15 / 62	5,861	3.11	18,226
Institute for Redesign of Learning (The Almansor Center)	00171	15 / 04	9,834	1.60	15,764
Institute for Redesign of Learning (The Almansor Center)	00171	15 / 10	10,954	2.07	22,670
Institute for Redesign of Learning (The Almansor Center)	00171	15 / 12	2,799	2.07	5,793
Institute for Redesign of Learning (The Almansor Center)	00171	15 / 41	7,889	2.07	16,327
Institute for Redesign of Learning (The Almansor Center)	00171	15 / 42	96,086	2.07	198,813
Institute for Redesign of Learning (The Almansor Center)	00171	15 / 52	11,845	2.07	24,514
Institute for Redesign of Learning (The Almansor Center)	00171	15 / 54	980	2.07	1,987
Institute for Redesign of Learning (The Almansor Center)	00171	15 / 61	1,010	3.83	3,864
Institute for Redesign of Learning (The Almansor Center)	00171	15 / 62	9,496	3.83	36,325
Intercommunity Child Guidance Center	00195	15 / 03	2,889	1.52	4,391
Intercommunity Child Guidance Center	00195	15 / 04	7,394	1.52	11,239
Intercommunity Child Guidance Center	00195	15 / 10	16,637	1.52	25,288
Intercommunity Child Guidance Center	00195	15 / 12	3,258	1.52	4,952
Intercommunity Child Guidance Center	00195	15 / 33	195	1.52	296
Intercommunity Child Guidance Center	00195	15 / 34	450	1.52	684
Intercommunity Child Guidance Center	00195	15 / 41	18,139	1.52	27,571
Intercommunity Child Guidance Center	00195	15 / 42	110,674	1.52	168,224
Intercommunity Child Guidance Center	00195	15 / 52	853	1.52	1,297
Intercommunity Child Guidance Center	00195	15 / 54	1,499	1.52	2,278
Intercommunity Child Guidance Center	00195	15 / 61	1,425	3.23	4,603
Intercommunity Child Guidance Center	00195	15 / 62	8,454	3.23	27,306
Kids First Foundation DBA Mid Valley Youth Center	01201	15 / 04	176	1.82	320
Kids First Foundation DBA Mid Valley Youth Center	01201	15 / 10	81	2.35	190
Kids First Foundation DBA Mid Valley Youth Center	01201	15 / 42	9,280	2.35	21,838

(05) Total	<input type="checkbox"/>	Subtotal	<input checked="" type="checkbox"/>	Page: <u>6</u> of <u>10</u>	2,763,896
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4			
(01) Claimant: LOS ANGELES COUNTY		(02) Fiscal Year 2004/2005			
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.					
<input type="checkbox"/> Assessment <input checked="" type="checkbox"/> Treatment Services <input type="checkbox"/> Residential Placement <input type="checkbox"/> Other (Identify)					
(04) Description of Expenses					
(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Kids First Foundation DBA Mid Valley Youth Center	01201	15 / 52	845	2.35	1,986
LAUSD 97th St. Mental Health	00315	15 / 03	5	1.71	9
LAUSD 97th St. Mental Health	00315	15 / 04	91	1.71	156
LAUSD 97th St. Mental Health	00315	15 / 10	193	2.20	425
LAUSD 97th St. Mental Health	00315	15 / 12	425	2.20	935
LAUSD 97th St. Mental Health	00315	15 / 34	270	2.20	584
LAUSD 97th St. Mental Health	00315	15 / 41	1,260	2.20	2,772
LAUSD 97th St. Mental Health	00315	15 / 42	1,130	2.20	2,486
LAUSD 97th St. Mental Health	00315	15 / 54	90	2.20	198
LAUSD 97th St. Mental Health	00315	15 / 61	240	4.09	982
LAUSD 97th St. Mental Health	00315	15 / 62	120	4.09	491
Los Angeles Child Guidance Clinic	00199	15 / 03	10,628	1.71	18,186
Los Angeles Child Guidance Clinic	00199	15 / 04	59,280	1.71	101,400
Los Angeles Child Guidance Clinic	00199	15 / 10	21,710	2.21	47,958
Los Angeles Child Guidance Clinic	00199	15 / 12	4,040	2.21	8,925
Los Angeles Child Guidance Clinic	00199	15 / 33	315	2.21	696
Los Angeles Child Guidance Clinic	00199	15 / 34	3,735	2.21	8,251
Los Angeles Child Guidance Clinic	00199	15 / 41	33,374	2.21	73,724
Los Angeles Child Guidance Clinic	00199	15 / 42	196,162	2.21	433,330
Los Angeles Child Guidance Clinic	00199	15 / 52	50,374	2.21	111,278
Los Angeles Child Guidance Clinic	00199	15 / 54	5,281	2.21	11,666
Los Angeles Child Guidance Clinic	00199	15 / 61	4,823	4.08	19,693
Los Angeles Child Guidance Clinic	00199	15 / 62	37,372	4.08	152,594
Olive Crest Treatment Centers	00518	15 / 04	2,005	1.83	3,660
Olive Crest Treatment Centers	00518	15 / 42	2,416	2.36	5,693
Olive Crest Treatment Centers	00518	15 / 52	1,271	2.36	2,995
Olive Crest Treatment Centers	00518	15 / 62	800	3.03	2,424
Olive Crest Treatment Centers	00518	10 / 98	124	82.50	10,230
Pacific Clinics	00203	10 / 89	516	129.19	66,663
Pacific Clinics	00203	15 / 03	93,894	1.29	121,000
Pacific Clinics	00203	15 / 12	95,945	1.66	159,452
Pacific Clinics	00203	15 / 33	120	1.66	199
Pacific Clinics	00203	15 / 41	1,057,986	1.66	1,758,277
Pacific Clinics	00203	15 / 54	99,082	1.66	164,865
Pacific Clinics	00203	15 / 61	66,513	3.08	204,684
Pasadena Children's Training Society	00204	15 / 03	3,666	1.55	5,688
Pasadena Children's Training Society	00204	15 / 04	19,044	1.55	29,548
Pasadena Children's Training Society	00204	15 / 10	6,135	2.00	12,289
(05) Total	<input type="checkbox"/>	Subtotal <input checked="" type="checkbox"/>	Page: <u>7</u>	of <u>10</u>	3,546,202

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY	(02) Fiscal Year 2004/2005
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Pasadena Children's Training Society	00204	15 / 12	1,095	2.00	2,193
Pasadena Children's Training Society	00204	15 / 33	170	2.00	341
Pasadena Children's Training Society	00204	15 / 41	10,819	2.00	21,672
Pasadena Children's Training Society	00204	15 / 42	111,078	2.00	222,501
Pasadena Children's Training Society	00204	15 / 52	88,415	2.00	177,105
Pasadena Children's Training Society	00204	15 / 54	4,213	2.00	8,439
Pasadena Children's Training Society	00204	15 / 58	2,713	2.00	5,434
Pasadena Children's Training Society	00204	15 / 61	1,404	3.70	5,198
Pasadena Children's Training Society	00204	15 / 62	20,245	3.70	74,956
PENNY LANE CENTERS	00201	15 / 03	145	1.46	212
PENNY LANE CENTERS	00201	15 / 04	244	1.46	356
PENNY LANE CENTERS	00201	15 / 10	4,692	2.00	9,384
PENNY LANE CENTERS	00201	15 / 12	513	2.00	1,026
PENNY LANE CENTERS	00201	15 / 41	1,590	2.00	3,180
PENNY LANE CENTERS	00201	15 / 42	41,241	2.00	82,482
PENNY LANE CENTERS	00201	15 / 52	54	2.00	108
PENNY LANE CENTERS	00201	15 / 54	76	2.00	152
PENNY LANE CENTERS	00201	15 / 58	22,992	2.00	45,984
PENNY LANE CENTERS	00201	15 / 61	360	4.05	1,458
PENNY LANE CENTERS	00201	15 / 62	4,170	4.05	16,889
Personal Involvement Center	01194	15 / 04	13,440	1.77	23,832
Personal Involvement Center	01194	15 / 10	5,756	2.29	13,177
Personal Involvement Center	01194	15 / 34	5,090	2.29	11,652
Personal Involvement Center	01194	15 / 42	82,450	2.29	188,743
Personal Involvement Center	01194	15 / 62	4,577	4.23	19,366
San Fernando Valley CMHC Inc.	00208	15 / 04	12,622	1.45	18,241
San Fernando Valley CMHC Inc.	00208	15 / 10	14,553	1.87	27,152
San Fernando Valley CMHC Inc.	00208	15 / 42	106,427	1.87	198,564
San Fernando Valley CMHC Inc.	00208	15 / 52	6,091	1.87	11,364
San Fernando Valley CMHC Inc.	00208	15 / 62	3,338	3.45	11,511
San Fernando Valley CMHC Inc.	00208	15 / 77	2,178	2.78	6,040

(05) Total <input type="checkbox"/>	Subtotal <input checked="" type="checkbox"/>	Page: <u>8</u> of <u>10</u>	1,208,712
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY	(02) Fiscal Year: 2004/2005
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(04) Description of Expenses

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
San Gabriel Children's Center	00320	10 / 89	2,653	165.62	439,384
San Gabriel Children's Center	00320	15 / 03	120	1.65	198
San Gabriel Children's Center	00320	15 / 12	5,613	2.13	11,980
San Gabriel Children's Center	00320	15 / 41	23,317	2.13	49,768
San Gabriel Children's Center	00320	15 / 54	42,672	2.13	91,079
San Gabriel Children's Center	00320	15 / 81	6,365	3.95	25,111
SHIELDS for Families, Inc.	00558	15 / 04	72	1.09	78
SHIELDS for Families, Inc.	00558	15 / 10	96	1.40	134
SHIELDS for Families, Inc.	00558	15 / 42	1,187	1.40	1,635
South Bay Children's Health Center	00213	10 / 88	1,471	115.14	169,371
South Bay Children's Health Center	00213	15 / 03	1,364	1.77	2,414
South Bay Children's Health Center	00213	15 / 04	97	1.77	172
South Bay Children's Health Center	00213	15 / 10	2,885	2.19	6,318
South Bay Children's Health Center	00213	15 / 12	2,459	2.19	5,385
South Bay Children's Health Center	00213	15 / 33	60	2.19	131
South Bay Children's Health Center	00213	15 / 34	1,735	2.19	3,800
South Bay Children's Health Center	00213	15 / 41	10,449	2.19	22,883
South Bay Children's Health Center	00213	15 / 42	22,553	2.19	49,391
South Bay Children's Health Center	00213	15 / 52	45	2.19	99
South Bay Children's Health Center	00213	15 / 61	1,540	3.88	5,975
South Bay Children's Health Center	00213	15 / 62	8,675	3.88	33,659
Special Service for Groups	00214	15 / 03	2,313	1.40	3,238
Special Service for Groups	00214	15 / 12	2,224	1.59	3,536
Special Service for Groups	00214	15 / 41	4,204	1.59	6,684
Special Service for Groups	00214	15 / 54	1,898	1.59	3,018
Special Service for Groups	00214	15 / 81	576	3.19	1,837
St. John's Hospital and Health Center	00217	15 / 03	3,881	1.89	7,335
St. John's Hospital and Health Center	00217	15 / 12	6,859	2.44	16,736
St. John's Hospital and Health Center	00217	15 / 33	2,100	2.44	5,124
St. John's Hospital and Health Center	00217	15 / 41	27,900	2.44	68,076
St. John's Hospital and Health Center	00217	15 / 61	11,752	4.51	53,002
Starview	00543	10 / 85	316	171.75	54,273
Starview	00543	15 / 04	1,269	1.46	1,853
Starview	00543	15 / 10	723	1.99	1,439
Starview	00543	15 / 41	5,101	1.99	10,151
Starview	00543	15 / 42	16,624	1.99	33,082
Starview	00543	15 / 62	335	3.48	1,166

(05) Total	<input type="checkbox"/>	Subtotal	<input checked="" type="checkbox"/>	Page. <u>9</u>	of <u>10</u>	1,189,515
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY	(02) Fiscal Year 2004/2005
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input type="checkbox"/> Assessment	<input checked="" type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Stirling Academy, Inc.	00216	15 / 03	627	1.78	1,113
Stirling Academy, Inc.	00216	15 / 04	11,621	1.77	20,627
Stirling Academy, Inc.	00216	15 / 10	35,061	2.29	80,341
Stirling Academy, Inc.	00216	15 / 12	2,401	2.29	5,502
Stirling Academy, Inc.	00216	15 / 41	8,799	2.29	20,163
Stirling Academy, Inc.	00216	15 / 42	121,566	2.29	278,563
Stirling Academy, Inc.	00216	15 / 52	897	2.29	2,056
Stirling Academy, Inc.	00216	15 / 61	190	4.24	805
Stirling Academy, Inc.	00216	15 / 62	1,152	4.24	4,879
Verdugo Mental Health	00221	15 / 04	2,234	1.89	4,211
Verdugo Mental Health	00221	15 / 10	12,687	2.44	30,936
Verdugo Mental Health	00221	15 / 34	1,125	2.44	2,743
Verdugo Mental Health	00221	15 / 42	114,057	2.44	278,116
Verdugo Mental Health	00221	15 / 52	24,270	2.44	59,180
Verdugo Mental Health	00221	15 / 62	15,528	4.51	70,047
Vista Del Mar	00196	15 / 03	26,517	1.89	50,117
Vista Del Mar	00196	15 / 12	2,659	2.44	6,488
Vista Del Mar	00196	15 / 33	795	2.44	1,940
Vista Del Mar	00196	15 / 41	34,983	2.44	85,359
Vista Del Mar	00196	15 / 54	14,652	2.44	35,751
Vista Del Mar	00196	15 / 61	16,423	4.51	74,068
Vista Del Mar	00196	10 / 89	4,829	189.33	914,275
Vista Del Mar	00196	10 / 99	3,117	122.75	382,812

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: <u>10</u> of <u>10</u>	28,544,988
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-6
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(01) Claimant: Los Angeles County	(02) Fiscal Year 2004/2005
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(03) Reimbursable Component: Administrative Costs	
<input checked="" type="checkbox"/> Assessment of Individual	<input type="checkbox"/> Mental Health Treatment

(04) Description of Expenses	Object Accounts
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(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Total
The claimed units of service are based on the AB3632/SEP Plan identified in the LAC-DMH Integrated System (IS). The cost report process determines the cost per unit of service in a generic sense, not on an individual clinician basis. This data is detailed on Attachment 6. Direct service cost details have been completed on HDS-4 and is based on the cost report method.							

Totals		
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(05) Total Direct Costs	[From HDS-4 line (05)]	2,076,865
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Indirect Costs	
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(06) Indirect Cost Rate	See attached Auditor-Controller approved Plan Year 2004/2005 ICRP and FY 2004/2005 Cost Report Actuals (Attachment 8 & 9).	13%
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(07) Total Indirect Costs	[(Line (06) x line (04)(d)] or [(Line (06) x (line [(04)(d) + line (04)(e)])]	276,601
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-6
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(01) Claimant: Los Angeles County	(02) Fiscal Year 2004/2005
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(03) Reimbursable Component: Administrative Costs

<input type="checkbox"/> Assessment of Individual	<input checked="" type="checkbox"/> X	Mental Health Treatment
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(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Total
<p>Contract Provider's claim is based on the Year End Cost Report submitted to the Department. The DMH Directly Operated claimed units of service are based on the AB3632/SEP Plan identified in the LAC-DMH Integrated System (IS). The cost report process determines the cost per unit of service in a generic sense, not on an individual clinician basis. This data is detailed on Attachment 6. Direct service cost details have been completed on HDS-4 and is based on the cost report method.</p>							

Totals

(05) Total Direct Costs	[From HDS-4 line (05)]	28,544,988
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Indirect Costs

(06) Indirect Cost Rate *See attached Auditor-Controller approved Plan Year 2004/2005 ICRP and FY 2004/2005 Cost Report Actuals (Attachment 8 & 9).*

	10%
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(07) Total Indirect Costs	[Line (06) x line (04)(d)] or [Line (06) x (line [(04)(d) + line (04)(e)]]	2,746,638
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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2004-2006 SB 90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 FOOTNOTE TO FORM HDS-6's

Reimbursement Component: Administrative Costs

Mental Health Treatment :

\$28,544,988 on Form HDS-6 line (05) includes the following components:

	A		B
	<u>Total Direct Cost</u>		<u>Total Indirect Cost</u>
DMH Directly Operated	\$ 5,972,437 ^a	@ an indirect rate of	13.3182% \$ 795,421
Private contract providers	<u>22,572,551 ^b</u>	@ an indirect rate of	<u>1,951,217</u>
	<u>\$ 28,544,988</u>		<u>\$ 2,746,638</u>

= (B / A) 9.6221% is the average indirect rate for Mental Health Treatment rounded to 10% on line (06).

^a \$ 5,972,437 is the total of the entries with legal entity number 00019 from column (f) of form HDS-4.

^b \$ 22,572,551 is the total of the entries with legal entity numbers other than 00019 from column (f) of form HDS-4.

Assessment of Individual:

\$2,076,865 on Form HDS-6 line (05) pertains to DMH Directly Operated clinics' cost only and therefore is applied an indirect rate of 13.3182%, which is rounded to 13% on line (06).

Attachment 4

**Supplemental Cost Report Data For Special Education Program
(FY 2004-05 Cost Report Form MH1912)**

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB 90 Chapter 1747 - SERVICES TO HANDICAPPED STUDENTS COST SUMMARY
 FY 2004-2005**

COST ELEMENTS IDENTIFIED BY GROSS PROGRAM COSTS, OFFSETTING REVENUES, AND NET SB90 REIMBURSABLE COSTS

The following procedure has been followed to assure all appropriate revenue offsets have been applied. Total eligible cost of \$33,645,092 was identified and all applicable revenues have been offset to identify the remaining balance as the eligible SB90 Chapter 1747 reimbursement.

Gross SB90 Chapter 1747 Reimbursable Program Cost (includes Administration Cost)	\$ 33,645,092	MH1912 - column R
State General Fund From Early and Periodic Screening, Diagnosis and Testing (EPSDT) (Attachment 7b)	(5,504,104)	
Federal Financial Participation (FFP) (Attachment 7a)	(7,921,190)	MH1912 - column J (excluding share of admin cost)
FFP Refund and Adjustment for State Maximum Allowance (SMA) (Attachment 7a)	(9,031)	Included on Form HDS - 3, Line 12
Medi-Cal Third Party Revenues (Attachment 7a)	(5,439)	Included on Form HDS - 3, Line 12
FFP share of admin cost (Attachment 7a)	(746,101)	Included in Form HDS - 3, Line 13
EPSDT share of Admin Cost (Attachment 7b)	(525,212)	Included in Form HDS - 3, Line 13
FY 2003-2004 adjustment to reflect final FFP Payments (Attachment 7c)	1,173,523	Included in Form HDS - 3, Line 12
FY 2003-2004 adjustment to reflect final EPSDT State General Fund Payments Received (Attachment 7c)	819,344	Included in Form HDS - 3, Line 13
Third Party Revenues & share of admin cost (Attachment 7d)	(6,350)	Included in Form HDS - 3, Line 13
Case Management Out-Of-State Placement Adjustment - SB 90 Chapter 654 (Attachment 7e)	(593,655)	Included in Form HDS - 3, Line 13
Federal Individuals with Disabilities Education Act (IDEA) funds (Attachment 7f)	<u>(13,832,574)</u>	Included in Form HDS - 3, Sum of Lines 07 and 13

Net Reimbursable SB 90 Cost

\$ 6,494,303

CALIFORNIA HUMAN SERVICES AGENCY
 SUPPLEMENTAL REPORT DATA FOR SPECIAL EDUCATION PROGRAM
 MH1812 (07/06)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2004-2005

1) COUNTY NAME		2) FISCAL YEAR		3) DATE COMPLETED		4) BUDGET PROGRAM CATEGORY		5) ALLOCATION AMOUNT		6) BUDGET ITEM NUMBER		7) LEGAL ENTITY NAME		8) FPP		9) County EPPSOT BaseBare		10) EPPSOT County Match for Growth		11) EPPSOT State General Funds		12) Total		13) Non-Med-Cal Costs		14) State General Funds		15) Other Fund Sources		16) Total BEP Program Costs	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	
Legal Entity Number	Mode of Service	Service Function	Med-Cal	Non-Med-Cal	Units of Service	Total	Cost per Unit	Total	FPP	County BaseBare	EPPSOT Match for Growth	EPPSOT State General Funds	Total	Non-Med-Cal Costs	State General Funds	Other Fund Sources	Total BEP Program Costs														
00018	18	04	204,108	508,789	742,897	742,897	1.86	3,253,424	162,827	26,174	8,425	1,152,238	1,017,834	89,172	642,032	1,505,278	1,505,278														
00019	02	04	87,763	8,977	96,740	96,740	1.10	1,064,100	12,145	10,029	3,475	88,700	92,175	-	92,175	92,175															
00020	02	04	18,024	1,133	19,157	19,157	1.12	210,000	2,262	1,929	625	2,554	2,554	-	2,554	2,554															
00021	02	04	118,534	11,533	130,067	130,067	1.10	1,440,000	15,000	12,500	2,500	135,000	147,500	-	147,500	147,500															
00022	02	04	37,003	3,700	40,703	40,703	1.10	450,000	4,500	3,900	600	4,500	4,500	-	4,500	4,500															
00023	02	04	18,748	1,874	20,622	20,622	1.10	240,000	2,400	2,000	400	2,400	2,400	-	2,400	2,400															
00024	02	04	80,228	8,022	88,250	88,250	1.10	1,050,000	10,500	9,000	1,500	86,500	88,000	-	88,000	88,000															
00025	02	04	1,024,111	102,411	1,126,522	1,126,522	1.10	13,512,000	135,120	11,500	2,012	1,010,000	1,121,500	-	1,121,500	1,121,500															
00026	02	04	60,228	6,022	66,250	66,250	1.10	800,000	8,000	7,000	1,000	65,500	66,500	-	66,500	66,500															
00027	02	04	11,118	1,118	12,236	12,236	1.10	150,000	1,500	1,300	200	12,000	12,200	-	12,200	12,200															
00028	02	04	46,403	4,640	51,043	51,043	1.10	600,000	6,000	5,200	800	50,000	50,800	-	50,800	50,800															
00029	02	04	11,062	1,106	12,168	12,168	1.10	150,000	1,500	1,300	200	12,000	12,200	-	12,200	12,200															
00030	02	04	2,734	273	3,007	3,007	1.10	35,000	350	300	50	3,000	3,050	-	3,050	3,050															
00031	02	04	2,341	234	2,575	2,575	1.10	30,000	300	250	50	2,500	2,550	-	2,550	2,550															
00032	02	04	2,000	200	2,200	2,200	1.10	25,000	250	200	50	2,000	2,050	-	2,050	2,050															
00033	02	04	429	42	471	471	1.10	5,000	50	40	10	4,600	4,640	-	4,640	4,640															
00034	02	04	2,000	200	2,200	2,200	1.10	25,000	250	200	50	2,000	2,050	-	2,050	2,050															
00035	02	04	429	42	471	471	1.10	5,000	50	40	10	4,600	4,640	-	4,640	4,640															
00036	02	04	891	89	980	980	1.10	12,000	1,200	1,000	200	9,000	9,200	-	9,200	9,200															
00037	02	04	571	57	628	628	1.10	7,000	700	600	100	6,000	6,100	-	6,100	6,100															
00038	02	04	1,261	126	1,387	1,387	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00039	02	04	819	81	900	900	1.10	10,000	1,000	800	200	8,000	8,200	-	8,200	8,200															
00040	02	04	118	11	129	129	1.10	1,500	150	130	20	1,300	1,320	-	1,320	1,320															
00041	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00042	02	04	678	67	745	745	1.10	9,000	900	700	200	7,000	7,200	-	7,200	7,200															
00043	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00044	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00045	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00046	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00047	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00048	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00049	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00050	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00051	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00052	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00053	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00054	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00055	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00056	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00057	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00058	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00059	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00060	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00061	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00062	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00063	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00064	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00065	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00066	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00067	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00068	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00069	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00070	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00071	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00072	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00073	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00074	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00075	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00076	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00077	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00078	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00079	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00080	02	04	1,265	126	1,391	1,391	1.10	17,000	1,700	1,500	200	15,000	15,200	-	15,200	15,200															
00081	02	04																													

CALIFORNIA HEALTH HUMAN SERVICES AGENCY
 SUPPLEMENTAL REPORT DATA FOR SPECIAL EDUCATION PROGRAM
 WK#1913 (07/05)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2004-2005

1) COUNTY NAME Los Angeles		2) FISCAL YEAR 2004-2005		3) DATE COMPLETED 12/28/2005		4) BUDGET PROGRAM CATEGORY																													
A		B		C		D		E		F		G		H		I		J		K		L		M		N		O		P		Q		R	
LEGAL ENTITY NAME		Legal Entity Number	Mode of Service	Service Function	Medi-Cal	Non-Medi-Cal	Total	Cost per Unit	Total	PPP	County EP-807 Baseline	EP-807 County Match for Growth	EP-807 State General Funds	Total	County Matching Funds	Non-Medi-Cal Funds	State General Funds	Other Fund Sources	Total SEP Program Costs																
Children's Institute, Inc.	00091	15	02	02	76	60	136	4.38	528	104	38	11	120	350	10	10			334	678															
Anaheim Community Counseling Service	00100	15	03	03	2,822	428	2,728	1.91	3,323	1,991	608	180	608	581	27	27			554	3,024															
Anaheim Community Counseling Service	00100	15	04	04	8,148	2,966	9,148	1.45	4,800	4,800	478	478	2,843	4,105	162	162			3,913	15,922															
Anaheim Community Counseling Service	00100	15	10	10	3,867	884	4,881	1.26	2,107	3,000	346	346	2,153	1,264	88	88			1,205	6,435															
Anaheim Community Counseling Service	00100	15	12	12	1,170	1,980	3,388	1.26	2,171	1,980	303	303	651	351	19	19			335	2,526															
Anaheim Community Counseling Service	00100	15	33	33	570	570	570	1.85	570					1,053	49	49			1,004	1,053															
Anaheim Community Counseling Service	00100	15	41	41	8,086	664	8,748	1.96	11,202	8,931	544	544	3,300	1,200	57	57			1,151	12,470															
Anaheim Community Counseling Service	00100	15	42	42	16,081	3,978	19,007	1.86	20,892	14,441	1,394	1,394	8,533	8,238	300	300			5,945	35,190															
Anaheim Community Counseling Service	00100	15	03	03	8,261	3,704	8,015	1.95	4,078	4,078	107	107	1,221	6,844	202	202			6,524	10,812															
Anaheim Community Counseling Service	00100	15	04	04	2,742	841	3,553	1.95	2,484	2,484	608	608	470	1,554	75	75			1,481	5,541															
Anaheim Community Counseling Service	00100	15	01	01	400	78	535	3.41	1,571	789	240	240	2,052	512	24	24			488	7,317															
Anaheim Community Counseling Service	00100	15	02	02	2,010	150	2,160	3.42	3,633	3,633	242	242	622	2,020	24	24			1,851	4,045															
Community Family Guidance Center	00101	15	03	03	1,560	3,065	2,720	1.91	2,020	228	54	54	1,54	3,105	16	16			2,960	3,556															
Community Family Guidance Center	00101	15	04	04	345	2,375	2,720	1.91	451	228	54	54	1,54	3,105	16	16			2,960	3,556															
Community Family Guidance Center	00101	15	10	10	2,660	20,095	22,775	1.96	4,778	2,590	678	678	33,245	7,283	1,500	1,500			51,785	58,743															
Community Family Guidance Center	00101	15	12	12	3,897	4,370	8,267	1.96	3,822	3,822	244	244	2,210	7,283	349	349			6,923	13,716															
Community Family Guidance Center	00101	15	41	41	16,032	10,820	32,452	1.98	28,072	14,038	3,390	3,390	9,012	26,702	1,349	1,349			28,453	54,714															
Community Family Guidance Center	00101	15	42	42	8,028	74,805	84,540	1.98	19,789	2,008	854	854	5,742	125,922	8,991	8,991			120,931	142,931															
Community Family Guidance Center	00101	15	02	02	100	190	270	1.95	190	190	32	32	92	102	3	3			200	200															
Community Family Guidance Center	00101	15	04	04	27	27	27	1.99	46	25	8	8	18	33	3	3			2,542	8,411															
Community Family Guidance Center	00101	15	01	01	1,200	665	2,055	3.12	3,744	1,972	448	448	1,292	2,957	128	128			3,008	39,858															
Community Family Guidance Center	00101	15	02	02	1,205	3,320	4,525	5.12	3,756	1,880	459	459	3,197	10,077	471	471			9,606	19,678															
Community Family Guidance Center	00101	15	03	03	782	9,312	10,094	87.28	30,912	30,912	1,879	1,879	3,128	10,077	471	471			9,606	19,678															
The Devereaux Foundation	00472	15	09	09	26,728	-	26,728	1.54	41,102	20,991	802	802	16,831	48,633	-	-			11,707	60,340															
The Devereaux Foundation	00472	15	02	02	811	-	811	2.22	1,797	889	128	128	734	1,722	-	-			11,174	14,020															
The Devereaux Foundation	00472	15	04	04	1,718	9,977	6,900	1.59	2,078	1,659	202	202	1,054	3,444	-	-			51,557	60,701															
DiD Hirsch Psychiatric Services	00103	15	10	10	3,460	24,469	29,430	2.21	4,943	538	110	110	3,544	54,085	3,898	3,898			13,703	74,793															
DiD Hirsch Psychiatric Services	00103	15	04	04	148	1,857	6,702	3.20	320	301	72	72	25	473	-	-			19,703	20,226															
DiD Hirsch Psychiatric Services	00103	15	05	05	27,038	131,283	158,748	2.21	60,719	32,632	4,244	4,244	22,683	20,178	13,945	13,945			275,809	350,188															
DiD Hirsch Psychiatric Services	00103	15	02	02	999	9,228	6,155	2.21	2,850	1,222	124	124	1,828	3,140	66	66			20,226	20,226															
DiD Hirsch Psychiatric Services	00103	15	03	03	2,977	1,778	4,653	4.23	6,443	4,653	432	432	3,011	31,340	1,484	1,484			26,874	36,711															
DiD Hirsch Psychiatric Services	00103	15	04	04	3,425	11,840	15,933	1.70	2,819	2,819	301	301	2,352	20,117	1,484	1,484			19,243	26,023															
DiD Hirsch Psychiatric Services	00103	15	01	01	497	1,023	1,520	2.18	1,852	1,520	107	107	2,051	4,302	80	80			1,812	2,684															
DiD Hirsch Psychiatric Services	00103	15	02	02	2,973	982	4,455	1.51	3,311	3,311	107	107	2,051	4,302	80	80			3,714	5,346															
DiD Hirsch Psychiatric Services	00103	15	03	03	8,028	11,840	20,448	2.18	12,441	8,788	1,788	1,788	6,272	128,905	6,907	6,907			121,068	255,346															
DiD Hirsch Psychiatric Services	00103	15	04	04	1,700	5,544	7,244	4.24	8,244	2,024	128	128	2,988	8,167	401	401			8,167	14,477															
DiD Hirsch Psychiatric Services	00103	15	01	01	1,971	325	2,296	1.13	3,048	3,048	619	619	11,745	59,513	2,707	2,707			55,778	87,159															
DiD Hirsch Psychiatric Services	00103	15	02	02	7,091	14,572	21,420	4.07	20,848	1,689	619	619	11,745	59,513	2,707	2,707			55,778	87,159															
DiD Hirsch Psychiatric Services	00103	15	03	03	81	51	132	65.24	61	61	34	34	744	744	-	-			1,700	1,700															
DiD Hirsch Psychiatric Services	00103	15	04	04	1,260	103	1,363	1.30	1,708	864	103	103	313	178	5	5			170	4,922															
DiD Hirsch Psychiatric Services	00103	15	10	10	490	103	533	1.78	744	372	46	46	2,059	2,059	-	-			1,678	3,737															
DiD Hirsch Psychiatric Services	00103	15	02	02	2,787	612	3,399	1.77	1,878	1,878	101	101	707	2,585	-	-			986	3,571															
DiD Hirsch Psychiatric Services	00103	15	04	04	807	557	1,364	1.67	808	808	54	54	269	323	-	-			3	1,672															
DiD Hirsch Psychiatric Services	00103	15	10	10	788	-	788	2.38	1,872	1,872	102	102	509	2,481	-	-			3	9,137															
DiD Hirsch Psychiatric Services	00103	15	02	02	3,418	-	3,418	2.38	4,038	4,038	448	448	2,215	5,253	-	-			3	11,505															
DiD Hirsch Psychiatric Services	00103	15	03	03	330	-	330	4.26	1,415	1,415	77	77	365	1,842	-	-			1,279	32,459															
DiD Hirsch Psychiatric Services	00103	15	04	04	87,835	13,867	101,422	1.09	61,117	42,803	4,844	4,844	19,813	14,685	88	88			14,190	110,026															
DiD Hirsch Psychiatric Services	00103	15	10	10	49,442	4,861	54,323	1.09	88,096	44,754	4,861	4,861	25,244	7,292	541	541			8,051	98,298															
DiD Hirsch Psychiatric Services	00103	15	01	01	63	63	63	1.80	113	57	18	18	32	50	-	-			3	113															
DiD Hirsch Psychiatric Services	00103	15	02	02	181,025	30,217	221,272	1.80	343,819	173,729	69,947	69,947	98,026	54,391	2,544	2,544			51,847	391,230															
DiD Hirsch Psychiatric Services	00103	15	03	03	6,178	4,100	9,938	1.80	9,320	4,880	478	478	2,893	7,423	303	303			7,109	10,852															
DiD Hirsch Psychiatric Services	00103	15	04	04	78,172	7,928	81,600	3.35	245,100	125,807	40,029	40,029	70,101	28,797	1,254	1,254			25,543	273,617															
DiD Hirsch Psychiatric Services	00103	15	10	10	1,736	-	1,736	1.59	1,59	-	-	-	-	2,598	122	122			3,352	3,352															
DiD Hirsch Psychiatric Services	00103	15	01	01	1,009	1,009	2,018	2.21	2,21	-	-	-	-	3,445	169	169			2,002	3,454															
DiD Hirsch Psychiatric Services	00103	15	02	02	458	458	916	2.21	916	-	-	-	-	945	44	44			3,002	3,002															
DiD Hirsch Psychiatric Services	00103	15	03	03	990	990	1,980	2.21	1,980	-	-	-	-	2,187	102	102			2,085	2,187															
DiD Hirsch Psychiatric Services	00103	15	04	04	3,817	3,817	7,634	2.21	7,634	-	-	-	-	8,054	42	42			8,054	8,054															
DiD Hirsch Psychiatric Services	00103	15	01	01	10,780	10,780	21,560	2.21	21,560	-	-	-	-																						

1) COUNTY NAME		2) FISCAL YEAR		3) DATE COMPLETED		4) BUDGET ITEM NUMBER		5) ALLOCATION AMOUNT		6) BUDGET CATEGORY		7) LEGAL ENTITY NAME:		8) ALLOCATION AMOUNT		9) ALLOCATION AMOUNT		10) ALLOCATION AMOUNT		11) ALLOCATION AMOUNT		12) ALLOCATION AMOUNT		13) ALLOCATION AMOUNT		14) ALLOCATION AMOUNT		15) ALLOCATION AMOUNT		16) ALLOCATION AMOUNT		17) ALLOCATION AMOUNT		18) ALLOCATION AMOUNT		19) ALLOCATION AMOUNT		20) ALLOCATION AMOUNT		21) ALLOCATION AMOUNT		22) ALLOCATION AMOUNT		23) ALLOCATION AMOUNT		24) ALLOCATION AMOUNT		25) ALLOCATION AMOUNT		26) ALLOCATION AMOUNT		27) ALLOCATION AMOUNT		28) ALLOCATION AMOUNT		29) ALLOCATION AMOUNT		30) ALLOCATION AMOUNT		31) ALLOCATION AMOUNT		32) ALLOCATION AMOUNT		33) ALLOCATION AMOUNT		34) ALLOCATION AMOUNT		35) ALLOCATION AMOUNT		36) ALLOCATION AMOUNT		37) ALLOCATION AMOUNT		38) ALLOCATION AMOUNT		39) ALLOCATION AMOUNT		40) ALLOCATION AMOUNT		41) ALLOCATION AMOUNT		42) ALLOCATION AMOUNT		43) ALLOCATION AMOUNT		44) ALLOCATION AMOUNT		45) ALLOCATION AMOUNT		46) ALLOCATION AMOUNT		47) ALLOCATION AMOUNT		48) ALLOCATION AMOUNT		49) ALLOCATION AMOUNT		50) ALLOCATION AMOUNT		51) ALLOCATION AMOUNT		52) ALLOCATION AMOUNT		53) ALLOCATION AMOUNT		54) ALLOCATION AMOUNT		55) ALLOCATION AMOUNT		56) ALLOCATION AMOUNT		57) ALLOCATION AMOUNT		58) ALLOCATION AMOUNT		59) ALLOCATION AMOUNT		60) ALLOCATION AMOUNT		61) ALLOCATION AMOUNT		62) ALLOCATION AMOUNT		63) ALLOCATION AMOUNT		64) ALLOCATION AMOUNT		65) ALLOCATION AMOUNT		66) ALLOCATION AMOUNT		67) ALLOCATION AMOUNT		68) ALLOCATION AMOUNT		69) ALLOCATION AMOUNT		70) ALLOCATION AMOUNT		71) ALLOCATION AMOUNT		72) ALLOCATION AMOUNT		73) ALLOCATION AMOUNT		74) ALLOCATION AMOUNT		75) ALLOCATION AMOUNT		76) ALLOCATION AMOUNT		77) ALLOCATION AMOUNT		78) ALLOCATION AMOUNT		79) ALLOCATION AMOUNT		80) ALLOCATION AMOUNT		81) ALLOCATION AMOUNT		82) ALLOCATION AMOUNT		83) ALLOCATION AMOUNT		84) ALLOCATION AMOUNT		85) ALLOCATION AMOUNT		86) ALLOCATION AMOUNT		87) ALLOCATION AMOUNT		88) ALLOCATION AMOUNT		89) ALLOCATION AMOUNT		90) ALLOCATION AMOUNT		91) ALLOCATION AMOUNT		92) ALLOCATION AMOUNT		93) ALLOCATION AMOUNT		94) ALLOCATION AMOUNT		95) ALLOCATION AMOUNT		96) ALLOCATION AMOUNT		97) ALLOCATION AMOUNT		98) ALLOCATION AMOUNT		99) ALLOCATION AMOUNT		100) ALLOCATION AMOUNT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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Legal Entity Number	Mode of Service	Service Function	Medi-Cal	Non-Medi-Cal	Total	Code per Unit	Total	Medi-Cal Costs	County EPBDT Baseline	EPBDT County Match for Growth	EPBDT State General Funds	Total	Non-Medical Funds	State General Funds	Other Fund Sources	Total SBP Program Costs																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00100	15	01	298	120	355	3.00	705	280	48	18	202	200	17	17	343	1,065																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00101	15	04	8,000	4,800	15,851	1.89	15,126	8,000	2,206	896	5,122	5,941	495	495	9,478	26,097																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00102	15	04	26,700	20,647	49,407	2.00	53,545	26,700	7,221	2,312	17,130	45,316	2,100	2,100	43,199	99,881																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00103	15	34	1,202	108	1,518	2.00	2,846	1,202	302	114	848	303	18	18	375	3,062																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00104	15	42	74,000	60,302	143,802	2.00	149,678	74,000	20,488	6,492	47,813	139,891	6,497	6,497	132,394	268,790																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00105	15	42	10,807	8,534	19,281	2.00	21,918	10,807	2,997	648	7,018	18,891	780	780	18,111	41,484																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00106	15	42	8,055	7,030	10,084	3.39	29,969	8,055	2,081	1,291	9,273	25,485	1,185	1,185	24,300	54,039																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00107	15	08	204	204	204	118.13	24,009	204	204	84	8,114	8,201	-	-	8,201	16,201																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00108	15	04	2,350	2,350	2,350	1.42	3,347	2,350	177	245	2,108	2,350	-	-	2,350	4,700																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00109	15	04	4,370	4,370	4,370	2.35	10,262	4,370	542	1,483	3,453	4,370	-	-	4,370	10,262																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00110	15	04	39,008	39,008	39,008	2.39	89,434	39,008	11,200	3,292	39,172	89,434	-	-	89,434	128,868																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00111	15	42	10	10	10	2.35	25	10	12	1	1	1	-	-	1	25																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
00112	15	42	800	800	800	2.35	1,897	800	198	61	533	800	-	-	800	1,897																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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00118	15	42	800	800	800	2.35	1,897	800	198	61	533	800	-	-	800	1,897																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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1) COUNTY NAME		2) FISCAL YEAR		3) DATE COMPLETED		4) BUDGET ITEM NUMBER		5) ALLOCATION AMOUNT		6) BUDGET CATEGORY		7) LEGAL ENTITY NAME		8) MODE OF SERVICE		9) SERVICE FUNCTION		10) MED-CAL		11) NON-MED-CAL		12) TOTAL		13) COST PER UNIT		14) EPSSDT MATCH FOR GROWTH		15) COUNTY EPSSDT BASELINE		16) FPP		17) TOTAL		18) EPSSDT COUNTY MATCH FOR GROWTH		19) EPSSDT STATE GENERAL FUNDS		20) TOTAL		21) NON-MED-CAL COSTS		22) STATE GENERAL FUNDS		23) OTHER FUND SOURCES		24) TOTAL SEP PROGRAM COSTS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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Legal Entity Number	Mode of Service	Service Function	Med-Cal	Non-Med-Cal	Total	Med-Cal	Non-Med-Cal	Total	Cost per Unit	Med-Cal	Non-Med-Cal	Total	Med-Cal	Non-Med-Cal	Total	Med-Cal	Non-Med-Cal	Total	Med-Cal	Non-Med-Cal	Total	Med-Cal	Non-Med-Cal	Total	Med-Cal	Non-Med-Cal	Total	Med-Cal	Non-Med-Cal	Total	Med-Cal	Non-Med-Cal	Total	Med-Cal	Non-Med-Cal	Total	Med-Cal	Non-Med-Cal	Total	Med-Cal	Non-Med-Cal	Total	Med-Cal	Non-Med-Cal	Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
01184	18	04	13,022	618	13,640	1,377	23,000	11,646	8,016	2,221	208	741	35	700	20,831	2,221	208	2,429	1,377	8,016	2,221	10,237	208	741	949	1,377	2,726	2,221	4,947	2,221	7,168	2,221	9,389	2,221	11,610	2,221	13,831	2,221	16,052	2,221	18,273	2,221	20,494	2,221	22,715	2,221	24,936	2,221	27,157	2,221	29,378	2,221	31,619	2,221	33,860	2,221	36,101	2,221	38,342	2,221	40,583	2,221	42,824	2,221	45,065	2,221	47,306	2,221	49,547	2,221	51,788	2,221	54,029	2,221	56,270	2,221	58,511	2,221	60,752	2,221	62,993	2,221	65,234	2,221	67,475	2,221	69,716	2,221	71,957	2,221	74,198	2,221	76,439	2,221	78,680	2,221	80,921	2,221	83,162	2,221	85,403	2,221	87,644	2,221	89,885	2,221	92,126	2,221	94,367	2,221	96,608	2,221	98,849	2,221	101,090	2,221	103,331	2,221	105,572	2,221	107,813	2,221	110,054	2,221	112,295	2,221	114,536	2,221	116,777	2,221	119,018	2,221	121,259	2,221	123,500	2,221	125,741	2,221	127,982	2,221	130,223	2,221	132,464	2,221	134,705	2,221	136,946	2,221	139,187	2,221	141,428	2,221	143,669	2,221	145,910	2,221	148,151	2,221	150,392	2,221	152,633	2,221	154,874	2,221	157,115	2,221	159,356	2,221	161,597	2,221	163,838	2,221	166,079	2,221	168,320	2,221	170,561	2,221	172,802	2,221	175,043	2,221	177,284	2,221	179,525	2,221	181,766	2,221	184,007	2,221	186,248	2,221	188,489	2,221	190,730	2,221	192,971	2,221	195,212	2,221	197,453	2,221	199,694	2,221	201,935	2,221	204,176	2,221	206,417	2,221	208,658	2,221	210,899	2,221	213,140	2,221	215,381	2,221	217,622	2,221	219,863	2,221	222,104	2,221	224,345	2,221	226,586	2,221	228,827	2,221	231,068	2,221	233,309	2,221	235,550	2,221	237,791	2,221	240,032	2,221	242,273	2,221	244,514	2,221	246,755	2,221	249,000	2,221	251,241	2,221	253,482	2,221	255,723	2,221	257,964	2,221	260,205	2,221	262,446	2,221	264,687	2,221	266,928	2,221	269,169	2,221	271,410	2,221	273,651	2,221	275,892	2,221	278,133	2,221	280,374	2,221	282,615	2,221	284,856	2,221	287,097	2,221	289,338	2,221	291,579	2,221	293,820	2,221	296,061	2,221	298,302	2,221	300,543	2,221	302,784	2,221	305,025	2,221	307,266	2,221	309,507	2,221	311,748	2,221	313,989	2,221	316,230	2,221	318,471	2,221	320,712	2,221	322,953	2,221	325,194	2,221	327,435	2,221	329,676	2,221	331,917	2,221	334,158	2,221	336,399	2,221	338,640	2,221	340,881	2,221	343,122	2,221	345,363	2,221	347,604	2,221	349,845	2,221	352,086	2,221	354,327	2,221	356,568	2,221	358,809	2,221	361,050	2,221	363,291	2,221	365,532	2,221	367,773	2,221	370,014	2,221	372,255	2,221	374,496	2,221	376,737	2,221	378,978	2,221	381,219	2,221	383,460	2,221	385,701	2,221	387,942	2,221	390,183	2,221	392,424	2,221	394,665	2,221	396,906	2,221	399,147	2,221	401,388	2,221	403,629	2,221	405,870	2,221	408,111	2,221	410,352	2,221	412,593	2,221	414,834	2,221	417,075	2,221	419,316	2,221	421,557	2,221	423,798	2,221	426,039	2,221	428,280	2,221	430,521	2,221	432,762	2,221	435,003	2,221	437,244	2,221	439,485	2,221	441,726	2,221	443,967	2,221	446,208	2,221	448,449	2,221	450,690	2,221	452,931	2,221	455,172	2,221	457,413	2,221	459,654	2,221	461,895	2,221	464,136	2,221	466,377	2,221	468,618	2,221	470,859	2,221	473,100	2,221	475,341	2,221	477,582	2,221	479,823	2,221	482,064	2,221	484,305	2,221	486,546	2,221	488,787	2,221	491,028	2,221	493,269	2,221	495,510	2,221	497,751	2,221	500,000	2,221	502,241	2,221	504,482	2,221	506,723	2,221	508,964	2,221	511,205	2,221	513,446	2,221	515,687	2,221	517,928	2,221	520,169	2,221	522,410	2,221	524,651	2,221	526,892	2,221	529,133	2,221	531,374	2,221	533,615	2,221	535,856	2,221	538,097	2,221	540,338	2,221	542,579	2,221	544,820	2,221	547,061	2,221	549,302	2,221	551,543	2,221	553,784	2,221	556,025	2,221	558,266	2,221	560,507	2,221	562,748	2,221	564,989	2,221	567,230	2,221	569,471	2,221	571,712	2,221	573,953	2,221	576,194	2,221	578,435	2,221	580,676	2,221	582,917	2,221	585,158	2,221	587,399	2,221	589,640	2,221	591,881	2,221	594,122	2,221	596,363	2,221	598,604	2,221	600,845	2,221	603,086	2,221	605,327	2,221	607,568	2,221	609,809	2,221	612,050	2,221	614,291	2,221	616,532	2,221	618,773	2,221	621,014	2,221	623,255	2,221	625,496	2,221	627,737	2,221	630,000	2,221	632,241	2,221	634,482	2,221	636,723	2,221	638,964	2,221	641,205	2,221	643,446	2,221	645,687	2,221	647,928	2,221	650,169	2,221	652,410	2,221	654,651	2,221	656,892	2,221	659,133	2,221	661,374	2,221	663,615	2,221	665,856	2,221	668,097	2,221	670,338	2,221	672,579	2,221	674,820	2,221	677,061	2,221	679,302	2,221	681,543	2,221	683,784	2,221	686,025	2,221	688,266	2,221	690,507	2,221	692,748	2,221	695,000	2,221	697,241	2,221	699,482	2,221	701,723	2,221	703,964	2,221	706,205	2,221	708,446	2,221	710,687	2,221	712,928	2,221	715,169	2,221	717,410	2,221	719,651	2,221	721,892	2,221	724,133	2,221	726,374	2,221	728,615	2,221	730,856	2,221	733,097	2,221	735,338	2,221	737,579	2,221	739,820	2,221	742,061	2,221	744,302	2,221	746,543	2,221	748,784	2,221	751,025	2,221	753,266	2,221	755,507	2,221	757,748	2,221	760,000	2,221	762,241	2,221	764,482	2,221	766,723	2,221	768,964	2,221	771,205	2,221	773,446	2,221	775,687	2,221	777,928	2,221	780,169	2,221	782,410	2,221	784,651	2,221	786,892	2,221	789,133	2,221	791,374	2,221	793,615	2,221	795,856	2,221	798,097	2,221	800,338	2,221	802,579	2,221	804,820	2,221	807,061	2,221	809,302	2,221	811,543	2,221	813,784	2,221	816,025	2,221	818,266	2,221	820,507	2,221	822,748	2,221	825,000	2,221	827,241	2,221	829,482	2,221	831,723	2,221	833,964	2,221	836,205	2,221	838,446	2,221	840,687	2,221	842,928	2,221	845,169	2,221	847,410	2,221	849,651	2,221	851,892	2,221	854,133	2,221	856,374	2,221	858,615	2,221	860,856	2,221	863,097	2,221	865,338	2,221	867,579	2,221	869,820	2,221	872,061	2,221	874,302	2,221	876,543	2,221	878,784	2,221	881,025	2,221	883,266	2,221	885,507	2,221	887,748	2,221	890,000	2,221	892,241	2,221	894,482	2,221	896,723	2,221	898,964	2,221	901,205	2,221	903,446	2,221	905,687	2,221	907,928	2,221	910,169	2,221	912,410	2,221	914,651	2,221	916,892	2,221	919,133	2,221	921,374	2,221	923,615	2,221	925,856	2,221	928,097	2,221	930,338	2,221	932,579	2,221	934,820	2,221	937,061	2,221	939,302	2,221	941,543	2,221	943,784	2,221	946,025	2,221	948,266	2,221	950,507	2,221	952,748	2,221	955,000	2,221	957,241	2,221	959,482	2,221	961,723	2,221	963,964	2,221	966,205	2,221	968,446	2,221	970,687	2,221	972,928	2,221	975,169	2,221	977,410	2,221	979,651	2,221	981,892	2,221	984,133	2,221	986,374	2,221	988,615	2,221	990,856	2,221	993,097	2,221	995,338	2,221	997,579	2,221	1,000,000	2,221

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 SUPPLEMENTAL COST REPORT DATA FOR SPECIAL EDUCATION PROGRAM
 MH1812 (07/96)

DEPARTMENT OF MENTAL HEALTH
 Fiscal Year 2004-2005

A	B	C	D	E	F		G	H	I	J		K	L	M	N		O	P	Q	R	
					Legal Entity Number	Mode of Service				Service Function	Med-Cal				Non-Med-Cal	Units of Service					Cost per Unit
3) DATE COMPLETED 12/29/2005																					
4) BUDGET PROGRAM CATEGORY Los Angeles																					
5) ALLOCATION AMOUNT																					
7) LEGAL ENTITY NAME:	00108	10	BB	2,220	3,117	397	3,117	177.74	333,800	186,940	14,488	26,638	42,858	48,732	2,290	48,452	382,112			382,112	
Yield Del Net		20	20	1	1	1	1	888.888888888889	1,482,852	745,198	180,593	50,704	528,119	1,540,657	1,470,330	70,477	1,482,852			1,482,852	
		20	21					888.888888888889													1,540,657
8) TOTAL				8,658,885	8,089,338	12,728,198			17,238,038	8,089,338	1,920,947	600,615	8,044,881	18,409,454	1,878,874	14,452,600					33,845,052
9) TOTAL STATE GENERAL FUNDS																					8,044,881

Footnotes:
 Mode-BPC 20520 reflects share of administration cost (\$1,482,852) for the Med-Cal Services and Mode-BPC 20521 reflects the share of administration cost (\$1,448,857) for the Non-Med-Cal Services.
 Column M includes EP-907-BGP and share of admin cost (\$8,506,104-252,572-58,028-215), FFP Patient and Payment for State Medicaid Allowance and share of admin cost (\$8,031,435-49,489), and Third Party Med-Cal Revenues and share of admin cost (\$5,439-470-85,007).
 Column N includes Federal IDEA Funds (\$13,892,374), Case Management, Out-of-State Placement Adjustment -68 90 Chapter 654 and share of admin cost (\$829,854-858,772-589,658) and Third Party Revenues and share of admin cost of (\$82,945-2,605-89,389).
 The total 90 claim amount is \$8,454,305. This amount is derived from the sum of Column K + L + O + prior year EP-907 & FFP adjustments attachment 1c - supporting document for the 90 claim. \$7,920,947+2000,818+93,873,874-8519,344+51,175,523 = \$8,484,201

Attachment 5

FY 2004-05 Final Allocation Worksheet



CALIFORNIA DEPARTMENT OF
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-3060

July 13, 2005

Marvin Southard, DSW, Director
Los Angeles County Mental Health
550 South Vermont, 12th Floor
Los Angeles, California 90020

FINAL ALLOCATION WORKSHEET -- FISCAL YEAR (FY) 2004-05

Dear Dr. Southard:

This letter transmits the Final FY 2004-05 Allocation Worksheet for Los Angeles County. The enclosed worksheet reflects total General Fund dollars allocated during FY 2004-05 for your mental health program and includes all revisions that occurred during the year. The Department of Mental Health will use the final allocation for settlement of the FY 2004-05 Cost Report.

If you have any questions, please contact your County Financial Reporting Systems analyst or call (916) 654-2314.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Johnson'.

STAN JOHNSON
Chief
County Financial Program Support

Enclosure

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2004-05

COMMUNITY MENTAL HEALTH SERVICES
ALLOCATION WORKSHEET
REVISION NUMBER 2

LOS ANGELES

PROGRAM	CURRENT ALLOCATION	ADJUSTMENT	TOTAL ALLOCATION
Community Services	\$17,019,746		\$17,019,746
Children's Mental Health Services	\$0		\$0
Adult System of Care	\$0	\$0	\$0
Community Services: Other Treatment for Mental Health Managed Care Services	\$73,931,070 (\$73,708,056)	\$0 \$0	\$73,931,070 (\$73,708,056)
Federal Regulations Implementation	(\$223,014)	\$0	(\$223,014)
TOTAL COMMUNITY SERVICES	\$90,950,816	\$0	\$90,950,816

PROGRAM DATA BY FUND SOURCES			
4440-101-0001(1) Community Services - Other Treatment	\$17,019,746	\$0	\$17,019,746
4440-101-0001(1.5) Children's Mental Health Services	\$0	\$0	\$0
4440-101-0001 Adult System of Care	\$0	\$0	\$0
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care Services	\$73,931,070 (\$73,708,056)	\$0 \$0	\$73,931,070 (\$73,708,056)
Federal Regulations Implementation	(\$223,014)	\$0	(\$223,014)
TOTAL FUND SOURCES	\$90,950,816	\$0	\$90,950,816

PURPOSE: Final Allocation FY 2004-05

DATE: July 13, 2005

Attachment 6

Supporting Worksheet For Cost Report From MH1912

ATTACHMENT 6

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1912
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2004-2008 YEAR END COST REPORT

1	2	3	4	GROSS ABS332 COST					FFP AND FFP MATCH				
				5	6	7	8	9	10	11	12	13	14
LEGAL ENTITY NAME	LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS ABS332 PROGRAM COST	FFP (Includes S/DMC and Healthy Family)	ABS332 (SB90) MATCH S/DMC FFP	ABS332(SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST
				(5x8)	(7x8)	(5x6)	(7x8)	(10+11+12+13)					
LAC-DMH	00019	10	85	824	309	1,133	186.54	222,679	78,004	14,244	-	63,760	156,008
LAC-DMH	00019	15	04	204,158	538,788	742,922	1.88	1,395,278	192,927	35,229	-	157,699	365,855
LAC-DMH	00019	15	10	37,003	79,933	116,936	2.41	282,365	45,144	8,243	-	36,900	90,287
LAC-DMH	00019	15	34	16,743	5,094	21,837	2.43	53,098	20,428	3,730	-	16,687	40,853
LAC-DMH	00019	15	42	691,226	1,324,111	2,015,337	2.41	4,886,421	843,298	153,986	-	689,310	1,688,951
LAC-DMH	00019	15	52	7,550	13,116	20,666	2.41	49,902	9,211	1,632	-	7,529	18,422
LAC-DMH	00019	15	62	48,463	59,968	108,429	4.68	487,972	104,774	19,132	-	85,642	209,548
LAC-DMH	00019	60	60	-	6,977	6,977	97.70	681,587	-	-	-	-	-
Aspen Community Services	00801	15	04	11,052	1,703	12,755	1.56	19,898	6,620	8,620	-	-	17,239
Aspen Community Services	00801	15	10	2,734	-	2,734	2.01	5,499	2,750	2,750	-	-	5,499
Aspen Community Services	00801	15	42	2,341	-	2,341	2.01	4,709	2,354	2,354	-	-	4,709
Aspen Community Services	00801	15	62	2,020	406	2,428	3.73	9,042	3,764	3,764	-	-	7,529
Aspen Community Services	00801	10	85	891	85	976	155.43	153,258	69,245	69,245	-	-	138,450
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, IN	00173	15	03	571	-	571	1.82	868	434	62	-	373	869
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, IN	00173	15	04	1,391	-	1,391	1.52	2,117	1,088	150	-	908	2,117
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, IN	00173	15	10	813	266	1,079	2.00	2,154	811	115	-	698	1,623
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, IN	00173	15	12	118	-	118	2.00	236	118	17	-	101	236
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, IN	00173	15	41	1,265	289	1,554	2.00	3,102	1,263	179	-	1,083	2,525
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, IN	00173	15	42	5,726	2,408	8,134	2.00	16,237	5,715	811	-	4,504	11,450
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, IN	00173	15	61	309	-	309	3.69	1,139	569	81	-	489	1,139
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, IN	00173	15	62	1,702	103	1,805	3.69	6,653	3,137	445	-	2,692	6,274
ASSOCIATED LEAGUE OF MEXICAN AMERICANS, IN	00178	15	04	1,880	3,868	5,748	1.71	9,629	1,807	271	-	1,336	3,215
Cedars-Sinai Medical Center	00178	15	10	360	1,970	2,330	2.19	5,103	394	67	-	328	788
Cedars-Sinai Medical Center	00178	15	12	-	30	30	2.19	66	-	-	-	-	-
Cedars-Sinai Medical Center	00178	15	34	-	435	435	2.18	953	-	-	-	-	-
Cedars-Sinai Medical Center	00178	15	41	-	1,695	1,695	2.19	3,712	-	-	-	-	-
Cedars-Sinai Medical Center	00178	15	42	7,785	18,314	26,099	2.19	57,157	8,525	1,440	-	7,066	17,049
Cedars-Sinai Medical Center	00178	15	52	540	1,710	2,250	2.19	4,828	591	100	-	491	1,183
Cedars-Sinai Medical Center	00178	15	54	-	100	100	2.19	219	-	-	-	-	-
Cedars-Sinai Medical Center	00178	15	61	-	280	280	4.07	1,140	-	-	-	-	-
Cedars-Sinai Medical Center	00178	15	62	965	2,875	3,840	4.07	15,664	1,964	332	-	1,632	3,928
Child & Family Guidance Center	00207	15	03	62,652	9,618	72,270	1.85	133,409	58,563	22,331	2,048	32,428	115,370
Child & Family Guidance Center	00207	15	12	61,535	38,366	99,901	2.38	213,982	62,308	23,428	2,616	34,022	122,375
Child & Family Guidance Center	00207	15	33	2,078	1,928	4,006	2.37	9,511	2,488	993	17	1,443	4,921
Child & Family Guidance Center	00207	15	41	695,858	230,568	926,514	2.38	2,204,008	848,698	305,660	53,394	443,878	1,851,691
Child & Family Guidance Center	00207	15	54	33,202	24,041	57,243	2.38	135,872	40,738	14,158	3,240	20,561	78,694
Child & Family Guidance Center	00207	15	61	70,283	41,759	112,042	4.40	492,625	157,339	58,495	7,484	84,946	308,265
Child & Family Guidance Center	00210	15	03	29,217	56,870	86,087	1.86	147,894	24,792	2,183	-	20,261	48,500
Child & Family Guidance Center	00210	15	12	23,875	66,437	90,312	2.10	189,655	25,606	2,284	1,254	21,012	90,137
Child & Family Guidance Center	00210	15	33	960	1,120	2,080	2.10	4,368	1,118	62	257	578	1,2016
Child & Family Guidance Center	00210	15	41	137,615	381,149	518,764	2.10	1,089,404	148,220	12,848	6,869	119,234	288,981
Child & Family Guidance Center	00210	15	54	16,792	55,685	72,477	2.10	156,402	20,872	1,560	2,660	14,392	39,463
Child & Family Guidance Center	00210	15	61	11,774	30,035	41,809	3.80	150,512	21,785	1,870	1,380	17,352	42,368
ChildNet Youth & Family svcs	00783	15	03	264	-	264	1.64	434	217	80	-	136	434

ATTACHMENT 6

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1912
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2004-2005 YEAR END COST REPORT

1	2	3	4	GROSS AB3632 COST					FFP AND FFP MATCH					14 (10+11+12+13)
				5	6	7	8	9 (7 x 8)	10	11	12	13		
LEGAL ENTITY NAME	LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3632 PROGRAM COST	FFP (Includes SD/MC and Healthy Family)	AB3632 (SB90) MATCH SD/MC FFP	AB3632(SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST	
ChildNet Youth & Family svcs	00783	15	04	1,279	-	1,279	1.64	2,102	1,051	390	-	661	2,102	
ChildNet Youth & Family svcs	00783	15	10	2,115	-	2,115	2.12	4,489	2,244	833	-	1,412	4,488	
ChildNet Youth & Family svcs	00783	15	12	488	-	488	2.12	989	484	183	-	311	988	
ChildNet Youth & Family svcs	00783	15	41	3,357	-	3,357	2.12	7,124	3,582	1,321	-	2,241	7,124	
ChildNet Youth & Family svcs	00783	15	42	19,862	-	19,862	2.12	41,727	20,864	7,740	-	13,124	41,727	
ChildNet Youth & Family svcs	00783	15	81	154	-	154	3.92	604	302	112	-	190	604	
ChildNet Youth & Family svcs	00783	15	82	1,009	-	1,009	3.92	3,958	1,979	734	-	1,245	3,958	
ChildNet Youth & Family svcs	00783	10	88	27	-	27	108.76	2,983	1,441	535	-	907	2,983	
Childrens Hospital of Los Angeles	00178	15	04	11,433	-	11,433	1.77	20,238	10,118	1,848	-	8,271	20,238	
Childrens Hospital of Los Angeles	00178	15	10	4,595	-	4,595	2.28	10,477	5,238	957	-	4,282	10,477	
Childrens Hospital of Los Angeles	00178	15	34	3,700	-	3,700	2.28	8,436	4,218	770	-	3,448	8,436	
Childrens Hospital of Los Angeles	00178	15	42	51,539	-	51,539	2.28	117,509	58,764	10,728	-	48,028	117,509	
Childrens Hospital of Los Angeles	00178	15	52	6,861	-	6,861	2.28	15,643	7,822	1,428	-	6,393	15,643	
Childrens Hospital of Los Angeles	00178	15	62	6,093	-	6,093	4.23	25,773	12,887	2,353	-	10,534	25,773	
Children's Institute, Inc.	00591	15	04	26	-	26	1.93	710	24	6	-	18	48	
Children's Institute, Inc.	00591	15	10	212	-	212	2.37	3,079	251	67	-	184	502	
Children's Institute, Inc.	00591	15	42	1,196	-	1,196	2.37	15,253	7,623	379	-	1,037	2,832	
Children's Institute, Inc.	00591	15	52	25	-	25	2.37	523	30	8	-	22	99	
Children's Institute, Inc.	00591	15	62	75	-	75	4.38	678	184	44	-	120	328	
Community Counseling Service (Amnaceer)	00180	15	03	2,322	408	2,728	1.43	3,904	1,861	688	-	983	3,323	
Community Counseling Service (Amnaceer)	00180	15	04	6,880	2,688	9,568	1.43	13,952	4,923	1,980	-	2,943	9,847	
Community Counseling Service (Amnaceer)	00180	15	10	3,997	884	4,881	1.85	8,464	3,600	1,448	-	2,152	7,201	
Community Counseling Service (Amnaceer)	00180	15	12	1,178	160	1,338	1.85	2,528	1,088	438	-	651	2,177	
Community Counseling Service (Amnaceer)	00180	15	33	-	570	570	1.85	1,053	-	-	-	-	-	
Community Counseling Service (Amnaceer)	00180	15	41	6,095	654	6,749	1.85	12,470	5,631	2,255	-	3,386	11,262	
Community Counseling Service (Amnaceer)	00180	15	42	15,631	3,376	19,007	1.85	35,120	14,441	5,808	-	8,632	28,882	
Community Counseling Service (Amnaceer)	00180	15	52	5,281	3,704	8,985	1.85	16,602	4,879	1,962	-	2,917	9,758	
Community Counseling Service (Amnaceer)	00180	15	54	2,212	841	3,053	1.85	5,641	2,044	822	-	1,222	4,067	
Community Counseling Service (Amnaceer)	00180	15	61	460	76	536	3.41	1,827	785	316	-	470	1,571	
Community Counseling Service (Amnaceer)	00180	15	62	2,010	150	2,160	3.42	7,377	3,432	1,381	-	2,052	6,865	
Community Family Guidance Center	00181	15	03	1,545	1,550	3,095	1.31	4,046	1,010	318	-	682	2,020	
Community Family Guidance Center	00181	15	04	3,445	2,575	6,020	1.31	3,656	71	225	-	154	451	
Community Family Guidance Center	00181	15	10	2,890	20,085	22,975	1.66	38,143	2,399	756	-	1,843	4,786	
Community Family Guidance Center	00181	15	12	3,887	4,375	8,262	1.66	13,716	3,227	1,017	-	2,210	6,453	
Community Family Guidance Center	00181	15	41	18,632	15,820	32,452	1.69	54,774	14,056	4,424	-	9,612	38,072	
Community Family Guidance Center	00181	15	42	9,935	74,605	84,540	1.69	142,691	8,384	2,843	-	5,742	16,769	
Community Family Guidance Center	00181	15	52	160	-	160	1.69	270	135	43	-	92	270	
Community Family Guidance Center	00181	15	54	27	-	27	1.69	46	23	7	-	16	46	
Community Family Guidance Center	00181	15	61	1,200	855	2,055	3.12	6,411	1,872	590	-	1,282	3,744	
Community Family Guidance Center	00181	15	62	1,205	3,230	4,435	3.12	13,836	1,690	592	-	1,287	3,769	
Devereux Foundation	00472	10	88	782	-	782	97.98	76,823	38,312	6,996	-	31,316	76,823	
Devereux Foundation	00472	15	58	28,725	-	28,725	1.54	41,182	20,561	3,760	-	16,831	41,182	
Devereux Foundation	00472	15	62	811	-	811	2.22	1,787	869	184	-	735	1,787	
Didi, Hirsch Psychiatric Services	00183	15	04	1,713	6,977	8,690	1.88	14,900	1,553	6	256	1,054	2,878	

ATTACHMENT 6

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1912
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2004-2005 YEAR END COST REPORT

1	2	3	4	5	6	7	8	9	10	11	12	13	14
LEGAL ENTITY NAME	LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL SERVICE UNITS OF SERVICE	TOTAL NON-MEDICAL SERVICE UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3632 PROGRAM COST	FFP (Includes SD/MC and Healthy Family)	AB3632 (SB90) MATCH SD/MC FFP	AB3632(SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST (10+11+12+13)
Didi Hirsch Psychiatric Service	00183	15	10	3,940	24,469	28,439	2.21	62,761	4,543	18	690	3,344	18,695
Didi Hirsch Psychiatric Service	00183	15	34	145	6,557	6,702	2.21	14,790	201	0	95	24	320
Didi Hirsch Psychiatric Service	00183	15	42	27,635	131,260	158,795	2.21	350,632	32,632	123	5,303	22,690	60,719
Didi Hirsch Psychiatric Service	00183	15	52	929	8,238	9,165	2.21	20,226	1,122	4	228	699	2,050
Didi Hirsch Psychiatric Service	00183	15	62	2,077	7,776	9,853	4.03	39,711	4,445	18	607	3,301	8,371
Dubnoff Center For Child Development and Educational	00184	15	04	3,423	11,840	15,263	1.70	26,023	2,918	525	-	2,993	5,856
Dubnoff Center For Child Development and Educational	00184	15	10	487	871	1,358	2.18	2,964	531	96	-	436	1,063
Dubnoff Center For Child Development and Educational	00184	15	34	2,273	180	2,453	2.18	5,347	2,477	448	-	2,031	4,954
Dubnoff Center For Child Development and Educational	00184	15	42	58,759	59,038	118,797	2.19	255,386	94,241	11,563	-	52,677	128,481
Dubnoff Center For Child Development and Educational	00184	15	52	2,671	3,913	6,584	2.19	14,417	2,924	526	-	2,398	5,849
Dubnoff Center For Child Development and Educational	00184	15	61	1,740	250	1,990	3.99	7,944	3,473	625	-	2,848	6,946
Dubnoff Center For Child Development and Educational	00184	15	62	7,038	14,372	21,408	4.07	87,158	14,323	2,578	-	11,745	28,646
D'Veal Family and Youth Services	00778	10	92	51	-	51	69.24	3,631	1,766	280	-	1,486	3,581
D'Veal Family and Youth Services	00778	15	04	1,360	-	1,360	1.30	1,768	884	140	-	744	1,768
D'Veal Family and Youth Services	00778	15	10	430	103	533	1.73	922	372	58	-	313	744
D'Veal Family and Youth Services	00778	15	42	2,787	-	2,787	1.73	4,822	2,411	382	-	2,029	4,822
D'Veal Family and Youth Services	00778	15	62	512	-	512	3.28	1,679	840	133	-	707	1,679
El Centro de Amistad, Inc.	00185	15	04	557	-	557	1.77	986	493	225	-	268	986
El Centro de Amistad, Inc.	00185	15	10	788	-	788	2.38	1,872	938	428	-	510	1,872
El Centro de Amistad, Inc.	00185	15	42	3,418	-	3,418	2.38	8,137	4,069	1,854	-	2,215	8,137
El Centro de Amistad, Inc.	00185	15	62	330	-	330	4.26	1,415	708	322	-	385	1,415
Enki Health and Research Systems	00188	10	85	885	11	896	121.98	82,458	42,563	14,287	4,654	19,613	81,177
Enki Health and Research Systems	00188	15	04	87,835	13,857	101,492	1.09	110,626	48,147	19,784	646	27,154	85,740
Enki Health and Research Systems	00188	15	10	49,442	4,051	53,493	1.80	96,287	44,754	18,401	597	25,244	89,995
Enki Health and Research Systems	00188	15	34	63	-	63	1.80	113	57	24	-	33	113
Enki Health and Research Systems	00188	15	42	191,055	30,217	221,272	1.80	398,230	173,723	70,004	4,137	96,035	343,899
Enki Health and Research Systems	00188	15	52	5,178	4,190	9,368	1.80	16,862	4,960	1,965	-	2,685	18,320
Enki Health and Research Systems	00188	15	62	73,722	7,928	81,650	3.38	275,977	125,607	51,100	2,372	70,102	249,180
Foothill Family Service	00724	15	04	-	1,738	1,738	1.50	2,598	-	-	-	-	-
Foothill Family Service	00724	15	10	-	1,608	1,608	2.21	3,548	-	-	-	-	-
Foothill Family Service	00724	15	12	-	428	428	2.21	948	-	-	-	-	-
Foothill Family Service	00724	15	34	-	990	990	2.21	2,167	-	-	-	-	-
Foothill Family Service	00724	15	41	-	3,917	3,917	2.21	8,654	-	-	-	-	-
Foothill Family Service	00724	15	42	-	16,750	16,750	2.21	37,006	-	-	-	-	-
Foothill Family Service	00724	15	61	-	253	253	3.93	993	-	-	-	-	-
Foothill Family Service	00724	15	62	-	1,645	1,645	3.93	6,458	-	-	-	-	-
Gateways Hospital	00190	15	04	1,009	1,154	2,163	1.10	2,379	555	95	-	459	1,110
Gateways Hospital	00190	15	10	167	1,005	1,172	1.58	1,863	133	23	-	110	266
Gateways Hospital	00190	15	42	2,322	3,897	6,219	1.59	9,868	1,846	318	-	1,528	3,692
Gateways Hospital	00190	15	52	-	35	35	1.59	56	-	-	-	-	-
Gateways Hospital	00190	15	62	430	775	1,205	3.00	3,615	645	111	-	524	1,290
Gateways Hospital	00190	15	03	428	-	428	1.10	471	235	41	-	185	471
Gateways Hospital	00190	15	12	225	-	225	1.59	358	179	31	-	148	358
Gateways Hospital	00190	15	41	941	225	1,166	1.59	1,854	748	129	-	619	1,496

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1	2	3	4	GROSS AB3632 COST					FFP AND FFP MATCH					14 (10+11+12+13)
				5	6	7	8	9	10	11	12	13		
LEGAL ENTITY NAME	LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3632 PROGRAM COST	FFP (Includes SD/HC and Healthy Family)	AB3632 (SB90) SD/HC FFP MATCH	AB3632(SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST	
Gateways Hospital	00190	15	61	235	120	355	3.00	1,065	353	61	-	282	705	
Guidance Center (The)	00191	15	04	9,701	5,980	15,681	1.86	26,087	8,053	2,901	-	5,162	16,126	
Guidance Center (The)	00191	15	10	26,760	22,847	49,607	2.00	98,881	26,773	9,633	-	17,140	53,545	
Guidance Center (The)	00191	15	34	1,322	196	1,518	2.00	3,042	1,325	477	-	848	2,849	
Guidance Center (The)	00191	15	42	74,990	69,302	144,292	2.00	288,650	74,699	28,927	-	47,912	149,679	
Guidance Center (The)	00191	15	52	10,937	8,324	19,261	2.00	38,599	10,959	3,943	-	7,016	21,918	
Guidance Center (The)	00191	15	62	8,555	7,529	16,084	3.39	54,484	14,484	5,211	-	6,273	25,959	
Hamburger Home, Inc.	00174	10	98	204	-	204	118.13	24,089	12,049	3,996	-	8,114	24,089	
Hamburger Home, Inc.	00174	10	98	53	-	53	118.13	6,261	3,130	1,022	-	2,108	6,261	
Hamburger Home, Inc.	00174	15	04	2,390	-	2,390	1.82	4,347	2,174	710	-	1,484	4,347	
Hamburger Home, Inc.	00174	15	10	4,370	-	4,370	2.35	10,262	5,131	1,678	-	3,465	10,262	
Hamburger Home, Inc.	00174	15	42	38,086	-	38,086	2.35	89,434	44,717	14,905	-	30,112	89,434	
Hamburger Home, Inc.	00174	15	52	10	-	10	2.35	23	12	4	-	8	23	
Hamburger Home, Inc.	00174	15	58	690	-	690	2.35	1,597	798	261	-	538	1,597	
Hamburger Home, Inc.	00174	15	61	422	-	422	4.34	1,832	916	299	-	617	1,832	
Hamburger Home, Inc.	00174	15	62	5,923	-	5,923	4.34	25,708	12,854	4,198	-	8,666	25,708	
Hamburger Home, Inc.	00174	15	77	210	-	210	3.49	734	367	120	-	247	734	
Hathaway Children & Family Services	00192	10	98	34	18	52	82.81	4,826	1,446	288	-	1,290	3,024	
Hathaway Children & Family Services	00192	15	03	782	113	875	1.43	1,251	503	99	-	440	1,046	
Hathaway Children & Family Services	00192	15	04	-	5,490	5,490	1.43	7,851	-	-	-	-	-	
Hathaway Children & Family Services	00192	15	10	-	55,171	55,171	1.82	100,411	-	-	-	-	-	
Hathaway Children & Family Services	00192	15	12	2,441	1,204	3,645	1.82	6,634	2,123	394	-	1,717	4,308	
Hathaway Children & Family Services	00192	15	33	43	77	120	1.82	218	57	7	-	32	76	
Hathaway Children & Family Services	00192	15	34	-	650	650	1.82	1,185	-	-	-	-	-	
Hathaway Children & Family Services	00192	15	41	14,067	4,646	18,713	1.82	34,058	12,415	2,100	-	9,398	24,825	
Hathaway Children & Family Services	00192	15	42	-	177,976	177,976	1.82	323,916	-	-	-	-	-	
Hathaway Children & Family Services	00192	15	52	-	2,414	2,414	1.82	4,393	-	-	-	-	-	
Hathaway Children & Family Services	00192	15	54	630	487	1,117	1.82	2,033	608	62	-	277	1,112	
Hathaway Children & Family Services	00192	15	61	843	313	1,156	3.40	3,930	1,443	187	-	837	2,753	
Hathaway Children & Family Services	00192	15	62	61,886	4,849	4,849	3.40	16,487	-	-	-	-	-	
Hathaway Children & Family Services	00198	10	92	1	-	1	72.18	72	36	1	-	35	72	
Help Group Child and Family Center (The)	00198	10	98	17	-	17	113.87	1,936	968	21	-	946	1,936	
Help Group Child and Family Center (The)	00198	15	03	1,380	1,205	2,585	1.75	4,524	1,208	27	-	1,181	2,415	
Help Group Child and Family Center (The)	00198	15	04	9,586	9,825	19,411	1.75	33,969	8,368	186	-	8,201	16,776	
Help Group Child and Family Center (The)	00198	15	10	17,317	82,118	99,435	2.28	226,712	19,741	439	-	18,303	39,483	
Help Group Child and Family Center (The)	00198	15	12	11,984	39,907	51,891	2.28	118,311	13,692	304	-	13,358	27,324	
Help Group Child and Family Center (The)	00198	15	41	43,062	115,148	158,210	2.28	360,764	49,113	1,081	-	48,032	59,227	
Help Group Child and Family Center (The)	00198	15	42	61,886	469,805	561,481	2.28	1,260,189	104,522	2,323	-	102,199	208,044	
Help Group Child and Family Center (The)	00198	15	52	394	148	542	2.28	1,236	10	6	-	439	898	
Help Group Child and Family Center (The)	00198	15	54	242	228	470	1.072	502	276	6	-	270	552	
Help Group Child and Family Center (The)	00198	15	58	13,450	4,905	18,355	2.28	41,849	15,333	341	-	14,992	30,666	
Help Group Child and Family Center (The)	00198	15	61	3,600	6,310	10,110	4.22	42,664	8,018	178	-	7,840	16,086	
Help Group Child and Family Center (The)	00198	15	62	5,627	25,167	30,694	4.22	129,529	11,662	259	-	11,403	23,324	
Hillside	00321	10	98	5	4	9	85.93	773	212	215	-	-	427	

ATTACHMENT 6

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1912
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2004-2005 YEAR END COST REPORT

1	2	3	4	GROSS AB3632 COST					FFP AND FFP MATCH				14 (10+11+12+13)
				5	6	7	8	9 (7 x 8)	10	11	12	13	
LEGAL ENTITY NAME	LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL SERVICE UNITS OF SERVICE	TOTAL NON-MEDICAL SERVICE UNITS OF SERVICE	TOTAL UNITS OF SERVICE (5+6)	COST PER UNIT	GROSS AB3632 PROGRAM COST	FFP (Includes SD/MC and Healthy Family)	AB3632 (SB90) MATCH SD/MC FFP	AB3632(SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST
Hillside	00321	15	04	20,250	322	20,572	1.28	26,332	12,768	57	-	12,903	25,748
Hillside	00321	15	10	100,852	1,024	101,876	1.68	171,152	83,590	815	-	83,801	188,306
Hillside	00321	15	34	12,337	225	12,562	1.68	21,105	10,225	0	-	10,393	20,588
Hillside	00321	15	41	1,000	1,040	2,040	1.68	3,427	829	-	-	840	1,869
Hillside	00321	15	42	970,831	11,429	982,261	1.68	1,650,198	804,565	1,317	-	814,181	1,620,164
Hillside	00321	15	52	12,758	1,635	14,393	1.68	24,181	10,575	-	-	10,717	21,292
Hillside	00321	15	54	240	518	758	1.68	1,273	199	-	-	202	401
Hillside	00321	15	58	128,865	1,474	130,339	1.68	218,989	106,808	-	-	108,248	215,055
Hillside	00321	15	61	353	202	555	3.11	1,728	542	-	-	548	1,091
Hillside	00321	15	62	5,852	9	5,861	3.11	18,226	8,978	-	-	9,099	18,078
Institute for Redesign of Learning (The Almansor Center)	00171	15	04	6,956	2,878	9,834	1.60	15,764	5,675	1,914	-	3,661	11,151
Institute for Redesign of Learning (The Almansor Center)	00171	15	10	7,598	3,368	10,966	2.07	22,570	7,821	2,695	-	5,136	15,642
Institute for Redesign of Learning (The Almansor Center)	00171	15	12	1,451	1,348	2,799	2.07	5,793	1,501	515	-	986	3,003
Institute for Redesign of Learning (The Almansor Center)	00171	15	41	5,148	2,741	7,889	2.07	16,327	5,327	1,829	-	3,488	10,654
Institute for Redesign of Learning (The Almansor Center)	00171	15	42	54,758	41,308	96,066	2.07	198,813	58,662	19,451	-	37,211	113,324
Institute for Redesign of Learning (The Almansor Center)	00171	15	52	8,618	3,227	11,845	2.07	24,514	8,918	3,061	-	5,858	17,835
Institute for Redesign of Learning (The Almansor Center)	00171	15	54	388	572	960	2.07	1,967	401	138	-	264	803
Institute for Redesign of Learning (The Almansor Center)	00171	15	61	425	595	1,010	3.83	3,854	813	278	-	534	1,626
Institute for Redesign of Learning (The Almansor Center)	00171	15	62	4,551	4,945	9,496	3.83	38,325	8,704	2,988	-	5,716	17,409
Intercommunity Child Guidance Center	00195	15	03	2,889	2,889	5,778	1.52	8,654	2,414	-	-	2,052	4,827
Intercommunity Child Guidance Center	00195	15	04	3,176	4,218	7,394	1.52	11,239	3,428	362	-	2,913	6,852
Intercommunity Child Guidance Center	00195	15	10	4,508	12,128	16,637	1.52	25,288	3,428	513	-	-	-
Intercommunity Child Guidance Center	00195	15	12	-	3,258	3,258	1.52	4,952	-	-	-	-	-
Intercommunity Child Guidance Center	00195	15	33	196	-	196	1.52	298	148	22	-	126	296
Intercommunity Child Guidance Center	00195	15	34	-	450	450	1.52	684	-	-	-	-	-
Intercommunity Child Guidance Center	00195	15	41	-	18,139	18,139	1.52	27,571	-	-	-	-	-
Intercommunity Child Guidance Center	00195	15	42	28,767	80,917	110,674	1.52	168,224	22,615	3,389	-	18,226	45,230
Intercommunity Child Guidance Center	00195	15	52	-	853	853	1.52	1,297	-	-	-	-	-
Intercommunity Child Guidance Center	00195	15	54	1,498	-	1,498	1.52	2,278	1,139	171	-	969	2,278
Intercommunity Child Guidance Center	00195	15	61	-	1,425	1,425	3.23	4,603	5,286	-	-	-	-
Intercommunity Child Guidance Center	00195	15	62	3,273	5,181	8,454	3.23	27,508	180	35	-	126	320
Kids First Foundation DBA Mid Valley Youth Center	01201	15	04	81	-	81	2.35	190	85	21	-	75	190
Kids First Foundation DBA Mid Valley Youth Center	01201	15	10	9,290	-	9,290	2.35	21,838	10,919	2,362	-	8,557	21,837
Kids First Foundation DBA Mid Valley Youth Center	01201	15	52	845	-	845	2.35	1,986	993	215	-	778	1,986
LAUSD 97th St. Mental Health	00315	15	03	5	-	5	1.71	9	4	1	-	3	9
LAUSD 97th St. Mental Health	00315	15	04	91	-	91	1.71	156	78	24	-	54	156
LAUSD 97th St. Mental Health	00315	15	10	193	-	193	2.20	426	212	68	-	146	425
LAUSD 97th St. Mental Health	00315	15	12	425	-	425	2.20	935	468	145	-	323	935
LAUSD 97th St. Mental Health	00315	15	34	270	-	270	2.20	594	297	92	-	205	594
LAUSD 97th St. Mental Health	00315	15	41	1,165	95	1,260	2.20	2,772	1,282	397	-	884	2,563
LAUSD 97th St. Mental Health	00315	15	42	1,130	-	1,130	2.20	2,486	1,243	385	-	858	2,486
LAUSD 97th St. Mental Health	00315	15	54	90	-	90	2.20	198	99	31	-	68	198
LAUSD 97th St. Mental Health	00315	15	61	210	30	240	4.09	982	429	133	-	296	859

ATTACHMENT 6

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1912
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2004-2005 YEAR END COST REPORT

1	2	3	4	5			6			7			8			9			10-14			
				LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3632 PROGRAM COST	FFP (Includes SD/MC and Healthy Family)	AB3632 (SB88) MATCH SD/MC FFP	AB3632(SB90) MATCH TO HEALTHY FAMILY FFP	EP/SDT-SGF MATCH TO FFP	NET MEDICAL COST						
LAUSD 97th St. Mental Health	00315	15	52	120	-	120	4.08	481	245	78	169	491										
Los Angeles Child Guidance Clinic	00199	15	03	9,595	1,033	10,628	1.71	18,188	8,228	2,778	5,377	16,418										
Los Angeles Child Guidance Clinic	00199	15	04	49,837	9,323	59,280	1.71	101,400	42,782	14,505	28,090	85,447										
Los Angeles Child Guidance Clinic	00199	15	10	19,889	1,841	21,710	2.21	47,958	21,975	7,440	14,409	43,891										
Los Angeles Child Guidance Clinic	00199	15	12	3,856	184	4,040	2.21	8,925	4,283	1,424	2,767	8,518										
Los Angeles Child Guidance Clinic	00199	15	33	315	-	315	2.21	698	348	118	229	696										
Los Angeles Child Guidance Clinic	00199	15	34	-	3,735	3,735	2.21	8,251	-	-	-	8,251										
Los Angeles Child Guidance Clinic	00199	15	41	28,823	4,561	33,374	2.21	73,724	31,861	10,812	20,538	63,671										
Los Angeles Child Guidance Clinic	00199	15	42	186,162	31,010	217,172	2.21	433,330	182,810	61,967	119,428	384,827										
Los Angeles Child Guidance Clinic	00199	15	52	41,234	9,140	50,374	2.21	111,278	45,884	16,122	29,296	91,088										
Los Angeles Child Guidance Clinic	00199	15	54	4,867	414	5,281	2.21	11,868	5,378	1,831	3,545	10,751										
Los Angeles Child Guidance Clinic	00199	15	61	4,388	435	4,823	4.08	19,663	9,050	2,948	5,705	17,817										
Los Angeles Child Guidance Clinic	00199	15	62	33,705	3,667	37,372	4.08	162,694	69,049	23,161	44,864	137,621										
Olive Crest Treatment Centers	00518	15	04	2,005	-	2,005	1.83	3,660	1,830	1,109	720	3,660										
Olive Crest Treatment Centers	00518	15	42	2,416	-	2,416	2.38	5,663	2,848	1,728	1,121	5,663										
Olive Crest Treatment Centers	00518	15	52	1,271	-	1,271	2.98	2,995	1,497	908	580	2,995										
Olive Crest Treatment Centers	00518	15	62	800	-	800	3.03	2,424	1,212	735	477	2,424										
Olive Crest Treatment Centers	00518	10	88	124	-	124	82.50	10,230	5,115	3,101	2,014	10,230										
Pacific Clinics	00203	10	89	330	188	518	129.19	66,663	21,317	3,066	18,280	42,633										
Pacific Clinics	00203	15	03	69,020	24,874	93,894	1.28	121,000	45,200	1,698	36,018	88,945										
Pacific Clinics	00203	15	12	65,498	30,447	95,945	1.68	159,452	55,259	1,943	44,245	108,852										
Pacific Clinics	00203	15	33	120	-	120	1.68	199	98	14	85	199										
Pacific Clinics	00203	15	41	812,917	245,069	1,057,986	1.68	1,758,277	683,034	93,254	17,687	1,350,994										
Pacific Clinics	00203	15	54	78,058	21,024	99,082	1.86	164,665	66,109	8,704	2,909	129,725										
Pacific Clinics	00203	15	61	52,334	14,179	66,513	3.08	204,684	82,379	10,660	4,327	181,050										
Pacific Clinics	00204	15	03	3,468	188	3,656	1.55	5,688	2,680	981	1,700	5,381										
Pasadena Children's Training Society	00204	15	04	605	18,459	19,064	1.55	29,548	489	173	298	839										
Pasadena Children's Training Society	00204	15	10	40	6,095	6,135	2.00	12,289	40	40	25	80										
Pasadena Children's Training Society	00204	15	12	384	711	1,095	2.00	2,193	385	142	243	769										
Pasadena Children's Training Society	00204	15	33	-	170	170	2.00	341	-	-	-	-										
Pasadena Children's Training Society	00204	15	41	2,671	6,148	8,819	2.00	21,672	2,675	985	1,680	5,350										
Pasadena Children's Training Society	00204	15	42	377	110,701	111,078	2.00	222,501	378	239	239	755										
Pasadena Children's Training Society	00204	15	52	548	87,867	88,415	2.00	177,105	549	202	347	1,038										
Pasadena Children's Training Society	00204	15	54	820	3,363	4,213	2.00	8,439	821	302	518	1,643										
Pasadena Children's Training Society	00204	15	58	319	2,394	2,713	2.00	5,434	319	318	202	659										
Pasadena Children's Training Society	00204	15	61	288	1,136	1,424	3.70	5,198	488	183	313	952										
Pasadena Children's Training Society	00204	15	62	145	20,100	20,245	3.70	74,958	268	96	170	537										
PENNY LANE CENTERS	00201	15	03	145	-	145	1.46	212	108	59	47	212										
PENNY LANE CENTERS	00201	15	04	-	244	244	1.46	356	-	-	-	-										
PENNY LANE CENTERS	00201	15	10	1,392	3,300	4,692	2.00	9,394	1,392	779	613	2,784										
PENNY LANE CENTERS	00201	15	12	303	210	513	2.00	1,026	303	168	134	608										
PENNY LANE CENTERS	00201	15	41	797	1,690	2,487	2.00	3,180	843	360	284	1,594										
PENNY LANE CENTERS	00201	15	42	12,239	29,002	41,241	2.00	82,482	12,239	107	5,383	24,478										
PENNY LANE CENTERS	00201	15	62	54	-	54	2.00	108	54	30	24	108										

ATTACHMENT 6

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1912
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2004-2005 YEAR END COST REPORT

1	2	3	4	GROSS AB3632 COST						FFP AND FFP MATCH				14 (10+11+12+13)
				5	6	7	8	9	10	11	12	13		
LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3632 PROGRAM COST	FFP (includes SD/MC and Healthy Family)	AB3632 (SB90) MATCH SD/MC FFP	AB3632(SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST	
00201	PENNY LANE CENTERS	15	54	-	78	78	2.00	152	5,984	3,336	-	2,628	1,928	
00201	PENNY LANE CENTERS	15	58	5,984	17,028	22,962	2.00	45,984	1,458	358	57	112	869	
00201	PENNY LANE CENTERS	15	61	165	195	360	4.05	1,458	16,868	1,217	-	958	4,350	
00201	PENNY LANE CENTERS	15	62	1,074	3,096	4,170	4.05	16,868	23,832	11,336	-	208	23,090	
01194	Personal Involvement Center	15	04	13,022	418	13,440	1.77	23,832	11,545	6,166	-	114	12,558	
01194	Personal Involvement Center	15	10	5,486	270	5,756	2.29	13,177	6,279	5,889	-	103	11,377	
01194	Personal Involvement Center	15	34	4,970	120	5,090	2.29	11,652	88,239	86,644	-	1,595	176,478	
01194	Personal Involvement Center	15	42	77,092	5,358	82,450	2.29	186,743	9,326	9,157	-	168	18,651	
01194	Personal Involvement Center	15	62	4,408	169	4,577	4.23	19,366	9,326	9,157	-	2,257	15,474	
02008	San Fernando Valley CMHC Inc.	15	04	3,785	8,834	12,622	1.45	18,241	2,737	500	-	3,661	8,957	
02008	San Fernando Valley CMHC Inc.	15	10	4,801	9,752	14,553	1.87	27,152	4,479	818	-	3,661	8,957	
02008	San Fernando Valley CMHC Inc.	15	42	47,588	58,858	106,427	1.87	198,584	44,363	8,106	-	36,267	88,768	
02008	San Fernando Valley CMHC Inc.	15	52	5,236	855	6,091	1.87	11,384	4,884	892	-	3,963	9,769	
02008	San Fernando Valley CMHC Inc.	15	62	652	2,896	3,548	3.45	11,511	1,124	205	-	918	2,246	
02008	San Fernando Valley CMHC Inc.	15	77	-	2,178	2,178	2.78	6,040	-	-	-	-	-	
03020	San Gabriel Children's Center	10	89	2,363	290	2,653	165.62	439,384	185,677	98,876	-	95,802	391,355	
03020	San Gabriel Children's Center	15	03	120	-	120	1.55	196	99	50	-	49	166	
03020	San Gabriel Children's Center	15	12	5,583	30	5,613	2.13	11,990	5,958	3,011	-	2,948	11,916	
03020	San Gabriel Children's Center	15	41	23,047	270	23,317	2.13	49,788	24,566	12,428	-	12,168	49,182	
03020	San Gabriel Children's Center	15	54	42,672	-	42,672	2.13	91,079	45,540	23,071	-	22,529	51,079	
03020	San Gabriel Children's Center	15	61	5,955	510	6,365	3.95	25,111	11,549	5,936	-	5,714	23,059	
03020	San Gabriel Children's Center	15	04	-	72	72	1.09	78	-	-	-	-	-	
03020	San Gabriel Children's Center	15	10	-	98	98	1.40	134	-	-	-	-	-	
03020	San Gabriel Children's Center	15	42	-	1,167	1,167	1.40	1,635	-	-	-	-	-	
03020	San Gabriel Children's Center	15	68	385	1,086	1,471	1.15	169,371	22,164	516	-	21,648	44,929	
03020	San Gabriel Children's Center	15	03	329	1,035	1,364	1.77	2,414	291	7	-	284	692	
03020	San Gabriel Children's Center	15	04	55	42	97	1.77	172	49	1	-	48	97	
03020	San Gabriel Children's Center	15	10	985	1,900	2,885	2.18	6,318	1,079	25	-	1,053	2,157	
03020	San Gabriel Children's Center	15	12	478	1,981	2,459	2.18	5,385	523	12	-	511	1,047	
03020	San Gabriel Children's Center	15	33	-	60	60	2.19	131	-	-	-	-	-	
03020	San Gabriel Children's Center	15	34	795	940	1,735	2.18	3,800	871	20	-	850	1,741	
03020	San Gabriel Children's Center	15	41	3,358	7,091	10,449	2.19	22,893	3,677	88	-	3,581	7,354	
03020	San Gabriel Children's Center	15	42	6,646	15,907	22,553	2.18	49,391	7,277	169	-	7,108	14,566	
03020	San Gabriel Children's Center	15	52	45	45	90	2.19	99	99	1	-	48	99	
03020	San Gabriel Children's Center	15	61	566	974	1,540	3.88	5,875	1,068	28	-	1,072	2,198	
03020	San Gabriel Children's Center	15	62	2,091	6,594	8,675	3.88	33,659	4,057	94	-	3,962	8,113	
03020	San Gabriel Children's Center	15	03	1,510	803	2,313	1.40	3,238	1,057	155	-	902	2,114	
03020	San Gabriel Children's Center	15	12	1,045	1,179	2,224	1.59	3,536	851	122	-	709	1,662	
03020	San Gabriel Children's Center	15	41	2,198	2,008	4,206	1.59	1,747	1,747	257	-	1,491	3,455	
03020	San Gabriel Children's Center	15	54	218	1,690	1,898	1.59	3,018	173	25	-	148	347	
03020	San Gabriel Children's Center	15	61	217	359	576	3.18	1,837	346	51	-	295	692	
03020	San Gabriel Children's Center	15	03	1,069	2,812	3,881	1.89	7,535	1,010	184	-	826	2,020	
03020	San Gabriel Children's Center	15	12	518	6,341	6,859	2.44	16,796	832	115	-	517	1,264	
03020	San Gabriel Children's Center	15	33	-	2,100	2,100	2.44	5,124	-	-	-	-	-	

ATTACHMENT 6

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1912
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2004-2008 YEAR END COST REPORT

1	2	3	4	GROSS AB3632 COST					FFP AND FFP MATCH					14 (10+11+12+13)
				5	6	7 (5+6)	8	9 (7 x 8)	10	11	12	13		
LEGAL ENTITY NAME	LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3632 PROGRAM COST	FFP (Includes SD/MC and Healthy Family)	AB3632 (SB90) MATCH SD/MC FFP	AB3632 (SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST	
SL John's Hospital and Health Center	00217	15	41	2,480	25,440	27,900	2.44	68,078	3,001	548	-	2,453	6,002	
SL John's Hospital and Health Center	00217	15	61	2,019	9,733	11,752	4.51	53,002	4,553	831	-	3,721	19,106	
Starview	00543	10	85	303	13	316	17.75	54,273	25,012	13,988	-	12,022	51,032	
Starview	00543	15	04	440	829	1,269	1.46	1,853	309	173	-	148	630	
Starview	00543	15	10	239	494	723	1.99	1,439	228	128	-	110	468	
Starview	00543	15	41	641	4,480	5,101	1.99	10,151	613	343	-	285	1,251	
Starview	00543	15	42	3,731	12,893	16,624	1.99	33,082	3,566	1,937	-	1,715	17,281	
Starview	00543	15	62	100	235	335	3.48	1,169	167	94	-	80	341	
Stirling Academy, Inc.	00218	15	03	627	627	1,113	1.78	2,066	-	-	-	-	-	
Stirling Academy, Inc.	00216	15	04	90	11,631	11,621	1.77	20,627	80	20	-	60	160	
Stirling Academy, Inc.	00216	15	10	288	34,793	35,061	2.29	80,341	307	78	-	228	814	
Stirling Academy, Inc.	00216	15	12	-	2,401	2,401	2.29	5,502	-	-	-	-	-	
Stirling Academy, Inc.	00216	15	41	-	8,796	8,796	2.29	20,163	-	-	-	-	-	
Stirling Academy, Inc.	00216	15	42	1,083	120,463	121,546	2.29	278,593	1,241	316	-	925	2,482	
Stirling Academy, Inc.	00216	15	52	-	897	897	2.29	2,056	-	-	-	-	-	
Stirling Academy, Inc.	00216	15	61	-	190	190	4.24	805	-	-	-	-	-	
Stirling Academy, Inc.	00216	15	62	-	1,152	1,152	4.24	4,879	-	-	-	-	-	
Verdugo Mental Health	00221	15	04	623	1,611	2,234	1.88	4,211	597	234	-	363	1,174	
Verdugo Mental Health	00221	15	10	4,905	7,762	12,667	2.44	30,938	5,960	2,386	-	3,585	11,960	
Verdugo Mental Health	00221	15	34	685	440	1,125	2.44	2,743	835	333	-	502	1,670	
Verdugo Mental Health	00221	15	42	45,500	68,557	114,057	2.44	278,116	55,474	22,128	-	33,346	110,947	
Verdugo Mental Health	00221	15	52	19,768	4,501	24,270	2.44	59,180	24,102	9,615	-	14,488	49,205	
Verdugo Mental Health	00221	15	62	5,228	10,302	15,528	4.51	70,047	11,767	4,702	-	7,065	23,575	
Vieta Del Mar	00196	15	03	9,662	16,855	26,517	1.89	50,117	6,797	6,797	-	2,353	18,261	
Vieta Del Mar	00196	15	12	1,568	1,093	2,669	2.44	6,488	1,911	1,422	-	488	3,821	
Vieta Del Mar	00196	15	33	570	225	795	2.44	1,940	665	518	-	178	1,391	
Vieta Del Mar	00196	15	41	18,043	16,940	34,983	2.44	85,369	22,012	16,388	-	5,625	44,025	
Vieta Del Mar	00196	15	54	7,146	7,506	14,652	2.44	35,751	6,718	6,490	-	2,228	17,436	
Vieta Del Mar	00196	15	61	9,923	6,500	16,423	4.51	74,068	22,376	18,659	-	5,718	44,753	
Vieta Del Mar	00196	10	89	3,014	1,815	4,829	189.33	914,275	285,320	212,413	-	72,907	570,641	
Vieta Del Mar	00196	10	89	2,720	367	3,117	122.75	382,612	166,940	124,282	-	42,658	335,880	
Total AB3632 Program Cost				6,639,984	6,089,352	12,729,196		30,621,853	7,921,190	2,179,519	139,775	5,504,104	15,741,588	
DMH Directly Operated Admin. Cost (Attachment 9)								1,072,022	172,309	31,464	-	140,844	344,617	
Contract Providers (NGAs)/Admin. Cost (Attachment 9)								1,951,216	572,887	167,981	11,823	394,368	1,137,059	
Grand Total AB3632 Program Cost				6,639,984	6,089,352	12,729,196		33,645,092	8,668,386	2,378,964	146,598	6,029,316	17,223,264	

Attachment 7

Offsetting Revenue Worksheets

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2004-2005 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET - FEDERAL FINANCIAL PARTICIPATION (FFP)

A. FY 2004-2005 Federal Financial Participation (FFP) and Share of Administrative Cost

ENTITY NUMBER	ENTITY NAME	MODE	SFC	Overhead Percentage (%)	a	b	c	d
					SD/MC FFP	Enhanced Child FFP	Healthy Family FFP	(a+b+c) Total
Treatment - Special Education Program (SEP)								
00019	LAC-DMH	10	85		78,004	-	-	78,004
00019	LAC-DMH	15	10		45,144	-	-	45,144
00019	LAC-DMH	16	34		20,426	-	-	20,426
00019	LAC-DMH	17	42		843,296	-	-	843,296
00019	LAC-DMH	18	52		9,211	-	-	9,211
00019	LAC-DMH	18	62		104,774	-	-	104,774
Subtotal LAC-DMH					1,100,855	-	-	1,100,855
Contract Providers (NGAs)					6,373,531	-	253,877	6,627,408
Subtotal LAC-DMH and Contract Providers					7,474,386	-	253,877	7,728,263
DMH Directly Operated Admin. Cost (Attachment 9)				13.3182%	146,614	-	-	146,614
Contract Providers (NGAs) Admin. Cost (Attachment 9)				8.6442%	550,941	-	21,946	572,887
Total Treatment FFP and Share of Admin. Cost					8,171,941	-	275,823	8,447,764
Assessment - Individualized Education Program (IEP), Case Management								
00019	LAC - DMH	15	04		192,927	-	-	192,927
00019	LAC - DMH	60	60		-	-	-	-
Subtotal LAC-DMH					192,927	-	-	192,927
DMH Directly Operated Admin. Cost				13.3182%	25,695	-	-	25,695
Total Assessment FFP and Share of Admin. Cost					218,622	-	-	218,622
GRAND TOTAL TREATMENT & ASSESSMENT FFP AND SHARE OF ADMINISTRATIVE COSTS					8,390,563	-	275,823	8,666,386

B. FY 2004-2005 FFP REFUND, ADJUSTMENT FOR SMA AND SHARE OF ADMINISTRATIVE COST

ENTITY NUMBER	ENTITY NAME	MODE	SFC		a	b	c	d
					SD/MC FFP Refund & Adj. For SMA	Enhanced Child FFP Refund	Healthy Family FFP Refund	(a+b+c) Total
Treatment - Special Education Program (SEP)								
00192	Hathaway Children & Family Services	10	89		132	-	-	132
00192	Hathaway Children & Family Services	15	03		43	-	1	44
00192	Hathaway Children & Family Services	15	12		127	-	7	135
00192	Hathaway Children & Family Services	15	33		2	-	-	2
00192	Hathaway Children & Family Services	15	41		698	-	79	777
00192	Hathaway Children & Family Services	15	54		21	-	14	35
00192	Hathaway Children & Family Services	15	61		80	-	32	113
00321	Hillside	10	99		3	-	-	3
00321	Hillside	15	04		172	-	-	172
00321	Hillside	15	10		1,125	-	-	1,125
00321	Hillside	15	34		138	-	-	138
00321	Hillside	15	41		11	-	-	11
00321	Hillside	15	42		10,833	-	-	10,833
00321	Hillside	15	52		142	-	-	142
00321	Hillside	15	54		3	-	-	3
00321	Hillside	15	58		1,438	-	-	1,438
00321	Hillside	15	61		7	-	-	7
00321	Hillside	15	62		121	-	-	121
00543	Starview	10	85		1,008	-	-	1,008
00543	Starview	15	04		12	-	-	12
00543	Starview	15	10		9	-	-	9
					a	b	c	d

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2004-2005 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET - FEDERAL FINANCIAL PARTICIPATION (FFP)

ENTITY NUMBER	ENTITY NAME	MODE	SFC				Total
				SD/MC FFP Refund & Adj. For SMA	Enhanced Child FFP Refund	Healthy Family FFP Refund	
(a+b+c)							
Treatment - Special Education Program (SEP) continued							
00543	Starview	15	41	25	-	-	25
00543	Starview	15	42	144	-	-	144
00543	Starview	15	62	7	-	-	7
00019	LAC-DMH	10	85	5,940	-	-	5,940
00019	LAC-DMH	15	04	(2,430)	-	-	(2,430)
00019	LAC-DMH	15	10	(938)	-	-	(938)
00019	LAC-DMH	15	34	(141)	-	-	(141)
00019	LAC-DMH	15	42	(17,493)	-	-	(17,493)
00019	LAC-DMH	15	52	(191)	-	-	(191)
00020	LAC-DMH	15	62	7,848	-	-	7,848
Total Treatment - SEP FFP Refund & Adjustment for State Maximum Allowance (SMA)				8,898	-	133	9,031
DMH Directly Operated Admin. Cost				13.3182%	(986)	-	(986)
Contract Providers Admin. Cost				8.6442%	1,409	12	1,421
Grand Total Treatment - SEP FFP Refund & Adj. For SMA and Share of Admin. Cost				9,321	-	145	9,466

C. MEDI-CAL THIRD PARTY REVENUES

LEGAL ENTITY NUMBER	LEGAL ENTITY NAME	MODE	SFC	MEDI-CAL 3RD PARTY REVENUES	
00207	Child & Family Guidance Center	15	03	284	
00207	Child & Family Guidance Center	15	12	289	
00207	Child & Family Guidance Center	15	33	12	
00207	Child & Family Guidance Center	15	41	3,927	
00207	Child & Family Guidance Center	15	54	172	
00207	Child & Family Guidance Center	15	61	755	
Subtotal				5,439	
Contract Providers Admin. Cost				8.6442%	470
Grand Total				5,909	

D. Summary

TREATMENT - SEP

FY 2004-2005 FEDERAL FINANCIAL PARTICIPATION	7,728,283	
FY 2004-2005 FEDERAL FINANCIAL PARTICIPATION REFUND	9,031	
FY 2004-2005 3RD PARTY MEDI-CAL REVENUES	5,439	
LESS: FY 2003-2004 SB 90 CLAIM FFP ADJUSTMENT	(1,173,523)	
TOTAL FEDERAL FINANCIAL PARTICIPATION, FFP REFUND, & MEDI-CAL REVENUE:	6,569,210	→ To HDS-3, Line 12
ADD: SHARE OF ADMIN. COST	720,406	
TOTAL FFP, FFP REFUND AND SHARE OF ADMIN. COSTS	<u>7,289,616</u>	

ASSESSMENT - IEP PROGRAM

FY 2004-2005 FEDERAL FINANCIAL PARTICIPATION	192,927	→ To HDS-3, Line 05
ADD: SHARE OF ADMIN. COST	25,695	
TOTAL FFP AND SHARE OF Admin. COSTS	<u>218,622</u>	

FFP SHARE OF ADMIN. COST

TREATMENT - SEP PROGRAM	720,406	
ASSESSMENT - IEP PROGRAM	25,695	
	<u>746,101</u>	→ To HDS-3, Line 13

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
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 OFFSETTING REVENUES WORKSHEET - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TESTING (EPSDT)

LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (13.3182%)	CONTRACTOR ADMIN COSTS (8.6442%)	TOTAL EPSDT-SGF AND ADMIN COST
00019	LAC-DMH	10	85	83,760	8,492	-	72,262
00020	LAC-DMH	15	04	157,699	21,003	-	178,702
00021	LAC-DMH	15	10	36,900	4,914	-	41,815
00022	LAC-DMH	15	34	16,697	2,224	-	18,920
00023	LAC-DMH	15	42	689,310	91,804	-	781,114
00024	LAC-DMH	15	52	7,529	1,003	-	8,532
00025	LAC-DMH	15	62	85,842	11,406	-	97,048
00801	Aspen Community Services	15	04	-	-	-	-
00801	Aspen Community Services	15	10	-	-	-	-
00801	Aspen Community Services	15	42	-	-	-	-
00801	Aspen Community Services	15	62	-	-	-	-
00801	Aspen Community Services	10	85	-	-	-	-
00173	ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	15	03	373	-	32	405
00173	ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	15	04	908	-	79	987
00173	ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	15	10	696	-	60	757
00173	ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	15	12	101	-	9	110
00173	ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	15	41	1,083	-	94	1,177
00173	ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	15	42	4,904	-	424	5,328
00173	ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	15	61	489	-	42	531
00173	ASSOCIATED LEAGUE OF MEXICAN AMERICANS, INC	15	62	2,692	-	233	2,925
00178	Cedars-Sinai Medical Center	15	04	1,336	-	115	1,451
00178	Cedars-Sinai Medical Center	15	10	328	-	28	356
00178	Cedars-Sinai Medical Center	15	12	-	-	-	-
00178	Cedars-Sinai Medical Center	15	34	-	-	-	-
00178	Cedars-Sinai Medical Center	15	41	-	-	-	-
00178	Cedars-Sinai Medical Center	15	42	7,085	-	612	7,697
00178	Cedars-Sinai Medical Center	15	52	491	-	42	534
00178	Cedars-Sinai Medical Center	15	54	-	-	-	-
00178	Cedars-Sinai Medical Center	15	61	-	-	-	-
00178	Cedars-Sinai Medical Center	15	62	1,632	-	141	1,773
00207	Child & Family Guidance Center	15	03	32,428	-	2,803	35,232
00207	Child & Family Guidance Center	15	12	34,022	-	2,941	36,963
00207	Child & Family Guidance Center	15	33	1,443	-	125	1,567
00207	Child & Family Guidance Center	15	41	443,878	-	38,370	482,248
00207	Child & Family Guidance Center	15	54	20,561	-	1,777	22,338
00207	Child & Family Guidance Center	15	61	84,946	-	7,343	92,289
00210	Child & Family Center	15	03	20,261	-	1,751	22,013
00210	Child & Family Center	15	12	21,012	-	1,818	22,828
00210	Child & Family Center	15	33	578	-	50	628
00210	Child & Family Center	15	41	119,234	-	10,307	129,541
00210	Child & Family Center	15	54	14,382	-	1,243	15,625
00210	Child & Family Center	15	61	17,362	-	1,500	18,862
00783	ChildNet Youth & Family svcs	15	03	136	-	12	148
00783	ChildNet Youth & Family svcs	15	04	661	-	57	718
00783	ChildNet Youth & Family svcs	15	10	1,412	-	122	1,534
00783	ChildNet Youth & Family svcs	15	12	311	-	27	338
00783	ChildNet Youth & Family svcs	15	41	2,241	-	194	2,434
00783	ChildNet Youth & Family svcs	15	42	13,124	-	1,134	14,258
00783	ChildNet Youth & Family svcs	15	61	190	-	16	206
00783	ChildNet Youth & Family svcs	15	62	1,245	-	108	1,352
00783	ChildNet Youth & Family svcs	10	98	907	-	78	985
00179	Children's Hospital of Los Angeles	15	04	8,271	-	715	8,986
00179	Children's Hospital of Los Angeles	15	10	4,282	-	370	4,652
00179	Children's Hospital of Los Angeles	15	34	3,448	-	298	3,746
00179	Children's Hospital of Los Angeles	15	42	48,026	-	4,151	52,177
00179	Children's Hospital of Los Angeles	15	52	6,393	-	553	6,946
00179	Children's Hospital of Los Angeles	15	62	10,534	-	911	11,444
00591	Children's Institute, Inc.	15	04	18	-	2	19
00591	Children's Institute, Inc.	15	10	184	-	18	200
00591	Children's Institute, Inc.	15	42	1,037	-	90	1,127
00591	Children's Institute, Inc.	15	52	22	-	2	24
00591	Children's Institute, Inc.	15	62	120	-	10	131
00180	Community Counseling Service (Amanecer)	15	03	993	-	86	1,079
00180	Community Counseling Service (Amanecer)	15	04	2,943	-	254	3,198
00180	Community Counseling Service (Amanecer)	15	10	2,152	-	186	2,338
00180	Community Counseling Service (Amanecer)	15	12	651	-	56	707
00180	Community Counseling Service (Amanecer)	15	33	-	-	-	-
00180	Community Counseling Service (Amanecer)	15	41	3,366	-	291	3,657
00180	Community Counseling Service (Amanecer)	15	42	8,632	-	746	9,378

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
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 OFFSETTING REVENUES WORKSHEET - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TESTING (EPSDT)

LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (13.3182%)	CONTRACTOR ADMIN COSTS (8.6442%)	TOTAL EPSDT-SGF AND ADMIN COST
00180	Community Counseling Service (Amanecer)	15	52	2,917	-	252	3,169
00180	Community Counseling Service (Amanecer)	15	54	1,222	-	106	1,327
00180	Community Counseling Service (Amanecer)	15	61	470	-	41	510
00180	Community Counseling Service (Amanecer)	15	62	2,052	-	177	2,229
00181	Community Family Guidance Center	15	03	692	-	60	751
00181	Community Family Guidance Center	15	04	154	-	13	168
00181	Community Family Guidance Center	15	10	1,643	-	142	1,785
00181	Community Family Guidance Center	15	12	2,210	-	191	2,401
00181	Community Family Guidance Center	15	41	9,812	-	831	10,443
00181	Community Family Guidance Center	15	42	5,742	-	498	6,238
00181	Community Family Guidance Center	15	52	92	-	8	100
00181	Community Family Guidance Center	15	54	16	-	1	17
00181	Community Family Guidance Center	15	61	1,282	-	111	1,393
00181	Community Family Guidance Center	15	62	1,287	-	111	1,399
00472	Devereux Foundation	10	98	31,316	-	2,707	34,023
00472	Devereux Foundation	15	58	16,831	-	1,455	18,286
00472	Devereux Foundation	15	62	735	-	64	798
00183	Didi Hirsch Psychiatric Service	15	04	1,054	-	91	1,145
00183	Didi Hirsch Psychiatric Service	15	10	3,344	-	289	3,633
00183	Didi Hirsch Psychiatric Service	15	34	24	-	2	26
00183	Didi Hirsch Psychiatric Service	15	42	22,660	-	1,959	24,619
00183	Didi Hirsch Psychiatric Service	15	52	699	-	60	760
00183	Didi Hirsch Psychiatric Service	15	62	3,301	-	285	3,586
00184	Dubnoff Center For Child Development and Educational The	15	04	2,393	-	207	2,600
00184	Dubnoff Center For Child Development and Educational The	15	10	438	-	38	473
00184	Dubnoff Center For Child Development and Educational The	15	34	2,031	-	178	2,207
00184	Dubnoff Center For Child Development and Educational The	15	42	52,677	-	4,554	57,231
00184	Dubnoff Center For Child Development and Educational The	15	52	2,398	-	207	2,605
00184	Dubnoff Center For Child Development and Educational The	15	61	2,848	-	246	3,094
00184	Dubnoff Center For Child Development and Educational The	15	62	11,745	-	1,015	12,760
00778	D'Veal Family and Youth Services	10	92	1,486	-	128	1,614
00778	D'Veal Family and Youth Services	15	04	744	-	64	808
00778	D'Veal Family and Youth Services	15	10	313	-	27	340
00778	D'Veal Family and Youth Services	15	42	2,029	-	175	2,204
00778	D'Veal Family and Youth Services	15	62	707	-	61	768
00185	El Centro de Amistad, Inc.	15	04	268	-	23	291
00185	El Centro de Amistad, Inc.	15	10	510	-	44	554
00185	El Centro de Amistad, Inc.	15	42	2,215	-	191	2,406
00185	El Centro de Amistad, Inc.	15	62	385	-	33	419
00188	Enkl Health and Research Systems	10	85	19,613	-	1,695	21,309
00188	Enkl Health and Research Systems	15	04	27,154	-	2,347	29,501
00188	Enkl Health and Research Systems	15	10	25,244	-	2,182	27,426
00188	Enkl Health and Research Systems	15	34	33	-	3	36
00188	Enkl Health and Research Systems	15	42	98,035	-	8,301	104,337
00188	Enkl Health and Research Systems	15	52	2,695	-	233	2,928
00188	Enkl Health and Research Systems	15	62	70,102	-	6,060	76,161
00724	Foothill Family Service	15	04	-	-	-	-
00724	Foothill Family Service	15	10	-	-	-	-
00724	Foothill Family Service	15	12	-	-	-	-
00724	Foothill Family Service	15	34	-	-	-	-
00724	Foothill Family Service	15	41	-	-	-	-
00724	Foothill Family Service	15	42	-	-	-	-
00724	Foothill Family Service	15	61	-	-	-	-
00724	Foothill Family Service	15	62	-	-	-	-
00190	Gateways Hospital	15	04	459	-	40	499
00190	Gateways Hospital	15	10	110	-	10	119
00190	Gateways Hospital	15	42	1,528	-	132	1,660
00190	Gateways Hospital	15	52	-	-	-	-
00190	Gateways Hospital	15	62	534	-	46	580
00190	Gateways Hospital	15	03	195	-	17	212
00190	Gateways Hospital	15	12	148	-	13	161
00190	Gateways Hospital	15	41	619	-	54	673
00190	Gateways Hospital	15	61	292	-	25	317
00191	Guidance Center (The)	15	04	5,162	-	446	5,608
00191	Guidance Center (The)	15	10	17,140	-	1,482	18,622
00191	Guidance Center (The)	15	34	848	-	73	921
00191	Guidance Center (The)	15	42	47,912	-	4,142	52,054
00191	Guidance Center (The)	15	52	7,016	-	606	7,622
00191	Guidance Center (The)	15	62	9,273	-	802	10,075

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 OFFSETTING REVENUES WORKSHEET - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TESTING (EPSDT)

LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (13.3182%)	CONTRACTOR ADMIN COSTS (8.6442%)	TOTAL EPSDT-SGF AND ADMIN COST
00174	Hamburger Home, Inc.	10	98	8,114	-	701	8,815
00174	Hamburger Home, Inc.	10	99	2,108	-	182	2,290
00174	Hamburger Home, Inc.	15	04	1,484	-	127	1,690
00174	Hamburger Home, Inc.	15	10	3,455	-	299	3,754
00174	Hamburger Home, Inc.	15	42	30,112	-	2,603	32,714
00174	Hamburger Home, Inc.	15	52	8	-	1	9
00174	Hamburger Home, Inc.	15	58	538	-	48	584
00174	Hamburger Home, Inc.	15	61	617	-	53	670
00174	Hamburger Home, Inc.	15	62	8,656	-	748	9,404
00174	Hamburger Home, Inc.	15	77	247	-	21	268
00192	Hathaway Children & Family Services	10	98	1,290	-	111	1,401
00192	Hathaway Children & Family Services	15	03	440	-	38	478
00192	Hathaway Children & Family Services	15	04	-	-	-	-
00192	Hathaway Children & Family Services	15	10	-	-	-	-
00192	Hathaway Children & Family Services	15	12	1,717	-	148	1,865
00192	Hathaway Children & Family Services	15	33	32	-	3	35
00192	Hathaway Children & Family Services	15	34	-	-	-	-
00192	Hathaway Children & Family Services	15	41	9,398	-	812	10,211
00192	Hathaway Children & Family Services	15	42	-	-	-	-
00192	Hathaway Children & Family Services	15	52	-	-	-	-
00192	Hathaway Children & Family Services	15	54	277	-	24	301
00192	Hathaway Children & Family Services	15	61	837	-	72	909
00192	Hathaway Children & Family Services	15	62	-	-	-	-
00198	Help Group Child and Family Center (The)	10	92	35	-	3	38
00198	Help Group Child and Family Center (The)	10	98	946	-	82	1,028
00198	Help Group Child and Family Center (The)	15	03	1,181	-	102	1,283
00198	Help Group Child and Family Center (The)	15	04	8,201	-	709	8,910
00198	Help Group Child and Family Center (The)	15	10	19,303	-	1,669	20,971
00198	Help Group Child and Family Center (The)	15	12	13,358	-	1,155	14,513
00198	Help Group Child and Family Center (The)	15	41	48,022	-	4,151	52,173
00198	Help Group Child and Family Center (The)	15	42	102,199	-	8,834	111,034
00198	Help Group Child and Family Center (The)	15	52	439	-	38	477
00198	Help Group Child and Family Center (The)	15	54	270	-	23	293
00198	Help Group Child and Family Center (The)	15	58	14,992	-	1,296	16,288
00198	Help Group Child and Family Center (The)	15	61	7,840	-	678	8,518
00198	Help Group Child and Family Center (The)	15	62	11,403	-	986	12,389
00321	Hillsides	10	99	-	-	-	-
00321	Hillsides	15	04	12,903	-	1,115	14,018
00321	Hillsides	15	10	83,901	-	7,253	91,154
00321	Hillsides	15	34	10,383	-	898	11,259
00321	Hillsides	15	41	840	-	73	913
00321	Hillsides	15	42	814,181	-	70,379	884,560
00321	Hillsides	15	52	10,717	-	926	11,643
00321	Hillsides	15	54	202	-	17	219
00321	Hillsides	15	58	108,246	-	9,357	117,603
00321	Hillsides	15	61	549	-	47	596
00321	Hillsides	15	62	9,099	-	787	9,886
00171	Institute for Redesign of Learning (The Almanson Center)	15	04	3,661	-	317	3,978
00171	Institute for Redesign of Learning (The Almanson Center)	15	10	5,136	-	444	5,580
00171	Institute for Redesign of Learning (The Almanson Center)	15	12	986	-	85	1,071
00171	Institute for Redesign of Learning (The Almanson Center)	15	41	3,498	-	302	3,801
00171	Institute for Redesign of Learning (The Almanson Center)	15	42	37,211	-	3,217	40,428
00171	Institute for Redesign of Learning (The Almanson Center)	15	52	5,856	-	506	6,363
00171	Institute for Redesign of Learning (The Almanson Center)	15	54	284	-	23	288
00171	Institute for Redesign of Learning (The Almanson Center)	15	61	534	-	46	580
00171	Institute for Redesign of Learning (The Almanson Center)	15	62	5,716	-	494	6,210
00195	Intercommunity Child Guidance Center	15	03	-	-	-	-
00195	Intercommunity Child Guidance Center	15	04	2,052	-	177	2,229
00195	Intercommunity Child Guidance Center	15	10	2,913	-	252	3,164
00195	Intercommunity Child Guidance Center	15	12	-	-	-	-
00195	Intercommunity Child Guidance Center	15	33	126	-	11	137
00195	Intercommunity Child Guidance Center	15	34	-	-	-	-
00195	Intercommunity Child Guidance Center	15	41	-	-	-	-
00195	Intercommunity Child Guidance Center	15	42	19,226	-	1,662	20,888
00195	Intercommunity Child Guidance Center	15	52	-	-	-	-
00195	Intercommunity Child Guidance Center	15	54	969	-	84	1,052
00195	Intercommunity Child Guidance Center	15	61	-	-	-	-
00195	Intercommunity Child Guidance Center	15	62	4,494	-	388	4,882
01201	Kids First Foundation DBA Mid Valley Youth Center	15	04	126	-	11	136

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2004-2005 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TESTING (EPSDT)

LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (13.3182%)	CONTRACTOR ADMIN COSTS (8.8442%)	TOTAL EPSDT-SGF AND ADMIN COST
01201	Kids First Foundation DBA Mid Valley Youth Center	15	10	75	-	6	81
01201	Kids First Foundation DBA Mid Valley Youth Center	15	42	8,557	-	740	9,296
01201	Kids First Foundation DBA Mid Valley Youth Center	15	52	778	-	67	846
00315	LAUSD 97th St. Mental Health	15	03	3	-	0	3
00315	LAUSD 97th St. Mental Health	15	04	54	-	5	58
00315	LAUSD 97th St. Mental Health	15	10	146	-	13	159
00315	LAUSD 97th St. Mental Health	15	12	323	-	28	350
00315	LAUSD 97th St. Mental Health	15	34	205	-	18	223
00315	LAUSD 97th St. Mental Health	15	41	884	-	76	961
00315	LAUSD 97th St. Mental Health	15	42	858	-	74	932
00315	LAUSD 97th St. Mental Health	15	54	68	-	6	74
00315	LAUSD 97th St. Mental Health	15	61	296	-	26	322
00315	LAUSD 97th St. Mental Health	15	62	169	-	15	184
00199	Los Angeles Child Guidance Clinic	15	03	5,377	-	465	5,842
00199	Los Angeles Child Guidance Clinic	15	04	28,090	-	2,428	30,519
00199	Los Angeles Child Guidance Clinic	15	10	14,409	-	1,245	15,654
00199	Los Angeles Child Guidance Clinic	15	12	2,757	-	238	2,995
00199	Los Angeles Child Guidance Clinic	15	33	229	-	20	249
00199	Los Angeles Child Guidance Clinic	15	34	-	-	-	-
00199	Los Angeles Child Guidance Clinic	15	41	20,939	-	1,810	22,749
00199	Los Angeles Child Guidance Clinic	15	42	119,428	-	10,323	129,749
00199	Los Angeles Child Guidance Clinic	15	52	29,286	-	2,532	31,818
00199	Los Angeles Child Guidance Clinic	15	54	3,545	-	306	3,852
00199	Los Angeles Child Guidance Clinic	15	61	5,708	-	493	6,199
00199	Los Angeles Child Guidance Clinic	15	62	44,854	-	3,877	48,731
00518	Olive Crest Treatment Centers	15	04	720	-	62	783
00518	Olive Crest Treatment Centers	15	42	1,121	-	97	1,218
00518	Olive Crest Treatment Centers	15	52	590	-	51	641
00518	Olive Crest Treatment Centers	15	62	477	-	41	518
00518	Olive Crest Treatment Centers	10	98	2,014	-	174	2,188
00203	Pacific Clinics	10	89	18,260	-	1,578	19,839
00203	Pacific Clinics	15	03	36,018	-	3,113	39,132
00203	Pacific Clinics	15	12	44,245	-	3,825	48,069
00203	Pacific Clinics	15	33	85	-	7	93
00203	Pacific Clinics	15	41	557,120	-	48,159	605,278
00203	Pacific Clinics	15	54	52,002	-	4,495	56,498
00203	Pacific Clinics	15	61	63,684	-	5,505	69,189
00204	Pasadena Children's Training Society	15	03	1,700	-	147	1,846
00204	Pasadena Children's Training Society	15	04	296	-	26	322
00204	Pasadena Children's Training Society	15	10	25	-	2	27
00204	Pasadena Children's Training Society	15	12	243	-	21	264
00204	Pasadena Children's Training Society	15	33	-	-	-	-
00204	Pasadena Children's Training Society	15	41	1,690	-	146	1,836
00204	Pasadena Children's Training Society	15	42	239	-	21	259
00204	Pasadena Children's Training Society	15	52	347	-	30	377
00204	Pasadena Children's Training Society	15	54	519	-	45	564
00204	Pasadena Children's Training Society	15	58	202	-	17	219
00204	Pasadena Children's Training Society	15	61	313	-	27	340
00204	Pasadena Children's Training Society	15	62	170	-	15	184
00201	PENNY LANE CENTERS	15	03	47	-	4	51
00201	PENNY LANE CENTERS	15	04	-	-	-	-
00201	PENNY LANE CENTERS	15	10	613	-	53	666
00201	PENNY LANE CENTERS	15	12	134	-	12	145
00201	PENNY LANE CENTERS	15	41	284	-	25	308
00201	PENNY LANE CENTERS	15	42	5,393	-	466	5,859
00201	PENNY LANE CENTERS	15	52	24	-	2	26
00201	PENNY LANE CENTERS	15	54	-	-	-	-
00201	PENNY LANE CENTERS	15	58	2,628	-	227	2,855
00201	PENNY LANE CENTERS	15	61	112	-	10	121
00201	PENNY LANE CENTERS	15	62	958	-	83	1,041
01194	Personal Involvement Center	15	04	209	-	18	227
01194	Personal Involvement Center	15	10	114	-	10	123
01194	Personal Involvement Center	15	34	103	-	9	112
01194	Personal Involvement Center	15	42	1,595	-	138	1,733
01194	Personal Involvement Center	15	62	169	-	15	183
00208	San Fernando Valley CMHC Inc.	15	04	2,237	-	193	2,431
00208	San Fernando Valley CMHC Inc.	15	10	3,661	-	316	3,977
00208	San Fernando Valley CMHC Inc.	15	42	36,287	-	3,137	39,424
00208	San Fernando Valley CMHC Inc.	15	52	3,993	-	345	4,338

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2004-2005 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TESTING (EPSDT)

LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (13.3182%)	CONTRACTOR ADMIN COSTS (8.6442%)	TOTAL EPSDT-SGF AND ADMIN COST
00208	San Fernando Valley CMHC Inc.	15	62	919	-	79	998
00208	San Fernando Valley CMHC Inc.	15	77	-	-	-	-
00320	San Gabriel Children's Center	10	89	96,802	-	8,368	105,170
00320	San Gabriel Children's Center	15	03	49	-	4	53
00320	San Gabriel Children's Center	15	12	2,948	-	255	3,203
00320	San Gabriel Children's Center	15	41	12,168	-	1,052	13,220
00320	San Gabriel Children's Center	15	54	22,529	-	1,947	24,476
00320	San Gabriel Children's Center	15	61	5,714	-	494	6,208
00558	SHIELDS for Families, Inc.	15	04	-	-	-	-
00558	SHIELDS for Families, Inc.	15	10	-	-	-	-
00558	SHIELDS for Families, Inc.	15	42	-	-	-	-
00213	South Bay Children's Health Center	10	98	21,848	-	1,871	23,719
00213	South Bay Children's Health Center	15	03	284	-	25	309
00213	South Bay Children's Health Center	15	04	48	-	4	52
00213	South Bay Children's Health Center	15	10	1,053	-	91	1,144
00213	South Bay Children's Health Center	15	12	511	-	44	555
00213	South Bay Children's Health Center	15	33	-	-	-	-
00213	South Bay Children's Health Center	15	34	850	-	73	924
00213	South Bay Children's Health Center	15	41	3,591	-	310	3,901
00213	South Bay Children's Health Center	15	42	7,108	-	614	7,722
00213	South Bay Children's Health Center	15	52	48	-	4	52
00213	South Bay Children's Health Center	15	61	1,072	-	93	1,165
00213	South Bay Children's Health Center	15	62	3,962	-	342	4,304
00214	Special Service for Groups	15	03	902	-	78	980
00214	Special Service for Groups	15	12	709	-	61	770
00214	Special Service for Groups	15	41	1,491	-	129	1,620
00214	Special Service for Groups	15	54	148	-	13	161
00214	Special Service for Groups	15	61	295	-	28	323
00217	St. John's Hospital and Health Center	15	03	828	-	71	899
00217	St. John's Hospital and Health Center	15	12	517	-	45	562
00217	St. John's Hospital and Health Center	15	33	-	-	-	-
00217	St. John's Hospital and Health Center	15	41	2,453	-	212	2,665
00217	St. John's Hospital and Health Center	15	61	3,721	-	322	4,043
00543	Starview	10	85	12,022	-	1,039	13,061
00543	Starview	15	04	148	-	13	161
00543	Starview	15	10	110	-	9	119
00543	Starview	15	41	295	-	25	320
00543	Starview	15	42	1,715	-	148	1,863
00543	Starview	15	62	80	-	7	87
00216	Stirling Academy, Inc.	15	03	-	-	-	-
00216	Stirling Academy, Inc.	15	04	60	-	5	65
00216	Stirling Academy, Inc.	15	10	229	-	20	249
00216	Stirling Academy, Inc.	15	12	-	-	-	-
00216	Stirling Academy, Inc.	15	41	-	-	-	-
00216	Stirling Academy, Inc.	15	42	925	-	80	1,005
00216	Stirling Academy, Inc.	15	52	-	-	-	-
00216	Stirling Academy, Inc.	15	61	-	-	-	-
00216	Stirling Academy, Inc.	15	62	-	-	-	-
00221	Verdugo Mental Health	15	04	353	-	31	384
00221	Verdugo Mental Health	15	10	3,595	-	311	3,906
00221	Verdugo Mental Health	15	34	502	-	43	545
00221	Verdugo Mental Health	15	42	33,346	-	2,882	36,228
00221	Verdugo Mental Health	15	52	14,488	-	1,252	15,740
00221	Verdugo Mental Health	15	62	7,085	-	612	7,697
00198	Vista Del Mar	15	03	2,333	-	202	2,535
00198	Vista Del Mar	15	12	488	-	42	530
00198	Vista Del Mar	15	33	178	-	15	193
00198	Vista Del Mar	15	41	5,825	-	486	6,311
00198	Vista Del Mar	15	54	2,228	-	193	2,421
00198	Vista Del Mar	15	61	5,718	-	494	6,212
00198	Vista Del Mar	10	89	72,907	-	8,302	79,209
00198	Vista Del Mar	10	98	42,858	-	3,687	46,545
SUBTOTAL - EPSDT-SGF				5,504,104	140,844	384,368	6,029,316
LESS: FY 2003-2004 SB 90 EPSDT SGF REVENUE ADJUSTMENT (Attachment 7c)							(819,344)
GRAND TOTAL EPSDT-SGF AND SHARE OF ADMIN COST							5,209,972

(To HDS-3 Line 13)

Attachment 7c

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB 90 CLAIM REVENUE ADJUSTMENTS - PRIOR YEAR
 FY 2004-2005

(1) FY 2003-2004 SB 90 Claim State General Fund (SGF) Revenue Adjustment

1	2	3	4
TOTAL MEDI-CAL EPSDT	FY 2003-2004 ADJUSTED BASELINE	MEDI-CAL EPSDT AMOUNT OVER FY 2003-2004 ADJUSTED BASELINE (1 minus 2)	REVENUE OFFSET - EPSDT-SGF MATCH TO FFP (Col 3 x %) 46.70%
\$ 12,804,285	\$ 5,441,812	\$ 7,362,473	\$ 3,438,275
			\$ 4,257,619
			\$ (819,344) ^a

To Attachment 7b

FY 2003-2004 Final Medi-Cal Explanation of Benefits (EOB)
 FY 2003-2004 Estimate
 Adjustment of FY 2003-2004 Estimate To Actual

(2) FY 2003-2004 SB 90 Claim Federal Financial Participation (FFP) Adjustment

REVENUE
OFFSET FFP
\$ 6,985,736
8,159,259
\$ (1,173,523) ^a

To Attachment 7a

FY 2003-2004 Final Medi-Cal Explanation of Benefits (EOB)
 FY 2003-2004 Estimate
 Adjustment of FY 2003-2004 Estimate To Actual

^a Amounts will be an increase to FY 2004-2005 SB 90 claim.

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2004-2005 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET - THIRD PARTY REVENUES**

LEGAL ENTITY NUMBER	LEGAL ENTITY NAME	MODE	SFC	NON-MEDI- CAL 3RD PARTY REVENUES
00207	Child & Family Guidance Center	15	03	62
00207	Child & Family Guidance Center	15	12	265
00207	Child & Family Guidance Center	15	33	13
00207	Child & Family Guidance Center	15	41	1,822
00207	Child & Family Guidance Center	15	54	162
00207	Child & Family Guidance Center	15	61	535
00210	Child & Family Center	15	03	254
00210	Child & Family Center	15	12	326
00210	Child & Family Center	15	33	7
00210	Child & Family Center	15	41	1,871
00210	Child & Family Center	15	54	268
00210	Child & Family Center	15	61	260
SUBTOTAL				5,845
Contract Providers (NGAs) Admin. Cost (Attachment 9)				8.6442% 505

TOTAL THIRD PARTY REVENUES AND SHARE OF ADMIN. COST

6,350

→ To HDS-3, Line 13

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2004-2005 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET -
 CASE MANAGEMENT FOR OUT OF STATE PLACEMENT (SB 90 CHAPTER 654)

LEGAL ENTITY NUMBER	LEGAL ENTITY NAME	MODE	SFC	CASE MANAGEMENT	DMH DIRECTLY OPERATED ADMIN. COST	TOTAL
					13.3182%	
00019	LAC-DMH	15	04	\$ 523,883	\$ 69,772	\$ 593,655
TOTAL				\$ 523,883	\$ 69,772	\$ 593,655

→ To HDS-3, Line 13

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2004-2005 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET -
 FEDERAL INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) FUNDS

	<u>Amount</u>
FY 2004-05 FEDERAL IDEA FUNDS APPROVED	<u>\$ 13,832,574</u>

FY 2004-05 FEDERAL IDEA CLAIMED SERVICES TO LOS ANGELES COUNTY OFFICE OF EDUCATION (LAGOE):

LAC-DMH	\$ 2,360,113
Contract Providers (Includes In-State and Out-Of-State)	<u>11,830,586</u>
TOTAL	<u>\$ 14,190,699</u>

FY 2004-05 FEDERAL IDEA FUNDS RECEIVED \$ 13,832,574

FEDERAL IDEA FUNDS - ALLOCATION TO NON MED-CAL SERVICES

	Net FY 2004-05 Expenditures*	FY 2004-05 Allocated IDEA FUNDS
LACDMH	\$ 4,945,258	\$ 4,875,488
CONTRACT PROVIDERS	8,390,812	8,957,088
OUT-OF-STATE - SED PUPILS (SB 90 CHAPTER 654)	8,481,555	-
TOTAL	<u>\$ 22,817,625</u>	<u>\$ 13,832,574</u>

Notes:

Expenditures were based on eligible Non Medi-Cal mental health services from FY 2004-2005 Year End Cost Report.

1) Federal IDEA Funds For In-State Services To Handicapped Students:

	ASSESSMENT	TREATMENT	TOTAL
LACDMH	\$ 1,099,788	\$ 3,775,700	\$ 4,875,488
CONTRACT PROVIDERS	-	8,957,088	8,957,088
TOTAL	<u>\$ 1,099,788</u>	<u>\$ 12,732,788</u>	<u>\$ 13,832,574</u>

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To HDS-3, Line 07 and FAM-27, Line 33

↓
To HDS-3, Line 13

Attachment 8

FY 2004-05 Indirect Cost Proposal (ICP)



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

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 603
LOS ANGELES, CALIFORNIA 90012-2768
PHONE: (213) 974-8321 FAX: (213) 617-8108

J. TYLER McCauley
AUDITOR-CONTROLLER

September 10, 2004

TO: Gurubunda Singh Khalsa
Department of Mental Health

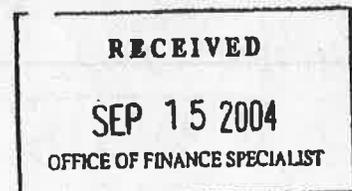
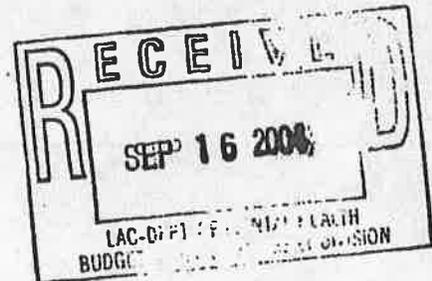
FROM: John Naimo *John*
Assistant Auditor-Controller

SUBJECT: Fiscal Year 2004-2005 Indirect Cost Proposal

As requested, we reviewed Mental Health's Fiscal Year 2004-2005 Indirect Cost Proposal (ICP) submitted August 18, 2004. 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
dmhicp05



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH						
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2004-05						
INDIRECT COST RATE BY PROGRAM	(1)			(2)		
	DMH Directly Operated Programs			Life Support		
See Worksheet 4 for Indirect/Direct Cost details	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	334,533	-	334,533	5,250	-	5,250
GENERAL ADMINISTRATION OPERATIONS	5,571,883	-	5,571,883	-	-	-
FISCAL SERVICES	1,477,281	-	1,477,281	18,803	-	18,803
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,249,853	-	3,249,853	8,418	-	8,418
CONTRACTS ADMINISTRATION	-	-	-	11,744	-	11,744
MANAGEMENT INFORMATION SYSTEMS	602,735	-	602,735	71,858	-	71,858
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	148,511,850	148,511,850	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	8,809,410	8,809,410	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	11,236,385	185,421,080	186,657,425	115,571	-	115,571
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	2,463,532	-	2,463,532	38,658	-	38,658
EXECUTIVE OFFICE	46,850	-	46,850	738	-	738
GENERAL ADMINISTRATION OPERATIONS	14,088,521	-	14,088,521	-	-	-
FISCAL SERVICES	123,954	-	123,954	1,429	-	1,429
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	748,792	-	748,792	3,401	-	3,401
CONTRACTS ADMINISTRATION	-	-	-	1,270	-	1,270
MANAGEMENT INFORMATION SYSTEMS	2,038,584	-	2,038,584	242,364	-	242,364
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	28,032,201	28,032,201	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	6,109,839	6,109,839	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	2,974,725	2,974,725
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	787,372	-	787,372	31,110	-	31,110
CARRY FORWARD - DMH - WORKSHEET 3-B	(1,353,680)	-	(1,353,680)	(9,700)	-	(9,700)
SUB-TOTAL SS & OTHERS	18,951,925	34,141,840	53,093,766	309,268	2,974,725	3,283,993
TOTAL EXPENDITURES						
CCAP	2,463,532	-	2,463,532	38,658	-	38,658
EXECUTIVE OFFICE	381,383	-	381,383	5,985	-	5,985
GENERAL ADMINISTRATION OPERATIONS	19,858,405	-	19,858,405	-	-	-
FISCAL SERVICES	1,801,216	-	1,801,216	19,832	-	19,832
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,898,748	-	3,898,748	11,818	-	11,818
CONTRACTS ADMINISTRATION	-	-	-	13,014	-	13,014
MANAGEMENT INFORMATION SYSTEMS	2,641,319	-	2,641,319	314,022	-	314,022
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	174,543,851	174,543,851	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	15,019,049	15,019,049	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	2,974,725	2,974,725
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	787,372	-	787,372	31,110	-	31,110
CARRY FORWARD - DMH - WORKSHEET 3-B	(1,353,680)	-	(1,353,680)	(9,700)	-	(9,700)
TOTAL EXPENDITURES	30,188,291	189,562,900	219,751,192	424,839	2,974,725	3,399,564
			DMH OH 14.6256%		DMH OH 12.9820%	
			CCAP 1.2988%		CCAP 1.2988%	
ADMINISTRATION OVERHEAD RATE	30,188,291 / 189,562,900 =	15.9252%		424,839 / 2,974,725 =	14.2815%	

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH						
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2004-05						
INDIRECT COST RATE BY PROGRAM	(3)			(4)		
	Private Contract Providers			DHS		
See Worksheet 4 for Indirect/Direct Cost details	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	907,978	-	907,978	35,941	-	35,941
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,009,530	-	4,009,530	158,712	-	158,712
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	8,820,909	-	8,820,909	329,016	-	329,016
CONTRACTS ADMINISTRATION	5,725,329	-	5,725,329	35,609	-	35,609
MANAGEMENT INFORMATION SYSTEMS	2,130,702	-	2,130,702	79,217	-	79,217
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	0	0
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SEEB	18,592,448	-	18,592,448	632,495	0	632,495
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	6,688,433	-	6,688,433	264,674	-	264,674
EXECUTIVE OFFICE	127,160	-	127,160	5,033	-	5,033
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	336,432	-	336,432	13,317	-	13,317
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	2,032,346	-	2,032,346	78,661	-	78,661
CONTRACTS ADMINISTRATION	293,936	-	293,936	763	-	763
MANAGEMENT INFORMATION SYSTEMS	7,208,513	-	7,208,513	247,637	-	247,637
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	81,464,004	81,464,004
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	514,504,976	514,504,976	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	2,182,801	-	2,182,801	102,471	-	102,471
CARRY FORWARD - DMH - WORKSHEET 3-B	5,997,238	-	5,997,238	309,820	-	309,820
SUB-TOTAL SS & OTHERS	24,672,859	514,504,976	539,177,835	1,022,378	81,464,004	82,486,380
TOTAL EXPENDITURES						
CCAP	6,688,433	-	6,688,433	264,674	-	264,674
EXECUTIVE OFFICE	1,035,138	-	1,035,138	40,975	-	40,975
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,345,962	-	4,345,962	172,029	-	172,029
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	10,853,255	-	10,853,255	407,677	-	407,677
CONTRACTS ADMINISTRATION	4,017,265	-	4,017,265	36,872	-	36,872
MANAGEMENT INFORMATION SYSTEMS	9,337,216	-	9,337,216	320,854	-	320,854
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	81,464,004	81,464,004
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	514,504,976	514,504,976	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	2,182,801	-	2,182,801	102,471	-	102,471
CARRY FORWARD - DMH - WORKSHEET 3-B	5,997,238	-	5,997,238	309,820	-	309,820
TOTAL EXPENDITURES	44,465,307	514,504,976	558,970,283	1,654,871	81,464,004	83,118,875
		DMH OH	7.3428%		DMH OH	1.7065%
		CCAP	1.2988%		CCAP	0.3246%
ADMINISTRATION OVERHEAD RATE	44,465,307 /	514,504,976 =	8.6423%	1,654,871 /	81,464,004 =	2.0314%

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH						
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2004-05						
INDIRECT COST RATE BY PROGRAM	(b)			(b)		
	Public Guardian			TAR / Office of Managed Care		
See Worksheet 4 for Indirect/Direct Cost details	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	15,158	-	15,158	9,537	-	9,537
GENERAL ADMINISTRATION OPERATIONS	251,011	-	251,011	180,327	-	180,327
FISCAL SERVICES	53,427	-	53,427	33,814	-	33,814
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	321,990	-	321,990	20,544	-	20,544
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	10,008	-	10,008	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	5,158,093	5,158,093	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	5,083,585	-	5,083,585
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	651,594	5,158,093	5,809,687	254,022	5,083,585	5,337,606
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	111,628	-	111,628	70,231	-	70,231
EXECUTIVE OFFICE	2,123	-	2,123	1,338	-	1,338
GENERAL ADMINISTRATION OPERATIONS	834,591	-	834,591	481,173	-	481,173
FISCAL SERVICES	4,127	-	4,127	2,598	-	2,598
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	13,821	-	13,821	6,021	-	6,021
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	33,849	-	33,849	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	3,431,284	3,431,284	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	320,492	320,492
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	52,708	-	52,708	23,650	-	23,650
CARRY FORWARD - DMH - WORKSHEET 3-B	(24,090)	-	(24,090)	150,543	-	150,543
SUB-TOTAL SS & OTHERS	828,654	3,431,284	4,260,138	735,550	320,492	1,056,041
TOTAL EXPENDITURES						
CCAP	111,628	-	111,628	70,231	-	70,231
EXECUTIVE OFFICE	17,281	-	17,281	10,873	-	10,873
GENERAL ADMINISTRATION OPERATIONS	885,601	-	885,601	571,500	-	871,500
FISCAL SERVICES	57,554	-	57,554	38,210	-	38,210
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	335,911	-	335,911	28,585	-	28,585
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	43,857	-	43,857	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	6,589,377	6,589,377	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	5,404,078	5,404,078
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	52,708	-	52,708	23,650	-	23,650
CARRY FORWARD - DMH - WORKSHEET 3-B	(24,090)	-	(24,090)	150,543	-	150,543
TOTAL EXPENDITURES	1,480,448	6,589,377	10,069,825	888,571	5,404,078	6,393,648
		DMH OH	15.9362%		DMH OH	17.0120%
		CCAP	1.2996%		CCAP	1.2996%
ADMINISTRATION OVERHEAD RATE	1,480,448 /	6,589,377 =	17.2358%	888,571 /	5,404,078 =	16.3118%

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH						
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2004-05						
INDIRECT COST RATE BY PROGRAM	(7)			(8)		
	Fee for Service			SD/MC Unreimbursable Costs		
See Worksheet 4 for Indirect/Direct Cost details	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	67,680	-	67,680	63,627	-	63,627
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	242,584	-	242,584	224,284	-	224,284
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	619,561	-	619,561	102,001	-	102,001
CONTRACTS ADMINISTRATION	151,410	-	151,410	-	-	-
MANAGEMENT INFORMATION SYSTEMS	288,073	-	288,073	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	631,590	631,590
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&B	1,569,307	-	1,569,307	889,892	631,590	1,021,481
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	498,400	-	498,400	488,558	-	488,558
EXECUTIVE OFFICE	8,478	-	8,478	8,911	-	8,911
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	1,572,171	-	1,572,171	17,322	-	17,322
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	148,124	-	148,124	41,215	-	41,215
CONTRACTS ADMINISTRATION	18,371	-	18,371	-	-	-
MANAGEMENT INFORMATION SYSTEMS	974,327	-	974,327	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	90,716,389	90,716,389	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	35,422,836	35,422,836
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	171,033	-	171,033	260,671	-	260,671
CARRY FORWARD - DMH - WORKSHEET 3-B	(737,241)	-	(737,241)	422,151	-	422,151
SUB-TOTAL SS & OTHERS	2,652,683	90,716,389	93,369,072	1,239,628	35,422,836	36,661,664
TOTAL EXPENDITURES						
CCAP	498,400	-	498,400	488,558	-	488,558
EXECUTIVE OFFICE	77,158	-	77,158	72,638	-	72,638
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	1,814,755	-	1,814,755	241,686	-	241,686
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	767,685	-	767,685	149,218	-	149,218
CONTRACTS ADMINISTRATION	167,781	-	167,781	-	-	-
MANAGEMENT INFORMATION SYSTEMS	1,282,400	-	1,282,400	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	90,716,389	90,716,389	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	36,054,425	36,054,425
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	171,033	-	171,033	260,671	-	260,671
CARRY FORWARD - DMH - WORKSHEET 3-B	(737,241)	-	(737,241)	422,151	-	422,151
TOTAL EXPENDITURES	4,021,970	90,716,389	94,738,359	1,628,720	36,054,425	37,683,145
			DMH OH			DMH OH
			3.8842%			3.2178%
			CCAP			CCAP
			0.5484%			1.2886%
ADMINISTRATION OVERHEAD RATE	4,021,970 / 90,716,389 =		4.4386%	1,628,720 / 36,054,425 =		4.5174%

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH				
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2004-05				
INDIRECT COST RATE BY PROGRAM				
			(9)	(10)
See Worksheet 4 for Indirect/Direct Cost details				
			State Hospital	
	Indirect	Direct	Total	Grand Total
SALARIES AND EMPLOYEE BENEFITS				
CCAP	-	-	-	-
EXECUTIVE OFFICE	19,283	-	19,283	1,458,987
GENERAL ADMINISTRATION OPERATIONS	-	-	-	6,019,221
FISCAL SERVICES	87,865	-	87,865	6,285,880
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	165,896	-	165,896	13,659,288
CONTRACTS ADMINISTRATION	-	-	-	3,622,091
MANAGEMENT INFORMATION SYSTEMS	73,242	-	73,242	8,249,638
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	148,511,650
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	6,809,410
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-
DHS	-	-	-	0
PUBLIC GUARDIAN	-	-	-	6,158,098
TAR/OFFICE OF MANAGED CARE	-	-	-	5,083,556
FEE FOR SERVICE	-	-	-	-
STATE HOSPITAL	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	891,580
CONTRACT PROVIDERS	-	-	-	-
SUB-TOTAL S&EB	326,367	-	326,367	200,882,408
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS				
CCAP	142,001	-	142,001	10,744,114
EXECUTIVE OFFICE	2,701	-	2,701	204,327
GENERAL ADMINISTRATION OPERATIONS	-	-	-	15,202,285
FISCAL SERVICES	5,250	-	5,250	2,076,597
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	42,519	-	42,519	3,115,000
CONTRACTS ADMINISTRATION	-	-	-	312,340
MANAGEMENT INFORMATION SYSTEMS	247,722	-	247,722	10,990,996
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	28,032,201
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	6,109,839
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	2,874,725
DHS	-	-	-	81,464,004
PUBLIC GUARDIAN	-	-	-	3,431,284
TAR/OFFICE OF MANAGED CARE	-	-	-	320,492
FEE FOR SERVICE	-	-	-	90,716,389
STATE HOSPITAL	-	43,706,600	43,706,600	43,706,600
SD/MC UNREIMBURSABLE COSTS	-	-	-	35,422,836
CONTRACT PROVIDERS	-	-	-	514,504,876
CARRY FORWARD - CCAP - WORKSHEET 3-A	62,037	-	62,037	3,713,853
CARRY FORWARD - DMH - WORKSHEET 3-B	26,278	-	26,278	4,781,319
SUB-TOTAL SS & OTHERS	528,508	43,706,600	44,235,108	857,623,677
TOTAL EXPENDITURES				
CCAP	142,001	-	142,001	10,744,114
EXECUTIVE OFFICE	21,883	-	21,883	1,883,314
GENERAL ADMINISTRATION OPERATIONS	-	-	-	21,215,506
FISCAL SERVICES	73,215	-	73,215	8,362,458
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	208,415	-	208,415	16,753,288
CONTRACTS ADMINISTRATION	-	-	-	4,234,432
MANAGEMENT INFORMATION SYSTEMS	320,964	-	320,964	14,240,831
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	174,543,851
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	15,019,049
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	2,874,725
DHS	-	-	-	81,464,004
PUBLIC GUARDIAN	-	-	-	6,598,377
TAR/OFFICE OF MANAGED CARE	-	-	-	5,404,076
FEE FOR SERVICE	-	-	-	90,716,389
STATE HOSPITAL	-	43,706,600	43,706,600	43,706,600
SD/MC UNREIMBURSABLE COSTS	-	-	-	36,054,425
CONTRACT PROVIDERS	-	-	-	514,504,876
CARRY FORWARD - CCAP - WORKSHEET 3-A	62,037	-	62,037	3,713,853
CARRY FORWARD - DMH - WORKSHEET 3-B	26,278	-	26,278	4,781,319
TOTAL EXPENDITURES	854,894	43,706,600	44,561,494	1,056,656,365
			DMH OH	1.6311%
			CCAP	0.3249%
ADMINISTRATION OVERHEAD RATE			854,894 / 43,706,600 =	1.9560%

Attachment 9

FY 2004-05 Year End Indirect Cost Rates by Program

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2004-2005 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

	(1)			(2)		
	DMH Directly Operated Programs			Life Support/Supplemental Rates		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP						
EXECUTIVE OFFICE	423,707	-	423,707	4,410	-	4,410
GENERAL ADMINISTRATION OPERATIONS	6,291,775	-	6,291,775	-	-	-
FISCAL SERVICES	1,637,611	-	1,637,611	12,509	-	12,509
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,916,653	-	3,916,653	6,465	-	6,465
CONTRACTS ADMINISTRATION	-	-	-	11,080	-	11,080
MANAGEMENT INFORMATION SYSTEMS	888,379	-	888,379	48,821	-	48,821
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	165,748,680	165,748,680	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	6,174,332	6,174,332	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	13,156,024	171,922,992	185,079,017	83,388	-	83,388
SRVC & SUPP / OTHER CHAR /FIXED ASSETS						
CCAP						
EXECUTIVE OFFICE	2,536,463	-	2,536,463	28,401	-	28,401
GENERAL ADMINISTRATION OPERATIONS	84,160	-	84,160	876	-	876
FISCAL SERVICES	7,268,078	-	7,268,078	-	-	-
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	55,375	-	55,375	233	-	233
CONTRACTS ADMINISTRATION	343,526	-	343,526	1,776	-	1,776
MANAGEMENT INFORMATION SYSTEMS	-	-	-	365	-	365
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	4,243,602	-	4,243,602	160,703	-	160,703
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	31,540,888	31,540,888	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	4,428,143	4,428,143	-	-	-
DHS	-	-	-	2,163,828	-	2,163,828
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S& OTHERS	14,531,083	35,968,830	50,499,913	180,353	2,163,828	2,344,181
TOTAL EXPENDITURES						
CCAP						
EXECUTIVE OFFICE	2,536,463	-	2,536,463	28,401	-	28,401
GENERAL ADMINISTRATION OPERATIONS	507,856	-	507,856	5,288	-	5,288
FISCAL SERVICES	13,559,853	-	13,559,853	-	-	-
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1,892,888	-	1,892,888	12,742	-	12,742
CONTRACTS ADMINISTRATION	4,260,178	-	4,260,178	8,241	-	8,241
MANAGEMENT INFORMATION SYSTEMS	-	-	-	11,445	-	11,445
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	5,129,881	-	5,129,881	199,824	-	199,824
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	197,289,348	197,289,348	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	10,600,475	10,600,475	-	-	-
DHS	-	-	-	2,163,828	-	2,163,828
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	27,587,107	207,889,823	235,476,930	263,739	2,163,828	2,427,567
			DMH OH 12.0981%		DMH OH 10.9684%	
			CCAP 1.2201%		CCAP 1.2201%	
ADMIN OVERHEAD RATE FOR 2004/2005	27,587,107 /	207,889,823 =	13.3182%	263,739 /	2,163,828 =	12.1885%

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COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2004-2005 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	3 (a)			3 (b)		
	In-State MH Contract Providers			Consultation, Out of State, & Other Contractors		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	1,105,418	-	1,105,418	20,252	-	20,252
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,272,133	-	4,272,133	78,450	-	78,450
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	10,218,228	-	10,218,228	167,204	-	167,204
CONTRACTS ADMINISTRATION	5,339,841	-	5,339,841	72,231	-	72,231
MANAGEMENT INFORMATION SYSTEMS	3,429,012	-	3,429,012	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&E	24,384,430	-	24,384,430	358,137	-	358,137
SRVC & SUPP / OTHER CHAR /FIXED ASSETS						
CCAP	8,617,399	-	8,617,399	121,235	-	121,235
EXECUTIVE OFFICE	219,539	-	219,539	4,022	-	4,022
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	144,489	-	144,489	2,846	-	2,846
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	896,231	-	896,231	16,419	-	16,419
CONTRACTS ADMINISTRATION	131,078	-	131,078	1,768	-	1,768
MANAGEMENT INFORMATION SYSTEMS	14,510,411	-	14,510,411	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	542,387,688	542,387,688	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	9,936,489	-	9,936,489
SUB-TOTAL S& OTHERS	22,519,127	542,387,688	564,906,795	148,088	9,936,489	10,082,577
TOTAL EXPENDITURES						
CCAP	8,617,399	-	8,617,399	121,235	-	121,235
EXECUTIVE OFFICE	1,324,955	-	1,324,955	24,274	-	24,274
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,416,601	-	4,416,601	79,098	-	79,098
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	11,114,459	-	11,114,459	203,623	-	203,623
CONTRACTS ADMINISTRATION	5,470,718	-	5,470,718	73,997	-	73,997
MANAGEMENT INFORMATION SYSTEMS	17,939,423	-	17,939,423	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	542,387,688	542,387,688	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	9,936,489	-	9,936,489
TOTAL EXPENDITURES	48,883,556	542,387,688	589,251,224	502,225	9,936,489	10,438,714
			DMH OH 7.4241%			DMH OH 3.8343%
			CCAP 1.2201%			CCAP 1.2201%
ADMIN OVERHEAD RATE FOR 2004/2005	48,883,556 /	542,387,688 =	8.6442%	502,225 /	9,936,489 =	5.0543%

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COUNTY OF LOS ANGELES
 DEPARTMENT OF MENTAL HEALTH
 FY 2004-2005 YEAR-END COST REPORT
 INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(4)			(5)		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYER BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	49,747	-	49,747	18,798	-	18,798
GENERAL ADMINISTRATION OPERATIONS	-	-	-	289,689	-	289,689
FISCAL SERVICES	182,257	-	182,257	53,316	-	53,316
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	437,417	-	437,417	333,302	-	333,302
CONTRACTS ADMINISTRATION	52,447	-	52,447	-	-	-
MANAGEMENT INFORMATION SYSTEMS	103,045	-	103,045	13,016	-	13,016
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	5,742,832	5,742,832
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	834,913	-	834,913	708,119	5,742,832	6,450,951
SRVC & SUPP / OTHER CHAR /FIXED ASSETS						
CCAP	297,800	-	297,800	112,521	-	112,521
EXECUTIVE OFFICE	9,880	-	9,880	3,733	-	3,733
GENERAL ADMINISTRATION OPERATIONS	-	-	-	334,640	-	334,640
FISCAL SERVICES	6,501	-	6,501	992	-	992
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	40,178	-	40,178	7,868	-	7,868
CONTRACTS ADMINISTRATION	217	-	217	-	-	-
MANAGEMENT INFORMATION SYSTEMS	485,071	-	485,071	40,097	-	40,097
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	97,831,772	97,831,772	-	-	-
PUBLIC GUARDIAN	-	-	-	-	3,478,500	3,478,500
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	849,648	97,831,772	98,681,417	499,949	3,478,500	3,978,449
TOTAL EXPENDITURES						
CCAP	297,800	-	297,800	112,521	-	112,521
EXECUTIVE OFFICE	59,628	-	59,628	22,528	-	22,528
GENERAL ADMINISTRATION OPERATIONS	-	-	-	624,328	-	624,328
FISCAL SERVICES	188,758	-	188,758	54,307	-	54,307
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	477,593	-	477,593	341,288	-	341,288
CONTRACTS ADMINISTRATION	52,684	-	52,684	-	-	-
MANAGEMENT INFORMATION SYSTEMS	598,116	-	598,116	53,113	-	53,113
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	97,831,772	97,831,772	-	-	-
PUBLIC GUARDIAN	-	-	-	-	9,222,332	9,222,332
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	1,684,559	97,831,772	99,516,330	1,208,088	9,222,332	10,430,400

	DMH OH	1.4204%	DMH OH	11.8793%
	CCAP	0.3050%	CCAP	1.2201%
ADMIN. OVERHEAD RATE FOR 2004/2005	1,684,559 / 97,831,772 =	1.7254%	1,208,088 / 9,222,332 =	13.0994%

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COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2004-2005 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

	(6)			(7)		
	Indirect	Direct	Total	Indirect	Direct	Total
TAR / Office of Managed Care						
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	10,182	-	10,182	67,063	-	67,063
GENERAL ADMINISTRATION OPERATIONS	211,570	-	211,570	-	-	-
FISCAL SERVICES	28,911	-	28,911	196,244	-	196,244
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	16,436	-	16,436	589,679	-	589,679
CONTRACTS ADMINISTRATION	-	-	-	188,486	-	188,486
MANAGEMENT INFORMATION SYSTEMS	-	-	-	494,323	-	494,323
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	4,804,703	4,804,703	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	289,109	4,804,703	5,073,812	1,615,786	-	1,615,786
SRVQ & SUPP / OTHER CHAR /FIXED ASSETS						
CCAP	61,016	-	61,016	401,462	-	401,462
EXECUTIVE OFFICE	2,024	-	2,024	13,319	-	13,319
GENERAL ADMINISTRATION OPERATIONS	244,400	-	244,400	-	-	-
FISCAL SERVICES	638	-	638	175,466	-	175,466
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,117	-	4,117	54,162	-	54,162
CONTRACTS ADMINISTRATION	-	-	-	5,554	-	5,554
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,782,241	-	1,782,241
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	196,202	196,202	-	-	-
FEE FOR SERVICE	-	-	-	-	82,704,659	82,704,659
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	312,065	196,202	508,267	2,412,184	82,704,659	85,116,853
TOTAL EXPENDITURES						
CCAP	61,016	-	61,016	401,462	-	401,462
EXECUTIVE OFFICE	12,217	-	12,217	80,382	-	80,382
GENERAL ADMINISTRATION OPERATIONS	455,970	-	455,970	-	-	-
FISCAL SERVICES	29,449	-	29,449	371,700	-	371,700
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	22,552	-	22,552	643,840	-	643,840
CONTRACTS ADMINISTRATION	-	-	-	174,040	-	174,040
MANAGEMENT INFORMATION SYSTEMS	-	-	-	2,256,563	-	2,256,563
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	5,000,905	5,000,905	-	-	-
FEE FOR SERVICE	-	-	-	-	82,704,659	82,704,659
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	581,204	5,000,905	5,582,109	3,927,988	82,704,659	86,632,647

	DMH OH	10.4018%	DMH OH	4.2640%
	CCAP	1.2201%	CCAP	0.4854%
ADMIN OVERHEAD RATE FOR 2004/2005	581,204 / 5,000,905 =	11.8220%	3,927,988 / 82,704,659 =	4.7494%

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COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2004-2005 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(8)			(9)		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	77,813	-	77,813	17,575	-	17,575
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	220,147	-	220,147	49,852	-	49,852
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	113,773	-	113,773	148,513	-	148,513
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	105,017	-	105,017
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	438,885	438,885	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	411,633	438,885	850,418	320,958	-	320,958

SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
	Indirect	Direct	Total	Indirect	Direct	Total
CCAP	464,815	-	464,815	105,212	-	105,212
EXECUTIVE OFFICE	15,414	-	15,414	3,491	-	3,491
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,095	-	4,095	927	-	927
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	31,249	-	31,249	14,171	-	14,171
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	323,505	-	323,505
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	-	-	-	-	34,493,035	34,493,035
SD/MC UNREIMBURSABLE COSTS	-	37,841,370	37,841,370	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	515,374	37,841,370	38,155,744	447,308	34,493,035	34,940,341

TOTAL EXPENDITURES						
	Indirect	Direct	Total	Indirect	Direct	Total
CCAP	464,815	-	464,815	105,212	-	105,212
EXECUTIVE OFFICE	93,027	-	93,027	21,068	-	21,068
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	224,243	-	224,243	50,780	-	50,780
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	145,023	-	145,023	162,685	-	162,685
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	428,521	-	428,521
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	-	-	-	-	34,493,035	34,493,035
SD/MC UNREIMBURSABLE COSTS	-	38,080,255	38,080,255	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	926,907	38,080,255	39,007,162	788,284	34,493,035	35,281,299

	DMH OH	1.2140%	DMH OH	1.8223%
	CCAP	1.2201%	CCAP	0.3050%
ADMIN OVERHEAD RATE FOR 2004/2005	926,907 / 38,080,255 =	2.4341%	788,284 / 34,493,035 =	2.273%

ok ok ok ok ok ok

COUNTY OF LOS ANGELES
 DEPARTMENT OF MENTAL HEALTH
 FY 2004-2005 YEAR-END COST REPORT
 INDIRECT COST RATE BY PROGRAM

(10)

See Worksheet 4 for Indirect/Direct Cost details

	Grand Total		Total
	Indirect	Direct	
SALARIES AND EMPLOYEE BENEFITS			
CCAP	-	-	-
EXECUTIVE OFFICE	1,794,771	-	1,794,771
GENERAL ADMINISTRATION OPERATIONS	6,793,034	-	6,793,034
FISCAL SERVICES	6,739,331	-	6,739,331
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	15,989,889	-	15,989,889
CONTRACTS ADMINISTRATION	5,643,885	-	5,643,885
MANAGEMENT INFORMATION SYSTEMS	5,079,713	-	5,079,713
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	165,748,660	165,748,660
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	8,174,332	8,174,332
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-
DHS	-	-	-
PUBLIC GUARDIAN	-	5,742,832	5,742,832
TAR/OFFICE OF MANAGED CARE	-	4,604,703	4,604,703
FEE FOR SERVICE	-	-	-
STATE HOSPITAL	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	438,885	438,885
IN-STATE MH CONTRACT PROVIDERS	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-
SUB-TOTAL S&EB	42,020,403	182,909,412	224,929,815
SRVO & SUPP / OTHER CHAR /FIXED ASSETS			
CCAP	10,744,114	-	10,744,114
EXECUTIVE OFFICE	356,448	-	356,448
GENERAL ADMINISTRATION OPERATIONS	7,847,117	-	7,847,117
FISCAL SERVICES	391,233	-	391,233
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1,409,794	-	1,409,794
CONTRACTS ADMINISTRATION	138,979	-	138,979
MANAGEMENT INFORMATION SYSTEMS	21,525,529	-	21,525,529
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	31,540,888	31,540,888
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	4,428,143	4,428,143
LIFE SUPPORT/SUPPLEMENTARY RATES	-	2,163,828	2,163,828
DHS	-	97,631,772	97,631,772
PUBLIC GUARDIAN	-	3,479,500	3,479,500
TAR/OFFICE OF MANAGED CARE	-	196,202	196,202
FEE FOR SERVICE	-	82,704,659	82,704,659
STATE HOSPITAL	-	34,493,035	34,493,035
SD/MC UNREIMBURSABLE COSTS	-	37,641,370	37,641,370
IN-STATE MH CONTRACT PROVIDERS	-	542,367,688	542,367,688
OTHER CONTRACT PROVIDERS	-	9,936,489	9,936,489
SUB-TOTAL SS & OTHERS	42,413,214	646,561,354	688,974,567
TOTAL EXPENDITURES			
CCAP	10,744,114	-	10,744,114
EXECUTIVE OFFICE	2,151,218	-	2,151,218
GENERAL ADMINISTRATION OPERATIONS	14,640,162	-	14,640,162
FISCAL SERVICES	7,130,563	-	7,130,563
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	17,379,483	-	17,379,483
CONTRACTS ADMINISTRATION	5,782,864	-	5,782,864
MANAGEMENT INFORMATION SYSTEMS	28,605,242	-	28,605,242
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	197,269,348	197,269,348
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	10,600,475	10,600,475
LIFE SUPPORT/SUPPLEMENTARY RATES	-	2,163,828	2,163,828
DHS	-	97,631,772	97,631,772
PUBLIC GUARDIAN	-	9,222,332	9,222,332
TAR/OFFICE OF MANAGED CARE	-	5,000,805	5,000,805
FEE FOR SERVICE	-	82,704,659	82,704,659
STATE HOSPITAL	-	34,493,035	34,493,035
SD/MC UNREIMBURSABLE COSTS	-	38,080,255	38,080,255
IN-STATE MH CONTRACT PROVIDERS	-	542,367,688	542,367,688
OTHER CONTRACT PROVIDERS	-	9,936,489	9,936,489
TOTAL EXPENDITURES	84,433,616	1,029,450,766	1,113,824,382

ADMIN OVERHEAD RATE FOR 2004/2005

ok ok ok

Attachment 10

FY 2004-05 MH 1966 Cost Report Forms

**County of Los Angeles - Department of Mental Health
 Legal Entities with SB 90 Claims For Reimbursement
 FY 2004-2005 MH 1966 Cost Report Forms**

Legal Entity Number	Legal Entity Name
00019	Los Angeles County
00801	Aspen Health Services
00173	Associated League of Mexican Americans
00178	Cedars-Sinai Medical Center
00210	Child and Family Center
00207	Child and Family Guidance Center
00783	Childnet and Youth Family Service
00179	Children's Hospital of Los Angeles
00591	Children's Institute, Inc.
00180	Community Counseling Services
00181	Community Family Guidance
00472	Devereux Foundation
00183	Didi Hirsch Psychiatric Service
00184	Dubnoff Center for Child Develop.
00778	D'Veal Family and Youth Svcs.
00185	El Centro de Amistad, Inc.
00188	Enki Health & Research Systems, Inc.
00724	Foothill Family Service
00190	Gateways Hospital Mental Health Center
00191	Guidance Center (The)
00174	Hamburger Home
00192	Hathaway Children
00198	Help Group Child & Family Center
00321	Hillsides
00171	Institute for Redesign of Learning (Almansor Ctr.)
00195	Intercommunity Child Guidance Ctr.
01201	Kids First Foundation, Inc.
00199	Los Angeles Child Guidance Clinic
00315	Los Angeles Unified School District

**County of Los Angeles - Department of Mental Health
Legal Entities with SB 90 Claims For Reimbursement
FY 2004-2005 MH 1966 Cost Report Forms**

Legal Entity Number	Legal Entity Name
00518	Olive Crest Treatment Center, Inc.
00203	Pacific Clinics
00204	Pasadena Children's Training Society
00201	Penny Lane Centers
01194	Personal Involvement Center, Inc
00208	San Fernando Valley Comm. MHC, Inc.
00320	San Gabriel Children's Center
00558	Shields for Families Inc.
00213	South Bay Children's Health Center
00214	Special Service for Groups
00217	St. John's Health Center
00543	Star View Adolescent Center
00216	Stirling Academy, Inc.
00221	Verdugo Mental Health Center
00196	Vista Del Mar Child and Family Svcs.

DETAIL COST REPORT
ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL
 MH 1986 (Rev. 7/05)

PAGE 2 OF 2
 FISCAL YEAR 2004 - 2005

County: Los Angeles
 County Code: 19

Legal Entity Number (Program 1)	Legal Entity: County of Los Angeles	CR	H	I	J	K	L	M	N
Mode: 15 - Outpatient Services (Program 1)		Service Function							
1	Allocation Percentage	82	77						
2	Total Units	28,97%	14,49%						
3	Gross Cost	10,535,795	6,542,541						
4	Cost per Unit	49,266,060	24,668,342						
5	SMA per Unit	4.68	3.77						
6	Published Charge per Unit	4.51	3.63						
7	Negotiated Rate / Cost per Unit	3.81	3.07						
8	Medi-Cal Units	898,767	368,682						
8A	Medicare/Medi-Cal Crossover Units	2,400,687	1,225,545						
9	Medicare/Medi-Cal Crossover Units	184,823	40,748						
9A	Medicare/Medi-Cal Crossover Units	403,177	97,667						
10	Enhanced SD/MC (Children) Units	1,255	2,110						
10A	Enhanced SD/MC (Refugees) Units	2,785	4,871						
10B	Enhanced SD/MC (Refugees) Units	275	2,590						
11	Healthy Families (SED) Units	1,545	7,264						
11A	Healthy Families (SED) Units	18,241	7,264						
12	Non-Medi-Cal Units	6,524,230	4,792,044						
13	Medi-Cal Costs	4,205,252	1,393,756						
13A	Medi-Cal Costs	11,232,604	4,620,465						
14	Medi-Cal SMA Upper Limits	4,053,439	1,341,946						
14A	Medi-Cal SMA Upper Limits	10,827,098	4,448,728						
15	Medi-Cal Published Charges	3,424,302	1,134,924						
15A	Medi-Cal Published Charges	9,146,617	3,762,423						
16	Medi-Cal Negotiated Rates								
16A	Medi-Cal Negotiated Rates								
17	Medicare/Medi-Cal Crossover Costs	864,771	153,626						
17A	Medicare/Medi-Cal Crossover Costs	1,896,430	388,284						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	833,552	147,915						
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	1,818,328	354,604						
19	Medicare/Medi-Cal Crossover Published Charges	704,178	125,096						
19A	Medicare/Medi-Cal Crossover Published Charges	1,538,104	299,859						
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A	Medicare/Medi-Cal Crossover Negotiated Rates								
21	Enhanced SD/MC Costs	5,872	7,955						
21A	Enhanced SD/MC Costs	13,078	18,364						
22	Enhanced SD/MC SMA Upper Limits	5,660	7,659						
22A	Enhanced SD/MC SMA Upper Limits	12,605	17,692						
23	Enhanced SD/MC Published Charges	4,762	6,478						
23A	Enhanced SD/MC Published Charges	10,649	14,954						
24	Enhanced SD/MC Negotiated Rates								
24A	Enhanced SD/MC Negotiated Rates								
25	Enhanced SD/MC (Refugees) Costs	1,267							
25A	Enhanced SD/MC (Refugees) Costs	1,240							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	1,048							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
27A	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
28A	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs	7,229	9,765						
29A	Healthy Families Costs	85,348	27,386						
30	Healthy Families SMA Upper Limits	6,968	9,402						
30A	Healthy Families SMA Upper Limits	82,257	28,368						
31	Healthy Families Published Charges	5,866	7,551						
31A	Healthy Families Published Charges	69,498	22,300						
32	Healthy Families Negotiated Rates								
32A	Healthy Families Negotiated Rates								
		30,994,191	18,066,711						

State of California Health and Human Services Agency
 DETAIL COST REPORT
ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 7/05)

PAGE 1 OF 1
 FISCAL YEAR 2004 - 2005

County: Los Angeles
 County Code: 19

Legal Entity Number: 00019	Legal Entity: County of Los Angeles	A	B	C	D	E	F	G
Mode: 10 - Day Services		Mode Total	Service Function 82	Service Function 85	Service Function 92	Service Function 98	Service Function	Service Function
1	Allocation Percentage	100.00%	8.86%	87.94%	0.18%	3.52%		
2	Total Units	1,287	2,287	18,541	92	1,145		
3	Gross Cost	4,143,819	3,644,392	3,644,027	7,510	145,900		
4	Cost per Unit		151.46	198.54	81.63	127.42		
5	SMA per Unit		134.81	188.33	78.64	122.75		
6	Published Charge per Unit		123.33	180.04	66.47	103.76		
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units		252	4,053	27	40		
9A	Medicare/Medi-Cal Crossover Units		871	11,822	19	37		
9B	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
10B	Healthy Families (SED) Units							
11A	Non-Medi-Cal Units		1,184	2,815	46	716		
12	Medi-Cal Negotiated Rates							
13	Medi-Cal Costs	942,040	38,167	796,872	2,204	5,097		
13A	Medi-Cal SMA Upper Limits	2,448,597	131,919	2,294,175		32,483		
14A	Medi-Cal Published Charges	808,360	33,972	787,354	2,123	4,910		
14B	Medi-Cal Negotiated Rates	2,348,114	117,420	2,200,393	31,301	4,150		
15A	Medi-Cal Crossover Published Charges	665,966	31,079	648,642	1,795	4,150		
15B	Medi-Cal Crossover Negotiated Rates	1,993,864	107,420	1,899,985	28,466			
16A	Enhanced SD/MC Costs							
16B	Enhanced SD/MC SMA Upper Limits	6,266			1,551	4,715		
17A	Enhanced SD/MC Published Charges	12,360			1,494	4,542		
17B	Enhanced SD/MC Negotiated Rates	5,098						
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	11,907			1,263	3,839		
18B	Medicare/Medi-Cal Crossover Published Charges	5,102						
18C	Medicare/Medi-Cal Crossover Negotiated Rates	10,085				10,066		
19A	Enhanced SD/MC Costs							
19B	Enhanced SD/MC SMA Upper Limits							
19C	Enhanced SD/MC Published Charges							
19D	Enhanced SD/MC Negotiated Rates							
20A	Healthy Families Costs	197						
20B	Healthy Families SMA Upper Limits	9,827						
20C	Healthy Families Published Charges	189						
20D	Healthy Families Negotiated Rates	9,467						
21A	Healthy Families Costs	180						
21B	Healthy Families SMA Upper Limits	8,002						
21C	Healthy Families Published Charges							
21D	Healthy Families Negotiated Rates							
22A	Healthy Families Costs	824,543	176,296	553,257	3,756	91,225		
22B	Healthy Families SMA Upper Limits							
22C	Healthy Families Published Charges							
22D	Healthy Families Negotiated Rates							

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

MH 1866 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: Los Angeles
County Code: 19

	CR						
	A	B	C	D	E	F	G
Legal Entity: County of Los Angeles	Mode Total	Service Function					
Legal Entity Number: 00019		20	30	40	60	64	64
Mode: 60 - Support Services		1,091	9	2,163,828	862,474	10,053,291	740,663
1 Allocation Percentage	100.00%			15.66%	6.24%	72.74%	5.36%
2 Total Units				62,015	8,928		
3 Gross Cost	13,820,256			2,163,828	862,474	10,053,291	740,663
4 Cost per Unit				34.89	97.70		
5 Non-Medi-Cal Units (Same as Line 2)		1,091	9	62,015	8,928		
6 Non-Medi-Cal Costs (Same as Line 3)	13,820,256			2,163,828	862,474	10,053,291	740,663

County: Los Angeles
 County Code: 19

CR

	A		B		C		D		E		F		G	
	Mode Total	Service Function												
Legal Entity: Aspen Community Services														
Legal Entity Number: 00901														
Model: 10 - Day Services														
1 Allocation Percentage	100.00%	85												
2 Total Units	7,131													
3 Gross Cost	1,108,387	1,108,387												
4 Cost per Unit	155.43													
5 SMA per Unit	188.33													
6 Published Charge per Unit	188.33													
7 Negotiated Rate / Cost per Unit														
8 Medi-Cal Units														
8A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
9 Medicare/Medi-Cal Crossover Units														
9A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
10 Enhanced SD/MC (Children) Units														
10A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
10B Enhanced SD/MC (Refugees) Units														
11 Healthy Families (SED) Units														
11A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
12 Non-Medi-Cal Units														
12A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
13 Medi-Cal Costs	314,439	314,439												
13A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
14 Medi-Cal SMA Upper Limits	778,182	778,182												
14A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
15 Medi-Cal Published Charges	948,111	948,111												
15A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
16 Medi-Cal Negotiated Rates	383,015	383,015												
16A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
17 Medicare/Medi-Cal Crossover Costs	849,111	849,111												
17A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
18 Medicare/Medi-Cal Crossover SMA Upper Limits														
18A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
19 Medicare/Medi-Cal Crossover Published Charges														
19A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
20 Medicare/Medi-Cal Crossover Negotiated Rates														
20A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
21 Enhanced SD/MC Costs														
21A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
22 Enhanced SD/MC SMA Upper Limits														
22A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
23 Enhanced SD/MC Published Charges														
23A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
24 Enhanced SD/MC Negotiated Rates														
24A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
25 Enhanced SD/MC (Refugees) Costs														
25A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
26 Enhanced SD/MC (Refugees) SMA Upper Limits														
26A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
27 Enhanced SD/MC (Refugees) Published Charges														
27A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
28 Enhanced SD/MC (Refugees) Negotiated Rates														
28A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
29 Healthy Families Costs														
29A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
30 Healthy Families SMA Upper Limits														
30A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
31 Healthy Families Published Charges														
31A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
32 Healthy Families Negotiated Rates														
32A 07/01/04 - 09/30/04														
10/01/04 - 09/30/05														
Mode Total	14,788	14,788												

County: Los Angeles
 County Code: 19

Legal Entity Number: 00801 Mode: 15 - Outpatient Services (Program 1)	Legal Entity: Aspen Community Services	A		B		C		D		E		F		G	
		Mode Total	Service Function	04	23.61%	10	3.45%	42	48.50%	52	11.80%	58	8.68%	62	8.68%
1	Allocation Percentage	100.00%													
2	Total Units	184,919	21,210	282,221	71,848	28,386	144,109	105,724							
3	Gross Cost	1,220,871	288,295	42,651	567,645	105,724									
4	Cost per Unit	6.58	2.01	2.01	2.01	2.01									
5	SMA per Unit	1.89	1.89	1.89	2.44	2.44									
6	Published Charge per Unit	1.90	1.90	1.90	2.45	2.45									
7	Negotiated Rate / Cost per Unit														
8	Med-Cal Units														
8A	Med-Cal Units	277,737	77,657	122,901	15,888	26,656									
9	Medicare/Medi-Cal Crossover Units	723,448	175,881	288,877	126,213	76,895									
9A	Medicare/Medi-Cal Crossover Units	336,641	64,068	149,094	19,559	14,804									
10	Enhanced SD/MC (Children) Units	876,888	213,111	328,179	32,193	93,046									
10A	Enhanced SD/MC (Children) Units	338,308	64,593	148,705	19,639	14,804									
10B	Enhanced SD/MC (Refugees) Units	881,221	214,238	327,516	32,325	93,655									
11	Healthy Families (SED) Units	330	330	579	579	42									
11A	Healthy Families (SED) Units	21,946	21,946	88,858	88,858	541									
12	Non-Medi-Cal Units														
13	Med-Cal Costs	277,737	77,657	122,901	15,888	26,656									
13A	Med-Cal Costs	723,448	175,881	288,877	126,213	76,895									
14	Med-Cal SMA Upper Limits	336,641	64,068	149,094	19,559	14,804									
14A	Med-Cal SMA Upper Limits	876,888	213,111	328,179	32,193	93,046									
15	Med-Cal Published Charges	338,308	64,593	148,705	19,639	14,804									
15A	Med-Cal Published Charges	881,221	214,238	327,516	32,325	93,655									
16	Med-Cal Negotiated Rates														
16A	Med-Cal Negotiated Rates														
17	Medicare/Medi-Cal Crossover Costs														
17A	Medicare/Medi-Cal Crossover Costs														
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A	Medicare/Medi-Cal Crossover SMA Upper Limits														
19	Medicare/Medi-Cal Crossover Published Charges														
19A	Medicare/Medi-Cal Crossover Published Charges														
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A	Medicare/Medi-Cal Crossover Negotiated Rates														
21	Enhanced SD/MC Costs														
21A	Enhanced SD/MC Costs														
22	Enhanced SD/MC SMA Upper Limits														
22A	Enhanced SD/MC SMA Upper Limits														
23	Enhanced SD/MC Published Charges														
23A	Enhanced SD/MC Published Charges														
24	Enhanced SD/MC Negotiated Rates														
24A	Enhanced SD/MC Negotiated Rates														
25	Enhanced SD/MC (Refugees) Costs														
25A	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
27A	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs	1,836	515	1,185	1,185	157									
29A	Healthy Families Costs	2,226	624	1,413	1,413	189									
30	Healthy Families SMA Upper Limits	2,236	627	1,419	1,419	191									
30A	Healthy Families SMA Upper Limits														
31	Healthy Families Published Charges														
31A	Healthy Families Published Charges														
32	Healthy Families Negotiated Rates														
32A	Healthy Families Negotiated Rates	217,862	34,232	174,702	174,702	2,016									
32A	Healthy Families Negotiated Rates	0	0	0	0	0									

County: Los Angeles
 County Code: 19

Legal Entity Number: 00173 Mode: 15 - Outpatient Services (Program 1)	Legal Entity: ASSOCIATED LEAGUE OF MEXICAN AMERICANS	A		CR B		CR C		CR D		CR E		CR F		CR G	
		Mode Total	Service Function 03	Service Function 04	Service Function 10	Service Function 12	Service Function 41	Service Function 42							
1	Allocation Percentage	100.00%	0.02%	10.04%	8.54%	0.01%	0.08%	59.83%							
2	Total Units		571	247,481	122,906	118	1,554	1,124,779							
3	Gross Cost	3,752,994	869	376,921	245,339	238	3,102	2,245,229							
4	Cost per Unit		1.52	1.52	2.00	2.00	2.00	2.00							
5	SMA per Unit		1.89	1.89	2.44	2.44	2.44	2.44							
6	Published Charge per Unit		1.54	1.54	2.02	2.02	2.02	2.02							
7	Negotiated Rate / Cost per Unit														
8A	Medi-Cal Units		571	96,374	34,824	118	1,265	223,248							
8B	1001/04 - 09/30/04														
8C	1001/04 - 09/30/05														
9	Medicare/Medi-Cal Crossover Units														
9A	1001/04 - 09/30/05														
10	Enhanced SD/MC (Children) Units														
10A	1001/04 - 09/30/04														
10B	1001/04 - 09/30/05														
108	Enhanced SD/MC (Refugees) Units														
11	Healthy Families (SED) Units														
11A	07/01/04 - 09/30/04														
11B	1001/04 - 09/30/05														
12	Non-Medi-Cal Units														
13	Medi-Cal Costs	854,487	868	171,707	162,569	238	2,525	449,633							
13A	1001/04 - 09/30/05	2,051,045													
14	Medi-Cal SMA Upper Limits	1,046,441	1,079	125,447	84,971	288	3,087	544,720							
14A	1001/04 - 09/30/05	2,510,445													
15	Medi-Cal Published Charges	884,896	879	102,216	70,344	238	2,555	450,957							
15A	1001/04 - 09/30/04	2,075,550													
16	Medi-Cal Negotiated Rates														
16A	07/01/04 - 09/30/04														
16B	1001/04 - 09/30/05														
17	Medicare/Medi-Cal Crossover Costs														
17A	1001/04 - 09/30/04														
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A	1001/04 - 09/30/05														
19	Medicare/Medi-Cal Crossover Published Charges														
19A	1001/04 - 09/30/04														
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A	1001/04 - 09/30/05														
21	Enhanced SD/MC Costs														
21A	07/01/04 - 09/30/04														
22	Enhanced SD/MC SMA Upper Limits														
22A	1001/04 - 09/30/05														
23	Enhanced SD/MC Published Charges														
23A	07/01/04 - 09/30/04														
24	Enhanced SD/MC Negotiated Rates														
24A	1001/04 - 09/30/05														
25	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A	07/01/04 - 09/30/05														
29	Healthy Families Costs														
29A	1001/04 - 09/30/05	74													
30	Healthy Families SMA Upper Limits														
30A	1001/04 - 09/30/05	80													
31	Healthy Families Published Charges														
31A	1001/04 - 09/30/05	75													
32	Healthy Families Negotiated Rates														
32A	1001/04 - 09/30/05														
32B	07/01/04 - 09/30/04														
32C	1001/04 - 09/30/05														
32D	07/01/04 - 09/30/04														
32E	1001/04 - 09/30/05														
32F	07/01/04 - 09/30/04														
32G	1001/04 - 09/30/05														
32H	07/01/04 - 09/30/04														
32I	1001/04 - 09/30/05														
32J	07/01/04 - 09/30/04														
32K	1001/04 - 09/30/05														
32L	07/01/04 - 09/30/04														
32M	1001/04 - 09/30/05														
32N	07/01/04 - 09/30/04														
32O	1001/04 - 09/30/05														
32P	07/01/04 - 09/30/04														
32Q	1001/04 - 09/30/05														
32R	07/01/04 - 09/30/04														
32S	1001/04 - 09/30/05														
32T	07/01/04 - 09/30/04														
32U	1001/04 - 09/30/05														
32V	07/01/04 - 09/30/04														
32W	1001/04 - 09/30/05														
32X	07/01/04 - 09/30/04														
32Y	1001/04 - 09/30/05														
32Z	07/01/04 - 09/30/04														
32AA	1001/04 - 09/30/05														
32AB	07/01/04 - 09/30/04														
32AC	1001/04 - 09/30/05														
32AD	07/01/04 - 09/30/04														
32AE	1001/04 - 09/30/05														
32AF	07/01/04 - 09/30/04														
32AG	1001/04 - 09/30/05														
32AH	07/01/04 - 09/30/04														
32AI	1001/04 - 09/30/05														
32AJ	07/01/04 - 09/30/04														
32AK	1001/04 - 09/30/05														
32AL	07/01/04 - 09/30/04														
32AM	1001/04 - 09/30/05														
32AN	07/01/04 - 09/30/04														
32AO	1001/04 - 09/30/05														
32AP	07/01/04 - 09/30/04														
32AQ	1001/04 - 09/30/05														
32AR	07/01/04 - 09/30/04														
32AS	1001/04 - 09/30/05														
32AT	07/01/04 - 09/30/04														
32AU	1001/04 - 09/30/05														
32AV	07/01/04 - 09/30/04														
32AW	1001/04 - 09/30/05														
32AX	07/01/04 - 09/30/04														
32AY	1001/04 - 09/30/05														
32AZ	07/01/04 - 09/30/04														

County: Los Angeles
 County Code: 19

Legal Entity Number: 00173 Mode: 15 - Outpatient Services (Program 1)	CR H		CR I		CR J		CR K		CR L		CR M		CR N	
	Service Function	52	Service Function	58	Service Function	61	Service Function	62	Service Function	77	Service Function	77	Service Function	77
1 Allocation Percentage	2.81%	9.88%	0.03%	10.32%	0.03%	10.32%	0.26%	0.26%	0.26%	0.26%	0.26%	0.26%	0.26%	0.26%
2 Total Units	54,723	187,204	308	105,082	3,141	3,141	3,141	3,141	3,141	3,141	3,141	3,141	3,141	3,141
3 Gross Cost	108,235	373,888	1,139	387,328	9,808	9,808	9,808	9,808	9,808	9,808	9,808	9,808	9,808	9,808
4 Cost per Unit	2.00	2.00	3.69	3.69	3.12	3.12	3.12	3.12	3.12	3.12	3.12	3.12	3.12	3.12
5 SMA per Unit	2.44	2.44	4.41	4.41	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63	3.63
6 Published Charge per Unit	2.02	2.02	3.73	3.73	3.16	3.16	3.16	3.16	3.16	3.16	3.16	3.16	3.16	3.16
7 Negotiated Rate / Cost per Unit														
8 Medi-Cal Units	15,381	67,823	309	117,671	638	638	638	638	638	638	638	638	638	638
9 Medicare/Medi-Cal Crossover Units	33,770	119,381			1,716	1,716								
10 Enhanced SD/MC (Children) Units														
10A Enhanced SD/MC (Refugees) Units														
11 Healthy Families (SED) Units														
12 Non-Medi-Cal Units	5,572						19,022	789						
13 Medi-Cal Costs	30,703	135,395	1,139	65,488	1,988	1,988	1,988	1,988	1,988	1,988	1,988	1,988	1,988	1,988
14 Medi-Cal SMA Upper Limits	67,410	236,303	1,394	80,129	2,308	2,308	2,308	2,308	2,308	2,308	2,308	2,308	2,308	2,308
15 Medi-Cal Published Charges	82,388	291,290	1,153	66,271	2,010	2,010	2,010	2,010	2,010	2,010	2,010	2,010	2,010	2,010
16 Medi-Cal Negotiated Rates	88,215	241,150												
17 Medicare/Medi-Cal Crossover Costs														
18 Medicare/Medi-Cal Crossover SMA Upper Limits														
19 Medicare/Medi-Cal Crossover Published Charges														
20 Medicare/Medi-Cal Crossover Negotiated Rates														
21 Enhanced SD/MC Costs														
22 Enhanced SD/MC SMA Upper Limits														
23 Enhanced SD/MC Published Charges														
24 Enhanced SD/MC Negotiated Rates														
25 Enhanced SD/MC (Refugees) Costs														
26 Enhanced SD/MC (Refugees) SMA Upper Limits														
27 Enhanced SD/MC (Refugees) Published Charges														
28 Enhanced SD/MC (Refugees) Negotiated Rates														
29 Healthy Families Costs														
30 Healthy Families SMA Upper Limits														
31 Healthy Families Published Charges														
32 Healthy Families Negotiated Rates														
33 Total	11,123						70,114	2,484						

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

County: Los Angeles
 County Code: 19

Legal Entity Number: 00178 Modor: 15 - Outpatient Services (Program 1)	A Mode Total	NR B		NR C		NR D		NR E		NR F		NR G	
		Service Function	04	Service Function	10	Service Function	12	Service Function	34	Service Function	41	Service Function	42
1 Allocation Percentage	100.00%	7.23%	4.49%	0.01%	1.49%	0.48%	61.27%						
2 Total Units		32,445	15,715	30	5,185	1,885	214,587						
3 Gross Cost	1,505,780	108,878	87,538	129	22,328	7,285	822,553						
4 Cost per Unit		3.36	4.30	4.30	4.30	4.30	4.30						
5 SMA per Unit		1.89	2.44	2.44	2.44	2.44	2.44						
6 Published Charge per Unit		3.96	2.58	2.58	2.58	2.58	2.58						
7 Negotiated Rate / Cost per Unit		1.71	2.19	2.19	2.19	2.19	2.19						
8 Medi-Cal Units		3,168	2,980	690			19,678						
8A 07/01/04 - 09/30/04		9,828	5,180	2,216			65,221						
9 Medicare/Medi-Cal Crossover Units													
9A 07/01/04 - 09/30/04													
10 Enhanced SD/MC (Children) Units													
10A 07/01/04 - 09/30/04													
10B Enhanced SD/MC (Refugees) Units													
10B 07/01/04 - 09/30/04													
11 Healthy Families (SED) Units													
11A 10/01/04 - 09/30/05													
12 Non-Medi-Cal Units		19,451	7,555	30	2,280	1,885	128,787						
13 Medi-Cal Costs	173,112	10,631	12,807	2,985			84,574						
13A 10/01/04 - 09/30/05	488,027	32,973	22,282	9,519	1,884	46,017	280,298						
14 Medi-Cal SMA Upper Limits	98,127	5,988	7,271	1,884	5,405	159,159	50,378						
14A 10/01/04 - 09/30/05	285,874	18,571	12,638	1,768	5,870	185,966	43,087						
15 Medi-Cal Published Charges	104,314	12,545	7,628	1,768	5,870	185,966	43,087						
15A 10/01/04 - 09/30/05	288,175	38,911	13,261	1,511	4,851	142,804							
16 Medi-Cal Negotiated Rates	89,274	5,417	6,528	1,511	4,851								
16A 10/01/04 - 09/30/05	239,006	18,902	11,344	4,851									
17 Medicare/Medi-Cal Crossover Costs													
17A 07/01/04 - 09/30/04													
18 Medicare/Medi-Cal Crossover SMA Upper Limits													
18A 07/01/04 - 09/30/04													
19 Medicare/Medi-Cal Crossover Published Charges													
19A 07/01/04 - 09/30/04													
20 Medicare/Medi-Cal Crossover Negotiated Rates													
20A 07/01/04 - 09/30/04													
21 Enhanced SD/MC Costs													
21A 10/01/04 - 09/30/05													
22 Enhanced SD/MC SMA Upper Limits													
22A 10/01/04 - 09/30/05													
23 Enhanced SD/MC Published Charges													
23A 10/01/04 - 09/30/05													
24 Enhanced SD/MC Negotiated Rates													
24A 10/01/04 - 09/30/05													
25 Enhanced SD/MC (Refugees) Costs													
25A 07/01/04 - 09/30/05													
26 Enhanced SD/MC (Refugees) SMA Upper Limits													
26A 07/01/04 - 09/30/05													
27 Enhanced SD/MC (Refugees) Published Charges													
27A 07/01/04 - 09/30/05													
28 Enhanced SD/MC (Refugees) Negotiated Rates													
28A 07/01/04 - 09/30/05													
29 Healthy Families Costs													
29A 10/01/04 - 09/30/05													
30 Healthy Families SMA Upper Limits													
30A 07/01/04 - 09/30/04													
31 Healthy Families Published Charges													
31A 10/01/04 - 09/30/05													
32 Healthy Families Negotiated Rates													
32A 07/01/04 - 09/30/04													
32A 10/01/04 - 09/30/05													
TOTAL	863,641	66,272	32,469	129	9,842	7,285	557,781						

County: Los Angeles
 County Code: 19

		NR	NR	NR	NR	NR	NR	NR	NR						
		H	I	J	K	L	M	N							
		Service Function													
Legal Entity: Child & Family Center															
Legal Entity Number: 00210															
Mode: 15 - Outpatient Services (Program 1)															
1 Allocation Percentage		14	17	33	34	39	41	42							
2 Total Units		0.09%	0.04%	0.07%	0.50%	0.08%	18.45%	38.08%							
3 Gross Cost		8,131	1,100	2,080	14,065	2,465	518,764	1,070,753							
4 Cost per Unit		17,408	2,355	4,453	30,112	5,277	1,110,638	2,292,409							
5 SMA per Unit		2.14	2.14	2.14	2.14	2.14	2.14	2.14							
6 Published Charge per Unit		2.44	2.44	2.44	2.44	2.44	2.44	2.44							
7 Negotiated Rate / Cost per Unit		2.15	2.15	2.15	2.15	2.15	2.15	2.15							
8		2.10	2.10	2.10	2.10	2.10	2.10	2.10							
8A	07/01/04 - 09/30/04		570	610	1,275		47,430	258,420							
9	10/01/04 - 09/30/05		270		5,800		78,363	587,804							
9A	07/01/04 - 09/30/04														
10	10/01/04 - 09/30/05														
10A	07/01/04 - 09/30/04														
10B	10/01/04 - 09/30/05														
11	07/01/04 - 09/30/04														
11A	10/01/04 - 09/30/05														
12	Non-Medi-Cal Units		280	350	7,190	2,455	361,149	172,869							
13	Medi-Cal Units		1,220	1,308	2,730		101,544	553,259							
13A	07/01/04 - 09/30/04														
14	10/01/04 - 09/30/05		578	1,488	11,889		157,770	1,258,020							
14A	07/01/04 - 09/30/04		1,361	659	3,111		115,729	630,545							
15	Medi-Cal SMA Upper Limits														
15A	07/01/04 - 09/30/04		1,226	1,312	2,741		101,975	555,803							
15B	10/01/04 - 09/30/05		581	581	12,040		168,480	1,263,349							
16	Medi-Cal Published Charges														
16A	07/01/04 - 09/30/04														
16B	10/01/04 - 09/30/05														
17	Medi-Cal Negotiated Rates														
17A	07/01/04 - 09/30/04														
17B	10/01/04 - 09/30/05														
18	Medicare/Medi-Cal Crossover Costs														
18A	07/01/04 - 09/30/04														
18B	10/01/04 - 09/30/05														
19	Medicare/Medi-Cal Crossover SMA Upper Limits														
19A	07/01/04 - 09/30/04														
19B	10/01/04 - 09/30/05														
20	Medicare/Medi-Cal Crossover Published Charges														
20A	07/01/04 - 09/30/04														
20B	10/01/04 - 09/30/05														
21	Medicare/Medi-Cal Crossover Negotiated Rates														
21A	07/01/04 - 09/30/04														
21B	10/01/04 - 09/30/05														
22	Enhanced SD/MC Costs														
22A	07/01/04 - 09/30/04														
22B	10/01/04 - 09/30/05														
23	Enhanced SD/MC SMA Upper Limits														
23A	07/01/04 - 09/30/04														
23B	10/01/04 - 09/30/05														
24	Enhanced SD/MC Published Charges														
24A	07/01/04 - 09/30/04														
24B	10/01/04 - 09/30/05														
25	Enhanced SD/MC Negotiated Rates														
25A	07/01/04 - 09/30/04														
25B	10/01/04 - 09/30/05														
26	Enhanced SD/MC (Refugees) Costs														
26A	07/01/04 - 09/30/04														
26B	10/01/04 - 09/30/05														
27	Enhanced SD/MC (Refugees) SMA Upper Limits														
27A	07/01/04 - 09/30/04														
27B	10/01/04 - 09/30/05														
28	Enhanced SD/MC (Refugees) Published Charges														
28A	07/01/04 - 09/30/04														
28B	10/01/04 - 09/30/05														
29	Enhanced SD/MC (Refugees) Negotiated Rates														
29A	07/01/04 - 09/30/04														
29B	10/01/04 - 09/30/05														
30	Healthy Families Costs														
30A	07/01/04 - 09/30/04														
30B	10/01/04 - 09/30/05														
31	Healthy Families SMA Upper Limits														
31A	07/01/04 - 09/30/04														
31B	10/01/04 - 09/30/05														
32	Healthy Families Published Charges														
32A	07/01/04 - 09/30/04														
32B	10/01/04 - 09/30/05														
33	Healthy Families Negotiated Rates														
33A	07/01/04 - 09/30/04														
33B	10/01/04 - 09/30/05														
TOTAL		17,408	557	2,393	15,393	5,277	818,014	370,094							

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

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

	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 08	Service Function 10	Service Function 12
1	100.00%	0.77%	3.16%	0.04%	1.57%	5.91%	1.24%
2	72,270	238,922	4,195	146,777	429,588	89,901	89,901
3	133,409	551,549	7,750	271,054	1,023,005	213,982	213,982
4	1.85	1.85	1.85	1.85	1.85	2.38	2.38
5	1.89	1.89	1.89	1.89	1.89	2.44	2.44
6	1.89	1.89	1.89	1.89	1.89	2.44	2.44
7							
8	24,464	89,370	1,327	37,612	109,418	15,088	15,088
9	35,018	173,023	2,182	98,863	262,146	33,307	33,307
10							
11	2,812	5,548			3,371	11,859	954
12	358	18,478			6,597	42,284	2,188
13	9,818	15,505		686	284	7,071	38,368
14	45,160	163,054	2,452	69,482	253,420	35,912	35,912
15	64,843	319,249	4,031	182,633	624,265	79,277	79,277
16	46,237	187,019	2,508	71,087	259,660	38,815	38,815
17	66,184	327,013	4,124	186,851	639,638	81,269	81,269
18	46,237	187,019	2,508	71,087	259,660	38,815	38,815
19	66,184	327,013	4,124	186,851	639,638	81,269	81,269
20	46,237	187,019	2,508	71,087	259,660	38,815	38,815
21	66,184	327,013	4,124	186,851	639,638	81,269	81,269
22							
23							
24							
25							
26							
27							
28							
29	347,968	5,191	10,237	6,227	21,784	2,271	2,271
30	1,181,407	681	30,400	12,187	100,717	5,203	5,203
31	358,498	5,315	10,486	6,371	28,448	2,328	2,328
32	1,220,550	677	31,140	12,468	103,187	5,334	5,334
33	358,498	5,315	10,486	6,371	28,448	2,328	2,328
34	1,220,550	677	31,140	12,468	103,187	5,334	5,334
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County: Los Angeles
 County Code: 19

Legal Entity Number: 00207 Mode: 15 - Outpatient Services (Program 1)	CR V		CR W		CR X		CR Y		CR Z		CR AA		CR AB		
	Service Function	60	61	62	67	77	Service Function	67	77	Service Function	67	77	Service Function	67	77
1 Allocation Percentage	1.50%	2.84%	9.81%	0.08%	0.51%										
2 Total Units	59,014	112,042	385,988	2,980	24,908										
3 Gross Cost	260,148	492,625	1,599,492	13,048	88,208										
4 Cost per Unit	4.41	4.40	4.40	4.41	3.54										
5 SMA per Unit	4.51	4.51	4.51	4.51	3.63										
6 Negotiated Rate / Cost per Unit	4.51	4.51	4.51	4.51	3.63										
7															
8 Med-Cal Units	12,086	14,080	73,839	595	10,888										
9 Medicare/Med-Cal Crossover Units	43,713	51,340	260,879	2,320	11,065										
10 Enhanced SD/MC (Children) Units															
10B Enhanced SD/MC (Refugees) Units															
11 Healthy Families (SED) Units	760	1,586	9,292	45	778										
12 Non-Med-Cal Units	2,360	3,257	26,578	45	1,872										
13 Med-Cal Costs	53,276	61,907	325,553	2,623	37,778										
13A	192,897	225,731	1,149,066	10,227	39,255										
14 Med-Cal SMA Upper Limits	54,508	63,501	333,485	2,663	36,725										
14A	197,146	231,543	1,177,015	10,463	40,239										
15 Med-Cal Published Charges	54,508	63,501	333,485	2,663	36,725										
15A	197,146	231,543	1,177,015	10,463	40,239										
16 Med-Cal Negotiated Rates															
16A															
17 Medicare/Med-Cal Crossover Costs															
17A															
18 Medicare/Med-Cal Crossover SMA Upper Limits															
18A															
19 Medicare/Med-Cal Crossover Published Charges															
19A															
20 Medicare/Med-Cal Crossover Negotiated Rates															
20A															
21 Enhanced SD/MC Costs															
21A															
22 Enhanced SD/MC SMA Upper Limits															
22A															
23 Enhanced SD/MC Published Charges															
23A															
24 Enhanced SD/MC Negotiated Rates															
24A															
25 Enhanced SD/MC (Refugees) Costs															
25A															
26 Enhanced SD/MC (Refugees) SMA Upper Limits															
26A															
27 Enhanced SD/MC (Refugees) Published Charges															
27A															
28 Enhanced SD/MC (Refugees) Negotiated Rates															
28A															
29 Healthy Families Costs	3,350	7,017	40,913	2,755	8,629										
29A	10,492	14,364	125,828	14,828	2,824										
30 Healthy Families SMA Upper Limits	3,428	7,188	41,907	2,824	6,795										
30A	10,734	14,734	128,887	14,828	2,824										
31 Healthy Families Published Charges	3,428	7,188	41,907	2,824	6,795										
31A	10,734	14,734	128,887	14,828	2,824										
32 Healthy Families Negotiated Rates															
32A	351	183,805	58,111	188	1,788										

County: Los Angeles
 County Code: 19
 Legal Entity: Child/Nat Youth & Family Svcs
 Legal Entity Number: 00783
 Model: 15 - Outpatient Services (Program 1)

		CR	H	CR	I	CR	J	CR	K	CR	L	CR	M	N
		42	47	52	61	81	82							
		72.00%	0.05%	0.21%	0.01%	8.14%								
1	Allocation Percentage	2,181,815	1,457	8,418	154	132,302								
2	Total Units	4,630,304	3,082	13,618	804	518,973								
3	Gross Cost	2.12	2.12	2.12	3.92	3.92								
4	Cost per Unit	2.44	2.44	2.44	4.51	4.51								
5	SMA per Unit	2.44	2.44	2.44	4.51	4.51								
6	Published Charge per Unit													
7	Negotiated Rate / Cost per Unit													
8	Medi-Cal Units	488,772	617	5,789	154	27,080								
8A		1,889,078		5,789		104,603								
9	Medicare/Medi-Cal Crossover Units													
9A														
10	Enhanced SD/MC (Children) Units													
10A														
10B	Enhanced SD/MC (Refugees) Units													
10B														
11	Healthy Families (SED) Units													
11A														
12	Non-Medi-Cal Units	5,984	1,457			639								
13	Medi-Cal Costs	1,033,040		1,309	804	108,147								
13A		3,584,607		12,307		410,320								
14	Medi-Cal SMA Upper Limits	1,187,724		1,505	695	122,041								
14A		4,121,353		14,150		471,780								
15	Medi-Cal Published Charges	1,187,724		1,505	695	122,041								
15A		4,121,353		14,150		471,780								
16	Medi-Cal Negotiated Rates													
16A														
17	Medicare/Medi-Cal Crossover Costs													
17A														
18	Medicare/Medi-Cal Crossover SMA Upper Limits													
18A														
19	Medicare/Medi-Cal Crossover Published Charges													
19A														
20	Medicare/Medi-Cal Crossover Negotiated Rates													
20A														
21	Enhanced SD/MC Costs													
21A														
22	Enhanced SD/MC SMA Upper Limits													
22A														
23	Enhanced SD/MC Published Charges													
23A														
24	Enhanced SD/MC Negotiated Rates													
24A														
25	Enhanced SD/MC (Refugees) Costs													
25A														
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
26A														
27	Enhanced SD/MC (Refugees) Published Charges													
27A														
28	Enhanced SD/MC (Refugees) Negotiated Rates													
28A														
29	Healthy Families Costs													
29A														
30	Healthy Families SMA Upper Limits													
30A														
31	Healthy Families Published Charges													
31A														
32	Healthy Families Negotiated Rates													
32A														
32B		12,657	3,082			2,507								

County: Los Angeles
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		A	B	C	D	E	F	G
		Mode Total	Service Function 04	Service Function 10	Service Function 34	Service Function 42	Service Function 52	Service Function 62
1	Allocation Percentage	100.00%	10.22%	5.29%	4.26%	59.33%	7.90%	13.01%
2	Total Units	445,075	178,900	144,044	2,008,407	267,092	267,208	237,208
3	Gross Cost	11,872,361	628,012	505,653	7,043,305	837,502	1,544,678	1,544,678
4	Cost per Unit		3.51	3.51	3.51	3.51	3.51	6.51
5	SMA per Unit		2.44	2.44	2.44	2.44	2.44	4.51
6	Published Charge per Unit		1.77	1.77	2.28	2.28	2.28	4.23
7	Negotiated Rate / Cost per Unit		1.77	2.28	2.28	2.28	2.28	4.23
8	Medi-Cal Units		95,024	38,195	30,753	428,388	57,024	50,844
9A	Medicare/Medi-Cal Crossover Units		285,071	114,585	82,280	1,285,104	171,072	151,932
9B	Medicare/Medi-Cal Crossover Units							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units		6,454	2,594	2,089	28,083	3,873	3,440
11A	Healthy Families (SED) Units		19,361	7,782	6,288	87,278	11,819	10,319
12	Non-Medi-Cal Units		39,165	15,744	12,878	178,563	23,504	20,874
13	Medi-Cal Costs	2,534,748	258,958	134,080	1,503,748	200,177	329,831	289,831
13A	Medi-Cal Costs	7,804,244	1,778,871	402,240	3,233,870	4,511,238	800,532	989,482
14	Medi-Cal SMA Upper Limits	1,780,589	179,585	93,186	75,037	1,045,218	139,139	228,404
14A	Medi-Cal SMA Upper Limits	5,281,789	538,784	279,587	225,114	3,136,654	417,418	685,213
15	Medi-Cal Published Charges	1,648,312	188,192	87,085	70,117	978,878	130,015	214,224
15A	Medi-Cal Published Charges	4,838,938	504,576	261,254	210,353	2,930,037	390,044	642,572
16	Medi-Cal Negotiated Rates	1,848,312	188,192	87,085	70,117	978,878	130,015	214,224
16A	Medi-Cal Negotiated Rates	4,938,938	504,576	261,254	210,353	2,930,037	390,044	642,572
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs	172,155	17,588	9,108	7,333	102,128	13,588	22,404
29A	Healthy Families Costs	516,454	52,782	27,318	21,896	306,385	40,787	87,205
30	Healthy Families SMA Upper Limits	119,578	12,188	6,329	5,087	70,987	9,450	15,514
30A	Healthy Families SMA Upper Limits	358,719	35,582	18,888	15,289	212,961	28,350	46,539
31	Healthy Families Published Charges	111,815	11,424	5,914	4,765	68,332	8,630	14,551
31A	Healthy Families Published Charges	335,435	34,289	17,743	14,286	198,986	26,481	43,849
32	Healthy Families Negotiated Rates	111,815	11,424	5,914	4,765	68,332	8,630	14,551
32A	Healthy Families Negotiated Rates	335,435	34,289	17,743	14,286	198,986	26,481	43,849
32A	Healthy Families Negotiated Rates	1,044,761	106,732	55,288	44,488	619,808	82,509	135,947

County: Los Angeles
 County Code: 19

Legal Entity Number	Legal Entity Name	Mode	A	B	C	D	E	F	G
			Mode Total	Service Function 04	Service Function 10	Service Function 34	Service Function 42	Service Function 52	Service Function 62
1	Legal Entity: Children's Institute, Inc.	Mode: 15 - Outpatient Services (Program 1)	100.00%						
2	Allocation Percentage		3.93%	414,718	147,186	4,63%	2,148,784	157,619	101,148
3	Total Units		7,531,485	285,738	962,108	348,578	5,088,997	373,738	442,741
4	Gross Cost		1.83	2.37	2.37	2.37	2.37	2.37	4.38
5	Cost per Unit		1.89	2.44	2.44	2.44	2.44	2.44	4.51
6	SMA per Unit		1.69	2.44	2.44	2.44	2.44	2.44	4.51
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units		55,336	104,048	33,900	488,980	44,076	111,279	27,015
8A	Medi-Cal Units		101,528	257,565	113,586	1,555,167	111,279	70,395	
9	Medicare/Medi-Cal Crossover Units								
9A	Medicare/Medi-Cal Crossover Units								
10	Enhanced SD/MC (Children) Units								
10A	Enhanced SD/MC (Children) Units								
10B	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units		544	3,052			11,780	180	765
11A	Healthy Families (SED) Units		968	5,337			24,614	2,284	2,078
12	Non-Medi-Cal Units		2,848	4,865			78,253	2,284	895
13	Medi-Cal Costs		1,780,659	101,504	246,401	79,569	1,110,558	104,378	118,249
13A	Medi-Cal Costs		5,438,155	188,232	704,743	289,010	3,708,517	263,523	306,130
14	Medi-Cal SMA Upper Limits		1,614,064	104,585	253,880	81,884	1,144,262	107,545	121,838
14A	Medi-Cal SMA Upper Limits		5,903,200	191,884	726,132	277,174	3,819,007	271,521	317,481
15	Medi-Cal Published Charges		1,814,084	104,585	253,880	81,884	1,144,262	107,545	121,838
15A	Medi-Cal Published Charges		5,603,200	191,884	728,132	277,174	3,819,007	271,521	317,481
16	Medi-Cal Negotiated Rates								
16A	Medi-Cal Negotiated Rates								
17	Medicare/Medi-Cal Crossover Costs								
17A	Medicare/Medi-Cal Crossover Costs								
18	Medicare/Medi-Cal Crossover SMA Upper Limits								
18A	Medicare/Medi-Cal Crossover SMA Upper Limits								
19	Medicare/Medi-Cal Crossover Published Charges								
19A	Medicare/Medi-Cal Crossover Published Charges								
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A	Medicare/Medi-Cal Crossover Negotiated Rates								
21	Enhanced SD/MC Costs								
21A	Enhanced SD/MC Costs								
22	Enhanced SD/MC SMA Upper Limits								
22A	Enhanced SD/MC SMA Upper Limits								
23	Enhanced SD/MC Published Charges								
23A	Enhanced SD/MC Published Charges								
24	Enhanced SD/MC Negotiated Rates								
24A	Enhanced SD/MC Negotiated Rates								
25	Enhanced SD/MC (Refugees) Costs								
25A	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
26A	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
27A	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
28A	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs		39,820	988	7,228		27,820	428	3,348
29A	Healthy Families Costs		61,801	1,777	12,839		58,289	438	9,088
30	Healthy Families SMA Upper Limits		41,132	1,028	7,447		28,786	438	3,450
30A	Healthy Families SMA Upper Limits		84,284	1,831	13,022		60,058	439	9,372
31	Healthy Families Published Charges		41,132	1,028	7,447		28,786	439	3,450
31A	Healthy Families Published Charges		84,284	1,831	13,022		60,058	439	9,372
32	Healthy Families Negotiated Rates								
32A	Healthy Families Negotiated Rates								
			210,868	5,224	11,085		188,313	5,408	3,918

County: Los Angeles
 County Code: 19

Legal Entity Number: 00190 Mode: 15 - Outpatient Services (Program 1)	A		B		C		D		E		F		G	
	Mode Total	Service Function	03	04	06	10	12	17	03	04	06	10	12	17
1 Allocation Percentage	100.00%													
2 Total Units	2,728	551,278	2,085	190,990	1,863	352,325	2,528	3,479	0.08%	15.59%	0.05%	6.95%	0.05%	0.07%
3 Gross Cost	5,070,052	3,904	789,005	2,984	352,325	2,528	3,479	1.85	1.43	1.43	1.85	2.44	2.44	2.44
4 Cost per Unit		1.43	1.89	1.89	1.89	1.89	1.89	1.89	1.89	1.89	1.89	1.89	1.89	1.89
5 SMA per Unit		1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88
6 Published Charge per Unit		1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88	1.88
7 Negotiated Rate / Cost per Unit														
8 Medi-Cal Units		2,322	107,098	854	46,085	1,178	1,434							
9 Medicare/Medi-Cal Crossover Units			290,564		114,138									
10 Enhanced SD/MC (Childran) Units			8,492		40									
10A Enhanced SD/MC (Refugees) Units														
11 Healthy Families (SED) Units			8,154		2,176									
12 Non-Medi-Cal Units		408	128,699	1,231	24,918	190	449							
13 Medi-Cal Costs		1,035,929	3,323	153,279	1,222	85,116	2,177	2,649						
13A Medi-Cal SMA Upper Limits		2,651,486	4,369	202,411	1,614	112,399	2,874	3,499						
14 Medi-Cal Published Charges		1,367,591	4,389	202,411	1,614	112,399	2,874	3,499						
15 Medi-Cal Negotiated Rates		3,501,404		549,186		276,492								
16 Medicare/Medi-Cal Crossover Costs		5,553		12,154		74								
17 Medicare/Medi-Cal Crossover SMA Upper Limits		7,332		16,050		98								
18 Medicare/Medi-Cal Crossover Published Charges		69,756		16,050		98								
19 Medicare/Medi-Cal Crossover Negotiated Rates														
20 Enhanced SD/MC Costs														
21 Enhanced SD/MC SMA Upper Limits														
22 Enhanced SD/MC Published Charges														
23 Enhanced SD/MC Negotiated Rates														
24 Healthy Families Costs		46,272		11,670		4,021								
25 Healthy Families SMA Upper Limits		68,988		10,407		6,181								
26 Healthy Families Published Charges		61,104		15,411		5,309								
27 Healthy Families Negotiated Rates		88,434		13,742		5,309								
28 Healthy Families Crossover Costs		88,434		13,742		5,309								
29 Healthy Families Crossover SMA Upper Limits		88,434		13,742		5,309								
30 Healthy Families Crossover Published Charges		88,434		13,742		5,309								
31 Healthy Families Crossover Negotiated Rates														
32 Healthy Families Crossover Total		1,211,310	581	185,830	1,782	46,042	351	830						

County: Los Angeles
 County Code: 19

Legal Entity Number: 00180 Mode: 15 - Outpatient Services (Program 1)	CR H		CR I		CR J		CR K		CR L		CR M		CR N	
	Service Function	33	Service Function	34	Service Function	41	Service Function	42	Service Function	47	Service Function	52	Service Function	54
1 Allocation Percentage	0.02%		0.03%		0.25%		52.15%		0.53%		11.55%		0.11%	
2 Total Units	570		803		6,749		1,430,957		14,511		316,382		3,053	
3 Gross Cost	1,053		1,484		12,470		2,844,022		26,612		584,588		5,641	
4 Cost per Unit	1.85		1.85		1.85		1.85		1.85		1.85		1.85	
5 SMA per Unit	2.44		2.44		2.44		2.44		2.44		2.44		2.44	
6 Published Charge per Unit	2.44		2.44		2.44		2.44		2.44		2.44		2.44	
7 Negotiated Rate / Cost per Unit														
8 Med-Cal Units			80		6,085		282,436		5,857		58,954		2,212	
9 Medicare/Med-Cal Crossover Units			583				772,762				185,542			
10 Enhanced SD/MC (Children) Units							17,444				985			
10B Enhanced SD/MC (Refugees) Units														
11 Healthy Families (SED) Units							11,862				2,874			
12 Non-Med-Cal Units			120		654		315,713		8,654		86,380		841	
13A Med-Cal Costs			168		11,262		540,343		10,822		105,254		4,087	
14 Med-Cal SMA Upper Limits			1,068				1,427,855		14,281		305,877		5,387	
14A Med-Cal Published Charges			1,447				713,544		14,281		403,922		5,387	
15 Med-Cal Negotiated Rates			220		14,872		713,544		14,281		403,922		5,387	
16 Medicare/Med-Cal Crossover Costs							1,885,539							
17 Medicare/Med-Cal Crossover SMA Upper Limits							32,232				1,763			
18 Medicare/Med-Cal Crossover Published Charges							42,563				2,355			
19 Medicare/Med-Cal Crossover Negotiated Rates							42,563				2,355			
20 Enhanced SD/MC Costs														
21 Enhanced SD/MC SMA Upper Limits														
22 Enhanced SD/MC Published Charges														
23 Enhanced SD/MC Negotiated Rates														
24 Healthy Families Costs							21,548				5,310			
25 Healthy Families SMA Upper Limits							38,855				6,757			
26 Healthy Families Published Charges							28,455				7,013			
27 Healthy Families Negotiated Rates							51,045				8,923			
28 Total Units							26,455				7,013			
29 Total Gross Cost							61,045				8,923			
30 Total SMA per Unit														
31 Total Published Charge per Unit														
32 Total Negotiated Rate / Cost per Unit														
33A Med-Cal Units			1,053		222		1,208		583,352		15,980		1,554	

County: Los Angeles
 County Code: 19
 Legal Entity: Amniscar Community Counseling Service
 Legal Entity Number: 00180
 Modet: 15 - Outpatient Services (Program 1)

	CR	O	CR	P	CR	Q	CR	R	CR	S	T	U
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	57	61	62	67	77	87	893	813	893		
2	Total Units	0.03%	0.04%	12.22%	0.06%	0.27%						
3	Gross Cost	839	535	101,475	825	5,011						
4	Cost per Unit	1,550	1,827	619,786	2,918	13,778						
5	SMA per Unit	1.85	3.41	3.42	3.42	2.75						
6	Published Charge per Unit	2.44	4.51	4.51	4.51	3.63						
7	Negotiated Rate / Cost per Unit	2.44	4.51	4.51	4.51	3.63						
8	Med-Cal Units	428	480	32,428	105	893						
8A		10/01/04 - 09/30/04										
9	Medicare/Med-Cal Crossover Units			82,433		3,048						
9A		07/01/04 - 09/30/04		1,815		257						
10	Enhanced SD/MC (Children) Units			1,720								
10A		10/01/04 - 09/30/04										
10B	Enhanced SD/MC (Refugees) Units											
11	Healthy Families (SED) Units			1,090								
11A		07/01/04 - 09/30/04		1,455								
12	Non-Med-Cal Units	411	75	60,730	720	813						
13	Med-Cal Costs	761	1,571	110,754	359	2,455						
13A		07/01/04 - 09/30/04		281,531		8,378						
14	Med-Cal SMA Upper Limits	1,044	2,075	148,255	474	3,242						
14A		10/01/04 - 09/30/04		371,773		11,064						
15	Med-Cal Published Charges	1,044	2,075	148,255	474	3,242						
15A		10/01/04 - 09/30/04		371,773		11,064						
16	Med-Cal Negotiated Rates											
16A		10/01/04 - 09/30/04										
17	Medicare/Med-Cal Crossover Costs			5,516		707						
17A		10/01/04 - 09/30/04		5,874								
18	Medicare/Med-Cal Crossover SMA Upper Limits			7,284		933						
18A		07/01/04 - 09/30/04		7,157								
19	Medicare/Med-Cal Crossover Published Charges			7,284		933						
19A		10/01/04 - 09/30/04		7,157								
20	Medicare/Med-Cal Crossover Negotiated Rates											
20A		10/01/04 - 09/30/04										
21	Enhanced SD/MC Costs											
21A		07/01/04 - 09/30/04										
22	Enhanced SD/MC SMA Upper Limits											
22A		10/01/04 - 09/30/04										
23	Enhanced SD/MC Published Charges											
23A		07/01/04 - 09/30/04										
24	Enhanced SD/MC Negotiated Rates											
24A		10/01/04 - 09/30/04										
25	Enhanced SD/MC (Refugees) Costs											
25A		07/01/04 - 09/30/04										
26	Enhanced SD/MC (Refugees) SMA Upper Limits											
26A		10/01/04 - 09/30/04										
27	Enhanced SD/MC (Refugees) Published Charges											
27A		07/01/04 - 09/30/04										
28	Enhanced SD/MC (Refugees) Negotiated Rates											
28A		10/01/04 - 09/30/04										
29	Healthy Families Costs			3,723								
29A		07/01/04 - 09/30/04		4,969								
30	Healthy Families SMA Upper Limits			4,916								
30A		10/01/04 - 09/30/04		6,562								
31	Healthy Families Published Charges			4,916								
31A		07/01/04 - 09/30/04		6,562								
32	Healthy Families Negotiated Rates											
32A		10/01/04 - 09/30/04										
32A	Medicare/Med-Cal Crossover Published Charges	798	258	207,420	2,458	2,235						

County: Los Angeles
 County Code: 19

Legal Entity Number: 00181 Modes: 15 - Outpatient Services (Program 1)	CR H		CR I		CR J		CR K		CR L		CR M		CR N	
	Service Function		Service Function		Service Function		Service Function		Service Function		Service Function		Service Function	
1 Allocation Percentage	0.11%	17	0.03%	34	1.96%	41	72.26%	42	1.02%	45	0.51%	47	0.25%	52
2 Total Units	2,310		620		39,592		1,457,473		20,480		10,330		5,111	
3 Gross Cost	3,835		1,046		68,825		2,458,998		34,567		17,458		8,627	
4 Cost per Unit	1.66		1.69		1.89		1.69		1.69		1.69		1.69	
5 SMA per Unit	2.44		2.44		2.44		2.44		2.44		2.44		2.44	
6 Published Charge per Unit	2.40		2.44		2.44		2.44		2.44		2.44		2.44	
7 Negotiated Rate / Cost per Unit														
8 Med-Cal Units	1,280		620		19,752		247,843		17,580		3,050		2,117	
9A Medicare/Med-Cal Crossover Units							817,502						2,864	
9B Enhanced SD/MC (Children) Units														
10A Enhanced SD/MC (Refugees) Units														
10B Healthy Families (SED) Units														
11 Non-Med-Cal Units	1,030				19,840		313,869		2,800		7,280			130
12 Med-Cal Costs	2,125		1,048		33,338		418,491		29,672		5,148		3,573	
13A Med-Cal SMA Upper Limits	3,123				48,195		604,981		42,895		7,442		5,165	
14A Med-Cal Published Charges	3,072				48,195		604,981		42,895		7,442		5,165	
15 Med-Cal Negotiated Rates							1,994,705						6,888	
16 Medicare/Med-Cal Crossover Costs														
17A Medicare/Med-Cal Crossover SMA Upper Limits														
18A Medicare/Med-Cal Crossover Published Charges														
19A Medicare/Med-Cal Crossover Negotiated Rates														
20A Enhanced SD/MC Costs														
21A Enhanced SD/MC SMA Upper Limits														
22A Enhanced SD/MC Published Charges														
23A Enhanced SD/MC Negotiated Rates														
24A Enhanced SD/MC (Refugees) Costs														
25A Enhanced SD/MC (Refugees) SMA Upper Limits														
26A Enhanced SD/MC (Refugees) Published Charges														
27A Enhanced SD/MC (Refugees) Negotiated Rates														
28A Healthy Families Costs														
29A Healthy Families SMA Upper Limits														
30A Healthy Families Published Charges														
31A Healthy Families Negotiated Rates														
32A														
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County: Los Angeles
 County Code: 19

Legal Entity: The Devereux Foundation Legal Entity Number: 00472 Model: 10 - Day Services	CR		CR		CR		CR	
	A	B	C	D	E	F	G	
	Mode Total	Service Function						
1 Allocation Percentage	100.00%	98.86%	0.34%					
2 Total Units		6,738	23					
3 Gross Cost	562,466	660,213	2,254					
4 Cost per Unit		97.98	97.98					
5 SMA per Unit		122.75	122.75					
6 Published Charge per Unit		159.60	159.60					
7 Negotiated Rate / Cost per Unit								
8 Medi-Cal Units		1,669	23					
8A		5,069						
9 Medicare/Medi-Cal Crossover Units								
9A								
10 Enhanced SD/MC (Children) Units								
10A								
10B Enhanced SD/MC (Refugees) Units								
11 Healthy Families (SED) Units								
11A								
12 Non-Medi-Cal Units								
13	165,788	163,534	2,254					
13A	486,678	496,678						
14 Medi-Cal SMA Upper Limits	207,863	204,970	2,823					
14A	622,220	622,220						
15 Medi-Cal Published Charges	270,043	266,372	3,671					
15A	809,012	809,012						
16 Medi-Cal Negotiated Rates								
16A								
17 Medicare/Medi-Cal Crossover Costs								
17A								
18 Medicare/Medi-Cal Crossover SMA Upper Limits								
18A								
19 Medicare/Medi-Cal Crossover Published Charges								
19A								
20 Medicare/Medi-Cal Crossover Negotiated Rates								
20A								
21 Enhanced SD/MC Costs								
21A								
22 Enhanced SD/MC SMA Upper Limits								
22A								
23 Enhanced SD/MC Published Charges								
23A								
24 Enhanced SD/MC Negotiated Rates								
24A								
25 Enhanced SD/MC (Refugees) Costs								
25A								
26 Enhanced SD/MC (Refugees) SMA Upper Limits								
26A								
27 Enhanced SD/MC (Refugees) Published Charges								
27A								
28 Enhanced SD/MC (Refugees) Negotiated Rates								
28A								
29 Healthy Families Costs								
29A								
30 Healthy Families SMA Upper Limits								
30A								
31 Healthy Families Published Charges								
31A								
32 Healthy Families Negotiated Rates								
32A								

County: Los Angeles

County Code: 19

Legal Entity: The Devereux Foundation

Legal Entity Number: 00472

Model: 15 - Outpatient Services (Program 1)

	A	CR				G
		B	C	D	E	
	Mode Total	Service Function				
1 Allocation Percentage	100.00%	58	61	62		
2 Total Units		85.54%		14.45%		
3 Gross Cost	261,134	144,953	37,766	17,040		
4 Cost per Unit		1.54		2.22		
5 SMA per Unit		2.44	4.51	4.51		
6 Published Charge per Unit		2.51	3.61	3.61		
7 Negotiated Rate / Cost per Unit						
8 Medi-Cal Units		37,051		4,690		
8A 07/01/04 - 09/30/04		107,902		12,350		
9 Medicare/Medi-Cal Crossover Units						
9A 10/01/04 - 06/30/05						
10 Enhanced SD/MC (Children) Units						
10A 10/01/04 - 06/30/05						
10B Enhanced SD/MC (Refugees) Units						
11 Healthy Families (SED) Units						
11A 07/01/04 - 09/30/04						
11B 10/01/04 - 06/30/05						
12 Non-Medi-Cal Units						
13 Medi-Cal Costs	67,489	57,094		10,394		
13A 07/01/04 - 09/30/04		166,274		27,371		
13B 10/01/04 - 06/30/05	193,645	90,404		21,152		
14 Medi-Cal SMA Upper Limits	111,558	263,281		55,699		
14A 10/01/04 - 06/30/05	109,829	270,854		44,584		
15 Medi-Cal Published Charges	315,418					
15A 07/01/04 - 09/30/04						
15B 10/01/04 - 06/30/05						
16 Medi-Cal Negotiated Rates						
16A 07/01/04 - 09/30/04						
16B 10/01/04 - 06/30/05						
17 Medicare/Medi-Cal Crossover Costs						
17A 07/01/04 - 09/30/04						
17B 10/01/04 - 06/30/05						
18 Medicare/Medi-Cal Crossover SMA Upper Limits						
18A 07/01/04 - 09/30/04						
18B 10/01/04 - 06/30/05						
19 Medicare/Medi-Cal Crossover Published Charges						
19A 07/01/04 - 09/30/04						
19B 10/01/04 - 06/30/05						
20 Medicare/Medi-Cal Crossover Negotiated Rates						
20A 07/01/04 - 09/30/04						
20B 10/01/04 - 06/30/05						
21 Enhanced SD/MC Costs						
21A 07/01/04 - 09/30/04						
21B 10/01/04 - 06/30/05						
22 Enhanced SD/MC SMA Upper Limits						
22A 07/01/04 - 09/30/04						
22B 10/01/04 - 06/30/05						
23 Enhanced SD/MC Published Charges						
23A 07/01/04 - 09/30/04						
23B 10/01/04 - 06/30/05						
24 Enhanced SD/MC Negotiated Rates						
24A 07/01/04 - 09/30/04						
24B 10/01/04 - 06/30/05						
25 Enhanced SD/MC (Refugees) Costs						
25A 07/01/04 - 09/30/04						
25B 10/01/04 - 06/30/05						
26 Enhanced SD/MC (Refugees) SMA Upper Limits						
26A 07/01/04 - 09/30/04						
26B 10/01/04 - 06/30/05						
27 Enhanced SD/MC (Refugees) Published Charges						
27A 07/01/04 - 09/30/04						
27B 10/01/04 - 06/30/05						
28 Enhanced SD/MC (Refugees) Negotiated Rates						
28A 07/01/04 - 09/30/04						
28B 10/01/04 - 06/30/05						
29 Healthy Families Costs						
29A 07/01/04 - 09/30/04						
29B 10/01/04 - 06/30/05						
30 Healthy Families SMA Upper Limits						
30A 07/01/04 - 09/30/04						
30B 10/01/04 - 06/30/05						
31 Healthy Families Published Charges						
31A 07/01/04 - 09/30/04						
31B 10/01/04 - 06/30/05						
32 Healthy Families Negotiated Rates						
32A 07/01/04 - 09/30/04						
32B 10/01/04 - 06/30/05						
33 Non-Medi-Cal Costs						
33A 07/01/04 - 09/30/04						
33B 10/01/04 - 06/30/05						

County: Los Angeles
 County Code: 19

Legal Entity Number: 00184 Mode: 15 - Outpatient Services (Program 1)	A		B		C		D		E		F		G	
	Mode Total	Service Function 04												
1 Allocation Percentage	100.00%	8.28%	2.04%	0.71%	69.37%	2.75%	0.42%							
2 Total Units	1,981,442	91,868	17,881	6,161	600,067	23,754	1,980							
3 Gross Cost		156,601	35,855	13,429	1,312,053	52,015	7,944							
4 Cost per Unit		1.70	2.18	2.18	2.19	2.19	3.99							
5 SMA per Unit		1.89	2.44	2.44	2.44	2.44	4.51							
6 Published Charge per Unit		1.77	2.27	2.27	2.27	2.27	4.23							
7 Negotiated Rate / Cost per Unit														
8 Medi-Cal Units		24,838	4,956	1,005	93,589	6,242	1,740							
9A Medicare/Medi-Cal Crossover Units		24,848	10,706	3,506	336,854	12,768								
10 Enhanced SD/MC (Children) Units														
10A Enhanced SD/MC (Refugees) Units														
11 Healthy Families (SED) Units														
11A Non-Medi-Cal Units		42,384	2,378	1,650	169,844	4,744	250							
12 Non-Medi-Cal Units		323,302	42,003	2,191	204,596	13,658	6,946							
13 Medi-Cal Costs		1,031,450	42,535	23,364	736,120	27,959	7,847							
13A Medi-Cal SMA Upper Limits		380,210	46,582	11,214	228,308	15,230	7,847							
14 Medi-Cal Published Charges		1,149,135	47,152	26,123	8,555	821,438	31,154							
14A Medi-Cal Negotiated Rates		335,829	43,806	10,433	2,281	212,402	14,169							
15 Medi-Cal Published Charges		1,070,983	44,158	24,303	7,959	764,205	28,983							
15A Medi-Cal Negotiated Rates														
16 Medicare/Medi-Cal Crossover Costs														
17 Medicare/Medi-Cal Crossover SMA Upper Limits														
18 Medicare/Medi-Cal Crossover Published Charges														
19 Medicare/Medi-Cal Crossover Negotiated Rates														
20 Enhanced SD/MC Costs														
21 Enhanced SD/MC SMA Upper Limits														
22 Enhanced SD/MC Published Charges														
23 Enhanced SD/MC Negotiated Rates														
24 Healthy Families Costs														
25 Healthy Families SMA Upper Limits														
26 Healthy Families Published Charges														
27 Healthy Families Negotiated Rates														
28 Non-Medi-Cal Costs														
29 Non-Medi-Cal SMA Upper Limits														
30 Non-Medi-Cal Published Charges														
31 Non-Medi-Cal Negotiated Rates														
32 Total	536,690	72,282	5,192	3,696	371,377	10,388	958							

County: Los Angeles
 County Code: 19

Legal Entity Number: 00184 Mode: 15 - Outpatient Services (Program 1)	CR					
	H	I	J	K	L	N
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1 Allocation Percentage	62					
2 Total Units	16.42%					
3 Gross Cost	78,284					
4 Cost per Unit	310,575					
5 SMA per Unit	4.07					
6 Published Charge per Unit	4.51					
7 Negotiated Rate / Cost per Unit	4.23					
8						
8A	07/01/04 - 09/30/04	10,775				
9	10/01/04 - 06/30/05	47,608				
9A	07/01/04 - 09/30/04					
10	10/01/04 - 06/30/05					
10A	07/01/04 - 09/30/04					
10B	10/01/04 - 06/30/05					
11	07/01/04 - 09/30/04					
11A	10/01/04 - 06/30/05					
12	Non-Medi-Cal Units	17,900				
13	07/01/04 - 09/30/04	43,868				
13A	10/01/04 - 06/30/05	183,831				
14	07/01/04 - 09/30/04	48,595				
14A	10/01/04 - 06/30/05	214,717				
15	07/01/04 - 09/30/04	45,578				
15A	10/01/04 - 06/30/05	201,398				
16	07/01/04 - 09/30/04					
16A	10/01/04 - 06/30/05					
17	07/01/04 - 09/30/04					
17A	10/01/04 - 06/30/05					
18	07/01/04 - 09/30/04					
18A	10/01/04 - 06/30/05					
19	07/01/04 - 09/30/04					
19A	10/01/04 - 06/30/05					
20	07/01/04 - 09/30/04					
20A	10/01/04 - 06/30/05					
21	07/01/04 - 09/30/04					
21A	10/01/04 - 06/30/05					
22	07/01/04 - 09/30/04					
22A	10/01/04 - 06/30/05					
23	07/01/04 - 09/30/04					
23A	10/01/04 - 06/30/05					
24	07/01/04 - 09/30/04					
24A	10/01/04 - 06/30/05					
25	07/01/04 - 09/30/04					
26	07/01/04 - 09/30/04					
27	07/01/04 - 09/30/04					
28	07/01/04 - 09/30/04					
29	07/01/04 - 09/30/04					
29A	10/01/04 - 06/30/05					
30	07/01/04 - 09/30/04					
30A	10/01/04 - 06/30/05					
31	07/01/04 - 09/30/04					
31A	10/01/04 - 06/30/05					
32	07/01/04 - 09/30/04					
32A	10/01/04 - 06/30/05					
32B	10/01/04 - 06/30/05	72,878				

County: Los Angeles
 County Code: 19

NR	Legal Entity Number: 00778 Mode: 10 - Day Services	NR						
		A Mode Total	B Service Function	C Service Function	D Service Function	E Service Function	F Service Function	G Service Function
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		92					
3	Gross Cost	174,529	174,529					
4	Cost per Unit		81.59					
5	SMA per Unit		78.84					
6	Published Charge per Unit		69.24					
7	Negotiated Rate / Cost per Unit		69.24					
8	Medi-Cal Units		537					
8A	07/01/04 - 09/30/04		1,328					
9	Medicare/Medi-Cal Crossover Units							
9A	07/01/04 - 09/30/04							
10	Enhanced SD/MC (Children) Units							
10A	07/01/04 - 09/30/04							
10B	Enhanced SD/MC (Refugees) Units							
10B	07/01/04 - 09/30/04							
11	Healthy Families (SED) Units							
11A	07/01/04 - 09/30/04							
12	Non-Medi-Cal Units		274					
13	Medi-Cal Costs	43,816	43,816					
13A	07/01/04 - 09/30/04	108,358	108,358					
14	Medi-Cal SMA Upper Limits	42,230	42,230					
14A	07/01/04 - 09/30/04	104,434	104,434					
15	Medi-Cal Published Charges	37,182	37,182					
15A	07/01/04 - 09/30/04	91,851	91,851					
16	Medi-Cal Negotiated Rates	37,182	37,182					
16A	07/01/04 - 09/30/04	91,851	91,851					
17	Medicare/Medi-Cal Crossover Costs							
17A	07/01/04 - 09/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	07/01/04 - 09/30/04							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	07/01/04 - 09/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	07/01/04 - 09/30/04							
21	Enhanced SD/MC Costs							
21A	07/01/04 - 09/30/04							
22	Enhanced SD/MC SMA Upper Limits							
22A	07/01/04 - 09/30/04							
23	Enhanced SD/MC Published Charges							
23A	07/01/04 - 09/30/04							
24	Enhanced SD/MC Negotiated Rates							
24A	07/01/04 - 09/30/04							
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	07/01/04 - 09/30/04							
29	Healthy Families Costs							
29A	07/01/04 - 09/30/04							
30	Healthy Families SMA Upper Limits							
30A	07/01/04 - 09/30/04							
31	Healthy Families Published Charges							
31A	07/01/04 - 09/30/04							
32	Healthy Families Negotiated Rates							
32A	07/01/04 - 09/30/04							
		22,357	22,357					

County: Los Angeles
 County Code: 18

Legal Entity	Legal Entity Name	Mode	NR							
			A	B	C	D	E	F	G	
Legal Entity: Enki Health and Research Systems		Mode: 10 - Day Services	Mode Total	Service Function						
1	Allocation Percentage		100.00%	100.00%						
2	Total Units			85						
3	Gross Cost		1,497,589	1,497,589						
4	SMA per Unit			173.73						
5	Published Charge per Unit			189.33						
6	Negotiated Rate / Cost per Unit			121.86						
7	Med-Cal Units	07/01/04 - 09/30/04		2,793						
8	Medicare/Med-Cal Crossover Units	07/01/04 - 09/30/04		7,999						
9	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04								
10	Enhanced SD/MC (Refugees) Units	07/01/04 - 09/30/04								
10B	Healthy Families (SED) Units	07/01/04 - 09/30/04		88						
11	Non-Med-Cal Units	07/01/04 - 09/30/04		839						
12	Med-Cal Costs	07/01/04 - 09/30/04	345,594	345,594						
13	Med-Cal SMA Upper Limits	07/01/04 - 09/30/04	889,732	889,732						
14	Med-Cal Published Charges	07/01/04 - 09/30/04	528,789	528,789						
15	Med-Cal Negotiated Rates	07/01/04 - 09/30/04	1,514,451	1,514,451						
16	Medicare/Med-Cal Crossover Costs	07/01/04 - 09/30/04	377,055	377,055						
17	Medicare/Med-Cal Crossover Published Charges	07/01/04 - 09/30/04	1,079,865	1,079,865						
18	Medicare/Med-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04	340,680	340,680						
19	Enhanced SD/MC Costs	07/01/04 - 09/30/04	675,718	675,718						
20	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04								
21	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04								
22	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04								
23	Healthy Families Costs	07/01/04 - 09/30/04								
24	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04								
25	Healthy Families Published Charges	07/01/04 - 09/30/04								
26	Healthy Families Negotiated Rates	07/01/04 - 09/30/04								
27	Healthy Families Costs	07/01/04 - 09/30/04	10,888	10,888						
28	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	41,574	41,574						
29	Healthy Families Published Charges	07/01/04 - 09/30/04	18,681	18,681						
30	Healthy Families Negotiated Rates	07/01/04 - 09/30/04	63,615	63,615						
30A	Healthy Families Costs	07/01/04 - 09/30/04	11,880	11,880						
31	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	45,380	45,380						
32	Healthy Families Published Charges	07/01/04 - 09/30/04	10,734	10,734						
32A	Healthy Families Negotiated Rates	07/01/04 - 09/30/04	40,985	40,985						
32B	Healthy Families Costs	07/01/04 - 09/30/04	103,811	103,811						

County: Los Angeles
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NR	H	I	J	K	L	M	N	NR	
								Service Function	Service Function
Legal Entity: Enkl Health and Research Systems									
Legal Entity Number: 00188									
Model: 19 - Outpatient Services (Program 1)									
1								77	
2								1.37%	
3								89,820	
4								306,769	
5								3.07	
6								3.63	
7								3.35	
8								3.03	
8A		07/01/04 - 09/30/04						14,350	
9		10/01/04 - 09/30/05						40,553	
9A		07/01/04 - 09/30/04							
10		10/01/04 - 09/30/05							
10A		07/01/04 - 09/30/04							
10B		10/01/04 - 09/30/05							
11		07/01/04 - 09/30/04							
11A		10/01/04 - 09/30/05						2,578	
12		Non-Medi-Cal Units						42,339	
13		07/01/04 - 09/30/04						44,105	
13A		10/01/04 - 09/30/05						124,840	
14		07/01/04 - 09/30/04						52,081	
14A		10/01/04 - 09/30/05						147,207	
15		07/01/04 - 09/30/04						48,073	
15A		10/01/04 - 09/30/05						135,853	
16		07/01/04 - 09/30/04						43,481	
16A		10/01/04 - 09/30/05						122,876	
17		07/01/04 - 09/30/04							
17A		10/01/04 - 09/30/05							
18		07/01/04 - 09/30/04							
18A		10/01/04 - 09/30/05							
19		07/01/04 - 09/30/04							
19A		10/01/04 - 09/30/05							
20		07/01/04 - 09/30/04							
20A		10/01/04 - 09/30/05							
21		07/01/04 - 09/30/04							
21A		10/01/04 - 09/30/05							
22		07/01/04 - 09/30/04							
22A		10/01/04 - 09/30/05							
23		07/01/04 - 09/30/04							
23A		10/01/04 - 09/30/05							
24		07/01/04 - 09/30/04							
24A		10/01/04 - 09/30/05							
25		07/01/04 - 09/30/05							
26		07/01/04 - 09/30/05							
27		07/01/04 - 09/30/05							
28		07/01/04 - 09/30/05							
29		07/01/04 - 09/30/04							
29A		10/01/04 - 09/30/05						7,924	
30		07/01/04 - 09/30/04							
30A		10/01/04 - 09/30/05						9,358	
31		07/01/04 - 09/30/04							
31A		10/01/04 - 09/30/05						8,636	
32		07/01/04 - 09/30/04							
32A		10/01/04 - 09/30/05						7,811	
								130,130	

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Line	Legal Entity	Legal Entity Number	Mode	A		B		C		D		E		F		G			
				Mode Total	Service Function														
1	Allocation Percentage	00191	15 - Outpatient Services (Program 1)	100.00%	04	10	34	42	52	82	82	82	82	82	82	82	82	82	
2	Total Units			16,41%	255,067	715,127	21,866	2,447,745	458,445	255,704	8,83%	8,83%	8,83%	8,83%	8,83%	8,83%	8,83%	8,83%	
3	Gross Cost			8,719,834	423,989	1,430,534	43,619	4,905,278	914,715	865,858	865,858	865,858	865,858	865,858	865,858	865,858	865,858	865,858	
4	Cost per Unit			1.88	1.68	2.00	2.24	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	
5	SMA per Unit			1.89	1.89	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	
6	Published Charge per Unit			1.80	1.80	2.17	2.17	2.17	2.17	2.17	2.17	2.17	2.17	2.17	2.17	2.17	2.17	2.17	
7	Negotiated Rate / Cost per Unit																		
8	Medi-Cal Units				81,995	128,344	5,977	401,580	180,378	80,162	80,162	80,162	80,162	80,162	80,162	80,162	80,162	80,162	
8A					168,429	481,081	12,858	1,865,922	239,946	159,643	159,643	159,643	159,643	159,643	159,643	159,643	159,643	159,643	
9	Medicare/Medi-Cal Crossover Units																		
9A																			
10	Enhanced SD/MC (Children) Units																		
10A																			
10B	Enhanced SD/MC (Refugees) Units																		
11	Healthy Families (SED) Units																		
11A																			
12	Non-Medi-Cal Units				1,132	24,189	1,038	311,050	34,302	29,418	29,418	29,418	29,418	29,418	29,418	29,418	29,418	29,418	
13	Medi-Cal Costs			1,758,425	103,054	252,908	11,978	804,788	361,473	203,789	203,789	203,789	203,789	203,789	203,789	203,789	203,789	203,789	
13A				5,732,677	278,855	882,840	25,767	3,338,508	480,822	540,584	540,584	540,584	540,584	540,584	540,584	540,584	540,584	540,584	
14	Medi-Cal SMA Upper Limits			2,155,084	117,171	308,278	14,584	879,855	440,117	271,421	271,421	271,421	271,421	271,421	271,421	271,421	271,421	271,421	
14A				7,027,359	314,551	1,178,862	31,374	4,084,850	565,468	719,980	719,980	719,980	719,980	719,980	719,980	719,980	719,980	719,980	
15	Medi-Cal Published Charges			1,901,918	111,591	273,750	12,970	871,429	391,416	220,868	220,868	220,868	220,868	220,868	220,868	220,868	220,868	220,868	
15A				8,207,542	299,572	1,042,380	27,902	3,615,051	520,893	685,363	685,363	685,363	685,363	685,363	685,363	685,363	685,363	685,363	
16	Medi-Cal Negotiated Rates																		
16A																			
17	Medicare/Medi-Cal Crossover Costs																		
17A																			
18	Medicare/Medi-Cal Crossover SMA Upper Limits																		
18A																			
19	Medicare/Medi-Cal Crossover Published Charges																		
19A																			
20	Medicare/Medi-Cal Crossover Negotiated Rates																		
20A																			
21	Enhanced SD/MC Costs																		
21A																			
22	Enhanced SD/MC SMA Upper Limits																		
22A																			
23	Enhanced SD/MC Published Charges																		
23A																			
24	Enhanced SD/MC Negotiated Rates																		
24A																			
25	Enhanced SD/MC (Refugees) Costs																		
26	Enhanced SD/MC (Refugees) SMA Upper Limits																		
27	Enhanced SD/MC (Refugees) Published Charges																		
28	Enhanced SD/MC (Refugees) Negotiated Rates																		
28A																			
29	Healthy Families Costs				9,591	3,228	3,988	133,611	3,849	1,314	1,314	1,314	1,314	1,314	1,314	1,314	1,314	1,314	
29A				215,485	1,882	48,401	3,988	133,611	3,849	1,314	1,314	1,314	1,314	1,314	1,314	1,314	1,314	1,314	
30	Healthy Families SMA Upper Limits			11,834	3,933	6,151	6,151	6,151	6,151	6,151	6,151	6,151	6,151	6,151	6,151	6,151	6,151	6,151	6,151
30A				284,049	2,139	59,021	4,868	162,880	4,443	27,389	27,389	27,389	27,389	27,389	27,389	27,389	27,389	27,389	
31	Healthy Families Published Charges			10,388	3,493	3,493	3,493	3,493	3,493	3,493	3,493	3,493	3,493	3,493	3,493	3,493	3,493	3,493	3,493
31A				233,335	2,038	52,410	4,329	144,678	3,852	22,268	22,268	22,268	22,268	22,268	22,268	22,268	22,268	22,268	
32	Healthy Families Negotiated Rates																		
32A				1,005,659	42,407	183,890	2,076	623,344	68,741	88,615	88,615	88,615	88,615	88,615	88,615	88,615	88,615	88,615	

Line Item	Description	CR			CR			G
		A	B	C	D	E	F	
		Mode Total	Service Function					
1	Allocation Percentage	100.00%	98	98				
2	Total Units		8,520	8,520				
3	Gross Cost	1,130,876	1,124,615	6,261				
4	Cost per Unit		130.81	72.83				
5	SMA per Unit		122.75	122.75				
6	Published Charge per Unit		122.75	122.75				
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units		2,388	53				
9	Medicare/Medi-Cal Crossover Units		6,297					
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A	Non-Medi-Cal Units		835					
12	Medi-Cal Costs	286,380	282,089	8,261				
13	Medi-Cal SMA Upper Limits	743,876	743,876					
14	Medi-Cal SMA Upper Limits	299,633	293,127	6,508				
14A	Medi-Cal Published Charges	772,957	772,957					
15	Medi-Cal Negotiated Rates	299,633	293,127	6,508				
15A	Medi-Cal Negotiated Rates	772,957	772,957					
16	Medi-Cal Negotiated Rates							
16A	Medi-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover SMA Upper Limits							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover Published Charges							
19	Medicare/Medi-Cal Crossover Negotiated Rates							
19A	Medicare/Medi-Cal Crossover Negotiated Rates							
20	Enhanced SD/MC Costs							
20A	Enhanced SD/MC SMA Upper Limits							
21	Enhanced SD/MC Published Charges							
21A	Enhanced SD/MC Negotiated Rates							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC Published Charges							
23	Enhanced SD/MC Negotiated Rates							
23A	Enhanced SD/MC SMA Upper Limits							
24	Enhanced SD/MC Published Charges							
24A	Enhanced SD/MC Negotiated Rates							
25	Healthy Families Costs							
26	Healthy Families SMA Upper Limits							
27	Healthy Families Published Charges							
28	Healthy Families Negotiated Rates							
28A	Healthy Families Costs							
29	Healthy Families SMA Upper Limits							
30	Healthy Families Published Charges							
30A	Healthy Families Negotiated Rates							
31	Healthy Families Published Charges							
31A	Healthy Families Negotiated Rates							
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103	Healthy Families Published Charges							
103A	Healthy Families Negotiated Rates							
104	Healthy Families Published Charges							

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Legal Entity Number: 00174	Legal Entity Name: Hamburger Home, Inc.	CR	H	CR	I	CR	J	K	L	M	N
Modic: 15 - Outpatient Services (Program 1)		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	61	0.05%	62	77						
2	Total Units	422	12.95%	117,647	6,649						
3	Gross Cost	1,632	510,628	23,228							
4	Cost per Unit	4.34	4.34	4.51	3.63						
5	SMA per Unit	4.51	4.51	4.51	3.63						
6	Published Charge per Unit	4.51	4.51	4.51	3.63						
7	Negotiated Rate / Cost per Unit										
8	Medi-Cal Units	07/01/04 - 06/30/05	422	29,270	1,019						
8A	Medi-Cal Units	10/01/04 - 06/30/05		78,589	6,100						
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 06/30/04									
10	Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05									
10A	Enhanced SD/MC (Children) Units	07/01/04 - 06/30/04									
10B	Enhanced SD/MC (Refugees) Units	10/01/04 - 06/30/05									
11	Healthy Families (SED) Units	07/01/04 - 06/30/04			130						
11A	Healthy Families (SED) Units	10/01/04 - 06/30/05			515						
12	Non-Medi-Cal Units				9,163	530					
13	Medi-Cal Costs	07/01/04 - 06/30/04	1,832	127,041	3,560						
13A	Medi-Cal Costs	10/01/04 - 06/30/05		341,015	17,818						
14	Medi-Cal SMA Upper Limits	07/01/04 - 06/30/04	1,903	132,008	3,689						
14A	Medi-Cal SMA Upper Limits	10/01/04 - 06/30/05		354,346	18,513						
15	Medi-Cal Published Charges	07/01/04 - 06/30/04	1,903	132,008	3,689						
15A	Medi-Cal Published Charges	10/01/04 - 06/30/05		354,346	18,513						
16	Medi-Cal Negotiated Rates	07/01/04 - 06/30/04									
16A	Medi-Cal Negotiated Rates	10/01/04 - 06/30/05									
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 06/30/04									
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05									
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 06/30/04									
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05									
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 06/30/04									
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05									
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 06/30/04									
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05									
21	Enhanced SD/MC Costs	07/01/04 - 06/30/04									
21A	Enhanced SD/MC Costs	10/01/04 - 06/30/05									
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 06/30/04									
22A	Enhanced SD/MC SMA Upper Limits	10/01/04 - 06/30/05									
23	Enhanced SD/MC Published Charges	07/01/04 - 06/30/04									
23A	Enhanced SD/MC Published Charges	10/01/04 - 06/30/05									
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 06/30/04									
24A	Enhanced SD/MC Negotiated Rates	10/01/04 - 06/30/05									
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05									
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05									
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05									
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05									
29	Healthy Families Costs	07/01/04 - 06/30/04			564						
29A	Healthy Families Costs	10/01/04 - 06/30/05			2,235						
30	Healthy Families SMA Upper Limits	07/01/04 - 06/30/04			588						
30A	Healthy Families SMA Upper Limits	10/01/04 - 06/30/05			2,323						
31	Healthy Families Published Charges	07/01/04 - 06/30/04			588						
31A	Healthy Families Published Charges	10/01/04 - 06/30/05			2,323						
32	Healthy Families Negotiated Rates	07/01/04 - 06/30/04									
32A	Healthy Families Negotiated Rates	10/01/04 - 06/30/05									
					39,770	1,852					

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Legal Entity Number: 00192 Mode: 10 - Day Services	NR		NR		NR		NR		G Service Function
	A Mode Total	B Service Function 98	C Service Function 99	D Service Function	E Service Function	F Service Function	G Service Function		
1 Allocation Percentage	100.00%	89.76%	0.22%						
2 Total Units	1,810,875	1,599,558	4,018						
3 Gross Cost		77.29	77.29						
4 Cost per Unit		122.75	122.75						
5 SMA per Unit		116.00	116.00						
6 Published Charge per Unit		92.81	92.81						
7 Negotiated Rate / Cost per Unit		7.073	34						
8 Medi-Cal Units		16,007							
8A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
9 Medicare/Medi-Cal Crossover Units									
9A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
10 Enhanced SD/MC (Children) Units									
10A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
10B Enhanced SD/MC (Refugees) Units									
10/01/04 - 09/30/05									
11 Healthy Families (SED) Units									
11A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
12 Non-Medi-Cal Units									
12A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
13 Medi-Cal Costs	549,324	546,898	2,828						
13A 07/01/04 - 09/30/04	1,237,235	1,237,235							
10/01/04 - 09/30/05	872,364	868,211	4,174						
14 Medi-Cal SMA Upper Limits	1,954,859	1,954,859	3,844						
14A 07/01/04 - 09/30/04	824,412	820,488	3,944						
10/01/04 - 09/30/05	1,858,812	1,858,812							
15A 07/01/04 - 09/30/04	659,601	655,445	3,158						
10/01/04 - 09/30/05	1,485,810	1,485,810							
16A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
17 Medicare/Medi-Cal Crossover Costs									
17A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
18 Medicare/Medi-Cal Crossover SMA Upper Limits									
18A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
19 Medicare/Medi-Cal Crossover Published Charges									
19A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
20 Medicare/Medi-Cal Crossover Negotiated Rates									
20A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
21 Enhanced SD/MC Costs									
21A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
22 Enhanced SD/MC SMA Upper Limits									
22A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
23 Enhanced SD/MC Published Charges									
23A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
24 Enhanced SD/MC Negotiated Rates									
24A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
25 Enhanced SD/MC (Refugees) Costs									
25A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
26 Enhanced SD/MC (Refugees) SMA Upper Limits									
26A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
27 Enhanced SD/MC (Refugees) Published Charges									
27A 07/01/04 - 09/30/04									
10/01/04 - 09/30/05									
28 Enhanced SD/MC (Refugees) Negotiated Rates									
28A 07/01/04 - 09/30/04	77	77							
10/01/04 - 09/30/05	77	77							
29 Healthy Families Costs									
29A 07/01/04 - 09/30/04	123	123							
10/01/04 - 09/30/05	123	123							
30 Healthy Families SMA Upper Limits									
30A 07/01/04 - 09/30/04	116	116							
10/01/04 - 09/30/05	116	116							
31 Healthy Families Published Charges									
31A 07/01/04 - 09/30/04	93	93							
10/01/04 - 09/30/05	93	93							
32 Healthy Families Negotiated Rates									
32A 07/01/04 - 09/30/04	22,570	22,570							
10/01/04 - 09/30/05	1,391	1,391							
32A Non-Medicare/Cal Costs	23,961	22,570	1,391						

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NR	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 06	Service Function 10	Service Function 12	Service Function 17
1	100.00%	0.01%	1.85%	0.00%	7.18%	0.07%	0.10%
2	Total Units	875	132,931	135	385,751	3,845	5,205
3	Gross Cost	8,617,422	1,049,435	162	616,893	5,828	8,324
4	Cost per Unit	1.20	1.20	1.20	1.60	1.60	1.60
5	SMA per Unit	1.89	1.89	1.89	2.44	2.44	2.44
6	Published Charge per Unit	1.80	1.80	1.80	2.40	2.40	2.40
7	Negotiated Rate / Cost per Unit	1.43	1.43	1.43	1.82	1.82	1.82
8	Medi-Cal Units	744	25,184	52	62,487	2,276	1,229
8A	10/01/04 - 09/30/04		87,830		228,992		
9	Medicare/Medi-Cal Crossover Units						
9A	10/01/04 - 09/30/04						
10	Enhanced SD/MC (Children) Units	9	805		2,189	32	
10A	10/01/04 - 09/30/04		2,811		8,021		
10B	Enhanced SD/MC (Refugees) Units	9	1,548		5,719	133	
10B	10/01/04 - 09/30/04		5,402		20,857		
11	Healthy Families (SED) Units	113	9,241	83	57,386	1,204	3,864
11A	10/01/04 - 09/30/04						
12	Non-Medi-Cal Units						
13	Medi-Cal Costs	1,525,079	30,217	62	89,628	3,840	1,965
13A	10/01/04 - 09/30/04		105,461		366,198		
14	Medi-Cal SMA Upper Limits	2,337,237	47,617	98	152,488	5,553	2,999
14A	10/01/04 - 09/30/04		155,188		558,740		
15	Medi-Cal Published Charges	2,288,801	1,339	94	149,999	5,482	2,950
15A	10/01/04 - 09/30/04		159,274		549,591		
16	Medi-Cal Negotiated Rates	1,746,148	1,064	74	113,726	4,142	2,237
16A	10/01/04 - 09/30/04		125,740		416,765		
17	Medicare/Medi-Cal Crossover Costs						
17A	10/01/04 - 09/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits						
18A	10/01/04 - 09/30/04						
19	Medicare/Medi-Cal Crossover Published Charges						
19A	10/01/04 - 09/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates						
20A	10/01/04 - 09/30/04						
21	Enhanced SD/MC Costs	30,262	866		3,501	51	
21A	10/01/04 - 09/30/04		3,371		12,827		
22	Enhanced SD/MC SMA Upper Limits	105,288	1,521		5,341	78	
22A	10/01/04 - 09/30/04		5,313		19,571		
23	Enhanced SD/MC Published Charges	45,448	1,448		5,254	77	
23A	10/01/04 - 09/30/04		5,080		19,250		
24	Enhanced SD/MC Negotiated Rates	158,029	1,151		3,984	58	
24A	10/01/04 - 09/30/04		4,020		14,568		
25	Enhanced SD/MC (Refugees) Costs						
25A	10/01/04 - 09/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits						
26A	10/01/04 - 09/30/04						
27	Enhanced SD/MC (Refugees) Published Charges						
27A	10/01/04 - 09/30/04						
28	Healthy Families Costs	91,528	1,857		9,148	213	178
28A	10/01/04 - 09/30/04		319,670		33,514		
29	Healthy Families SMA Upper Limits	139,992	2,928		13,954	325	273
29A	10/01/04 - 09/30/04		10,210		51,135		
30	Healthy Families Published Charges	137,381	2,768		13,726	319	269
30A	10/01/04 - 09/30/04		478,752		50,297		
31	Healthy Families Negotiated Rates	364,811	7,725		10,409	242	204
31A	10/01/04 - 09/30/04						
32	Healthy Families Negotiated Rates	787,973	11,053	100	91,770	1,925	6,179
32A	10/01/04 - 09/30/04						

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Legal Entity Number	Legal Entity Name	NR H	NR I	NR J	NR K	NR L	NR M	NR N
Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	0.00%	0.20%	0.35%	4.72%	0.38%	2.86%	0.02%
2	Total Units	120	10,755	18,713	2,483,894	20,285	159,327	1,117
3	Gross Cost	182	17,188	29,826	3,839,874	32,438	254,792	1,786
4	Cost per Unit	1.50	1.60	1.60	1.56	1.60	1.56	1.60
5	SMA per Unit	2.44	2.44	2.44	2.44	2.44	2.44	2.44
6	Published Charge per Unit	2.40	2.40	2.40	2.40	2.40	2.40	2.40
7	Negotiated Rate / Cost per Unit	1.82	1.82	1.82	1.82	1.82	1.82	1.82
8	Medi-Cal Units	43	2,711	12,178	387,794	4,551	30,031	352
9	Medicare/Medi-Cal Crossover Units		3,880	1,477,521			89,346	
10	Enhanced SD/MC (Children) Units	831		457	12,654		822	21
10B	Enhanced SD/MC (Refugees) Units	1,132			48,212		1,834	
11	Healthy Families (SED) Units	286		1,432	40,610	781	3,412	257
12	Non-Medi-Cal Units	77	1,929	4,848	342,176	14,873	19,378	487
13	Medi-Cal Costs	89	4,336	18,475	820,150	7,278	48,025	553
14	Medi-Cal SMA Upper Limits	105	5,615	28,714	946,278	11,104	73,278	859
15	Medi-Cal Published Charges	103	6,508	29,227	930,705	10,922	72,074	845
16	Medi-Cal Negotiated Rates	78	4,834	22,164	705,785	8,283	54,956	641
17	Medicare/Medi-Cal Crossover Costs		6,716	2,889,088			189,890	
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs	1,328	731	20,238			985	34
22	Enhanced SD/MC SMA Upper Limits	1,810	1,115	30,878			3,083	51
23	Enhanced SD/MC Published Charges	2,782	1,894	117,587			4,719	50
24	Enhanced SD/MC Negotiated Rates	2,060	1,512	23,030			1,483	38
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs	313	2,280	84,942		1,217	5,458	411
30	Healthy Families SMA Upper Limits	425	3,484	99,088		1,857	8,325	627
31	Healthy Families Published Charges	649	3,437	87,484		1,828	8,189	617
32	Healthy Families Negotiated Rates	357	2,808	75,910		1,385	6,210	488
33	Non-Medical Costs	123	3,055	7,430	547,189	23,944	30,989	779

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Line Item	Description	A Mode Total	NR			NR			NR			G Service Function
			B Service Function	C Service Function	D Service Function	E Service Function	F Service Function	G Service Function				
1	Allocation Percentage	100.00%										
2	Total Units	1,278,610										
3	Gross Cost	8,463										
4	Cost per Unit	6.62										
5	SMA per Unit	124.81										
6	Published Charge per Unit	122.00										
7	Negotiated Rate / Cost per Unit	122.00										
8	Med-Cal Units											
9	Medicare/Med-Cal Crossover Units											
10	Enhanced SD/MC (Children) Units											
10A	Enhanced SD/MC (Refugees) Units											
10B	Enhanced SD/MC (Refugees) Units											
11	Healthy Families (SED) Units											
11A	Non-Med-Cal Units											
12	Med-Cal Costs	307,621										
13	Med-Cal Costs	713,416										
14	Med-Cal SMA Upper Limits	305,560										
14A	Med-Cal SMA Upper Limits	707,965										
15	Med-Cal Published Charges	281,883										
15A	Med-Cal Published Charges	653,303										
16	Med-Cal Negotiated Rates	281,883										
16A	Med-Cal Negotiated Rates	653,303										
17	Medicare/Med-Cal Crossover Costs											
17A	Medicare/Med-Cal Crossover Costs											
18	Medicare/Med-Cal Crossover SMA Upper Limits											
18A	Medicare/Med-Cal Crossover SMA Upper Limits											
19	Medicare/Med-Cal Crossover Published Charges											
19A	Medicare/Med-Cal Crossover Published Charges											
20	Medicare/Med-Cal Crossover Negotiated Rates											
20A	Medicare/Med-Cal Crossover Negotiated Rates											
21	Enhanced SD/MC Costs											
21A	Enhanced SD/MC Costs											
22	Enhanced SD/MC SMA Upper Limits											
22A	Enhanced SD/MC SMA Upper Limits											
23	Enhanced SD/MC Published Charges											
23A	Enhanced SD/MC Published Charges											
24	Enhanced SD/MC Negotiated Rates											
24A	Enhanced SD/MC Negotiated Rates											
25	Enhanced SD/MC (Refugees) Costs											
25A	Enhanced SD/MC (Refugees) Costs											
26	Enhanced SD/MC (Refugees) SMA Upper Limits											
26A	Enhanced SD/MC (Refugees) SMA Upper Limits											
27	Enhanced SD/MC (Refugees) Published Charges											
27A	Enhanced SD/MC (Refugees) Published Charges											
28	Enhanced SD/MC (Refugees) Negotiated Rates											
28A	Enhanced SD/MC (Refugees) Negotiated Rates											
29	Healthy Families Costs											
29A	Healthy Families Costs											
30	Healthy Families SMA Upper Limits											
30A	Healthy Families SMA Upper Limits											
31	Healthy Families Published Charges											
31A	Healthy Families Published Charges											
32	Healthy Families Negotiated Rates											
32A	Healthy Families Negotiated Rates											
33	Non-Med-Cal Costs	257,373										
33A	Non-Med-Cal Costs	151,180										
34	Non-Med-Cal SMA Upper Limits	106,193										
34A	Non-Med-Cal SMA Upper Limits											

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Legal Entity Number, 00189 Mode: 15 - Outpatient Services (Program 1)	Legal Entity: The Help Group Child and Family Center Mode: 15 - Outpatient Services (Program 1)	NR B		NR C		NR D		NR E		NR F		NR G	
		Service Function	Mode Total										
1	Allocation Percentage	0.06%	100.00%	2.23%	100.00%	0.01%	100.00%	13.03%	100.00%	1.64%	100.00%	0.03%	100.00%
2	Total Units	2,585	7,869,832	92,335	7,869,832	375	7,869,832	413,280	7,869,832	51,881	7,869,832	1,060	7,869,832
3	Gross Cost	4,940	7,869,832	178,455	7,869,832	717	7,869,832	1,028,952	7,869,832	128,198	7,869,832	2,639	7,869,832
4	Cost per Unit	1.91	1.91	1.91	1.91	1.91	1.91	2.49	2.49	2.49	2.49	2.49	2.49
5	SMA per Unit	1.88	1.88	1.88	1.88	1.88	1.88	2.44	2.44	2.44	2.44	2.44	2.44
6	Published Charge per Unit	1.75	1.75	1.75	1.75	1.75	1.75	2.28	2.28	2.28	2.28	2.28	2.28
7	Negotiated Rate / Cost per Unit	1.75	1.75	1.75	1.75	1.75	1.75	2.28	2.28	2.28	2.28	2.28	2.28
8	Medi-Cal Units	1,380	1,380	36,852	36,852	45	45	86,953	86,953	11,864	11,864	250	250
8A	Medicare/Medi-Cal Crossover Units							145,783	145,783				
9	Medicare/Medi-Cal Crossover Units												
9A	Medicare/Medi-Cal Crossover Units												
10	Enhanced SD/MC (Children) Units												
10A	Enhanced SD/MC (Children) Units												
10B	Enhanced SD/MC (Refugees) Units												
11	Healthy Families (SED) Units												
11A	Healthy Families (SED) Units												
12	Non-Medi-Cal Units	1,205	1,205	34,339	34,339	330	330	187,885	187,885	39,907	39,907	810	810
13	Medi-Cal Costs	2,637	2,637	36,432	36,432	88	88	216,246	216,246	29,539	29,539	622	622
13A	Medi-Cal Costs												
14	Medi-Cal SMA Upper Limits	2,608	2,608	38,031	38,031	85	85	211,921	211,921	28,948	28,948	610	610
14A	Medi-Cal SMA Upper Limits												
15	Medi-Cal Published Charges	2,415	2,415	33,952	33,952	79	79	186,025	186,025	27,050	27,050	570	570
15A	Medi-Cal Published Charges												
16	Medi-Cal Negotiated Rates	2,415	2,415	33,952	33,952	79	79	186,025	186,025	27,050	27,050	570	570
16A	Medi-Cal Negotiated Rates												
17	Medicare/Medi-Cal Crossover Costs	2,039	2,039										
17A	Medicare/Medi-Cal Crossover Costs												
18	Medicare/Medi-Cal Crossover SMA Upper Limits	1,898	1,898										
18A	Medicare/Medi-Cal Crossover SMA Upper Limits												
19	Medicare/Medi-Cal Crossover Published Charges	1,867	1,867										
19A	Medicare/Medi-Cal Crossover Published Charges												
20	Medicare/Medi-Cal Crossover Negotiated Rates	1,867	1,867										
20A	Medicare/Medi-Cal Crossover Negotiated Rates												
21	Enhanced SD/MC Costs												
21A	Enhanced SD/MC Costs												
22	Enhanced SD/MC SMA Upper Limits												
22A	Enhanced SD/MC SMA Upper Limits												
23	Enhanced SD/MC Published Charges												
23A	Enhanced SD/MC Published Charges												
24	Enhanced SD/MC Negotiated Rates												
24A	Enhanced SD/MC Negotiated Rates												
25	Enhanced SD/MC (Refugees) Costs												
25A	Enhanced SD/MC (Refugees) Costs												
26	Enhanced SD/MC (Refugees) SMA Upper Limits												
26A	Enhanced SD/MC (Refugees) SMA Upper Limits												
27	Enhanced SD/MC (Refugees) Published Charges												
27A	Enhanced SD/MC (Refugees) Published Charges												
28	Enhanced SD/MC (Refugees) Negotiated Rates												
28A	Enhanced SD/MC (Refugees) Negotiated Rates												
29	Healthy Families Costs	188,188	188,188										
29A	Healthy Families Costs												
30	Healthy Families SMA Upper Limits	185,425	185,425										
30A	Healthy Families SMA Upper Limits												
31	Healthy Families Published Charges	173,248	173,248										
31A	Healthy Families Published Charges												
32	Healthy Families Negotiated Rates	173,248	173,248										
32A	Healthy Families Negotiated Rates												
		3,811,940	3,811,940	2,303	2,303	651	651	417,949	417,949	98,390	98,390	2,017	2,017

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Legal Entity Number: 00188 Mater: 15 - Outpatient Services (Program 1)	NR		NR		NR		NR		NR		NR		NR		NR		NR	
	Service Function	Cost	Service Function	Cost	Service Function	Cost	Service Function	Cost	Service Function	Cost	Service Function	Cost	Service Function	Cost	Service Function	Cost	Service Function	Cost
1	Allocation Percentage	2.14%	58	2.49	81	0.59%	82	6.97%										
2	Total Units	68,009	10,110	119,488														
3	Gross Cost	189,328	46,500	550,545														
4	Cost per Unit	2.78	4.61	4.61														
5	SMA per Unit	2.44	2.44	4.51														
6	Published Charge per Unit	2.28	2.28	4.22														
7	Negotiated Rate / Cost per Unit	2.28	2.28	4.22														
8	Medi-Cal Units	28,899	3,800	15,216														
8A	Medi-Cal Units	34,105	3,800	46,275														
9	Medicare/Medi-Cal Crossover Units																	
9A	Medicare/Medi-Cal Crossover Units																	
10	Enhanced SD/MC (Children) Units																	
10A	Enhanced SD/MC (Children) Units																	
10B	Enhanced SD/MC (Refugees) Units																	
10C	Enhanced SD/MC (Refugees) Units																	
11	Healthy Families (SED) Units																	
11A	Healthy Families (SED) Units																	
12	Non-Medi-Cal Units	4,805	6,310	55,608														
13	Medi-Cal Costs	72,202	17,512	70,120														
13A	Medi-Cal Costs	84,914	17,138	213,249														
14	Medi-Cal SMA Upper Limits	70,758	18,036	208,700														
14A	Medi-Cal SMA Upper Limits	83,218	18,036	208,700														
15	Medi-Cal Published Charges	66,118	18,036	185,281														
15A	Medi-Cal Published Charges	77,759	18,036	185,281														
16	Medi-Cal Negotiated Rates	68,118	18,036	185,281														
16A	Medi-Cal Negotiated Rates	77,759	18,036	185,281														
17	Medicare/Medi-Cal Crossover Costs																	
17A	Medicare/Medi-Cal Crossover Costs																	
18	Medicare/Medi-Cal Crossover SMA Upper Limits																	
18A	Medicare/Medi-Cal Crossover SMA Upper Limits																	
19	Medicare/Medi-Cal Crossover Published Charges																	
19A	Medicare/Medi-Cal Crossover Published Charges																	
20	Medicare/Medi-Cal Crossover Negotiated Rates																	
20A	Medicare/Medi-Cal Crossover Negotiated Rates																	
21	Enhanced SD/MC Costs																	
21A	Enhanced SD/MC Costs																	
22	Enhanced SD/MC SMA Upper Limits																	
22A	Enhanced SD/MC SMA Upper Limits																	
23	Enhanced SD/MC Published Charges																	
23A	Enhanced SD/MC Published Charges																	
24	Enhanced SD/MC Negotiated Rates																	
24A	Enhanced SD/MC Negotiated Rates																	
25	Enhanced SD/MC (Refugees) Costs																	
25A	Enhanced SD/MC (Refugees) Costs																	
26	Enhanced SD/MC (Refugees) SMA Upper Limits																	
26A	Enhanced SD/MC (Refugees) SMA Upper Limits																	
27	Enhanced SD/MC (Refugees) Published Charges																	
27A	Enhanced SD/MC (Refugees) Published Charges																	
28	Enhanced SD/MC (Refugees) Negotiated Rates																	
28A	Enhanced SD/MC (Refugees) Negotiated Rates																	
29	Healthy Families Costs																	
29A	Healthy Families Costs																	
30	Healthy Families SMA Upper Limits																	
30A	Healthy Families SMA Upper Limits																	
31	Healthy Families Published Charges																	
31A	Healthy Families Published Charges																	
32	Healthy Families Negotiated Rates																	
32A	Healthy Families Negotiated Rates																	
		12,212	29,076	256,258														

County: Los Angeles
 County Code: 19

Legal Entity Mode: 10 - Day Services	NR		NR		G		
	A	B	C	D		E	F
	Mode Total	Service Function					
1 Allocation Percentage	100.00%	98	99				
2 Total Units	281	9					
3 Gross Cost	24,258	23,505	753				
4 Cost per Unit	86.33%	83.65	85.65				
5 SMA per Unit	122.75						
6 Published Charge per Unit	110.00						
7 Negotiated Rate / Cost per Unit	85.93						
8							
8A Medi-Cal Units	280	5					
9 Medicare/Medi-Cal Crossover Units							
9A							
10 Enhanced SD/MC (Children) Units							
10A							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units							
11A							
12 Non-Medi-Cal Units							
13							
13A Medi-Cal Costs	23,839	23,421	418				
14							
14A Medi-Cal SMA Upper Limits	34,884	34,370	514				
15							
15A Medi-Cal Published Charges	31,350	30,800	550				
16							
16A Medi-Cal Negotiated Rates	24,480	24,060	420				
17							
17A Medicare/Medi-Cal Crossover Costs							
18							
18A Medicare/Medi-Cal Crossover SMA Upper Limits							
19							
19A Medicare/Medi-Cal Crossover Published Charges							
20							
20A Medicare/Medi-Cal Crossover Negotiated Rates							
21							
21A Enhanced SD/MC Costs							
22							
22A Enhanced SD/MC SMA Upper Limits							
23							
23A Enhanced SD/MC Published Charges							
24							
24A Enhanced SD/MC Negotiated Rates							
25							
25A Enhanced SD/MC (Refugees) Costs							
26							
26A Enhanced SD/MC (Refugees) SMA Upper Limits							
27							
27A Enhanced SD/MC (Refugees) Published Charges							
28							
28A Enhanced SD/MC (Refugees) Negotiated Rates							
29							
29A Healthy Families Costs							
30							
30A Healthy Families SMA Upper Limits							
31							
31A Healthy Families Published Charges							
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32A Healthy Families Negotiated Rates							
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County: Los Angeles
 County Code: 19

Legal Entity Number: 00171 Model: 15 - Outpatient Services (Program 1)	A		B		C		D		E		F		G	
	Legal Entity: The Almsor Center	Mode Total	Service Function	04	Service Function	10	Service Function	12	Service Function	41	Service Function	42	Service Function	52
1 Allocation Percentage	100.00%	13,345	8.75%	0.30%	65.60%	0.30%	0.11%	7.88%	1,689,471	202,782	419,686	2,07	2,44	2,44
2 Total Units		446,254	226,167	2,788	16,327	3,517,129	2,07	2,44	2,44	2,44	2,44	2,44	2,44	2,44
3 Gross Cost		5,381,515	489,304	5,783	2,07	2,07	2,07	2,44	2,44	2,44	2,44	2,44	2,44	2,44
4 Cost per Unit		1.89	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44
5 SMA per Unit		1.89	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44
6 Published Charge per Unit		1.89	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44
7 Negotiated Rate / Cost per Unit														
8 Medi-Cal Units	07/01/04 - 09/30/04	113,023	65,072	1,451	5,148	387,365	80,540							
9A	10/01/04 - 09/30/05	319,481	164,928											
9B	10/01/04 - 09/30/05													
10 Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04													
10B Enhanced SD/MC (Refugees) Units	07/01/04 - 09/30/05													
11 Healthy Families (SED) Units	07/01/04 - 09/30/04		100											
11A	10/01/04 - 09/30/05													
12 Non-Medi-Cal Units														
13 Medi-Cal Costs	07/01/04 - 09/30/04	1,281,314	181,181	113,974	3,003	2,741	76,332	3,356						
13A	10/01/04 - 09/30/05	3,783,514	512,158	341,328	2,508,599	215,290								
14 Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	1,510,675	213,613	194,378	3,540	12,561	945,171	147,718						
14A	10/01/04 - 09/30/05	4,460,778	603,638	402,424										
15 Medi-Cal Published Charges	07/01/04 - 09/30/04	1,510,675	213,613	194,378	3,540	12,561	945,171	147,718						
15A	10/01/04 - 09/30/05	4,460,778	603,638	402,424										
16 Medi-Cal Negotiated Rates	07/01/04 - 09/30/04													
16A	10/01/04 - 09/30/05													
17 Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04													
17A	10/01/04 - 09/30/05													
18 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04													
18A	10/01/04 - 09/30/05													
19 Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04													
19A	10/01/04 - 09/30/05													
20 Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04													
20A	10/01/04 - 09/30/05													
21 Enhanced SD/MC Costs	07/01/04 - 09/30/04													
21A	10/01/04 - 09/30/05													
22 Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04													
22A	10/01/04 - 09/30/05													
23 Enhanced SD/MC Published Charges	07/01/04 - 09/30/04													
23A	10/01/04 - 09/30/05													
24 Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04													
24A	10/01/04 - 09/30/05													
25 Enhanced SD/MC (Refugees) Costs	07/01/04 - 09/30/05													
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 09/30/05													
27 Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 09/30/05													
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 09/30/05													
29 Healthy Families Costs	07/01/04 - 09/30/04	2,080	207											
29A	10/01/04 - 09/30/05	77,053	9,477	5,753										
30 Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	2,462	244											
30A	10/01/04 - 09/30/05	80,848	11,174	6,783										
31 Healthy Families Published Charges	07/01/04 - 09/30/04	2,452	244											
31A	10/01/04 - 09/30/05	80,848	11,174	6,783										
32 Healthy Families Negotiated Rates	07/01/04 - 09/30/04													
32A	10/01/04 - 09/30/05													
		217,554	12,549	8,044	2,760	5,673	157,972	6,945						

County: Los Angeles
 County Code: 19

Legal Entity Number: 00185 Mode: 15 - Outpatient Services (Program 1)	A		B		C		D		E		F		G	
	Mode Total	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
1 Allocation Percentage	100.00%	03	04	08	10	12	17							
2 Total Units	2,869	179,578	1,050	184,162	3,288	1,514								
3 Gross Cost	3,318,286	4,532	291,873	1,647	289,866	5,110	2,375							
4 Cost per Unit	1.57	1.57	1.57	1.57	1.57	1.57	1.57							
5 SMA per Unit	1.89	1.89	1.89	1.89	1.89	1.89	1.89							
6 Published Charge per Unit	1.52	1.52	1.52	1.52	1.52	1.52	1.52							
7 Negotiated Rate / Cost per Unit	1.52	1.52	1.52	1.52	1.52	1.52	1.52							
8 Med-Cal Units			35,808	32,740										
8A			107,425	98,219										
9 Medicare/Med-Cal Crossover Units														
9A														
10 Enhanced SD/MC (Children) Units														
10A														
10B Enhanced SD/MC (Refugees) Units														
11 Healthy Families (SED) Units														
11A														
12 Non-Med-Cal Units														
12A														
13 Med-Cal Costs	628,897		58,168	51,354										
13A	1,886,885		188,501	154,081										
14 Med-Cal SMA Upper Limits	846,636		67,877	79,886										
14A	2,839,801		203,033	239,854										
15 Med-Cal Published Charges	809,433		54,428	48,765										
15A	1,828,284		163,288	149,293										
16 Med-Cal Negotiated Rates	809,433		54,428	48,765										
16A	1,828,284		163,288	149,293										
17 Medicare/Med-Cal Crossover Costs														
17A														
18 Medicare/Med-Cal Crossover SMA Upper Limits														
18A														
19 Medicare/Med-Cal Crossover Published Charges														
19A														
20 Medicare/Med-Cal Crossover Negotiated Rates														
20A														
21 Enhanced SD/MC Costs														
21A														
22 Enhanced SD/MC SMA Upper Limits														
22A														
23 Enhanced SD/MC Published Charges														
23A														
24 Enhanced SD/MC Negotiated Rates														
24A														
25 Enhanced SD/MC (Refugees) Costs														
25A														
26 Enhanced SD/MC (Refugees) SMA Upper Limits														
26A														
27 Enhanced SD/MC (Refugees) Published Charges														
27A														
28 Enhanced SD/MC (Refugees) Negotiated Rates														
28A														
29 Healthy Families Costs	44,502		1,829	5,730										
29A	183,751		9,081	35,848										
30 Healthy Families SMA Upper Limits	86,241		2,321	6,913										
30A	279,534		10,919	55,454										
31 Healthy Families Published Charges	43,124		1,867	5,553										
31A	179,084		8,781	34,545										
32 Healthy Families Negotiated Rates	43,124		1,867	5,553										
32A	179,084		8,781	34,545										
33 Med-Cal-Costs	574,461		4,832	48,018										
33A														
34 Med-Cal-Costs														
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35 Med-Cal-Costs														
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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

County: Los Angeles
 County Code: 19

Legal Entity Number: 00195 Legal Entity: Intercommunity Child Guidance Center Model: 15 - Outpatient Services (Program 1)	NR		NR		NR		NR		CR		U	
	O	P	Q	R	S	T	U	O	P	Q	R	S
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	61	62	67	77	42						
2	Total Units	0.14%	8.77%	0.03%	0.66%	1.24%						
3	Gross Cost	1,425	87,349	269	9,045	26,315						
4	Cost per Unit	4,750	291,148	997	22,485	41,276						
5	SMA per Unit	3.33	3.33	3.33	2.49	1.57						
6	Published Charge per Unit	4.51	4.51	4.51	3.63	2.44						
7	Negotiated Rate / Cost per Unit	3.23	3.23	3.23	2.41	1.52						
8	Medi-Cal Units	17,068			1,877							
9	Medicare/Medi-Cal Crossover Units	51,208			5,631							
10	Enhanced SD/MC (Children) Units											
10B	Enhanced SD/MC (Refugees) Units											
11	Healthy Families (SED) Units		458									
12	Non-Medi-Cal Units	1,425	13,963	269	1,537	26,315						
13	Medi-Cal Costs		58,894		4,668							
14	Medi-Cal SMA Upper Limits		170,678		14,004							
14A	Medi-Cal Published Charges		230,838		20,441							
15	Medi-Cal Negotiated Rates		185,365		13,571							
16	Medicare/Medi-Cal Crossover Costs		185,395		13,571							
17	Medicare/Medi-Cal Crossover SMA Upper Limits											
18	Medicare/Medi-Cal Crossover Published Charges											
19	Medicare/Medi-Cal Crossover Negotiated Rates											
20	Enhanced SD/MC Costs											
21	Enhanced SD/MC SMA Upper Limits											
22	Enhanced SD/MC Published Charges											
23	Enhanced SD/MC Negotiated Rates											
24	Healthy Families Costs		1,527									
25	Healthy Families SMA Upper Limits		15,443									
26	Healthy Families Published Charges		2,066									
27	Healthy Families Negotiated Rates		20,865									
28			1,479									
29			14,965									
30			1,479									
31			14,965									
32			1,479									
33			14,965									
34			4,750									
35			49,908									
36			887									
37			3,824									
38			41,276									

County: Los Angeles
 County Code: 19

Legal Entity Number: Mode:	Legal Entity: Mode:	CR H Function	CR I Function	CR J Function	CR K Function	CR L Function	CR M Function	CR N Function
1	Allocation Percentage	0.01%	0.15%	0.00%	0.80%	65.17%	0.34%	9.05%
2	Total Units	315	6,395	47	33,374	2,301,705	14,013	376,866
3	Gross Cost	668	14,106	104	73,724	5,084,556	30,965	832,512
4	Cost per Unit	2.12	2.21	2.21	2.21	2.21	2.21	2.21
5	SMA per Unit	2.44	2.44	2.44	2.44	2.44	2.44	2.44
6	Published Charge per Unit	2.44	2.44	2.44	2.44	2.44	2.44	2.44
7	Negotiated Rate/ Cost per Unit							
8	Medi-Cal Units	315	960	47	28,613	433,919	11,483	43,474
8A					184	1,597,258		275,700
9	Medicare/Medi-Cal Crossover Units							
9A								
10	Enhanced SD/MC (Children) Units							
10A								
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units				76	38,449		1,183
11A					4,551	177,508	2,550	56,529
12	Non-Medi-Cal Units		5,435		63,207	936,544	25,322	86,036
13	Medi-Cal Costs	898	2,089	104	298	3,528,401		609,032
13A					68,818	1,058,762	27,970	106,077
14	Medi-Cal SMA Upper Limits	769	2,318	115	327	3,897,305		672,708
14A					68,916	1,058,762	27,970	108,077
15	Medi-Cal Published Charges	769	2,318	115	327	3,897,305		672,708
15A								
16	Medi-Cal Negotiated Rates							
16A								
17	Medicare/Medi-Cal Crossover Costs							
17A								
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A								
19	Medicare/Medi-Cal Crossover Published Charges							
19A								
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A								
21	Enhanced SD/MC Costs							
21A								
22	Enhanced SD/MC SMA Upper Limits							
22A								
23	Enhanced SD/MC Published Charges							
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A								
29	Healthy Families Costs				188	84,935		2,569
29A					185	120,554		2,838
30	Healthy Families SMA Upper Limits				185	133,159		2,838
30A					185	133,159		2,838
31	Healthy Families Published Charges							
31A								
32	Healthy Families Negotiated Rates							
32A								
			12,096		10,053	392,122	5,653	124,875

County: Los Angeles
 County Code: 19

	Legal Entity Number: 00169 Model: 15 - Outpatient Services (Program 1)	CR O		CR P		CR Q		CR R		CR S		CR T		CR U	
		Service Function	Allocation Percentage												
1	Total Units	54	0.13%	57	0.01%	61	0.21%	62	10.26%	67	0.02%				
2	Gross Cost	11,669	5,281	798	4,823	19,693	948,811	1,625	398						
3	Cost per Unit	2.21	2.44	2.21	2.44	4.08	4.51	4.08	4.51	4.51	4.51				
4	Published Charge per Unit	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44				
5	Negotiated Rate / Cost per Unit	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44				
6	Medi-Cal Units	4,967	270	4,238	46,282	155,061	365								
7	Medicare/Medi-Cal Crossover Units														
8	Enhanced SD/MC (Children) Units														
9	Enhanced SD/MC (Refugees) Units														
10	Healthy Families (SED) Units														
11	Non-Medi-Cal Units	414	84	435	23,661	33									
12	Medi-Cal Costs	10,751	568	17,504	188,892	1,460									
13	Medi-Cal SMA Upper Limits	11,875	659	19,113	208,642	1,648									
14	Medi-Cal Published Charges	11,875	659	19,113	208,642	1,648									
15	Medi-Cal Negotiated Rates														
16	Medicare/Medi-Cal Crossover Costs														
17	Medicare/Medi-Cal Crossover SMA Upper Limits														
18	Medicare/Medi-Cal Crossover Published Charges														
19	Medicare/Medi-Cal Crossover Negotiated Rates														
20	Enhanced SD/MC Costs														
21	Enhanced SD/MC SMA Upper Limits														
22	Enhanced SD/MC Published Charges														
23	Enhanced SD/MC Negotiated Rates														
24	Healthy Families Costs														
25	Healthy Families SMA Upper Limits														
26	Healthy Families Published Charges														
27	Healthy Families Negotiated Rates														
28	Grand Total	915	141	1,776	96,738	135									

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

County: Los Angeles

Line Item	Description	Mode	NR							G
			A	B	C	D	E	F	G	
			Mode Total	Service Function						
1	Allocation Percentage		100.00%	0.00%	0.04%	10.23%	0.04%	12	34	41
2	Total Units			5	137,093	101,769	425	270	270	1,260
3	Gross Cost		4,634,088	18	496,204	473,935	1,978	1,257	4,666	5,888
4	Cost per Unit			3.62	3.62	4.68	4.68	4.68	4.68	4.68
5	SMA per Unit			1.89	1.89	2.44	2.44	2.44	2.44	2.44
6	Published Charge per Unit			1.71	1.71	2.20	2.20	2.20	2.20	2.20
7	Negotiated Rate / Cost per Unit			1.71	1.71	2.20	2.20	2.20	2.20	2.20
8	Medi-Cal Units	07/01/04 - 09/30/04			13,055	5,675	140			805
8A	Medi-Cal Units	10/01/04 - 09/30/05		5	37,981	21,591	285		270	360
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04								
9A	Medicare/Medi-Cal Crossover Units	10/01/04 - 09/30/05								
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04								
10A	Enhanced SD/MC (Children) Units	10/01/04 - 09/30/05								
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 09/30/05								
10BA	Enhanced SD/MC (Refugees) Units	10/01/04 - 09/30/05								
11	Healthy Families (SED) Units	07/01/04 - 09/30/04								
11A	Healthy Families (SED) Units	10/01/04 - 09/30/05								
12	Non-Medi-Cal Units				86,077	74,193				95
13	Medi-Cal Costs	07/01/04 - 09/30/04	284,588		47,256	28,428	652			3,749
13A	Medi-Cal Costs	10/01/04 - 09/30/05	696,115	18	137,373	100,549	1,327	1,257		1,677
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	138,553		24,874	13,847	342			1,984
14A	Medi-Cal SMA Upper Limits	10/01/04 - 09/30/05	364,364	9	71,727	52,682	655	659		878
15	Medi-Cal Published Charges	07/01/04 - 09/30/04	125,032		22,324	12,485	308			1,771
15A	Medi-Cal Published Charges	10/01/04 - 09/30/05	328,862	9	64,898	47,500	627	594		792
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04	125,032		22,324	12,485	308			1,771
16A	Medi-Cal Negotiated Rates	10/01/04 - 09/30/05	328,862	9	64,898	47,500	627	594		792
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04								
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 09/30/05								
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04								
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 09/30/05								
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04								
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 09/30/05								
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04								
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 09/30/05								
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04								
21A	Enhanced SD/MC Costs	10/01/04 - 09/30/05								
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04								
22A	Enhanced SD/MC SMA Upper Limits	10/01/04 - 09/30/05								
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04								
23A	Enhanced SD/MC Published Charges	10/01/04 - 09/30/05								
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04								
24A	Enhanced SD/MC Negotiated Rates	10/01/04 - 09/30/05								
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 09/30/05								
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 09/30/05								
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 09/30/05								
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 09/30/05								
29	Healthy Families Costs	07/01/04 - 09/30/04	4,582					303		
29A	Healthy Families Costs	10/01/04 - 09/30/05	14,740					159		
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	2,401					598		
30A	Healthy Families SMA Upper Limits	10/01/04 - 09/30/05	7,722					143		
31	Healthy Families Published Charges	07/01/04 - 09/30/04	2,165					538		
31A	Healthy Families Published Charges	10/01/04 - 09/30/05	6,963					143		
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04	2,165					539		
32A	Healthy Families Negotiated Rates	10/01/04 - 09/30/05	6,963					539		
33	Medicare/Medi-Cal Crossover		3,653,993					311,576		346,515
33A	Medicare/Medi-Cal Crossover									442

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	Legal Entity: Olive Crest Treatment Centers Legal Entity Number: 00518 Model: 15 - Outpatient Services (Program 1)	A	CR B Service Function 04	CR C Service Function 10	CR D Service Function 34	CR E Service Function 42	CR F Service Function 52	CR G Service Function 62
		Mode Total						
1	Allocation Percentage	100.00%	16.98%	4.22%	0.18%	56.25%	7.89%	11.47%
2	Total Units	270,548	25,174	4,848	210	86,883	9,062	7,125
3	Gross Cost		45,948	11,419	495	157,600	21,353	31,032
4	Cost per Unit		1.83	2.35	2.36	2.36	2.36	4.36
5	SMA per Unit		1.89	2.44	2.44	2.44	2.44	4.51
6	Published Charge per Unit		1.89	2.44	2.44	2.44	2.44	4.51
7	Negotiated Rate / Cost per Unit		1.83	2.36	2.36	2.36	2.36	3.03
8	Med-Cal Units		14,201	2,363	210	27,149	9,062	2,100
8A	10/01/04 - 09/30/04		10,973	2,453		30,734		5,025
9	Medicare/Med-Cal Crossover Units							
9A	10/01/04 - 09/30/04							
10	Enhanced SD/MC (Children) Units							
10A	10/01/04 - 09/30/04							
10B	Enhanced SD/MC (Refugees) Units							
10B	10/01/04 - 09/30/04							
11	Healthy Families (SED) Units							
11A	10/01/04 - 09/30/04							
12	Non-Med-Cal Units							
13	Med-Cal Costs	129,225	25,920	5,639	495	83,973	21,353	9,148
13A	10/01/04 - 09/30/04	141,321	20,028	5,780	512	86,244	22,111	21,888
14	Med-Cal SMA Upper Limits	133,812	26,840	5,639	512	86,244	22,111	9,471
14A	10/01/04 - 09/30/04	146,338	20,738	5,985	512	86,244	22,111	22,863
15	Med-Cal Published Charges	133,812	26,840	5,639	512	86,244	22,111	9,471
15A	10/01/04 - 09/30/04	146,338	20,738	5,985	495	86,951	21,353	22,863
16	Med-Cal Negotiated Rates	128,442	25,920	5,639	495	83,973	21,353	6,363
16A	10/01/04 - 09/30/04	134,981	20,028	5,780		83,973		15,226
17	Medicare/Med-Cal Crossover Costs							
17A	10/01/04 - 09/30/04							
18	Medicare/Med-Cal Crossover SMA Upper Limits							
18A	10/01/04 - 09/30/04							
19	Medicare/Med-Cal Crossover Published Charges							
19A	10/01/04 - 09/30/04							
20	Medicare/Med-Cal Crossover Negotiated Rates							
20A	10/01/04 - 09/30/04							
21	Enhanced SD/MC Costs							
21A	10/01/04 - 09/30/04							
22	Enhanced SD/MC SMA Upper Limits							
22A	10/01/04 - 09/30/04							
23	Enhanced SD/MC Published Charges							
23A	10/01/04 - 09/30/04							
24	Enhanced SD/MC Negotiated Rates							
24A	10/01/04 - 09/30/04							
25	Enhanced SD/MC (Refugees) Costs							
25A	10/01/04 - 09/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	10/01/04 - 09/30/04							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	10/01/04 - 09/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	10/01/04 - 09/30/04							
29	Healthy Families Costs							
29A	10/01/04 - 09/30/04							
30	Healthy Families SMA Upper Limits							
30A	10/01/04 - 09/30/04							
31	Healthy Families Published Charges							
31A	10/01/04 - 09/30/04							
32	Healthy Families Negotiated Rates							
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Legal Entity: Pacific Clinics Legal Entity Number: 00203 Mode: 10 - Day Services	A Mode Total	CR B			CR C			CR D			CR E			CR F			CR G		
		Service Function	Cost	Percentage	Service Function	Cost	Percentage	Service Function	Cost	Percentage	Service Function	Cost	Percentage	Service Function	Cost	Percentage	Service Function	Cost	Percentage
1 Allocation Percentage	100.00%	82	7.95%	85.92%	85	3.03%	89	23.80%	98										
2 Total Units	1,754	11,190	6,242																
3 Gross Cost	2,195,490	1,445,663	522,814																
4 Cost per Unit	1,252	126.19	122.75																
5 SMA per Unit	134.81	189.33	122.75																
6 Published Charge per Unit	170.79	227.73	142.33																
7 Negotiated Rate / Cost per Unit																			
8 Med-Cal Units	478	2,852	100	75															
9A Medicare/Med-Cal Crossover Units	1,274	7,215	230	458															
10 Enhanced SD/MC (Children) Units	2	118																	
10B Enhanced SD/MC (Refugees) Units																			
11 Healthy Families (SED) Units																			
11A Non-Med-Cal Units	454		188	114															
12 Med-Cal Negotiated Rates	431,829	368,457	12,919	6,282															
13A Med-Cal Costs	1,104,997	932,123	29,714	25,955															
14 Med-Cal SMA Upper Limits	632,548	64,439	18,933	9,208															
15 Med-Cal Published Charges	1,619,382	171,748	1,366,016	43,546	38,053														
16 Med-Cal Negotiated Rates	784,582	81,840	649,495	22,773	10,874														
16A Medicare/Med-Cal Crossover Negotiated Rates	1,957,185	217,692	1,643,094	52,379	44,121														
17 Medicare/Med-Cal Crossover Costs	38,361																		
17A Medicare/Med-Cal Crossover SMA Upper Limits	126,893																		
18 Medicare/Med-Cal Crossover SMA Upper Limits	56,220																		
19 Medicare/Med-Cal Crossover Published Charges	185,966																		
20 Medicare/Med-Cal Crossover Negotiated Rates	65,185																		
20A Medicare/Med-Cal Crossover Negotiated Rates	215,623																		
21 Enhanced SD/MC Costs	92,636																		
21A Enhanced SD/MC Costs	238,559	184	15,245	92,636															
22 Enhanced SD/MC SMA Upper Limits	135,782																		
22A Enhanced SD/MC SMA Upper Limits	349,617	270	22,341	135,782															
23 Enhanced SD/MC Published Charges	157,412																		
23A Enhanced SD/MC Published Charges	408,389	342	26,872	157,412															
24 Enhanced SD/MC Negotiated Rates																			
24A Enhanced SD/MC Negotiated Rates																			
25 Enhanced SD/MC (Refugees) Costs																			
26 Enhanced SD/MC (Refugees) SMA Upper Limits																			
27 Enhanced SD/MC (Refugees) Published Charges																			
28 Enhanced SD/MC (Refugees) Negotiated Rates																			
29 Healthy Families Costs	13,048																		
29A Healthy Families Costs	58,653																		
30 Healthy Families SMA Upper Limits	19,122																		
30A Healthy Families SMA Upper Limits	85,956																		
31 Healthy Families Published Charges	23,001																		
31A Healthy Families Published Charges	103,391																		
32 Healthy Families Negotiated Rates																			
32A Healthy Families Negotiated Rates	91,715	(0)	59,197	24,030	9,549														

Line Item	Description	Mode Total	CR B		CR C		CR D		CR E		CR F		CR G	
			Service Function 03	Service Function 04	Service Function 06	Service Function 08	Service Function 10	Service Function 12						
1	Allocation Percentage	100.00%	0.28%	9.75%	0.14%	0.27%	5.14%	0.37%						
2	Total Units	42,694,443	93,894	3,253,935	45,590	89,200	1,330,007	95,945						
3	Gross Cost		121,000	4,183,295	58,751	114,951	2,210,352	159,452						
4	Cost per Unit		1.29	1.29	1.29	1.29	1.66	1.66						
5	SMA per Unit		1.89	1.89	1.89	1.89	2.44	2.44						
6	Published Charge per Unit		2.05	2.05	2.05	2.05	2.45	2.45						
7	Negotiated Rate / Cost per Unit													
8	Med-Cal Units		14,880	303,346	7,310	15,062	248,762	14,790						
8A			50,278	822,864	22,724	28,267	858,747	47,368						
9	Medicare/Med-Cal Crossover Units			68,584			2,403							
9A				384,028			18,303							
10	Enhanced SD/MC (Children) Units			240,208		907	2,904							
10A				666,668		3,349	4,161							
10B	Enhanced SD/MC (Refugees) Units			811		338	320							
11	Healthy Families (SED) Units		2,953	14,993	566	655	19,528	2,721						
11A			24,874	747,068	10,398	37,901	93,425	30,447						
12	Non-Med-Cal Units													
13	Med-Cal Costs		5,298,151	390,917	9,420	19,387	413,420	24,550						
13A			16,819,045	1,060,438	29,284	36,427	1,427,160	78,721						
14	Med-Cal SMA Upper Limits		7,776,246	573,324	13,816	28,448	606,979	36,088						
14A			24,885,739	1,555,251	42,948	53,425	2,095,343	115,578						
15	Med-Cal Published Charges		7,995,506	621,768	14,983	30,852	609,815	36,256						
15A			25,333,163	1,686,665	48,577	57,939	2,105,132	116,118						
16	Med-Cal Negotiated Rates													
16A														
17	Medicare/Med-Cal Crossover Costs		597,693	88,383			3,994							
17A			3,125,131	494,888			30,418							
18	Medicare/Med-Cal Crossover SMA Upper Limits		876,852	129,824			5,863							
18A			4,584,730	725,809			44,659							
19	Medicare/Med-Cal Crossover Published Charges		932,229	140,577			5,891							
19A			4,868,271	787,138			44,668							
20	Medicare/Med-Cal Crossover Negotiated Rates													
20A														
21	Enhanced SD/MC Costs		2,366,396	309,554	1,169	3,742	29,534							
21A			6,777,389	859,125	4,316	5,285	108,149							
22	Enhanced SD/MC SMA Upper Limits		3,500,779	453,995	1,714	5,489	43,068							
22A			9,941,959	1,260,003	6,330	7,751	158,783							
23	Enhanced SD/MC Published Charges		3,733,666	492,356	1,859	5,952	43,270							
23A			10,620,368	1,396,489	6,894	8,406	159,525							
24	Enhanced SD/MC Negotiated Rates													
24A														
25	Enhanced SD/MC (Refugees) Costs													
25A														
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
27	Enhanced SD/MC (Refugees) Published Charges													
28	Enhanced SD/MC (Refugees) Negotiated Rates													
29	Healthy Families Costs		152,676	7,933	433	412	10,163	1,029						
29A			526,803	19,321	728	844	32,450	4,522						
30	Healthy Families SMA Upper Limits		224,379	11,635	635	605	14,821	1,510						
30A			773,190	5,581	2,637	1,070	47,643	6,659						
31	Healthy Families Published Charges		231,049	1,862	1,218	658	14,890	1,517						
31A			797,216	6,053	30,731	1,343	47,868	6,670						
32	Healthy Families Negotiated Rates													
32A														
33	Non-Med-Cal Costs		7,310,959	962,738	13,400	48,843	155,284	60,500						

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Legal Entity Number - 00203 Model: 15 - Outpatient Services (Program 1)	CR V Service Function	CR W Service Function	CR X Service Function	CR Y Service Function	CR Z Service Function	CR AA Service Function	CR AB Service Function
1 Allocation Percentage	60	61	62	67	76	77	
2 Total Units	0.05%	0.45%	16.15%	0.07%	0.00%	2.00%	
3 Gross Cost	7,938	66,513	2,535,313	9,669	701	347,054	
4 Cost per Unit	24,428	204,684	7,802,045	29,755	1,738	860,271	
5 SMA per Unit	3.08	3.08	3.08	3.08	2.48	2.48	
6 Published Charge per Unit	4.51	4.51	4.51	4.51	3.63	3.63	
7 Negotiated Rate / Cost per Unit	5.07	5.07	5.07	5.07	4.89	4.89	
8 BA Medi-Cal Units	75	13,783	171,924	1,318		25,005	
9 BA Medicare/Medi-Cal Crossover Units	991	34,534	447,669	4,669	172	104,116	
10A Enhanced SD/MC (Children) Units	235	302,823	55,782			8,635	
10B Enhanced SD/MC (Refugees) Units	659	257,451	358	60		33,072	
11A Healthy Families (SED) Units	180	918	4,728		185	91,210	
12 Non-Medi-Cal Units	1,125	3,089	16,646	138		1,076	
13 Medi-Cal Costs	4,663	14,179	504,544	1,439	284	45,235	
14A Medi-Cal SMA Upper Limits	231	42,415	529,070	4,050		61,982	
15A Medi-Cal Published Charges	3,050	106,273	1,377,634	14,430	426	258,081	
16A Medi-Cal Negotiated Rates	338	82,161	779,377	5,935		90,768	
17A Medicare/Medi-Cal Crossover Costs	4,469	155,748	2,018,987	21,147	624	377,941	
18 Medicare/Medi-Cal Crossover SMA Upper Limits	380	69,847	871,242	6,669		122,337	
19 Medicare/Medi-Cal Crossover Published Charges	5,022	175,004	2,269,607	23,782	842	509,388	
20 Medicare/Medi-Cal Crossover Negotiated Rates							
21 Enhanced SD/MC Costs	723		782,267	1,102	149	81,978	
22 Enhanced SD/MC SMA Upper Limits	2,028		2,381,087	5,321	459	226,060	
23 Enhanced SD/MC Published Charges	1,060		1,181,104	1,815	218	120,051	
24 Enhanced SD/MC Negotiated Rates	2,972		3,489,584	7,798	672	331,082	
25 Enhanced SD/MC (Refugees) Costs	1,181		1,304,859	1,814	294	161,805	
26 Enhanced SD/MC (Refugees) SMA Upper Limits	3,340		3,921,035	5,762	905	446,245	
27 Enhanced SD/MC (Refugees) Published Charges							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
29 Healthy Families Costs	585	2,825	14,550			2,667	
30 Healthy Families SMA Upper Limits	3,462	9,537	51,226	425		12,439	
31 Healthy Families Published Charges	557	4,140	21,323	622		3,908	
32 Healthy Families Negotiated Rates	5,074	13,976	75,073	622		18,215	
32A Healthy Families Published Charges	863	4,652	23,960	699		24,551	
32B Healthy Families Negotiated Rates	5,701	15,704	84,355				
32A Healthy Families Published Charges	14,350	43,834	1,532,668	4,428	704	112,128	
32B Healthy Families Negotiated Rates							

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Legal Entity	Legal Entity Number	Mode	A		B		C		D		E		F		G	
			Mode Total	03	04	10	12	33	34							
Legal Entity: Pasadena Children's Training Society	00204	Mode: 15 - Outpatient Services (Program 1)														
1	Allocation Percentage		100.00%													
2	Total Units		3,666	0.05%	6.92%	5.03%	0.02%	0.00%	2.56%							
3	Gross Cost		12,884,317	3,666	561,400	316,015	1,095	170	180,901							
4	Cost per Unit		3,514	5,868	871,081	633,012	2,183	341	321,701							
5	SMA per Unit		1.55	1.55	1.55	2.00	2.00	2.00	2.00							
6	Published Charge per Unit		1.89	1.89	1.89	2.44	2.44	2.44	2.44							
7	Negotiated Rate / Cost per Unit		1.88	1.88	1.89	2.44	2.44	2.44	2.44							
8	Med-Cal Units		3,468	3,468	148,692	68,873	384									
9	Medicare/Med-Cal Crossover Units				366,493	229,288										
10	Enhanced SD/MC (Children) Units															
10B	Enhanced SD/MC (Refugees) Units															
11	Healthy Families (SED) Units				3,560	1,305										
12	Non-Med-Cal Units			198	36,580	7,431	711	170	113							
13	Med-Cal Costs		2,853,674	5,351	230,708	137,960	789									
14	Med-Cal SMA Upper Limits		9,039,378	5,555	281,028	168,050	937									
15	Med-Cal Published Charges		11,010,659	6,555	592,653	558,414	837									
16	Med-Cal Negotiated Rates		3,232,481	6,555	281,028	168,050	937									
17	Medicare/Med-Cal Crossover Costs		11,010,939		592,653	558,414										
18	Medicare/Med-Cal Crossover SMA Upper Limits															
19	Medicare/Med-Cal Crossover Published Charges															
20	Medicare/Med-Cal Crossover Negotiated Rates															
21	Enhanced SD/MC Costs															
22	Enhanced SD/MC SMA Upper Limits															
23	Enhanced SD/MC Published Charges															
24	Enhanced SD/MC Negotiated Rates															
25	Enhanced SD/MC (Refugees) Costs															
26	Enhanced SD/MC (Refugees) SMA Upper Limits															
27	Enhanced SD/MC (Refugees) Published Charges															
28	Enhanced SD/MC (Refugees) Negotiated Rates															
29	Healthy Families Costs		31,764	31,764	5,524	2,814										
30	Healthy Families SMA Upper Limits		173,887	173,887	9,441	14,885										
31	Healthy Families Published Charges		211,813	211,813	11,501	18,132										
32	Healthy Families Negotiated Rates		38,729	38,729	6,728	3,184										
33			211,813	211,813	11,501	18,132										
34			685,655	307	56,757	18,304	1,424	341	228							

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		O	P	Q	R	S	T	U
		Service Function						
Legal Entity: Pasadena Children's Training Society								
Legal Entity Number: 00204								
Model: 15 - Outpatient Services (Program 1)								
1 Allocation Percentage		77						
2 Total Units		0.84%						
3 Gross Cost		35,395						
4 Cost per Unit		105,401						
5 SMA per Unit		2.98						
6 Published Charge per Unit		3.63						
7 Negotiated Rate / Cost per Unit		3.63						
8 Medi-Cal Units		10,008						
8A	07/01/04 - 09/30/04	23,428						
9 Medicare/Medi-Cal Crossover Units								
9A	10/01/04 - 09/30/05							
10 Enhanced SD/MC (Children) Units								
10A	07/01/04 - 09/30/04							
10B Enhanced SD/MC (Refugees) Units								
10B	10/01/04 - 09/30/05							
11 Healthy Families (SED) Units								
11A	07/01/04 - 09/30/04	456						
12 Non-Medi-Cal Units		1,477						
13	07/01/04 - 09/30/04	28,824						
13A Medi-Cal Costs								
13A	10/01/04 - 09/30/05	66,818						
14 Medi-Cal SMA Upper Limits								
14A	07/01/04 - 09/30/04	36,328						
15 Medi-Cal Published Charges								
15A	10/01/04 - 09/30/05	85,044						
16 Medi-Cal Negotiated Rates								
16A	07/01/04 - 09/30/04	36,328						
17 Medicare/Medi-Cal Crossover Costs								
17A	07/01/04 - 09/30/04							
18 Medicare/Medi-Cal Crossover SMA Upper Limits								
18A	10/01/04 - 09/30/05							
19 Medicare/Medi-Cal Crossover Published Charges								
19A	07/01/04 - 09/30/04							
20 Medicare/Medi-Cal Crossover Negotiated Rates								
20A	10/01/04 - 09/30/05							
21 Enhanced SD/MC Costs								
21A	07/01/04 - 09/30/04							
22 Enhanced SD/MC SMA Upper Limits								
22A	10/01/04 - 09/30/05							
23 Enhanced SD/MC Published Charges								
23A	07/01/04 - 09/30/04							
24 Enhanced SD/MC Negotiated Rates								
24A	10/01/04 - 09/30/05							
25 Enhanced SD/MC (Refugees) Costs								
25A	07/01/04 - 09/30/05							
26 Enhanced SD/MC (Refugees) SMA Upper Limits								
26A	10/01/04 - 09/30/05							
27 Enhanced SD/MC (Refugees) Published Charges								
27A	07/01/04 - 09/30/05							
28 Enhanced SD/MC (Refugees) Negotiated Rates								
28A	10/01/04 - 09/30/05							
29 Healthy Families Costs								
29A	07/01/04 - 09/30/04	1,359						
30 Healthy Families SMA Upper Limits								
30A	10/01/04 - 09/30/05	1,655						
31 Healthy Families Published Charges								
31A	07/01/04 - 09/30/04	1,655						
32 Healthy Families Negotiated Rates								
32A	10/01/04 - 09/30/05							
		4,432						

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Legal Entity Number: 00190	Legal Entity: Gateways Hospital	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
Mode: 15 - Outpatient Services (Program 1)		Service Function													
1	Allocation Percentage	4.82%	10	31	34	42	52	62	8.62%	120,881	194,784	148,955	478	0.02%	03
2	Total Units	68,209							51.64%	708,631	1,143,661	48,161	428		
3	Gross Cost	106,854							1.81	2,44	2,44	3,05	1,12		
4	Cost per Unit	1,55							2,44	5,00	1,59	3,00	1,10		
5	SMA per Unit	1,55							13,755	27,312	86,761	11,314	7,855	428	
6	Published Charge per Unit	2,44							273,688	38,428	18,308				
7	Negotiated Rate / Cost per Unit	1,55													
8	Medi-Cal Units	1,185							4,778	105					
9	Medicare/Medi-Cal Crosscover Units	23,976							343,398	69,849	21,895				
10	Enhanced SD/MC (Children) Units	22,189							140,024	18,280	23,919	478			
11	Healthy Families (SED) Units	44,079							441,722	63,635	55,744				
12	Non-Medi-Cal Units	33,562							211,687	27,908	35,428	809			
13	Medi-Cal Costs	66,641							667,823	96,207	82,560				
14	Medi-Cal SMA Upper Limits	68,775							433,805	58,570	54,985	1,712			
15	Medi-Cal Published Charges	138,560							1,368,490	197,145	128,142	471			
16	Medi-Cal Negotiated Rates	21,870							137,950	17,989	23,965				
17	Medicare/Medi-Cal Crosscover Costs	43,428							435,180	62,692	54,918				
18	Medicare/Medi-Cal Crosscover SMA Upper Limits														
19	Medicare/Medi-Cal Crosscover Published Charges														
20	Medicare/Medi-Cal Crosscover Negotiated Rates														
21	Enhanced SD/MC Costs														
22	Enhanced SD/MC SMA Upper Limits														
23	Enhanced SD/MC Published Charges														
24	Enhanced SD/MC Negotiated Rates														
25	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs	1,880							7,708	320					
30	Healthy Families SMA Upper Limits	2,843							11,653	474					
31	Healthy Families Published Charges	5,825							23,860	735					
32	Healthy Families Negotiated Rates	1,852							7,504	315					
32A		38,965							554,207	112,690	66,672				

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	Legal Entity Number: 00724 Mode: 15 - Outpatient Services (Program 1)	CR		CR		CR		CR		CR		CR		CR		CR		CR		
		H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	42	52	61	82	77														
2	Total Units	88,89%	3.51%	0.03%	3.93%	0.75%														
3	Gross Cost	1,781,208	50,704	362	57,138	13,363														
4	Cost per Unit	3,935,300	200,396	1,639	224,310	42,933														
5	SMA per Unit	2.21	2.21	3.93	3.93	3.21														
6	Published Charge per Unit	2.44	2.44	4.51	4.51	3.63														
7	Negotiated Rate / Cost per Unit	2.51	2.51	4.46	4.46	3.65														
8	Med-Cal Units	07/01/04 - 09/30/04	304,864	32,552	139	10,576	1,919													
9	Medicare/Med-Cal Crossover Units	10/01/04 - 09/30/05	1,338,933	53,114	42,889	10,003														
9A		07/01/04 - 09/30/04																		
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04																		
10A		10/01/04 - 09/30/05																		
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 09/30/05																		
11	Healthy Families (SED) Units	07/01/04 - 09/30/04																		
11A		10/01/04 - 09/30/05	1,788		44															
12	Non-Med-Cal Units	07/01/04 - 09/30/04	134,485	5,038	253	3,829	1,441													
13	Med-Cal Costs	07/01/04 - 09/30/04	673,814	71,919	549	41,519	6,165													
13A		10/01/04 - 09/30/05	2,880,372	117,347	627	47,888	8,968													
14	Med-Cal SMA Upper Limits	07/01/04 - 09/30/04	744,161	79,427	627	47,888	8,968													
14A		10/01/04 - 09/30/05	3,289,437	129,596	620	47,169	7,004													
15	Med-Cal Published Charges	07/01/04 - 09/30/04	765,510	81,706	620	47,169	7,004													
15A		10/01/04 - 09/30/05	3,363,232	133,316	620	47,169	7,004													
16	Med-Cal Negotiated Rates	07/01/04 - 09/30/04																		
16A		10/01/04 - 09/30/05																		
17	Medicare/Med-Cal Crossover Costs	07/01/04 - 09/30/04																		
17A		10/01/04 - 09/30/05																		
18	Medicare/Med-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04																		
18A		10/01/04 - 09/30/05																		
19	Medicare/Med-Cal Crossover Published Charges	07/01/04 - 09/30/04																		
19A		10/01/04 - 09/30/05																		
20	Medicare/Med-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04																		
20A		10/01/04 - 09/30/05																		
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04																		
21A		10/01/04 - 09/30/05																		
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04																		
22A		10/01/04 - 09/30/05																		
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04																		
23A		10/01/04 - 09/30/05																		
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04																		
24A		10/01/04 - 09/30/05																		
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 09/30/05																		
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 09/30/05																		
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 09/30/05																		
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 09/30/05																		
29	Healthy Families Costs	07/01/04 - 09/30/04																		
29A		10/01/04 - 09/30/05	3,968		173															
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04																		
30A		10/01/04 - 09/30/05	4,382		198															
31	Healthy Families Published Charges	07/01/04 - 09/30/04																		
31A		10/01/04 - 09/30/05	4,508		198															
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04																		
32A		10/01/04 - 09/30/05																		
			297,148	11,131	893	15,032	4,830													

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Legal Entity Number: 00201 Modar: 15 - Outpatient Services (Program 1)	Legal Entity: PENNY LANE CENTERS						
	A Mode Total	NR B Service Function	NR C Service Function	NR D Service Function	NR E Service Function	NR F Service Function	NR G Service Function
1 Allocation Percentage	100.00%	0.00%	2.50%	6.77%	0.01%	0.00%	1.25%
2 Total Units	145	145	180,845	356,760	513	105	85,979
3 Gross Cost	10,539,191	212	263,833	713,786	1,026	210	132,003
4 Cost per Unit		1.46	1.46	2.00	2.00	2.00	2.00
5 SMA per Unit		1.89	1.89	2.44	2.44	2.44	2.44
6 Published Charge per Unit		1.89	1.89	2.44	2.44	2.44	2.44
7 Negotiated Rate / Cost per Unit		1.46	1.46	2.00	2.00	2.00	2.00
8 Medi-Cal Units		145	51,244	84,744	303		18,100
8A	07/01/04 - 09/30/04		108,864	280,812			47,459
9	07/01/04 - 09/30/04						
9A	07/01/04 - 09/30/04						
10 Enhanced SD/MC (Children) Units			119	231			
10A	07/01/04 - 09/30/04		561	238			
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units			989	1,081			
11A	07/01/04 - 09/30/04		19,870	20,089	210	105	420
12 Non-Medi-Cal Units							
13	07/01/04 - 09/30/04		2,218,974	74,842	129,533		38,212
13A	07/01/04 - 09/30/04		7,189,602	159,075	521,404		94,851
14 Medi-Cal SMA Upper Limits			2,694,598	274	96,851	157,975	44,164
14A	07/01/04 - 09/30/04		8,882,465	201,973	635,863		115,800
15 Medi-Cal Published Charges			2,694,598	274	96,851	157,975	44,164
15A	07/01/04 - 09/30/04		8,882,465	201,973	635,863		115,800
16 Medi-Cal Negotiated Rates			2,218,210	212	74,816	129,488	38,200
16A	07/01/04 - 09/30/04		7,167,131	158,021	521,224		94,918
17 Medicare/Medi-Cal Crossover Costs							
17A	07/01/04 - 09/30/04						
18 Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	07/01/04 - 09/30/04						
19 Medicare/Medi-Cal Crossover Published Charges							
19A	07/01/04 - 09/30/04						
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A	07/01/04 - 09/30/04						
21 Enhanced SD/MC Costs			5,213	174	482		
21A	07/01/04 - 09/30/04		13,369	819	472		
22 Enhanced SD/MC SMA Upper Limits			6,273	225	564		
22A	07/01/04 - 09/30/04		19,221	1,080	576		
23 Enhanced SD/MC Published Charges			18,221	1,000	576		
23A	07/01/04 - 09/30/04		5,211	174	482		
24 Enhanced SD/MC Negotiated Rates			13,364	819	472		
24A	07/01/04 - 09/30/04						
25 Enhanced SD/MC (Refugees) Costs							
25A	07/01/04 - 09/30/04						
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	07/01/04 - 09/30/04		20,082	1,735	2,163		
27 Enhanced SD/MC (Refugees) Published Charges			143,851	1,459	19,541		
27A	07/01/04 - 09/30/04		174,072	2,245	2,638		
28 Enhanced SD/MC (Refugees) Negotiated Rates			24,405	1,888	23,831		
28A	07/01/04 - 09/30/04		24,405	2,245	2,638		
29 Healthy Families Costs			174,022	1,888	23,831		
29A	07/01/04 - 09/30/04		143,801	1,459	19,534		
30 Healthy Families SMA Upper Limits			143,801	1,459	19,534		
30A	07/01/04 - 09/30/04		987,070	28,728	40,182	210	840
31 Healthy Families Published Charges							
31A	07/01/04 - 09/30/04						
32 Healthy Families Negotiated Rates							
32A	07/01/04 - 09/30/04						

Line Item	Description	NR		NR		NR		NR		NR		NR		NR	
		H	I	J	K	L	M	N	H	I	J	K	L	M	N
County: Los Angeles															
Country Code: 19															
Legal Entity: PENNY LANE CENTERS															
Legal Entity Number: 02001															
Mode: 15 - Outpatient Services (Program 1)															
1	Allocation Percentage	0.03%	81.25%	0.06%	2.91%	0.00%	13.53%	0.01%							
2	Total Units	1,590	3,228,385	3,229	153,329	76	712,614	350							
3	Gross Cost	3,181	6,454,984	6,460	308,784	152	1,425,719	1,459							
4	Cost per Unit	2.00	2.00	2.00	2.00	2.00	2.00	4.05							
5	SMA per Unit	2.44	2.44	2.44	2.44	2.44	2.44	4.51							
6	Published Charge per Unit	2.44	2.44	2.44	2.44	2.44	2.44	4.51							
7	Negotiated Rate / Cost per Unit	2.00	2.00	2.00	2.00	2.00	2.00	4.05							
8	Medi-Cal Units	644	637,123	1,541	38,373		182,870	125							
8A			2,186,121		94,973		498,260								
9	Medicare/Medi-Cal Crossover Units														
9A															
10	Enhanced SD/MC (Children) Units		1,587		275										
10A			5,201												
10B	Enhanced SD/MC (Refugees) Units														
10B1															
11	Healthy Families (SED) Units	153	6,498		424			40							
11A			53,528		718										
12	Non-Medi-Cal Units	763	356,359	1,686	18,696	76	30,494	195							
13	Medi-Cal Costs	1,288	1,274,685	3,083	78,772		385,868	508							
13A			4,333,735		189,811		988,844								
14	Medi-Cal SMA Upper Limits	1,571	1,554,580	3,760	93,830		446,203	554							
14A			5,285,335		231,480		1,218,170								
15	Medi-Cal Published Charges	1,571	1,554,580	3,760	93,830		446,203	554							
15A			5,285,335		231,480		1,218,170								
16	Medi-Cal Negotiated Rates	1,288	1,274,246	3,082	78,746		365,740	506							
16A			4,332,242		188,748		988,500								
17	Medicare/Medi-Cal Crossover Costs														
17A															
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A															
19	Medicare/Medi-Cal Crossover Published Charges														
19A															
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A															
21	Enhanced SD/MC Costs		3,115		550										
21A			10,408		671										
22	Enhanced SD/MC SMA Upper Limits		3,798		671										
22A			12,660		671										
23	Enhanced SD/MC Published Charges		3,798		671										
23A			12,660		671										
24	Enhanced SD/MC Negotiated Rates		3,114		550										
24A			10,402		550										
25	Enhanced SD/MC (Refugees) Costs														
25A															
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A															
27	Enhanced SD/MC (Refugees) Published Charges														
27A															
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A															
29	Healthy Families Costs	306	13,000		848			162							
29A			107,089		1,438										
30	Healthy Families SMA Upper Limits	373	15,855		1,035			180							
30A			130,503		1,752										
31	Healthy Families Published Charges	373	15,855		1,035			180							
31A			130,503		1,752										
32	Healthy Families Negotiated Rates	306	12,888		848			162							
32A			107,052		1,438										
33	Non-Medi-Cal Costs	1,657	712,864	3,377	37,345	152	61,009	790							

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Legal Entity	Legal Entity Number	Mode	Service Function						
			A	B	C	D	E	F	G
Legal Entity: Personal Involvement Center			Mode Total	04	10	34	42	52	62
Mode: 15 - Outpatient Services (Program 1)									
1		Allocation Percentage	100.00%	9.76%	5.97%	2.52%	70.31%	0.09%	6.90%
2		Total Units		45,774	21,827	9,115	254,813	314	13,531
3		Gross Cost	829,640	81,165	49,508	20,958	593,314	719	57,253
4		Cost per Unit		1.77	2.28	2.29	2.29	2.29	4.23
5		SMA per Unit		1.89	2.44	2.44	2.44	2.44	4.51
6		Published Charge per Unit		1.89	2.44	2.44	2.44	2.44	4.51
7		Negotiated Rate / Cost per Unit							
8		Med-Cal Units		7,144	2,985	2,000	38,825		3,340
9		Medicare/Med-Cal Crossover Units		33,945	17,892	8,515	171,471		8,658
10		Enhanced SD/MC (Children) Units							
10A		Enhanced SD/MC (Refugees) Units							
11		Healthy Families (SED) Units							
11A		Healthy Families (SED) Units							
12		Non-Med-Cal Units		4,865	750	600	44,717	314	1,535
13		Med-Cal Costs	144,936	12,868	8,833	4,578	88,420		14,132
14		Med-Cal SMA Upper Limits	580,116	60,191	40,958	14,914	392,528		36,828
14A		Med-Cal SMA Upper Limits	154,485	13,502	7,283	4,880	94,245		15,063
15		Med-Cal Published Charges	597,018	64,156	43,656	15,897	418,399		39,039
15A		Med-Cal Published Charges	154,485	13,502	7,283	4,880	94,245		15,063
16		Med-Cal Negotiated Rates	597,018	64,156	43,656	15,897	418,399		39,039
16A		Med-Cal Negotiated Rates							
17		Medicare/Med-Cal Crossover Costs							
17A		Medicare/Med-Cal Crossover Costs							
18		Medicare/Med-Cal Crossover SMA Upper Limits							
18A		Medicare/Med-Cal Crossover SMA Upper Limits							
19		Medicare/Med-Cal Crossover Published Charges							
19A		Medicare/Med-Cal Crossover Published Charges							
20		Medicare/Med-Cal Crossover Negotiated Rates							
20A		Medicare/Med-Cal Crossover Negotiated Rates							
21		Enhanced SD/MC Costs							
21A		Enhanced SD/MC Costs							
22		Enhanced SD/MC SMA Upper Limits							
22A		Enhanced SD/MC SMA Upper Limits							
23		Enhanced SD/MC Published Charges							
23A		Enhanced SD/MC Published Charges							
24		Enhanced SD/MC Negotiated Rates							
24A		Enhanced SD/MC Negotiated Rates							
25		Enhanced SD/MC (Refugees) Costs							
26		Enhanced SD/MC (Refugees) SMA Upper Limits							
27		Enhanced SD/MC (Refugees) Published Charges							
28		Enhanced SD/MC (Refugees) Negotiated Rates							
28A		Enhanced SD/MC (Refugees) Negotiated Rates							
29		Healthy Families Costs							
29A		Healthy Families Costs							
30		Healthy Families SMA Upper Limits							
30A		Healthy Families SMA Upper Limits							
31		Healthy Families Published Charges							
31A		Healthy Families Published Charges							
32		Healthy Families Negotiated Rates							
32A		Healthy Families Negotiated Rates							
33		Medicare/Med-Cal Crossover Costs	124,587	8,307	1,717	1,374	102,365	719	6,495

County: Los Angeles

County Code: 19

Legal Entity: San Fernando Valley CMHC, Inc.

Legal Entity Number: 00208
Mode: 15 - Outpatient Services (Program 1)

	A	B	C	D	E	F	G
	Mode Total	Service Function D4	Service Function 10	Service Function 42	Service Function 52	Service Function 56	Service Function 62
1	100.00%	6.10%	3.67%	57.89%	1.63%	4.70%	12.50%
2	Total Units	1,055,759	331,134	5,214,443	147,469	424,006	610,143
3	Gross Cost	1,551,536	617,806	9,729,728	275,137	791,080	2,104,101
4	Cost per Unit	1.45	1.87	1.87	1.87	1.87	3.45
5	SMA per Unit	1.89	2.44	2.44	2.44	2.44	4.51
6	Published Charge per Unit	1.89	2.44	2.44	2.44	2.44	4.51
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	257,784	62,198	831,966	41,243	102,505	119,367
8A	Medi-Cal Units	611,594	243,883	3,574,210	70,800	321,601	412,738
9	Medicare/Medi-Cal Crossover Units						
10	Enhanced SD/MC (Children) Units						
10A	Enhanced SD/MC (Refugees) Units						
10B	Enhanced SD/MC (Refugees) Units						
11	Healthy Families (SED) Units						
11A	Healthy Families (SED) Units	9,131	3,114	30,747	53		2,488
12	Non-Medi-Cal Units	181,250	21,839	777,490	35,273		75,550
13	Medi-Cal Costs	3,116,778	116,044	1,592,278	76,948	191,248	411,841
13A	Medi-Cal Costs	11,312,743	465,019	6,686,501	132,280	598,833	1,423,342
14	Medi-Cal SMA Upper Limits	4,076,126	151,763	2,030,070	100,633	250,112	539,345
14A	Medi-Cal Published Charges	14,794,817	595,075	8,721,072	172,988	784,462	1,861,448
15	Medi-Cal Negotiated Rates	4,076,126	151,763	2,030,070	100,633	250,112	539,345
15A	Medi-Cal Negotiated Rates	14,794,817	595,075	8,721,072	172,988	784,462	1,861,448
16	Medi-Cal Negotiated Rates						
16A	Medi-Cal Negotiated Rates						
17	Medicare/Medi-Cal Crossover Costs						
17A	Medicare/Medi-Cal Crossover Costs						
18	Medicare/Medi-Cal Crossover SMA Upper Limits						
18A	Medicare/Medi-Cal Crossover Published Charges						
19	Medicare/Medi-Cal Crossover Negotiated Rates						
19A	Medicare/Medi-Cal Crossover Negotiated Rates						
20	Enhanced SD/MC Costs						
20A	Enhanced SD/MC Costs						
21	Enhanced SD/MC Costs						
21A	Enhanced SD/MC Costs						
22	Enhanced SD/MC SMA Upper Limits						
22A	Enhanced SD/MC Published Charges						
23	Enhanced SD/MC Published Charges						
23A	Enhanced SD/MC Negotiated Rates						
24	Enhanced SD/MC Negotiated Rates						
24A	Enhanced SD/MC (Refugees) Costs						
25	Enhanced SD/MC (Refugees) Costs						
26	Enhanced SD/MC (Refugees) SMA Upper Limits						
27	Enhanced SD/MC (Refugees) Published Charges						
28	Enhanced SD/MC (Refugees) Negotiated Rates						
28A	Enhanced SD/MC (Refugees) Negotiated Rates						
29	Healthy Families Costs						
29A	Healthy Families Costs	85,638	13,168	57,366	88		8,560
30	Healthy Families SMA Upper Limits						
30A	Healthy Families Published Charges	112,260	17,258	75,023	129		11,221
31	Healthy Families Published Charges	112,260	17,258	75,023	129		11,221
31A	Healthy Families Negotiated Rates						
32	Healthy Families Negotiated Rates						
32A	Healthy Families Negotiated Rates	2,318,954	261,838	1,450,584	66,810		260,537

State of California, Health and Human Services Agency
 DETAIL COST REPORT
 ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
 MH 1089 (Rev. 03/03)

County: Los Angeles
 County Code: 19

	A	B	C	D	E	F	G
	Mode Total	Service Function					
Legal Entity: San Gabriel Children's Center							
Legal Entity Number: 03320							
Mode: 10 - Day Services							
1 Allocation Percentage	100.00%	85	89				
2 Total Units		81.62%	36.38%				
3 Gross Cost	1,144,750	4,259	2,653				
4 Cost per Unit		705,366	439,384				
5 SMA per Unit		165.62	165.62				
6 Published Charge per Unit		189.33	189.33				
7 Negotiated Rate / Cost per Unit		189.33	189.33				
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County: Los Angeles
 County Code: 19

	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 10	Service Function 12	Service Function 41	Service Function 42
1	100.00%	0.02%	0.00%	3.88%	1.50%	6.24%	10.52%
2	Total Units	120	20	14,507	5,813	23,317	39,540
3	Gross Cost	787,945	198	30,984	11,980	49,768	83,968
4	Cost per Unit	1.85	1.65	2.13	2.13	2.13	2.13
5	SMA per Unit	1.89	1.89	2.44	2.44	2.44	2.44
6	Published Charge per Unit	1.89	1.89	2.44	2.44	2.44	2.44
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	30	20	10,980	4,180	17,218	29,505
8A	07/01/04 - 09/30/04			3,627	1,403	6,829	9,835
9	Medicare/Medi-Cal Crossover Units	90					
9A	07/01/04 - 09/30/04						
10	Enhanced SD/MC (Children) Units						
10A	07/01/04 - 09/30/04						
10B	Enhanced SD/MC (Refugees) Units						
10B	07/01/04 - 09/30/05						
11	Healthy Families (SED) Units						
11A	07/01/04 - 09/30/04						
12	Non-Medi-Cal Units						
12A	07/01/04 - 09/30/05						
13	Medi-Cal Costs	189,396	50	7,741	2,995	12,441	20,992
13A	07/01/04 - 09/30/05	595,897	148	23,222	8,922	36,750	62,976
14	Medi-Cal SMA Upper Limits	227,944	57	8,850	3,423	14,223	23,997
14A	07/01/04 - 09/30/05	681,215	170	29,547	10,189	42,012	71,992
15	Medi-Cal Published Charges	227,944	57	8,850	3,423	14,223	23,997
15A	07/01/04 - 09/30/05	681,215	170	29,547	10,189	42,012	71,992
16	Medi-Cal Negotiated Rates						
16A	07/01/04 - 09/30/04						
17	Medicare/Medi-Cal Crossover Costs						
17A	07/01/04 - 09/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits						
18A	07/01/04 - 09/30/04						
19	Medicare/Medi-Cal Crossover Published Charges						
19A	07/01/04 - 09/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates						
20A	07/01/04 - 09/30/05						
21	Enhanced SD/MC Costs						
21A	07/01/04 - 09/30/05						
22	Enhanced SD/MC SMA Upper Limits						
22A	07/01/04 - 09/30/05						
23	Enhanced SD/MC Published Charges						
23A	07/01/04 - 09/30/05						
24	Enhanced SD/MC Negotiated Rates						
24A	07/01/04 - 09/30/05						
25	Enhanced SD/MC (Refugees) Costs						
25A	07/01/04 - 09/30/05						
26	Enhanced SD/MC (Refugees) SMA Upper Limits						
26A	07/01/04 - 09/30/05						
27	Enhanced SD/MC (Refugees) Published Charges						
27A	07/01/04 - 09/30/05						
28	Enhanced SD/MC (Refugees) Negotiated Rates						
28A	07/01/04 - 09/30/05						
29	Healthy Families Costs						
29A	07/01/04 - 09/30/04						
30	Healthy Families SMA Upper Limits						
30A	07/01/04 - 09/30/04						
31	Healthy Families Published Charges						
31A	07/01/04 - 09/30/04						
32	Healthy Families Negotiated Rates						
32A	07/01/04 - 09/30/04						
33		2,952		64		576	(0)

County: Los Angeles
 County Code: 19

Legal Entity Number	Legal Entity Name	Mode	H	I	J	K	L	M	N
Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	54	11.41%	61	62	77			
2	Total Units	208,881	42,672	6,365	14,833	100			
3	Gross Cost	448,008	81,078	25,111	58,518	318			
4	Cost per Unit	2.13	2.13	3.95	3.95	3.18			
5	SMA per Unit	2.44	2.44	4.51	4.51	3.63			
6	Published Charge per Unit	2.44	2.44	4.51	4.51	3.63			
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	52,240	10,868	1,581	3,708	100			
8A	Medi-Cal Units	398,721	32,004	4,284	11,125				
9	Medicare/Medi-Cal Crossover Units								
9A	Medicare/Medi-Cal Crossover Units								
10	Enhanced SD/MC (Children) Units								
10A	Enhanced SD/MC (Children) Units								
10B	Enhanced SD/MC (Refugees) Units								
10B1	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units								
11A	Healthy Families (SED) Units								
12	Non-Medi-Cal Units			510					
13	Medi-Cal Costs	111,501	22,770	6,277	14,829				
13A	Medi-Cal Costs	334,506	86,310	16,822	43,890	318			
14	Medi-Cal SMA Upper Limits	127,466	26,030	7,175	16,723				
14A	Medi-Cal SMA Upper Limits	382,399	78,080	19,231	50,174	363			
15	Medi-Cal Published Charges	127,466	26,030	7,175	16,723				
15A	Medi-Cal Published Charges	382,389	78,080	19,231	50,174	363			
16	Medi-Cal Negotiated Rates								
16A	Medi-Cal Negotiated Rates								
17	Medicare/Medi-Cal Crossover Costs								
17A	Medicare/Medi-Cal Crossover Costs								
18	Medicare/Medi-Cal Crossover SMA Upper Limits								
18A	Medicare/Medi-Cal Crossover SMA Upper Limits								
19	Medicare/Medi-Cal Crossover Published Charges								
19A	Medicare/Medi-Cal Crossover Published Charges								
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A	Medicare/Medi-Cal Crossover Negotiated Rates								
21	Enhanced SD/MC Costs								
21A	Enhanced SD/MC Costs								
22	Enhanced SD/MC SMA Upper Limits								
22A	Enhanced SD/MC SMA Upper Limits								
23	Enhanced SD/MC Published Charges								
23A	Enhanced SD/MC Published Charges								
24	Enhanced SD/MC Negotiated Rates								
24A	Enhanced SD/MC Negotiated Rates								
25	Enhanced SD/MC (Refugees) Costs								
25A	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
26A	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
27A	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
28A	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs								
29A	Healthy Families Costs								
30	Healthy Families SMA Upper Limits								
30A	Healthy Families SMA Upper Limits								
31	Healthy Families Published Charges								
31A	Healthy Families Published Charges								
32	Healthy Families Negotiated Rates								
32A	Healthy Families Negotiated Rates								
				2,012					

	A	B	C	D	E	F	G
	Mode Total	Service Function 04	Service Function 08	Service Function 10	Service Function 17	Service Function 34	Service Function 42
1	100.00%	8.82%	0.14%	13.43%	0.08%	0.38%	65.41%
2	Total Units	322,342	5,068	389,319	2,377	11,290	1,895,914
3	Gross Cost	350,167	5,538	545,351	3,330	15,815	2,555,753
4	Cost per Unit	1.09	1.09	1.40	1.40	1.40	1.40
5	SMA per Unit	1.89	1.89	2.44	2.44	2.44	2.44
6	Published Charge per Unit	1.90	1.90	2.45	2.45	2.45	2.45
7	Negotiated Rate / Cost per Unit						
8	Med-Cal Units	63,317	2,015	91,360	1,083	4,202	365,747
9	Medicare/Med-Cal Crossover Units	189,010		283,908		6,578	1,339,335
10	Enhanced SD/MC (Children) Units	848		433		5	1,008
11	Enhanced SD/MC (Refugees) Units	84		214			78
12	Healthy Families (SED) Units	476		207			1,521
13	Non-Med-Cal Units	59,627	3,063	13,196	1,339	510	2,289
14	Med-Cal Costs	859,696	2,188	127,876	1,447	5,886	512,332
15	Med-Cal SMA Upper Limits	2,719,438	219,189	397,891	2,521	9,214	1,876,117
16	Med-Cal Published Charges	4,758,015	3,808	222,918	2,521	10,253	892,423
17	Med-Cal Negotiated Rates	1,503,828	3,628	223,832	2,531	10,295	896,080
18	Med-Cal Crossover Costs	4,759,360	378,119	695,570		16,118	3,281,371
19	Medicare/Med-Cal Crossover SMA Upper Limits	4,071	921	607	7		1,413
20	Medicare/Med-Cal Crossover Published Charges	224	1,603	1,057	12		109
21	Medicare/Med-Cal Crossover Negotiated Rates	7,120	1,611	1,061	12		2,472
22	Enhanced SD/MC Costs	381					191
23	Enhanced SD/MC SMA Upper Limits	2,500	70	300			2,131
24	Enhanced SD/MC Published Charges	4,354	121	522			3,711
25	Enhanced SD/MC Negotiated Rates	4,372	122	524			3,726
26	Healthy Families Costs	4,731	517	280			3,220
27	Healthy Families SMA Upper Limits	8,238	900	505			5,610
28	Healthy Families Published Charges	8,274	904	507			5,633
29	Healthy Families Negotiated Rates	4,699,687	63,588	18,489	1,876	714	260,441

County: Los Angeles
 County Code: 19

Legal Entity Number: 00213 Mode: 10 - Day Services	NR		NR		NR		NR	
	A	B	C	D	E	F	G	
Legal Entity: South Bay Children's Health Center	Mode Total	Service Function						
1 Allocation Percentage	100.00%	88	88					
2 Total Units		82.11%	17.89%					
3 Gross Cost	252,473	240,137	52,336					
4 Cost per Unit		159.56	159.56					
5 SMA per Unit		122.75	122.75					
6 Published Charge per Unit	120.00	120.00	120.00					
7 Negotiated Rate / Cost per Unit	115.14	115.14	115.14					
8 Medi-Cal Units			121					
9A Medicare/Medi-Cal Crossover Units		387						
10 Enhanced SD/MC (Children) Units		32						
10B Enhanced SD/MC (Refugees) Units								
11 Healthy Families (SED) Units								
12 Non-Medi-Cal Units		1,088	207					
13 Medi-Cal Costs	19,307	19,307	19,307					
14 Medi-Cal SMA Upper Limits	61,750	61,750	14,853					
15 Medi-Cal Published Charges	47,504	47,504	14,520					
16 Medi-Cal Negotiated Rates	46,440	46,440	13,632					
17 Medicare/Medi-Cal Crossover Costs	44,559	44,559						
18 Medicare/Medi-Cal Crossover SMA Upper Limits								
19 Medicare/Medi-Cal Crossover Published Charges								
20 Medicare/Medi-Cal Crossover Negotiated Rates								
21 Enhanced SD/MC Costs	5,108	5,108						
22 Enhanced SD/MC SMA Upper Limits	3,628	3,628						
23 Enhanced SD/MC Published Charges	3,840	3,840						
24A Enhanced SD/MC Negotiated Rates	3,664	3,664						
25 Enhanced SD/MC (Refugees) Costs								
26 Enhanced SD/MC (Refugees) SMA Upper Limits								
27 Enhanced SD/MC (Refugees) Published Charges								
28 Enhanced SD/MC (Refugees) Negotiated Rates								
29 Healthy Families Costs								
30 Healthy Families SMA Upper Limits								
31 Healthy Families Published Charges								
32 Healthy Families Negotiated Rates								
TOTAL	206,310	173,282	33,028					

County: Los Angeles
 County Code: 18

Legal Entity Number	Mode	A	B	C	D	E	F	G
00213	19 - Outpatient Services (Program 1)	Mode Total	Service Function 03	Service Function 04	Service Function 10	Service Function 12	Service Function 33	Service Function 34
1	Allocation Percentage	100.00%	0.45%	1.00%	7.76%	1.00%	0.02%	1.48%
2	Total Units	3,023	1,364	3,023	18,992	2,459	60	3,612
3	Gross Cost	742,597	3,346	7,415	57,608	7,483	182	10,962
4	Cost per Unit	245	2.45	2.45	3.03	3.03	3.03	3.03
5	SMA per Unit	1.89	1.89	1.89	2.44	2.44	2.44	2.44
6	Published Charge per Unit	2.10	2.10	2.10	2.50	2.50	2.50	2.50
7	Negotiated Rate / Cost per Unit	1.77	1.77	1.77	2.18	2.19	2.19	2.19
8	Medi-Cal Units		329	1,738	3,825	478		795
9	Medicare/Medi-Cal Crossover Units			247	2,317			
10	Enhanced SD/MC (Children) Units			442	6,800			1,602
11	Enhanced SD/MC (Refugees) Units							
12	Healthy Families (SED) Units							
13	Non-Medi-Cal Units		1,035	296	562	1,881	60	1,215
14	Medi-Cal Costs	112,856	807	4,283	11,808	1,451		2,413
15	Medi-Cal SMA Upper Limits	94,892	606	3,285	9,333	1,166		1,940
16	Medi-Cal Published Charges	78,110	691	3,650	5,783	1,195		1,988
17	Medi-Cal Negotiated Rates	81,511	582	3,076	8,377	1,047		1,741
18	Medicare/Medi-Cal Crossover Costs							
19	Medicare/Medi-Cal Crossover SMA Upper Limits							
20	Medicare/Medi-Cal Crossover Published Charges							
21	Medicare/Medi-Cal Crossover Negotiated Rates							
22	Enhanced SD/MC Costs	242,255		1,084	20,637			4,862
23	Enhanced SD/MC SMA Upper Limits	188,643		835	16,592			3,909
24	Enhanced SD/MC Published Charges	189,286		928	17,000			4,005
25	Enhanced SD/MC Negotiated Rates	174,814		782	14,882			3,508
26	Healthy Families Costs	24,543		736	1,708			
27	Healthy Families SMA Upper Limits	20,054		567	1,371			
28	Healthy Families Published Charges	20,188		630	1,405			
29	Healthy Families Negotiated Rates	17,741		531	1,231			
30	Total	267,981	2,639	726	18,825	6,012	182	3,687

County: Los Angeles
 County Code: 19

	NR	H	NR	I	NR	J	NR	K	NR	L	NR	M	NR	N
		Service Function												
Legal Entity: South Bay Children's Health Center														
Legal Entity Number: 00213														
Mode: 19 - Outpatient Services (Program 1)														
1 Allocation Percentage	41	4.27%	42	62.18%	52	0.24%	54	0.01%	61	1.12%	62	20.49%		
2 Total Units	10,449	152,104	588	152,104	588	30	30	30	8,280	1,540	28,295			
3 Gross Cost	31,711	461,617	1,765	461,617	1,765	81	81	81	8,280	152,138				
4 Cost per Unit	3.03	3.03	3.03	3.03	3.03	2.64	2.64	2.64	5.38	5.38				
5 SMA per Unit	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	4.51	4.51				
6 Published Charge per Unit	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	4.40	4.40				
7 Negotiated Rate / Cost per Unit	2.19	2.19	2.19	2.19	2.19	2.19	2.19	2.19	3.88	3.88				
8 Medi-Cal Units	3,368	22,176	333	22,176	333				568	2,470				
9 Medicare/Medi-Cal Crossover Units	10,011	23,659	105	23,659	105					2,364				
10 Enhanced SD/MC (Children) Units						75					10,203			
10B Enhanced SD/MC (Refugees) Units														
11 Healthy Families (SED) Units														
11A Healthy Families Negotiated Rates														
12 Non-Medi-Cal Units	7,081	49,351	75	49,351	75				874	11,408				
13 Medi-Cal Costs	10,191	67,301	1,011	67,301	1,011				3,043	13,281				
14 Medi-Cal SMA Upper Limits	8,194	54,109	813	54,109	813				2,553	11,140				
15 Medi-Cal Published Charges	8,395	55,440	833	55,440	833				2,490	10,868				
16 Medi-Cal Negotiated Rates	7,354	48,585	729	48,585	729				2,198	9,584				
17 Medicare/Medi-Cal Crossover Costs														
17A Medicare/Medi-Cal Crossover Costs														
18 Medicare/Medi-Cal Crossover SMA Upper Limits														
18A Medicare/Medi-Cal Crossover SMA Upper Limits														
19 Medicare/Medi-Cal Crossover Published Charges														
19A Medicare/Medi-Cal Crossover Published Charges														
20 Medicare/Medi-Cal Crossover Negotiated Rates														
20A Medicare/Medi-Cal Crossover Negotiated Rates														
21 Enhanced SD/MC Costs														
21A Enhanced SD/MC Costs														
22 Enhanced SD/MC SMA Upper Limits														
22A Enhanced SD/MC SMA Upper Limits														
23 Enhanced SD/MC Published Charges														
23A Enhanced SD/MC Published Charges														
24 Enhanced SD/MC Negotiated Rates														
24A Enhanced SD/MC Negotiated Rates														
25 Enhanced SD/MC (Refugees) Costs														
26 Enhanced SD/MC (Refugees) SMA Upper Limits														
27 Enhanced SD/MC (Refugees) Published Charges														
28 Enhanced SD/MC (Refugees) Negotiated Rates														
29 Healthy Families Costs														
29A Healthy Families Costs														
30 Healthy Families SMA Upper Limits														
30A Healthy Families SMA Upper Limits														
31 Healthy Families Published Charges														
31A Healthy Families Published Charges														
32 Healthy Families Negotiated Rates														
32A Healthy Families Negotiated Rates														
TOTAL	21,620	149,774	228	149,774	228	81	81	81	5,237	81,339				

County: Los Angeles
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Line	Legal Entity: Special Service for Groups Legal Entity Number: 00214 Mode: 15 - Outpatient Services (Program 1)	A Mode Total	NR B		NR C		NR D		NR E		NR F		NR G	
			Service Function	03	04	10	12	34	41	03%	09%	12	34	41
1	Allocation Percentage	100.00%	0.03%	13.43%	4.82%	0.03%	0.09%	0.06%						
2	Total Units		2,313	1,038,343	334,886	2,224	6,214	4,204						
3	Gross Cost	10,961,797	3,279	1,472,433	539,162	3,581	10,004	6,768						
4	Cost per Unit		1.42	1.42	1.61	1.61	1.61	1.61						
5	SMA per Unit		1.89	1.89	2.44	2.44	2.44	2.44						
6	Published Charge per Unit		1.47	1.47	1.67	1.67	1.67	1.67						
7	Negotiated Rate / Cost per Unit		1.40	1.40	1.59	1.59	1.59	1.59						
8	Medi-Cal Units		1,510	165,493	38,815	1,045	506	2,198						
8A	07/01/04 - 09/30/04			644,318	233,549		4,562							
9	Medicare/Medi-Cal Crossover Units			6,394	1,203									
9A	07/01/04 - 09/30/04			10,578	1,981									
10	Enhanced SD/MC (Children) Units			1,296	1,986									
10A	07/01/04 - 09/30/04			1,853	2,982									
10B	Enhanced SD/MC (Refugees) Units			3,834	5,184									
11	Healthy Families (SED) Units			9,553	7,546									
11A	07/01/04 - 09/30/04			803	194,926	42,028	1,179	1,030	2,006					
12	Non-Medi-Cal Units		2,141	234,878	62,482	1,683	815	3,539						
13	Medi-Cal Costs	1,754,330		813,882	376,011		7,344							
13A	07/01/04 - 09/30/04	6,398,606		2,590,388	64,709	2,550	1,235	5,363						
14	Medi-Cal SMA Upper Limits	9,453,084		1,217,781	569,860		11,131							
14A	07/01/04 - 09/30/04	1,818,819		243,275	64,821	1,745	845	3,671						
15	Medi-Cal Published Charges	6,833,865		947,147	390,027		7,619							
15A	07/01/04 - 09/30/04	1,731,782		231,690	61,716	1,662	805	3,485						
16	Medi-Cal Negotiated Rates	6,316,388		902,045	371,943		7,254							
16A	07/01/04 - 09/30/04	32,780		9,067	1,937									
17	Medicare/Medi-Cal Crossover Costs	95,080		14,587	2,581									
17A	07/01/04 - 09/30/04	47,795		12,085	2,935									
18	Medicare/Medi-Cal Crossover SMA Upper Limits	138,548		19,989	3,882									
18A	07/01/04 - 09/30/04	34,000		9,399	2,009									
19	Medicare/Medi-Cal Crossover Published Charges	88,569		15,547	2,857									
19A	07/01/04 - 09/30/04	32,374		8,582	1,913									
20	Medicare/Medi-Cal Crossover Negotiated Rates	93,855		14,806	2,530									
20A	07/01/04 - 09/30/04	26,079		1,838	3,201									
21	Enhanced SD/MC Costs	39,125		2,769	4,801									
21A	07/01/04 - 09/30/04	38,953		2,449	4,851									
22	Enhanced SD/MC SMA Upper Limits	58,446		3,681	7,278									
22A	07/01/04 - 09/30/04	27,034		1,905	3,320									
23	Enhanced SD/MC Published Charges	40,584		2,871	4,980									
23A	07/01/04 - 09/30/04	25,740		1,814	3,161									
24	Enhanced SD/MC Negotiated Rates	38,622		2,734	4,741									
24A	07/01/04 - 09/30/04													
25	Enhanced SD/MC (Refugees) Costs													
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
27	Enhanced SD/MC (Refugees) Published Charges													
28	Enhanced SD/MC (Refugees) Negotiated Rates													
29	Healthy Families Costs	53,477		5,437	8,346									
29A	07/01/04 - 09/30/04	127,756		13,547	12,148		187							
30	Healthy Families SMA Upper Limits	79,287		7,246	12,649									
30A	07/01/04 - 09/30/04	189,721		18,065	18,412		283							
31	Healthy Families Published Charges	132,453		5,636	8,857									
31A	07/01/04 - 09/30/04	52,791		14,043	12,802		194							
32	Healthy Families Negotiated Rates	126,111		13,374	11,968		184							
32A	07/01/04 - 09/30/04	2,834,551	1,138	278,417	67,665	1,898	1,658	3,228						

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - BIODIE TOTAL

County: Los Angeles
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Legal Entity Number	Legal Entity Name	NR H	NR I	NR J	NR K	NR L	NR M	NR N
Legal Entity Number	Legal Entity Name	Service Function						
1	Allocation Percentage	45.95%	23.79%	0.03%	0.02%	11.27%	0.37%	
2	Total Units	3,126,988	1,619,019	1,898	578	382,400	19,188	
3	Gross Cost	5,037,380	2,607,481	3,056	1,861	1,235,784	40,988	
4	Cost per Unit	1.61	1.61	1.61	3.23	3.23	2.14	
5	SMA per Unit	2.44	2.44	2.44	4.51	4.51	3.63	
6	Published Charge per Unit	1.67	1.67	1.67	3.35	3.35	2.22	
7	Negotiated Rate / Cost per Unit	1.59	1.59	1.59	3.19	3.19	2.11	
8	Medi-Cal Units	448,807	315,939	218	217	64,707	2,517	
8A	Medicare/Medi-Cal Crossover Units	1,739,749	892,442			206,484	15,967	
9	Enhanced SD/AMC (Children) Units	10,076	2,091			650	43	
9A	Enhanced SD/AMC (Refugees) Units	26,753	6,988			7,154	25	
10	Healthy Families (SED) Units	8,766	3,188			552		
10A	Healthy Families (SED) Units	13,149	4,779			828		
11	Healthy Families (SED) Units	16,569	3,988			1,971	90	
11A	Healthy Families (SED) Units	48,952	4,958			4,195	707	
12	Non-Medi-Cal Units	813,165	284,962	1,680	358	85,948	240	
13	Medi-Cal Costs	724,611	508,832	351	701	209,111	5,378	
13A	Medi-Cal Costs	2,802,627	1,598,365			667,317	33,259	
14	Medi-Cal SMA Upper Limits	1,097,529	770,881	532	879	291,929	9,137	
14A	Medi-Cal SMA Upper Limits	4,244,988	2,421,558			931,288	56,508	
15	Medi-Cal Published Charges	751,178	627,618	364	727	219,768	5,958	
15A	Medi-Cal Published Charges	2,805,381	1,657,378			691,755	34,559	
16	Medi-Cal Negotiated Rates	715,193	502,343	347	682	208,415	5,311	
16A	Medi-Cal Negotiated Rates	2,765,201	1,577,983			659,718	32,846	
17	Medicare/Medi-Cal Crossover Costs	16,232	3,368			2,101	92	
17A	Medicare/Medi-Cal Crossover Costs	43,097	11,261			23,119	53	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	24,595	5,102			2,932	156	
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	65,277	17,046			32,265	91	
19	Medicare/Medi-Cal Crossover Published Charges	16,827	3,492			2,178	95	
19A	Medicare/Medi-Cal Crossover Published Charges	44,678	11,867			23,966	58	
20	Medicare/Medi-Cal Crossover Negotiated Rates	16,021	3,325			2,074	91	
20A	Medicare/Medi-Cal Crossover Negotiated Rates	42,537	11,108			22,821	53	
21	Enhanced SD/AMC Costs	14,121	5,131			1,784		
21A	Enhanced SD/AMC Costs	21,182	7,697			2,675		
22	Enhanced SD/AMC SMA Upper Limits	21,389	7,774			2,480		
22A	Enhanced SD/AMC SMA Upper Limits	32,084	11,661			3,734		
23	Enhanced SD/AMC Published Charges	14,639	5,321			1,849		
23A	Enhanced SD/AMC Published Charges	21,959	7,981			2,774		
24	Enhanced SD/AMC Negotiated Rates	13,938	5,066			1,761		
24A	Enhanced SD/AMC Negotiated Rates	20,907	7,599			2,641		
25	Healthy Families Costs	26,892	6,441			6,370	192	
25A	Healthy Families Costs	78,859	7,948			13,557	1,511	
30	Healthy Families SMA Upper Limits	40,428	9,758			8,869	327	
30A	Healthy Families SMA Upper Limits	119,443	12,041			19,919	2,566	
31	Healthy Families Published Charges	27,670	6,678			6,803	200	
31A	Healthy Families Published Charges	81,750	8,241			14,053	1,570	
32	Healthy Families Negotiated Rates	26,345	6,358			6,267	180	
32A	Healthy Families Negotiated Rates	77,834	7,847			13,382	1,492	
23	Medi-Cal Costs	1,309,958	458,459	2,705	1,160	309,751	513	

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Line Item	Legal Entity, Saitr John's Health Center Mode: 15 - Outpatient Services (Program 1)	A Mode Total	CR			CR			CR			CR		
			B Service Function 03	C Service Function 04	D Service Function 08	E Service Function 10	F Service Function 12	G Service Function 14	B Service Function 03	C Service Function 04	D Service Function 08	E Service Function 10	F Service Function 12	G Service Function 14
1	Allocation Percentage	100.00%	0.26%	5.60%	0.80%	8.97%	0.80%	1.15%						
2	Total Units	3,891	83,228	8,896	103,248	8,858	13,253							
3	Gross Cost	3,226,515	180,677	19,312	289,357	19,223	37,143							
4	Cost per Unit	2.17	2.17	2.17	2.80	2.80	2.80							
5	SMA per Unit	1.89	1.89	1.89	2.44	2.44	2.44							
6	Published Charge per Unit	2.00	2.00	2.00	2.50	2.50	2.50							
7	Negotiated Rate / Cost per Unit													
8	Medi-Cal Units	185	2,762	2,675	19,336	190	3,587							
9A	Medicare/Medi-Cal Crossover Units	884	56,084	5,412	58,983	328	6,397							
9B	Medicare/Medi-Cal Crossover Units		3,652		1,185									
10	Enhanced SD/MC (Children) Units		623											
10A	Enhanced SD/MC (Children) Units													
10B	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units													
11A	Healthy Families (SED) Units													
12	Non-Medi-Cal Units	2,812	14,863	808	17,680	6,341	3,289							
13	Medi-Cal Costs	484,177	5,996	5,807	54,191	532	9,987							
13A	Medi-Cal Costs	1,884,042	1,919	126,092	11,749	165,306	919	17,928						
14	Medi-Cal SMA Upper Limits	421,534	350	5,220	47,180	464	8,703							
14A	Medi-Cal SMA Upper Limits	1,465,162	1,671	109,779	10,229	143,919	800	15,609						
15	Medi-Cal Published Charges	433,496	370	5,524	5,350	48,340	475	6,918						
15A	Medi-Cal Published Charges	1,510,215	1,768	116,188	10,824	147,458	820	15,563						
16	Medi-Cal Negotiated Rates													
16A	Medi-Cal Negotiated Rates													
17	Medicare/Medi-Cal Crossover Costs	54,132	7,828											
17A	Medicare/Medi-Cal Crossover Costs	105,037	1,352											
18	Medicare/Medi-Cal Crossover SMA Upper Limits	47,128	6,902											
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	81,447	1,177											
19	Medicare/Medi-Cal Crossover Published Charges	48,723	7,304											
19A	Medicare/Medi-Cal Crossover Published Charges	94,084	1,246											
20	Medicare/Medi-Cal Crossover Negotiated Rates													
20A	Medicare/Medi-Cal Crossover Negotiated Rates													
21	Enhanced SD/MC Costs													
21A	Enhanced SD/MC Costs													
22	Enhanced SD/MC SMA Upper Limits													
22A	Enhanced SD/MC SMA Upper Limits													
23	Enhanced SD/MC Published Charges													
23A	Enhanced SD/MC Published Charges													
24	Enhanced SD/MC Negotiated Rates													
24A	Enhanced SD/MC Negotiated Rates													
25	Enhanced SD/MC (Refugees) Costs													
25A	Enhanced SD/MC (Refugees) Costs													
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
26A	Enhanced SD/MC (Refugees) SMA Upper Limits													
27	Enhanced SD/MC (Refugees) Published Charges													
27A	Enhanced SD/MC (Refugees) Published Charges													
28	Enhanced SD/MC (Refugees) Negotiated Rates													
28A	Enhanced SD/MC (Refugees) Negotiated Rates													
29	Healthy Families Costs	169,038	7,042											
29A	Healthy Families Costs													
30	Healthy Families SMA Upper Limits	147,168	6,131											
30A	Healthy Families SMA Upper Limits													
31	Healthy Families Published Charges	151,365	6,488											
31A	Healthy Families Published Charges													
32	Healthy Families Negotiated Rates													
32A	Healthy Families Negotiated Rates													
32B	Healthy Families Negotiated Rates	730,150	8,104	1,768	49,550	17,771	9,218							
32C	Healthy Families Negotiated Rates													

	CR	O	CR	P	CR	Q	R	S	T	U
	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	61	62	77						
2	Total Units	1,86%	9,31%	0,44%						
3	Gross Cost	11,752	57,972	3,434						
4	Cost per Unit	60,878	300,307	14,318						
5	SMA per Unit	5,18	5,18	4,17						
6	Published Charge per Unit	4,51	4,51	3,63						
7	Negotiated Rate / Cost per Unit	4,75	4,75	3,75						
8	Medi-Cal Units	371	9,126	385						
8A		1,848	28,396	1,021						
9	Medicare/Medi-Cal Crossover Units		1,576	580						
9A			2,567							
10	Enhanced SD/MC (Children) Units									
10A										
10B	Enhanced SD/MC (Refugees) Units									
11	Healthy Families (SED) Units									
11A			2,881							
12	Non-Medi-Cal Units	8,733	13,424	1,458						
13	Medi-Cal Costs	1,922	47,285	1,647						
13A		8,537	147,087	4,257						
14	Medi-Cal SMA Upper Limits	1,873	41,167	1,434						
14A		7,432	126,066	3,706						
15	Medi-Cal Published Charges	1,762	43,358	1,481						
15A		7,828	134,881	3,828						
16	Medi-Cal Negotiated Rates									
16A										
17	Medicare/Medi-Cal Crossover Costs		8,184	2,335						
17A			13,288	2,033						
18	Medicare/Medi-Cal Crossover SMA Upper Limits		7,108	2,033						
18A			11,577	2,033						
19	Medicare/Medi-Cal Crossover Published Charges		7,486	2,100						
19A			12,193	2,100						
20	Medicare/Medi-Cal Crossover Negotiated Rates									
20A										
21	Enhanced SD/MC Costs									
21A										
22	Enhanced SD/MC SMA Upper Limits									
22A										
23	Enhanced SD/MC Published Charges									
23A										
24	Enhanced SD/MC Negotiated Rates									
24A										
25	Enhanced SD/MC (Refugees) Costs									
25A										
26	Enhanced SD/MC (Refugees) SMA Upper Limits									
26A										
27	Enhanced SD/MC (Refugees) Published Charges									
27A										
28	Enhanced SD/MC (Refugees) Negotiated Rates									
28A										
29	Healthy Families Costs		14,924							
29A										
30	Healthy Families SMA Upper Limits		12,993							
30A										
31	Healthy Families Published Charges		13,685							
31A										
32	Healthy Families Negotiated Rates									
32A										
		50,419	89,539	6,078						

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Legal Entity Number	Mode Total	NR B Service Function	NR C Service Function	NR D Service Function	NR E Service Function	NR F Service Function	NR G Service Function
1 Allocation Percentage	100.00%	5.97%	6.97%	0.07%	74.20%	6.12%	1.75%
2 Total Units	597,328	536,101	5,101	5,731,188	472,555	134,825	247,508
3 Gross Cost	14,180,265	804,507	987,831	9,364	10,521,119	867,503	247,508
4 Cost per Unit	1.35	1.84	1.84	1.84	1.84	1.84	1.84
5 SMA per Unit	1.89	2.44	2.44	2.44	2.44	2.44	2.44
6 Published Charge per Unit	1.96	2.53	2.53	2.53	2.53	2.53	2.53
7 Negotiated Rate / Cost per Unit	1.48	1.99	1.99	1.99	1.99	1.99	1.99
8 Med-Cal Units	143,243	86,858	841	1,168,631	139,808	37,750	89,804
8A Medicare/Med-Cal Crossover Units	413,607	415,356		4,135,649	311,988		
9A Enhanced SD/MC (Children) Units							
10A Enhanced SD/MC (Refugees) Units							
11A Healthy Families (SED) Units							
12 Non-Med-Cal Units	40,478	35,877	4,460	386,868	20,849	7,271	
13 Med-Cal Costs	3,024,115	192,827	159,470	1,177	2,166,742	258,656	69,300
14 Med-Cal SMA Upper Limits	10,213,404	557,086	782,499	7,592,170	572,574	164,860	92,110
15 Med-Cal Published Charges	13,643,778	761,717	1,013,469	1,554	10,080,984	781,031	219,122
16 Med-Cal Negotiated Rates	4,192,860	280,198	219,378	1,622	3,027,478	353,714	95,508
17 Medicare/Med-Cal Crossover Costs	3,278,178	208,135	172,897	1,276	2,381,298	278,218	75,123
18 Medicare/Med-Cal Crossover SMA Upper Limits	11,071,457	603,868	826,569	8,228,942	620,877	178,710	
19 Medicare/Med-Cal Crossover Published Charges							
20 Medicare/Med-Cal Crossover Negotiated Rates							
21 Enhanced SD/MC Costs							
22 Enhanced SD/MC SMA Upper Limits							
23 Enhanced SD/MC Published Charges							
24 Enhanced SD/MC Negotiated Rates							
25 Enhanced SD/MC (Refugees) Costs							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
27 Enhanced SD/MC (Refugees) Published Charges							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
29 Healthy Families Costs							
30 Healthy Families SMA Upper Limits							
31 Healthy Families Published Charges							
32 Healthy Families Negotiated Rates							
TOTAL	942,745	54,616	65,882	8,188	732,268	39,274	13,348

	County Code: 19	Legal Entity: Stirling Academy, Inc. Legal Entity Number: 00218 Mode: 19 - Outpatient Services (Program 1)	CR		CR		CR		CR		CR		CR	
			A	B	C	D	E	F	G	Service Function				
1		Allocation Percentage	100.00%	0.04%	6.99%	14.99%	0.22%	0.01%	0.78%					
2		Total Units		827	99,991	165,999	2,401	80	8,799					
3		Gross Cost	2,538,228	1,113	177,478	380,281	5,502	137	20,163					
4		Cost per Unit		1.78	1.77	2.29	2.28	2.44	2.29					
5		SMA per Unit		1.89	1.89	2.44	2.44	2.44	2.44					
6		Published Charge per Unit		1.89	1.89	2.44	2.44	2.44	2.44					
7		Negotiated Rate / Cost per Unit												
8		Medi-Cal Units			17,948	84,603								
8A		07/01/04 - 09/30/04			17,948	84,603								
9		Medicare/Medi-Cal Crossover Units			43,655	92,415								
9A		07/01/04 - 09/30/04			43,655	92,415								
10		Enhanced SD/MC (Children) Units												
10A		07/01/04 - 09/30/04												
10B		Enhanced SD/MC (Refugees) Units												
10B1		07/01/04 - 09/30/05												
11		Healthy Families (SED) Units			763	1,888								
11A		07/01/04 - 09/30/04			763	1,888								
12		Non-Medi-Cal Units			5,139	11,188								
12A		07/01/04 - 09/30/05		827	32,489	55,862	2,401		8,799					
13		Medi-Cal Costs	487,630		31,853	79,291								
13A		07/01/04 - 09/30/05	1,088,999		77,465	143,021								
14		Medi-Cal SMA Upper Limits	498,157		33,918	84,431								
14A		07/01/04 - 09/30/05	1,138,296		82,508	152,293								
15		Medi-Cal Published Charges	498,157		33,918	84,431								
15A		07/01/04 - 09/30/05	1,138,298		82,508	152,293								
16		Medi-Cal Negotiated Rates												
16A		07/01/04 - 09/30/05												
17		Medicare/Medi-Cal Crossover Costs												
17A		07/01/04 - 09/30/05												
18		Medicare/Medi-Cal Crossover SMA Upper Limits												
18A		07/01/04 - 09/30/05												
19		Medicare/Medi-Cal Crossover Published Charges												
19A		07/01/04 - 09/30/05												
20		Medicare/Medi-Cal Crossover Negotiated Rates												
20A		07/01/04 - 09/30/05												
21		Enhanced SD/MC Costs												
21A		07/01/04 - 09/30/05												
22		Enhanced SD/MC SMA Upper Limits												
22A		07/01/04 - 09/30/05												
23		Enhanced SD/MC Published Charges												
23A		07/01/04 - 09/30/05												
24		Enhanced SD/MC Negotiated Rates												
24A		07/01/04 - 09/30/05												
25		Enhanced SD/MC (Refugees) Costs												
25A		07/01/04 - 09/30/05												
26		Enhanced SD/MC (Refugees) SMA Upper Limits												
26A		07/01/04 - 09/30/05												
27		Enhanced SD/MC (Refugees) Published Charges												
27A		07/01/04 - 09/30/05												
28		Enhanced SD/MC (Refugees) Negotiated Rates												
28A		07/01/04 - 09/30/05												
29		Healthy Families Costs	20,284		1,354	4,280								
29A		07/01/04 - 09/30/04	142,812		9,120	25,687								
30		Healthy Families SMA Upper Limits	21,599		1,442	4,558								
30A		07/01/04 - 09/30/04	152,070		9,711	27,299								
31		Healthy Families Published Charges	21,599		1,442	4,558								
31A		07/01/04 - 09/30/04	152,070		9,711	27,299								
32		Healthy Families Negotiated Rates												
32A		07/01/04 - 09/30/04												
33		Medi-Cal Costs	838,303	1,113	57,866	128,051	5,502		20,163					
33A		07/01/04 - 09/30/05												

County: Los Angeles
 County Code: 19

Legal Entity Number: 00221 Mode: 15 - Outpatient Services (Program 1)	A		B		C		D		E		F		G	
	Mode Total	Service Function												
1 Allocation Percentage	100.00%	04	10	34	42	52	62	62	62	62	62	62	62	62
2 Total Units	4,908,073	1,55%	5,67%	1,11%	37,47%	21,46%	29,96%	29,96%	29,96%	29,96%	29,96%	29,96%	29,96%	29,96%
3 Gross Cost	4,908,073	40,418	114,101	22,420	754,285	431,860	326,168	326,168	326,168	326,168	326,168	326,168	326,168	326,168
4 Cost per Unit	1.89	78,191	278,224	54,868	1,839,248	1,053,065	1,471,346	1,471,346	1,471,346	1,471,346	1,471,346	1,471,346	1,471,346	1,471,346
5 SMA per Unit	1.89	1.89	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44	2.44
6 Published Charge per Unit	2.01	2.01	2.60	2.60	2.60	2.60	2.60	2.60	2.60	2.60	2.60	2.60	2.60	2.60
7 Negotiated Rate / Cost per Unit														
8 Medi-Cal Units		11,924	12,509	8,048	105,388	82,404	51,698	51,698	51,698	51,698	51,698	51,698	51,698	51,698
9A Medicare/Medi-Cal Crossover Units		10,762	74,068	9,617	438,278	304,137	160,961	160,961	160,961	160,961	160,961	160,961	160,961	160,961
10 Enhanced SD/MC (Children) Units														
10B Enhanced SD/MC (Refugees) Units														
11 Healthy Families (SED) Units				520	4,915	1,764	390	390	390	390	390	390	390	390
12 Non-Medi-Cal Units		17,732	15,118	3,641	175,825	36,438	51,438	51,438	51,438	51,438	51,438	51,438	51,438	51,438
13 Medi-Cal Costs		791,065	30,502	19,619	256,973	200,934	233,211	233,211	233,211	233,211	233,211	233,211	233,211	233,211
13A		2,942,438	180,680	23,450	1,088,688	741,807	726,238	726,238	726,238	726,238	726,238	726,238	726,238	726,238
14 Medi-Cal SMA Upper Limits		791,408	30,522	19,632	257,142	201,055	233,158	233,158	233,158	233,158	233,158	233,158	233,158	233,158
14A		2,843,859	180,798	23,465	1,069,401	742,054	728,069	728,069	728,069	728,069	728,069	728,069	728,069	728,069
15 Medi-Cal Published Charges		843,492	32,523	20,920	274,004	214,250	248,567	248,567	248,567	248,567	248,567	248,567	248,567	248,567
15A		3,030,617	21,832	192,655	25,004	1,139,525	774,367	774,367	774,367	774,367	774,367	774,367	774,367	774,367
16 Medi-Cal Negotiated Rates														
16A														
17 Medicare/Medi-Cal Crossover Costs		83,606												
17A		165,384												
18 Medicare/Medi-Cal Crossover SMA Upper Limits		63,591												
18A		185,319												
19 Medicare/Medi-Cal Crossover Published Charges		67,821												
19A		208,311												
20 Medicare/Medi-Cal Crossover Negotiated Rates														
20A														
21 Enhanced SD/MC Costs														
21A														
22 Enhanced SD/MC SMA Upper Limits														
22A														
23 Enhanced SD/MC Published Charges														
23A														
24 Enhanced SD/MC Negotiated Rates														
24A														
25 Enhanced SD/MC (Refugees) Costs														
25A														
27 Enhanced SD/MC (Refugees) SMA Upper Limits														
27A														
28 Enhanced SD/MC (Refugees) Published Charges														
28A														
28B Healthy Families Costs		23,505	4,192	1,268	11,985	4,301	1,758	1,758	1,758	1,758	1,758	1,758	1,758	1,758
29A		136,758	25,988	1,453	73,347	17,403	16,131	16,131	16,131	16,131	16,131	16,131	16,131	16,131
30A Healthy Families SMA Upper Limits		29,519	4,194	1,269	11,983	4,304	1,758	1,758	1,758	1,758	1,758	1,758	1,758	1,758
31A Healthy Families Published Charges		139,631	26,003	1,454	73,365	17,414	16,127	16,127	16,127	16,127	16,127	16,127	16,127	16,127
32A Healthy Families Negotiated Rates		147,954	27,708	1,550	78,208	18,556	20,368	20,368	20,368	20,368	20,368	20,368	20,368	20,368
32A		853,340	33,426	8,678	428,243	88,850	232,039	232,039	232,039	232,039	232,039	232,039	232,039	232,039

County: Los Angeles
 County Code: 19

CR

		H	I	J	K	L	M	N
	Legal Entity: Verdugo Mental Health Legal Entity Number: 00221 Model: 15 - Outpatient Services (Program 1)	Service Function						
1	Allocation Percentage	77						
2	Total Units	2,76%						
3	Gross Cost	37,278						
4	Cost per Unit	135,303						
5	SMA per Unit	3,63						
6	Published Charge per Unit	3,87						
7	Negotiated Rate / Cost per Unit							
8	Med-Cal Units	7,535						
8A	Medicare/Med-Cal Crossover Units	22,449						
9	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
10B	Healthy Families (SED) Units							
11A	Non-Med-Cal Units	388						
12	Med-Cal Costs	8,868						
13A	Med-Cal Costs	27,348						
14A	Med-Cal SMA Upper Limits	81,478						
15A	Med-Cal Published Charges	27,352						
16A	Med-Cal Negotiated Rates	81,490						
17A	Medicare/Med-Cal Crossover Costs	29,160						
18A	Medicare/Med-Cal Crossover SMA Upper Limits	86,878						
19A	Medicare/Med-Cal Crossover Published Charges							
20A	Medicare/Med-Cal Crossover Negotiated Rates							
21A	Enhanced SD/MC Costs							
22A	Enhanced SD/MC SMA Upper Limits							
23A	Enhanced SD/MC Published Charges							
24A	Enhanced SD/MC Negotiated Rates							
25A	Healthy Families Costs							
26A	Healthy Families SMA Upper Limits	1,437						
27A	Healthy Families Published Charges	1,437						
28A	Healthy Families Negotiated Rates	1,553						
29A	Medicare/Med-Cal Crossover Costs							
30A	Medicare/Med-Cal Crossover SMA Upper Limits							
31A	Medicare/Med-Cal Crossover Published Charges							
32A	Medicare/Med-Cal Crossover Negotiated Rates							
33A	Enhanced SD/MC (Refugees) Costs							
34A	Enhanced SD/MC (Refugees) SMA Upper Limits							
35A	Enhanced SD/MC (Refugees) Published Charges							
36A	Enhanced SD/MC (Refugees) Negotiated Rates							
37A	Healthy Families Costs							
38A	Healthy Families SMA Upper Limits							
39A	Healthy Families Published Charges							
40A	Healthy Families Negotiated Rates							
41A	Medicare/Med-Cal Crossover Costs							
42A	Medicare/Med-Cal Crossover SMA Upper Limits							
43A	Medicare/Med-Cal Crossover Published Charges							
44A	Medicare/Med-Cal Crossover Negotiated Rates							
45A	Enhanced SD/MC (Refugees) Costs							
46A	Enhanced SD/MC (Refugees) SMA Upper Limits							
47A	Enhanced SD/MC (Refugees) Published Charges							
48A	Enhanced SD/MC (Refugees) Negotiated Rates							
49A	Healthy Families Costs							
50A	Healthy Families SMA Upper Limits							
51A	Healthy Families Published Charges							
52A	Healthy Families Negotiated Rates							
53A	Medicare/Med-Cal Crossover Costs							
54A	Medicare/Med-Cal Crossover SMA Upper Limits							
55A	Medicare/Med-Cal Crossover Published Charges							
56A	Medicare/Med-Cal Crossover Negotiated Rates							
57A	Enhanced SD/MC (Refugees) Costs							
58A	Enhanced SD/MC (Refugees) SMA Upper Limits							
59A	Enhanced SD/MC (Refugees) Published Charges							
60A	Enhanced SD/MC (Refugees) Negotiated Rates							
61A	Healthy Families Costs							
62A	Healthy Families SMA Upper Limits							
63A	Healthy Families Published Charges							
64A	Healthy Families Negotiated Rates							
65A	Medicare/Med-Cal Crossover Costs							
66A	Medicare/Med-Cal Crossover SMA Upper Limits							
67A	Medicare/Med-Cal Crossover Published Charges							
68A	Medicare/Med-Cal Crossover Negotiated Rates							
69A	Enhanced SD/MC (Refugees) Costs							
70A	Enhanced SD/MC (Refugees) SMA Upper Limits							
71A	Enhanced SD/MC (Refugees) Published Charges							
72A	Enhanced SD/MC (Refugees) Negotiated Rates							
73A	Healthy Families Costs							
74A	Healthy Families SMA Upper Limits							
75A	Healthy Families Published Charges							
76A	Healthy Families Negotiated Rates							
77A	Medicare/Med-Cal Crossover Costs							
78A	Medicare/Med-Cal Crossover SMA Upper Limits							
79A	Medicare/Med-Cal Crossover Published Charges							
80A	Medicare/Med-Cal Crossover Negotiated Rates							
81A	Enhanced SD/MC (Refugees) Costs							
82A	Enhanced SD/MC (Refugees) SMA Upper Limits							
83A	Enhanced SD/MC (Refugees) Published Charges							
84A	Enhanced SD/MC (Refugees) Negotiated Rates							
85A	Healthy Families Costs							
86A	Healthy Families SMA Upper Limits							
87A	Healthy Families Published Charges							
88A	Healthy Families Negotiated Rates							
89A	Medicare/Med-Cal Crossover Costs							
90A	Medicare/Med-Cal Crossover SMA Upper Limits							
91A	Medicare/Med-Cal Crossover Published Charges							
92A	Medicare/Med-Cal Crossover Negotiated Rates							
93A	Enhanced SD/MC (Refugees) Costs							
94A	Enhanced SD/MC (Refugees) SMA Upper Limits							
95A	Enhanced SD/MC (Refugees) Published Charges							
96A	Enhanced SD/MC (Refugees) Negotiated Rates							
97A	Healthy Families Costs							
98A	Healthy Families SMA Upper Limits							
99A	Healthy Families Published Charges							
100A	Healthy Families Negotiated Rates							
101A	Medicare/Med-Cal Crossover Costs							
102A	Medicare/Med-Cal Crossover SMA Upper Limits							
103A	Medicare/Med-Cal Crossover Published Charges							
104A	Medicare/Med-Cal Crossover Negotiated Rates							
105A	Enhanced SD/MC (Refugees) Costs							
106A	Enhanced SD/MC (Refugees) SMA Upper Limits							
107A	Enhanced SD/MC (Refugees) Published Charges							
108A	Enhanced SD/MC (Refugees) Negotiated Rates							
109A	Healthy Families Costs							
110A	Healthy Families SMA Upper Limits							
111A	Healthy Families Published Charges							
112A	Healthy Families Negotiated Rates							
113A	Medicare/Med-Cal Crossover Costs							
114A	Medicare/Med-Cal Crossover SMA Upper Limits							
115A	Medicare/Med-Cal Crossover Published Charges							
116A	Medicare/Med-Cal Crossover Negotiated Rates							
117A	Enhanced SD/MC (Refugees) Costs							
118A	Enhanced SD/MC (Refugees) SMA Upper Limits							
119A	Enhanced SD/MC (Refugees) Published Charges							
120A	Enhanced SD/MC (Refugees) Negotiated Rates							
121A	Healthy Families Costs							
122A	Healthy Families SMA Upper Limits							
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125A	Medicare/Med-Cal Crossover Costs							
126A	Medicare/Med-Cal Crossover SMA Upper Limits							
127A	Medicare/Med-Cal Crossover Published Charges							
128A	Medicare/Med-Cal Crossover Negotiated Rates							
129A	Enhanced SD/MC (Refugees) Costs							
130A	Enhanced SD/MC (Refugees) SMA Upper Limits							
131A	Enhanced SD/MC (Refugees) Published Charges							
132A	Enhanced SD/MC (Refugees) Negotiated Rates							
133A	Healthy Families Costs							
134A	Healthy Families SMA Upper Limits							
135A	Healthy Families Published Charges							
136A	Healthy Families Negotiated Rates							
137A	Medicare/Med-Cal Crossover Costs							
138A	Medicare/Med-Cal Crossover SMA Upper Limits							
139A	Medicare/Med-Cal Crossover Published Charges							
140A	Medicare/Med-Cal Crossover Negotiated Rates							
141A	Enhanced SD/MC (Refugees) Costs							
142A	Enhanced SD/MC (Refugees) SMA Upper Limits							
143A	Enhanced SD/MC (Refugees) Published Charges							
144A	Enhanced SD/MC (Refugees) Negotiated Rates							
145A	Healthy Families Costs							
146A	Healthy Families SMA Upper Limits							
147A	Healthy Families Published Charges							
148A	Healthy Families Negotiated Rates							
149A	Medicare/Med-Cal Crossover Costs							
150A	Medicare/Med-Cal Crossover SMA Upper Limits							
151A	Medicare/Med-Cal Crossover Published Charges							
152A	Medicare/Med-Cal Crossover Negotiated Rates							
153A	Enhanced SD/MC (Refugees) Costs							
154A	Enhanced SD/MC (Refugees) SMA Upper Limits							
155A	Enhanced SD/MC (Refugees) Published Charges							
156A	Enhanced SD/MC (Refugees) Negotiated Rates							
157A	Healthy Families Costs							
158A	Healthy Families SMA Upper Limits							
159A	Healthy Families Published Charges							
160A	Healthy Families Negotiated Rates							
161A	Medicare/Med-Cal Crossover Costs							
162A	Medicare/Med-Cal Crossover SMA Upper Limits							
163A	Medicare/Med-Cal Crossover Published Charges							
164A	Medicare/Med-Cal Crossover Negotiated Rates							
165A	Enhanced SD/MC (Refugees) Costs							
166A	Enhanced SD/MC (Refugees) SMA Upper Limits							
167A	Enhanced SD/MC (Refugees) Published Charges							
168A	Enhanced SD/MC (Refugees) Negotiated Rates							
169A	Healthy Families Costs							
170A	Healthy Families SMA Upper Limits							
171A	Healthy Families Published Charges							
172A	Healthy Families Negotiated Rates							
173A	Medicare/Med-Cal Crossover Costs							
174A	Medicare/Med-Cal Crossover SMA Upper Limits							
175A	Medicare/Med-Cal Crossover Published Charges							
176A	Medicare/Med-Cal Crossover Negotiated Rates							
177A	Enhanced SD/MC (Refugees) Costs							
178A	Enhanced SD/MC (Refugees) SMA Upper Limits							
179A								

County: Los Angeles
 County Code: 19

Legal Entity: Vista Del Mar Legal Entity Number: 00196 Model: 15 - Outpatient Services (Program 1)	A	B	C	D	E	F	G
	Mode Total	Service Function 03	Service Function 04	Service Function 05	Service Function 10	Service Function 12	Service Function 17
1 Allocation Percentage	100.00%	0.87%	15.44%	0.00%	8.28%	0.13%	0.00%
2 Total Units		26,517	472,600	21	198,267	3,201	26
3 Gross Cost	6,774,295	58,979	1,045,804	48	580,702	9,145	74
4 Cost per Unit		2.21	2.21	2.21	2.86	2.86	2.86
5 SMA per Unit		1.89	1.89	1.89	2.44	2.44	2.44
6 Published Charge per Unit		2.08	2.08	2.08	2.88	2.88	2.88
7 Negotiated Rate / Cost per Unit							
8 Med-Cal Units	4,831	4,831	225,397	10	88,588	763	13
8A		4,831	225,397	11	88,585	763	13
9 Medicare/Med-Cal Crossover Units							
9A							
10 Enhanced SD/MC (Children) Units							
10A							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units			3,667		973		
11A			3,667		974		
12 Non-Med-Cal Units	15,855	15,855	14,472		17,149	1,635	
13 Med-Cal Costs	3,118,380	10,660	488,775	22	253,075	2,237	37
13A		10,660	488,775	24	253,072	2,237	37
14 Med-Cal SMA Upper Limits	2,863,387	9,131	426,000	19	216,150	1,911	32
14A		9,131	426,000	21	216,147	1,911	32
15 Med-Cal Published Charges	2,891,864	10,048	488,828	21	235,539	2,083	35
15A		10,048	488,828	23	235,639	2,083	35
16 Med-Cal Negotiated Rates							
16A							
17 Medicare/Med-Cal Crossover Costs							
17A							
18 Medicare/Med-Cal Crossover SMA Upper Limits							
18A							
19 Medicare/Med-Cal Crossover Published Charges							
19A							
20 Medicare/Med-Cal Crossover Negotiated Rates							
20A							
21 Enhanced SD/MC Costs							
21A							
22 Enhanced SD/MC SMA Upper Limits							
22A							
23 Enhanced SD/MC Published Charges							
23A							
24 Enhanced SD/MC Negotiated Rates							
24A							
25 Enhanced SD/MC (Refugees) Costs							
25A							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
26A							
27 Enhanced SD/MC (Refugees) Published Charges							
27A							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A							
29 Healthy Families Costs	29,507		8,115		2,780		
29A			8,115		2,783		
30 Healthy Families SMA Upper Limits	25,202		6,931		2,374		
30A			6,931		2,377		
31 Healthy Families Published Charges	27,527		7,627		2,588		
31A			7,627		2,581		
32 Healthy Families Negotiated Rates							
32A							
TOTAL	479,483	37,298	32,026	48,992	4,871		

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

**Exhibit D-3
Fiscal Year 2005-06 Claim**

COUNTY OF LOS ANGELES

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

 S.A. SHIMA
Deputy Director

RODERICK SHANER, M.D.
Medical Director



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DEPARTMENT OF MENTAL HEALTH

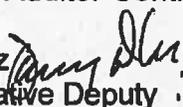
<http://dmh.lacounty.info>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4625
Fax: (213) 839-8773

April 5, 2007

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

FROM: Jeremy D. Cortez 
Acting Administrative Deputy

SUBJECT: **AMENDED CHAPTER 1747/84 ACTUAL FISCAL YEAR 2005-06 AND ESTIMATED FISCAL YEAR 2006-07 SB 90 CLAIM**

Attached is the amended actual Fiscal Year (FY) 2005-06 and estimated FY 2006-07 claim for SB 90 Chapter 1747/84 Services to Handicapped Students for the Los Angeles County - Department of Mental Health (LAC-DMH) in the amount of \$8,849,926 and \$9,734,918, respectively. This amendment was necessary to reflect the following:

- 1) Revisions to correct the LAC-DMH Mode 60 Service Function Code 60 cost per unit of service from \$120.93 to \$106.76 and to apply the final Year End Cost Report Rate for Administrative Overhead. The revisions resulted in a reduction of \$160,425 from the original SB 90 actual reimbursement claim amount of \$9,010,351.
- 2) Reclassification of reported revenue offsets between the Assessment and Mental Health Treatment reimbursable components. The reclassification has no impact on the total SB 90 amount claimed.

If you have any questions, please contact Winnie Suen of my staff at (213) 738-4690.

JDC:MPB:WS:gm

Attachments

- | | | |
|----|----------------------------|-------------------------|
| c: | Marvin J. Southard, D.S.W. | (memo and summary only) |
| | Sheila A. Shima | (memo and summary only) |
| | Paul McIver | (memo and summary only) |
| | Mike Motodani | (memo and summary only) |
| | Kimberly Nall | (memo and summary only) |

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"To Enrich Lives Through Effective And Caring Service"

COUNTY OF LOS ANGELES

**FISCAL YEAR (FY) 2005-06 SB 90 CHAPTER 1747/84
SERVICES TO HANDICAPPED STUDENTS REIMBURSEMENT CLAIM**

TABLE OF CONTENTS

ATTACHMENT 1	FAM-27 Claim Form
ATTACHMENT 2	HDS-3 Claim Summary
ATTACHMENT 3	HDS-4 Component/Activity Cost Detail HDS-5 Component/Activity Cost Detail (Omitted - no claimable costs for Due Process Proceedings) HDS-6 Component/Activity Cost Detail
ATTACHMENT 4	Supplemental Cost Report Data For Special Education Program (FY 2005-06 Cost Report Form MH1912)
ATTACHMENT 5	FY 2005-06 Final Allocation Worksheet
ATTACHMENT 6	Supporting Worksheet For Cost Report Form MH1912
ATTACHMENT 7	Offsetting Revenue Worksheets
ATTACHMENT 8	FY 2005-06 Indirect Cost Proposal (ICP)
ATTACHMENT 9	FY 2005-06 Year End Indirect Cost Rates by Program
ATTACHMENT 10	FY 2005-06 MH 1966 Cost Report Forms

Attachment 1

FAM-27 Claim Form

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
SERVICES TO HANDICAPPED STUDENTS

For State Controller Use Only		
(19)	Program Number	00111
(20)	Date Filed	/ /
(21)	LRS Input	/ /

Program
111

L A B E L H E R E	(01) Claimant Identification Number		Reimbursement Claim Data		
	(02) Claimant Name Department of Mental Health		(22)	HDS-1, (03)(a)	
	County of Location County of Los Angeles		(23)	HDS-1, (03)(b)	
	Street Address or P.O. Box 550 South Vermont Ave., 11th Floor		(24)	HDS-1, (03)(c)	
	City Los Angeles	State CA	Zip Code 90020	(25)	HDS-1, (04)(1)(d)
	Type of Claim	Estimated Claim	Reimbursement Claim	(26)	HDS-1, (04)(2)(d)
		(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(27)	HDS-1, (04)(3)(d)
		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	HDS-1, (04)(4)(d)
	(05) Amended <input checked="" type="checkbox"/>	(11) Amended <input checked="" type="checkbox"/>	(29)	HDS-1, (04)(5)(d)	
	Fiscal Year of Cost	(06) 2006/2007	(12) 2005/2006	(30)	HDS-1, (06)
Total Claimed Amount	(07) 9,734,918	(13) 8,849,926	(31)	HDS-3, (05) 423,898	
Less: 10% Late Penalty, not to exceed \$1,000		(14)	(32)	HDS-3, (06) 0	
Less: Prior Claim Payment Received		(15) 4,967,402	(33)	HDS-3, (07) 2,478,880	
Net Claimed Amount		(16) 3,882,524	(34)	HDS-3, (09) 26,520,952	
Due from State	(08) 9,734,918	(17) 3,882,524	(35)	HDS-3, (10) 0	
Due to State		(18)	(36)		

(37) CERTIFICATION OF CLAIM

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

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

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

Signature of Authorized Officer

Date

Jeremy D. Cortez

4-5-07

Jeremy D. Cortez

Acting Administrative Deputy

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number

(213) 738-4690

Ext. _____

Winnie Suen

E-mail Address

WSuen@lacdmh.org

Attachment 2

HDS-3 Claim Summary

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS CLAIM SUMMARY		FORM HDS - 3
(01) Claimant: Los Angeles County	(02) Type of Claim Reimbursement Estimated	<input checked="" type="checkbox"/> <input type="checkbox"/>	Fiscal Year: 2005/2006
(03) Reimbursable Components			
Assessment of Individuals with Exceptional Needs			
(a) Assessment: Interviews, Review of Records, Observations, Testing, etc.			2,624,466
(b) Residential Placement: IEP Reviews, Case Management, and Expanded IEP			0
(c) Related Services: Attendance at IEP meetings, Meetings with IEP Members and Parents, and Review of Independent Assessment.			0
(d) Due Process Proceedings			0
(e) Administrative Costs <i>[From HDS-6 line (07)]</i>			342,613
Mental Health Treatment			
(f) Treatment Services: Short-Doyle Program			24,382,256
(g) Administrative Costs <i>[From HDS-6 line (07)]</i>			2,138,697
(04) Sub-total for Assessment of Individual with Exceptional Needs [Sum of (03), lines (a) to (e)]			3,167,079
(05) Less: Amount Received from Short-Doyle/Medi-Cal (FFP only) <i>(Attachment 7a)</i>			423,898
(06) Less: Amount Received from State Categorical Funding			0
(07) Less: Amount Received from Other (Identify)			
- Federal Financial Participation share of Admin. Cost <i>(Attachment 7a)</i>			51,420
- State General Fund (SGF) from Early and Periodic Screening Diagnosis Treatment (EPSDT) and share of Admin Cost <i>(Attachment 7b)</i>			340,843
- Case Management Out-Of-State Placement Adjustment - SB 90 Chapter 654 <i>(Attachment 7e)</i>			636,946
- Federal Individuals with Disabilities Education Act (IDEA) Funds <i>(Attachment 7f)</i>			1,449,671
- Total Amount Received from Other			2,478,880
(08) Total for Assessment of Individual with Exceptional Needs [Line (04) minus the sum of lines (05) to (07)]			264,301
(09) Sub-Total for Mental Health Treatment [Block (03), lines (f) and (g)]			26,520,952
(10) Less: Non-Categorical State General/Realignment Funds			0
(11) Less: Amount Received from State Categorical Funding			0
(12) Less: Amount Received from Short-Doyle/Medi-Cal (FFP only) <i>(Attachment 7a)</i>			4,702,850
(13) Less: Amount Received from Other (Identify)			
- Federal Financial Participation share of Admin. Cost <i>(Attachment 7a)</i>			548,388
- State General Fund (SGF) from Early and Periodic Screening Diagnosis Treatment (EPSDT) and share of Admin Cost <i>(Attachment 7b)</i>			3,546,726
- Third Party Revenues and share of Admin. Cost <i>(Attachment 7d)</i>			1,207
- Federal Individuals with Disabilities Education Act (IDEA) Funds <i>(Attachment 7f)</i>			9,136,156
- Total Amount Received from Other			13,232,477
(14) Total Mental Health Treatment [Line (09) minus the sum of lines (10) to (13)]			8,585,625
(15) Total Claimed Amount [Sum of line (08) and line (14)]			8,849,926

Attachment 3

HDS-4 Component / Activity Cost Detail

HDS-5 Component / Activity Cost Detail

(Omitted – no claimable costs for Due Process Proceedings)

HDS-6 Component / Activity Cost Detail

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4
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(01) Claimant: LOS ANGELES COUNTY	(02) Fiscal Year: 2005/2006
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(03) Reimbursable Components: Check only one box per form to identify the component being claimed.

<input checked="" type="checkbox"/> Assessment	<input type="checkbox"/> Treatment Services
<input type="checkbox"/> Residential Placement	<input type="checkbox"/> Other (Identify)

(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
LAC-DMH	00019	15 / 04	893,193	2.03	1,812,798
LAC-DMH	00019	60 / 60	9,476	106.76	1,011,668

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: <u>1</u> of <u>1</u>	2,824,466
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4			
(01) Claimant: LOS ANGELES COUNTY		(02) Fiscal Year 2005/2006			
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.					
<input type="checkbox"/> Assessment <input checked="" type="checkbox"/> Treatment Services <input type="checkbox"/> Residential Placement <input type="checkbox"/> Other (Identify)					
(04) Description of Expenses					
(a)	(b)	(c)	(d)	(e)	(f)
Name of Providers	Legal Entity Numbers	Service Function Codes	Units of Service	Rate per Unit	Total
LAC-DMH	00019	10 / 85	3	212.28	637
LAC-DMH	00019	15 / 10	106,073	2.60	275,769
LAC-DMH	00019	15 / 34	6,634	2.62	17,398
LAC-DMH	00019	15 / 42	2,203,538	2.60	5,728,772
LAC-DMH	00019	15 / 52	17,689	2.60	45,988
LAC-DMH	00019	15 / 62	87,906	5.07	445,456
Amanecer Community Counseling Service	00180	15 / 04	6,885	1.53	10,209
Amanecer Community Counseling Service	00180	15 / 10	3,172	1.96	6,210
Amanecer Community Counseling Service	00180	15 / 34	570	1.96	1,116
Amanecer Community Counseling Service	00180	15 / 42	14,248	1.96	27,896
Amanecer Community Counseling Service	00180	15 / 52	5,010	1.96	9,809
Amanecer Community Counseling Service	00180	15 / 62	1,490	3.64	5,426
ASSOC LEAGUE OF MEXICAN AMERICANS, INC	00173	15 / 04	71	1.62	115
ASSOC LEAGUE OF MEXICAN AMERICANS, INC	00173	15 / 10	643	2.13	1,369
ASSOC LEAGUE OF MEXICAN AMERICANS, INC	00173	15 / 42	2,146	2.13	4,568
ASSOC LEAGUE OF MEXICAN AMERICANS, INC	00173	15 / 62	602	3.93	2,364
Cedars-Sinai Medical Center	00178	15 / 04	10,815	1.95	21,089
Cedars-Sinai Medical Center	00178	15 / 10	12,710	2.52	32,029
Cedars-Sinai Medical Center	00178	15 / 34	645	2.52	1,625
Cedars-Sinai Medical Center	00178	15 / 42	70,241	2.52	177,007
Cedars-Sinai Medical Center	00178	15 / 52	2,610	2.52	6,577
Cedars-Sinai Medical Center	00178	15 / 62	10,829	4.65	50,355
Child & Family Center	00210	15 / 03	59,421	1.77	105,175
Child & Family Center	00210	15 / 12	89,348	2.24	200,140
Child & Family Center	00210	15 / 33	655	2.24	1,467
Child & Family Center	00210	15 / 41	418,550	2.24	937,552
Child & Family Center	00210	15 / 54	46,253	2.24	103,607
Child & Family Center	00210	15 / 61	37,224	3.84	142,940
Child & Family Guidance Center	00207	15 / 04	21,114	1.90	40,190
Child & Family Guidance Center	00207	15 / 10	67,009	2.46	164,724
Child & Family Guidance Center	00207	15 / 34	3,431	2.46	8,437
Child & Family Guidance Center	00207	15 / 42	791,165	2.46	1,944,063
Child & Family Guidance Center	00207	15 / 52	27,212	2.46	66,871
(05) Total <input type="checkbox"/> Subtotal <input checked="" type="checkbox"/> Page: <u>1</u> of <u>6</u>					10,586,950

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4			
(01) Claimant: LOS ANGELES COUNTY		(02) Fiscal Year 2005/2006			
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.					
<input type="checkbox"/> Assessment <input checked="" type="checkbox"/> Treatment Services <input type="checkbox"/> Residential Placement <input type="checkbox"/> Other (Identify)					
(04) Description of Expenses					
(a)	(b)	(c)	(d)	(e)	(f)
Name of Providers	Legal Entity Numbers	Service Function Codes	Units of Service	Rate per Unit	Total
Child & Family Guidance Center	00207	15 / 62	93,029	4.54	422,635
Children's Bureau	00668	15 / 04	22	1.63	36
Children's Bureau	00668	15 / 10	168	2.13	358
Children's Bureau	00668	15 / 42	1,282	2.13	2,731
Children's Bureau	00668	15 / 62	130	2.90	377
Children's Hospital Los Angeles - Revised	00179	15 / 04	5,856	1.95	11,419
Children's Hospital Los Angeles - Revised	00179	15 / 10	7,424	2.52	18,708
Children's Hospital Los Angeles - Revised	00179	15 / 34	1,460	2.52	3,654
Children's Hospital Los Angeles - Revised	00179	15 / 42	35,233	2.52	88,787
Children's Hospital Los Angeles - Revised	00179	15 / 52	1,182	2.52	2,979
Children's Hospital Los Angeles - Revised	00179	15 / 62	11,381	4.85	52,922
Children's Institute, Inc.	00591	15 / 04	16	1.95	31
Children's Institute, Inc.	00591	15 / 10	331	2.52	834
Children's Institute, Inc.	00591	15 / 34	194	2.52	489
Children's Institute, Inc.	00591	15 / 42	1,461	2.52	3,682
COMMUNITY FAMILY GUIDANCE CENTER	00181	15 / 04	1,075	1.44	1,548
COMMUNITY FAMILY GUIDANCE CENTER	00181	15 / 10	27,480	1.86	51,129
COMMUNITY FAMILY GUIDANCE CENTER	00181	15 / 42	100,958	1.86	187,843
COMMUNITY FAMILY GUIDANCE CENTER	00181	15 / 62	6,630	3.44	22,811
the Devereux Foundation	00472	10 / 98	225	116.10	26,123
the Devereux Foundation	00472	15 / 58	9,411	1.83	17,184
the Devereux Foundation	00472	15 / 62	541	2.63	1,421
Didi Hirsch Psychiatric Service	00183	15 / 04	3,165	1.87	5,920
Didi Hirsch Psychiatric Service	00183	15 / 10	12,763	2.46	31,361
Didi Hirsch Psychiatric Service	00183	15 / 34	2,952	2.46	7,254
Didi Hirsch Psychiatric Service	00183	15 / 42	95,190	2.46	233,898
Didi Hirsch Psychiatric Service	00183	15 / 52	785	2.46	1,929
Didi Hirsch Psychiatric Service	00183	15 / 62	7,869	4.49	35,303
Dunoff Center for Child Dev.	00184	15 / 04	1,233	1.91	2,360
Dunoff Center for Child Dev.	00184	15 / 10	1,910	2.46	4,689
Dunoff Center for Child Dev.	00184	15 / 42	101,884	2.48	252,764
Dunoff Center for Child Dev.	00184	15 / 52	5,086	2.44	12,423
Dunoff Center for Child Dev.	00184	15 / 62	18,484	4.58	84,568
D'Veal Family and Youth Services	00778	10 / 92	4	69.12	276
D'Veal Family and Youth Services	00778	15 / 10	31	2.14	66
(05) Total <input type="checkbox"/> Subtotal <input checked="" type="checkbox"/> Page: <u>2</u> of <u>6</u>					1,590,512

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4			
(01) Claimant: LOS ANGELES COUNTY		(02) Fiscal Year 2005/2006			
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.					
<input type="checkbox"/> Assessment					
<input checked="" type="checkbox"/> Treatment Services					
<input type="checkbox"/> Residential Placement					
<input type="checkbox"/> Other (Identify)					
(04) Description of Expenses					
(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
D'Veal Family and Youth Services	00778	15 / 42	661	2.14	1,417
Enkl Health and Research	00188	10 / 85	146	132.00	19,272
Enkl Health and Research	00188	15 / 04	18,194	1.18	21,469
Enkl Health and Research	00188	15 / 10	26,288	1.95	51,282
Enkl Health and Research	00188	15 / 42	169,533	1.95	330,589
Enkl Health and Research	00188	15 / 52	12,376	1.95	24,133
Enkl Health and Research	00188	15 / 62	22,722	3.65	82,935
Foothill Family Service	00724	15 / 04	504	1.95	983
Foothill Family Service	00724	15 / 10	6,891	2.52	16,861
Foothill Family Service	00724	15 / 42	50,911	2.52	128,298
Foothill Family Service	00724	15 / 52	1,124	2.52	2,832
Foothill Family Service	00724	15 / 62	5,315	4.66	24,768
The Guidance Center	00191	15 / 04	4,575	1.78	8,159
The Guidance Center	00191	15 / 10	31,937	2.15	68,555
The Guidance Center	00191	15 / 34	630	2.15	1,352
The Guidance Center	00191	15 / 42	103,498	2.15	222,182
The Guidance Center	00191	15 / 52	25,652	2.15	55,084
The Guidance Center	00191	15 / 62	8,787	3.63	31,958
Hamburger Homes dba Aviva	00174	10 / 88	144	104.48	15,045
Hamburger Homes dba Aviva	00174	15 / 04	875	1.61	1,408
Hamburger Homes dba Aviva	00174	15 / 10	2,050	2.08	4,257
Hamburger Homes dba Aviva	00174	15 / 42	15,295	2.08	31,759
Hamburger Homes dba Aviva	00174	15 / 52	1,755	2.08	3,644
Hamburger Homes dba Aviva	00174	15 / 58	3,245	2.08	6,738
Hamburger Homes dba Aviva	00174	15 / 62	1,522	3.84	5,844
Hathaway-Sycamores Child & Family Services	00192	10 / 98	1,381	105.42	145,582
Hathaway-Sycamores Child & Family Services	00192	15 / 04	10,857	1.62	17,601
Hathaway-Sycamores Child & Family Services	00192	15 / 10	43,287	2.10	90,888
Hathaway-Sycamores Child & Family Services	00192	15 / 34	368	2.10	771
Hathaway-Sycamores Child & Family Services	00192	15 / 42	194,211	2.10	406,881
Hathaway-Sycamores Child & Family Services	00192	15 / 52	50,644	2.10	106,102
Hathaway-Sycamores Child & Family Services	00192	15 / 58	2,083	2.10	4,322
Hathaway-Sycamores Child & Family Services	00192	15 / 62	47,215	3.87	182,919
The Help Group Child and Family Center	00198	15 / 04	4,491	1.88	8,443
The Help Group Child and Family Center	00198	15 / 10	88,037	2.45	215,691
(05) Total <input type="checkbox"/> Subtotal <input checked="" type="checkbox"/> Page: <u>3</u> of <u>6</u>					2,339,758

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL				FORM HDS-4
(01) Claimant: LOS ANGELES COUNTY			(02) Fiscal Year 2005/2006		
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.					
<input type="checkbox"/> Assessment		<input checked="" type="checkbox"/> Treatment Services			
<input type="checkbox"/> Residential Placement		<input type="checkbox"/> Other (Identify)			
(04) Description of Expenses					
(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
The Help Group Child and Family Center	00198	15 / 34	207	2.45	507
The Help Group Child and Family Center	00198	15 / 42	655,746	2.45	1,608,578
The Help Group Child and Family Center	00198	15 / 52	6,617	2.45	16,212
The Help Group Child and Family Center	00198	15 / 58	15,221	2.45	37,291
The Help Group Child and Family Center	00198	15 / 62	46,776	4.54	212,363
Hillsides	00321	15 / 10	362	1.81	655
Hillsides	00321	15 / 42	3,193	1.81	5,779
Hillsides	00321	15 / 52	245	1.81	443
Hillsides	00321	15 / 58	482	1.81	836
The Almansor Center	00171	15 / 04	3,165	1.52	4,826
The Almansor Center	00171	15 / 10	2,753	1.97	5,424
The Almansor Center	00171	15 / 42	55,960	1.97	110,263
The Almansor Center	00171	15 / 52	4,401	1.97	8,672
The Almansor Center	00171	15 / 62	3,830	3.64	13,955
Intercommunity Child Guidance Center	00195	15 / 04	9,027	1.57	14,191
Intercommunity Child Guidance Center	00195	15 / 10	17,471	2.03	35,493
Intercommunity Child Guidance Center	00195	15 / 34	585	2.03	1,188
Intercommunity Child Guidance Center	00195	15 / 42	123,231	2.03	250,352
Intercommunity Child Guidance Center	00195	15 / 52	37,179	2.03	75,531
Intercommunity Child Guidance Center	00195	15 / 62	17,345	3.77	65,441
Los Angeles Child Guidance Clinic	00199	10 / 82	166	134.30	22,294
Los Angeles Child Guidance Clinic	00199	15 / 04	38,600	1.88	72,432
Los Angeles Child Guidance Clinic	00199	15 / 10	18,211	2.42	44,162
Los Angeles Child Guidance Clinic	00199	15 / 34	550	2.42	1,334
Los Angeles Child Guidance Clinic	00199	15 / 42	220,236	2.42	534,071
Los Angeles Child Guidance Clinic	00199	15 / 52	22,494	2.42	54,548
Los Angeles Child Guidance Clinic	00199	15 / 62	23,105	4.48	103,610
Pacific Clinics	00203	10 / 89	1,713	138.85	237,858
Pacific Clinics	00203	15 / 03	63,631	1.38	88,093
Pacific Clinics	00203	15 / 12	67,364	1.79	120,522
Pacific Clinics	00203	15 / 33	60	1.78	107
Pacific Clinics	00203	15 / 41	788,641	1.79	1,410,965
Pacific Clinics	00203	15 / 54	52,633	1.79	94,166
Pacific Clinics	00203	15 / 61	60,022	3.31	198,579
Pasadena Childrens Training Society	00204	15 / 04	2,736	1.78	4,873
(05) Total <input type="checkbox"/> Subtotal <input checked="" type="checkbox"/> Page: <u>4</u> of <u>6</u>					5,453,614

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4			
(01) Claimant: LOS ANGELES COUNTY		(02) Fiscal Year 2005/2006			
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.					
<input type="checkbox"/> Assessment					
<input checked="" type="checkbox"/> Treatment Services					
<input type="checkbox"/> Residential Placement					
<input type="checkbox"/> Other (Identify)					
(04) Description of Expenses					
(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Pasadena Childrens Training Society	00204	15 / 10	2,877	2.30	6,822
Pasadena Childrens Training Society	00204	15 / 34	277	2.30	638
Pasadena Childrens Training Society	00204	15 / 42	26,245	2.30	60,408
Pasadena Childrens Training Society	00204	15 / 52	28,277	2.30	65,085
Pasadena Childrens Training Society	00204	15 / 62	6,121	4.26	26,053
Penny Lane Centers	00201	15 / 04	70	1.55	109
Penny Lane Centers	00201	15 / 10	4,761	2.13	10,141
Penny Lane Centers	00201	15 / 34	675	2.13	1,225
Penny Lane Centers	00201	15 / 42	26,944	2.13	57,391
Penny Lane Centers	00201	15 / 52	1,181	2.13	2,516
Penny Lane Centers	00201	15 / 58	1,051	2.13	2,239
Penny Lane Centers	00201	15 / 62	2,555	4.31	11,012
Providence Community Services	00801	15 / 04	43,285	1.59	68,815
Providence Community Services	00801	15 / 40	17,114	2.09	35,711
Providence Community Services	00801	15 / 62	3,196	3.86	12,332
Providence Community Services	00801	10 / 85	718	161.95	116,278
San Fernando Valley CMHC, Inc.	00208	15 / 04	5,811	1.65	9,559
San Fernando Valley CMHC, Inc.	00208	15 / 10	1,885	2.13	4,020
San Fernando Valley CMHC, Inc.	00208	15 / 42	82,451	2.13	175,820
San Fernando Valley CMHC, Inc.	00208	15 / 62	2,127	3.94	8,380
San Gabriel Children's Center, Inc	00320	10 / 85	651	195.58	127,323
San Gabriel Children's Center, Inc	00320	15 / 10	755	2.52	1,903
San Gabriel Children's Center, Inc	00320	15 / 42	3,547	2.52	8,938
San Gabriel Children's Center, Inc	00320	15 / 52	18,031	2.52	45,438
San Gabriel Children's Center, Inc	00320	15 / 62	1,815	4.66	8,458
SHIELDS for Families, Inc.	00558	15 / 10	135	1.34	181
SHIELDS for Families, Inc.	00558	15 / 42	89	1.34	119
South Bay Children's Health Center	00213	10 / 98	105	126.68	13,301
South Bay Children's Health Center	00213	15 / 04	559	1.95	1,090
South Bay Children's Health Center	00213	15 / 10	4,100	2.52	10,332
South Bay Children's Health Center	00213	15 / 42	29,432	2.52	74,169
South Bay Children's Health Center	00213	15 / 52	92	2.52	232
South Bay Children's Health Center	00213	15 / 62	5,571	4.65	25,905
Special Service for Groups	00214	15 / 03	2,808	1.89	4,929
Special Service for Groups	00214	15 / 12	4,027	2.44	9,828
(05) Total <input type="checkbox"/> Subtotal <input checked="" type="checkbox"/> Page: <u>5</u> of <u>6</u>					1,006,498

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-4			
(01) Claimant: LOS ANGELES COUNTY		(02) Fiscal Year 2005/2006			
(03) Reimbursable Components: Check only one box per form to identify the component being claimed.					
<input type="checkbox"/> Assessment <input checked="" type="checkbox"/> Treatment Services <input type="checkbox"/> Residential Placement <input type="checkbox"/> Other (Identify)					
(04) Description of Expenses					
(a) Name of Providers	(b) Legal Entity Numbers	(c) Service Function Codes	(d) Units of Service	(e) Rate per Unit	(f) Total
Special Service for Groups	00214	15 / 41	14,631	2.44	35,700
Special Service for Groups	00214	15 / 54	7,195	2.44	17,556
Special Service for Groups	00214	15 / 58	3,553	2.44	8,669
Special Service for Groups	00214	15 / 61	1,558	4.51	7,027
Saint John's Health Center	00217	15 / 04	735	1.95	1,433
Saint John's Health Center	00217	15 / 10	1,041	2.52	2,623
Saint John's Health Center	00217	15 / 42	4,576	2.52	11,532
Saint John's Health Center	00217	15 / 62	1,176	4.66	5,480
Starview	00543	15 / 04	490	1.46	715
Starview	00543	15 / 10	1,034	1.99	2,058
Starview	00543	15 / 42	3,043	1.99	6,056
Starview	00543	15 / 52	334	1.99	666
Starview	00543	15 / 62	60	3.48	209
Stirling Academy, Inc.	00216	15 / 04	7,259	1.75	12,681
Stirling Academy, Inc.	00216	15 / 10	30,838	1.75	53,894
Stirling Academy, Inc.	00216	15 / 42	128,065	1.75	223,830
Stirling Academy, Inc.	00216	15 / 52	3,593	1.75	6,280
Stirling Academy, Inc.	00216	15 / 62	1,883	3.83	7,140
Harbor View Rehabilitation Center	00206	10 / 85	109	99.35	10,829
Harbor View Rehabilitation Center	00206	15 / 04	245	1.08	265
Harbor View Rehabilitation Center	00206	15 / 10	15	1.42	21
Harbor View Rehabilitation Center	00206	15 / 42	2,540	1.42	3,607
Harbor View Rehabilitation Center	00206	15 / 58	180	1.42	256
VERDUGO MENTAL HEALTH	00221	15 / 10	9,930	2.34	23,211
VERDUGO MENTAL HEALTH	00221	15 / 34	440	2.34	1,028
VERDUGO MENTAL HEALTH	00221	15 / 42	118,404	2.34	276,766
VERDUGO MENTAL HEALTH	00221	15 / 52	26,694	2.34	62,397
VERDUGO MENTAL HEALTH	00221	15 / 62	11,285	4.33	48,820
Vista del Mar Child & Family Services	00196	15 / 04	95,238	1.95	185,714
Vista del Mar Child & Family Services	00196	15 / 10	22,904	2.52	57,718
Vista del Mar Child & Family Services	00196	15 / 34	360	2.52	907
Vista del Mar Child & Family Services	00196	15 / 42	188,449	2.52	474,891
Vista del Mar Child & Family Services	00196	15 / 52	9,511	2.52	23,968
Vista del Mar Child & Family Services	00196	15 / 58	162,048	2.52	408,361
Vista del Mar Child & Family Services	00196	15 / 62	103,956	4.66	484,435
Vista del Mar Child & Family Services	00196	10 / 85	2,131	195.58	416,781
Vista del Mar Child & Family Services	00196	10 / 98	4,112	126.80	521,402
(05) Total <input checked="" type="checkbox"/> Subtotal <input type="checkbox"/> Page: <u>6</u> of <u>6</u>					24,382,255

Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-6
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(01) Claimant: Los Angeles County	(02) Fiscal Year 2005/2006
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(03) Reimbursable Component: Administrative Costs	
<input checked="" type="checkbox"/> Assessment of Individual	<input type="checkbox"/> Mental Health Treatment

(04) Description of Expenses	Object Accounts						
(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Total
<p>The claimed units of service are based on the AB3632/SEP Plan Identified in the LAC-DMH Integrated System (IS). The cost report process determines the cost per unit of service in a generic sense, not on an individual clinician basis. This data is detailed on Attachment 6. Direct service cost details have been completed on HDS-4 and is based on the cost report method.</p>							

Totals							
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(05) Total Direct Costs	[From HDS-4 line (05)]						2,824,466
-------------------------	------------------------	--	--	--	--	--	-----------

Indirect Costs							
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(06) Indirect Cost Rate	<i>See attached Auditor-Controller approved Plan Year 2005/2006 ICRP and FY 2005/2006 Cost Report Actuals (Attachment 8 & 9).</i>						12%
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(07) Total Indirect Costs	[Line (06) x line (04)(d)] or [Line (06) x {line [(04)(d) + line (04)(e)]}]						342,613
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Program 111	MANDATED COSTS SERVICES TO HANDICAPPED STUDENTS COMPONENT/ACTIVITY COST DETAIL	FORM HDS-6
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(01) Claimant: Los Angeles County	(02) Fiscal Year 2005/2006
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(03) Reimbursable Component: Administrative Costs	
<input type="checkbox"/> Assessment of Individual	<input checked="" type="checkbox"/> Mental Health Treatment

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

(a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Total
<p>Contract Provider's claim is based on the Year End Cost Report submitted to the Department. The DMH Directly Operated claimed units of service are based on the AB3632/SEP Plan Identified in the LAC-DMH Integrated System (IS). The cost report process determines the cost per unit of service in a generic sense, not on an individual clinician basis. This data is detailed on Attachment 6. Direct service cost details have been completed on HDS-4 and is based on the cost report method.</p>							

Totals		
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(05) Total Direct Costs	[From HDS-4 line (05)]	24,382,255
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Indirect Costs

(06) Indirect Cost Rate	<i>See attached Auditor-Controller approved Plan Year 2005/2006 ICRP and FY 2005/2006 Cost Report Actuals (Attachment 8 & 9).</i>	9%
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(07) Total Indirect Costs	[Line (06) x line (04)(d)] or [Line (06) x (line [(04)(d) + line (04)(e)]]	2,138,697
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**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2005-2006 SB 90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 FOOTNOTE TO FORM HDS-6's**

Reimbursement Component: Administrative Costs

Mental Health Treatment :

\$24,382,255 on Form HDS-6 line (05) Includes the following components:

<u>A</u>		<u>B</u>	
<u>Total Direct Cost</u>		<u>Total Indirect Cost</u>	
DMH Directly Operated	\$ 6,514,020 ^a	@ an indirect rate of	12.1302% \$ 790,164
Private contract providers	17,868,235 ^b	@ an indirect rate of	7.5471% 1,348,534
	<u>\$ 24,382,255</u>		<u>\$ 2,138,697</u>

= (B / A) 8.7715% is the average indirect rate for Mental Health Treatment rounded to 9% on line (06).

^a \$ 6,514,020 is the total of the entries with legal entity number 00019 from column (f) of form HDS-4.
^b \$ 17,868,235 is the total of the entries with legal entity numbers other than 00019 from column (f) of form HDS-4.

Assessment of Individual:

\$2,824,466 on Form HDS-6 line (05) pertains to DMH Directly Operated clinics' cost only and therefore is applied an indirect rate of 12.1302%, which is rounded to

12% on line (06).

Attachment 4

**Supplemental Cost Report Data For Special Education Program
(FY 2005-06 Cost Report Form MH1912)**

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
SB 90 Chapter 1747 - SERVICES TO HANDICAPPED STUDENTS COST SUMMARY
FY 2005-2006**

COST ELEMENTS IDENTIFIED BY GROSS PROGRAM COSTS, OFFSETTING REVENUES, AND NET SB90 REIMBURSABLE COSTS

The following procedure has been followed to assure all appropriate revenue offsets have been applied. Total eligible cost of \$29,688,031 was identified and all applicable revenues have been offset to identify the remaining balance as the eligible SB 90 Chapter 1747 reimbursement.

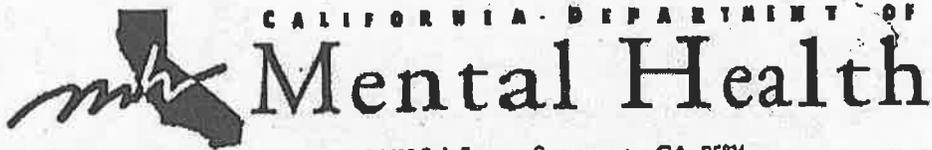
Gross SB90 Chapter 1747 Reimbursable Program Cost (Includes Administration Cost)	\$ 29,688,031	MH1912 - column R
State General Fund From Early and Periodic Screening, Diagnosis and Testing (EPSDT) (Attachment 7b)	(4,245,722)	
Federal Financial Participation (FFP) (Attachment 7a)	(8,639,798)	MH1912 - column J (excluding share of admin cost)
FFP Refund and Adjustment for State Maximum Allowances (SMA) (Attachment 7a)	(136,084)	Included in Form HDS - 3, Lines 05 and 12
FFP share of admin cost (Attachment 7a)	(599,808)	Included in Form HDS - 3, Lines 07 and 13
EPSDT share of Admin Cost (Attachment 7b)	(385,443)	Included in Form HDS - 3, Lines 07 and 13
FY 2004-2005 adjustment to reflect final FFP Payments (Attachment 7c)	1,849,134	Included in Form HDS - 3, Line 12
FY 2004-2005 adjustment to reflect final EPSDT State General Fund Payments Received (Attachment 7c)	743,596	Included in Form HDS - 3, Line 13
Third Party Revenues & share of admin cost (Attachment 7d)	(1,207)	Included in Form HDS - 3, Line 13
Case Management Out-Of-State Placement Adjustment - SB 90 Chapter 654 (Attachment 7e)	(636,946)	Included in Form HDS - 3, Line 07
Federal Individuals with Disabilities Education Act (IDEA) funds (Attachment 7f)	<u>(10,585,827)</u>	Included in Form HDS - 3, Lines 07 and 13

Net Reimbursable SB-90 Cost

\$ 8,849,926

Attachment 5

FY 2005-06 Final Allocation Worksheet



1600 9th Street, Sacramento, CA 95814
(916) 654-3060

July 28, 2006

Marvin J. Southard, DSW, Director
Los Angeles County Mental Health
550 South Vermont Avenue, 12th Floor
Los Angeles, California 90020

FINAL ALLOCATION WORKSHEET – FISCAL YEAR (FY) 2005-06

Dear Dr. Southard:

This letter transmits the Final FY 2005-06 Allocation Worksheet for Los Angeles County. The enclosed worksheet reflects total General Fund dollars allocated during FY 2005-06 for your mental health program and includes all revisions that occurred during the year. The final allocation will be used by the Department of Mental Health for settlement of the FY 2005-06 Cost Report.

If you have any questions, please contact your Cost and Financial Reporting System's analyst or call (916) 654-2314.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stan Johnson', with a stylized flourish at the end.

STAN JOHNSON
Chief
County Financial Program Support

Enclosure

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2005-06

COMMUNITY MENTAL HEALTH SERVICES
ALLOCATION WORKSHEET
REVISION NUMBER 2

LOS ANGELES

PROGRAM	CURRENT ALLOCATION	ADJUSTMENT	TOTAL ALLOCATION
Community Services	\$16,970,807		\$16,970,807
Children's Mental Health Services	\$0	\$0	\$0
Adult System of Care	\$0	\$0	\$0
Community Services: Other Treatment for Mental Health Managed Care	\$75,441,224	\$0	\$75,441,224
<i>Services</i>	(\$75,215,634)	\$0	(\$75,215,634)
<i>Federal Regulations Implementation</i>	(\$225,590)	\$0	(\$225,590)
TOTAL COMMUNITY SERVICES	\$92,412,031	\$0	\$92,412,031

PROGRAM DATA BY FUND SOURCES			
4440-101-0001(1) Community Services - Other Treatment	\$16,970,807	\$0	\$16,970,807
4440-101-0001(1.5) Children's Mental Health Services	\$0	\$0	\$0
4440-101-0001 Adult System of Care	\$0	\$0	\$0
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	\$75,441,224	\$0	\$75,441,224
<i>Services</i>	(\$75,215,634)	\$0	(\$75,215,634)
<i>Federal Regulations Implementation</i>	(\$225,590)	\$0	(\$225,590)
TOTAL FUND SOURCES	\$92,412,031	\$0	\$92,412,031

PURPOSE: Final Allocation FY 2005-06

DATE: July 28, 2003

Attachment 6

Supporting Worksheet For Cost Report From MH1912

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1912
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2006-2008 YEAR END COST REPORT

1	2	3	4	GROSS AB3632 COST						FFP AND FFP MATCH				14 (10+11+12+13)
				5	6	7	8	9	10	11	12	13		
LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3632 PROGRAM COST	FFP (Includes SD/HC and Healthy Family)	AS3632 (SB90) MATCH SD/HC FFP	AB3632 (SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST		
IEP PROGRAM - ASSESSMENT														
00019	15	04	397,500	495,693	893,193	2.03	1,812,798	392,269	67,904	10,981	303,970	775,125		
LAC-DMH				8,476	9,476	106.76	1,011,668							
00019	60	60		505,169	902,669		2,824,486	392,269	67,904	10,981	303,970	775,125		
<i>Subtotal IEP Program - Assessment</i>														
SEP PROGRAM - TREATMENT														
00019	10	85	3		3	212.28	637	293	54		240	587		
LAC-DMH				63,964	108,073	2.60	275,769	59,329	9,514	660	42,590	106,093		
00019	15	10	42,109	3,723	45,832	2.52	17,398	3,666	670		2,998	7,336		
LAC-DMH				1,232,196	2,209,538	2.60	5,728,772	1,232,618	218,012	20,830	875,919	2,447,378		
00019	15	42	971,382	7,005	17,689	2.80	45,988	13,459	2,458		11,001	25,918		
LAC-DMH				44,396	87,906	5.07	445,456	101,758	18,289	832	81,914	202,803		
00019	15	62	43,520	3,904	6,885	1.53	10,209	2,124	1,365		759	4,247		
LAC-DMH				1,155	3,172	1.96	6,210	1,975	1,289		706	3,949		
00180	15	34		570	570	1.16	1,116							
Amanecer Community Counseling Service				9,626	14,248	1.96	27,896	4,525	2,908		1,617	9,049		
00180	15	42	4,622	4,468	5,010	1.96	9,809	533	342		180	1,065		
Amanecer Community Counseling Service				705	1,490	3.84	5,426	1,284	825		459	2,567		
00180	15	62	705		71	1.62	115	57	13		44	115		
Amanecer Community Counseling Service				643	643	2.13	1,368	684	158		527	1,369		
00173	15	10	643		2	2.14	4,568	2,282	600		1,682	4,584		
ASSOC LEAGUE OF MEXICAN AMERICANS, INC				602	602	3.93	2,364	1,182	571		611	2,364		
00173	15	42	2,144		4,490	1.95	21,089	6,167	1,747		4,149	11,327		
ASSOC LEAGUE OF MEXICAN AMERICANS, INC				4,495	8,215	2.52	32,029	5,854	1,514		469	12,304		
00173	15	62	602		135	2.52	1,625	643	174		469	1,285		
ASSOC LEAGUE OF MEXICAN AMERICANS, INC				33,951	36,290	2.52	177,007	42,778	12,753		30,625	85,557		
00178	15	34	510		2,144	2.52	6,577	1,963	419		1,244	3,326		
Cedars-Sinai Medical Center				1,290	2,610	2.52	6,577	1,963	419		1,244	3,326		
00178	15	42	33,951		10,629	4.65	50,355	11,997	3,431		8,568	23,994		
Cedars-Sinai Medical Center				5,160	5,869	1.77	105,175	18,225	2,953		13,282	32,449		
00178	15	62	18,333		89,348	2.24	200,140	26,960	4,923		22,037	53,919		
Cedars-Sinai Medical Center				65,277	65,555	2.24	1,467							
00210	15	12	24,071		418,550	2.24	937,552	120,568	22,016		89,552	241,136		
Child & Family Center				310,900	418,550	2.24	937,552	120,568	22,016		89,552	241,136		
00210	15	41	107,650		46,253	2.24	103,607	12,708	2,320		10,387	25,415		
Child & Family Center				25,284	37,224	3.84	142,940	22,925	4,186		18,739	45,850		
00210	15	61	11,940		21,114	1.90	40,180	18,953	2,946		1,307	36,006		
Child & Family Center				2,198	67,009	2.46	164,724	49,676	8,187		2,608	97,117		
00207	15	10	39,507		3,431	2.46	8,437	2,868	524		2,345	5,737		
Child & Family Guidance Center				160,068	791,162	2.46	1,944,063	804,221	200,114		67,317	479,090		
00207	15	42	631,097		27,212	2.46	66,871	22,981	3,298		14,784	43,538		
Child & Family Guidance Center				9,495	27,212	2.46	66,871	22,981	3,298		14,784	43,538		
00207	15	62	60,412		93,029	4.54	422,635	141,855	22,216		10,892	274,454		
Child & Family Guidance Center				22	163	36	1,467	18	4		14	36		
00668	15	04	22		168	2.13	358	179	34		145	358		
Children's Bureau				1,262	1,262	2.13	2,731	1,365	258		1,107	2,731		
00668	15	42	1,262		130	2.90	377	189	36		153	377		
Children's Bureau				2,886	2,970	1.95	11,419	2,814	514		2,300	5,628		
00179	15	04	2,886		7,424	2.52	18,708	2,323	424		1,899	4,647		
Children's Hospital Los Angeles				5,580	5,580	2.52	18,708	2,323	424		1,899	4,647		

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1912
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2006-2006 YEAR END COST REPORT

1	2	3	4	GROSS AB3632 COST						FFP AND FFP MATCH				14 (10*11+12+13)
				5	6	7	8	9	10	11	12	13		
LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL SERVICE UNITS OF SERVICE	TOTAL NON-MEDICAL SERVICE UNITS OF SERVICE	TOTAL SERVICE UNITS OF SERVICE	(5+6)	(7 x 8)	GROSS AB3632 PROGRAM COST	FFP (Includes S/DMC and Healthy Family)	AB3632 (SB90) MATCH S/DMC FFP	AB3632 (SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST	
Children's Hospital Los Angeles	15	34	1,320	130	1,450	1,450	2.52	3,654	1,663	304	-	1,359	3,326	
Children's Hospital Los Angeles	15	42	13,224	22,009	35,233	35,233	2.52	88,787	16,662	3,043	-	13,620	33,324	
Children's Hospital Los Angeles	15	52	648	634	1,182	1,182	2.52	2,979	816	149	-	667	1,653	
Children's Hospital Los Angeles	15	62	6,757	4,624	11,381	11,381	4.65	52,922	15,710	2,869	-	12,841	31,420	
Children's Institute, Inc.	15	04	16	-	16	16	1.95	31	16	4	-	11	31	
Children's Institute, Inc.	15	10	331	-	331	331	2.52	834	417	111	-	306	834	
Children's Institute, Inc.	15	34	184	-	184	184	2.52	489	244	65	-	179	489	
Children's Institute, Inc.	15	42	1,461	-	1,461	1,461	2.52	3,682	1,841	490	-	1,350	3,682	
COMMUNITY FAMILY GUIDANCE CENTER	15	04	710	365	1,075	1,075	1.44	1,548	511	71	-	440	1,022	
COMMUNITY FAMILY GUIDANCE CENTER	15	10	6,505	20,975	27,480	27,480	1.86	51,129	6,052	1,235	-	4,816	12,103	
COMMUNITY FAMILY GUIDANCE CENTER	15	42	28,045	72,913	100,958	100,958	1.86	187,843	28,090	6,791	-	19,299	52,180	
COMMUNITY FAMILY GUIDANCE CENTER	15	62	1,955	5,075	6,930	6,930	3.44	22,811	2,675	1,717	-	958	5,350	
the Devereux Foundation	10	96	225	-	225	225	116.10	26,123	13,061	2,385	-	10,676	26,123	
the Devereux Foundation	15	58	9,411	-	9,411	9,411	1.83	17,184	8,592	1,569	-	7,023	17,184	
the Devereux Foundation	15	62	541	-	541	541	2.63	1,421	710	130	-	581	1,421	
Didi Hirsch Psychiatric Service	15	04	1,076	2,089	3,165	3,165	1.87	5,920	1,137	153	306	417	2,013	
Didi Hirsch Psychiatric Service	15	10	1,069	11,694	12,763	12,763	2.46	31,361	1,456	235	334	602	2,627	
Didi Hirsch Psychiatric Service	15	34	-	2,952	2,952	2,952	2.46	7,254	-	-	-	-	-	
Didi Hirsch Psychiatric Service	15	42	9,651	85,539	95,190	95,190	2.46	233,898	13,008	2,363	2,886	5,657	23,714	
Didi Hirsch Psychiatric Service	15	52	158	627	785	785	2.48	1,929	199	51	11	127	388	
Didi Hirsch Psychiatric Service	15	62	842	7,027	7,869	7,869	4.49	35,303	2,033	509	338	888	3,777	
Dunoff Center for Child Dev.	15	04	868	365	1,233	1,233	1.91	2,380	831	152	-	679	1,662	
Dunoff Center for Child Dev.	15	10	377	1,533	1,910	1,910	2.46	4,689	463	85	-	378	926	
Dunoff Center for Child Dev.	15	42	31,040	70,844	101,884	101,884	2.46	252,764	38,504	7,031	-	31,473	77,007	
Dunoff Center for Child Dev.	15	52	1,125	3,981	5,086	5,086	2.44	12,423	1,374	251	-	1,123	2,748	
Dunoff Center for Child Dev.	15	62	6,784	11,700	18,484	18,484	4.58	84,568	15,560	2,809	96	12,573	31,038	
D'Veal Family and Youth Services	10	92	4	-	4	4	69.12	276	138	19	-	119	276	
D'Veal Family and Youth Services	15	10	31	-	31	31	2.14	66	33	9	-	24	66	
D'Veal Family and Youth Services	15	42	661	-	661	661	2.14	1,417	709	202	-	506	1,417	
Enki Health and Research	15	08	146	-	146	146	132.00	19,272	9,528	2,114	-	7,522	19,164	
Enki Health and Research	15	04	16,897	1,297	18,194	18,194	1.18	21,469	9,910	2,108	123	7,686	19,827	
Enki Health and Research	15	10	24,501	1,787	26,288	26,288	1.95	51,262	23,625	5,260	10	18,615	47,509	
Enki Health and Research	15	42	143,298	26,235	169,533	169,533	1.95	330,589	138,845	30,064	1,627	107,327	277,863	
Enki Health and Research	15	52	9,998	2,778	12,776	12,776	1.95	24,133	9,253	1,952	-	7,408	18,611	
Enki Health and Research	15	62	18,619	4,103	22,722	22,722	3.65	82,595	33,705	7,603	249	26,021	67,578	
Foothill Family Services	15	04	206	296	504	504	1.95	983	201	37	-	164	402	
Foothill Family Services	15	10	3,949	2,742	6,691	6,691	2.52	16,861	4,976	909	-	4,067	9,951	
Foothill Family Services	15	42	22,146	28,765	50,911	50,911	2.52	128,266	27,904	5,095	-	22,809	55,808	
Foothill Family Services	15	52	957	157	1,114	1,114	2.52	2,832	1,218	222	-	996	2,437	
Foothill Family Services	15	62	2,509	2,806	5,315	5,315	4.66	24,768	5,846	1,067	-	4,778	11,692	
The Guidance Center	15	04	1,969	2,616	4,575	4,575	1.78	8,159	1,747	541	-	1,205	3,493	
The Guidance Center	15	10	3,255	28,682	31,937	31,937	2.15	68,555	3,494	1,371	-	2,123	6,987	
The Guidance Center	15	34	630	-	630	630	2.15	1,352	676	270	-	406	1,352	
The Guidance Center	15	42	13,458	90,038	103,496	103,496	2.15	222,162	14,444	6,078	-	8,366	28,889	
The Guidance Center	15	52	5,332	20,320	25,652	25,652	2.15	55,064	5,723	1,821	-	3,902	11,446	
The Guidance Center	15	62	1,385	7,412	8,797	8,797	3.63	31,566	2,516	981	-	1,534	5,031	
Hamburyer Homes dba Aviva	10	86	144	-	144	144	104.48	15,048	7,523	355	-	7,167	15,048	

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1912
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2005-2006 YEAR END COST REPORT

1	2	3	4	GROSS AB3632 COST						FFP AND FFP MATCH					14 (10*11+12*13)
				5	6	7 (5*6)	8	9 (7*8)	10	11	12	13			
LEGAL ENTITY NAME	LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3632 PROGRAM COST	FFP (includes SD/MC and Healthy Family)	AB3632 (SB90) SD/MC MATCH	AB3632(SB90) MATCH TO HEALTHY FAMILY FFP	EP/SDT-SGF MATCH TO FFP	NET MEDICAL COST		
Hamburger Homes dba Aviva	00174	15	04	875	-	875	1.61	1,406	703	33	33	670	1,406		
Hamburger Homes dba Aviva	00174	15	10	2,005	45	2,050	2.08	4,257	2,098	96	40	1,929	4,163		
Hamburger Homes dba Aviva	00174	15	42	13,845	1,450	15,295	2.08	31,759	14,609	642	549	12,548	28,748		
Hamburger Homes dba Aviva	00174	15	52	1,765	-	1,765	2.08	3,644	1,822	86	-	1,736	3,644		
Hamburger Homes dba Aviva	00174	15	58	3,245	-	3,245	2.08	6,736	3,369	189	-	3,210	6,736		
Hamburger Homes dba Aviva	00174	15	82	1,522	-	1,522	3.84	5,844	2,959	133	87	2,664	5,844		
Hathaway-Sycamores Child & Family Services	00192	10	88	27	1,354	1,381	105.42	145,582	1,423	478	-	945	2,646		
Hathaway-Sycamores Child & Family Services	00192	15	04	1,680	9,177	10,857	1.62	17,601	1,362	415	-	547	2,724		
Hathaway-Sycamores Child & Family Services	00192	15	10	3,949	39,338	43,287	2.10	90,688	4,137	1,119	-	3,018	8,273		
Hathaway-Sycamores Child & Family Services	00192	15	34	-	368	368	2.10	771	-	-	-	-	-		
Hathaway-Sycamores Child & Family Services	00192	15	42	12,300	181,911	194,211	2.10	406,881	12,885	3,720	-	9,165	25,769		
Hathaway-Sycamores Child & Family Services	00192	15	52	1,289	49,355	50,644	2.10	106,102	1,350	264	-	1,087	2,701		
Hathaway-Sycamores Child & Family Services	00192	15	58	2,063	-	2,063	2.10	4,322	2,161	388	-	1,773	4,322		
Hathaway-Sycamores Child & Family Services	00192	15	62	3,198	44,016	47,215	3.87	182,919	6,187	1,877	-	4,319	12,393		
Hathaway-Sycamores Child & Family Services	00198	15	04	4,216	275	4,491	1.88	8,443	3,963	797	-	3,166	7,926		
The Help Group Child and Family Center	00198	15	10	30,644	57,393	88,037	2.45	215,691	37,539	7,546	-	29,993	75,078		
The Help Group Child and Family Center	00198	15	34	145	62	207	2.45	507	178	36	-	142	355		
The Help Group Child and Family Center	00198	15	42	222,324	433,422	655,746	2.45	1,608,578	272,347	54,748	-	217,600	544,694		
The Help Group Child and Family Center	00198	15	52	201	8,416	8,617	2.45	16,212	246	49	-	197	492		
The Help Group Child and Family Center	00198	15	58	12,350	2,871	15,221	2.45	37,291	15,129	3,041	-	12,088	30,258		
The Help Group Child and Family Center	00198	15	62	16,371	30,405	46,776	4.54	212,363	37,162	7,470	-	29,692	74,324		
Hillside	00321	15	10	362	362	362	1.81	655	-	-	-	-	-		
Hillside	00321	15	42	-	3,193	3,193	1.81	5,779	-	-	-	-	-		
Hillside	00321	15	52	245	-	245	1.81	443	218	42	-	180	440		
Hillside	00321	15	58	462	-	462	1.81	836	411	79	-	339	828		
The Almsor Center	00171	15	04	486	2,669	3,155	1.52	4,826	3,718	125	-	253	756		
The Almsor Center	00171	15	10	203	2,550	2,753	1.97	5,424	200	112	-	88	400		
The Almsor Center	00171	15	42	3,668	52,292	55,960	1.97	110,263	3,614	1,142	-	2,471	7,227		
The Almsor Center	00171	15	52	2,303	2,098	4,401	1.97	8,672	2,269	843	-	1,426	4,538		
The Almsor Center	00171	15	62	990	2,840	3,830	3.64	13,955	1,804	594	-	1,210	3,607		
Intercommunity Child Guidance Center	00195	15	04	3,262	5,765	9,027	1.57	14,191	2,964	1,166	-	1,564	5,128		
Intercommunity Child Guidance Center	00195	15	10	5,433	12,038	17,471	2.03	35,483	5,519	1,436	-	4,082	11,037		
Intercommunity Child Guidance Center	00195	15	34	240	345	585	2.03	1,188	244	49	-	195	488		
Intercommunity Child Guidance Center	00195	15	42	41,462	81,749	123,211	2.03	250,352	42,137	13,668	-	28,469	84,273		
Intercommunity Child Guidance Center	00195	15	52	10,166	27,023	37,179	2.03	75,531	10,316	9,708	-	608	20,653		
Intercommunity Child Guidance Center	00195	15	62	6,947	10,398	17,345	3.77	65,441	13,105	4,728	-	8,377	26,210		
Los Angeles Child Guidance Clinic	00199	10	82	163	3	166	134.30	22,294	10,945	2,037	-	8,908	21,891		
Los Angeles Child Guidance Clinic	00199	15	04	32,549	6,061	38,600	1.88	72,432	30,539	12,194	-	18,345	61,078		
Los Angeles Child Guidance Clinic	00199	15	10	14,544	3,667	18,211	2.42	44,162	17,635	5,111	-	12,524	35,269		
Los Angeles Child Guidance Clinic	00199	15	34	550	-	550	2.42	1,334	667	167	-	499	1,334		
Los Angeles Child Guidance Clinic	00199	15	42	192,473	27,763	220,236	2.42	534,071	233,373	61,562	-	171,811	466,746		
Los Angeles Child Guidance Clinic	00199	15	52	18,256	4,238	22,494	2.42	54,548	22,135	5,515	-	16,620	44,271		
Los Angeles Child Guidance Clinic	00199	15	62	19,963	3,142	23,105	4.48	103,610	44,760	14,161	-	30,579	89,620		
Pacific Clinics	00203	10	89	1,348	367	1,713	138.85	237,858	98,365	10,617	11,469	66,448	186,898		
Pacific Clinics	00203	15	03	41,774	21,857	63,631	1.38	88,053	29,100	3,899	428	24,405	57,833		
Pacific Clinics	00203	15	12	45,781	21,583	67,364	1.79	120,522	41,088	5,561	309	34,931	81,906		
Pacific Clinics	00203	15	33	-	60	60	1.78	107	-	-	-	-	-		

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1812
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2006-2008 YEAR END COST REPORT

1	2	3	4	GROSS AB3832 COST						FFP AND FFP MATCH				14 (10+11+12+13)
				5	6	7	8	9	10	11	12	13		
LEGAL ENTITY NAME	LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3832 PROGRAM COST (7 x 8)	FFP (Includes SD/MC and Healthy Family)	SD/MC FFP MATCH	AB3832 (SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST	
Pacific Clinics	00203	15	41	588,876	219,765	788,641	1.79	1,410,965	511,206	68,044	5,403	432,128	1,017,781	
Pacific Clinics	00203	15	54	35,443	17,190	52,633	1.79	94,166	32,005	4,231	898	26,478	63,411	
Pacific Clinics	00203	15	61	40,222	19,800	60,022	3.31	198,579	67,488	8,729	2,222	54,633	133,072	
Pasadena Childrens Training Society	00204	15	04	-	2,736	2,736	1.78	4,873	-	-	-	-	-	
Pasadena Childrens Training Society	00204	15	10	-	2,877	2,877	2.30	6,622	-	-	-	-	-	
Pasadena Childrens Training Society	00204	15	34	-	277	277	2.30	638	-	-	-	-	-	
Pasadena Childrens Training Society	00204	15	42	534	25,711	26,245	2.30	60,408	615	-	-	615	1,230	
Pasadena Childrens Training Society	00204	15	52	489	27,788	28,277	2.30	65,085	563	-	-	563	1,126	
Pasadena Childrens Training Society	00204	15	62	158	5,953	6,121	4.28	26,053	338	-	-	338	672	
Penny Lane Centers	00201	15	04	36	34	70	1.55	109	28	-	-	28	56	
Penny Lane Centers	00201	15	10	605	4,158	4,761	2.13	10,141	644	601	-	43	1,289	
Penny Lane Centers	00201	15	34	575	-	575	2.13	1,225	612	612	-	-	1,225	
Penny Lane Centers	00201	15	42	8,754	18,190	26,944	2.13	57,391	9,323	8,417	-	906	18,646	
Penny Lane Centers	00201	15	52	1,181	1,181	2,362	2.13	5,000	-	-	-	-	-	
Penny Lane Centers	00201	15	58	1,051	-	1,051	2.13	2,239	1,119	211	-	908	2,239	
Penny Lane Centers	00201	15	62	1,285	1,270	2,555	4.31	11,012	2,769	1,816	-	653	5,538	
Providence Community Services	00801	15	04	40,829	2,456	43,285	1.59	68,815	32,455	21,418	-	11,037	64,911	
Providence Community Services	00801	15	40	16,504	610	17,114	2.09	35,711	17,219	5,384	-	11,835	34,438	
Providence Community Services	00801	15	62	2,652	544	3,196	3.86	12,332	5,117	1,196	-	3,921	10,233	
Providence Community Services	00801	10	85	664	54	718	161.95	116,278	53,768	17,989	-	35,777	107,533	
San Fernando Valley CMHC, Inc.	00208	15	04	2,294	3,517	5,811	1.65	9,559	1,887	1,220	-	667	3,774	
San Fernando Valley CMHC, Inc.	00208	15	10	1,885	-	1,885	2.13	4,020	2,010	410	-	1,600	4,020	
San Fernando Valley CMHC, Inc.	00208	15	42	51,703	30,748	82,451	2.13	175,820	55,126	33,689	-	21,437	110,252	
San Fernando Valley CMHC, Inc.	00208	15	62	1,085	1,042	2,127	3.54	7,500	2,137	1,682	-	455	4,275	
San Gabriel Children's Center, Inc.	00320	10	85	651	-	651	185.88	127,323	63,661	16,750	-	46,871	127,323	
San Gabriel Children's Center, Inc.	00320	15	10	755	-	755	2.52	1,903	951	257	-	695	1,903	
San Gabriel Children's Center, Inc.	00320	15	42	3,547	-	3,547	2.52	8,938	4,468	1,205	-	3,264	8,938	
San Gabriel Children's Center, Inc.	00320	15	52	18,031	-	18,031	2.52	45,438	22,719	6,126	-	16,593	45,438	
San Gabriel Children's Center, Inc.	00320	15	62	1,735	80	1,815	4.66	8,458	4,043	1,057	-	2,975	8,065	
SHIELDS for Families, Inc.	00558	15	10	-	135	135	1.34	181	-	-	-	-	-	
SHIELDS for Families, Inc.	00558	15	42	89	89	178	1.34	239	-	-	-	-	-	
South Bay Children's Health Center	00213	10	88	31	74	105	126.68	13,301	1,984	517	-	1,447	3,927	
South Bay Children's Health Center	00213	15	04	616	43	559	1.95	1,080	503	95	-	406	1,006	
South Bay Children's Health Center	00213	15	10	2,075	2,025	4,100	2.52	10,332	2,615	497	-	2,117	5,223	
South Bay Children's Health Center	00213	15	42	10,511	18,432	29,432	2.52	74,169	13,244	4,249	-	8,995	26,488	
South Bay Children's Health Center	00213	15	52	82	92	174	2.52	439	-	-	-	-	-	
South Bay Children's Health Center	00213	15	62	2,062	3,519	5,581	4.65	25,905	4,771	1,484	-	3,287	9,542	
South Bay Children's Health Center	00214	15	03	1,398	1,210	2,608	1.89	4,929	1,243	71	-	1,250	2,564	
Special Service for Groups	00214	15	12	1,974	2,053	4,027	2.44	9,826	2,266	1,799	-	609	4,674	
Special Service for Groups	00214	15	41	6,980	7,651	14,631	2.44	35,700	8,012	916	-	7,599	16,528	
Special Service for Groups	00214	15	54	4,127	3,068	7,195	2.44	17,556	4,737	4,750	-	285	9,772	
Special Service for Groups	00214	15	58	3,553	-	3,553	2.44	8,669	4,078	820	-	3,515	8,413	
Special Service for Groups	00214	15	61	1,344	214	1,558	4.51	7,027	2,852	1,784	-	1,247	5,882	
Saint John's Health Center	00217	15	04	55	680	735	1.95	1,433	54	10	-	44	107	
Saint John's Health Center	00217	15	10	115	926	1,041	2.52	2,623	145	116	-	118	290	
Saint John's Health Center	00217	15	42	505	4,071	4,576	2.52	11,532	636	116	-	520	1,273	
Saint John's Health Center	00217	15	62	841	335	1,176	4.66	5,480	1,960	358	-	1,602	3,919	

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1812
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2006-2008 YEAR END COST REPORT

1	2	3	4	GROSS AB3632 COST						FFP AND FFP MATCH				14 (10+11+12+13)
				5	6	7	8	9	10	11	12	13		
LEGAL ENTITY NAME	LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE (5+6)	COST PER UNIT	GROSS AB3632 PROGRAM COST (7 x 8)	FFP (Includes SD/MC Healthy Family)	AB3632 (SB90) MATCH SD/MC FFP	AB3632(SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST	
Starview	00543	15	04	480	-	480	1.46	715	350	68	-	290	708	
Starview	00543	15	10	879	155	1,034	1.99	2,058	855	165	-	709	1,730	
Starview	00543	15	42	2,853	150	3,043	1.99	6,056	2,815	545	-	2,334	5,694	
Starview	00543	15	52	249	85	334	1.99	665	242	47	-	201	490	
Starview	00543	15	82	60	-	60	3.48	208	102	20	-	85	207	
Stirling Academy, Inc.	00216	15	04	489	6,770	7,259	1.75	12,881	427	121	-	306	854	
Stirling Academy, Inc.	00216	15	10	1,715	29,123	30,838	1.75	53,894	1,499	424	-	1,075	2,997	
Stirling Academy, Inc.	00216	15	42	5,755	122,310	128,065	1.75	223,830	5,029	1,208	-	3,821	10,058	
Stirling Academy, Inc.	00216	15	52	340	3,253	3,593	1.75	6,280	297	255	-	43	594	
Stirling Academy, Inc.	00216	15	82	97	1,766	1,863	3.83	7,140	186	107	-	79	372	
Harbor View Rehabilitation Center	00208	10	85	109	-	109	99.35	10,829	5,415	1,026	-	4,390	10,829	
Harbor View Rehabilitation Center	00208	15	04	245	-	245	1.08	265	132	25	-	107	265	
Harbor View Rehabilitation Center	00208	15	10	15	-	15	1.42	21	11	2	-	9	21	
Harbor View Rehabilitation Center	00208	15	42	2,540	-	2,540	1.42	3,607	1,803	341	-	1,462	3,607	
Harbor View Rehabilitation Center	00206	15	58	180	-	180	1.42	256	128	24	-	104	256	
Harbor View Rehabilitation Center	00221	15	10	2,080	7,850	9,930	2.34	23,211	2,431	616	-	1,815	4,862	
VERDUGO MENTAL HEALTH	00221	15	34	30	410	440	2.34	1,028	35	5	-	30	70	
VERDUGO MENTAL HEALTH	00221	15	42	36,061	82,343	118,404	2.34	276,766	42,146	8,789	-	33,357	84,292	
VERDUGO MENTAL HEALTH	00221	15	52	11,945	14,749	26,694	2.34	62,397	13,961	2,447	-	11,514	27,921	
VERDUGO MENTAL HEALTH	00221	15	62	5,300	5,985	11,285	4.33	48,820	11,464	2,018	-	9,446	22,928	
VERDUGO MENTAL HEALTH	00196	15	04	67,153	28,085	95,238	1.95	185,714	65,474	62,210	-	3,264	130,948	
Vista del Mar Child & Family Services	00196	15	10	9,962	12,942	22,904	2.52	57,718	12,552	12,207	-	345	25,104	
Vista del Mar Child & Family Services	00188	15	34	360	-	360	2.52	907	454	454	-	-	907	
Vista del Mar Child & Family Services	00196	15	42	96,261	92,188	188,449	2.52	474,891	121,289	115,529	-	5,760	242,578	
Vista del Mar Child & Family Services	00196	15	52	6,185	1,328	7,513	2.52	23,968	10,313	10,294	-	19	20,626	
Vista del Mar Child & Family Services	00196	15	58	162,048	-	162,048	2.52	406,361	204,180	204,180	-	-	408,361	
Vista del Mar Child & Family Services	00196	15	62	82,941	21,015	103,956	4.66	484,435	193,253	186,082	-	5,170	388,505	
Vista del Mar Child & Family Services	00196	10	85	2,096	35	2,131	195.58	416,781	204,968	191,843	-	13,125	409,835	
Vista del Mar Child & Family Services	00196	10	98	2,597	1,515	4,112	126.80	521,402	164,650	148,536	-	18,114	329,500	
Subtotal SEP Program - Treatment				4,596,587	4,706,623	9,302,110		24,382,255	6,247,529	2,060,978	154,028	3,941,751	12,384,285	
Total AB3632 Program Cost				4,984,087	5,210,662	10,204,779		27,206,721	6,638,798	2,128,863	145,007	4,245,722	13,169,410	
DMH Directly Operated Admin. Cost (Attachment 9)		12.1302%						1,132,777	218,027	38,442	4,040	172,083	432,562	
Contract Providers (NGAs) Admin. Cost (Attachment 9)		7.5471%						1,348,533	385,461	136,752	8,430	213,360	724,006	
Grand Total AB3632 Program Cost				4,984,087	5,210,662	10,204,779		29,686,031	7,223,286	2,304,077	157,477	4,631,165	14,316,008	

Attachment 7

Offsetting Revenue Worksheets

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2005-2006 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET - FEDERAL FINANCIAL PARTICIPATION (FFP)

A. FY 2005-2006 Federal Financial Participation (FFP) and Share of Administrative Cost

ENTITY NUMBE R	ENTITY NAME	MODE	SFC	Overhead Percentage (%)	a SD/MC FFP	b Enhanced Child FFP	c Healthy Family FFP	d (a+b+c) Total
Assessment - Individualized Education Program (IEP)								
00019	LAC - DMH	15	04		371,875	-	20,394	392,269
00019	LAC - DMH	60	60		-	-	-	-
Subtotal LAC-DMH					371,875	-	20,394	392,269
DMH Directly Operated Admin. Cost				12.1302%	45,109	-	2,474	47,583
Total Assessment FFP and Share of Admin. Cost					416,984	-	22,868	439,852
Treatment - Special Education Program (SEP)								
00019	LAC-DMH	10	85		293	-	-	293
00019	LAC-DMH	15	10		52,104	-	1,225	53,329
00019	LAC-DMH	15	34		3,668	-	-	3,668
00019	LAC-DMH	15	42		1,193,931	-	38,685	1,232,616
00019	LAC-DMH	15	52		13,459	-	-	13,459
00019	LAC-DMH	15	62		100,213	-	1,545	101,758
Subtotal LAC-DMH					1,363,688	-	41,455	1,405,123
Contract Providers (NGAs)					4,634,987	-	207,419	4,842,406
Subtotal LAC-DMH and Contract Providers					5,998,655	-	248,874	6,247,529
DMH Directly Operated Admin. Cost (Attachment 9)				12.1302%	165,418	-	5,029	170,444
Contract Providers (NGAs) Admin. Cost (Attachment 9)				7.5471%	349,807	-	15,654	365,461
Total Treatment FFP and Share of Admin. Cost					6,513,878	-	269,557	6,783,434
GRAND TOTAL TREATMENT & ASSESSMENT FFP AND SHARE OF ADMINISTRATIVE COSTS					6,930,863	-	292,425	7,223,286

B. FY 2005-2006 FFP REFUND, ADJUSTMENT FOR SMA AND SHARE OF ADMINISTRATIVE COST

ENTITY NUMBE R	ENTITY NAME	MODE	SFC		a SD/MC FFP Refund & Adj. For SMA	b Enhanced Child FFP Refund	c Healthy Family FFP Refund	d (a+b+c) Total
Assessment - Individualized Education Program (IEP)								
00019	LAC-DMH	15	04		31,629	-	-	31,629
DMH Directly Operated Admin. Cost				12.1302%	3,837	-	-	3,837
Total Assessment FFP and Share of Admin. Cost					35,466	-	-	35,466
Treatment - Special Education Program (SEP)								
00188	Enkl Health and Research	10	85		108	-	-	108
00188	Enkl Health and Research	15	04		110	-	2	112
00188	Enkl Health and Research	15	10		268	-	0	268
00188	Enkl Health and Research	15	42		1,542	-	26	1,568
00188	Enkl Health and Research	15	52		105	-	-	105
00188	Enkl Health and Research	15	62		377	-	4	381
00321	Hillside	15	52		4	-	-	4
00321	Hillside	15	58		7	-	-	7
00214	Special Service for Groups	15	03		78	-	-	78
00214	Special Service for Groups	15	12		142	-	-	142
00214	Special Service for Groups	15	41		504	-	-	504
00214	Special Service for Groups	15	54		298	-	-	298
00214	Special Service for Groups	15	58		256	-	-	256
00214	Special Service for Groups	15	61		179	-	-	179
00543	Starview	15	04		8	-	-	8
00543	Starview	15	10		19	-	-	19
00543	Starview	15	42		63	-	-	63
00543	Starview	15	52		5	-	-	5

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 OFFSETTING REVENUES WORKSHEET - FEDERAL FINANCIAL PARTICIPATION (FFP)

00643	Starview	15	62	2	-	-	2
				a	b	c	d (a+b+c)

ENTITY NUMBE R	ENTITY NAME	MODE	SFC	SD/MC FFP Refund & Adj. For SMA	Enhanced Child FFP Refund	Healthy Family FFP Refund	Total
Treatment - Special Education Program (SEP) (Continuous)							
00019	LAC-DMH	10	85	50	-	-	50
00019	LAC-DMH	15	10	3,382	-	-	3,382
00019	LAC-DMH	15	34	298	-	-	298
00019	LAC-DMH	15	42	78,028	-	-	78,028
00019	LAC-DMH	15	52	858	-	-	858
00019	LAC-DMH	15	62	17,731	-	-	17,731
Total Treatment - SEP FFP Refund & Adjustment for State Maximum Allowance (SMA)				104,423	-	32	104,455
DMH Directly Operated Admin. Cost				12.1302%	12,172	-	12,172
Contract Providers Admin. Cost				7.5471%	308	2	310
Grand Total Treatment - SEP FFP Refund & Adj. For SMA and Share of Admin. Cost				116,903	-	34	116,937

C. SUMMARY:

ASSESSMENT - IEP PROGRAM

FY 2005-2006 FEDERAL FINANCIAL PARTICIPATION	392,269	
FY 2005-2006 FEDERAL FINANCIAL PARTICIPATION REFUND & ADJUSTMENT FOR SMA	31,629	
TOTAL FFP AND FFP REFUND	423,898	→ To HDS-3, Line 05
ADD: SHARE OF ADMIN. COST	51,420	→ To HDS-3, Line 07
TOTAL FFP AND SHARE OF Admin. COSTS	<u>475,318</u>	

TREATMENT - SEP

FY 2005-2006 FEDERAL FINANCIAL PARTICIPATION	6,247,529	
FY 2005-2006 FEDERAL FINANCIAL PARTICIPATION REFUND	104,455	
LESS: FY 2004-2005 SB 90 CLAIM FFP ADJUSTMENT (Attachment 7c)	(1,849,134)	
TOTAL FEDERAL FINANCIAL PARTICIPATION AND FFP REFUND	4,702,850	→ To HDS-3, Line 12
ADD: SHARE OF ADMIN. COST	548,388	→ To HDS-3, Line 13
TOTAL FFP, FFP REFUND AND SHARE OF ADMIN. COSTS	<u>5,251,238</u>	

FFP SHARE OF ADMIN. COST

ASSESSMENT - IEP PROGRAM	51,420
TREATMENT - SEP PROGRAM	548,388
TOTAL	<u>599,808</u>

FFP REFUND & ADJUSTMENT FOR STATE MAXIMUM ALLOWANCE

ASSESSMENT - IEP PROGRAM	31,629
TREATMENT - SEP PROGRAM	104,455
TOTAL	<u>136,084</u>

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
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 OFFSETTING REVENUES WORKSHEET - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (12.1302%)	CONTRACTOR ADMIN COSTS (7.5471%)	TOTAL EPSDT-SGF AND ADMIN COST
Assessment - Individualized Education Program (IEP)							
00019	LAC-DMH	15	04	303,970	36,873	-	340,843
SUBTOTAL - ASSESSMENT - EPSDT-SGF				303,970	36,873	-	340,843
Treatment - Special Education Program (SEP)							
00019	LAC-DMH	10	85	240	29	-	269
00019	LAC-DMH	15	10	42,590	5,166	-	47,756
00019	LAC-DMH	15	34	2,998	364	-	3,362
00019	LAC-DMH	15	42	975,919	118,381	-	1,094,300
00019	LAC-DMH	15	52	11,001	1,334	-	12,336
00019	LAC-DMH	15	62	81,914	9,936	-	91,851
00180	Amanecer Community Counseling Service	15	04	759	-	57	816
00180	Amanecer Community Counseling Service	15	10	706	-	53	759
00180	Amanecer Community Counseling Service	15	34	-	-	-	-
00180	Amanecer Community Counseling Service	15	42	1,617	-	122	1,739
00180	Amanecer Community Counseling Service	15	52	190	-	14	205
00180	Amanecer Community Counseling Service	15	62	459	-	35	493
00173	ASSOC LEAGUE OF MEXICAN AMERICANS, INC	15	04	44	-	3	48
00173	ASSOC LEAGUE OF MEXICAN AMERICANS, INC	15	10	527	-	40	566
00173	ASSOC LEAGUE OF MEXICAN AMERICANS, INC	15	42	1,682	-	127	1,809
00173	ASSOC LEAGUE OF MEXICAN AMERICANS, INC	15	62	811	-	46	857
00178	Cedars-Sinai Medical Center	15	04	4,420	-	334	4,754
00178	Cedars-Sinai Medical Center	15	10	4,149	-	313	4,462
00178	Cedars-Sinai Medical Center	15	34	469	-	35	504
00178	Cedars-Sinai Medical Center	15	42	30,826	-	2,311	32,936
00178	Cedars-Sinai Medical Center	15	52	1,244	-	94	1,338
00178	Cedars-Sinai Medical Center	15	62	8,568	-	646	9,212
00210	Child & Family Center	15	03	13,262	-	1,001	14,263
00210	Child & Family Center	15	12	22,037	-	1,663	23,700
00210	Child & Family Center	15	33	-	-	-	-
00210	Child & Family Center	15	41	98,552	-	7,438	105,990
00210	Child & Family Center	15	54	10,387	-	784	11,171
00210	Child & Family Center	15	61	18,739	-	1,414	20,153
00207	Child & Family Guidance Center	15	04	13,189	-	995	14,185
00207	Child & Family Guidance Center	15	10	36,647	-	2,766	39,412
00207	Child & Family Guidance Center	15	34	2,345	-	177	2,522
00207	Child & Family Guidance Center	15	42	479,090	-	36,157	515,248
00207	Child & Family Guidance Center	15	52	14,784	-	1,114	15,878
00207	Child & Family Guidance Center	15	62	99,451	-	7,506	106,956
00668	Children's Bureau	15	04	14	-	1	15
00668	Children's Bureau	15	10	145	-	11	156
00668	Children's Bureau	15	42	1,107	-	84	1,191
00668	Children's Bureau	15	62	153	-	12	165
00179	Children's Hospital Los Angeles	15	04	2,300	-	174	2,474
00179	Children's Hospital Los Angeles	15	10	1,899	-	143	2,043
00179	Children's Hospital Los Angeles	15	34	1,359	-	103	1,462
00179	Children's Hospital Los Angeles	15	42	13,620	-	1,028	14,648
00179	Children's Hospital Los Angeles	15	52	667	-	50	718
00179	Children's Hospital Los Angeles	15	62	12,841	-	969	13,811
00591	Children's Institute, Inc.	15	04	11	-	1	12
00591	Children's Institute, Inc.	15	10	306	-	23	329
00591	Children's Institute, Inc.	15	34	179	-	14	193
00591	Children's Institute, Inc.	15	42	1,350	-	102	1,452
00181	COMMUNITY FAMILY GUIDANCE CENTER	15	04	440	-	33	474
00181	COMMUNITY FAMILY GUIDANCE CENTER	15	10	4,816	-	363	5,180
00181	COMMUNITY FAMILY GUIDANCE CENTER	15	42	19,299	-	1,457	20,755
00181	COMMUNITY FAMILY GUIDANCE CENTER	15	62	958	-	72	1,031
00472	the Devereux Foundation	10	98	10,676	-	806	11,482
00472	the Devereux Foundation	15	58	7,023	-	530	7,553
00472	the Devereux Foundation	15	62	581	-	44	624
00183	Didi Hirsch Psychiatric Service	15	04	417	-	31	448
00183	Didi Hirsch Psychiatric Service	15	10	602	-	45	647
00183	Didi Hirsch Psychiatric Service	15	34	-	-	-	-
00183	Didi Hirsch Psychiatric Service	15	42	5,657	-	427	6,084
00183	Didi Hirsch Psychiatric Service	15	52	127	-	10	136
00183	Didi Hirsch Psychiatric Service	15	62	898	-	68	966
00184	Dunoff Center for Child Dev.	15	04	679	-	51	730
00184	Dunoff Center for Child Dev.	15	10	378	-	29	407

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LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (12.1302%)	CONTRACTOR ADMIN COSTS (7.5471%)	TOTAL EPSDT-SGF AND ADMIN COST
00184	Dunoff Center for Child Dev.	15	42	31,473	-	2,375	33,848
00184	Dunoff Center for Child Dev.	15	52	1,123	-	85	1,208
00184	Dunoff Center for Child Dev.	15	82	12,573	-	949	13,522
00778	D'Veal Family and Youth Services	10	92	119	-	9	128
00778	D'Veal Family and Youth Services	15	10	24	-	2	26
00778	D'Veal Family and Youth Services	15	42	508	-	38	545
00188	Enkl Health and Research	10	85	7,522	-	568	8,090
00188	Enkl Health and Research	15	04	7,686	-	580	8,266
00188	Enkl Health and Research	15	10	18,615	-	1,405	20,020
00188	Enkl Health and Research	15	42	107,327	-	8,100	115,427
00188	Enkl Health and Research	15	52	7,406	-	559	7,965
00188	Enkl Health and Research	15	82	26,021	-	1,964	27,985
00724	Foothill Family Service	15	04	164	-	12	177
00724	Foothill Family Service	15	10	4,087	-	307	4,374
00724	Foothill Family Service	15	42	22,809	-	1,721	24,530
00724	Foothill Family Service	15	52	996	-	75	1,071
00724	Foothill Family Service	15	82	4,778	-	361	5,139
00191	The Guidance Center	15	04	1,206	-	91	1,297
00191	The Guidance Center	15	10	2,123	-	160	2,283
00191	The Guidance Center	15	34	406	-	31	436
00191	The Guidance Center	15	42	8,388	-	631	8,998
00191	The Guidance Center	15	52	3,902	-	294	4,196
00191	The Guidance Center	15	62	1,534	-	116	1,650
00174	Hamburger Homes dba Aviva	10	88	7,187	-	541	7,708
00174	Hamburger Homes dba Aviva	15	04	670	-	51	721
00174	Hamburger Homes dba Aviva	15	10	1,928	-	146	2,074
00174	Hamburger Homes dba Aviva	15	42	12,948	-	977	13,926
00174	Hamburger Homes dba Aviva	15	52	1,736	-	131	1,867
00174	Hamburger Homes dba Aviva	15	58	3,210	-	242	3,452
00174	Hamburger Homes dba Aviva	15	82	2,664	-	201	2,865
00192	Hathaway-Sycamores Child & Family Services	10	88	945	-	71	1,016
00192	Hathaway-Sycamores Child & Family Services	15	04	947	-	71	1,018
00192	Hathaway-Sycamores Child & Family Services	15	10	3,018	-	228	3,246
00192	Hathaway-Sycamores Child & Family Services	15	34	-	-	-	-
00192	Hathaway-Sycamores Child & Family Services	15	42	9,165	-	692	9,856
00192	Hathaway-Sycamores Child & Family Services	15	52	1,087	-	82	1,169
00192	Hathaway-Sycamores Child & Family Services	15	58	1,773	-	134	1,907
00192	Hathaway-Sycamores Child & Family Services	15	62	4,319	-	326	4,645
00198	The Help Group Child and Family Center	15	04	3,166	-	239	3,405
00198	The Help Group Child and Family Center	15	10	29,993	-	2,284	32,257
00198	The Help Group Child and Family Center	15	34	142	-	11	153
00198	The Help Group Child and Family Center	15	42	217,600	-	16,423	234,023
00198	The Help Group Child and Family Center	15	52	197	-	15	212
00198	The Help Group Child and Family Center	15	58	12,088	-	912	13,000
00198	The Help Group Child and Family Center	15	62	29,692	-	2,241	31,933
00321	Hillside	15	10	-	-	-	-
00321	Hillside	15	42	-	-	-	-
00321	Hillside	15	52	180	-	14	193
00321	Hillside	15	58	339	-	26	365
00171	The Almanson Center	15	04	253	-	19	272
00171	The Almanson Center	15	10	88	-	7	95
00171	The Almanson Center	15	42	2,471	-	187	2,658
00171	The Almanson Center	15	52	1,426	-	108	1,533
00171	The Almanson Center	15	62	1,210	-	91	1,301
00195	Intercommunity Child Guidance Center	15	04	1,378	-	104	1,482
00195	Intercommunity Child Guidance Center	15	10	4,082	-	308	4,391
00195	Intercommunity Child Guidance Center	15	34	195	-	15	209
00195	Intercommunity Child Guidance Center	15	42	28,469	-	2,149	30,617
00195	Intercommunity Child Guidance Center	15	52	608	-	46	654
00195	Intercommunity Child Guidance Center	15	82	8,377	-	632	9,010
00199	Los Angeles Child Guidance Clinic	10	82	8,908	-	672	9,581
00199	Los Angeles Child Guidance Clinic	15	04	18,345	-	1,385	19,729
00199	Los Angeles Child Guidance Clinic	15	10	12,524	-	845	13,469
00199	Los Angeles Child Guidance Clinic	15	34	499	-	38	537
00199	Los Angeles Child Guidance Clinic	15	42	171,811	-	12,967	184,778
00199	Los Angeles Child Guidance Clinic	15	52	16,620	-	1,254	17,875
00199	Los Angeles Child Guidance Clinic	15	62	30,579	-	2,308	32,887
00203	Pacific Clinics	10	88	86,448	-	5,015	91,462
00203	Pacific Clinics	15	03	24,405	-	1,842	26,247

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LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (12.1302%)	CONTRACTOR ADMIN COSTS (7.5471%)	TOTAL EPSDT-SGF AND ADMIN COST
00203	Pacific Clinics	15	12	34,931	-	2,636	37,567
00203	Pacific Clinics	15	33	-	-	-	-
00203	Pacific Clinics	15	41	432,128	-	32,613	464,741
00203	Pacific Clinics	15	54	26,478	-	1,998	28,476
00203	Pacific Clinics	15	61	54,833	-	4,123	58,956
00204	Pasadena Childrens Training Society	15	04	-	-	-	-
00204	Pasadena Childrens Training Society	15	10	-	-	-	-
00204	Pasadena Childrens Training Society	15	34	-	-	-	-
00204	Pasadena Childrens Training Society	15	42	615	-	46	661
00204	Pasadena Childrens Training Society	15	52	563	-	42	605
00204	Pasadena Childrens Training Society	15	62	336	-	25	361
00201	Penny Lane Centers	15	04	-	-	-	-
00201	Penny Lane Centers	15	10	43	-	3	46
00201	Penny Lane Centers	15	34	-	-	-	-
00201	Penny Lane Centers	15	42	906	-	68	974
00201	Penny Lane Centers	15	52	-	-	-	-
00201	Penny Lane Centers	15	58	908	-	69	977
00201	Penny Lane Centers	15	62	953	-	72	1,025
00801	Providence Community Services	15	04	11,037	-	833	11,870
00801	Providence Community Services	15	40	11,835	-	893	12,728
00801	Providence Community Services	15	62	3,921	-	296	4,217
00801	Providence Community Services	10	85	35,777	-	2,700	38,477
00208	San Fernando Valley CMHC, Inc.	15	04	667	-	50	717
00208	San Fernando Valley CMHC, Inc.	15	10	1,600	-	121	1,721
00208	San Fernando Valley CMHC, Inc.	15	42	21,437	-	1,618	23,055
00208	San Fernando Valley CMHC, Inc.	15	62	455	-	34	489
00320	San Gabriel Children's Center, Inc	10	85	46,871	-	3,537	50,408
00320	San Gabriel Children's Center, Inc	15	10	895	-	52	947
00320	San Gabriel Children's Center, Inc	15	42	3,264	-	246	3,510
00320	San Gabriel Children's Center, Inc	15	52	18,593	-	1,252	19,845
00320	San Gabriel Children's Center, Inc	15	62	2,975	-	225	3,200
00558	SHIELDS for Families, Inc.	15	10	-	-	-	-
00558	SHIELDS for Families, Inc.	15	42	-	-	-	-
00213	South Bay Children's Health Center	10	98	1,447	-	109	1,556
00213	South Bay Children's Health Center	15	04	408	-	31	439
00213	South Bay Children's Health Center	15	10	2,117	-	160	2,277
00213	South Bay Children's Health Center	15	42	8,995	-	679	9,674
00213	South Bay Children's Health Center	15	52	-	-	-	-
00213	South Bay Children's Health Center	15	62	3,287	-	248	3,535
00214	Special Service for Groups	15	03	1,250	-	94	1,344
00214	Special Service for Groups	15	12	609	-	46	655
00214	Special Service for Groups	15	41	7,599	-	574	8,173
00214	Special Service for Groups	15	54	285	-	22	307
00214	Special Service for Groups	15	58	3,515	-	265	3,780
00214	Special Service for Groups	15	61	1,247	-	84	1,331
00217	Saint John's Health Center	15	04	44	-	3	47
00217	Saint John's Health Center	15	10	118	-	9	127
00217	Saint John's Health Center	15	42	520	-	39	559
00217	Saint John's Health Center	15	62	1,602	-	121	1,723
00543	Starview	15	04	290	-	22	312
00543	Starview	15	10	709	-	54	763
00543	Starview	15	42	2,334	-	176	2,510
00543	Starview	15	52	201	-	15	216
00543	Starview	15	62	85	-	6	91
00216	Stirling Academy, Inc.	15	04	306	-	23	329
00216	Stirling Academy, Inc.	15	10	1,075	-	81	1,156
00216	Stirling Academy, Inc.	15	42	3,821	-	288	4,109
00216	Stirling Academy, Inc.	15	52	43	-	3	46
00216	Stirling Academy, Inc.	15	62	79	-	6	85
00206	Harbor View Rehabilitation Center	10	85	4,390	-	331	4,721
00206	Harbor View Rehabilitation Center	15	04	107	-	8	115
00206	Harbor View Rehabilitation Center	15	10	9	-	1	10
00206	Harbor View Rehabilitation Center	15	42	1,482	-	110	1,592
00206	Harbor View Rehabilitation Center	15	58	104	-	8	112
00221	VERDUGO MENTAL HEALTH	15	10	1,815	-	137	1,952
00221	VERDUGO MENTAL HEALTH	15	34	30	-	2	32
00221	VERDUGO MENTAL HEALTH	15	42	33,357	-	2,517	35,874
00221	VERDUGO MENTAL HEALTH	15	52	11,514	-	869	12,383
00221	VERDUGO MENTAL HEALTH	15	62	9,446	-	713	10,159

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 OFFSETTING REVENUES WORKSHEET - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (12.1302%)	CONTRACTOR ADMIN COSTS (7.5471%)	TOTAL EPSDT-SGF AND ADMIN COST
00198	Vista del Mar Child & Family Services	15	04	3,264	-	246	3,510
00198	Vista del Mar Child & Family Services	15	10	346	-	28	371
00198	Vista del Mar Child & Family Services	15	34	-	-	-	-
00198	Vista del Mar Child & Family Services	15	42	5,760	-	435	6,195
00198	Vista del Mar Child & Family Services	15	52	19	-	1	20
00198	Vista del Mar Child & Family Services	15	58	-	-	-	-
00198	Vista del Mar Child & Family Services	15	62	5,170	-	390	5,561
00198	Vista del Mar Child & Family Services	10	85	13,125	-	991	14,116
00198	Vista del Mar Child & Family Services	10	98	18,114	-	1,387	19,481
SUBTOTAL - TREATMENT - EPSDT-SGF				3,941,751	135,211	213,360	4,290,322
TOTAL - EPSDT-SGF				4,245,722	172,084	213,360	4,631,166
LESS: FY 2004-2005 SB 90 EPSDT SGF REVENUE ADJUSTMENT (Attachment 7c)							(743,598)
GRAND TOTAL EPSDT-SGF AND SHARE OF ADMIN COST							3,887,570

SUMMARY:

ASSESSMENT - JEP PROGRAM

EPSDT-SGF MATCH TO FFP	303,970	
ADMIN. COST	36,873	
TOTAL EPSDT-SGF AND SHARE OF ADMIN. COST	<u>340,843</u>	→ To HDS-3, Line 07

TREATMENT - SEP

FY 2005-2006 EPSDT-SGF MATCH TO FFP	3,941,751	
FY 2004-2005 SB90 EPSDT-SGF ADJUSTMENT	(743,598)	
SUBTOTAL	3,198,155	
ADD: SHARE OF ADMIN. COST	348,571	
TOTAL EPSDT-SGF AND SHARE OF ADMIN. COST	<u>3,546,726</u>	→ To HDS-3, Line 13

EPSDT-SGF SHARE OF ADMIN. COST

ASSESSMENT	36,873
TREATMENT	348,571
TOTAL	<u>385,444</u>

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB 90 CLAIM REVENUE ADJUSTMENTS - PRIOR YEAR
 FY 2005-2006

(1) FY 2004-2005 SB 90 Claim State General Fund (SGF) Revenue Adjustment

	<u>REVENUE OFFSET</u>
FY 2004-2005 Final Medi-Cal Explanation of Benefits (EOB)	\$ 4,760,508
FY 2004-2005 Estimate	<u>5,504,104</u>
Adjustment of FY 2004-2005 Estimate To Actual (To Attachment 7b)	<u>\$ (743,596)^a</u>

(2) FY 2004-2005 SB 90 Claim Federal Financial Participation (FFP) Adjustment

	<u>REVENUE OFFSET FFP</u>
FY 2004-2005 Final Medi-Cal Explanation of Benefits (EOB)	\$ 6,272,056
FY 2004-2005 Estimate	<u>7,921,190</u>
Adjustment of FY 2004-2005 Estimate To Actual (To Attachment 7a)	<u>\$ (1,649,134)^a</u>

^a Amounts will be an increase to FY 2005-2006 SB 90 claim.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2005-2006 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET - THIRD PARTY REVENUES

LEGAL ENTITY NUMBER	LEGAL ENTITY NAME	MODE	SFC	NON-MEDICAL 3RD PARTY REVENUES
00213	South Bay Children's Health Center	15	42	1,122
SUBTOTAL				1,122
Contract Providers (NGAs) Admin. Cost (Attachment 9)				7.5471% 85

TOTAL THIRD PARTY REVENUES AND SHARE OF ADMIN. COST 1,207 → To HDS-3, Line 13

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2005-2006 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET -
 CASE MANAGEMENT FOR OUT OF STATE PLACEMENT (SB 90 CHAPTER 654)

LEGAL ENTITY NUMBER	LEGAL ENTITY NAME	MODE	SFC	CASE MANAGEMENT	DMH DIRECTLY OPERATED ADMIN. COST	TOTAL
Assessment - Individualized Education Program (IEP)						
					12.1302%	
00019	LAC-DMH	15	04	\$ 568,041	\$ 68,905	\$ 636,946
TOTAL				\$ 568,041	\$ 68,905	\$ 636,946

→ To HDS-3, Line 07

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2005-2006 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET -
 FEDERAL INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) FUNDS

	<u>Amount</u>
FY 2005-06 FEDERAL IDEA FUNDS APPROVED	<u>\$ 13,832,574</u>

FY 2005-06 FEDERAL IDEA CLAIMED SERVICES TO LOS ANGELES COUNTY OFFICE OF EDUCATION (LACOE):

LAC-DMH	\$ 3,550,066
Contract Providers (Includes In-State and Out-Of-State)	<u>11,299,797</u>
TOTAL	<u>\$ 14,849,863</u>

FY 2005-06 FEDERAL IDEA FUNDS RECEIVED	<u>\$ 13,832,574</u>
--	----------------------

FEDERAL IDEA FUNDS - ALLOCATION TO NON MED-CAL SERVICES

	Net FY 2005-06 Expenditures*	FY 2005-06 Allocated IDEA FUNDS
LACDMH	\$ 5,072,229	\$ 5,072,229
CONTRACT PROVIDERS	8,270,953	5,513,598
OUT-OF-STATE - SED PUPILS (SB 90 CHAPTER 654)	<u>3,246,747</u>	<u>3,246,747</u>
TOTAL	<u>\$ 16,589,929</u>	<u>\$ 13,832,574</u>

Notes:

* Expenditures were based on eligible Non Medi-Cal mental health services from FY 2005-2006 Year End Cost Report.

1) Federal IDEA Funds For In-State Services To Handicapped Students:

	ASSESSMENT	TREATMENT	TOTAL
LACDMH	\$ 1,449,671	\$ 3,622,558	\$ 5,072,229
CONTRACT PROVIDERS	-	5,513,598	5,513,598
TOTAL	<u>\$ 1,449,671</u>	<u>\$ 9,136,156</u>	<u>\$10,585,827</u>

↓
To HDS-3, Line 07 and FAM-27, Line 33

↓
To HDS-3, Line 13

Attachment 8

FY 2005-06 Indirect Cost Proposal (ICP)



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

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 803
LOS ANGELES, CALIFORNIA 90012-2768
PHONE: (213) 974-8321 FAX: (213) 617-8108

**J. TYLER McCAULEY
AUDITOR-CONTROLLER**

November 9, 2005

**TO: Jeremy D. Cortez
Director of Finance
Department of Mental Health**

**FROM: Connie Yee, Chief *CY*
Accounting Division**

SUBJECT: Fiscal Year 2005-06 Indirect Cost Proposal

As requested, we reviewed Mental Health's Fiscal Year 2005-06 Indirect Cost Proposal (ICP) submitted October 12, 2005. Based on our review, the rates shown in your workpapers are approved.

If you have any questions, please contact Rachelle Anema at (213) 974-0335.

CY:RV
I:\Mental Health\dmh\icp06.doc

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(1)			(2)		
	DMH Directly Operated Programs			Life Support		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	380,284	-	380,284	5,512	-	5,512
GENERAL ADMINISTRATION OPERATIONS	5,983,814	-	5,983,814	-	-	-
FISCAL SERVICES	1,705,897	-	1,705,897	18,038	-	18,038
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,589,822	-	3,589,822	8,204	-	8,204
CONTRACTS ADMINISTRATION	-	-	-	13,661	-	13,661
MANAGEMENT INFORMATION SYSTEMS	703,351	-	703,351	45,231	-	45,231
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	156,199,470	156,199,470	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	8,456,724	8,456,724	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	12,342,749	164,656,194	178,998,943	90,845	-	90,845
SRVC & SUPP / OTHER CHAR / FIX ASSETS						
CCAP	1,953,582	-	1,953,582	29,891	-	29,891
EXECUTIVE OFFICE	44,258	-	44,258	677	-	677
GENERAL ADMINISTRATION OPERATIONS	8,257,720	-	8,257,720	-	-	-
FISCAL SERVICES	111,232	-	111,232	1,164	-	1,164
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	372,578	-	372,578	3,793	-	3,793
CONTRACTS ADMINISTRATION	-	-	-	479	-	479
MANAGEMENT INFORMATION SYSTEMS	3,532,183	-	3,532,183	152,578	-	152,578
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	28,228,542	28,228,542	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	4,783,641	4,783,641	-	-	-
LIFE SUPPORT	-	-	-	-	3,024,448	3,024,448
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(1,927,411)	-	(1,927,411)	(39,590)	-	(39,590)
CARRY FORWARD - DMH - WORKSHEET 3-B	(7,287,432)	-	(7,287,432)	(725,203)	-	(725,203)
SUB-TOTAL SS & OTHERS	6,056,709	33,012,183	38,068,892	(578,213)	3,024,448	2,448,233
TOTAL EXPENDITURES						
CCAP	1,953,582	-	1,953,582	29,891	-	29,891
EXECUTIVE OFFICE	404,522	-	404,522	6,189	-	6,189
GENERAL ADMINISTRATION OPERATIONS	14,241,334	-	14,241,334	-	-	-
FISCAL SERVICES	1,817,128	-	1,817,128	19,202	-	19,202
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,982,201	-	3,982,201	11,997	-	11,997
CONTRACTS ADMINISTRATION	-	-	-	14,140	-	14,140
MANAGEMENT INFORMATION SYSTEMS	4,235,534	-	4,235,534	197,807	-	197,807
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	184,428,012	184,428,012	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	13,240,385	13,240,385	-	-	-
LIFE SUPPORT	-	-	-	-	3,024,448	3,024,448
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(1,927,411)	-	(1,927,411)	(39,590)	-	(39,590)
CARRY FORWARD - DMH - WORKSHEET 3-B	(7,287,432)	-	(7,287,432)	(725,203)	-	(725,203)
TOTAL EXPENDITURES	17,399,458	197,668,377	215,067,835	(485,567)	3,024,448	2,538,879
			DMH OH 7.8140%		DMH OH -17.0431%	
			CCAP 0.9883%		CCAP 0.9883%	
ADMINISTRATION OVERHEAD RATE	17,399,458 /	197,668,377 =	8.8023%	(485,567) /	3,024,448 =	-16.0547%

INDIRECT COST RATE BY PROGRAM

(3a)

(3b)

See Worksheet 4 for Indirect/Direct Cost details

	In-State MH Contract Providers			Consultation, Out of State, & Other Contractors		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	905,237	-	905,237	18,177	-	18,177
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,288,409	-	4,288,409	72,598	-	72,598
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	9,019,849	-	9,019,849	181,181	-	181,181
CONTRACTS ADMINISTRATION	4,397,122	-	4,397,122	58,815	-	58,815
MANAGEMENT INFORMATION SYSTEMS	2,528,231	-	2,528,231	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	21,134,847	-	21,134,847	308,768	-	308,768
SRVC & SUPP / OTHER CHAR / FIX ASSETS						
CCAP	4,908,788	-	4,908,788	87,720	-	87,720
EXECUTIVE OFFICE	111,206	-	111,206	1,987	-	1,987
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	279,492	-	279,492	4,949	-	4,949
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	938,178	-	938,178	18,730	-	18,730
CONTRACTS ADMINISTRATION	147,404	-	147,404	1,872	-	1,872
MANAGEMENT INFORMATION SYSTEMS	11,435,381	-	11,435,381	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	496,881,573	496,881,573	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	8,875,704	8,875,704
CARRY FORWARD - CCAP - WORKSHEET 3-A	(4,587,493)	-	(4,587,493)	(81,979)	-	(81,979)
CARRY FORWARD - DMH - WORKSHEET 3-B	(2,340,100)	-	(2,340,100)	(318,083)	-	(318,083)
SUB-TOTAL SS & OTHERS	10,890,836	496,881,573	507,572,409	(287,004)	8,875,704	8,588,699
TOTAL EXPENDITURES						
CCAP	4,908,788	-	4,908,788	87,720	-	87,720
EXECUTIVE OFFICE	1,018,443	-	1,018,443	18,164	-	18,164
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,585,901	-	4,585,901	77,544	-	77,544
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	9,955,828	-	9,955,828	177,911	-	177,911
CONTRACTS ADMINISTRATION	4,544,528	-	4,544,528	58,488	-	58,488
MANAGEMENT INFORMATION SYSTEMS	13,981,812	-	13,981,812	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	496,881,573	496,881,573	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	8,875,704	8,875,704
CARRY FORWARD - CCAP - WORKSHEET 3-A	(4,587,493)	-	(4,587,493)	(81,979)	-	(81,979)
CARRY FORWARD - DMH - WORKSHEET 3-B	(2,340,100)	-	(2,340,100)	(318,083)	-	(318,083)
TOTAL EXPENDITURES	32,025,483	496,881,573	528,707,056	19,785	8,875,704	8,895,489
			DMH OH		DMH OH	
			5.4596%		-0.7856%	
			CCAP		CCAP	
			0.9883%		0.9883%	
ADMINISTRATION OVERHEAD RATE	32,025,483 / 496,881,573 =		6.4479%	19,785 / 8,875,704 =		0.2227%

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(4)			(5)		
	DHS			Public Guardian		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	39,850	-	39,850	16,570	-	16,570
GENERAL ADMINISTRATION OPERATIONS	-	-	-	239,346	-	239,346
FISCAL SERVICES	187,748	-	187,748	60,950	-	60,950
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	369,408	-	369,408	331,768	-	331,768
CONTRACTS ADMINISTRATION	40,995	-	40,995	-	-	-
MANAGEMENT INFORMATION SYSTEMS	78,171	-	78,171	6,193	-	6,193
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	5,502,949	5,502,949
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	715,972	-	715,972	643,826	5,502,949	6,146,775
SRVC & SUPP / OTHER CHAR /FIX ASSETS						
CCAP	215,008	-	215,008	84,431	-	84,431
EXECUTIVE OFFICE	4,871	-	4,871	1,913	-	1,913
GENERAL ADMINISTRATION OPERATIONS	-	-	-	330,309	-	330,309
FISCAL SERVICES	12,242	-	12,242	3,289	-	3,289
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	40,424	-	40,424	14,670	-	14,670
CONTRACTS ADMINISTRATION	854	-	854	-	-	-
MANAGEMENT INFORMATION SYSTEMS	391,314	-	391,314	20,889	-	20,889
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	87,020,284	87,020,284	-	-	-
PUBLIC GUARDIAN	-	-	-	-	3,040,004	3,040,004
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(256,259)	-	(256,259)	(103,920)	-	(103,920)
CARRY FORWARD - DMH - WORKSHEET 3-B	(4,250)	-	(4,250)	(166,954)	-	(166,954)
SUB-TOTAL SB & OTHERS	404,004	87,020,284	87,424,288	184,827	3,040,004	3,224,830
TOTAL EXPENDITURES						
CCAP	215,008	-	215,008	84,431	-	84,431
EXECUTIVE OFFICE	44,521	-	44,521	17,483	-	17,483
GENERAL ADMINISTRATION OPERATIONS	-	-	-	569,853	-	569,853
FISCAL SERVICES	199,990	-	199,990	54,239	-	54,239
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	409,832	-	409,832	346,438	-	346,438
CONTRACTS ADMINISTRATION	41,649	-	41,649	-	-	-
MANAGEMENT INFORMATION SYSTEMS	469,485	-	469,485	27,082	-	27,082
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	87,020,284	87,020,284	-	-	-
PUBLIC GUARDIAN	-	-	-	-	8,542,952	8,542,952
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(256,259)	-	(256,259)	(103,920)	-	(103,920)
CARRY FORWARD - DMH - WORKSHEET 3-B	(4,250)	-	(4,250)	(166,954)	-	(166,954)
TOTAL EXPENDITURES	1,119,977	87,020,284	88,140,261	828,453	8,542,952	9,371,405

	DMH OH	1.0400%	DMH OH	6.7092%
	CCAP	0.2471%	CCAP	0.9883%
ADMINISTRATION OVERHEAD RATE	1,119,977 / 87,020,284 =	1.2870%	828,453 / 8,542,952 =	0.9675%

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

(8)

(7)

	TAR / Office of Managed Care			Fee for Service		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	10,484	-	10,484	58,840	-	58,840
GENERAL ADMINISTRATION OPERATIONS	199,454	-	199,454	-	-	-
FISCAL SERVICES	34,308	-	34,308	208,917	-	208,917
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	21,084	-	21,084	555,848	-	555,848
CONTRACTS ADMINISTRATION	-	-	-	147,805	-	147,805
MANAGEMENT INFORMATION SYSTEMS	-	-	-	333,362	-	333,362
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	5,520,842	5,520,842	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	285,308	5,520,842	5,788,160	1,308,370	-	1,308,370

SRVC & SUPP / OTHER CHAR / FX ASSETS						
CCAP	56,850	-	56,850	323,405	-	323,405
EXECUTIVE OFFICE	1,288	-	1,288	7,327	-	7,327
GENERAL ADMINISTRATION OPERATIONS	275,257	-	275,257	-	-	-
FISCAL SERVICES	2,215	-	2,215	1,044,079	-	1,044,079
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	7,328	-	7,328	60,804	-	60,804
CONTRACTS ADMINISTRATION	-	-	-	5,181	-	5,181
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,318,490	-	1,318,490
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	231,345	231,345	-	-	-
FEE FOR SERVICE	-	-	-	84,538,984	-	84,538,984
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(55,292)	-	(55,292)	(308,775)	-	(308,775)
CARRY FORWARD - DMH - WORKSHEET 3-B	(327,429)	-	(327,429)	5,388,422	-	5,388,422
SUB-TOTAL SS & OTHERS	(39,764)	231,345	191,561	7,838,932	84,538,984	92,375,616

TOTAL EXPENDITURES						
CCAP	56,850	-	56,850	323,405	-	323,405
EXECUTIVE OFFICE	11,772	-	11,772	68,986	-	68,986
GENERAL ADMINISTRATION OPERATIONS	474,711	-	474,711	-	-	-
FISCAL SERVICES	36,521	-	36,521	1,263,998	-	1,263,998
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	28,392	-	28,392	818,450	-	818,450
CONTRACTS ADMINISTRATION	-	-	-	152,988	-	152,988
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,848,852	-	1,848,852
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	5,752,188	5,752,188	-	-	-
FEE FOR SERVICE	-	-	-	84,538,984	-	84,538,984
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(55,292)	-	(55,292)	(308,775)	-	(308,775)
CARRY FORWARD - DMH - WORKSHEET 3-B	(327,429)	-	(327,429)	5,388,422	-	5,388,422
TOTAL EXPENDITURES	225,524	5,752,188	5,977,711	9,143,302	84,538,984	93,882,288

		DMH OH	2.8324%		DMH OH	10.4329%
		CCAP	0.8883%		CCAP	0.3828%
ADMINISTRATION OVERHEAD RATE	225,524 /	5,752,188 =	3.9207%	9,143,302 /	84,538,984 =	10.8155%

INDIRECT COST RATE BY PROGRAM

(8)

(9)

See Worksheet 4 for Indirect/Direct Cost details

	SD/MC UNREIMBURSABLE COSTS			STATE HOSPITAL		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	88,323	-	88,323	19,877	-	19,877
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	289,020	-	289,020	84,369	-	84,369
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	131,448	-	131,448	173,074	-	173,074
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	85,101	-	85,101
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	338,215	338,215	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	608,701	338,215	845,006	322,242	-	322,242
SRVC & SUPP / OTHER CHAR / FIX ASSETS						
CCAP	478,942	-	478,942	106,701	-	106,701
EXECUTIVE OFFICE	10,850	-	10,850	2,417	-	2,417
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	18,657	-	18,657	4,157	-	4,157
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	60,776	-	60,776	19,848	-	19,848
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	219,805	-	219,805
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,124,310	48,124,310	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(271,297)	-	(271,297)	(189,261)	-	(189,261)
CARRY FORWARD - DMH - WORKSHEET 3-B	(53,640)	-	(53,640)	(183,457)	-	(183,457)
SUB-TOTAL SS & OTHERS	244,288	48,124,310	48,368,598	10	43,185,230	43,185,240
TOTAL EXPENDITURES						
CCAP	478,942	-	478,942	106,701	-	106,701
EXECUTIVE OFFICE	99,173	-	99,173	22,094	-	22,094
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	307,677	-	307,677	68,546	-	68,546
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	192,224	-	192,224	192,922	-	192,922
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	284,708	-	284,708
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,480,526	48,480,526	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(271,297)	-	(271,297)	(189,261)	-	(189,261)
CARRY FORWARD - DMH - WORKSHEET 3-B	(53,640)	-	(53,640)	(183,457)	-	(183,457)
TOTAL EXPENDITURES	753,079	48,480,526	49,213,605	322,251	43,185,230	43,507,481
			DMH OH 0.5657%		DMH OH 0.4981%	
			CCAP 0.0883%		CCAP 0.2471%	
ADMINISTRATION OVERHEAD RATE	753,079 / 48,480,526 =	1.5540%		322,251 / 43,185,230 =	0.7452%	

INDIRECT COST RATE BY PROGRAM

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See Worksheet 4 for Indirect/Direct Cost details

	Grand Total		
	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS			
CCAP	-	-	-
EXECUTIVE OFFICE	1,520,534	-	1,520,534
GENERAL ADMINISTRATION OPERATIONS	8,422,413	-	8,422,413
FISCAL SERVICES	6,919,271	-	6,919,271
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	14,361,066	-	14,361,066
CONTRACTS ADMINISTRATION	4,666,398	-	4,666,398
MANAGEMENT INFORMATION SYSTEMS	3,767,639	-	3,767,639
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	156,199,470	156,199,470
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	8,456,724	8,456,724
LIFE SUPPORT	-	-	-
DHS	-	-	-
PUBLIC GUARDIAN	-	5,502,949	5,502,949
TAR/OFFICE OF MANAGED CARE	-	5,520,842	5,520,842
FEE FOR SERVICE	-	-	-
STATE HOSPITAL	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	336,215	336,215
IN-STATE MH CONTRACT PROVIDERS	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-
SUB-TOTAL SAEB	37,637,310	176,016,200	213,653,519
SRVC & SUPP / OTHER CHAR / FIX ASSETS			
CCAP	8,245,297	-	8,245,297
EXECUTIVE OFFICE	186,794	-	186,794
GENERAL ADMINISTRATION OPERATIONS	6,863,286	-	6,863,286
FISCAL SERVICES	1,481,475	-	1,481,475
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1,533,128	-	1,533,128
CONTRACTS ADMINISTRATION	155,391	-	155,391
MANAGEMENT INFORMATION SYSTEMS	17,068,438	-	17,068,438
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	28,226,542	28,226,542
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	4,783,841	4,783,841
LIFE SUPPORT	-	3,024,446	3,024,446
DHS	-	67,020,284	67,020,284
PUBLIC GUARDIAN	-	3,040,004	3,040,004
TAR/OFFICE OF MANAGED CARE	-	231,345	231,345
FEE FOR SERVICE	-	84,538,984	84,538,984
STATE HOSPITAL	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,124,310	48,124,310
IN-STATE MH CONTRACT PROVIDERS	-	496,681,573	496,681,573
OTHER CONTRACT PROVIDERS	-	8,875,704	8,875,704
CARRY FORWARD - CCAP - WORKSHEET 3-A	(7,801,277)	-	(7,801,277)
CARRY FORWARD - DMH - WORKSHEET 3-B	(6,018,126)	-	(6,018,126)
SUB-TOTAL SS & OTHERS	23,714,406	607,734,062	631,448,468
TOTAL EXPENDITURES			
CCAP	8,245,297	-	8,245,297
EXECUTIVE OFFICE	1,707,328	-	1,707,328
GENERAL ADMINISTRATION OPERATIONS	15,285,698	-	15,285,698
FISCAL SERVICES	8,400,745	-	8,400,745
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	15,894,193	-	15,894,193
CONTRACTS ADMINISTRATION	4,811,789	-	4,811,789
MANAGEMENT INFORMATION SYSTEMS	20,828,077	-	20,828,077
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	184,428,012	184,428,012
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	13,240,365	13,240,365
LIFE SUPPORT	-	3,024,446	3,024,446
DHS	-	67,020,284	67,020,284
PUBLIC GUARDIAN	-	6,542,952	6,542,952
TAR/OFFICE OF MANAGED CARE	-	5,752,186	5,752,186
FEE FOR SERVICE	-	84,538,984	84,538,984
STATE HOSPITAL	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,460,526	48,460,526
IN-STATE MH CONTRACT PROVIDERS	-	496,681,573	496,681,573
OTHER CONTRACT PROVIDERS	-	8,875,704	8,875,704
CARRY FORWARD - CCAP - WORKSHEET 3-A	(7,801,277)	-	(7,801,277)
CARRY FORWARD - DMH - WORKSHEET 3-B	(6,018,126)	-	(6,018,126)
TOTAL EXPENDITURES	61,351,724	983,750,262	1,045,101,987

ADMINISTRATION OVERHEAD RATE

Attachment 9

FY 2005-06 Year End Indirect Cost Rates by Program

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2005-2006 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

(1)

(2)

	DMH Directly Operated Programs			Life Support/Supplemental Rates		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	584,804	-	584,804	5,822	-	5,822
GENERAL ADMINISTRATION OPERATIONS	6,614,351	-	6,614,351	-	-	-
FISCAL SERVICES	1,730,898	-	1,730,898	12,632	-	12,632
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,261,834	-	4,261,834	5,898	-	5,898
CONTRACTS ADMINISTRATION	-	-	-	10,487	-	10,487
MANAGEMENT INFORMATION SYSTEMS	1,139,699	-	1,139,699	65,634	-	65,634
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	179,488,942	179,488,942	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	11,670,927	11,670,927	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES						
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	14,331,588	191,139,869	205,471,457	100,472	-	100,472
SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	1,965,429	-	1,965,429	19,566	-	19,566
EXECUTIVE OFFICE	41,028	-	41,028	408	-	408
GENERAL ADMINISTRATION OPERATIONS	7,723,691	-	7,723,691	-	-	-
FISCAL SERVICES	37,209	-	37,209	355	-	355
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	631,395	-	631,395	1,820	-	1,820
CONTRACTS ADMINISTRATION	-	-	-	302	-	302
MANAGEMENT INFORMATION SYSTEMS	2,976,955	-	2,976,955	144,504	-	144,504
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	30,801,822	30,801,822	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	6,474,631	6,474,631	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	2,273,903	-	2,273,903
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	13,375,707	37,276,453	50,652,169	166,954	2,273,903	2,440,857
TOTAL EXPENDITURES						
CCAP	1,965,429	-	1,965,429	19,566	-	19,566
EXECUTIVE OFFICE	626,832	-	626,832	6,230	-	6,230
GENERAL ADMINISTRATION OPERATIONS	14,338,043	-	14,338,043	-	-	-
FISCAL SERVICES	1,788,107	-	1,788,107	12,987	-	12,987
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,893,230	-	4,893,230	7,716	-	7,716
CONTRACTS ADMINISTRATION	-	-	-	10,788	-	10,788
MANAGEMENT INFORMATION SYSTEMS	4,116,654	-	4,116,654	210,137	-	210,137
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	210,270,784	210,270,784	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	18,145,558	18,145,558	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	2,273,903	-	2,273,903
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	27,707,295	228,416,322	256,123,616	267,426	2,273,903	2,541,329

		DMH OH	11.2897%		DMH OH	10.9002%
		CCAP	0.8805%		CCAP	0.8805%
ADMIN. OVERHEAD RATE FOR FY 2005-06	27,707,295 / 228,416,322 =	12.1302%		267,426 / 2,273,903 =	11.7607%	
ADMIN. OVERHEAD RATE FOR FY 2004-05	27,887,107 / 207,889,822 =	13.3182%		263,739 / 2,163,826 =	12.1885%	

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COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2005-2006 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

3 (a)

3 (b)

	In-State MH Contract Providers			Consultation, Out-of-State, & Other Contractors		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYER BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	1,498,706	-	1,498,706	35,775	-	35,775
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,435,856	-	4,435,856	102,257	-	102,257
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	10,922,006	-	10,922,006	260,715	-	260,715
CONTRACTS ADMINISTRATION	5,677,928	-	5,677,928	93,318	-	93,318
MANAGEMENT INFORMATION SYSTEMS	4,208,629	-	4,208,629	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	26,743,124	-	26,743,124	492,063	-	492,063
SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	5,036,898	-	5,036,898	120,234	-	120,234
EXECUTIVE OFFICE	105,144	-	105,144	2,510	-	2,510
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	95,357	-	95,357	2,274	-	2,274
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1,818,107	-	1,818,107	38,825	-	38,825
CONTRACTS ADMINISTRATION	115,559	-	115,559	2,036	-	2,036
MANAGEMENT INFORMATION SYSTEMS	10,464,644	-	10,464,644	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	585,373,395	585,373,395	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	13,973,221	13,973,221
SUB-TOTAL SS & OTHERS	17,435,709	585,373,395	602,809,103	165,578	13,973,221	14,138,899
TOTAL EXPENDITURES						
CCAP	5,036,898	-	5,036,898	120,234	-	120,234
EXECUTIVE OFFICE	1,603,850	-	1,603,850	38,285	-	38,285
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,531,213	-	4,531,213	104,531	-	104,531
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	12,540,113	-	12,540,113	299,340	-	299,340
CONTRACTS ADMINISTRATION	5,793,486	-	5,793,486	95,352	-	95,352
MANAGEMENT INFORMATION SYSTEMS	14,673,273	-	14,673,273	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	585,373,395	585,373,395	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	13,973,221	13,973,221
TOTAL EXPENDITURES	44,178,833	585,373,395	629,552,227	657,742	13,973,221	14,630,962

	DMH OH	6.8867%	DMH OH	3.8467%
	CCAP	0.8605%	CCAP	0.8605%
ADMIN. OVERHEAD RATE FOR FY 2005-06	44,178,833 / 585,373,395 =	7.5471%	657,742 / 13,973,221 =	4.7072%
ADMIN. OVERHEAD RATE FOR FY 2004-06	46,883,556 / 642,367,068 =	8.6442%	502,226 / 9,936,489 =	5.0543%

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COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2005-2006 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

	(4)			(5)		
	DHS			Public Guardian		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	89,652	-	89,652	29,008	-	29,008
GENERAL ADMINISTRATION OPERATIONS	-	-	-	396,322	-	396,322
FISCAL SERVICES	206,154	-	206,154	62,940	-	62,940
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	471,696	-	471,696	369,225	-	369,225
CONTRACTS ADMINISTRATION	55,219	-	55,219	-	-	-
MANAGEMENT INFORMATION SYSTEMS	129,454	-	129,454	17,242	-	17,242
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	6,568,980	-	6,568,980
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	933,173	-	933,173	874,737	6,568,980	7,443,717
SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	234,088	-	234,088	97,490	-	97,490
EXECUTIVE OFFICE	4,887	-	4,887	2,035	-	2,035
GENERAL ADMINISTRATION OPERATIONS	-	-	-	462,792	-	462,792
FISCAL SERVICES	4,432	-	4,432	1,767	-	1,767
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	41,680	-	41,680	47,264	-	47,264
CONTRACTS ADMINISTRATION	355	-	355	-	-	-
MANAGEMENT INFORMATION SYSTEMS	340,720	-	340,720	37,961	-	37,961
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	108,819,867	108,819,867	-	-	-
PUBLIC GUARDIAN	-	-	-	4,761,012	-	4,761,012
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	626,161	108,819,867	109,446,028	648,309	4,761,012	5,410,322
TOTAL EXPENDITURES						
CCAP	234,088	-	234,088	97,490	-	97,490
EXECUTIVE OFFICE	74,538	-	74,538	31,043	-	31,043
GENERAL ADMINISTRATION OPERATIONS	-	-	-	859,115	-	859,115
FISCAL SERVICES	210,586	-	210,586	64,707	-	64,707
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	513,376	-	513,376	416,489	-	416,489
CONTRACTS ADMINISTRATION	56,573	-	56,573	-	-	-
MANAGEMENT INFORMATION SYSTEMS	470,174	-	470,174	55,202	-	55,202
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	108,819,867	108,819,867	-	-	-
PUBLIC GUARDIAN	-	-	-	11,329,992	-	11,329,992
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	1,559,334	108,819,867	110,379,201	1,524,046	11,329,992	12,854,039

		DMH OH	1.2176%		DMH OH	12.6910%
		CCAP	0.2151%		CCAP	0.8806%
ADMIN. OVERHEAD RATE FOR FY 2005-06	1,559,334 / 108,819,867 =	1.4329%		1,524,046 / 11,329,992 =	13.4514%	
ADMIN. OVERHEAD RATE FOR FY 2004-05	1,684,559 / 97,831,772 =	1.7254%		1,208,068 / 9,222,332 =	13.0994%	

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COUNTY OF LOS ANGELES
 DEPARTMENT OF MENTAL HEALTH
 FY 2005-2006 YEAR-END COST REPORT
 INDIRECT COST RATE BY PROGRAM
 See Worksheet 4 for Indirect/Direct Cost details

(6)

(7)

	TAR / Office of Managed Care			Fee for Service		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	12,996	-	12,996	83,122	-	83,122
GENERAL ADMINISTRATION OPERATIONS	184,694	-	184,694	-	-	-
FISCAL SERVICES	28,198	-	28,198	188,788	-	188,788
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	19,033	-	19,033	562,918	-	562,918
CONTRACTS ADMINISTRATION	-	-	-	149,726	-	149,726
MANAGEMENT INFORMATION SYSTEMS	-	-	-	647,294	-	647,294
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	4,824,674	4,824,674	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	244,921	4,824,674	5,069,595	1,631,849	-	1,631,849
SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	43,676	-	43,676	279,368	-	279,368
EXECUTIVE OFFICE	912	-	912	5,832	-	5,832
GENERAL ADMINISTRATION OPERATIONS	215,670	-	215,670	-	-	-
FISCAL SERVICES	792	-	792	211,080	-	211,080
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,141	-	4,141	49,740	-	49,740
CONTRACTS ADMINISTRATION	-	-	-	4,306	-	4,306
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,491,608	-	1,491,608
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	251,271	251,271	-	-	-
FEE FOR SERVICE	-	-	-	80,031,518	-	80,031,518
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	265,191	251,271	516,462	2,041,925	80,031,518	82,073,443
TOTAL EXPENDITURES						
CCAP	43,676	-	43,676	279,368	-	279,368
EXECUTIVE OFFICE	13,907	-	13,907	88,953	-	88,953
GENERAL ADMINISTRATION OPERATIONS	400,364	-	400,364	-	-	-
FISCAL SERVICES	26,990	-	26,990	399,868	-	399,868
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	23,174	-	23,174	612,659	-	612,659
CONTRACTS ADMINISTRATION	-	-	-	154,032	-	154,032
MANAGEMENT INFORMATION SYSTEMS	-	-	-	2,138,902	-	2,138,902
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	5,075,945	5,075,945	-	-	-
FEE FOR SERVICE	-	-	-	80,031,518	-	80,031,518
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	610,111	5,075,945	5,686,056	3,673,773	80,031,518	83,705,292

	DMH OH	9.1891%		DMH OH	4.2413%
	CCAP	0.8605%		CCAP	0.3491%
ADMIN. OVERHEAD RATE FOR FY 2005-06	610,111 / 5,075,945 =	10.0496%	3,673,773 / 80,031,518 =	-4.5904%	
ADMIN. OVERHEAD RATE FOR FY 2004-05	581,204 / 5,000,905 =	11.6220%	3,927,888 / 82,704,659 =	4.7494%	

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COUNTY OF LOS ANGELES
 DEPARTMENT OF MENTAL HEALTH
 FY 2005-2006 YEAR-END COST REPORT
 INDIRECT COST RATE BY PROGRAM
 See Worksheet 4 for Indirect/Direct Cost details

(8)

(9)

	SD/MC UNREIMBURSABLE COSTS			STATE HOSPITAL		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	111,823	-	111,823	21,844	-	21,844
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	242,197	-	242,197	47,398	-	47,398
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	113,087	-	113,087	138,058	-	138,058
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	140,327	-	140,327
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	805,011	805,011	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	466,907	805,011	1,071,917	347,835	-	347,835
BRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	375,146	-	375,146	73,413	-	73,413
EXECUTIVE OFFICE	7,831	-	7,831	1,532	-	1,532
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	6,800	-	6,800	1,331	-	1,331
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	34,690	-	34,690	12,939	-	12,939
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	308,954	-	308,954
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	-	-	-	-	34,127,285	34,127,285
SD/MC UNREIMBURSABLE COSTS	-	42,993,292	42,993,292	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	424,667	42,993,292	43,417,959	398,169	34,127,285	34,525,454
TOTAL EXPENDITURES						
CCAP	375,146	-	375,146	73,413	-	73,413
EXECUTIVE OFFICE	119,454	-	119,454	23,376	-	23,376
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	248,997	-	248,997	48,727	-	48,727
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	147,977	-	147,977	151,007	-	151,007
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	449,281	-	449,281
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	-	-	-	-	34,127,285	34,127,285
SD/MC UNREIMBURSABLE COSTS	-	43,598,303	43,598,303	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	891,573	43,598,303	44,489,876	745,804	34,127,285	34,873,089

		DMH OH	1.1845%		DMH OH	1.9702%
		CCAP	0.8805%		CCAP	0.2181%
ADMIN. OVERHEAD RATE FOR FY 2005-06	891,573 / 43,598,303 =	2.0450%		745,804 / 34,127,285 =	2.1854%	
ADMIN. OVERHEAD RATE FOR FY 2004-05	926,907 / 38,080,265 =	2.4341%		788,264 / 34,493,035 =	2.2773%	

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COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2005-2006 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

(10)

	Grand Total		
	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS			
CCAP	-	-	-
EXECUTIVE OFFICE	2,453,350	-	2,453,350
GENERAL ADMINISTRATION OPERATIONS	7,195,368	-	7,195,368
FISCAL SERVICES	7,057,318	-	7,057,318
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	17,124,481	-	17,124,481
CONTRACTS ADMINISTRATION	5,987,674	-	5,987,674
MANAGEMENT INFORMATION SYSTEMS	6,348,278	-	6,348,278
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	179,488,942	179,488,942
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	11,670,927	11,670,927
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-
DHS	-	-	-
PUBLIC GUARDIAN	-	6,568,980	6,568,980
TAR/OFFICE OF MANAGED CARE	-	4,824,674	4,824,674
FEE FOR SERVICE	-	-	-
STATE HOSPITAL	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	605,011	605,011
IN-STATE MH CONTRACT PROVIDERS	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-
SUB-TOTAL S&EB	46,168,466	203,138,533	249,306,001
SRVC & SUPP / OTHER CHAR / FIXED ASSETS			
CCAP	6,245,297	-	6,245,297
EXECUTIVE OFFICE	172,119	-	172,119
GENERAL ADMINISTRATION OPERATIONS	8,402,164	-	8,402,164
FISCAL SERVICES	361,395	-	361,395
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	2,480,602	-	2,480,602
CONTRACTS ADMINISTRATION	122,557	-	122,557
MANAGEMENT INFORMATION SYSTEMS	15,765,345	-	15,765,345
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	30,801,822	30,801,822
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	6,474,631	6,474,631
LIFE SUPPORT/SUPPLEMENTARY RATES	-	2,273,903	2,273,903
DHS	-	108,819,867	108,819,867
PUBLIC GUARDIAN	-	4,781,012	4,781,012
TAR/OFFICE OF MANAGED CARE	-	251,271	251,271
FEE FOR SERVICE	-	80,031,518	80,031,518
STATE HOSPITAL	-	34,127,285	34,127,285
SD/MC UNREIMBURSABLE COSTS	-	42,993,292	42,993,292
IN-STATE MH CONTRACT PROVIDERS	-	585,373,395	585,373,395
OTHER CONTRACT PROVIDERS	-	13,973,221	13,973,221
SUB-TOTAL SS & OTHERS	35,549,459	905,881,217	946,430,686
TOTAL EXPENDITURES			
CCAP	6,245,297	-	6,245,297
EXECUTIVE OFFICE	2,625,469	-	2,625,469
GENERAL ADMINISTRATION OPERATIONS	16,597,522	-	16,597,522
FISCAL SERVICES	7,418,713	-	7,418,713
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	19,605,082	-	19,605,082
CONTRACTS ADMINISTRATION	6,110,231	-	6,110,231
MANAGEMENT INFORMATION SYSTEMS	22,113,623	-	22,113,623
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	210,270,764	210,270,764
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	18,145,558	18,145,558
LIFE SUPPORT/SUPPLEMENTARY RATES	-	2,273,903	2,273,903
DHS	-	108,819,867	108,819,867
PUBLIC GUARDIAN	-	11,320,962	11,320,962
TAR/OFFICE OF MANAGED CARE	-	5,075,945	5,075,945
FEE FOR SERVICE	-	80,031,518	80,031,518
STATE HOSPITAL	-	34,127,285	34,127,285
SD/MC UNREIMBURSABLE COSTS	-	43,598,303	43,598,303
IN-STATE MH CONTRACT PROVIDERS	-	585,373,395	585,373,395
OTHER CONTRACT PROVIDERS	-	13,973,221	13,973,221
TOTAL EXPENDITURES	81,715,937	1,113,018,750	1,194,735,687

ADMIN. OVERHEAD RATE FOR FY 2005-06
ADMIN. OVERHEAD RATE FOR FY 2004-05

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Attachment 10

FY 2005-06 MH 1966 Cost Report Forms

**County of Los Angeles - Department of Mental Health
 Legal Entities with SB 90 Claims for Reimbursement
 FY 2005-2006 MH 1966 Cost Report Forms**

Legal Entity Number	Legal Entity Name
00019	Los Angeles County
00180	Amanecer Community Counseling Service
00173	Associated League of Mexican Americans, Inc.
00178	Cedars-Sinai Medical Center
00210	Child & Family Center
00207	Child & Family Guidance Center
00668	Children's Bureau
00179	Children's Hospital Los Angeles
00591	Children's Institute, Inc.
00181	Community Family Guidance Center
00472	Devereux Foundation
00183	Didi Hirsch Psychiatric Service
00184	Dunoff Center for Child Dev.
00778	D'Veal Family and Youth Services
00188	Enki Health and Research
00724	Foothill Family Service
00191	The Guidance Center
00174	Hamburger Homes dba Aviva
00192	Hathaway-Sycamores Child & Family Services
00198	The Help Group Child and Family Center
00321	Hillsides
00171	The Almansor Center
00195	Intercommunity Child Guidance Center
00199	Los Angeles Child Guidance Clinic
00203	Pacific Clinics
00204	Pasadena Childrens Training Society
00201	Penny Lane Centers
00801	Providence Community Services
00208	San Fernando Valley CMHC, Inc.
00320	San Gabriel Children's Center, Inc
00558	SHIELDS for Families, Inc.
00213	South Bay Children's Health Center
00214	Special Service for Groups
00217	Saint John's Health Center
00543	Starview
00216	Stirling Academy, Inc.
00206	Harbor View Rehabilitation Center
00221	Verdugo Mental Health
00196	Vista del Mar Child & Family Services

County: LOS ANGELES
 County Code: 19

Legal Entity Number: 00019 Mode: 10 - Div Services	A Mode Total	B Service Function 62	C Service Function 65	D Service Function	E Service Function	F Service Function	G Service Function
1 Allocation Percentage	100.00%	0.05%	99.95%				
2 Total Units		13	16,745				
3 Gross Cost	3,961,395	2,127	3,679,258				
4 Cost per Unit		163.59	212.28				
5 SMA per Unit		139.26	195.58				
6 Published Charge per Unit		138.17	179.30				
7 Negotiated Rate / Cost per Unit							
8 Medi-Cal Units		13	4,351				
8A			12,879				
9 Medicare/Medi-Cal Crossover Units							
9A							
10 Enhanced SD/MC (Children) Units			38				
10A							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SIED) Units							
11A							
12 Non-Medi-Cal Units			1,477				
12A							
13 Medi-Cal Costs	926,773	2,127	923,648				
13A	2,734,002		2,734,002				
14 Medi-Cal SMA Upper Limits	852,779	1,610	850,969				
14A	2,518,875		2,518,875				
15 Medi-Cal Published Charges	781,831	1,786	780,134				
15A	2,309,205		2,309,205				
16 Medi-Cal Negotiated Rates							
16A							
17 Medicare/Medi-Cal Crossover Costs							
17A							
18 Medicare/Medi-Cal Crossover SMA Upper Limits							
18A							
19 Medicare/Medi-Cal Crossover Published Charges							
19A							
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A							
21 Enhanced SD/MC Costs	8,067		8,067				
21A							
22 Enhanced SD/MC SMA Upper Limits	7,432		7,432				
22A							
23 Enhanced SD/MC Published Charges	6,813		6,813				
23A							
24 Enhanced SD/MC Negotiated Rates							
24A							
25 Enhanced SD/MC (Refugees) Costs							
25A							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
26A							
27 Enhanced SD/MC (Refugees) Published Charges							
27A							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A							
29 Healthy Families Costs							
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30 Healthy Families SMA Upper Limits							
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31 Healthy Families Published Charges							
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32 Healthy Families Negotiated Rates							
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DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

MH 1986 (Rev. 7/06)

County: LOS ANGELES
County Code: 19

	CR						
	A	B	C	D	E	F	G
Legal Entity: COUNTY OF LOS ANGELES	Mode Total	Service Function					
Legal Entity Number: 00019		20	30	40	60	64	64
Mode: 60 - Support Services		1.81%	7.10%	3.70%	1.64%	30.32%	55.43%
1 Allocation Percentage	100.00%						
2 Total Units		8,066	31,678	62,810	9,476		
3 Gross Cost	61,539,159	1,112,856	4,370,249	2,273,903	1,011,722	18,658,881	34,111,548
4 Cost per Unit		137.97	137.96	36.20	106.77		
5 Non-Medi-Cal Units (Same as Line 2)		8,066	31,678	62,810	9,476		
6 Non-Medi-Cal Costs (Same as Line 3)	61,539,159	1,112,856	4,370,249	2,273,903	1,011,722	18,658,881	34,111,548

DETAIL COST REPORT
**ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL**
 MH 1988 (Rev. 7/06)

County: Los Angeles
 County Code: 19

Local Entity Number: 00173	Local Entity: ASSOC LEAGUE OF MEXICAN AMERICANS, INC	Mode: 15 - Outpatient Services (Program 1)	A	B	C	D	E	F	G	H
			Mode Total	Service Function 04	Service Function 10	Service Function 42	Service Function 52	Service Function 56	Service Function 62	Service Function 77
1	Allocation Percentage		100.00%	5.26%	4.55%	62.84%	2.66%	7.84%	16.54%	0.77%
2	Total Units		130,618	68,695	1,169,181	50,224	148,016	195,199	3,282	3,282
3	Gross Cost		4,018,186	211,465	184,308	2,674,955	106,930	316,072	684,525	10,922
4	Cost per Unit			1.62	2.19	2.13	2.13	2.13	3.93	3.33
5	SMA per Unit			1.95	2.52	2.52	2.52	2.52	4.66	3.75
6	Published Charge per Unit			1.62	2.13	2.13	2.13	2.13	3.93	3.33
7	Negotiated Rates / Cost per Unit									
8	Med-Cal Units	07/01/05 - 09/30/05		21,145	29,982	219,223	4,059	26,932	87,636	816
9A	Medicare/Med-Cal Crossover Units	10/01/05 - 09/30/06		54,783	60,082	698,541	43,484	106,084	110,840	2,165
9B	Medicare/Med-Cal Crossover Units	10/01/05 - 09/30/05								
10A	Enhanced SD/MC (Children) Units	07/01/05 - 09/30/05								
10B	Enhanced SD/MC (Refugees) Units	10/01/05 - 09/30/06								
11	Healthy Families (SED) Units	07/01/05 - 09/30/05		288	134	1,276			90	
11A	Healthy Families (SED) Units	10/01/05 - 09/30/06		405	579	4,074			25,634	282
12	Non-Med-Cal Units	10/01/05 - 09/30/06		54,017	2,108	308,078	2,661			
13	Med-Cal Costs	07/01/05 - 09/30/05	773,666	34,233	50,410	464,517	6,640	95,001	128,173	2,712
13A	Med-Cal Costs	10/01/05 - 09/30/06	2,379,311	88,669	127,892	1,387,534	92,661	230,071	435,322	7,271
14	Med-Cal SMA Upper Limits	07/01/05 - 09/30/05	816,826	41,233	59,679	549,922	10,228	100,828	152,078	3,056
14A	Med-Cal SMA Upper Limits	10/01/05 - 09/30/06	2,819,337	108,786	151,407	1,554,483	106,580	272,372	515,514	8,164
15	Med-Cal Published Charges	07/01/05 - 09/30/05	774,183	34,265	50,443	464,815	6,846	95,055	128,256	2,714
15A	Med-Cal Published Charges	10/01/05 - 09/30/06	2,380,840	88,716	127,875	1,395,432	92,821	230,219	435,901	7,278
16	Med-Cal Negotiated Rates	07/01/05 - 09/30/05								
16A	Med-Cal Negotiated Rates	10/01/05 - 09/30/06								
17	Medicare/Med-Cal Crossover Costs	07/01/05 - 09/30/05								
17A	Medicare/Med-Cal Crossover Costs	10/01/05 - 09/30/06								
18	Medicare/Med-Cal Crossover SMA Upper Limits	07/01/05 - 09/30/05								
18A	Medicare/Med-Cal Crossover SMA Upper Limits	10/01/05 - 09/30/06								
19	Medicare/Med-Cal Crossover Published Charges	07/01/05 - 09/30/05								
19A	Medicare/Med-Cal Crossover Published Charges	10/01/05 - 09/30/06								
20	Medicare/Med-Cal Crossover Negotiated Rates	07/01/05 - 09/30/05								
20A	Medicare/Med-Cal Crossover Negotiated Rates	10/01/05 - 09/30/06								
21	Enhanced SD/MC Costs	07/01/05 - 09/30/05								
21A	Enhanced SD/MC Costs	10/01/05 - 09/30/06								
22	Enhanced SD/MC SMA Upper Limits	07/01/05 - 09/30/05								
22A	Enhanced SD/MC SMA Upper Limits	10/01/05 - 09/30/06								
23	Enhanced SD/MC Published Charges	07/01/05 - 09/30/05								
23A	Enhanced SD/MC Published Charges	10/01/05 - 09/30/06								
24	Enhanced SD/MC Negotiated Rates	07/01/05 - 09/30/05								
24A	Enhanced SD/MC Negotiated Rates	10/01/05 - 09/30/06								
25	Enhanced SD/MC (Refugees) Costs	07/01/05 - 09/30/05								
25A	Enhanced SD/MC (Refugees) Costs	10/01/05 - 09/30/06								
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/05 - 09/30/05								
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/05 - 09/30/06								
27	Enhanced SD/MC (Refugees) Published Charges	07/01/05 - 09/30/05								
27A	Enhanced SD/MC (Refugees) Published Charges	10/01/05 - 09/30/06								
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/05 - 09/30/05								
28A	Enhanced SD/MC (Refugees) Negotiated Rates	10/01/05 - 09/30/06								
29	Healthy Families Costs	07/01/05 - 09/30/05	3,463	468	285	2,714			389	
29A	Healthy Families Costs	10/01/05 - 09/30/06	10,914	668	1,282	8,672				
30	Healthy Families SMA Upper Limits	07/01/05 - 09/30/05	4,112	562	328	3,213			419	
30A	Healthy Families SMA Upper Limits	10/01/05 - 09/30/06	12,935	790	1,459	10,286				
31	Healthy Families Published Charges	07/01/05 - 09/30/05	3,469	467	285	2,716			354	
31A	Healthy Families Published Charges	10/01/05 - 09/30/06	10,921	656	1,233	8,678				
32	Healthy Families Negotiated Rates	07/01/05 - 09/30/05								
32A	Healthy Families Negotiated Rates	10/01/05 - 09/30/06								
33	Non-Med-Cal Costs	10/01/05 - 09/30/06	650,610	67,451	4,487	651,528	5,728	0	100,677	938

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/06) PAGE 1 OF 1
FISCAL YEAR 2005 - 2006

County: Los Angeles
County Code: 19

Legal Entity Number: 00178 Mode: 15 - Outpatient Services (Program 1)	Legal Entity: Cedars-Sinai Medical Center	A	NR B Service Function	NR C Service Function	NR D Service Function	NR E Service Function	NR F Service Function	NR G Service Function
		Mode Total						
1	Allocation Percentage	100.00%	04	10	34	42	52	62
2	Total Units		39,608	25,850	2,925	85,42%	2,35%	21.17%
3	Gross Cost	1,394,091	97,788	77,423	8,761	288,561	10,740	52,259
4	Cost per Unit		2.32	3.00	3.00	3.00	3.00	3.00
5	SMA per Unit		1.95	2.52	2.52	2.52	2.52	2.52
6	Published Charge per Unit		3.98	2.56	2.56	2.56	2.56	2.56
7	Negotiated Rate / Cost per Unit		1.95	2.52	2.52	2.52	2.52	2.52
8	Medi-Cal Units		8,620	2,850	1,320	50,860	1,546	7,655
9	Medicare/Medi-Cal Crossover Units		24,158	13,835	1,470	178,868	7,215	33,812
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
12	Non-Medi-Cal Units		8,530	8,955	135	59,095	1,990	10,992
13	Medi-Cal Costs	232,725	20,673	8,535	3,953	152,329	4,627	42,306
13A		845,304	55,969	41,736	4,403	535,806	21,508	185,781
14	Medi-Cal SMA Upper Limits	195,987	17,394	7,434	3,328	128,167	3,893	35,672
14A		711,560	47,108	35,116	3,704	450,818	18,182	159,632
15	Medi-Cal Published Charges	208,122	35,323	3,522	3,763	130,202	3,955	27,711
15A		733,222	95,666	35,674	3,763	457,974	15,470	121,675
16	Medi-Cal Negotiated Rates	195,811	17,394	7,434	3,328	128,167	3,893	35,598
16A		711,224	47,108	35,116	3,704	450,818	18,182	159,296
17	Medicare/Medi-Cal Crossover Costs							
17A								
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
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19	Medicare/Medi-Cal Crossover Published Charges							
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20	Medicare/Medi-Cal Crossover Negotiated Rates							
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21	Enhanced SD/MC Costs							
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24	Enhanced SD/MC Negotiated Rates							
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25	Enhanced SD/MC (Refugees) Costs							
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26	Enhanced SD/MC (Refugees) SMA Upper Limits							
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27	Enhanced SD/MC (Refugees) Published Charges							
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28	Enhanced SD/MC (Refugees) Negotiated Rates							
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29	Healthy Families Costs							
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State of California Health and Human Services Agency
 DETAIL COST REPORT
ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 7/06)

Department of Mental Health

PAGE 1 OF 5
 FISCAL YEAR 2005 - 2006

County: Los Angeles
 County Code: 19

Lineal Entry Number: 00210 Model: 15 - Outpatient Services (Program 1)	Legal Entity: Child & Family Center	A	B		C		D		E		F		G	
			Mode Total	Service Function 03	Service Function 04	Service Function 08	Service Function 08	Service Function 10	Service Function 10	Service Function 12				
1	Allocation Percentage	100.00%	1.77%	5.53%	0.01%	0.14%	4.52%	3.37%						
2	Total Units	59,421	185,788	183	4,702	130,520	89,348							
3	Gross Costs	7,298,512	403,904	419	10,215	388,831	245,039							
4	Cost per Unit		2.17	2.17	2.17	2.75	2.75							
5	SMA per Unit		1.95	1.95	1.95	2.52	2.52							
6	Published Charge per Unit		1.90	1.90	1.90	2.46	2.46							
7	Negotiated Rate / Cost per Unit		1.77	1.77	1.77	2.24	2.24							
8	Medi-Cal Units	07/01/05 - 09/30/05	5,844	36,778		48	82,870	8,770						
9	Medicare/Medi-Cal Crossover Units	10/01/05 - 09/30/06	11,498	85,616		76,178	15,301							
9A		07/01/05 - 09/30/05												
10	Enhanced SD/MC (Children) Units	10/01/05 - 09/30/06												
10A		07/01/05 - 09/30/05												
10B	Enhanced SD/MC (Refugees) Units	10/01/05 - 09/30/06												
11	Healthy Families (SED) Units	07/01/05 - 09/30/05												
11A		10/01/05 - 09/30/06												
12	Non-Medi-Cal Units		41,088	50,803	183	4,854	10,980	89,818	24,111					
13	Medi-Cal Costs	07/01/05 - 09/30/05	1,138,855	14,868	79,892	89,818	24,111							
13A		10/01/05 - 09/30/06	3,343,584	24,968	185,892	208,685	42,068							
14	Medi-Cal SMA Upper Limits	07/01/05 - 09/30/05	3,044,701	13,346	71,713	82,328	22,100							
14A		10/01/05 - 09/30/06	3,073,861	29,404	186,851	189,451	38,689							
15	Medi-Cal Published Charges	07/01/05 - 09/30/05	1,016,037	13,004	69,874	80,388	21,574							
15A		10/01/05 - 09/30/06	2,985,771	21,829	162,870	184,940	37,640							
16	Medi-Cal Negotiated Rates	07/01/05 - 09/30/05	928,278	12,114	65,084	73,181	19,845							
16A		10/01/05 - 09/30/06	2,724,253	20,338	151,540	168,401	34,274							
17	Medicare/Medi-Cal Crossover Costs	07/01/05 - 09/30/05												
17A		10/01/05 - 09/30/06												
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/05 - 09/30/05												
18A		10/01/05 - 09/30/06												
19	Medicare/Medi-Cal Crossover Published Charges	07/01/05 - 09/30/05												
19A		10/01/05 - 09/30/06												
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/05 - 09/30/05												
20A		10/01/05 - 09/30/06												
21	Enhanced SD/MC Costs	07/01/05 - 09/30/05												
21A		10/01/05 - 09/30/06												
22	Enhanced SD/MC SMA Upper Limits	07/01/05 - 09/30/05												
22A		10/01/05 - 09/30/06												
23	Enhanced SD/MC Published Charges	07/01/05 - 09/30/05												
23A		10/01/05 - 09/30/06												
24	Enhanced SD/MC Negotiated Rates	07/01/05 - 09/30/05												
24A		10/01/05 - 09/30/06												
25	Enhanced SD/MC (Refugees) Costs	07/01/05 - 09/30/05												
25A		10/01/05 - 09/30/06												
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/05 - 09/30/05												
26A		10/01/05 - 09/30/06												
27	Enhanced SD/MC (Refugees) Published Charges	07/01/05 - 09/30/05												
27A		10/01/05 - 09/30/06												
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/05 - 09/30/05												
28A		10/01/05 - 09/30/06												
29	Healthy Families Costs	07/01/05 - 09/30/05	67,708	7,060		8,729								
29A		10/01/05 - 09/30/06	244,559	20,948		23,365								
30	Healthy Families SMA Upper Limits	07/01/05 - 09/30/05	62,178	6,368		8,001								
30A		10/01/05 - 09/30/06	224,533	19,504		21,435								
31	Healthy Families Published Charges	07/01/05 - 09/30/05	60,428	6,175		7,511								
31A		10/01/05 - 09/30/06	218,418	18,322		20,925								
32	Healthy Families Negotiated Rates	07/01/05 - 09/30/05	55,165	5,753		7,112								
32A		10/01/05 - 09/30/06	199,341	17,063		19,353								
33	Medi-Cal Crossover Report		83,258	109,712	419	10,110	30,214	179,482						
33A	Medi-Cal Crossover Report		2,504,007											

State of California Health and Human Services Agency
 DETAIL COST REPORT
**ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL**
 MH 1986 (Rev. 7/06)

Department of Mental Health

PAGE 5 OF 5
 FISCAL YEAR 2005 - 2006

County: Los Angeles

	Legal Entity Number: 00210	Legal Entity: Child & Family Center	Mode: 15 - Outpatient Services (Program 1)	NR AC Service Function	NR AD Service Function	NR AE Service Function	NR AF Service Function	NR AG Service Function	NR AH Service Function	NR AI Service Function
1				75	76	77				
2				0.01%		1.07%				
3				225		19,146				
4				817		76,016				
5				4.07		4.07				
6				3.75	3.75	3.75				
7				3.60	3.60	3.60				
8				3.32	3.32	3.32				
9A						1,685				
9						2,723				
10A										
10										
10B										
11A										
11										
12				225		13,863				
13						6,868				
13A						11,088				
14						6,319				
14A						10,211				
15						6,068				
15A						9,803				
16						5,584				
16A						9,040				
17										
17A										
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32A										
33				817		56,570				

County: Los Angeles

Legal Entity Number	Legal Entity Name	A Mode Total	NR B		NR C		NR D		NR E		NR F		NR G	
			Service Function	04	Service Function	10	Service Function	34	Service Function	42	Service Function	52	Service Function	62
1	Allocation Percentage	100.00%	5.56%	6.32%	3.03%	59.80%	6.65%	15.35%						
2	Total Units	349,815	189,970	104,341	1,880,851	210,842	262,988							
3	Gross Cost	945,819	898,715	394,578	6,000,603	736,004	1,665,901							
4	Cost per Unit	2.70	3.48	3.48	3.19	3.49	6.45							
5	SMA per Unit	1.95	2.52	2.52	2.52	2.52	4.88							
6	Published Charge per Unit	1.95	2.52	2.52	2.52	2.52	4.85							
7	Negotiated Rates / Cost per Unit	1.95	2.52	2.52	2.52	2.52	4.85							
8	Medi-Cal Units	64,597	40,389	21,853	350,084	40,473	43,238							
9	Medicare/Medi-Cal Crossover Units	183,791	121,108	69,568	1,080,284	121,420	129,718							
10	Enhanced SD/MC (Children) Units													
10A	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units	5,333	3,034	2,479	29,874	833	3,879							
11A	Non-Medi-Cal Units	15,997	9,103	7,437	89,822	2,489	11,637							
12	Medi-Cal Costs	207,048	174,655	76,357	1,258,205	141,417	278,781							
13	Medi-Cal Costs	6,211,417	523,966	423,157	229,070	3,714,821	424,254	836,350						
14	Medi-Cal SMA Upper Limits	1,483,686	125,964	101,730	58,070	907,437	101,992	201,494						
14A	Medi-Cal SMA Upper Limits	4,481,088	377,892	305,187	165,209	2,722,316	305,978	604,486						
15	Medi-Cal Published Charges	1,483,254	125,964	101,730	58,070	907,437	101,992	201,494						
15A	Medi-Cal Published Charges	4,479,771	377,892	305,187	165,209	2,722,316	305,978	603,189						
16	Medi-Cal Negotiated Rates	1,483,254	125,964	101,730	58,070	907,437	101,992	201,494						
16A	Medi-Cal Negotiated Rates	4,479,771	377,892	305,187	165,209	2,722,316	305,978	603,189						
17	Medicare/Medi-Cal Crossover Costs													
17A	Medicare/Medi-Cal Crossover Costs													
18	Medicare/Medi-Cal Crossover SMA Upper Limits													
18A	Medicare/Medi-Cal Crossover SMA Upper Limits													
19	Medicare/Medi-Cal Crossover Published Charges													
19A	Medicare/Medi-Cal Crossover Published Charges													
20	Medicare/Medi-Cal Crossover Negotiated Rates													
20A	Medicare/Medi-Cal Crossover Negotiated Rates													
21	Enhanced SD/MC Costs													
21A	Enhanced SD/MC Costs													
22	Enhanced SD/MC SMA Upper Limits													
22A	Enhanced SD/MC SMA Upper Limits													
23	Enhanced SD/MC Published Charges													
23A	Enhanced SD/MC Published Charges													
24	Enhanced SD/MC Negotiated Rates													
24A	Enhanced SD/MC Negotiated Rates													
25	Enhanced SD/MC (Refugees) Costs													
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
27	Enhanced SD/MC (Refugees) Published Charges													
28	Enhanced SD/MC (Refugees) Negotiated Rates													
29	Healthy Families Costs	165,985	14,419	10,601	8,982	104,383	2,911	25,010						
29A	Healthy Families Costs	487,954	43,252	31,807	25,988	313,148	8,732	75,029						
30	Healthy Families SMA Upper Limits	119,750	10,399	7,646	6,247	75,282	2,069	18,076						
30A	Healthy Families SMA Upper Limits	359,248	31,194	22,940	18,741	225,847	6,297	54,228						
31	Healthy Families Published Charges	119,711	10,399	7,646	6,247	75,282	2,069	18,037						
31A	Healthy Families Published Charges	359,132	31,194	22,940	18,741	225,847	6,297	54,112						
32	Healthy Families Negotiated Rates	119,711	10,399	7,646	6,247	75,282	2,069	18,037						
32A	Healthy Families Negotiated Rates	359,132	31,194	22,940	18,741	225,847	6,297	54,112						
33	Subtotal	2,101,753	189,526	92,088	24,504	1,156,502	158,892	480,432						

DETAIL COST REPORT
 ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 7/06)

County: Los Angeles
 County Code: 19

Legal Entity Number	Legal Entity Name	A	B	C	D	E	F	G
Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	100.00%	0.71%	15.32%	0.01%	75.42%	6.03%	0.51%
2	Total Units	287,370	17,255	287,370	120	1,414,363	81,450	8,455
3	Gross Cost	3,489,482	24,843	534,881	223	2,631,603	280,240	17,872
4	Cost per Unit		1.44	1.86	1.86	1.86	3.44	2.77
5	SMA per Unit		1.85	2.52	2.52	2.52	4.66	3.75
6	Published Charge per Unit		1.85	2.52	2.52	2.52	4.66	3.75
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/05 - 09/30/05	4,295	60,050	120	272,975	14,835	1,015
9	Medicare/Medi-Cal Crossover Units	10/01/05 - 06/30/06	11,780	176,195		844,570	51,060	4,750
10	Enhanced SD/MC (Children) Units	07/01/05 - 09/30/05						
10B	Enhanced SD/MC (Refugees) Units	07/01/05 - 09/30/05						
11	Healthy Families (SEED) Units	07/01/05 - 09/30/05	270	5,425		33,730	1,385	155
11A	Non-Medi-Cal Units	10/01/05 - 06/30/06	200	18,210		91,235	4,875	520
12	Medi-Cal Costs	07/01/05 - 09/30/05	710	25,480		171,873	9,495	15
13	Medi-Cal Costs	10/01/05 - 06/30/06	8,184	111,728	223	507,868	50,354	2,810
14	Medi-Cal SMA Upper Limits	07/01/05 - 09/30/05	2,108,748	19,960	331,550	1,571,408	175,878	13,152
15	Medi-Cal Published Charges	10/01/05 - 06/30/06	2,871	449,051	302	887,897	68,198	3,806
16	Medi-Cal Negotiated Rates	07/01/05 - 09/30/05	2,855,081	22,971	449,051	2,128,318	237,840	17,813
17	Medicare/Medi-Cal Crossover Costs	10/01/05 - 06/30/06	8,375	151,328	302	687,897	68,198	3,806
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/05 - 09/30/05	2,855,081	22,971	449,051	2,128,318	237,840	17,813
19	Medicare/Medi-Cal Crossover Published Charges	10/01/05 - 06/30/06	8,375	151,328	302	687,897	68,198	3,806
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/05 - 09/30/05	2,855,081	22,971	449,051	2,128,318	237,840	17,813
21	Enhanced SD/MC Costs	10/01/05 - 06/30/06						
22	Enhanced SD/MC SMA Upper Limits	07/01/05 - 09/30/05						
23	Enhanced SD/MC Published Charges	10/01/05 - 06/30/06						
24	Enhanced SD/MC Negotiated Rates	07/01/05 - 09/30/05						
25	Enhanced SD/MC (Refugees) Costs	07/01/05 - 09/30/05						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/05 - 06/30/06						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/05 - 09/30/05						
28	Enhanced SD/MC (Refugees) Negotiated Rates	10/01/05 - 06/30/06						
29	Healthy Families Costs	07/01/05 - 09/30/05	78,435	10,084		62,758	4,785	429
30	Healthy Families SMA Upper Limits	10/01/05 - 06/30/06	222,134	288		188,762	18,173	1,440
31	Healthy Families Published Charges	07/01/05 - 09/30/05	106,232	527		85,000	8,454	581
32	Healthy Families Negotiated Rates	10/01/05 - 06/30/06	300,859	390		229,912	22,718	1,950
33	Medi-Cal Costs	07/01/05 - 09/30/05	108,232	827		85,000	8,454	581
34	Medi-Cal SMA Upper Limits	10/01/05 - 06/30/06	300,859	390		229,912	22,718	1,950
35	Medi-Cal Published Charges	07/01/05 - 09/30/05						
36	Medi-Cal Negotiated Rates	10/01/05 - 06/30/06						
37	Medicare/Medi-Cal Crossover Costs	10/01/05 - 06/30/06	400,846	1,022		319,787	32,889	42

County: Los Angeles
 County Code: 19

Legal Entity	Legal Entity Number	Mode	A	B	C	D	E	F	G
Legal Entity	Number	Mode	Total	Service Function 04	Service Function 10	Service Function 34	Service Function 42	Service Function 52	Service Function 62
1	070105 - 093005	Allocation Percentage	100.00%	4.58%	4.23%	0.83%	70.25%	4.02%	15.20%
2	070105 - 093005	Total Units	358,058	250,478	46,811	4,158	158,152	237,661	482,453
3	070105 - 093005	Gross Cost	666,049	615,169	119,937	10,212	1,959	584,022	2,209,296
4	070105 - 093005	Cost per Unit	1.87	2.46	2.46	2.46	2.46	2.46	4.49
5	070105 - 093005	SMA per Unit	1.95	2.52	2.52	2.52	2.52	2.52	4.66
6	070105 - 093005	Published Charge per Unit	1.97	2.58	2.58	2.58	2.58	2.58	4.72
7	070105 - 093005	Negotiated Rate / Cost per Unit							
8	070105 - 093005	Medi-Cal Units	69,675	50,170	14,118	734,145	29,756	74,916	74,916
8A	100105 - 093006	Medicare/Medi-Cal Crossover Units	213,860	151,246	20,898	2,102,692	136,993	222,402	222,402
9	100105 - 093006	Enhanced SD/MC (Refugees) Units				83,101	9,039	22,757	22,757
10	100105 - 093006	Enhanced SD/MC (Children) Units				1,127	279,854	23,868	80,735
10A	100105 - 093006	Enhanced SD/MC (Refugees) Units							
10B	100105 - 093006	Enhanced SD/MC (Refugees) Units							
11	100105 - 093006	Healthy Families (SED) Units	1,763	3,310	3,059	38,887	1,158	2,109	2,109
11A	100105 - 093006	Healthy Families (SED) Units	63,974	26,424	6,860	801,508	31,747	81,935	81,935
12	100105 - 093006	Non-Medi-Cal Units							
13	100105 - 093006	Medi-Cal Costs	2,523,813	130,709	123,278	34,660	1,803,917	73,115	336,087
13A	100105 - 093006	Medi-Cal Costs	7,423,845	400,108	396,208	51,350	5,166,865	336,615	997,765
14	100105 - 093006	Medi-Cal SMA Upper Limits	2,595,338	136,256	126,426	35,577	1,850,045	74,995	349,109
14A	100105 - 093006	Medi-Cal Published Charges	7,634,578	417,066	406,340	52,663	5,298,784	345,222	1,056,393
15	100105 - 093006	Medi-Cal Published Charges	2,653,379	137,423	129,604	36,471	1,896,517	76,869	353,356
15A	100105 - 093006	Medi-Cal Negotiated Rates	7,804,755	420,657	418,547	53,986	5,431,894	353,894	1,048,004
16	100105 - 093006	Medi-Cal Negotiated Rates							
16A	100105 - 093006	Medi-Cal Negotiated Rates							
17	100105 - 093006	Medicare/Medi-Cal Crossover Costs	363,070			228,765	22,210	102,095	
17A	100105 - 093006	Medicare/Medi-Cal Crossover SMA Upper Limits	1,111,513			2,769	687,894	58,648	382,202
18	100105 - 093006	Medicare/Medi-Cal Crossover Published Charges	363,440			234,615	22,778	106,048	
18A	100105 - 093006	Medicare/Medi-Cal Crossover Published Charges	1,144,897			2,840	705,484	60,147	376,225
19	100105 - 093006	Medicare/Medi-Cal Crossover Negotiated Rates	371,196			240,508	23,350	107,338	
19A	100105 - 093006	Medicare/Medi-Cal Crossover Negotiated Rates	1,168,576			2,911	723,205	61,658	380,803
20	100105 - 093006	Enhanced SD/MC Costs							
20A	100105 - 093006	Enhanced SD/MC Costs							
21	100105 - 093006	Enhanced SD/MC SMA Upper Limits							
21A	100105 - 093006	Enhanced SD/MC SMA Upper Limits							
22	100105 - 093006	Enhanced SD/MC Published Charges							
22A	100105 - 093006	Enhanced SD/MC Published Charges							
23	100105 - 093006	Enhanced SD/MC Negotiated Rates							
23A	100105 - 093006	Enhanced SD/MC Negotiated Rates							
24	100105 - 093006	Enhanced SD/MC (Refugees) Costs							
24A	100105 - 093006	Enhanced SD/MC (Refugees) Costs							
25	100105 - 093006	Enhanced SD/MC (Refugees) SMA Upper Limits							
25A	100105 - 093006	Enhanced SD/MC (Refugees) SMA Upper Limits							
26	100105 - 093006	Enhanced SD/MC (Refugees) Published Charges							
26A	100105 - 093006	Enhanced SD/MC (Refugees) Published Charges							
27	100105 - 093006	Enhanced SD/MC (Refugees) Negotiated Rates							
27A	100105 - 093006	Enhanced SD/MC (Refugees) Negotiated Rates							
28	100105 - 093006	Healthy Families Costs	127,280	3,298	8,133	7,518	95,552	2,845	9,462
28A	100105 - 093006	Healthy Families Costs	350,083	12,266	22,920	6,755	290,128	12,661	34,091
29	100105 - 093006	Healthy Families SMA Upper Limits	130,702	3,438	8,341	7,709	97,995	2,918	9,828
29A	100105 - 093006	Healthy Families SMA Upper Limits	389,712	12,788	23,507	6,927	256,760	12,902	35,411
30	100105 - 093006	Healthy Families Published Charges	133,793	3,467	8,551	7,902	100,457	2,961	9,948
30A	100105 - 093006	Healthy Families Published Charges	388,055	12,898	24,097	7,101	273,461	13,226	35,842
31	100105 - 093006	Healthy Families Negotiated Rates							
31A	100105 - 093006	Healthy Families Negotiated Rates							
32	100105 - 093006	Healthy Families Negotiated Rates	2,848,058	119,571	84,928	19,055	1,969,439	76,008	367,598
32A	100105 - 093006	Healthy Families Negotiated Rates							

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

MH 1986 (Rev. 7/06)

County: Los Angeles
County Code: 19

Legal Entity Number Modr. 15 - Outpatient Services (Program 1)	Legal Entity Name Dial Hirsch Psychiatric Services	CR										
		H Service Function	I Service Function	J Service Function	K Service Function	L Service Function	M Service Function	N Service Function				
1	Allocation Percentage	77										
2	Total Units	0.90%										
3	Gross Cost	38,212										
4	Cost per Unit	130,311										
5	SMA per Unit	3.60										
6	Published Charge per Unit	3.75										
7	Negotiated Rate / Cost per Unit	3.78										
8	Medi-Cal Units	6,116										
9	Medicare/Medi-Cal Crossover Units	20,824										
10	Enhanced SD/MC (Children) Units											
10A	Enhanced SD/MC (Refugees) Units											
11	Healthy Families (SED) Units	126										
11A	Non-Medi-Cal Units	373										
12	Medi-Cal Costs	22,009										
13	Medicare/Medi-Cal Crossover Costs	74,536										
14	Medi-Cal SMA Upper Limits	22,935										
14A	Medi-Cal Published Charges	78,050										
15	Medi-Cal Negotiated Rates	23,138										
16	Medi-Cal Crossover Rates	78,763										
17	Medicare/Medi-Cal Crossover Costs											
17A	Medicare/Medi-Cal Crossover SMA Upper Limits											
18	Medicare/Medi-Cal Crossover Published Charges											
18A	Medicare/Medi-Cal Crossover Negotiated Rates											
19	Enhanced SD/MC Costs											
20	Enhanced SD/MC SMA Upper Limits											
20A	Enhanced SD/MC Published Charges											
21	Enhanced SD/MC Negotiated Rates											
21A	Healthy Families Costs											
22	Healthy Families SMA Upper Limits											
22A	Healthy Families Published Charges											
23	Healthy Families Negotiated Rates											
23A	Enhanced SD/MC (Refugees) Costs											
24	Enhanced SD/MC (Refugees) SMA Upper Limits											
24A	Enhanced SD/MC (Refugees) Published Charges											
25	Enhanced SD/MC (Refugees) Negotiated Rates											
26	Healthy Families Costs	453										
26A	Healthy Families SMA Upper Limits	1,342										
27	Healthy Families Published Charges	473										
27A	Healthy Families Negotiated Rates	1,358										
28	Healthy Families Total	477										
28A	Healthy Families Total	1,411										
29	Healthy Families Total	1,411										
29A	Healthy Families Total	31,570										

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

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FISCAL YEAR 2005 - 2006

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County: Los Angeles
County Code: 19

Legal Entity Number: 00778	Legal Entity: D/Veal Family and Youth Services	Mode: 15 - Outpatient Services (Program 1)	A	B	C	D	E	F	G
			Mode Total	Services Function 04	Services Function 10	Services Function 34	Services Function 42	Services Function 52	Services Function 62
1		Allocation Percentage	100.00%	4.21%	9.40%	0.54%	76.40%	0.87%	7.05%
2		Total Units	140,847	243,574	13,959	1,980,524	22,591	1,980,524	98,880
3		Gross Cost	5,558,335	233,851	572,251	28,930	4,246,475	48,438	392,051
4		Cost per Unit	1.66	2.14	2.14	2.14	2.14	2.14	3.96
5		SMA per Unit	1.85	2.52	2.52	2.52	2.52	2.52	4.66
6		Published Charge per Unit	1.86	2.52	2.52	2.52	2.52	2.52	4.66
7		Negotiated Rate / Cost per Unit							
8		Medi-Cal Units	62,102	48,763	5,200	487,424	438	438	27,045
9A		Medicare/Medi-Cal Crossover Units	61,901	185,370	8,003	1,193,347	10,912	10,912	49,922
9B		Medicare/Medi-Cal Crossover Costs	1,388,201	103,038	106,696	11,149	1,045,094	936	107,231
10		Enhanced SD/MC (Children) Units	3,314,162	102,702	361,006	12,871	2,559,676	29,397	197,936
10A		Enhanced SD/MC (Children) Published Charges	1,631,565	121,058	125,403	13,104	1,226,308	1,089	128,030
10B		Enhanced SD/MC (Children) Negotiated Rates	3,885,185	120,707	424,292	15,128	3,007,234	27,498	232,637
11		Healthy Families (SED) Units	1,631,565	121,088	125,403	13,104	1,226,308	1,089	128,030
11A		Healthy Families (SED) Published Charges	3,885,185	120,707	424,292	15,128	3,007,234	27,498	232,637
11B		Healthy Families (SED) Negotiated Rates							
12		Non-Medi-Cal Units	18,944	25,441	2,768	269,753	11,243	11,243	21,913
13		Medi-Cal Costs	3,314,162	102,702	361,006	12,871	2,559,676	29,397	197,936
13A		Medi-Cal SMA Upper Limits	1,631,565	121,058	125,403	13,104	1,226,308	1,089	128,030
13B		Medi-Cal SMA Upper Limits Published Charges	3,885,185	120,707	424,292	15,128	3,007,234	27,498	232,637
13C		Medi-Cal SMA Upper Limits Negotiated Rates							
14		Medi-Cal Published Charges	3,885,185	120,707	424,292	15,128	3,007,234	27,498	232,637
14A		Medi-Cal Published Charges							
14B		Medi-Cal Published Charges							
14C		Medi-Cal Published Charges							
15		Medi-Cal Negotiated Rates							
15A		Medi-Cal Negotiated Rates							
15B		Medi-Cal Negotiated Rates							
16		Medicare/Medi-Cal Crossover Costs							
17		Medicare/Medi-Cal Crossover Costs							
17A		Medicare/Medi-Cal Crossover SMA Upper Limits							
17B		Medicare/Medi-Cal Crossover SMA Upper Limits Published Charges							
17C		Medicare/Medi-Cal Crossover SMA Upper Limits Negotiated Rates							
18		Medicare/Medi-Cal Crossover Published Charges							
18A		Medicare/Medi-Cal Crossover Published Charges							
18B		Medicare/Medi-Cal Crossover Published Charges							
18C		Medicare/Medi-Cal Crossover Published Charges							
19		Medicare/Medi-Cal Crossover Negotiated Rates							
19A		Medicare/Medi-Cal Crossover Negotiated Rates							
19B		Medicare/Medi-Cal Crossover Negotiated Rates							
19C		Medicare/Medi-Cal Crossover Negotiated Rates							
20		Enhanced SD/MC Costs							
20A		Enhanced SD/MC Costs							
20B		Enhanced SD/MC Costs							
20C		Enhanced SD/MC Costs							
21		Enhanced SD/MC SMA Upper Limits							
21A		Enhanced SD/MC SMA Upper Limits Published Charges							
21B		Enhanced SD/MC SMA Upper Limits Negotiated Rates							
22		Enhanced SD/MC Published Charges							
22A		Enhanced SD/MC Published Charges							
22B		Enhanced SD/MC Published Charges							
22C		Enhanced SD/MC Published Charges							
23		Enhanced SD/MC Negotiated Rates							
23A		Enhanced SD/MC Negotiated Rates							
23B		Enhanced SD/MC Negotiated Rates							
23C		Enhanced SD/MC Negotiated Rates							
24		Healthy Families Costs							
24A		Healthy Families Costs							
24B		Healthy Families Costs							
24C		Healthy Families Costs							
25		Healthy Families SMA Upper Limits							
25A		Healthy Families SMA Upper Limits Published Charges							
25B		Healthy Families SMA Upper Limits Negotiated Rates							
26		Healthy Families Published Charges							
26A		Healthy Families Published Charges							
26B		Healthy Families Published Charges							
26C		Healthy Families Published Charges							
27		Healthy Families Negotiated Rates							
27A		Healthy Families Negotiated Rates							
27B		Healthy Families Negotiated Rates							
27C		Healthy Families Negotiated Rates							
28		Mode Total	855,972	28,112	54,548	5,928	842,705	24,108	88,853

DETAIL COST REPORT

FUNCTIONS OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/06)

County: Los Angeles
County Code: 19

	Legal Entity: Eski Health and Research Legal Entity Number: 00188 Mode: 10 - Day Services	NR	A	B	C	D	E	F	G
			Mode Total	Service Function					
				85					
1	Allocation Percentage		100.00%						
2	Total Units		1,324,444	10,284					
3	Gross Cost		1,324,444	1,324,444					
4	Cost per Unit			129.04					
5	SMA per Unit			195.58					
6	Published Charge per Unit			142.00					
7	Negotiated Rate / Cost per Unit			132.00					
8	Medi-Cal Units	07/01/05 - 09/30/05		2,598					
8A	Medicare/Medi-Cal Crossover Units	10/01/05 - 09/30/06		7,281					
9	Medicare/Medi-Cal Crossover Units	07/01/05 - 09/30/05							
9A	Medicare/Medi-Cal Crossover Units	10/01/05 - 09/30/06							
10	Enhanced SD/MC (Children) Units	07/01/05 - 09/30/05							
10A	Enhanced SD/MC (Refugees) Units	10/01/05 - 09/30/06							
10B	Enhanced SD/MC (Refugees) Units	07/01/05 - 09/30/05							
11	Healthy Families (SED) Units	07/01/05 - 09/30/05		97					
11A	Healthy Families (SED) Units	10/01/05 - 09/30/06		142					
12	Non-Medi-Cal Units			166					
13	Medi-Cal Costs	07/01/05 - 09/30/05	335,240	335,240					
13A	Medi-Cal Costs	10/01/05 - 09/30/06	936,944	936,944					
14	Medi-Cal SMA Upper Limits	07/01/05 - 09/30/05	508,117	508,117					
14A	Medi-Cal SMA Upper Limits	10/01/05 - 09/30/06	1,420,108	1,420,108					
15	Medi-Cal Published Charges	07/01/05 - 09/30/05	368,918	368,918					
15A	Medi-Cal Published Charges	10/01/05 - 09/30/06	1,031,062	1,031,062					
16	Medi-Cal Negotiated Rates	07/01/05 - 09/30/05	342,938	342,938					
16A	Medi-Cal Negotiated Rates	10/01/05 - 09/30/06	859,452	859,452					
17	Medicare/Medi-Cal Crossover Costs	07/01/05 - 09/30/05							
17A	Medicare/Medi-Cal Crossover Costs	10/01/05 - 09/30/06							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/05 - 09/30/05							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/05 - 09/30/06							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/05 - 09/30/05							
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/05 - 09/30/06							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/05 - 09/30/05							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/05 - 09/30/06							
21	Enhanced SD/MC Costs	07/01/05 - 09/30/05							
21A	Enhanced SD/MC Costs	10/01/05 - 09/30/06							
22	Enhanced SD/MC SMA Upper Limits	07/01/05 - 09/30/05							
22A	Enhanced SD/MC SMA Upper Limits	10/01/05 - 09/30/06							
23	Enhanced SD/MC Published Charges	07/01/05 - 09/30/05							
23A	Enhanced SD/MC Published Charges	10/01/05 - 09/30/06							
24	Enhanced SD/MC Negotiated Rates	07/01/05 - 09/30/05							
24A	Enhanced SD/MC Negotiated Rates	10/01/05 - 09/30/06							
25	Enhanced SD/MC (Refugees) Costs	07/01/05 - 09/30/05							
25A	Enhanced SD/MC (Refugees) Costs	10/01/05 - 09/30/06							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/05 - 09/30/05							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/05 - 09/30/06							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/05 - 09/30/05							
27A	Enhanced SD/MC (Refugees) Published Charges	10/01/05 - 09/30/06							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/05 - 09/30/05							
28A	Enhanced SD/MC (Refugees) Negotiated Rates	10/01/05 - 09/30/06							
29	Healthy Families Costs	07/01/05 - 09/30/05	12,517	12,517					
29A	Healthy Families Costs	10/01/05 - 09/30/06	16,323	16,323					
30	Healthy Families SMA Upper Limits	07/01/05 - 09/30/05	18,971	18,971					
30A	Healthy Families SMA Upper Limits	10/01/05 - 09/30/06	27,772	27,772					
31	Healthy Families Published Charges	07/01/05 - 09/30/05	13,774	13,774					
31A	Healthy Families Published Charges	10/01/05 - 09/30/06	20,164	20,164					
32	Healthy Families Negotiated Rates	07/01/05 - 09/30/05	12,804	12,804					
32A	Healthy Families Negotiated Rates	10/01/05 - 09/30/06	18,744	18,744					
			21,420	21,420					

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

PAGE 1 OF 2
FISCAL YEAR 2005 - 2006

MH 1966 (Rev. 7/06)

County: Los Angeles

Legal Entity: Eoik Health and Research

Legal Entity Number: 00188

Mode: 19 - Outpatient Services (Program 1)

	A	B	C	D	E	F	G
	Mode Total	Service Function					
1	100.00%	04	10	34	42	52	62
2	8.10%	1,690,109	4,17%	0,08%	55,71%	6,91%	23,44%
3	499,990	9,551	6,678,262	828,190	1,501,370	1,501,370	5,357,025
4	1,834,222	853,101	18,207	12,730,372	1,578,729	5,357,025	3,571
5	1.15	1.91	2.52	1.91	1.91	1.91	3.57
6	1.95	2.52	2.52	2.52	2.52	2.52	4.96
7	1.32	2.10	2.10	2.10	2.10	2.10	3.92
8	1.18	1.95	1.95	1.95	1.95	1.95	3.85
9	337,789	98,312	4,117	1,331,651	180,042	297,297	869,091
10	852,405	344,102	3,679	3,905,893	489,113	869,091	39,638
11	13,913	8,133	1,321	77,540	2,610	7,154	19,068
12	33,183	29,212	401	213,987	26,829	19,068	158,710
13	352,809	20,231	33	1,050,989	111,595	158,710	1,050,989
14	4,900,195	187,406	7,848	2,839,447	343,203	1,050,989	3,050,291
15	13,336,100	865,941	7,078	7,445,552	932,357	1,385,357	4,035,994
16	6,187,157	658,708	2,477,446	10,375	3,355,761	453,706	4,035,994
17	17,910,016	1,862,190	867,137	9,271	9,942,825	1,232,665	1,165,365
18	5,081,175	445,895	208,455	8,648	2,196,487	378,088	1,165,365
19	14,724,177	1,125,175	722,514	7,728	8,202,354	1,027,137	3,295,077
20	4,705,788	398,603	191,708	8,028	2,956,719	351,082	1,035,088
21	13,842,243	1,005,938	670,999	7,174	7,519,472	953,170	3,161,232
22	199,891				82,990	5,963	141,089
23	589,074				134,584	28,409	405,071
24	281,735				69,615	7,853	184,238
25	744,516				177,930	37,556	529,031
26	219,562				58,013	8,589	154,961
27	624,583				148,275	31,258	445,022
28	204,275				53,989	8,100	144,306
29	581,114				137,684	29,061	414,370
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County: Los Angeles
 County Code: 19

CR

Legal Entity Number: 00724 Model: 15 - Outpatient Services (Program 1)	H Service Function	I Service Function	J Service Function	K Service Function	L Service Function	M Service Function	N Service Function
1 Allocation Percentage	77						
2 Total Units	0.23%						
3 Gross Cost	3,798						
4 Cost per Unit	14,718						
5 SMA per Unit	3.88						
6 Published Charge per Unit	3.75						
7 Negotiated Rate / Cost per Unit	4.29						
8 Medi-Cal Units	1,248						
9 Medicare/Medi-Cal Crossover Units	2,405						
10 Enhanced SD/MC (Children) Units							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units	145						
12 Non-Medi-Cal Units							
13 Medi-Cal Costs	4,837						
14 Medi-Cal SMA Upper Limits	9,320						
14A Medi-Cal Published Charges	4,660						
15 Medi-Cal Negotiated Rates	9,019						
16 Medicare/Medi-Cal Crossover Costs	5,354						
17 Medicare/Medi-Cal Crossover SMA Upper Limits	10,317						
18 Medicare/Medi-Cal Crossover Published Charges							
19 Medicare/Medi-Cal Crossover Negotiated Rates							
20 Enhanced SD/MC Costs							
21 Enhanced SD/MC SMA Upper Limits							
22 Enhanced SD/MC Published Charges							
23 Enhanced SD/MC Negotiated Rates							
24 Healthy Families Costs							
25 Healthy Families SMA Upper Limits							
26 Healthy Families Published Charges							
27 Healthy Families Negotiated Rates							
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County: Los Angeles
 Loyal Entity: The Guidance Center
 Loyal Entity Number: 00191
 Mode: 16 - Outpatient Services (Program 1)

PAGE 1 OF 2
 FISCAL YEAR 2005 - 2006

Level	A	B	C	D	E	F	G
	Mode Total	Service Function 04	Service Function 10	Service Function 34	Service Function 42	Service Function 52	Service Function 58
1	100.00%	6.00%	14.72%	0.95%	61.44%	7.11%	0.66%
2	6,862,912	302,884	616,668	35,173	2,674,068	297,892	27,670
3		539,771	1,324,197	76,789	5,025,498	639,682	59,396
4		1.78	2.15	2.15	2.15	2.15	2.15
5		1.95	2.52	2.52	2.52	2.52	2.52
6		1.80	2.17	2.17	2.17	2.17	2.17
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DETAIL COST REPORT
**ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL**
 MH 1966 (Rev. 7/06)

County: Los Angeles

Legal Entity Number (Program 1)	Legal Entity Name	CR		CR		CR		CR		CR		CR				
		H	I	J	K	L	M	N	H	I	J	K	L	M	N	
1	Allocation Percentage	6.07%	77	1.14%												
2	Total Units	199,683	33,468													
3	Gross Cost	729,305	102,295													
4	Cost per Unit	3.63	3.06													
5	SMA per Unit	4.66	3.75													
6	Published Charge per Unit	3.67	3.06													
7	Negotiated Rate / Cost per Unit															
8	Medi-Cal Units	39,079	4,448													
9	Medicare/Medi-Cal Crossover Units	129,189	19,598													
10	Enhanced SD/MC (Children) Units															
10B	Enhanced SD/MC (Refugees) Units															
11	Healthy Families (SED) Units	1,016	143													
12	Non-Medi-Cal Units	24,593	9,724													
13	Medi-Cal Costs	141,960	13,887													
13A	Medi-Cal SMA Upper Limits	489,225	57,843													
14	Medi-Cal Published Charges	182,108	19,590													
14A	Medi-Cal Negotiated Rates	601,928	71,010													
15	Medi-Cal Crossover Published Charges	143,281	13,715													
15A	Medi-Cal Crossover Negotiated Rates	473,624	56,385													
16	Medi-Cal Crossover Published Charges															
16A	Medi-Cal Crossover Negotiated Rates															
17	Medicare/Medi-Cal Crossover Costs															
17A	Medicare/Medi-Cal Crossover SMA Upper Limits															
18	Medicare/Medi-Cal Crossover Published Charges															
18A	Medicare/Medi-Cal Crossover Negotiated Rates															
19	Medicare/Medi-Cal Crossover Published Charges															
19A	Medicare/Medi-Cal Crossover Negotiated Rates															
20	Medicare/Medi-Cal Crossover Published Charges															
20A	Medicare/Medi-Cal Crossover Negotiated Rates															
21	Enhanced SD/MC Costs															
21A	Enhanced SD/MC SMA Upper Limits															
22	Enhanced SD/MC Published Charges															
22A	Enhanced SD/MC Negotiated Rates															
23	Enhanced SD/MC Crossover Published Charges															
23A	Enhanced SD/MC Crossover Negotiated Rates															
24	Enhanced SD/MC Crossover Published Charges															
24A	Enhanced SD/MC Crossover Negotiated Rates															
25	Enhanced SD/MC (Refugees) Costs															
26	Enhanced SD/MC (Refugees) SMA Upper Limits															
27	Enhanced SD/MC (Refugees) Published Charges															
28	Enhanced SD/MC (Refugees) Negotiated Rates															
29	Healthy Families Costs	3,891	437													
29A	Healthy Families SMA Upper Limits	21,109	724													
30	Healthy Families Published Charges	4,735	558													
30A	Healthy Families Negotiated Rates	27,079	889													
31	Healthy Families Crossover Published Charges	3,725	441													
31A	Healthy Families Crossover Negotiated Rates	21,907	731													
32	Healthy Families Crossover Published Charges															
32A	Healthy Families Crossover Negotiated Rates															
33	Medi-Cal Crossover Costs	89,319	29,704													

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/06)

County: Los Angeles
 County Code: 19

Legal Entity	Hamburger Homes dba Aviva	Legal Entity Number: 00174	Mode	CR						
				A	B	C	D	E	F	G
				Mode Total	Service Function					
1			Allocation Percentage	100.00%	96					
2			Total Units	10,045						
3			Gross Cost	1,049,497	1,049,497					
4			Cost per Unit	104.48						
5			SMA per Unit	126.80						
6			Published Charge per Unit	126.80						
7			Negotiated Rate / Cost per Unit	126.80						
8			Medi-Cal Units							
9			Medicare/Medi-Cal Crossover Units							
10			Enhanced SD/MC (Children) Units							
10A			Enhanced SD/MC (Relinquish) Units							
10B			Enhanced SD/MC (Relinquish) Units							
11			Healthy Families (SED) Units							
11A			Non-Medi-Cal Units							
12			Medi-Cal Costs	231,108	231,108					
13			Medi-Cal SMA Upper Limits	750,999	750,999					
14			Medi-Cal Published Charges	280,482	280,482					
15			Medi-Cal Negotiated Rates	911,438	911,438					
16			Medicare/Medi-Cal Crossover Costs							
17			Medicare/Medi-Cal Crossover SMA Upper Limits							
18			Medicare/Medi-Cal Crossover Published Charges							
19			Medicare/Medi-Cal Crossover Negotiated Rates							
20			Enhanced SD/MC Costs							
21			Enhanced SD/MC SMA Upper Limits							
22			Enhanced SD/MC Published Charges							
23			Enhanced SD/MC Negotiated Rates							
24			Healthy Families Costs							
25			Healthy Families SMA Upper Limits							
26			Healthy Families Published Charges							
27			Healthy Families Negotiated Rates							
28			Mode Total	67,359	67,359					

County: Los Angeles
 County Code: 19

CR

Legal Entity Number: 00192 Mode: 10 - Day Services	Legal Entity: Hawthorn-Stammon Child & Family Services	A Mode Total	B Service Function	C Service Function	D Service Function	E Service Function	F Service Function	G Service Function
1	Allocation Percentage	100.00%	98					
2	Total Units	17,532						
3	Gross Cost	1,558,721	1,558,721					
4	Cost per Unit	105.42						
5	SMA per Unit	128.80						
6	Published Charge per Unit	128.80						
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units							
9A	Medicare/Medi-Cal Crossover Units							
9	Medicare/Medi-Cal Crossover Units							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Units							
12	Non-Medi-Cal Units							
13	Medi-Cal Costs	351,482	351,482					
13A	Medi-Cal Costs	1,317,824	1,317,824					
14	Medi-Cal SMA Upper Limits	422,751	422,751					
14A	Medi-Cal SMA Upper Limits	1,585,127	1,585,127					
15	Medi-Cal Published Charges	422,751	422,751					
15A	Medi-Cal Published Charges	1,585,127	1,585,127					
16	Medi-Cal Negotiated Rates							
16A	Medi-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs	4,006	4,006					
29A	Healthy Families Costs	20,662	20,662					
30	Healthy Families SMA Upper Limits	4,818	4,818					
30A	Healthy Families SMA Upper Limits	24,853	24,853					
31	Healthy Families Published Charges	4,818	4,818					
31A	Healthy Families Published Charges	24,853	24,853					
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
		184,788	184,788					

County: Los Angeles

Legal Entity Number: 00192 Modr: 15 - Outpatient Services (Program 1)	Legal Entity: Hathaway-Sycamores Child & Family Services	A		B		C		D		E		F		G	
		Mode Total	Service Function												
1	Allocation Percentage	100.00%	04	3.87%	10	5.53%	34	0.65%	42	46.31%	52	5.93%	58	28.05%	
2	Total Units		430,145	476,339	987,963										
3	Gross Cost	18,042,338													
4	Cost per Unit		1.82	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	2.10	
5	SMA per Unit		1.95	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	
6	Published Charge / Cost per Unit		1.85	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	
7	Negotiated Rate / Cost per Unit														
8	Med-Cal Units		30,120	55,543	2,945	412,240	27,552	410,325							
9	Medicare/Medi-Cal Crossover Units		338,559	300,082	46,201	2,759,171	384,260	2,008,950							
9A	Medicare/Medi-Cal Crossover Units														
10	Enhanced SD/MC (Children) Units														
10A	Enhanced SD/MC (Children) Units														
11	Healthy Families (SED) Units		2,105	7,085	2,830	53,654	4,217								
11A	Healthy Families (SED) Units		12,718	32,260	2,649	236,723	17,337								
12	Non-Medi-Cal Units		45,943	61,368	2,077	527,030	77,571								
13	Med-Cal Costs		2,183,170	48,830	8,170	863,662	57,723	858,950							
13A	Med-Cal Costs		13,230,396	550,482	628,888	66,763	5,778,500	805,043	4,208,930						
14	Med-Cal SMA Upper Limits		2,625,998	58,734	139,968	7,421	1,038,845	69,431	1,034,019						
14A	Med-Cal SMA Upper Limits		15,814,004	862,140	756,207	116,427	9,950,591	988,335	5,062,855						
15	Med-Cal Published Charges		2,625,998	58,734	139,968	7,421	1,038,845	69,431	1,034,019						
15A	Med-Cal Published Charges		15,914,004	882,140	766,207	118,427	9,950,591	988,335	5,062,855						
16	Med-Cal Negotiated Rates														
16A	Med-Cal Negotiated Rates														
17	Medicare/Medi-Cal Crossover Costs														
17A	Medicare/Medi-Cal Crossover Costs														
18	Medicare/Medi-Cal Crossover SMA Upper Limits														
18A	Medicare/Medi-Cal Crossover SMA Upper Limits														
19	Medicare/Medi-Cal Crossover Published Charges														
19A	Medicare/Medi-Cal Crossover Published Charges														
20	Medicare/Medi-Cal Crossover Negotiated Rates														
20A	Medicare/Medi-Cal Crossover Negotiated Rates														
21	Enhanced SD/MC Costs														
21A	Enhanced SD/MC Costs														
22	Enhanced SD/MC SMA Upper Limits														
22A	Enhanced SD/MC SMA Upper Limits														
23	Enhanced SD/MC Published Charges														
23A	Enhanced SD/MC Published Charges														
24	Enhanced SD/MC Negotiated Rates														
24A	Enhanced SD/MC Negotiated Rates														
25	Enhanced SD/MC (Refugees) Costs														
25A	Enhanced SD/MC (Refugees) Costs														
26	Enhanced SD/MC (Refugees) SMA Upper Limits														
26A	Enhanced SD/MC (Refugees) SMA Upper Limits														
27	Enhanced SD/MC (Refugees) Published Charges														
27A	Enhanced SD/MC (Refugees) Published Charges														
28	Enhanced SD/MC (Refugees) Negotiated Rates														
28A	Enhanced SD/MC (Refugees) Negotiated Rates														
29	Healthy Families Costs		163,322	3,413	14,843	5,510	112,408	6,835							
29A	Healthy Families Costs		671,017	20,818	67,596	5,550	495,946	38,322							
30	Healthy Families SMA Upper Limits		198,449	4,105	17,854	6,828	135,208	10,827							
30A	Healthy Families SMA Upper Limits		807,124	24,800	81,295	6,875	586,542	43,689							
31	Healthy Families Published Charges		198,449	4,105	17,854	6,828	135,208	10,827							
31A	Healthy Families Published Charges		807,124	24,800	81,295	6,875	586,542	43,689							
32	Healthy Families Negotiated Rates														
32A	Healthy Families Negotiated Rates														
Total			1,794,434	73,985	170,472	4,351	1,104,153	182,515							

State of California Health and Human Services Agency
 DETAIL COST REPORT
**ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL**
 MH 1986 (Rev. 7/06)

Department of Mental Health

PAGE 3 OF 3
 FISCAL YEAR 2005 - 2006

County: Los Angeles
 County Code: 19

Legal Entity Number	Legal Entity Name	NR O Service Function	NR P Service Function	NR Q Service Function	NR R Service Function	NR S Service Function	NR T Service Function	NR U Service Function
1	Allocation Percentage							
2	Total Units	61	62					
3	Gross Cost		8.66%					
4	Cost per Unit		128.735					
5	SMA per Unit		647.895					
6	Published Charge per Unit		5.11					
7	Negotiated Rate / Cost per Unit		4.66					
8	Medi-Cal Units		4.54					
9	Medicare/Medi-Cal Crossover Units		4.54					
10	Enhanced SD/MC (Relatives) Units							
10A	Enhanced SD/MC (Relatives) Units							
10B	Enhanced SD/MC (Relatives) Units							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Units							
12	Non-Medi-Cal Units							
13	Medi-Cal Costs		18,226					
13A	Medi-Cal Costs		59,884					
14	Medi-Cal SMA Upper Limits							
14A	Medi-Cal Published Charges							
15	Medi-Cal Negotiated Rates							
15A	Medicare/Medi-Cal Crossover Costs							
16	Medicare/Medi-Cal Crossover SMA Upper Limits							
16A	Medicare/Medi-Cal Crossover Published Charges							
17	Medicare/Medi-Cal Crossover Negotiated Rates							
17A	Enhanced SD/MC Costs							
18	Enhanced SD/MC SMA Upper Limits							
18A	Enhanced SD/MC Published Charges							
19	Enhanced SD/MC Negotiated Rates							
19A	Healthy Families Costs							
20	Healthy Families SMA Upper Limits							
20A	Healthy Families Published Charges							
21	Healthy Families Negotiated Rates							
21A	Healthy Families Costs							
22	Healthy Families SMA Upper Limits							
22A	Healthy Families Published Charges							
23	Healthy Families Negotiated Rates							
23A	Healthy Families Costs							
24	Healthy Families SMA Upper Limits							
24A	Healthy Families Published Charges							
25	Healthy Families Negotiated Rates							
25A	Healthy Families Costs							
26	Healthy Families SMA Upper Limits							
26A	Healthy Families Published Charges							
27	Healthy Families Negotiated Rates							
27A	Healthy Families Costs							
28	Healthy Families SMA Upper Limits							
28A	Healthy Families Published Charges							
29	Healthy Families Negotiated Rates							
29A	Healthy Families Costs							
30	Healthy Families SMA Upper Limits							
30A	Healthy Families Published Charges							
31	Healthy Families Negotiated Rates							
31A	Healthy Families Costs							
32	Healthy Families SMA Upper Limits							
32A	Healthy Families Published Charges							
33	Healthy Families Negotiated Rates							
33A	Healthy Families Costs							
34	Healthy Families SMA Upper Limits							
34A	Healthy Families Published Charges							
35	Healthy Families Negotiated Rates							
35A	Healthy Families Costs							
36	Healthy Families SMA Upper Limits							
36A	Healthy Families Published Charges							
37	Healthy Families Negotiated Rates							
37A	Healthy Families Costs							
38	Healthy Families SMA Upper Limits							
38A	Healthy Families Published Charges							
39	Healthy Families Negotiated Rates							
39A	Healthy Families Costs							
40	Healthy Families SMA Upper Limits							
40A	Healthy Families Published Charges							
41	Healthy Families Negotiated Rates							
41A	Healthy Families Costs							
42	Healthy Families SMA Upper Limits							
42A	Healthy Families Published Charges							
43	Healthy Families Negotiated Rates							
43A	Healthy Families Costs							
44	Healthy Families SMA Upper Limits							
44A	Healthy Families Published Charges							
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46A	Healthy Families Published Charges							
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64	Healthy Families SMA Upper Limits							
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68A	Healthy Families Published Charges							
69	Healthy Families Negotiated Rates							
69A	Healthy Families Costs							
70	Healthy Families SMA Upper Limits							
70A	Healthy Families Published Charges							
71	Healthy Families Negotiated Rates							
71A	Healthy Families Costs							
72	Healthy Families SMA Upper Limits							
72A	Healthy Families Published Charges							
73	Healthy Families Negotiated Rates							
73A	Healthy Families Costs							
74	Healthy Families SMA Upper Limits							
74A	Healthy Families Published Charges							
75	Healthy Families Negotiated Rates							
75A	Healthy Families Costs							
76	Healthy Families SMA Upper Limits							
76A	Healthy Families Published Charges							
77	Healthy Families Negotiated Rates							
77A	Healthy Families Costs							
78	Healthy Families SMA Upper Limits							
78A	Healthy Families Published Charges							
79	Healthy Families Negotiated Rates							
79A	Healthy Families Costs							
80	Healthy Families SMA Upper Limits							
80A	Healthy Families Published Charges							
81	Healthy Families Negotiated Rates							
81A	Healthy Families Costs							
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82A	Healthy Families Published Charges							
83	Healthy Families Negotiated Rates							
83A	Healthy Families Costs							
84	Healthy Families SMA Upper Limits							
84A	Healthy Families Published Charges							
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86	Healthy Families SMA Upper Limits							
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88A	Healthy Families Published Charges							
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90A	Healthy Families Published Charges							
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92	Healthy Families SMA Upper Limits							
92A	Healthy Families Published Charges							
93	Healthy Families Negotiated Rates							
93A	Healthy Families Costs							
94	Healthy Families SMA Upper Limits							
94A	Healthy Families Published Charges							
95	Healthy Families Negotiated Rates							
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96	Healthy Families SMA Upper Limits							
96A	Healthy Families Published Charges							
97	Healthy Families Negotiated Rates							
97A	Healthy Families Costs							
98	Healthy Families SMA Upper Limits							
98A	Healthy Families Published Charges							
99	Healthy Families Negotiated Rates							
99A	Healthy Families Costs							
100	Healthy Families SMA Upper Limits							
100A	Healthy Families Published Charges							
101	Healthy Families Negotiated Rates							
101A	Healthy Families Costs							
102	Healthy Families SMA Upper Limits							
102A	Healthy Families Published Charges							

DETAIL COST REPORT
 ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 7/05)

County: Los Angeles
 County Code: 19

Legal Entity Number: 00321	Legal Entity Name: 15 - Outpatient Services (Program 1)	A	B	C	D	E	F	G
Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	0.30%	10	34	42	52	58	
2	Total Units	15,145	124,457	12,167	1,547,637	40,144	25,23%	20,81%
3	Gross Cost	20,048	217,855	21,313	2,706,913	1,701,199	1,390,767	
4	Cost per Unit	1.32	1.75	1.75	1.75	1.75	1.75	
5	SMA per Unit	1.95	2.52	2.52	2.52	2.52	2.52	
6	Published Charge per Unit	1.75	2.50	2.50	2.50	2.50	2.50	
7	Negotiated Rate / Cost per Unit	1.31	1.81	1.81	1.81	1.81	1.81	
8	Medi-Cal Units	1,165	25,167	4,807	320,199	212,275	190,655	
9	Medicare/Medi-Cal Crossover Units	5,998	74,305	7,240	995,452	994,639	953,045	
10	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units	803	4,161		23,108	1,826		
11A	Non-Medi-Cal Units	578	13,270	340	83,529	12,430		
12	Medi-Cal Costs	1,013	7,554		125,562	149,591		
13	Medicare/Medi-Cal Crossover Costs	1,491,105	4,401,013	8,067	659,953	371,294	333,774	
14	Medi-Cal SMA Upper Limits	4,398,778	7,397	12,847	12,862	1,740,862	1,043,424	985,723
15	Medi-Cal Published Charges	2,148,475	63,421	11,810	808,869	534,933	480,955	
16	Medi-Cal Negotiated Rates	6,319,533	10,897	187,249	18,245	2,508,559	1,503,550	1,420,386
17	Medicare/Medi-Cal Crossover Negotiated Rates	2,100,484	12,538	62,918	11,518	800,465	530,868	477,138
18	Enhanced SD/MC Costs	5,189,378	9,779	185,763	18,100	2,488,650	1,491,598	1,409,113
19	Enhanced SD/MC SMA Upper Limits	1,543,265	9,616	45,552	8,339	679,637	394,218	345,448
20	Enhanced SD/MC Published Charges	4,840,201	7,656	134,482	13,104	1,801,768	1,079,917	1,020,187
21	Enhanced SD/MC Negotiated Rates							
22	Healthy Families Costs	65,348	1,083	7,277		40,412	3,163	
23	Healthy Families SMA Upper Limits	17,593	702	23,207	595	146,078	21,738	
24	Healthy Families Published Charges	78,773	1,566	10,486		58,232	4,602	
25	Healthy Families Negotiated Rates	294,667	1,123	33,440	857	210,483	31,324	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	78,431	1,409	10,403		57,770	4,886	
27	Enhanced SD/MC (Refugees) Published Charges	281,598	1,008	33,176	850	208,823	31,075	
28	Enhanced SD/MC (Refugees) Negotiated Rates	57,264	7,351	7,351		41,825	3,305	
29	Healthy Families Costs	204,473	1,300	24,019	615	151,167	22,469	
30	Healthy Families SMA Upper Limits	612,294	1,341	13,311	(0)	219,567	261,610	
31	Healthy Families Published Charges							
32	Healthy Families Negotiated Rates							
32A	Non-Medi-Cal Costs							

County: Los Angeles
 County Code: 19

Legal Entity Number (0017)	Model: 19 - Outpatient Services (Program 1)	A	CR B	CR C	CR D	CR E	CR F	CR G
		Mode Total	Service Function					
1	Allocation Percentage	100.00%	04	10	42	52	62	77
2	Total Units	11,093	68,924	68,924	2,158,127	262,002	3,176	9,176
3	Gross Cost	8,199,805	448,654	239,262	4,232,347	955,603	195,594	10,717
4	Cost per Unit		1.52	1.97	1.97	1.97	3.64	2.95
5	SMA per Unit		1.95	2.52	2.52	2.52	4.66	3.75
6	Published Charge per Unit		1.95	2.52	2.52	2.52	4.66	3.75
7	Negotiated Rate / Cost per Unit		1.95	2.52	2.52	2.52	4.66	3.75
8	Medi-Cal Units		65,176	65,176	432,194	63,067	9,626	269
9	Medicare/Medi-Cal Crossover Units		294,822	178,745	1,512,233	208,769	38,994	2,953
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Units							
12	Non-Medi-Cal Units							
13	Medi-Cal Costs	1,272,203	161,277	96,546	851,531	124,286	34,706	877
13A	Medi-Cal Costs	4,339,277	449,212	348,256	2,679,855	411,355	142,081	8,688
14	Medi-Cal SMA Upper Limits	1,827,056	206,265	127,313	1,089,053	168,929	44,387	1,121
14A	Medi-Cal Published Charges	5,549,659	574,513	445,397	3,610,827	528,098	181,712	11,111
15	Medi-Cal Published Charges	1,627,066	206,265	127,313	1,089,053	168,929	44,387	1,121
15A	Medi-Cal Negotiated Rates	5,549,659	574,513	445,397	3,610,827	528,098	181,712	11,111
16	Medi-Cal Negotiated Rates							
16A	Medi-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Healthy Families Costs	81,071	9,057	3,856	40,785	5,598	2,077	
26A	Healthy Families Costs	184,943	19,457	14,563	135,188	10,161	5,444	
30	Healthy Families SMA Upper Limits	78,106	11,883	4,546	52,151	7,159	2,858	
30A	Healthy Families SMA Upper Limits	238,530	24,884	18,792	172,857	12,968	6,982	
31	Healthy Families Published Charges	78,106	11,883	4,546	52,151	7,159	2,858	
31A	Healthy Families Published Charges	238,530	24,884	18,792	172,857	12,968	6,982	
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs	312,310	45,063	5,369	245,158	4,272	11,277	1,152

State of California Health and Human Services Agency
 DETAIL COST REPORT
**ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL**
 MH 1966 (Rev. 7/06)

County: Los Angeles
 County Code: 19

Legal Entity	Legal Entity Number	Legal Entity Name	Mode	A	B	C	D	E	F	G
				Mode Total	Service Function					
1		Allocation Percentage		100.00%						
2		Total Units			04	10	34	42	52	62
3		Gross Cost		3,351,911	78,868	117,804	3,362	1,001,368	277,608	94,740
4		Cost per Unit			123,869	239,326	6,830	2,034,342	569,978	355,181
5		SMA per Unit			1.57	2.03	2.03	2.03	2.03	3.77
6		Published Charge per Unit			1.95	2.52	2.52	2.52	2.52	4.88
7		Negotiated Rate / Cost per Unit			1.85	2.52	2.52	2.52	2.52	4.88
8		Medi-Cal Units	07/01/05 - 09/30/05		20,902	28,044	565	200,948	67,784	15,404
9		Medicare/Medi-Cal Crossover Units	07/01/05 - 09/30/05		38,520	58,817	1,862	502,524	141,963	49,600
10		Enhanced SD/MC (Children) Units	10/01/05 - 09/30/06							
10A		Enhanced SD/MC (Children) Units	07/01/05 - 09/30/05							
10B		Enhanced SD/MC (Religees) Units	10/01/05 - 09/30/06							
11		Healthy Families (SED) Units	07/01/05 - 09/30/05		1,362	3,637	80	19,702	2,866	2,607
11A		Healthy Families (SED) Units	10/01/05 - 09/30/06		2,882	8,942	855	62,866	18,160	6,679
12		Non-Medi-Cal Units			15,002	21,484	855	225,600	46,755	19,850
13		Medi-Cal Costs	07/01/05 - 09/30/05	703,881	32,859	59,005	1,188	408,234	137,707	56,118
13A		Medi-Cal Costs	10/01/05 - 09/30/06	1,691,570	60,556	114,818	3,783	1,020,909	286,386	167,136
14		Medi-Cal SMA Upper Limits	07/01/05 - 09/30/05	872,555	40,759	73,191	1,474	506,384	170,816	71,783
14A		Medi-Cal SMA Upper Limits	10/01/05 - 09/30/06	2,097,273	75,114	142,423	4,692	1,266,360	357,722	231,136
15		Medi-Cal Published Charges	07/01/05 - 09/30/05	872,863	40,759	73,191	1,474	506,384	170,816	72,091
15A		Medi-Cal Published Charges	10/01/05 - 09/30/06	2,096,265	75,114	142,423	4,692	1,266,360	357,722	232,128
16		Medi-Cal Negotiated Rates	07/01/05 - 09/30/05							
16A		Medi-Cal Negotiated Rates	10/01/05 - 09/30/06							
17		Medicare/Medi-Cal Crossover Costs	07/01/05 - 09/30/05							
17A		Medicare/Medi-Cal Crossover Costs	10/01/05 - 09/30/06							
18		Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/05 - 09/30/05							
18A		Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/05 - 09/30/06							
19		Medicare/Medi-Cal Crossover Published Charges	07/01/05 - 09/30/05							
19A		Medicare/Medi-Cal Crossover Published Charges	10/01/05 - 09/30/06							
20		Medicare/Medi-Cal Crossover Negotiated Rates	07/01/05 - 09/30/05							
20A		Medicare/Medi-Cal Crossover Negotiated Rates	10/01/05 - 09/30/06							
21		Enhanced SD/MC Costs	07/01/05 - 09/30/05							
21A		Enhanced SD/MC Costs	10/01/05 - 09/30/06							
22		Enhanced SD/MC SMA Upper Limits	07/01/05 - 09/30/05							
22A		Enhanced SD/MC SMA Upper Limits	10/01/05 - 09/30/06							
23		Enhanced SD/MC Published Charges	07/01/05 - 09/30/05							
23A		Enhanced SD/MC Published Charges	10/01/05 - 09/30/06							
24		Enhanced SD/MC Negotiated Rates	07/01/05 - 09/30/05							
24A		Enhanced SD/MC Negotiated Rates	10/01/05 - 09/30/06							
25		Enhanced SD/MC (Religees) Costs	07/01/05 - 09/30/05							
25A		Enhanced SD/MC (Religees) Costs	10/01/05 - 09/30/06							
26		Enhanced SD/MC (Religees) SMA Upper Limits	07/01/05 - 09/30/05							
26A		Enhanced SD/MC (Religees) SMA Upper Limits	10/01/05 - 09/30/06							
27		Enhanced SD/MC (Religees) Published Charges	07/01/05 - 09/30/05							
27A		Enhanced SD/MC (Religees) Published Charges	10/01/05 - 09/30/06							
28		Healthy Families Costs	07/01/05 - 09/30/05	68,485	2,173	7,795	122	48,026	8,005	9,638
28A		Healthy Families Costs	10/01/05 - 09/30/06	160,072	4,489	14,103	122	108,852	36,693	25,169
29		Healthy Families SMA Upper Limits	07/01/05 - 09/30/05	82,417	2,895	9,669	151	49,649	7,449	12,149
29A		Healthy Families SMA Upper Limits	10/01/05 - 09/30/06	235,636	5,581	17,464	151	132,542	45,763	31,124
30		Healthy Families Published Charges	07/01/05 - 09/30/05	82,488	2,895	9,669	151	49,649	7,449	12,201
30A		Healthy Families Published Charges	10/01/05 - 09/30/06	235,770	5,581	17,464	151	132,542	45,763	31,258
31		Healthy Families Negotiated Rates	07/01/05 - 09/30/05							
31A		Healthy Families Negotiated Rates	10/01/05 - 09/30/06							
32		Healthy Families Negotiated Rates	07/01/05 - 09/30/05							
32A		Healthy Families Negotiated Rates	10/01/05 - 09/30/06	700,102	23,884	43,605	1,737	459,321	94,998	74,882

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/06)

FISCAL YEAR 2005 - 2006

County: Los Angeles

County Code: 19

CR

Legal Entity Number: 00195 Mode: 19 - Outpatient Services (Program 1)	Legal Entity: Intercommunity Child Guidance Center	H Service Function	I Service Function	J Service Function	K Service Function	L Service Function	M Service Function	N Service Function
1	Allocation Percentage	77						
2	Total Units	0.85%						
3	Gross Cost	9,455						
4	Cost per Unit	28,594						
5	SMA per Unit	3.02						
6	Published Charge per Unit	3.75						
7	Negotiated Rate / Cost per Unit	3.75						
8	Medi-Cal Units							
8A	Medicare/Medi-Cal Crossover Units	07/01/05 - 09/30/05						
9	Enhanced SD/MC (Children) Units	10/01/05 - 09/30/06						
10	Enhanced SD/MC (Refugees) Units	07/01/05 - 09/30/05						
11	Healthy Families (SEI) Units	10/01/05 - 09/30/06						
12	Non-Medi-Cal Units	07/01/05 - 09/30/05						
13	Medi-Cal Costs	215						
14	Medi-Cal SMA Upper Limits	795						
15	Medi-Cal Published Charges	885						
16	Medi-Cal Negotiated Rates	6,669						
17	Medicare/Medi-Cal Crossover Costs	15,893						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	8,149						
19	Medicare/Medi-Cal Crossover Published Charges	19,028						
20	Medicare/Medi-Cal Crossover Negotiated Rates	8,149						
21	Enhanced SD/MC Costs	19,826						
22	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs	650						
30	Healthy Families SMA Upper Limits	2,403						
31	Healthy Families Published Charges	808						
32	Healthy Families Negotiated Rates	2,981						
33	Non-Medi-Cal Costs	806						
34	Non-Medi-Cal SMA Upper Limits	2,981						
35	Non-Medi-Cal Published Charges							
36	Non-Medi-Cal Negotiated Rates							
37	Grand Total	2,978						

DETAIL COST REPORT
 ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 7/06)

County: Los Angeles
 County Code: 19

	A	B	C	D	E	F	G
	Mode Total	Service Function					
1	100.00%	82	85				
2		35.70%	84.30%				
3	1,878,085	670,562	1,207,523				
4		134.30	188.21				
5		139.28	185.58				
6		139.98	185.58				
7							
8		1,188	1,432				
9		3,821	4,940				
10							
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12		58	44				
13		146					
14	428,372	156,861	269,512				
15	1,416,035	486,295	929,740				
16	442,728	152,658	290,071				
17	1,470,428	504,260	966,165				
18	443,077	163,008	280,071				
19	1,471,512	505,347	966,165				
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DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/06)

PAGE 1 OF 2
FISCAL YEAR 2005 - 2006

County: Los Angeles

County Code: 19

Line	Legal Entity	Mode Total	CR B		CR C		CR D		CR E		CR F		CR G	
			Service Function	Cost	Service Function	Cost	Service Function	Cost	Service Function	Cost	Service Function	Cost	Service Function	Cost
1	Allocation Percentage	100.00%												
2	Total Units	622,775	622,775		315,528	9,822	2,614,868	360,003	2,614,868	360,003	2,614,868	360,003	2,614,868	360,003
3	Gross Cost	1,186,627	1,186,627		765,149	23,353	8,541,113	873,005	8,541,113	873,005	8,541,113	873,005	8,541,113	873,005
4	Cost per Unit	1.88	1.88		2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42	2.42
5	SMA per Unit	1.95	1.95		2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52
6	Published Charge per Unit	1.95	1.95		2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52	2.52
7	Negotiated Rate / Cost per Unit													
8	Medi-Cal Units		135,725		77,918		3,885		527,120		73,733		48,877	
9	Medicare/Medi-Cal Crossover Units		353,853		187,694		8,082		1,437,739		217,210		128,022	
10	Enhanced SD/MC (Children) Units													
10A	Enhanced SD/MC (Children) Units													
10B	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units													
11A	Healthy Families (SED) Units													
12	Non-Medi-Cal Units													
13	Medi-Cal Costs	2,126,114	254,888		188,951		8,233		1,278,293		178,802		219,180	
13A	Medi-Cal Costs	5,708,830	584,058		455,167		14,749		3,488,508		528,733		560,538	
14	Medi-Cal SMA Upper Limits	2,211,488	284,584		185,353		8,555		1,328,342		185,887		227,767	
14A	Medi-Cal SMA Upper Limits	5,993,528	690,072		472,988		15,327		3,623,102		547,369		582,603	
15	Medi-Cal Published Charges	2,211,489	284,584		185,353		8,555		1,328,342		185,887		227,767	
15A	Medi-Cal Published Charges	5,923,528	690,072		472,988		15,327		3,623,102		547,369		582,603	
16	Medi-Cal Negotiated Rates													
16A	Medi-Cal Negotiated Rates													
17	Medicare/Medi-Cal Crossover Costs													
17A	Medicare/Medi-Cal Crossover Costs													
18	Medicare/Medi-Cal Crossover SMA Upper Limits													
18A	Medicare/Medi-Cal Crossover SMA Upper Limits													
19	Medicare/Medi-Cal Crossover Published Charges													
19A	Medicare/Medi-Cal Crossover Published Charges													
20	Medicare/Medi-Cal Crossover Negotiated Rates													
20A	Medicare/Medi-Cal Crossover Negotiated Rates													
21	Enhanced SD/MC Costs													
21A	Enhanced SD/MC Costs													
22	Enhanced SD/MC SMA Upper Limits													
22A	Enhanced SD/MC SMA Upper Limits													
23	Enhanced SD/MC Published Charges													
23A	Enhanced SD/MC Published Charges													
24	Enhanced SD/MC Negotiated Rates													
24A	Enhanced SD/MC Negotiated Rates													
25	Enhanced SD/MC (Refugees) Costs													
25A	Enhanced SD/MC (Refugees) Costs													
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
26A	Enhanced SD/MC (Refugees) SMA Upper Limits													
27	Enhanced SD/MC (Refugees) Published Charges													
27A	Enhanced SD/MC (Refugees) Published Charges													
28	Healthy Families Costs	104,620	11,388		9,233		352		63,033		13,878		7,726	
28A	Healthy Families Costs	318,434	39,012		25,014		195,518		26,706		30,184		30,184	
29	Healthy Families SMA Upper Limits	105,719	11,844		8,555		365		66,602		14,422		8,023	
29A	Healthy Families SMA Upper Limits	328,831	40,541		25,994		203,178		27,753		31,366		31,366	
31	Healthy Families Published Charges	106,719	11,844		8,555		365		65,502		14,422		8,023	
31A	Healthy Families Published Charges	328,831	40,541		25,994		203,178		27,753		31,366		31,366	
32	Healthy Families Negotiated Rates													
32A	Healthy Families Negotiated Rates													
33	Mode Total	1,880,781	196,476		87,784		(0)		1,317,790		128,865		147,489	

State of California Health and Human Services Agency
 DETAIL COST REPORT
 ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 7/06)

Department of Mental Health
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 FISCAL YEAR 2005 - 2006

County: Los Angeles
 County Code: 19

CR

	Legal Entity Number: 00189	Legal Entity: Los Angeles Child Guidance Clinic	H	I	J	K	L	M	N
	Mode: 15 - Outpatient Services (Program 1)		Service Function						
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State of California Health and Human Services Agency
 DETAIL COST REPORT
**ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL**
 MH 1966 (Rev. 7/06)

Department of Mental Health

PAGE 1 OF 1
 FISCAL YEAR 2005 - 2006

County: Los Angeles
 County Code: 19

Legal Entity Number	Legal Entity Name	Mode Total	A	B	C	D	E	F	G
Legal Entity Number	Legal Entity Name	Mode Total	Service Function						
1	Allocation Percentage	100.00%	82	85	88	88	88		
2	Total Units	1,488	1,488	1,488	1,488	1,488	1,488		
3	Gross Cost	2,174,764	145,141	1,269,544	207,858	502,241			
4	Cost per Unit	1,461.46	97.46	853.12	138.55	338.12			
5	SMA per Unit	136.58	136.58	136.58	136.58	136.58			
6	Published Charge per Unit	178.90	178.90	178.90	178.90	178.90			
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units		180	1,405	53	783			
8A	10/01/05 - 09/30/05		261	4,298	1,057	2,048			
9	Medicare/Medi-Cal Crossover Units								
9A	10/01/05 - 09/30/05		1			527			
10	Enhanced SD/MC (Children) Units		186	506		213			
10A	10/01/05 - 09/30/05		851	1,748		848			
10B	Enhanced SD/MC (Religees) Units								
11	Healthy Families (SED) Units		228						
11A	10/01/05 - 09/30/05		195			236			
12	Non-Medi-Cal Units			905	367				
13	Medi-Cal Costs	288,758	15,819	185,091	7,399	70,488			
13A	10/01/05 - 09/30/05	953,740	25,805	896,788	146,768	184,388			
14	Medi-Cal SMA Upper Limits	406,722	22,282	274,780	10,288	99,284			
14A	10/01/05 - 09/30/05	1,343,384	36,347	840,803	206,728	259,886			
15	Medi-Cal Published Charges	484,341	28,053	335,954	12,673	117,012			
15A	10/01/05 - 09/30/05	1,533,348	46,805	1,027,738	262,750	306,053			
16	Medi-Cal Negotiated Rates								
16A	10/01/05 - 09/30/05								
17	Medicare/Medi-Cal Crossover Costs	47,442				47,442			
17A	10/01/05 - 09/30/05	104,746	139			104,607			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	88,824				88,824			
18A	10/01/05 - 09/30/05	147,537	198			147,342			
19	Medicare/Medi-Cal Crossover Published Charges	76,755				76,755			
19A	10/01/05 - 09/30/05	173,888	238			173,648			
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A	10/01/05 - 09/30/05								
21	Enhanced SD/MC Costs	108,814	19,378	70,261		19,175			
21A	10/01/05 - 09/30/05	403,016	84,138	242,718		78,180			
22	Enhanced SD/MC SMA Upper Limits	153,287	27,295	98,983		27,008			
22A	10/01/05 - 09/30/05	587,657	118,510	341,874		107,273			
23	Enhanced SD/MC Published Charges	187,974	35,149	120,985		31,831			
23A	10/01/05 - 09/30/05	697,018	182,610	417,982		126,428			
24	Enhanced SD/MC Negotiated Rates								
24A	10/01/05 - 09/30/05								
25	Enhanced SD/MC (Religees) Costs								
25A	10/01/05 - 09/30/05								
26	Enhanced SD/MC (Religees) SMA Upper Limits								
26A	10/01/05 - 09/30/05								
27	Enhanced SD/MC (Religees) Published Charges								
27A	10/01/05 - 09/30/05								
28	Healthy Families Costs	31,659		31,659					
28A	10/01/05 - 09/30/05	59,985		27,216		32,770			
29	Healthy Families SMA Upper Limits	44,682		44,682					
29A	10/01/05 - 09/30/05	84,491		33,334		48,157			
30	Healthy Families Published Charges	64,519		64,519					
30A	10/01/05 - 09/30/05	103,300		46,888		56,432			
31	Healthy Families Negotiated Rates								
31A	10/01/05 - 09/30/05								
32	Healthy Families Negotiated Rates								
32A	10/01/05 - 09/30/05	176,623		125,864		50,860			
32B	10/01/05 - 09/30/05								

State of California Health and Human Services Agency
 DETAIL COST REPORT
ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 7/06)

Department of Mental Health

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 FISCAL YEAR 2005 - 2006

County: Los Angeles
 County Code: 19

Legal Entity Number	Legal Entity Name	Mode Total	CR A	CR B	CR C	CR D	CR E	CR F	CR G
00203	Pacific Clinics								
15 - Outpatient Services (Program 1)									
1	Allocation Percentage	100.00%							
2	Total Units	47,038,342							
3	Gross Cost		88,063	3,800,302	20,825	22,455	2,419,427	120,522	
4	Cost per Unit		1.88	1.38	0.44%	0.05%	5.14%	0.26%	
5	SMA per Unit		1.95	1.95	1.38	1.38	1.38	1.79	
6	Published Charge per Unit		2.15	2.15	2.15	2.15	2.15	2.52	
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units		6,306	305,391	114			161,765	6,809
8A	Medicare/Medi-Cal Crossover Units		34,583	1,056,044	2,356	7,286	683,169	36,478	
9	Enhanced SD/MC (Childran) Units			357,721				25,237	
10	Enhanced SD/MC (Refugees) Units			49,701	4,040		1,585	73,780	
10B	Enhanced SD/MC (Refugees) Units			120,357			980	207,871	
11	Healthy Families (SEU) Units		276	11,333			1,753	24,554	115
11A	Healthy Families (SEU) Units		509	37,932			1,526	65,910	379
12	Non-Medi-Cal Units		21,857	669,484	2,584		3,060	69,004	21,563
13	Medi-Cal Costs	4,905,898	6,730	422,792	158			269,397	15,780
13A	Medi-Cal SMA Upper Limits	20,938,730	47,878	1,452,019	3,262	10,087	1,222,264	65,263	
14	Medi-Cal Published Charges	6,910,063	12,297	595,512	222			407,623	22,189
15	Medi-Cal Negotiated Rates	29,489,851	67,437	2,056,296	4,994	14,208	1,721,586	91,925	22,639
15A	Medi-Cal Crossover Published Charges	7,302,733	13,588	666,591	245			415,710	
15B	Medi-Cal Crossover Negotiated Rates	31,107,398	74,353	2,270,495	5,065			1,755,744	93,748
16	Medicare/Medi-Cal Crossover Costs	1,407,796							
17	Medicare/Medi-Cal Crossover SMA Upper Limits	3,899,901							
17A	Medicare/Medi-Cal Crossover Published Charges	5,483,097							
18	Medicare/Medi-Cal Crossover Negotiated Rates	2,143,233							
18A	Medicare/Medi-Cal Crossover Published Charges	5,930,749							
18B	Medicare/Medi-Cal Crossover Negotiated Rates	1,989,416							
19	Enhanced SD/MC Costs	6,465,271							
20	Enhanced SD/MC SMA Upper Limits	7,728,127							
21	Enhanced SD/MC Published Charges	2,946,739							
22	Enhanced SD/MC Negotiated Rates	8,082,713							
23	Enhanced SD/MC (Refugees) Costs	356,898							
24	Enhanced SD/MC (Refugees) SMA Upper Limits	1,242,798							
25	Enhanced SD/MC (Refugees) Published Charges	505,512							
26	Enhanced SD/MC (Refugees) Negotiated Rates	1,750,509							
27	Healthy Families Costs	524,402							
28	Healthy Families SMA Upper Limits	1,816,710							
29	Healthy Families Published Charges	1,309							
30	Healthy Families Negotiated Rates	6,801,878							
31	Healthy Families Published Charges	3,551							
32	Healthy Families Negotiated Rates	928,853							
33	Healthy Families Published Charges	4,294							
34	Healthy Families Negotiated Rates	123,456							
35	Healthy Families Published Charges	382							
36	Healthy Families Negotiated Rates	15,990							
37	Healthy Families Published Charges	52,514							
38	Healthy Families Negotiated Rates	22,099							
39	Healthy Families Published Charges	73,967							
40	Healthy Families Negotiated Rates	1,188							
41	Healthy Families Published Charges	24,395							
42	Healthy Families Negotiated Rates	61,954							
43	Healthy Families Published Charges	1,309							
44	Healthy Families Negotiated Rates	3,261							
45	Healthy Families Published Charges	2,427							
46	Healthy Families Negotiated Rates	43,930							
47	Healthy Families Published Charges	2,113							
48	Healthy Families Negotiated Rates	171,593							
49	Healthy Families Published Charges	3,418							
50	Healthy Families Negotiated Rates	61,878							
51	Healthy Families Published Charges	2,876							
52	Healthy Families Negotiated Rates	241,893							
53	Healthy Families Published Charges	3,769							
54	Healthy Families Negotiated Rates	63,104							
55	Healthy Families Published Charges	3,261							
56	Healthy Families Negotiated Rates	246,489							
57	Healthy Families Published Charges	4,294							
58	Healthy Families Negotiated Rates	123,456							
59	Healthy Families Published Charges	3,551							
60	Healthy Families Negotiated Rates	928,853							
61	Healthy Families Published Charges	52,514							
62	Healthy Families Negotiated Rates	22,099							
63	Healthy Families Published Charges	73,967							
64	Healthy Families Negotiated Rates	1,188							
65	Healthy Families Published Charges	24,395							
66	Healthy Families Negotiated Rates	61,954							
67	Healthy Families Published Charges	1,309							
68	Healthy Families Negotiated Rates	3,261							
69	Healthy Families Published Charges	2,427							
70	Healthy Families Negotiated Rates	43,930							
71	Healthy Families Published Charges	2,113							
72	Healthy Families Negotiated Rates	171,593							
73	Healthy Families Published Charges	3,418							
74	Healthy Families Negotiated Rates	61,878							
75	Healthy Families Published Charges	2,876							
76	Healthy Families Negotiated Rates	241,893							
77	Healthy Families Published Charges	3,769							
78	Healthy Families Negotiated Rates	63,104							
79	Healthy Families Published Charges	3,261							
80	Healthy Families Negotiated Rates	246,489							
81	Healthy Families Published Charges	4,294							
82	Healthy Families Negotiated Rates	123,456							
83	Healthy Families Published Charges	3,551							
84	Healthy Families Negotiated Rates	928,853							
85	Healthy Families Published Charges	52,514							
86	Healthy Families Negotiated Rates	22,099							
87	Healthy Families Published Charges	73,967							
88	Healthy Families Negotiated Rates	1,188							
89	Healthy Families Published Charges	24,395							
90	Healthy Families Negotiated Rates	61,954							
91	Healthy Families Published Charges	1,309							
92	Healthy Families Negotiated Rates	3,261							
93	Healthy Families Published Charges	2,427							
94	Healthy Families Negotiated Rates	43,930							
95	Healthy Families Published Charges	2,113							
96	Healthy Families Negotiated Rates	171,593							
97	Healthy Families Published Charges	3,418							
98	Healthy Families Negotiated Rates	61,878							
99	Healthy Families Published Charges	2,876							
100	Healthy Families Negotiated Rates	241,893							
101	Healthy Families Published Charges	3,769							
102	Healthy Families Negotiated Rates	63,104							
103	Healthy Families Published Charges	3,261							
104	Healthy Families Negotiated Rates	246,489							
105	Healthy Families Published Charges	4,294							
106	Healthy Families Negotiated Rates	123,456							
107	Healthy Families Published Charges	3,551							
108	Healthy Families Negotiated Rates	928,853							
109	Healthy Families Published Charges	52,514							
110	Healthy Families Negotiated Rates	22,099							
111	Healthy Families Published Charges	73,967							
112	Healthy Families Negotiated Rates	1,188							
113	Healthy Families Published Charges	24,395							
114	Healthy Families Negotiated Rates	61,954							
115	Healthy Families Published Charges	1,309							
116	Healthy Families Negotiated Rates	3,261							
117	Healthy Families Published Charges	2,427							
118	Healthy Families Negotiated Rates	43,930							
119	Healthy Families Published Charges	2,113							
120	Healthy Families Negotiated Rates	171,593							
121	Healthy Families Published Charges	3,418							
122	Healthy Families Negotiated Rates	61,878							
123	Healthy Families Published Charges	2,876							
124	Healthy Families Negotiated Rates	241,893							
125	Healthy Families Published Charges	3,769							
126	Healthy Families Negotiated Rates	63,104							
127	Healthy Families Published Charges	3,261							
128	Healthy Families Negotiated Rates	246,489							
129	Healthy Families Published Charges	4,294							
130	Healthy Families Negotiated Rates	123,456							
131	Healthy Families Published Charges	3,551							
132	Healthy Families Negotiated Rates	928,853							
133	Healthy Families Published Charges	52,514							
134	Healthy Families Negotiated Rates	22,099							
135	Healthy Families Published Charges	73,967							
136	Healthy Families Negotiated Rates	1,188							
137	Healthy Families Published Charges	24,395							
138	Healthy Families Negotiated Rates	61,954							
139	Healthy Families Published Charges	1,309							
140	Healthy Families Negotiated Rates	3,261							
141	Healthy Families Published Charges	2,427							
142	Healthy Families Negotiated Rates	43,930							
143	Healthy Families Published Charges	2,113							
144	Healthy Families Negotiated Rates	171,593							
145	Healthy Families Published Charges	3,418							

**ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL**

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 FISCAL YEAR 2005 - 2006

County: Los Angeles

County Code: 19

Legal Entity Number: 00203 Modr: 15 - Outpatient Services (Program 1)	CR H Service Function	CR I Service Function	CR J Service Function	CR K Service Function	CR L Service Function	CR M Service Function	CR N Service Function
1 Allocation Percentage	14	17	33	34	38	41	42
2 Total Units	0.08%	0.05%	0.00%	0.45%	0.00%	3.00%	52.15%
3 Gross Cost	19,928	12,288	80	119,022	850	789,841	13,709,905
4 Cost per Unit	35,471	21,985	107	212,943	1,163	1,410,965	24,528,515
5 SMA per Unit	1.79	1.79	1.78	1.79	1.79	1.79	1.79
6 Published Charge per Unit	2.52	2.52	2.52	2.52	2.52	2.52	2.52
7 Negotiated Rate / Cost per Unit	2.57	2.57	2.57	2.57	2.57	2.57	2.57
8 Medi-Cal Units	3,983	800		16,767	470	133,704	1,387,737
9 Medicare/Medi-Cal Crossover Units	1,562			68,830	428,410	6,138,267	319,001
10 Enhanced SD/MC (Children) Units	105	2,885		5,815	133		
10B Enhanced SD/MC (Retirees) Units	48	7,483		10,131			
11 Healthy Families (SED) Units	6,266			3,147	80	4,558	110,919
11A Healthy Families (SED) Units	1,580			9,067	4,073	461,548	
12 Non-Medi-Cal Units	6,162	1,300	80	3,543	80	219,765	1,716,132
13 Medi-Cal Costs	1,128	1,431		28,958	841	239,211	2,482,813
13A Medi-Cal SMA Upper Limits	2,795			123,144	782,894	10,382,029	
14 Medi-Cal Published Charges	10,037	2,016		42,283	1,184	338,834	3,497,097
14A Medi-Cal Negotiated Rates	3,936			173,452	1,074,553	15,488,433	
15 Medicare/Medi-Cal Crossover Costs	10,236	2,056		43,091	1,208	343,519	3,568,484
15A Medicare/Medi-Cal Crossover Published Charges	4,014			176,893		1,095,874	15,775,346
15B Medicare/Medi-Cal Crossover Negotiated Rates							
16 Medicare/Medi-Cal Crossover Costs							
16A Medicare/Medi-Cal Crossover Published Charges							
16B Medicare/Medi-Cal Crossover Negotiated Rates							
17 Medicare/Medi-Cal Crossover Costs							
17A Medicare/Medi-Cal Crossover Published Charges							
17B Medicare/Medi-Cal Crossover Negotiated Rates							
18 Medicare/Medi-Cal Crossover SMA Upper Limits							
18A Medicare/Medi-Cal Crossover Published Charges							
18B Medicare/Medi-Cal Crossover Negotiated Rates							
19 Medicare/Medi-Cal Crossover Published Charges							
19A Medicare/Medi-Cal Crossover Negotiated Rates							
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A Medicare/Medi-Cal Crossover Published Charges							
20B Medicare/Medi-Cal Crossover Negotiated Rates							
21 Enhanced SD/MC Costs	188	4,822		1,866			1,152,614
21A Enhanced SD/MC SMA Upper Limits	86	13,406		16,125			3,551,398
22 Enhanced SD/MC Published Charges	265	6,791		2,628			1,823,482
22A Enhanced SD/MC SMA Upper Limits	121	18,882		25,530			5,002,223
23 Enhanced SD/MC Published Charges	270	6,926		2,981			1,565,594
23A Enhanced SD/MC SMA Upper Limits	123	19,257		26,057			5,101,473
24 Enhanced SD/MC Negotiated Rates							
24A Enhanced SD/MC Published Charges							
24B Enhanced SD/MC Negotiated Rates							
25 Enhanced SD/MC (Retirees) Costs							
25A Enhanced SD/MC (Retirees) SMA Upper Limits							
26 Enhanced SD/MC (Retirees) Published Charges							
26A Enhanced SD/MC (Retirees) Negotiated Rates							
27 Enhanced SD/MC (Retirees) Published Charges							
27A Enhanced SD/MC (Retirees) Negotiated Rates							
28 Healthy Families Costs	11,211			5,830	181	6,151	188,446
28A Healthy Families SMA Upper Limits	3,066			16,222	7,287	11,481	825,760
29 Healthy Families Published Charges	15,790			7,930	227	10,284	279,516
29A Healthy Families SMA Upper Limits	4,234			22,849	231	11,709	1,163,101
30 Healthy Families Published Charges	16,104			8,058		10,468	285,062
30A Healthy Families SMA Upper Limits	4,318			23,302		11,709	1,195,178
31 Healthy Families Published Charges							
31A Healthy Families SMA Upper Limits							
32 Healthy Families Negotiated Rates							
32A Healthy Families Published Charges							
32B Healthy Families Negotiated Rates							
TOTAL	11,060	2,328	107	6,339	161	393,184	3,070,347

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 ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL
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 FISCAL YEAR 2005 - 2006

County: Los Angeles
 County Code: 19

Legal Entity Number: 09209	Legal Entity: Pacific Clinics	Mode: 15 - Outpatient Services (Program 1)	CR O	CR P	CR O	CR R	CR S	CR T	CR U
			Services Function	Service Function					
1	Allocation Percentage		45	47	52	53	54	57	58
2	Total Units		0.18%	0.35%	3.05%	0.01%	0.20%	0.02%	5.05%
3	Gross Cost		49,302	92,483	804,781	2,413	52,633	4,266	1,327,744
4	Cost per Unit		66,418	185,426	1,439,859	4,317	84,166	7,632	2,575,479
5	SMA per Unit		1.79	1.79	1.79	1.79	1.79	1.79	1.79
6	Published Charge per Unit		2.52	2.52	2.52	2.52	2.52	2.52	2.52
7	Negotiated Rate / Cost per Unit		2.57	2.57	2.57	2.57	2.57	2.57	2.57
8	Medi-Cal Units		8,812	2,340	24,435	662	5,172	860	185,755
9A	Medicare/Medi-Cal Crossover Units		44	2,977	199,540	29,196	882,862		
9B	Medicare/Medi-Cal Crossover Units			815	121,808				
10	Enhanced SD/MC (Children) Units		3,240	18,828	41,443	420	1,710	1,710	103,507
10A	Enhanced SD/MC (Refugees) Units		3,065	37,784	81,219	441	1,666	1,666	120,576
11	Healthy Families (SED) Units		15,691	205	4,008	500	90		
11A	Healthy Families (SED) Units		2,005				1,025		
12	Non-Medi-Cal Units		15,645	29,704	260,526	360	17,190		35,014
13	Medi-Cal Costs		15,766	4,167	43,717	1,238	9,253		332,336
13A	Medi-Cal Costs		79	5,326	355,210	1,744	52,163	1,539	1,579,590
14	Medi-Cal SMA Upper Limits		22,208	5,667	61,576		13,033		466,183
14A	Medi-Cal Published Charges		111	7,502	500,321		73,473	2,167	2,224,888
15	Medi-Cal Negotiated Rates		22,647	6,014	62,786	1,778	13,292		477,390
15A	Medi-Cal Negotiated Rates		113	7,651	510,248		74,931	2,210	2,269,032
16	Medicare/Medi-Cal Crossover Costs				108,840				
17	Medicare/Medi-Cal Crossover Costs			1,100	217,928				
17A	Medicare/Medi-Cal Crossover SMA Upper Limits			1,560	306,956				
18	Medicare/Medi-Cal Crossover Published Charges			1,581	313,047				
19	Medicare/Medi-Cal Crossover Negotiated Rates								
20	Enhanced SD/MC Costs		5,797	35,865	74,146	751	3,059		185,185
21	Enhanced SD/MC Costs		5,484	67,617	146,310	769	3,034		215,724
22	Enhanced SD/MC SMA Upper Limits		8,165	47,447	104,456	1,058	4,309		260,838
22A	Enhanced SD/MC Published Charges		7,724	95,241	204,672	1,111	4,274		303,852
23	Enhanced SD/MC Negotiated Rates		8,327	48,388	108,509	1,079	4,395		266,013
23A	Enhanced SD/MC Published Charges		7,877	97,131	208,733	1,133	4,359		309,880
24	Enhanced SD/MC Negotiated Rates								
24A	Enhanced SD/MC Negotiated Rates								
25	Healthy Families Costs		27,694	367	7,173	895	161		
25A	Healthy Families Costs		3,567		23,423		1,834		
30	Healthy Families SMA Upper Limits		39,269	517	10,103	1,260	227		
30A	Healthy Families Published Charges		5,093		32,962		2,563		
31	Healthy Families Negotiated Rates		40,069	527	10,303	1,265	231		
31A	Healthy Families Published Charges		5,153		33,648		2,634		
32	Healthy Families Negotiated Rates								
32A	Healthy Families Negotiated Rates								
33	Medi-Cal Crossover		27,812	53,144	466,113	644	30,765	0	62,644

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Level Entity Number	Level Entity Name	A	B	C	D	E	F	G
Model: 19 - Outpatient Services (Program 1)		Mode Total	Service Function 04	Service Function 10	Service Function 24	Service Function 42	Service Function 52	Service Function 58
1	Allocation Percentage	100.00%	8.65%	3.66%	2.07%	44.09%	14.05%	23.49%
2	Total Units	154,188	68,824	80,880	841,914	288,348	448,570	1,032,465
3	Gross Cost	4,355,448	202,428	160,713	90,985	1,837,818	617,654	1,032,465
4	Cost per Unit	1.78	2.30	2.30	2.30	2.30	2.30	2.30
5	SMA per Unit	1.95	2.52	2.52	2.52	2.52	2.52	2.52
6	Published Charge per Unit	1.95	2.52	2.52	2.52	2.52	2.52	2.52
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	117,822	45,878	21,803	579,562	189,430	330,612	117,868
9A	Medicare/Medi-Cal Crossover Units	33,745	16,733	8,707	208,165	47,159	117,868	
9B	Medicare/Medi-Cal Crossover Units							
10A	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Religees) Units							
11	Healthy Families (SEI) Units	1,808	1,808	480	5,982	1,592	45	
11A	Healthy Families (SEI) Units	622	622	1,390	2,291	45		
12	Non-Medi-Cal Units	10,091	4,791	1,350	46,294	39,163		
13	Medi-Cal Costs	3,083,754	210,027	105,136	63,533	1,333,944	436,008	760,984
13A	Medi-Cal Costs	1,038,660	60,102	38,514	20,041	479,178	108,545	271,802
14	Medi-Cal SMA Upper Limits	3,376,984	229,948	115,109	69,560	1,469,471	477,364	833,142
14A	Medi-Cal SMA Upper Limits	1,138,983	65,903	42,167	21,942	524,828	118,641	287,254
15	Medi-Cal Published Charges	3,376,254	229,948	115,109	69,560	1,469,471	477,364	833,142
15A	Medi-Cal Published Charges	1,138,483	65,903	42,167	21,942	524,828	118,641	287,254
16	Medi-Cal Negotiated Rates							
16A	Medi-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Religees) Costs							
25A	Enhanced SD/MC (Religees) Costs							
26	Enhanced SD/MC (Religees) SMA Upper Limits							
26A	Enhanced SD/MC (Religees) SMA Upper Limits							
27	Enhanced SD/MC (Religees) Published Charges							
27A	Enhanced SD/MC (Religees) Published Charges							
28	Enhanced SD/MC (Religees) Negotiated Rates							
28A	Enhanced SD/MC (Religees) Negotiated Rates							
29	Healthy Families Costs	26,882	3,217	4,830	1,105	12,871	3,595	
29A	Healthy Families Costs	11,189	1,108	1,505	3,196	5,273	104	
30	Healthy Families SMA Upper Limits	29,191	3,822	4,959	1,210	14,092	3,938	
30A	Healthy Families SMA Upper Limits	12,251	1,213	1,648	3,803	5,773	113	
31	Healthy Families Published Charges	29,191	3,822	4,959	1,210	14,092	3,938	
31A	Healthy Families Published Charges	12,251	1,213	1,648	3,803	5,773	113	
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Grand Total	233,780	17,873	11,027	3,107	106,584	69,403	0

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		CR	H	CR	I	J	K	L	M	N
	Legal Entity: Pasadena Childrens Training Society	Service Function								
	Legal Entity Number: 00204	62	77	77	77	77	77	77	77	77
	Mode: IS - Outpatient Services (Program 1)	5.39%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%
1	Allocation Percentage	5.39%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%
2	Total Units	55,631	7,709	7,709	7,709	7,709	7,709	7,709	7,709	7,709
3	Gross Cost	236,781	26,404	26,404	26,404	26,404	26,404	26,404	26,404	26,404
4	Cost per Unit	4.26	3.43	3.43	3.43	3.43	3.43	3.43	3.43	3.43
5	SMA per Unit	4.96	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75
6	Published Charge per Unit	4.96	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75
7	Negotiated Rates / Cost per Unit	4.96	3.75	3.75	3.75	3.75	3.75	3.75	3.75	3.75
8	Med-Cal Units	38,284	5,784	5,784	5,784	5,784	5,784	5,784	5,784	5,784
9A	Medicare/Med-Cal Crossover Units	12,998	1,955	1,955	1,955	1,955	1,955	1,955	1,955	1,955
10	Enhanced SD/MC (Children) Units									
10A	Enhanced SD/MC (Religees) Units									
10B	Enhanced SD/MC (Religees) Units									
11	Healthy Families (SED) Units	315								
11A	Healthy Families (SED) Units									
12	Non-Med-Cal Units	6,042								
13	Med-Cal Costs	164,435	18,708	18,708	18,708	18,708	18,708	18,708	18,708	18,708
13A	Med-Cal Costs	164,435	18,708	18,708	18,708	18,708	18,708	18,708	18,708	18,708
14	Med-Cal SMA Upper Limits	65,283	6,668	6,668	6,668	6,668	6,668	6,668	6,668	6,668
14A	Med-Cal SMA Upper Limits	188,083	21,578	21,578	21,578	21,578	21,578	21,578	21,578	21,578
15	Med-Cal Published Charges	80,528	7,331	7,331	7,331	7,331	7,331	7,331	7,331	7,331
15A	Med-Cal Published Charges	188,083	21,578	21,578	21,578	21,578	21,578	21,578	21,578	21,578
16	Med-Cal Negotiated Rates	80,528	7,331	7,331	7,331	7,331	7,331	7,331	7,331	7,331
16A	Med-Cal Negotiated Rates									
17	Medicare/Med-Cal Crossover Costs									
17A	Medicare/Med-Cal Crossover Costs									
18	Medicare/Med-Cal Crossover SMA Upper Limits									
18A	Medicare/Med-Cal Crossover SMA Upper Limits									
19	Medicare/Med-Cal Crossover Published Charges									
19A	Medicare/Med-Cal Crossover Published Charges									
20	Medicare/Med-Cal Crossover Negotiated Rates									
20A	Medicare/Med-Cal Crossover Negotiated Rates									
21	Enhanced SD/MC Costs									
21A	Enhanced SD/MC Costs									
22	Enhanced SD/MC SMA Upper Limits									
22A	Enhanced SD/MC SMA Upper Limits									
23	Enhanced SD/MC Published Charges									
23A	Enhanced SD/MC Published Charges									
24	Enhanced SD/MC Negotiated Rates									
24A	Enhanced SD/MC Negotiated Rates									
25	Enhanced SD/MC (Religees) Costs									
25A	Enhanced SD/MC (Religees) Costs									
26	Enhanced SD/MC (Religees) SMA Upper Limits									
26A	Enhanced SD/MC (Religees) SMA Upper Limits									
27	Enhanced SD/MC (Religees) Published Charges									
27A	Enhanced SD/MC (Religees) Published Charges									
28	Enhanced SD/MC (Religees) Negotiated Rates									
28A	Enhanced SD/MC (Religees) Negotiated Rates									
29	Healthy Families Costs	1,346								
29A	Healthy Families Costs									
30	Healthy Families SMA Upper Limits	1,473								
30A	Healthy Families SMA Upper Limits									
31	Healthy Families Published Charges	1,473								
31A	Healthy Families Published Charges									
32	Healthy Families Negotiated Rates									
32A	Healthy Families Negotiated Rates									
33	Non-Med-Cal Costs	25,718								
33A	Non-Med-Cal Costs									

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		H	I	J	K	L	M	N
		Service Function						
1	Allocation Percentage	62						
2	Total Units	11.15%						
3	Gross Cost	335,024						
4	Cost per Unit	1,482,743						
5	SMA per Unit	4.34						
6	Published Charge per Unit	4.86						
7	Negotiated Rate / Cost per Unit	4.83						
8	Med-Cal Units	4.31						
8A		78,061						
9	Medicare/Medi-Cal Crossover Units	278,229						
9A		705						
10	Enhanced SD/MC (Children) Units	1,487						
10A		50						
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units	1,160						
11A		4,330						
12	Non-Medi-Cal Units	19,962						
13	Med-Cal Costs	338,578						
13A		993,991						
14	Med-Cal SMA Upper Limits	363,667						
14A		1,068,207						
15	Med-Cal Published Charges	377,131						
15A		1,107,176						
16	Med-Cal Negotiated Rates	336,529						
16A		967,977						
17	Medicare/Medi-Cal Crossover Costs	3,057						
17A		6,361						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	3,285						
18A		8,838						
19	Medicare/Medi-Cal Crossover Published Charges	3,405						
19A		7,088						
20	Medicare/Medi-Cal Crossover Negotiated Rates	3,039						
20A		6,323						
21	Enhanced SD/MC Costs	390						
21A								
22	Enhanced SD/MC SMA Upper Limits	419						
22A								
23	Enhanced SD/MC Published Charges	435						
23A								
24	Enhanced SD/MC Negotiated Rates	368						
24A								
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs	5,030						
29A		18,776						
30	Healthy Families SMA Upper Limits	5,408						
30A		20,178						
31	Healthy Families Published Charges	5,603						
31A		20,914						
32	Healthy Families Negotiated Rates	5,000						
32A		18,962						
33	Non-Medi-Cal Published Charges	86,860						

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Legal Entity	Providence Community Services	A	B	C	D	E	F	G
Legal Entity Number: 09801	Mode: 10 - Day Services	Mode Total	Service Function					
1	Allocation Percentage	100.00%	55					
2	Total Units	100.00%	100.00%					
3	Gross Cost	7,129	7,129					
4	Cost per Unit	1,154,518	1,154,518					
5	SMA per Unit	181.95	181.95					
6	Published Charge per Unit	195.98	195.98					
7	Negotiated Rate / Cost per Unit	195.98	195.98					
8	Med-Cal Units	1,829	1,829					
9	Medicare/Med-Cal Crossover Units	5,446	5,446					
10	Enhanced SD/MC (Children) Units							
11	Enhanced SD/MC (Refugees) Units							
12	Healthy Families (SED) Units							
13	Non-Med-Cal Units	54	54					
14	Med-Cal Costs	283,811	283,811					
15	Med-Cal SMA Upper Limits	881,962	881,962					
16	Med-Cal Published Charges	318,600	318,600					
17	Med-Cal Negotiated Rates	1,065,129	1,065,129					
18	Medicare/Med-Cal Crossover Costs							
19	Medicare/Med-Cal Crossover SMA Upper Limits							
20	Medicare/Med-Cal Crossover Published Charges							
21	Medicare/Med-Cal Crossover Negotiated Rates							
22	Enhanced SD/MC Costs							
23	Enhanced SD/MC SMA Upper Limits							
24	Enhanced SD/MC Published Charges							
25	Enhanced SD/MC Negotiated Rates							
26	Enhanced SD/MC (Refugees) Costs							
27	Enhanced SD/MC (Refugees) SMA Upper Limits							
28	Enhanced SD/MC (Refugees) Published Charges							
29	Enhanced SD/MC (Refugees) Negotiated Rates							
30	Healthy Families Costs							
31	Healthy Families SMA Upper Limits							
32	Healthy Families Published Charges							
33	Healthy Families Negotiated Rates							
		8,745	8,745					

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Legal Entity: Providence Community Services Legal Entity Number: 00801 Model: 15 - Outpatient Services (Program 1)	H Service Function	I Service Function	J Service Function	K Service Function	L Service Function	M Service Function	N Service Function
1 Allocation Percentage	77						
2 Total Units	4.89%						
3 Gross Cost	22,741						
4 Cost per Unit	70,614						
5 SMA per Unit	3.11						
6 Published Charge per Unit	3.75						
7 Negotiated Rate / Cost per Unit							
8							
9A Med-Cal Units	8,133						
10 Medicare/Med-Cal Crossover Units	14,089						
11 Enhanced SD/MC (Children) Units							
12 Enhanced SD/MC (Refugees) Units							
13 Healthy Families (SED) Units	27						
14 Non-Med-Cal Units	492						
15 Med-Cal Costs	25,254						
16 Med-Cal SMA Upper Limits	43,748						
17 Med-Cal Published Charges	30,489						
18 Med-Cal Negotiated Rates	52,834						
19 Medicare/Med-Cal Crossover Costs	30,489						
20 Medicare/Med-Cal Crossover SMA Upper Limits	52,834						
21 Medicare/Med-Cal Crossover Published Charges							
22 Medicare/Med-Cal Crossover Negotiated Rates							
23 Enhanced SD/MC Costs							
24 Enhanced SD/MC SMA Upper Limits							
25 Enhanced SD/MC Published Charges							
26 Enhanced SD/MC Negotiated Rates							
27 Enhanced SD/MC (Refugees) Costs							
28 Enhanced SD/MC (Refugees) SMA Upper Limits							
29 Enhanced SD/MC (Refugees) Published Charges							
30 Enhanced SD/MC (Refugees) Negotiated Rates							
31 Healthy Families Costs	84						
32 Healthy Families SMA Upper Limits	101						
33 Healthy Families Published Charges	101						
34 Healthy Families Negotiated Rates							
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Legal Entity Number: 00208	Legal Entity: San Fernando Valley CHMC, Inc.	H	I	J	K	L	M	N
Module: 15 - Outpatient Services (Program 1)		Service Function						
1	Allocation Percentage	77						
2	Total Units	8,279						
3	Gross Cost	508,851						
4	Cost per Unit	1,811,489						
5	SMA per Unit	3.17						
6	Published Charge per Unit	3.75						
7	Negotiated Rate / Cost per Unit	3.75						
8	Medi-Cal Units	174,728						
9	Medicare/Medi-Cal Crossover Units	291,844						
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units	2,881						
11A	Non-Medi-Cal Units	39,500						
12	Medi-Cal Costs	553,560						
13	Medi-Cal SMA Upper Limits	855,223						
14	Medi-Cal Published Charges	1,093,290						
15	Medi-Cal Negotiated Rates	1,093,290						
16	Medicare/Medi-Cal Crossover Costs							
17	Medicare/Medi-Cal Crossover SMA Upper Limits							
18	Medicare/Medi-Cal Crossover Published Charges							
19	Medicare/Medi-Cal Crossover Negotiated Rates							
20	Enhanced SD/MC Costs							
21	Enhanced SD/MC SMA Upper Limits							
22	Enhanced SD/MC Published Charges							
23	Enhanced SD/MC Negotiated Rates							
24	Enhanced SD/MC (Refugees) Costs							
25	Enhanced SD/MC (Refugees) SMA Upper Limits							
26	Enhanced SD/MC (Refugees) Published Charges							
27	Enhanced SD/MC (Refugees) Negotiated Rates							
28	Healthy Families Costs	9,127						
29	Healthy Families SMA Upper Limits	10,804						
30	Healthy Families Published Charges	10,804						
31	Healthy Families Negotiated Rates							
32								
32A								
32B								
32C								
33		125,142						

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Legal Entity Number: 00320 Mode: 15 - Outpatient Services (Program 1)	Legal Entity: San Gabriel Children's Center, Inc	CR												
		A	B	C	D	E	F	G	H	I	J	K	L	
		Mode Total	Service Function 04	Service Function 10	Service Function 42	Service Function 52	Service Function 58	Service Function 62	Service Function 63	Service Function 64	Service Function 65	Service Function 66	Service Function 67	
1	Allocation Percentage	100.00%	0.25%	2.60%	18.07%	63.84%	9.44%	7.55%						
2	Total Units	1,120	1,120	9,389	58,008	230,768	34,082	15,845						
3	Gross Cost	955,570	2,506	25,898	159,937	638,553	85,947	79,441						
4	Cost per Unit	2.24	2.24	2.76	2.76	2.76	2.76	2.76						
5	SMA per Unit	1.95	1.95	2.52	2.52	2.52	2.52	2.52						
6	Published Charge per Unit	2.45	2.45	3.02	3.02	3.02	3.02	3.02						
7	Negotiated Rate / Cost per Unit													
8	Med-Cal Units		60	2,684	9,558	58,048	34,082	11,250						
9A	Medicare/Med-Cal Crossover Units		780	6,069	38,782	133,777								
9B	Medicare/Med-Cal Crossover Units													
10	Enhanced SD/MC (Children) Units													
10A	Enhanced SD/MC (Refugees) Units													
10B	Enhanced SD/MC (Refugees) Units													
11	Healthy Families (SED) Units													
11A	Healthy Families (SED) Units													
12	Non-Med-Cal Units		280	569	9,659	38,963								
13	Med-Cal Costs	208,993	134	7,348	28,354	150,097								
14	Med-Cal SMA Upper Limits	841,375	1,745	18,703	106,993	398,971	93,947	63,018						
14A	Med-Cal SMA Upper Limits	183,082	117	5,713	24,078	145,278								
15	Med-Cal Published Charges	588,917	1,521	15,281	87,758	337,118	85,838	52,425						
15A	Med-Cal Published Charges	229,832	147	8,045	28,955	175,289	102,867	58,050						
16	Med-Cal Negotiated Rates	702,278	1,911	18,289	117,162	404,007								
16A	Med-Cal Negotiated Rates													
17	Medicare/Med-Cal Crossover Costs													
17A	Medicare/Med-Cal Crossover Costs													
18	Medicare/Med-Cal Crossover SMA Upper Limits													
18A	Medicare/Med-Cal Crossover SMA Upper Limits													
19	Medicare/Med-Cal Crossover Published Charges													
19A	Medicare/Med-Cal Crossover Published Charges													
20	Medicare/Med-Cal Crossover Negotiated Rates													
20A	Medicare/Med-Cal Crossover Negotiated Rates													
21	Enhanced SD/MC Courts													
21A	Enhanced SD/MC Courts													
22	Enhanced SD/MC SMA Upper Limits													
22A	Enhanced SD/MC SMA Upper Limits													
23	Enhanced SD/MC Published Charges													
23A	Enhanced SD/MC Published Charges													
24	Enhanced SD/MC Negotiated Rates													
24A	Enhanced SD/MC Negotiated Rates													
25	Enhanced SD/MC (Refugees) Costs													
26	Enhanced SD/MC (Refugees) SMA Upper Limits													
27	Enhanced SD/MC (Refugees) Published Charges													
28	Enhanced SD/MC (Refugees) Negotiated Rates													
29	Healthy Families Costs													
29A	Healthy Families Costs													
30	Healthy Families SMA Upper Limits													
30A	Healthy Families SMA Upper Limits													
31	Healthy Families Published Charges													
31A	Healthy Families Published Charges													
32	Healthy Families Negotiated Rates													
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32W	Healthy Families Negotiated Rates													
32X	Healthy Families Negotiated Rates													
32Y	Healthy Families Negotiated Rates													
32Z	Healthy Families Negotiated Rates													
33	Med-Cal Published Charges	144,202	827	1,845	28,941	107,484								

DETAIL COST REPORT
**ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL**
 MH 1966 (Rev. 7/06)

County Code: 18
 County: Los Angeles

Legal Entity Number	Legal Entity Name	Mode	A	B	C	D	E	F	G
00558	SHIELDS for Families, Inc.	19 - Outpatient Services (Program 1)	Mode Total	Service Function					
1	Allocation Percentage		100.00%	04	10	34	42	62	62
2	Total Units			8.45%	14.32%	0.33%	66.50%	3.85%	1.24%
3	Gross Cost		4,997,943	416,140	489,487	11,120	2,376,048	131,788	23,108
4	Cost per Unit			433,276	656,770	14,920	3,188,002	176,823	57,048
5	SMA per Unit			1.04	1.34	1.34	1.34	1.34	2.47
6	Published Charge per Unit			1.92	2.52	2.52	2.52	2.52	4.86
7	Negotiated Rate / Cost per Unit			1.54	2.50	2.50	2.50	2.50	4.80
8	Medi-Cal Units			84,421	111,264	2,735	512,829	20,218	4,565
9	Medicare/Medi-Cal Crossover Units			253,263	333,783	8,205	1,538,486	56,436	12,914
10	Enhanced SD/MC (Children) Units			1,086	2,401		17,863	2,203	780
11	Enhanced SD/MC (Refugees) Units								
12	Healthy Families (SED) Units			1,467	2,049		7,004	942	120
13	Non-Medi-Cal Units			2,510	3,822		15,038	1,053	90
14	Medi-Cal Costs			73,353	38,368	180	284,808	48,922	4,639
15	Medicare/Medi-Cal Crossover Costs			87,887	149,268	3,670	688,075	27,127	11,270
16	Enhanced SD/MC (Children) Costs			2,830,528	447,858	11,009	2,084,225	76,405	31,882
17	Enhanced SD/MC (Refugees) Costs			1,837,508	280,385	6,862	1,292,328	90,949	21,273
18	Healthy Families (SED) Costs			5,603,301	841,198	20,677	3,876,985	147,269	60,179
19	Medi-Cal Published Charges			1,823,189	163,777	278,160	6,838	1,282,072	50,545
20	Medicare/Medi-Cal Published Charges			5,450,373	491,330	834,483	20,513	3,846,216	146,080
21	Medi-Cal Negotiated Rates								
22	Medicare/Medi-Cal Crossover Costs			19	3,221		23,984	2,958	1,928
23	Enhanced SD/MC SMA Upper Limits			35	6,051		45,065	5,552	3,635
24	Medicare/Medi-Cal Crossover Published Charges			35	6,051		45,065	5,552	3,635
25	Medicare/Medi-Cal Crossover Negotiated Rates			81,912	2,107	6,003	44,708	5,508	3,585
26	Enhanced SD/MC Costs								
27	Enhanced SD/MC SMA Upper Limits								
28	Enhanced SD/MC Published Charges								
29	Enhanced SD/MC Negotiated Rates								
30	Healthy Families Costs			15,234	2,749		9,397	1,284	286
31	Healthy Families SMA Upper Limits			28,268	4,860		20,177	1,413	222
32	Healthy Families Published Charges			28,607	5,183		17,860	2,374	569
33	Healthy Families Negotiated Rates			54,991	9,127		37,898	2,864	419
34	Healthy Families SMA Upper Limits			28,388	5,123		17,510	2,365	562
35	Healthy Families Published Charges			54,596	9,055		37,495	2,633	414
36	Healthy Families Negotiated Rates								
37	Medi-Cal Published Charges			76,115	48,796	242	382,124	65,640	11,453

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

MH 1966 (Rev. 7/06)

CR		H	I	J	K	L	M	N
Legal Entity, SHIELDS for Families, Inc.		Service Function						
Legal Entity Number: 00558		77						
Mode: 15 - Outpatient Services (Program 1)								
1	Allocation Percentage	1.31%						
2	Total Units	30,318						
3	Gross Cost	80,204						
4	Cost per Unit	1.99						
5	SMA per Unit	3.76						
6	Published Charge per Unit	3.70						
7	Negotiated Rate / Cost per Unit							
8	Med-Cal Units	5,616						
9A	Medicare/Medi-Cal Crossover Units	18,948						
9B	Medicare/Medi-Cal Crossover Units							
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Children) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Units							
12	Non-Medi-Cal Units	7,854						
13	Med-Cal Costs	11,152						
13A	Med-Cal Costs	33,458						
14	Med-Cal SMA Upper Limits	21,060						
14A	Med-Cal SMA Upper Limits	63,180						
15	Med-Cal Published Charges	20,778						
15A	Med-Cal Published Charges	62,336						
16	Med-Cal Negotiated Rates							
16A	Med-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover SMA Upper Limits							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Published Charges							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs							
29A	Healthy Families Costs							
30	Healthy Families SMA Upper Limits							
30A	Healthy Families SMA Upper Limits							
31	Healthy Families Published Charges							
31A	Healthy Families Published Charges							
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Costs	15,598						
33A	Non-Medi-Cal Costs							

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/06)

County: Los Angeles
County Code: 19

NR

Legal Entity: South Bay Children's Health Center Legal Entry Number: 00213 Mode: 10 - Day Services	A	B	C	D	E	F	G
	Mode Total	Service Function					
1 Allocation Percentage	100.00%	98					
2 Total Units	105	100.00%					
3 Gross Cost	20,592	20,592					
4 Cost per Unit	196.21	196.21					
5 SMA per Unit	128.80	128.80					
6 Published Charge per Unit	130.00	130.00					
7 Negotiated Rate / Cost per Unit	128.80	128.80					
8		31					
9A	07/01/05 - 08/30/05						
9B	10/01/05 - 09/30/05						
9C	07/01/05 - 09/30/05						
9D	10/01/05 - 09/30/05						
9E	07/01/05 - 09/30/05						
9F	10/01/05 - 09/30/05						
9G	07/01/05 - 09/30/05						
9H	10/01/05 - 09/30/05						
9I	07/01/05 - 09/30/05						
9J	10/01/05 - 09/30/05						
9K	07/01/05 - 09/30/05						
9L	10/01/05 - 09/30/05						
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9O	07/01/05 - 09/30/05						
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11A	07/01/05 - 09/30/05						
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11Y	07/01/05 - 09/30/05						
11Z	10/01/05 - 09/30/05						
12		74					
13	07/01/05 - 09/30/05	6,082					
13A	10/01/05 - 09/30/05	6,082					
14	07/01/05 - 09/30/05	3,931					
14A	10/01/05 - 09/30/05	3,931					
15	07/01/05 - 09/30/05	4,030					
15A	10/01/05 - 09/30/05	4,030					
16	07/01/05 - 09/30/05	3,927					
16A	10/01/05 - 09/30/05	3,927					
17	07/01/05 - 09/30/05						
17A	10/01/05 - 09/30/05						
18	07/01/05 - 09/30/05						
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30A	10/01/05 - 09/30/05						
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31A	10/01/05 - 09/30/05						
32	07/01/05 - 09/30/05						
32A	10/01/05 - 09/30/05						
33	07/01/05 - 09/30/05	14,519					
33A	10/01/05 - 09/30/05	14,519					

DETAIL COST REPORT
ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 7/06)

County: Los Angeles
 County Code: 19

Legal Entity Number: 00214 Model: 15 - Outpatient Services (Program 1)	Legal Entity: Special Services for Groups						
	A	B	C	D	E	F	G
	Mode Total	Service Function					
1	100.00%	03	04	10	12	34	41
2	19,639,129	4,348	2,041,749	1,016,743	8,964	8,625	31,478
3		1.67	1.67	2.15	2.15	2.15	2.15
4		1.65	1.95	2.52	2.52	2.52	2.52
5		1.95	1.86	2.44	2.44	2.44	2.44
6		1.88	1.86	2.44	2.44	2.44	2.44
7		2.35	207,962	49,603	143	480	1,771
8		1,163	736,177	351,065	1,831	733	5,209
9							
9A							
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10A							
10B							
11							
11A							
12							
13		1,210	267,051	52,119	2,053	330	7,851
13A		382	346,563	106,718	308	1,033	3,810
14		1,838	1,230,158	755,284	3,939	1,577	11,207
14A		458	405,528	125,000	380	1,210	4,463
15		2,268	1,439,445	884,854	4,814	1,847	13,127
15A		458	405,528	125,000	360	1,210	4,463
16		2,288	1,439,445	884,854	4,814	1,847	13,127
16A		444	393,048	121,031	349	1,171	4,321
17		2,188	1,395,155	859,599	4,468	1,789	12,710
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State of California Health and Human Services Agency
 DETAIL COST REPORT
**ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL**
 MH 1966 (Rev. 7/06)

Department of Mental Health
 PAGE 2 OF 2
 FISCAL YEAR 2005 - 2006

County Code: 19

Legal Entity Number: 00214 Mode: 15 - Outpatient Services (Program 1)	NR H Service Function	NR I Service Function	NR J Service Function	NR K Service Function	NR L Service Function	NR M Service Function	NR N Service Function
1 Allocation Percentage	42	52	54	58	61	62	77
2 Total Units	45,67%	20,38%	0,10%	2,78%	0,04%	10,64%	0,48%
3 Gross Cost	3,319,891	1,481,717	7,195	202,208	1,558	418,588	23,388
4 Cost per Unit	7,142,533	3,187,819	15,480	435,038	6,198	1,664,801	74,858
5 SMA per Unit	2,15	2,15	2,15	2,15	3,98	3,98	3,20
6 Published Charge per Unit	2,52	2,52	2,52	2,52	4,68	4,68	3,75
7 Negotiated Rate / Cost per Unit	2,44	2,44	2,44	2,44	4,51	4,51	3,53
8 Med-Cal Units	581,202	283,480	227	172,884	63	74,873	3,879
9 Medicare/Med-Cal Crossover Units	1,810,425	1,054,412	3,900	172,884	1,281	224,581	14,184
10 Enhanced SD/MC (Children) Units							
10B Enhanced SD/MC (Refugees) Units							
11 Healthy Families (SED) Units	15,715	3,772				2,255	348
11A Non-Med-Cal Units	41,20	2,485				4,486	4,977
12 Med-Cal Costs	771,429	137,548	3,058	29,544	214	112,821	4,977
13 Medicare/Med-Cal Crossover Costs	1,250,419	809,811	488	251	296,847	12,416	45,398
13A Med-Cal SMA Upper Limits	4,110,157	2,288,500	8,381	371,478	5,084	893,075	14,546
14 Med-Cal SMA Upper Limits	1,484,829	714,385	672	284	347,976	53,190	14,546
14A Med-Cal Published Charges	4,814,271	2,657,118	9,828	435,113	5,989	1,046,547	53,190
15 Med-Cal Published Charges	1,484,829	714,385	572	284	347,976	14,546	14,546
15A Med-Cal Negotiated Rates	4,814,271	2,657,118	8,828	435,113	5,989	1,046,547	53,190
16 Med-Cal Negotiated Rates	1,416,133	881,718	554	284	336,775	14,081	14,081
16A Med-Cal Negotiated Rates	4,851,437	2,572,765	9,516	421,300	5,777	1,012,890	51,488
17 Medicare/Med-Cal Crossover Costs							
17A Medicare/Med-Cal Crossover SMA Upper Limits							
18 Medicare/Med-Cal Crossover Published Charges							
18A Medicare/Med-Cal Crossover Negotiated Rates							
19 Enhanced SD/MC Published Charges							
19A Enhanced SD/MC Negotiated Rates							
20 Enhanced SD/MC Published Charges							
20A Enhanced SD/MC Negotiated Rates							
21 Enhanced SD/MC Costs							
21A Enhanced SD/MC SMA Upper Limits							
22 Enhanced SD/MC Published Charges							
22A Enhanced SD/MC Negotiated Rates							
23 Enhanced SD/MC Published Charges							
23A Enhanced SD/MC Negotiated Rates							
24 Enhanced SD/MC Published Charges							
24A Enhanced SD/MC Negotiated Rates							
25 Enhanced SD/MC (Refugees) Costs							
25A Enhanced SD/MC (Refugees) SMA Upper Limits							
26 Enhanced SD/MC (Refugees) Published Charges							
26A Enhanced SD/MC (Refugees) Negotiated Rates							
27 Enhanced SD/MC Published Charges							
27A Enhanced SD/MC Negotiated Rates							
28 Healthy Families Costs	33,810	8,115				8,987	1,114
28A Healthy Families SMA Upper Limits	88,467	5,368				10,508	1,305
29 Healthy Families Published Charges	39,602	9,505				20,812	1,305
29A Healthy Families Negotiated Rates	103,822	6,287				10,508	1,305
30 Healthy Families Published Charges	39,602	9,505				20,812	1,305
30A Healthy Families Negotiated Rates	103,822	6,287				10,170	1,263
31 Healthy Families Published Charges	39,345	9,204				20,142	1,263
31A Healthy Families Negotiated Rates	100,333	6,088				447,852	15,930
32 Healthy Families Published Charges	1,659,680	285,928	6,801	63,582	851	447,852	15,930
32A Healthy Families Negotiated Rates							

County: Los Angeles

Legal Entity Number: 00217 Mode: 15 - Outpatient Services (Program 1)	A		CR B		CR C		CR D		CR E		CR F		CR G	
	Mode Total	Service Function												
1 Allocation Percentage	100.00%	04	10	34	42	82	82							
2 Total Units	10,633%	82,947	98,278	27,975	583,404	86,831	54,160							
3 Gross Cost	3,279,013	224,418	345,963	96,384	1,946,433	305,402	349,013							
4 Cost per Unit	308.57	2.71	3.52	3.52	3.32	3.52	6.43							
5 SMA per Unit	1.95	1.95	2.52	2.52	2.52	2.52	4.86							
6 Published Charge per Unit	2.00	2.00	2.60	2.60	2.60	2.60	4.75							
7 Negotiated Rate / Cost per Unit														
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Legal Entity Number: 00543 Module: 15 - Outpatient Services (Program 1)	Legal Entity: Stanview	A	B	C	D	E	F	G
Mode Total	Service Function 04	Service Function 10	Service Function 42	Service Function 52	Service Function 68	Service Function 62	Service Function 62	Service Function 62
1 Allocation Percentage	7.28%	9.18%	71.57%	4.88%	4.88%	1.95%	4.80%	
2 Total Units	639,140	990,415	4,611,423	314,252	125,693	176,993		
3 Gross Cost	912,100	1,148,429	8,999,719	611,268	244,488	602,011		
4 Cost per Unit	1.43	1.95	1.95	1.95	1.95	3.40		
5 SMA per Unit	1.95	2.52	2.52	2.52	2.52	4.65		
6 Published Charge per Unit	1.98	2.53	2.53	2.53	2.53	4.67		
7 Negotiated Rate / Cost per Unit	1.48	1.98	1.98	1.98	1.98	3.48		
8 Medi-Cal Units	140,141	149,271	1,089,125	75,607	26,249	37,970		
8A	422,660	374,174	3,019,266	212,171	67,898	130,844		
9 Medicare/Medi-Cal Crossover Units								
9A								
10 Enhanced SD/MC (Children) Units								
10A								
10B Enhanced SD/MC (Refugees) Units								
11 Healthy Families (SED) Units								
11A								
12 Non-Medi-Cal Units	78,339	69,970	503,032	26,474	1,875	9,069		
13	2,935,672	294,516	2,118,481	147,085	61,057	127,115		
13A	8,276,376	603,167	5,872,840	412,698	186,784	444,048		
14 Medi-Cal SMA Upper Limits	3,828,279	273,275	388,603	190,550	66,147	174,144		
14A	10,755,934	824,187	942,818	7,608,550	534,671	245,874		
15 Medi-Cal Published Charges	3,841,451	274,676	370,068	2,765,495	191,298	69,410		
15A	10,639,592	828,414	946,660	7,638,743	536,793	246,650		
16 Medi-Cal Negotiated Rates	3,003,404	204,605	291,079	2,187,359	150,458	130,048		
16A	8,467,331	617,084	744,808	6,008,339	422,220	194,182		
17 Medicare/Medi-Cal Crossover Costs								
17A								
18 Medicare/Medi-Cal Crossover SMA Upper Limits								
18A								
19 Medicare/Medi-Cal Crossover Published Charges								
19A								
20 Medicare/Medi-Cal Crossover Negotiated Rates								
20A								
21 Enhanced SD/MC Costs								
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22 Enhanced SD/MC SMA Upper Limits								
22A								
23 Enhanced SD/MC Published Charges								
23A								
24 Enhanced SD/MC Negotiated Rates								
24A								
25 Enhanced SD/MC (Refugees) Costs								
25A								
26 Enhanced SD/MC (Refugees) SMA Upper Limits								
26A								
27 Enhanced SD/MC (Refugees) Published Charges								
27A								
28 Enhanced SD/MC (Refugees) Negotiated Rates								
28A								
29 Healthy Families Costs								
29A								
30 Healthy Families SMA Upper Limits								
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31 Healthy Families Published Charges								
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32 Healthy Families Negotiated Rates								
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	NR		H Service Function	I Service Function	J Service Function	K Service Function	L Service Function	M Service Function	N Service Function
	Legal Entity	Starview							
1	Allocation Percentage	0.35%	77						
2	Total Units	14,295							
3	Gross Cost	44,940							
4	Cost per Unit	3.11							
5	SMA per Unit	3.75							
6	Published Charge per Unit	3.76							
7	Negotiated Rate / Cost per Unit	3.18							
8	Med-Cal Units	2,388							
8A	Medicare/Med-Cal Crossover Units	6,373							
9	Enhanced SD/MC (Refugees) Units								
10	Enhanced SD/MC (Children) Units								
10A	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units								
12	Non-Med-Cal Units	3,498							
13	Med-Cal Costs	7,447							
13A	Medicare/Med-Cal Crossover Costs	26,026							
14	Med-Cal SMA Upper Limits	8,955							
14A	Med-Cal Published Charges	31,399							
15	Med-Cal Negotiated Rates	9,008							
15A	Med-Cal Published Charges	31,482							
16	Med-Cal Negotiated Rates	7,819							
16A	Medicare/Med-Cal Crossover Costs	26,628							
17	Medicare/Med-Cal Crossover Costs								
17A	Medicare/Med-Cal Crossover SMA Upper Limits								
18	Medicare/Med-Cal Crossover Published Charges								
18A	Medicare/Med-Cal Crossover Negotiated Rates								
19	Enhanced SD/MC (Refugees) Costs								
19A	Enhanced SD/MC (Refugees) SMA Upper Limits								
20	Enhanced SD/MC (Refugees) Published Charges								
20A	Enhanced SD/MC (Refugees) Negotiated Rates								
21	Enhanced SD/MC Costs								
21A	Enhanced SD/MC SMA Upper Limits								
22	Enhanced SD/MC Published Charges								
22A	Enhanced SD/MC Negotiated Rates								
23	Healthy Families Costs								
23A	Healthy Families SMA Upper Limits								
24	Healthy Families Published Charges								
24A	Healthy Families Negotiated Rates								
25	Healthy Families Costs								
25A	Healthy Families SMA Upper Limits								
26	Healthy Families Published Charges								
26A	Healthy Families Negotiated Rates								
27	Healthy Families Costs								
27A	Healthy Families SMA Upper Limits								
28	Healthy Families Published Charges								
28A	Healthy Families Negotiated Rates								
29	Healthy Families Costs								
29A	Healthy Families SMA Upper Limits								
30	Healthy Families Published Charges								
30A	Healthy Families Negotiated Rates								
31	Healthy Families Costs								
31A	Healthy Families SMA Upper Limits								
32	Healthy Families Published Charges								
32A	Healthy Families Negotiated Rates								
33	Med-Cal Costs	10,867							

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Legal Entity Number: 00218 Mode: 15 - Outpatient Services (Program: 1)	Level Entity: Shifing Academy, Inc.	CR									
		A Mode Total	B Service Function	C Service Function	D Service Function	E Service Function	F Service Function	G Service Function			
1	Allocation Percentage	100.00%	04	10	42	52	82				
2	Total Units	83,585	83,585	162,783	753,977	17,508	14,801				
3	Gross Cost	1,905,524	148,012	284,489	1,387,698	30,599	58,278				
4	Cost per Unit	22.81	1.75	1.75	1.82	1.75	3.93				
5	SMA per Unit	1.95	1.95	2.52	2.52	2.52	4.68				
6	Published Charge per Unit	1.95	1.95	2.52	2.52	2.52	4.68				
7	Negotiated Rate / Cost per Unit										
8	Medi-Cal Units	14,148	14,148	27,626	116,763	214	1,805				
9	Medicare/Medi-Cal Crossover Units	28,723	28,723	78,409	351,051	9,930	8,178				
10	Enhanced SD/MC (Children) Units										
10A	Enhanced SD/MC (Children) Units										
10B	Enhanced SD/MC (Refugees) Units										
11	Healthy Families (SED) Units	1,913	1,913	4,890	15,528		285				
11A	Healthy Families (SED) Units	3,349	3,349	15,733	73,682	3,887	888				
12	Non-Medi-Cal Units	35,454	35,454	38,425	238,973	3,677	5,655				
13	Medi-Cal Costs	284,185	24,711	48,108	204,076	374	6,916				
13A	Medi-Cal Costs	838,305	50,175	133,537	613,580	17,355	23,878				
14	Medi-Cal SMA Upper Limits	400,144	27,585	69,368	294,243	539	8,411				
14A	Medi-Cal SMA Upper Limits	1,187,022	56,010	192,551	884,849	25,024	28,789				
15	Medi-Cal Published Charges	400,144	27,585	69,368	294,243	539	8,411				
15A	Medi-Cal Published Charges	1,187,022	56,010	192,551	884,849	25,024	28,789				
16	Medi-Cal Negotiated Rates										
16A	Medi-Cal Negotiated Rates										
17	Medicare/Medi-Cal Crossover Costs										
17A	Medicare/Medi-Cal Crossover Costs										
18	Medicare/Medi-Cal Crossover SMA Upper Limits										
18A	Medicare/Medi-Cal Crossover SMA Upper Limits										
19	Medicare/Medi-Cal Crossover Published Charges										
19A	Medicare/Medi-Cal Crossover Published Charges										
20	Medicare/Medi-Cal Crossover Negotiated Rates										
20A	Medicare/Medi-Cal Crossover Negotiated Rates										
21	Enhanced SD/MC Costs										
21A	Enhanced SD/MC Costs										
22	Enhanced SD/MC SMA Upper Limits										
22A	Enhanced SD/MC SMA Upper Limits										
23	Enhanced SD/MC Published Charges										
23A	Enhanced SD/MC Published Charges										
24	Enhanced SD/MC Negotiated Rates										
24A	Enhanced SD/MC Negotiated Rates										
25	Enhanced SD/MC (Refugees) Costs										
25A	Enhanced SD/MC (Refugees) Costs										
26	Enhanced SD/MC (Refugees) SMA Upper Limits										
26A	Enhanced SD/MC (Refugees) SMA Upper Limits										
27	Enhanced SD/MC (Refugees) Published Charges										
27A	Enhanced SD/MC (Refugees) Published Charges										
28	Enhanced SD/MC (Refugees) Negotiated Rates										
28A	Enhanced SD/MC (Refugees) Negotiated Rates										
29	Healthy Families Costs	39,808	3,342	6,197	27,140		1,131				
29A	Healthy Families Costs	171,882	8,550	27,486	128,745	8,444	3,327				
30	Healthy Families SMA Upper Limits	58,054	3,730	11,819	39,131		1,375				
30A	Healthy Families SMA Upper Limits	245,142	6,531	39,547	185,628	9,291	4,045				
31	Healthy Families Published Charges	58,054	3,730	11,819	39,131		1,375				
31A	Healthy Families Published Charges	245,142	6,531	39,547	185,628	9,291	4,045				
32	Healthy Families Negotiated Rates										
32A	Healthy Families Negotiated Rates										
33	Medi-Cal Costs	571,364	61,933	87,154	414,177	6,428	21,873				

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Legal Entity Number: 002706	Legal Entity Name: Harbor View Rehabilitation Center	Mode: 15 - Outpatient Services (Program 1)	A	B	C	D	E	F	G
			Mode Total	Service Function					
				04	10	42	52	58	52
1	Allocation Percentage		100.00%	3.85%	4.93%	43.57%	23.84%	21.74%	2.22%
2	Total Units			97,178	94,319	932,897	451,784	415,605	23,300
3	Gross Cost		2,763,161	107,618	136,493	1,205,316	653,764	601,438	61,500
4	Cost per Unit			1.10	1.45	1.45	1.45	1.45	2.64
5	SMA per Unit			1.85	2.52	2.62	2.52	2.52	4.86
6	Published Change per Unit			1.08	1.42	1.42	1.42	1.42	2.58
7	Negotiated Rate / Cost per Unit			1.08	1.42	1.42	1.42	1.42	2.58
8	Medi-Cal Units			31,392	28,135	200,471	115,202	93,415	4,805
9A	Medicare/Medi-Cal Crossover Units			66,386	65,184	632,428	338,562	322,190	18,895
10A	Enhanced SD/MC (Children) Units								
10B	Enhanced SD/MC (Refugees) Units								
11A	Healthy Families (SED) Units								
12A	Non-Medi-Cal Units								
13A	Medi-Cal Costs		680,876	34,551	42,162	280,108	186,713	135,184	12,155
14A	Medi-Cal SMA Upper Limits		1,185,968	61,214	73,420	505,187	280,309	235,408	21,459
15A	Medi-Cal Published Charges		868,107	33,003	41,372	284,668	163,587	132,849	11,927
16A	Medi-Cal Negotiated Rates		888,107	33,903	41,372	284,669	163,587	132,849	11,927
17A	Medicare/Medi-Cal Crossover Costs		2,045,179	71,897	92,561	868,045	477,946	457,510	48,420
18A	Medicare/Medi-Cal Crossover SMA Upper Limits								
19A	Medicare/Medi-Cal Crossover Published Charges								
20A	Medicare/Medi-Cal Crossover Negotiated Rates								
21A	Enhanced SD/MC Costs								
22A	Enhanced SD/MC SMA Upper Limits								
23A	Enhanced SD/MC Published Charges								
24A	Enhanced SD/MC Negotiated Rates								
25A	Enhanced SD/MC (Refugees) Costs								
26A	Enhanced SD/MC (Refugees) SMA Upper Limits								
27A	Enhanced SD/MC (Refugees) Published Charges								
28A	Enhanced SD/MC (Refugees) Negotiated Rates								
29A	Healthy Families Costs								
30A	Healthy Families SMA Upper Limits								
31A	Healthy Families Published Charges								
32A	Healthy Families Negotiated Rates								
33A	Medicare/Medi-Cal Costs								

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Legal Entity Number: 00221	Legal Entity: VERDUGO MENTAL HEALTH	Mode Total	CR B Service Function 04	CR C Service Function 10	CR D Service Function 34	CR E Service Function 42	CR F Service Function 52	CR G Service Function 62
Model: 15 - Outpatient Services (Program 1)								
1	Allocation Percentage	100.00%	1.95%	3.28%	0.86%	46.07%	14.12%	30.78%
2	Total Units	61,950	67,697	949,230	280,684	342,684	1,482,478	1,482,478
3	Gross Cost	4,816,048	54,746	158,006	41,368	2,218,901	678,836	1,482,478
4	Cost per Unit		1.81	2.34	2.34	2.34	2.34	4.33
5	SMA per Unit		1.95	2.52	2.52	2.52	2.52	4.66
6	Published Charge per Unit		2.08	2.68	2.68	2.68	2.68	4.96
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units		11,080	12,625	3,635	163,200	61,180	55,513
9	Medicare/Medi-Cal Crossover Units		33,288	37,894	10,937	489,570	183,378	166,532
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Units							
12	Non-Medi-Cal Units		7,572	11,106	700	233,600	37,109	33,578
13	Medi-Cal Costs	854,719	20,119	29,277	6,497	381,478	143,007	240,153
13A	Medi-Cal Costs	2,563,811	60,390	67,852	25,565	1,144,357	428,644	720,429
14	Medi-Cal SMA Upper Limits	921,184	21,628	31,563	9,160	411,264	154,174	258,691
14A	Medi-Cal SMA Upper Limits	2,763,121	64,912	94,712	27,541	1,233,718	492,115	776,039
15	Medi-Cal Published Charges	979,968	23,067	33,567	9,742	437,376	163,982	275,944
15A	Medi-Cal Published Charges	2,939,504	69,239	100,725	29,311	1,312,048	491,458	825,989
16	Medi-Cal Negotiated Rates							
16A	Medi-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs	87,397						87,397
17A	Medicare/Medi-Cal Crossover Costs	262,337						262,337
18	Medicare/Medi-Cal Crossover SMA Upper Limits	94,132						94,132
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	282,597						282,597
19	Medicare/Medi-Cal Crossover Published Charges	100,192						100,192
19A	Medicare/Medi-Cal Crossover Published Charges	300,779						300,779
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Medicare/Medi-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC Costs							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC SMA Upper Limits							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Published Charges							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Refugees) Costs							
25A	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
26A	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
27A	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs	32,378	1,818	1,918	1,543	22,124	3,775	3,180
29A	Healthy Families Costs	184,794	13,298	4,128	4,128	124,809	17,689	23,729
30	Healthy Families SMA Upper Limits	34,904	1,744	1,863	1,463	23,862	4,070	3,425
30A	Healthy Families SMA Upper Limits	199,202	14,534	4,448	4,448	134,555	19,045	25,560
31	Healthy Families Published Charges	37,123	1,855	1,769	1,769	25,368	4,328	3,646
31A	Healthy Families Published Charges	211,673	15,244	4,730	4,730	143,089	20,258	27,206
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Non-Medi-Cal Total	830,821	13,737	25,965	1,638	546,034	86,741	145,281
33A	Non-Medi-Cal Total							

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 Department of Mental Health
 DETAIL COST REPORT
 ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 7/06)

PAGE 2 OF 2
 FISCAL YEAR 2005 - 2006

County: Los Angeles
 County Code: 19

CR

Legal Entity Number: 00221	Legal Entity: VERDUGO MENTAL HEALTH	H	I	J	K	L	M	N
Mode: 19 - Outpatient Services (Program 1)		Service Function						
1	Allocation Percentage	77						
2	Total Units	2,934						
3	Gross Cost	40,808						
4	Cost per Unit	141,318						
5	SMA per Unit	3.48						
6	Published Charge per Unit	3.75						
7	Negotiated Rate / Cost per Unit	3.99						
8	Medi-Cal Units	9,250						
9	Medicare/Medi-Cal Crossover Units	27,761						
10	Enhanced SD/MC (Children) Units							
10A	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units	40						
11A	Healthy Families (SED) Units	335						
12	Non-Medi-Cal Units	3,232						
13	Medi-Cal Costs	32,190						
13A	Medi-Cal Costs	88,575						
14	Medi-Cal SMA Upper Limits	34,888						
14A	Medi-Cal Published Charges	104,066						
15	Medi-Cal Published Charges	38,906						
15A	Medi-Cal Negotiated Rates	110,728						
16	Medi-Cal Negotiated Rates							
16A	Medi-Cal Negotiated Rates							
17	Medicare/Medi-Cal Crossover Costs							
17A	Medicare/Medi-Cal Crossover Costs							
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A	Medicare/Medi-Cal Crossover Published Charges							
19	Medicare/Medi-Cal Crossover Published Charges							
19A	Medicare/Medi-Cal Crossover Negotiated Rates							
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A	Enhanced SD/MC Costs							
21	Enhanced SD/MC Costs							
21A	Enhanced SD/MC SMA Upper Limits							
22	Enhanced SD/MC SMA Upper Limits							
22A	Enhanced SD/MC Published Charges							
23	Enhanced SD/MC Published Charges							
23A	Enhanced SD/MC Negotiated Rates							
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC (Refugees) Costs							
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
28A	Healthy Families Costs	139						
29	Healthy Families Costs	1,168						
29A	Healthy Families SMA Upper Limits	150						
30	Healthy Families SMA Upper Limits	1,256						
30A	Healthy Families Published Charges	160						
31	Healthy Families Published Charges	1,337						
31A	Healthy Families Negotiated Rates							
32	Healthy Families Negotiated Rates							
32A	Medi-Cal - Each Cost/yr. Mental Health Center, 48	11,248						

State of California Health and Human Services Agency
 Department of Mental Health
 DETAIL COST REPORT
ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL
 MH 1966 (Rev. 7/06)

PAGE 1 OF 1
 FISCAL YEAR 2005 - 2006

County: Los Angeles
 County Code: 19

Legal Entity Number: 00195	Legal Entity: Vista del Mar Child & Family Services	Mode: 10 - Day Services	A	B	C	D	E	F	G
Mode: 10 - Day Services			Mode Total	Service Function					
1	Allocation Percentage		100.00%	85	98				
2	Total Units		48,796	51,214	48,796				
3	Gross Cost		2,947,122	1,509,356	1,437,766				
4	Cost per Unit		140.52	216.74	140.52				
5	SMA per Unit		185.68	185.68	128.80				
6	Published Charge per Unit		200.00	200.00	190.00				
7	Negotiated Rate / Cost per Unit								
8	Med-Cal Units			1,887	2,492				
9	Medicare/Med-Cal Crossover Units			5,242	6,059				
10	Enhanced SD/MC (Children) Units								
10A	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units								
12	Non-Med-Cal Units			35	1,881				
13	Med-Cal Costs		715,802	365,535	350,167				
13A	Med-Cal SMA Upper Limits		1,887,525	1,138,135	851,380				
14	Med-Cal Published Charges		645,929	329,943	315,988				
14A	Med-Cal Negotiated Rates		1,783,512	1,025,230	768,281				
15	Med-Cal Crossover Published Charges		711,200	337,400	373,800				
15A	Med-Cal Crossover Negotiated Rates		1,857,250	1,048,400	908,850				
16	Med-Cal Crossover Costs								
16A	Med-Cal Crossover SMA Upper Limits								
17	Medicare/Med-Cal Crossover Costs								
17A	Medicare/Med-Cal Crossover SMA Upper Limits								
18	Medicare/Med-Cal Crossover Published Charges								
18A	Medicare/Med-Cal Crossover Negotiated Rates								
19	Enhanced SD/MC Costs								
19A	Enhanced SD/MC (Refugees) Costs								
20	Enhanced SD/MC (Refugees) SMA Upper Limits								
20A	Enhanced SD/MC (Refugees) Published Charges								
20A	Enhanced SD/MC (Refugees) Negotiated Rates								
21	Healthy Families Costs								
21A	Healthy Families SMA Upper Limits								
22	Healthy Families Published Charges								
22A	Healthy Families Negotiated Rates								
23	Healthy Families Crossover Published Charges								
23A	Healthy Families Crossover Negotiated Rates								
24	Healthy Families Crossover Costs								
24A	Healthy Families Crossover SMA Upper Limits								
25	Healthy Families Crossover Published Charges								
25A	Healthy Families Crossover Negotiated Rates								
26	Healthy Families Crossover Costs								
26A	Healthy Families Crossover SMA Upper Limits								
27	Healthy Families Crossover Published Charges								
27A	Healthy Families Crossover Negotiated Rates								
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29	Healthy Families Crossover Published Charges								
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30A	Healthy Families Crossover SMA Upper Limits								
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31A	Healthy Families Crossover Negotiated Rates								
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32A	Healthy Families Crossover SMA Upper Limits								
33	Healthy Families Crossover Published Charges								
33A	Healthy Families Crossover Negotiated Rates								
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34A	Healthy Families Crossover SMA Upper Limits								
35	Healthy Families Crossover Published Charges								
35A	Healthy Families Crossover Negotiated Rates								
36	Healthy Families Crossover Costs								
36A	Healthy Families Crossover SMA Upper Limits								
37	Healthy Families Crossover Published Charges								
37A	Healthy Families Crossover Negotiated Rates								
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38A	Healthy Families Crossover SMA Upper Limits								
39	Healthy Families Crossover Published Charges								
39A	Healthy Families Crossover Negotiated Rates								
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62A	Healthy Families Crossover SMA Upper Limits								
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68A	Healthy Families Crossover SMA Upper Limits								
69	Healthy Families Crossover Published Charges								
69A	Healthy Families Crossover Negotiated Rates								
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70A	Healthy Families Crossover SMA Upper Limits								
71	Healthy Families Crossover Published Charges								
71A	Healthy Families Crossover Negotiated Rates								
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73A	Healthy Families Crossover Negotiated Rates								
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74A	Healthy Families Crossover SMA Upper Limits								
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77	Healthy Families Crossover Published Charges								
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88A	Healthy Families Crossover SMA Upper Limits								
89	Healthy Families Crossover Published Charges								
89A	Healthy Families Crossover Negotiated Rates								
90	Healthy Families Crossover Costs								
90A	Healthy Families Crossover SMA Upper Limits								
91	Healthy Families Crossover Published Charges								
91A	Healthy Families Crossover Negotiated Rates								

DETAIL COST REPORT
**ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL**
 MH 1966 (Rev. 7/06)

County: Los Angeles
 County Code: 19

Legal Entity Number: 00198 Mode: 19 - Outpatient Services (Program 1)	A	B	C	D	E	F	G
	Mode Total	Service Function 04	Service Function 10	Service Function 34	Service Function 42	Service Function 52	Service Function 58
1 Allocation Percentage	100.00%	17.04%	8.72%	0.47%	47.51%	0.82%	7.87%
2 Total Units	211,831	354,365	1,152,857	22,368	1,152,857	22,368	190,823
3 Gross Cost	6,776,435	1,154,711	5,910,011	31,658	3,219,470	67,465	533,172
4 Cost per Unit	2.16	2.79	2.79	2.79	2.79	2.79	2.79
5 SMA per Unit	1.95	2.52	2.52	2.52	2.52	2.52	2.52
6 Published Charge per Unit	2.25	2.75	2.75	2.75	2.75	2.75	2.75
7 Negotiated Rate / Cost per Unit							
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County: Los Angeles
 County Code: 18

CR

Legal Entity Number: 00195 Mode: 15 - Outpatient Services (Program 1)	H Service Function	I Service Function	J Service Function	K Service Function	L Service Function	M Service Function	N Service Function
1 Allocation Percentage	62						
2 Total Units	17,47%						
3 Gross Cost	229,256						
4 Cost per Unit	1,183,900						
5 SMA per Unit	5.16						
6 Published Charge per Unit	4.66						
7 Negotiated Rate / Cost per Unit	4.75						
8 Medi-Cal Units	52,557						
8A 07/01/05 - 09/30/05	144,307						
9 Medicare/Medi-Cal Crossover Units							
9A 07/01/05 - 09/30/05							
10 Enhanced SD/MC (Children) Units							
10A 07/01/05 - 09/30/05							
10B Enhanced SD/MC (Refugees) Units							
10B 07/01/05 - 09/30/05							
11 Healthy Families (SED) Units	343						
11A 07/01/05 - 09/30/05	1,028						
12 Non-Medi-Cal Units	31,020						
13 Medi-Cal Costs	271,408						
13A 07/01/05 - 09/30/05	745,215						
14 Medi-Cal SMA Upper Limits	244,918						
14A 07/01/05 - 09/30/05	672,471						
15 Medi-Cal Published Charges	249,648						
15A 07/01/05 - 09/30/05	655,458						
16 Medi-Cal Negotiated Rates							
16A 07/01/05 - 09/30/05							
17 Medicare/Medi-Cal Crossover Costs							
17A 07/01/05 - 09/30/05	1,183,900						
18 Medicare/Medi-Cal Crossover SMA Upper Limits							
18A 07/01/05 - 09/30/05							
19 Medicare/Medi-Cal Crossover Published Charges							
19A 07/01/05 - 09/30/05							
20 Medicare/Medi-Cal Crossover Negotiated Rates							
20A 07/01/05 - 09/30/05							
21 Enhanced SD/MC Costs							
21A 07/01/05 - 09/30/05							
22 Enhanced SD/MC SMA Upper Limits							
22A 07/01/05 - 09/30/05							
23 Enhanced SD/MC Published Charges							
23A 07/01/05 - 09/30/05							
24 Enhanced SD/MC Negotiated Rates							
24A 07/01/05 - 09/30/05							
25 Enhanced SD/MC (Refugees) Costs							
25A 07/01/05 - 09/30/05							
26 Enhanced SD/MC (Refugees) SMA Upper Limits							
26A 07/01/05 - 09/30/05							
27 Enhanced SD/MC (Refugees) Published Charges							
27A 07/01/05 - 09/30/05							
28 Enhanced SD/MC (Refugees) Negotiated Rates							
28A 07/01/05 - 09/30/05							
29 Healthy Families Costs	1,771						
29A 07/01/05 - 09/30/05	5,314						
30 Healthy Families SMA Upper Limits	1,998						
30A 07/01/05 - 09/30/05	4,795						
31 Healthy Families Published Charges	1,829						
31A 07/01/05 - 09/30/05	4,888						
32 Healthy Families Negotiated Rates							
32A 07/01/05 - 09/30/05							
33 Non-Medi-Cal Costs	150,190						
33A 07/01/05 - 09/30/05							

**Los Angeles County Department of Mental Health
Incorrect Reduction Claim
Handicapped and Disabled Students Program
Fiscal Years 2003-04, 2004-05 and 2005-06**

Exhibit D-4

**Los Angeles County Department of Mental Health
Re-Filed Portions of Fiscal Year 2004-05 and 2005-06
Under Reconsideration Claiming Instructions**

COUNTY OF LOS ANGELES

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

SHEILA A. SHIMA
Deputy Director

RODERICK SHANER, M.D.
Medical Director



BOARD OF SUPERVISORS
GLORIA MOLINA
YVONNE B. BURKE
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4825
Fax: (213) 639-8773

<http://dmh.lacounty.info>

April 5, 2007

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

FROM: Jeremy D. Cortez *[Signature]*
Acting Administrative Deputy

SUBJECT: **PROGRAM 111 ACTUAL FISCAL YEARS 2004-05 AND 2005-06, AND
PROGRAM 273 ESTIMATED FISCAL YEAR 2006-07 SB 90 CLAIMS**

In accordance with the State Controller's Office Claiming Instructions, attached are the SB 90 claims to be refiled for the above-mentioned programs for the Los Angeles County - Department of Mental Health (LAC-DMH). For Program 111, Handicapped and Disabled Students (HDS), the Assessment – Individualized Education Program reimbursable component is being refiled. Program 273, Estimated Claim for Fiscal Year (FY) 2006-07, is being refiled based on consolidated claims for FY 2005-06 Chapter 1747/84 HDS and Chapter 654 Seriously Emotionally Disturbed (SED) Pupils: Out Of State. These claims were prepared in compliance with the SB 90 Parameters and Guidelines based on the annual LAC-DMH Cost Report. The following are the SB 90 claims to be refiled:

- 1) Program 111 HDS Actual FY 2004-05 _____ \$262,702
- 2) Program 111 HDS Actual FY 2005-06 _____ \$264,301
- 3) Program 273 Consolidation of HDS, HDS II, and SED: Out Of State Mental Health Services Estimated FY 2006-07 _____ \$18,488,223.

If you have any questions, please contact Winnie Suen of my staff at (213) 738-4690.

JDC:MPB:WS:gm

Attachments

- c: Marvin J. Southard, D.S.W. (memo and summary only)
- Sheila A. Shima (memo and summary only)
- Paul McIver (memo and summary only)
- Mike Motodani (memo and summary only)
- Kimberly Nall (memo and summary only)

"To Enrich Lives Through Effective And Caring Service"

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR (FY) 2004-05 SB 90 PROGRAM 111

HANDICAPPED AND DISABLED STUDENTS REIMBURSEMENT CLAIM

Table of Contents

Attachment 1	FAM-27 Claim Form
Attachment 2	Form 1 Claim Summary
Attachment 3	Form 2 Activity Cost Detail
Attachment 4	FY 2004-05 Assessment – IEP Program
Attachment 5	FY 2004-05 Assessment – IEP Program Expenditures and Revenues Worksheet
Attachment 6	FY 2004-05 Indirect Cost Proposal (ICP) Rate Summary
Attachment 7	FY 2004-05 Cost Report Actual Indirect Cost Rates
Attachment 8	MH 1966 Cost Report Forms

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HANDICAPPED AND DISABLED STUDENTS	For State Controller Use only (19) Program Number 00111 (20) Date Filed (21) LRS Input	PROGRAM 111
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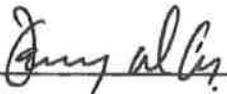
(01) Claimant Identification Number			Reimbursement Claim Data	
(02) Claimant Name County of Los Angeles - Department of Mental Health			(22) FORM-1, (04)(A)(g)	
Address 550 South Vermont Ave., 11th Floor			(23) FORM-1, (04)(B)(g)	2,076,865
Los Angeles, CA 90020			(24) FORM-1, (04)(C)(g)	
			(25) FORM-1, (04)(D)(g)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26) FORM-1, (04)(E)(g)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27) FORM-1, (04)(F)(g)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) FORM-1, (06)	13
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) FORM-1, (07)	276,801
Fiscal Year of Cost	(06)	(12) 2004/2005	(30) FORM-1, (09)	
Total Claimed Amount	(07)	(13) 262,702	(31) FORM-1, (10)	2,090,764
Less: 10% Late Penalty		(14)	(32)	
Less: Prior Claim Payment Received		(15)	(33)	
Net Claimed Amount		(16) 262,702	(34)	
Due from State	(08)	(17) 262,702	(35)	
Due to State		(18)	(36)	

(37) CERTIFICATION OF CLAIM

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

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

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

Signature of Authorized Officer	Date
 _____ Jeremy D. Cortez	4-5-07 _____ Acting Administrative Deputy
Type or Print Name	Title
(38) Name of Contact Person for Claim	
Winnie Suen	
Telephone Number	(213) 738-4690
E-mail Address	Wsuen@lacdmh.org

Program 111	MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS CLAIM SUMMARY	FORM 1
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(01) Claimant: County of Los Angeles - Department of Mental Health	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004/2005
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(03) Department	
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Direct Costs	Object Accounts						
(04) Reimbursable Components	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
A. Renew Interagency Agreement							
B. Initial Assessment of Pupil	2,076,865						2,076,865
C. Participation in IEP Team							
D. Lead Case Manager							
E. Out-of-Home Residential Care							
F. Due Process Hearings							
(05) Total Direct Costs	2,076,865						2,076,865

Indirect Costs

(06) Indirect Cost Rate	<i>See attached Auditor-Controller approved Plan Year 2004/2005 ICRP and FY 2004/2005 Cost Report Actuals (Attachment 6 & 7)</i>	13.3182%
(07) Total Indirect Costs	[Line (06) x line (05)(a)] or [Line (06) x (line (05)(a) + line (05)(b))]	276,601
(08) Total Direct and Indirect Costs	[Line (05)(g) + line (07)]	2,353,466

Cost Reduction

(09) Less: Offsetting Savings		
(10) Less: Other Reimbursements <i>(Attachment 5)</i>		2,090,764
(11) Total Claimed Amount	[Line (08) - (line (09) + line (10))]	262,702

Program 111	MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS ACTIVITY COST DETAIL	FORM 2
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(01)	Claimant County of Los Angeles - Department of Mental Health	(02)	Fiscal Year 2004/2005
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<input type="checkbox"/> Review Interagency Agreement	<input checked="" type="checkbox"/> Initial Assessment of Pupil
<input type="checkbox"/> Participation in IEP Team	<input type="checkbox"/> Lead Case Manager
<input type="checkbox"/> Out-of-Home Residential Care	<input type="checkbox"/> Due Process Hearings

(04) Description of Expenses	Object Accounts								
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel	
The claimed units of service are based on the AB3832/SEP Plan identified in the LAC-DMH Integrated System (IS). The cost report process determines the cost per unit of service in a generic sense, not on an individual clinician basis. This data is detailed on Attachment 4. Direct service cost details have been completed on Attachment 5 and is based on the cost report method.					2,076,865				

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="text"/>	Page: <u>1</u> of <u>1</u>	2,076,865
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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB90 - PROGRAM 111 HANDICAPPED AND DISABLED STUDENTS
 ASSESSMENT - IEP PROGRAM
 FISCAL YEAR 2004-2005

ATTACHMENT 4

1	2	3	4	5	6	7
Entity Name	Legal Entity Numbers	Mode	SFC	Units of Service	Rate per Unit	Total
LAC-DMH	00019	15	04	742,922	1.88	1,395,278
LAC-DMH	00019	60	60	6,977	97.70	681,587
TOTAL ASSESSMENT - IEP PROGRAM				749,899	\$	2,076,865

To Form 2

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB90 - PROGRAM 111 HANDICAPPED AND DISABLED STUDENTS
 ASSESSMENT - IEP PROGRAM
 FISCAL YEAR 2004-2005

Legal Entity No.	Legal Entity Name	MODE	SFC	3	4	5	6	7	8	9	10	11	12
				Total AB3632 Units of Service	GROSS AB3632 Cost	Federal Financial Participation (FFP)	Early Periodic Screening & Diagnostic Testing (EPSDT) - SGF	3rd Party Medi-Cal Revenues	3rd Party Non-Medi-Cal Revenues	Case Management - Chapter 654	Federal IDEA Funds	Total Revenue Offsets	SB 90 Chapter 1747 - Claimable Amount
00019	LAC-DMH	15	04	742,922	\$ 1,395,278	\$ 192,927	\$ 157,699	-	-	\$ 523,863	\$ 418,199	\$ 1,292,708	\$ 102,570
00019	LAC-DMH	60	60	6,977	681,587	-	-	-	-	-	681,587	681,587	-
	Subtotal			749,899	2,076,865	192,927	157,699	-	-	523,863	1,099,786	1,974,295	102,570
	Administration Cost LAC-DMH @13.3182%				276,601	25,694	21,003	-	-	69,772	-	118,469	160,132
	Total Assessment and Admin. Cost			-	\$ 2,353,466	\$ 218,621	\$ 178,702	\$ -	\$ -	\$ 593,635	\$ 1,099,786	\$ 2,090,764	\$ 262,702

To Form 1, Line 10

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB 90 Program 111 - HANDICAPPED AND DISABLED STUDENTS (HDS) COST SUMMARY
 FY 2004-2005

COST ELEMENTS IDENTIFIED BY GROSS PROGRAM COSTS, OFFSETTING REVENUES, AND NET SB90 REIMBURSABLE COSTS

The following procedure has been followed to assure all appropriate revenue offsets have been applied. Total eligible cost of \$2,353,466 was identified and all applicable revenues have been offset to identify the remaining balance as the eligible SB90 Program 111 HDS Program reimbursement.

Gross SB90 Program 111 HDS Reimbursable Program Cost (Includes Administration Cost)	\$ 2,353,466	→ To Form 1, Line 08
Other Reimbursements:		
Federal Financial Participation (FFP) and FFP Refund	\$ (182,927)	
FFP Share of Admin. Cost	(25,894)	
State General Fund (SGF) from Early and Periodic Screening Diagnosis Treatment (EPSDT) and Share of Admin. Cost	(178,702)	
Case Management Out-Of-State Placement Adjustment - SB 90 Chapter 654 and Share of Admin. Cost	(583,855)	
Federal Individuals with Disabilities Education Act (IDEA) funds	<u>(1,089,786)</u>	
Total Other Reimbursements		
Net Reimbursable SB 90 Cost	<u>\$ (2,090,764)</u>	→ To Form 1, Line 10
	<u>\$ 282,702</u>	→ To Form 1, Line 11



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

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 603
LOS ANGELES, CALIFORNIA 90012-2706
PHONE: (213) 974-8321 FAX: (213) 617-8106

**J. TYLER McCAULEY
AUDITOR-CONTROLLER**

September 10, 2004

**TO: Gurubunda Singh Khalsa
Department of Mental Health**

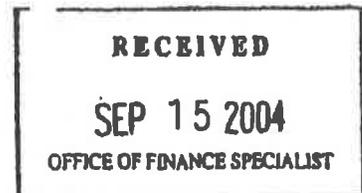
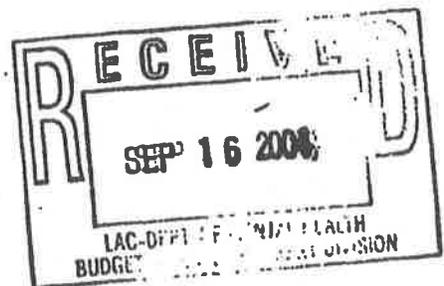
FROM: John Naimo
Assistant Auditor-Controller

SUBJECT: Fiscal Year 2004-2005 Indirect Cost Proposal

As requested, we reviewed Mental Health's Fiscal Year 2004-2005 Indirect Cost Proposal (ICP) submitted August 18, 2004. 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
dmhicp05



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH						
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2004-05						
INDIRECT COST RATE BY PROGRAM						
See Worksheet 4 for Indirect/Direct Cost details	(1)			(2)		
DMH Directly Operated Programs						
Life Support						
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	334,888	-	334,888	5,280	-	5,280
GENERAL ADMINISTRATION OPERATIONS	5,571,888	-	5,571,888	-	-	-
FISCAL SERVICES	1,477,281	-	1,477,281	18,508	-	18,508
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,248,988	-	3,248,988	5,418	-	5,418
CONTRACTS ADMINISTRATION	-	-	-	11,744	-	11,744
MANAGEMENT INFORMATION SYSTEMS	602,795	-	602,795	71,888	-	71,888
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	148,511,080	148,511,080	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	8,908,410	8,908,410	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	11,238,868	156,421,080	168,557,425	116,571	-	116,571
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	2,463,532	-	2,463,532	38,658	-	38,658
EXECUTIVE OFFICE	48,880	-	48,880	735	-	735
GENERAL ADMINISTRATION OPERATIONS	14,086,521	-	14,086,521	-	-	-
FISCAL SERVICES	123,984	-	123,984	1,429	-	1,429
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	748,782	-	748,782	3,401	-	3,401
CONTRACTS ADMINISTRATION	-	-	-	1,270	-	1,270
MANAGEMENT INFORMATION SYSTEMS	2,038,584	-	2,038,584	242,384	-	242,384
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	28,082,201	28,082,201	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	6,109,638	6,109,638	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	2,974,725	2,974,725
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	787,372	-	787,372	31,110	-	31,110
CARRY FORWARD - DMH - WORKSHEET 3-B	(1,353,680)	-	(1,353,680)	(9,700)	-	(9,700)
SUB-TOTAL SB & OTHERS	18,951,926	34,141,840	53,083,766	309,288	2,974,725	3,283,993
TOTAL EXPENDITURES						
CCAP	2,463,532	-	2,463,532	38,658	-	38,658
EXECUTIVE OFFICE	381,388	-	381,388	5,985	-	5,985
GENERAL ADMINISTRATION OPERATIONS	19,658,405	-	19,658,405	-	-	-
FISCAL SERVICES	1,601,215	-	1,601,215	18,932	-	18,932
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,998,748	-	3,998,748	11,818	-	11,818
CONTRACTS ADMINISTRATION	-	-	-	13,014	-	13,014
MANAGEMENT INFORMATION SYSTEMS	2,641,319	-	2,641,319	314,022	-	314,022
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	174,543,651	174,543,651	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	15,019,048	15,019,048	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	2,974,725	2,974,725
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	787,372	-	787,372	31,110	-	31,110
CARRY FORWARD - DMH - WORKSHEET 3-B	(1,353,680)	-	(1,353,680)	(9,700)	-	(9,700)
TOTAL EXPENDITURES	30,188,291	189,562,900	219,751,192	424,838	2,974,725	3,399,564
ADMINISTRATION OVERHEAD RATE						
		DMH OH	14.6256%		DMH OH	12.9820%
		CCAP	1.2996%		CCAP	1.2996%
	30,188,291 /	189,562,900 =	15.9252%	424,838 /	2,974,725 =	14.2818%

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH						
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2004-05						
INDIRECT COST RATE BY PROGRAM						
See Worksheet 4 for Indirect/Direct Cost details			(3)	(4)		
Private Contract Providers						
	Indirect	Direct	Total	Indirect	Direct	Total
DHS						
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	907,978	-	907,978	35,941	-	35,941
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,009,530	-	4,009,530	159,712	-	159,712
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	8,620,909	-	8,620,909	329,016	-	329,016
CONTRACTS ADMINISTRATION	3,728,329	-	3,728,329	35,609	-	35,609
MANAGEMENT INFORMATION SYSTEMS	2,130,702	-	2,130,702	73,217	-	73,217
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	0	0
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	19,592,448	-	19,592,448	632,495	0	632,495
SERVICES & SUPPLIER / OTHER CHARGES/FIXED ASSETS						
CCAP	6,686,433	-	6,686,433	284,674	-	284,674
EXECUTIVE OFFICE	127,160	-	127,160	5,093	-	5,093
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	336,432	-	336,432	13,317	-	13,317
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	2,032,346	-	2,032,346	78,661	-	78,661
CONTRACTS ADMINISTRATION	299,936	-	299,936	763	-	763
MANAGEMENT INFORMATION SYSTEMS	7,206,619	-	7,206,619	247,637	-	247,637
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	81,464,004	81,464,004
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	514,504,976	514,504,976	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	2,192,801	-	2,192,801	102,471	-	102,471
CARRY FORWARD - DMH - WORKSHEET 3-B	5,997,238	-	5,997,238	306,620	-	306,620
SUB-TOTAL SS & OTHERS	24,672,859	514,504,976	539,177,835	1,022,378	81,464,004	82,486,380
TOTAL EXPENDITURES						
CCAP	6,686,433	-	6,686,433	284,674	-	284,674
EXECUTIVE OFFICE	1,035,138	-	1,035,138	40,676	-	40,676
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,345,962	-	4,345,962	172,029	-	172,029
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	10,853,256	-	10,853,256	407,677	-	407,677
CONTRACTS ADMINISTRATION	4,017,265	-	4,017,265	36,572	-	36,572
MANAGEMENT INFORMATION SYSTEMS	9,337,216	-	9,337,216	320,884	-	320,884
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	81,464,004	81,464,004
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	514,504,976	514,504,976	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	2,192,801	-	2,192,801	102,471	-	102,471
CARRY FORWARD - DMH - WORKSHEET 3-B	5,997,238	-	5,997,238	306,620	-	306,620
TOTAL EXPENDITURES	44,465,307	514,504,976	558,970,283	1,654,671	81,464,004	83,118,675
			DMH OH		DMH OH	
			7.3428%		1.7065%	
			CCAP		CCAP	
			1.2998%		0.3249%	
ADMINISTRATION OVERHEAD RATE	44,465,307 /	514,504,976 =	8.6423%	1,654,671 /	81,464,004 =	2.0314%

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH						
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2004-05						
INDIRECT COST RATE BY PROGRAM						
See Worksheet 4 for Indirect/Direct Cost details						
	(b)			(b)		
	Public Guardian			TAR / Office of Managed Care		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	15,158	-	15,158	9,537	-	9,537
GENERAL ADMINISTRATION OPERATIONS	251,011	-	251,011	190,327	-	190,327
FISCAL SERVICES	53,427	-	53,427	53,614	-	53,614
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	321,990	-	321,990	20,544	-	20,544
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	10,008	-	10,008	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	5,158,083	5,158,083	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	5,083,595	5,083,595
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	651,594	5,158,083	5,809,677	254,022	5,083,595	5,337,617
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	111,828	-	111,828	70,231	-	70,231
EXECUTIVE OFFICE	2,123	-	2,123	1,338	-	1,338
GENERAL ADMINISTRATION OPERATIONS	634,591	-	634,591	481,173	-	481,173
FISCAL SERVICES	4,127	-	4,127	2,898	-	2,898
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	13,821	-	13,821	8,021	-	8,021
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	33,849	-	33,849	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	3,431,284	3,431,284	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	320,482	320,482
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	52,708	-	52,708	23,650	-	23,650
CARRY FORWARD - DMH - WORKSHEET 3-B	(24,090)	-	(24,090)	150,543	-	150,543
SUB-TOTAL SS & OTHERS	628,554	3,431,284	4,280,138	735,580	320,482	1,086,041
TOTAL EXPENDITURES						
CCAP	111,828	-	111,828	70,231	-	70,231
EXECUTIVE OFFICE	17,281	-	17,281	10,873	-	10,873
GENERAL ADMINISTRATION OPERATIONS	885,601	-	885,601	671,500	-	671,500
FISCAL SERVICES	57,554	-	57,554	38,210	-	38,210
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	335,911	-	335,911	28,565	-	28,565
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	43,857	-	43,857	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	8,589,377	8,589,377	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	5,404,078	5,404,078
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	52,708	-	52,708	23,650	-	23,650
CARRY FORWARD - DMH - WORKSHEET 3-B	(24,090)	-	(24,090)	150,543	-	150,543
TOTAL EXPENDITURES	1,480,448	8,589,377	10,069,825	989,571	5,404,078	6,393,648
		DMH OH	15.9362%		DMH OH	17.0120%
		CCAP	1.2996%		CCAP	1.2996%
ADMINISTRATION OVER-HEAD RATE	1,480,448 /	8,589,377 =	17.2358%	989,571 /	5,404,078 =	18.3116%

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH						
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2004-05						
INDIRECT COST RATE BY PROGRAM						
See Worksheet 4 for Indirect/Direct Cost details						
	(7)			(8)		
	Fee for Service			SD/MC Unreimbursable Costs		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	67,680	-	67,680	69,627	-	69,627
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	242,684	-	242,684	224,384	-	224,284
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	619,591	-	619,591	102,001	-	102,001
CONTRACTS ADMINISTRATION	151,419	-	151,419	-	-	-
MANAGEMENT INFORMATION SYSTEMS	288,078	-	288,078	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	691,590	691,590
CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	1,569,307	-	1,569,307	369,622	691,590	1,021,481
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS						
CCAP	498,400	-	498,400	498,598	-	498,598
EXECUTIVE OFFICE	9,478	-	9,478	8,911	-	8,911
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	1,572,171	-	1,572,171	17,322	-	17,322
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	148,124	-	148,124	41,215	-	41,215
CONTRACTS ADMINISTRATION	16,571	-	16,571	-	-	-
MANAGEMENT INFORMATION SYSTEMS	974,327	-	974,327	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	90,716,389	90,716,389	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	35,422,536	35,422,536
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	171,033	-	171,033	280,671	-	280,671
CARRY FORWARD - DMH - WORKSHEET 3-B	(737,241)	-	(737,241)	422,151	-	422,151
SUB-TOTAL SS & OTHERS	2,652,663	90,716,389	93,369,052	1,238,628	35,422,536	36,661,664
TOTAL EXPENDITURES						
CCAP	498,400	-	498,400	498,598	-	498,598
EXECUTIVE OFFICE	77,188	-	77,188	72,538	-	72,538
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	1,814,755	-	1,814,755	241,586	-	241,586
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	767,685	-	767,685	143,219	-	143,219
CONTRACTS ADMINISTRATION	187,781	-	187,781	-	-	-
MANAGEMENT INFORMATION SYSTEMS	1,262,400	-	1,262,400	-	-	-
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	90,716,389	90,716,389	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	36,054,425	36,054,425
CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	171,033	-	171,033	280,671	-	280,671
CARRY FORWARD - DMH - WORKSHEET 3-B	(737,241)	-	(737,241)	422,151	-	422,151
TOTAL EXPENDITURES	4,021,970	90,716,389	94,738,359	1,628,720	36,054,425	37,683,145
		DMH OH	3.8842%		DMH OH	3.2178%
		CCAP	0.5484%		CCAP	1.2996%
ADMINISTRATION OVERHEAD RATE	4,021,970 /	90,716,389 =	4.4326%	1,628,720 /	36,054,425 =	4.6174%

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH				
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2004-05				
INDIRECT COST RATE BY PROGRAM				
See Worksheet 4 for Indirect/Direct Cost details				
	(9)			(10)
	State Hospital			Grand
	Indirect	Direct	Total	Total
SALARIES AND EMPLOYEE BENEFITS				
CCAP	-	-	-	-
EXECUTIVE OFFICE	19,283	-	19,283	1,458,587
GENERAL ADMINISTRATION OPERATIONS	-	-	-	8,019,221
FISCAL SERVICES	67,985	-	67,985	6,255,660
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	165,696	-	165,696	13,638,268
CONTRACTS ADMINISTRATION	-	-	-	3,922,091
MANAGEMENT INFORMATION SYSTEMS	73,242	-	73,242	3,349,698
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	148,511,850
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	8,908,410
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-
DHS	-	-	-	0
PUBLIC GUARDIAN	-	-	-	5,158,088
TAR/OFFICE OF MANAGED CARE	-	-	-	5,083,685
FEE FOR SERVICE	-	-	-	-
STATE HOSPITAL	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	681,660
CONTRACT PROVIDERS	-	-	-	-
SUB-TOTAL S&EB	326,357	-	326,357	200,862,408
SERVICES & SUPPLIES / OTHER CHARGES/FIXED ASSETS				
CCAP	142,001	-	142,001	10,744,114
EXECUTIVE OFFICE	2,701	-	2,701	204,827
GENERAL ADMINISTRATION OPERATIONS	-	-	-	15,202,285
FISCAL SERVICES	5,250	-	5,250	2,078,597
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	42,519	-	42,519	3,115,000
CONTRACTS ADMINISTRATION	-	-	-	812,340
MANAGEMENT INFORMATION SYSTEMS	247,722	-	247,722	10,990,998
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	28,032,201
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	6,109,859
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	2,974,725
DHS	-	-	-	81,484,004
PUBLIC GUARDIAN	-	-	-	3,431,284
TAR/OFFICE OF MANAGED CARE	-	-	-	820,492
FEE FOR SERVICE	-	-	-	90,718,369
STATE HOSPITAL	-	43,706,600	43,706,600	43,706,600
SD/MC UNREIMBURSABLE COSTS	-	-	-	35,422,658
CONTRACT PROVIDERS	-	-	-	514,604,978
CARRY FORWARD - CCAP - WORKSHEET 3-A	62,037	-	62,037	3,713,853
CARRY FORWARD - DMH - WORKSHEET 3-B	28,278	-	28,278	4,781,319
SUB-TOTAL SS & OTHERS	528,508	43,706,600	44,235,108	857,823,977
TOTAL EXPENDITURES				
CCAP	142,001	-	142,001	10,744,114
EXECUTIVE OFFICE	21,983	-	21,983	1,663,314
GENERAL ADMINISTRATION OPERATIONS	-	-	-	21,215,606
FISCAL SERVICES	73,215	-	73,215	6,362,458
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	208,415	-	208,415	18,763,288
CONTRACTS ADMINISTRATION	-	-	-	4,234,432
MANAGEMENT INFORMATION SYSTEMS	320,984	-	320,984	14,340,631
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	174,543,881
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	15,019,049
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	2,974,725
DHS	-	-	-	81,484,004
PUBLIC GUARDIAN	-	-	-	6,589,977
TAR/OFFICE OF MANAGED CARE	-	-	-	5,404,078
FEE FOR SERVICE	-	-	-	90,718,369
STATE HOSPITAL	-	43,706,600	43,706,600	43,706,600
SD/MC UNREIMBURSABLE COSTS	-	-	-	36,054,428
CONTRACT PROVIDERS	-	-	-	514,604,978
CARRY FORWARD - CCAP - WORKSHEET 3-A	62,037	-	62,037	3,713,853
CARRY FORWARD - DMH - WORKSHEET 3-B	28,278	-	28,278	4,781,319
TOTAL EXPENDITURES	854,894	43,706,600	44,561,494	1,058,686,385
			DMH CH	1.6311%
			CCAP	0.3249%
ADMINISTRATION OVERHEAD RATE	854,894 /	43,706,600 =		1.9560%

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2004-2005 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

	3 (a)			3 (b)		
	In-State MH Contract Providers			Consultation, Out of State, & Other Contractors		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	1,105,418	-	1,105,418	20,252	-	20,252
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,272,133	-	4,272,133	76,450	-	76,450
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	10,218,228	-	10,218,228	167,204	-	167,204
CONTRACTS ADMINISTRATION	5,339,641	-	5,339,641	72,231	-	72,231
MANAGEMENT INFORMATION SYSTEMS	3,429,012	-	3,429,012	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	24,364,430	-	24,364,430	356,137	-	356,137

SRVC & SUPP / OTHER CHAR /FIXED ASSETS						
CCAP	6,817,399	-	6,817,399	121,236	-	121,236
EXECUTIVE OFFICE	219,539	-	219,539	4,022	-	4,022
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	144,469	-	144,469	2,646	-	2,646
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	896,231	-	896,231	16,419	-	16,419
CONTRACTS ADMINISTRATION	131,078	-	131,078	1,768	-	1,768
MANAGEMENT INFORMATION SYSTEMS	14,610,411	-	14,610,411	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	542,367,668	542,367,668	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	9,936,489	9,936,489
SUB-TOTAL SS & OTHERS	22,610,127	542,367,668	564,977,795	146,066	9,936,489	10,082,577

TOTAL EXPENDITURES						
CCAP	6,817,399	-	6,817,399	121,236	-	121,236
EXECUTIVE OFFICE	1,324,955	-	1,324,955	24,274	-	24,274
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,418,601	-	4,418,601	79,096	-	79,096
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	11,114,459	-	11,114,459	203,623	-	203,623
CONTRACTS ADMINISTRATION	5,470,718	-	5,470,718	73,997	-	73,997
MANAGEMENT INFORMATION SYSTEMS	17,939,423	-	17,939,423	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	542,367,668	542,367,668	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	9,936,489	9,936,489
TOTAL EXPENDITURES	46,683,556	542,367,668	589,051,224	502,225	9,936,489	10,438,714

	DMH OH	7.4241%	DMH OH	3.6343%
	CCAP	1.2201%	CCAP	1.2201%
ADMN. OVERHEAD RATE FOR 2004/2005	46,683,556 / 542,367,668 =	8.6442%	502,225 / 9,936,489 =	5.0643%

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COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2004-2005 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

	(4)			(5)		
	DHS			Public Guardian		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYER BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	49,747	-	49,747	18,796	-	18,796
GENERAL ADMINISTRATION OPERATIONS	-	-	-	289,889	-	289,889
FISCAL SERVICES	192,257	-	192,257	53,316	-	53,316
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	437,417	-	437,417	333,302	-	333,302
CONTRACTS ADMINISTRATION	52,447	-	52,447	-	-	-
MANAGEMENT INFORMATION SYSTEMS	103,045	-	103,045	13,016	-	13,016
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	5,742,832	5,742,832
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	834,913	-	834,913	708,119	5,742,832	6,450,951
SRVC & SUPP / OTHER CHAR /FIXED ASSETS						
CCAP	297,800	-	297,800	112,521	-	112,521
EXECUTIVE OFFICE	9,880	-	9,880	3,733	-	3,733
GENERAL ADMINISTRATION OPERATIONS	-	-	-	334,840	-	334,840
FISCAL SERVICES	6,501	-	6,501	992	-	992
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	40,178	-	40,178	7,966	-	7,966
CONTRACTS ADMINISTRATION	217	-	217	-	-	-
MANAGEMENT INFORMATION SYSTEMS	495,071	-	495,071	40,097	-	40,097
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	97,631,772	97,631,772	-	-	-
PUBLIC GUARDIAN	-	-	-	-	3,479,500	3,479,500
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	849,646	97,631,772	98,481,417	499,949	3,479,500	3,979,449
TOTAL EXPENDITURES						
CCAP	297,800	-	297,800	112,521	-	112,521
EXECUTIVE OFFICE	59,626	-	59,626	22,529	-	22,529
GENERAL ADMINISTRATION OPERATIONS	-	-	-	624,328	-	624,328
FISCAL SERVICES	198,758	-	198,758	54,307	-	54,307
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	477,593	-	477,593	341,268	-	341,268
CONTRACTS ADMINISTRATION	52,684	-	52,684	-	-	-
MANAGEMENT INFORMATION SYSTEMS	598,116	-	598,116	53,113	-	53,113
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	97,631,772	97,631,772	-	-	-
PUBLIC GUARDIAN	-	-	-	-	9,222,332	9,222,332
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	1,684,659	97,631,772	99,316,330	1,208,068	9,222,332	10,430,400
			DMH OH 1.4204%		DMH OH 11.8793%	
			CCAP 0.3050%		CCAP 1.2201%	
ADMIN. OVERHEAD RATE FOR 2004/2005	1,684,659 /	97,631,772 =	1.7254%	1,208,068 /	9,222,332 =	13.0994%

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COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2004-2005 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(6)			(7)		
	TAR / Office of Managed Care			Fee for Service		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	10,182	-	10,182	67,063	-	67,063
GENERAL ADMINISTRATION OPERATIONS	211,570	-	211,570	-	-	-
FISCAL SERVICES	28,911	-	28,911	186,244	-	186,244
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	18,435	-	18,435	589,679	-	589,679
CONTRACTS ADMINISTRATION	-	-	-	168,486	-	168,486
MANAGEMENT INFORMATION SYSTEMS	-	-	-	494,323	-	494,323
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	4,804,703	4,804,703	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL 8&E	289,109	4,804,703	5,073,812	1,515,785	-	1,515,785
SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	61,016	-	61,016	401,462	-	401,462
EXECUTIVE OFFICE	2,024	-	2,024	13,319	-	13,319
GENERAL ADMINISTRATION OPERATIONS	244,400	-	244,400	-	-	-
FISCAL SERVICES	538	-	538	175,456	-	175,456
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,117	-	4,117	54,162	-	54,162
CONTRACTS ADMINISTRATION	-	-	-	5,554	-	5,554
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,762,241	-	1,762,241
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	196,202	196,202	-	-	-
FEE FOR SERVICE	-	-	-	82,704,659	-	82,704,659
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL 8S & OTHERS	312,055	196,202	508,257	2,412,184	82,704,659	85,116,853
TOTAL EXPENDITURES						
CCAP	61,016	-	61,016	401,462	-	401,462
EXECUTIVE OFFICE	12,217	-	12,217	80,382	-	80,382
GENERAL ADMINISTRATION OPERATIONS	455,970	-	455,970	-	-	-
FISCAL SERVICES	29,449	-	29,449	371,700	-	371,700
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	22,552	-	22,552	643,840	-	643,840
CONTRACTS ADMINISTRATION	-	-	-	174,040	-	174,040
MANAGEMENT INFORMATION SYSTEMS	-	-	-	2,256,563	-	2,256,563
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	5,000,905	5,000,905	-	-	-
FEE FOR SERVICE	-	-	-	82,704,659	-	82,704,659
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	581,204	5,000,905	5,582,109	3,927,988	82,704,659	86,632,647
			DMH OH 10.4019%			DMH OH 4.2840%
			CCAP 1.2201%			CCAP 0.4854%
ADMIN OVERHEAD RATE FOR 2004/2005	581,204 /	5,000,905 =	11.6220%	3,927,988 /	82,704,659 =	4.7494%

ok ok ok ok ok ok

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2004-2005 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(8)			(9)		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	77,613	-	77,613	17,575	-	17,575
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	220,147	-	220,147	49,852	-	49,852
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	113,773	-	113,773	148,513	-	148,513
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	105,017	-	105,017
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	438,885	438,885	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	411,533	438,885	850,418	320,958	-	320,958
SRV & SUPP / OTHER CHAR /FIXED ASSETS						
CCAP	484,815	-	484,815	105,212	-	105,212
EXECUTIVE OFFICE	15,414	-	15,414	3,491	-	3,491
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,095	-	4,095	927	-	927
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	31,249	-	31,249	14,171	-	14,171
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	323,505	-	323,505
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	-	-	-	-	34,493,035	34,493,035
SD/MC UNREIMBURSABLE COSTS	-	37,841,370	37,841,370	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	515,374	37,841,370	38,156,744	447,308	34,493,035	34,940,341
TOTAL EXPENDITURES						
CCAP	484,815	-	484,815	105,212	-	105,212
EXECUTIVE OFFICE	93,027	-	93,027	21,086	-	21,086
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	224,243	-	224,243	50,780	-	50,780
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	145,023	-	145,023	162,885	-	162,885
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	428,521	-	428,521
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	-	-	-	-	34,493,035	34,493,035
SD/MC UNREIMBURSABLE COSTS	-	38,080,255	38,080,255	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	926,907	38,080,255	39,007,162	788,264	34,493,035	35,281,299
			DMH OH 1.2140%		DMH OH 1.8223%	
			CCAP 1.2201%		CCAP 0.3050%	
	926,907 /	38,080,255 =	2.4341%	788,264 /	34,493,035 =	2.2273%

ADMIN. OVERHEAD RATE FOR 2004/2005

ok ok ok ok ok ok

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2004-2005 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

(10)

	Grand Total		Total
	Indirect	Direct	
SALARIES AND EMPLOYEE BENEFITS			
CCAP	-	-	-
EXECUTIVE OFFICE	1,794,771	-	1,794,771
GENERAL ADMINISTRATION OPERATIONS	8,793,034	-	8,793,034
FISCAL SERVICES	8,739,331	-	8,739,331
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	15,969,669	-	15,969,669
CONTRACTS ADMINISTRATION	5,643,885	-	5,643,885
MANAGEMENT INFORMATION SYSTEMS	5,079,713	-	5,079,713
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	165,748,660	165,748,660
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	6,174,332	6,174,332
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-
DHS	-	-	-
PUBLIC GUARDIAN	-	5,742,832	5,742,832
TAR/OFFICE OF MANAGED CARE	-	4,804,703	4,804,703
FEE FOR SERVICE	-	-	-
STATE HOSPITAL	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	438,885	438,885
IN-STATE MH CONTRACT PROVIDERS	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-
SUB-TOTAL S&EB	42,020,403	182,909,412	224,929,815
RYG & SUPP / OTHER CHAR / FIXED ASSETS			
CCAP	10,744,114	-	10,744,114
EXECUTIVE OFFICE	356,448	-	356,448
GENERAL ADMINISTRATION OPERATIONS	7,847,117	-	7,847,117
FISCAL SERVICES	391,233	-	391,233
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1,409,794	-	1,409,794
CONTRACTS ADMINISTRATION	138,979	-	138,979
MANAGEMENT INFORMATION SYSTEMS	21,526,529	-	21,526,529
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	31,540,688	31,540,688
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	4,426,149	4,426,149
LIFE SUPPORT/SUPPLEMENTARY RATES	-	2,163,828	2,163,828
DHS	-	97,631,772	97,631,772
PUBLIC GUARDIAN	-	3,479,500	3,479,500
TAR/OFFICE OF MANAGED CARE	-	198,202	198,202
FEE FOR SERVICE	-	82,704,659	82,704,659
STATE HOSPITAL	-	34,493,035	34,493,035
SD/MC UNREIMBURSABLE COSTS	-	37,841,370	37,841,370
IN-STATE MH CONTRACT PROVIDERS	-	542,387,668	542,387,668
OTHER CONTRACT PROVIDERS	-	9,936,489	9,936,489
SUB-TOTAL SS & OTHERS	42,413,214	846,581,354	888,994,567
TOTAL EXPENDITURES			
CCAP	10,744,114	-	10,744,114
EXECUTIVE OFFICE	2,151,218	-	2,151,218
GENERAL ADMINISTRATION OPERATIONS	14,840,152	-	14,840,152
FISCAL SERVICES	7,130,563	-	7,130,563
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	17,379,483	-	17,379,483
CONTRACTS ADMINISTRATION	5,782,884	-	5,782,884
MANAGEMENT INFORMATION SYSTEMS	26,605,242	-	26,605,242
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	197,269,348	197,269,348
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	10,600,475	10,600,475
LIFE SUPPORT/SUPPLEMENTARY RATES	-	2,163,828	2,163,828
DHS	-	97,631,772	97,631,772
PUBLIC GUARDIAN	-	9,222,332	9,222,332
TAR/OFFICE OF MANAGED CARE	-	5,000,905	5,000,905
FEE FOR SERVICE	-	82,704,659	82,704,659
STATE HOSPITAL	-	34,493,035	34,493,035
SD/MC UNREIMBURSABLE COSTS	-	38,080,255	38,080,255
IN-STATE MH CONTRACT PROVIDERS	-	542,387,668	542,387,668
OTHER CONTRACT PROVIDERS	-	9,936,489	9,936,489
TOTAL EXPENDITURES	84,433,818	1,029,490,766	1,113,924,382

ADMIN. OVERHEAD RATE FOR 2004/2005

ok ok ok

State of California Health and Human Services Agency
 DETAIL COST REPORT
 ALLOCATIONS - MODE TOTAL
 MH 1986 (Rev. 7/05)

Department of Mental Health

PAGE 1 OF 2
 FISCAL YEAR 2004 - 2005

County: Los Angeles
 County Code: 19

Legal Entity Number: 00019 Mode: 15 - Outpatient Services (Program 1)	Legal Entity: County of Los Angeles	CR						CR	CR	CR	CR	CR	CR
		A	B	C	D	E	F						
		Mode Total	Service Function 04	Service Function 10	Service Function 34	Service Function 42	Service Function 52	Service Function 58					
1	Allocation Percentage	100.00%											
2	Total Units		9,678,333	1,400,063	484,710	25,948,574	4,287,270	181,588					
3	Gross Cost	170,184,993	16,176,828	3,380,795	1,202,917	62,667,862	10,366,724	438,475					
4	Cost per Unit		1.68	2.41	2.43	2.41	2.41	2.41					
5	SMA per Unit		1.89	2.44	2.44	2.44	2.44	2.44					
6	Published Charge per Unit		1.54	1.98	1.98	1.98	1.98	1.98					
7	Negotiated Rate / Cost per Unit												
8	Medi-Cal Units		1,289,949	7,670	2,132	2,892,743	44,414	4,542					
9	Medicare/Medi-Cal Crossover Units		3,133,269	1,207	1,674	7,852,217	3,869	13,573					
10	Enhanced SD/MC (Children) Units		216,210	10,880	1,212	450,360	75,577						
10A	Enhanced SD/MC (Refugees) Units		450,962	1,862	220	1,130,263	15,860						
11	Healthy Families (SEED) Units		11,078			30,165							
11A	Healthy Families (SEED) Units		165			200							
12	Non-Medi-Cal Units		9,788			12,586							
13	Medi-Cal Costs		62,868			115,336							
13A	Medi-Cal Costs		4,518,127	1,378,884	489,472	13,356,007	4,163,050	163,471					
14	Medi-Cal SMA Upper Limits		15,408,911	2,441,427	18,521	5,184	7,226,558	107,246					
15	Medi-Cal Published Charges		40,747,484	5,854,577	2,815	4,070	18,960,688	9,342					
16	Medi-Cal Negotiated Rates		15,267,961	2,458,903	18,715	5,202	7,302,284	108,370					
17	Medicare/Medi-Cal Crossover Costs		40,406,703	5,921,879	2,945	4,065	18,159,409	9,440					
17A	Medicare/Medi-Cal Crossover Costs		12,803,120	2,001,921	15,167	4,221	5,925,832	87,940					
18	Medicare/Medi-Cal Crossover SMA Upper Limits		33,321,904	4,826,235	2,360	3,315	15,547,389	7,561					
19	Medicare/Medi-Cal Crossover Published Charges		2,723,727	406,083	2,947	1,067,530	182,485						
19A	Medicare/Medi-Cal Crossover Published Charges		5,817,447	790,863	535	2,729,287	38,257						
20	Medicare/Medi-Cal Crossover Negotiated Rates		2,702,988	408,637	2,967	1,098,927	184,406						
21	Enhanced SD/MC Costs		5,769,715	795,675	537	2,757,891	38,668						
21A	Enhanced SD/MC Costs		2,227,592	332,953	21,562	2,400	881,752	148,542					
22	Enhanced SD/MC SMA Upper Limits		4,757,361	648,326	3,251	408	2,237,960	31,403					
23	Enhanced SD/MC Published Charges												
23A	Enhanced SD/MC Published Charges												
24	Enhanced SD/MC Negotiated Rates												
25	Enhanced SD/MC (Refugees) Costs		44,244	9,637		20,880							
26	Enhanced SD/MC (Refugees) SMA Upper Limits		125,104	20,822		72,839							
27	Enhanced SD/MC (Refugees) Published Charges		44,015	9,397		21,089							
28	Enhanced SD/MC (Refugees) Negotiated Rates		124,844	20,954		73,603							
29	Healthy Families Costs		96,200	7,820		17,121							
29A	Healthy Families Costs		102,404	17,074		59,727							
30	Healthy Families SMA Upper Limits		2,080	310		483							
31	Healthy Families Published Charges		2,040	312		488							
32	Healthy Families Negotiated Rates		1,658	254		396							
33	Healthy Families Costs		95,792	19,393		30,415							
33A	Healthy Families Costs		508,932	117,686		276,501							
34	Healthy Families SMA Upper Limits		65,803	18,488		30,734							
35	Healthy Families Published Charges		508,408	118,443		281,420							
36	Healthy Families Negotiated Rates		53,961	15,074		24,540							
37	Healthy Families Costs		418,673	96,506		228,385							
38	Healthy Families SMA Upper Limits												
39	Healthy Families Published Charges												
40	Healthy Families Negotiated Rates												
41	Mode-Medi-Cal Costs		104,741,293	8,467,249	3,328,128	1,180,181	32,250,663	10,028,343					

State of California Health and Human Services Agency
 Department of Mental Health
 DETAIL COST REPORT
 ALLOCATIONS OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL
 MH 1986 (Rev. 7/05)

PAGE 2 OF 2
 FISCAL YEAR 2004 - 2005

County: Los Angeles
 County Code: 19

Legal Entity Number	Legal Entity Name	Mode	CR		CR		M	N
			H	I	J	K		
1	Allocation Percentage	71	62	71				
2	Total Units	14.46%	28,974	14,46%				
3	Gross Cost	6,542,541	10,535,795	6,542,541				
4	Cost per Unit	24,666,342	48,296,060	24,666,342				
5	SMA per Unit	3.77	4.68	3.77				
6	Published Charge per Unit	3.83	4.51	3.83				
7	Negotiated Rate / Cost per Unit	3.07	3.81	3.07				
8	Med-Cal Units	369,682	698,767	369,682				
9	Medicare/Med-Cal Crossover Units	1,225,545	2,400,897	1,225,545				
10	Enhanced SD/MC (Children) Units	87,687	184,823	40,748				
10A	Enhanced SD/MC (Children) Units	2,110	4,031,177	97,687				
10B	Enhanced SD/MC (Religees) Units	4,871	2,255	2,110				
11	Healthy Families (SED) Units	2,980	275	275				
11A	Healthy Families (SED) Units	7,284	1,545	2,980				
12	Non-Med-Cal Units	4,782,044	18,241	18,241				
13	Med-Cal Costs	1,393,756	6,624,230	4,782,044				
13A	Med-Cal Costs	4,620,485	4,205,252	1,393,756				
14	Med-Cal SMA Upper Limits	1,341,946	11,232,604	4,620,485				
14A	Med-Cal SMA Upper Limits	4,448,728	4,053,439	1,341,946				
15	Med-Cal Published Charges	1,134,924	10,827,068	4,448,728				
15A	Med-Cal Published Charges	3,782,423	3,424,302	1,134,924				
16	Med-Cal Negotiated Rates		9,148,617	3,782,423				
16A	Med-Cal Negotiated Rates							
17	Medicare/Med-Cal Crossover Costs	183,628	864,771	183,628				
17A	Medicare/Med-Cal Crossover Costs	388,294	1,886,430	183,628				
18	Medicare/Med-Cal Crossover SMA Upper Limits	147,915	839,552	147,915				
18A	Medicare/Med-Cal Crossover SMA Upper Limits	364,804	1,618,328	147,915				
19	Medicare/Med-Cal Crossover Published Charges	125,098	704,176	364,804				
19A	Medicare/Med-Cal Crossover Published Charges	288,688	1,536,104	704,176				
20	Medicare/Med-Cal Crossover Negotiated Rates			288,688				
20A	Medicare/Med-Cal Crossover Negotiated Rates							
21	Enhanced SD/MC Costs	7,955	5,872	7,955				
21A	Enhanced SD/MC Costs	18,364	13,078	18,364				
22	Enhanced SD/MC SMA Upper Limits	7,659	5,660	7,659				
22A	Enhanced SD/MC SMA Upper Limits	17,682	12,605	17,682				
23	Enhanced SD/MC Published Charges	6,478	4,782	6,478				
23A	Enhanced SD/MC Published Charges	14,884	10,849	14,884				
24	Enhanced SD/MC Negotiated Rates							
24A	Enhanced SD/MC Negotiated Rates							
25	Enhanced SD/MC (Religees) Costs	1,287	1,287	1,287				
26	Enhanced SD/MC (Religees) SMA Upper Limits	1,240	1,240	1,240				
27	Enhanced SD/MC (Religees) Published Charges	1,048	1,048	1,048				
28	Enhanced SD/MC (Religees) Negotiated Rates							
29	Healthy Families Costs	9,766	7,225	9,766				
29A	Healthy Families Costs	27,366	85,348	27,366				
30	Healthy Families SMA Upper Limits	9,402	5,963	9,402				
30A	Healthy Families SMA Upper Limits	28,388	82,267	28,388				
31	Healthy Families Published Charges	7,951	5,886	7,951				
31A	Healthy Families Published Charges	22,300	69,488	22,300				
32	Healthy Families Negotiated Rates							
32A	Healthy Families Negotiated Rates							
33	Medicare/Med-Cal Crossover	18,088,711	30,884,191	18,088,711				

ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL

MH 1968 (Rev. 7/05)

County: Los Angeles
 County Code: 19

	A	B	C	D	E	F	G
	Mode Total	Service Function					
1 Allocation Percentage	100.00%						
2 Total Units		1,091	9	62,015	8,828	64	740,663
3 Gross Cost	13,820,256			2,163,828	862,474	10,053,291	740,663
4 Cost per Unit				34.89	97.70		
5 Non-Medi-Cal Units (Same as Line 2)		1,091	9	62,015	8,828		
6 Non-Medi-Cal Costs (Same as Line 3)	13,820,256			2,163,828	862,474	10,053,291	740,663

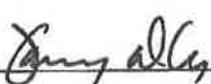
COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR (FY) 2005-2006 SB 90 PROGRAM 111

HANDICAPPED AND DISABLED STUDENTS REIMBURSEMENT CLAIM

Table of Contents

Attachment 1	FAM-27 Claim Form
Attachment 2	Form 1 Claim Summary
Attachment 3	Form 2 Activity Cost Detail
Attachment 4	FY 2005-06 Assessment – IEP Program
Attachment 5	FY 2005-06 Assessment – IEP Program Expenditures and Revenues Worksheet
Attachment 6	FY 2005-06 Indirect Cost Proposal (ICP) Rate Summary
Attachment 7	FY 2005-06 Cost Report Actual Indirect Cost Rates
Attachment 8	MH 1966 Cost Report Forms

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HANDICAPPED AND DISABLED STUDENTS			For State Controller Use only		PROGRAM <div style="font-size: 2em; text-align: center;">111</div>	
			(19) Program Number	00111		
			(20) Date Filed			
(01) Claimant Identification Number			Reimbursement Claim Data:			
(02) Claimant Name County of Los Angeles - Department of Mental Health			(22) FORM-1, (04)(A)(g)			
Address 550 South Vermont Ave., 11th Floor			(23) FORM-1, (04)(B)(g)	2,824,466		
Los Angeles, CA 90020			(24) FORM-1, (04)(C)(g)			
			(25) FORM-1, (04)(D)(g)			
Type of Claim	Estimated Claim		Reimbursement Claim		(26) FORM-1, (04)(E)(g)	
	(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/>	(27) FORM-1, (04)(F)(g)	
	(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>	(28) FORM-1, (06)	
	(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/>	(29) FORM-1, (07)	
					12	
					342,613	
Fiscal Year of Cost	(06)	(12) 2006/2006	(30) FORM-1, (09)			
Total Claimed Amount	(07)	(13) 264,301	(31) FORM-1, (10)	2,902,778		
Less: 10% Late Penalty			(14)	(32)		
Less: Prior Claim Payment Received			(15)	(33)		
Net Claimed Amount			(16) 264,301	(34)		
Due from State	(08)	(17) 264,301	(35)			
Due to State		(18)	(36)			
(37) CERTIFICATION OF CLAIM						
<p>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.</p> <p>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.</p> <p>The amounts for 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.</p>						
Signature of Authorized Officer			Date			
 _____ Jeremy D. Cortez			4.5.07 _____ Acting Administrative Deputy			
Type or Print Name			Title			
(38) Name of Contact Person for Claim			Telephone Number			
Winnie Suen			(213) 738-4690			
			E-mail Address			
			Wsuen@iacdmh.org			

Program 111	MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS CLAIM SUMMARY						FORM 1
(01) Claimant: County of Los Angeles - Department of Mental Health				(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		Fiscal Year 2005/2006	
(03) Department							
Direct Costs			Object Accounts				
(04) Reimbursable Components	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
A. Renew Interagency Agreement							
B. Initial Assessment of Pupil	2,824,466						2,824,466
C. Participation in IEP Team							
D. Lead Case Manager							
E. Out-of-Home Residential Care							
F. Due Process Hearings							
(05) Total Direct Costs	2,824,466						2,824,466
Indirect Costs							
(06) Indirect Cost Rate	<i>See attached Auditor-Controller approved Plan Year 2005/2006 ICRP and FY 2005/2006 Cost Report Actuals (Attachment 6 & 7)</i>						12.1302%
(07) Total Indirect Costs	[Line (06) x line (05)(a)] or [Line (06) x (line (05)(a) + line (05)(b))]						342,613
(08) Total Direct and Indirect Costs	[Line (05)(g) + line (07)]						3,167,079
Cost Reduction							
(09) Less: Offsetting Savings							
(10) Less: Other Reimbursements	<i>(Attachment 5)</i>						2,902,778
(11) Total Claimed Amount	[Line (08) - (line (09) + line (10))]						264,301

Program 111	MANDATED COSTS HANDICAPPED AND DISABLED STUDENTS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant County of Los Angeles - Department of Mental Health	(02) Fiscal Year 2005/2006
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<input type="checkbox"/> Review Interagency Agreement	<input checked="" type="checkbox"/> Initial Assessment of Pupil
<input type="checkbox"/> Participation in IEP Team	<input type="checkbox"/> Lead Case Manager
<input type="checkbox"/> Out-of-Home Residential Care	<input type="checkbox"/> Due Process Hearings

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

(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel
<p>The claimed units of service are based on the AB3832/SEP Plan identified in the LAC-DMH Integrated System (IS). The cost report process determines the cost per unit of service in a generic sense, not on an individual clinician basis. This data is detailed on Attachment 4. Direct service cost details have been completed on Attachment 5 and is based on the cost report method.</p>					2,824,466			

(05) Total <input checked="" type="checkbox"/>	Subtotal <input type="checkbox"/>	Page: <u>1</u> of <u>1</u>			2,824,466		
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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB90 - PROGRAM 111 HANDICAPPED AND DISABLED STUDENTS
 ASSESSMENT - IEP PROGRAM
 FISCAL YEAR 2005-2006

1	2	3	4	5	6	7
Entity Name	Legal Entity Numbers	Mode	SFC	Units of Service	Rate per Unit	Total
LAC-DMH	00019	15	04	893,193	2.03	1,812,798
LAC-DMH	00019	60	60	9,476	106.76	1,011,668
TOTAL ASSESSMENT - IEP PROGRAM				902,669	\$	2,824,466

To Form 2

ATTACHMENT 5

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB90 - PROGRAM 111 HANDICAPPED AND DISABLED STUDENTS
 ASSESSMENT - IEP PROGRAM
 FISCAL YEAR 2005-2006

Legal Entity No.	Legal Entity Name	MODE	SFC	1	2	3	4	5	6	7	8	9	10	11	12	13
						Total AB3632 Units of Service	GROSS AB3632 Cost	Federal Financial Participation (FFP)	Early Periodic Screening & Diagnosis Testing (EPSDT) - SGF	FFP Giveback	3rd Party Medi-Cal Revenues	3rd Party Non-Medi-Cal Revenues	Case Management Chapter 854	Federal IDEA Funds	Total Revenue Offsets	SB 90 Chapter 1747 - Claimable Amount
00019	LAC-DMH	15	04			893,193	\$ 1,812,788	\$ 392,269	\$ 303,970	\$ 31,629	\$ -	\$ -	\$ 568,041	\$ 438,003	\$ 1,733,912	\$ 78,886
00019	LAC-DMH	80	80			9,476	1,011,668	-	-	-	-	-	-	1,011,668	1,011,668	(0)
	Subtotal					902,669	2,824,456	392,269	303,970	31,629	-	-	568,041.00	1,449,671	2,745,580	78,886
	Administration Cost LAC-DMH @12.1302%						342,613	47,583	36,873	3,837	-	-	88,905	-	157,198	185,415
	Total Assessment and Admin. Cost					-	\$ 3,167,079	\$ 439,852	\$ 340,843	\$ 36,466	\$ -	\$ -	\$ 636,946	\$ 1,449,671	\$ 2,902,778	\$ 264,301

To Form 1, Line 10

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
SB 90 Program 111 - HANDICAPPED AND DISABLED STUDENTS (HDS) COST SUMMARY
FY 2006-2008**

COST ELEMENTS IDENTIFIED BY GROSS PROGRAM COSTS, OFFSETTING REVENUES, AND NET SB90 REIMBURSABLE COSTS

The following procedure has been followed to assure all appropriate revenue offsets have been applied. Total eligible cost of \$3,167,079 was identified and all applicable revenues have been offset to identify the remaining balance as the eligible SB90 Program 111 HDS Program reimbursement.

Gross SB90 Program 111 HDS Reimbursable Program Cost (Includes Administration Cost)	\$ 3,167,079	→ To Form 1, Line 08
Other Reimbursements:		
Federal Financial Participation (FFP) and FFP Refund	\$ (423,868)	
FFP Share of Admin. Cost	(51,420)	
State General Fund (SGF) from Early and Periodic Screening Diagnosis Treatment (EPSDT) and Share of Admin. Cost	(340,843)	
Case Management Out-Of-State Placement Adjustment - SB 90 Chapter 654 and Share of Admin. Cost	(636,946)	
Federal Individuals with Disabilities Education Act (IDEA) funds	<u>(1,449,671)</u>	
Total Other Reimbursements	<u>\$ (2,902,778)</u>	→ To Form 1, Line 10
Net Reimbursable SB 90 Cost	<u>\$ 264,301</u>	→ To Form 1, Line 11



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

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 603
LOS ANGELES, CALIFORNIA 90012-2766
PHONE: (213) 974-8321 FAX: (213) 617-8108

**J. TYLER McCAULEY
AUDITOR-CONTROLLER**

November 9, 2005

**TO: Jeremy D. Cortez
Director of Finance
Department of Mental Health**

**FROM: Connie Yee, Chief *cy*
Accounting Division**

SUBJECT: Fiscal Year 2005-06 Indirect Cost Proposal

As requested, we reviewed Mental Health's Fiscal Year 2005-06 Indirect Cost Proposal (ICP) submitted October 12, 2005. Based on our review, the rates shown in your workpapers are approved.

If you have any questions, please contact Rachelle Anema at (213) 974-0335.

CY:RV
I:\Mental Health\dmh\icp05.doc

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
INDIRECT COST RATE PROPOSAL - PLAN YEAR 2006-2008

Worksheet 2

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(1)			(2)		
	DMH Directly Operated Programs			Life Support		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP						
EXECUTIVE OFFICE	380,264	-	380,264	5,512	-	5,512
GENERAL ADMINISTRATION OPERATIONS	5,983,614	-	5,983,614	-	-	-
FISCAL SERVICES	1,705,897	-	1,705,897	18,038	-	18,038
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,589,622	-	3,589,622	8,204	-	8,204
CONTRACTS ADMINISTRATION	-	-	-	13,661	-	13,661
MANAGEMENT INFORMATION SYSTEMS	703,351	-	703,351	45,231	-	45,231
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	156,199,470	156,199,470	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	8,458,724	8,458,724	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL 8&E	12,342,749	164,656,194	176,998,943	90,645	-	90,645
SVC & SUPP / OTHER CHAR / PK ASST						
CCAP						
EXECUTIVE OFFICE	1,953,582	-	1,953,582	29,891	-	29,891
GENERAL ADMINISTRATION OPERATIONS	44,258	-	44,258	677	-	677
FISCAL SERVICES	8,267,720	-	8,267,720	-	-	-
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	111,232	-	111,232	1,164	-	1,164
CONTRACTS ADMINISTRATION	372,576	-	372,576	3,783	-	3,783
MANAGEMENT INFORMATION SYSTEMS	-	-	-	478	-	478
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	3,532,183	-	3,532,183	162,676	-	162,676
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	28,228,642	28,228,642	-	-	-
LIFE SUPPORT	-	-	-	-	3,024,448	3,024,448
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(1,927,411)	-	(1,927,411)	(39,590)	-	(39,590)
CARRY FORWARD - DMH - WORKSHEET 3-B	(7,287,432)	-	(7,287,432)	(725,203)	-	(725,203)
SUB-TOTAL SS & OTHERS	5,056,709	33,012,183	38,068,892	(576,213)	3,024,448	2,448,235
TOTAL EXPENDITURES						
CCAP	1,953,582	-	1,953,582	29,891	-	29,891
EXECUTIVE OFFICE	404,622	-	404,622	6,189	-	6,189
GENERAL ADMINISTRATION OPERATIONS	14,241,334	-	14,241,334	-	-	-
FISCAL SERVICES	1,817,128	-	1,817,128	19,202	-	19,202
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,682,201	-	3,682,201	11,997	-	11,997
CONTRACTS ADMINISTRATION	-	-	-	14,140	-	14,140
MANAGEMENT INFORMATION SYSTEMS	4,235,634	-	4,235,634	197,807	-	197,807
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	184,428,012	184,428,012	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	13,240,365	13,240,365	-	-	-
LIFE SUPPORT	-	-	-	-	3,024,448	3,024,448
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(1,927,411)	-	(1,927,411)	(39,590)	-	(39,590)
CARRY FORWARD - DMH - WORKSHEET 3-B	(7,287,432)	-	(7,287,432)	(725,203)	-	(725,203)
TOTAL EXPENDITURES	17,399,458	197,668,377	215,067,835	(485,567)	3,024,448	2,538,879
ADMINISTRATION OVERHEAD RATE						
			DMH OH		DMH OH	
			7.8140%		-17.0491%	
			CCAP		CCAP	
			0.9883%		0.8883%	
	17,399,458 /	197,668,377 =	8.9023%	(485,567) /	3,024,448 =	-16.0547%

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(3a)			(3b)			
	In-State MH Contract Providers			Consultation, Out of State, & Other Contractors			
	Indirect	Direct	Total	Indirect	Direct	Total	
SALARIES AND EMPLOYEE BENEFITS							
CCAP	-	-	-	-	-	-	
EXECUTIVE OFFICE	905,237	-	905,237	16,177	-	16,177	
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-	
FISCAL SERVICES	4,286,409	-	4,286,409	72,506	-	72,506	
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	9,019,649	-	9,019,649	181,181	-	181,181	
CONTRACTS ADMINISTRATION	4,397,122	-	4,397,122	66,816	-	66,816	
MANAGEMENT INFORMATION SYSTEMS	2,526,231	-	2,526,231	-	-	-	
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-	
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-	
LIFE SUPPORT	-	-	-	-	-	-	
DHS	-	-	-	-	-	-	
PUBLIC GUARDIAN	-	-	-	-	-	-	
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	
FEE FOR SERVICE	-	-	-	-	-	-	
STATE HOSPITAL	-	-	-	-	-	-	
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	
SUB-TOTAL S&EB	21,134,647	-	21,134,647	306,769	-	306,769	
SRVG & SUPP / OTHER CHAR. PKG. AMBETS							
CCAP	4,908,768	-	4,908,768	87,720	-	87,720	
EXECUTIVE OFFICE	111,206	-	111,206	1,987	-	1,987	
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-	
FISCAL SERVICES	279,492	-	279,492	4,949	-	4,949	
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	936,178	-	936,178	16,730	-	16,730	
CONTRACTS ADMINISTRATION	147,404	-	147,404	1,672	-	1,672	
MANAGEMENT INFORMATION SYSTEMS	11,435,381	-	11,435,381	-	-	-	
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-	
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-	
LIFE SUPPORT	-	-	-	-	-	-	
DHS	-	-	-	-	-	-	
PUBLIC GUARDIAN	-	-	-	-	-	-	
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	
FEE FOR SERVICE	-	-	-	-	-	-	
STATE HOSPITAL	-	-	-	-	-	-	
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	
IN-STATE MH CONTRACT PROVIDERS	-	496,681,573	496,681,573	-	-	-	
OTHER CONTRACT PROVIDERS	-	-	-	-	8,675,704	8,675,704	
CARRY FORWARD - CCAP - WORKSHEET 3-A	(4,587,493)	-	(4,587,493)	(81,979)	-	(81,979)	
CARRY FORWARD - DMH - WORKSHEET 3-B	(2,340,100)	-	(2,340,100)	(318,083)	-	(318,083)	
SUB-TOTAL SS & OTHERS	10,660,956	496,681,573	507,342,529	(287,004)	8,675,704	8,388,699	
TOTAL EXPENDITURES							
CCAP	4,908,768	-	4,908,768	87,720	-	87,720	
EXECUTIVE OFFICE	1,016,443	-	1,016,443	18,164	-	18,164	
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-	
FISCAL SERVICES	4,565,901	-	4,565,901	77,544	-	77,544	
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	9,955,826	-	9,955,826	177,911	-	177,911	
CONTRACTS ADMINISTRATION	4,544,526	-	4,544,526	68,488	-	68,488	
MANAGEMENT INFORMATION SYSTEMS	13,961,812	-	13,961,812	-	-	-	
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-	
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-	
LIFE SUPPORT	-	-	-	-	-	-	
DHS	-	-	-	-	-	-	
PUBLIC GUARDIAN	-	-	-	-	-	-	
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	
FEE FOR SERVICE	-	-	-	-	-	-	
STATE HOSPITAL	-	-	-	-	-	-	
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	
IN-STATE MH CONTRACT PROVIDERS	-	496,681,573	496,681,573	-	-	-	
OTHER CONTRACT PROVIDERS	-	-	-	-	8,675,704	8,675,704	
CARRY FORWARD - CCAP - WORKSHEET 3-A	(4,587,493)	-	(4,587,493)	(81,979)	-	(81,979)	
CARRY FORWARD - DMH - WORKSHEET 3-B	(2,340,100)	-	(2,340,100)	(318,083)	-	(318,083)	
TOTAL EXPENDITURES	32,026,483	496,681,573	528,707,056	19,765	8,675,704	8,695,469	
			DMH OH	5.4506%		DMH OH	-0.7666%
			CCAP	0.6883%		CCAP	0.6883%
ADMINISTRATION OVERHEAD RATE	32,026,483 / 496,681,573 =	6.4479%			19,765 / 8,675,704 =	0.2227%	

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(4)			(5)		
	DHS			Public Guardian		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	39,650	-	39,650	15,570	-	15,570
GENERAL ADMINISTRATION OPERATIONS	-	-	-	239,345	-	239,345
FISCAL SERVICES	187,748	-	187,748	50,950	-	50,950
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	369,408	-	369,408	331,788	-	331,788
CONTRACTS ADMINISTRATION	40,995	-	40,995	-	-	-
MANAGEMENT INFORMATION SYSTEMS	78,171	-	78,171	8,193	-	8,193
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	5,502,949	-	5,502,949
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL 85EB	715,972	-	715,972	643,828	5,502,949	6,146,775

SRVC & SUPP / OTHER CHAR / FIX ASSETS

CCAP	215,008	-	215,008	84,431	-	84,431
EXECUTIVE OFFICE	4,871	-	4,871	1,913	-	1,913
GENERAL ADMINISTRATION OPERATIONS	-	-	-	330,309	-	330,309
FISCAL SERVICES	12,242	-	12,242	3,289	-	3,289
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	40,424	-	40,424	14,870	-	14,870
CONTRACTS ADMINISTRATION	654	-	654	-	-	-
MANAGEMENT INFORMATION SYSTEMS	391,314	-	391,314	20,889	-	20,889
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	87,020,284	87,020,284	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	3,040,004	-	3,040,004
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(258,259)	-	(258,259)	(103,920)	-	(103,920)
CARRY FORWARD - DMH - WORKSHEET 3-B	(4,250)	-	(4,250)	(188,954)	-	(188,954)
SUB-TOTAL 85 & OTHERS	404,004	87,020,284	87,424,288	184,627	3,040,004	3,224,630

TOTAL EXPENDITURES

CCAP	215,008	-	215,008	84,431	-	84,431
EXECUTIVE OFFICE	44,521	-	44,521	17,483	-	17,483
GENERAL ADMINISTRATION OPERATIONS	-	-	-	569,653	-	569,653
FISCAL SERVICES	199,990	-	199,990	54,239	-	54,239
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	409,832	-	409,832	348,438	-	348,438
CONTRACTS ADMINISTRATION	41,849	-	41,849	-	-	-
MANAGEMENT INFORMATION SYSTEMS	469,485	-	469,485	27,082	-	27,082
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	87,020,284	87,020,284	-	-	-
PUBLIC GUARDIAN	-	-	-	-	8,542,952	8,542,952
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(258,259)	-	(258,259)	(103,920)	-	(103,920)
CARRY FORWARD - DMH - WORKSHEET 3-B	(4,250)	-	(4,250)	(188,954)	-	(188,954)
TOTAL EXPENDITURES	1,119,977	87,020,284	88,140,261	828,453	8,542,952	9,371,405

ADMINISTRATION OVERHEAD RATE	DMH OH	1.0400%	DMH OH	8.7092%
	CCAP	0.2471%	CCAP	0.9883%
	1,119,977 / 87,020,284 =	1.2870%	828,453 / 8,542,952 =	9.6975%

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(6)			(7)		
	TAR / Office of Managed Care			Fee for Service		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	10,484	-	10,484	69,640	-	69,640
GENERAL ADMINISTRATION OPERATIONS	199,454	-	199,454	-	-	-
FISCAL SERVICES	34,306	-	34,306	209,917	-	209,917
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	21,064	-	21,064	655,646	-	655,646
CONTRACTS ADMINISTRATION	-	-	-	147,805	-	147,805
MANAGEMENT INFORMATION SYSTEMS	-	-	-	333,362	-	333,362
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	5,620,842	5,620,842	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL 6&6B	285,308	5,620,842	5,788,150	1,308,370	-	1,308,370
SRVC & SUPP / OTHER CHAR / PK ASSETS						
CCAP	56,850	-	56,850	323,405	-	323,405
EXECUTIVE OFFICE	1,288	-	1,288	7,327	-	7,327
GENERAL ADMINISTRATION OPERATIONS	275,257	-	275,257	-	-	-
FISCAL SERVICES	2,215	-	2,215	1,044,079	-	1,044,079
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	7,328	-	7,328	60,804	-	60,804
CONTRACTS ADMINISTRATION	-	-	-	5,161	-	5,161
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,316,490	-	1,316,490
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	231,345	231,345	-	-	-
FEE FOR SERVICE	-	-	-	84,538,984	-	84,538,984
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(55,292)	-	(55,292)	(308,775)	-	(308,775)
CARRY FORWARD - DMH - WORKSHEET 3-B	(327,429)	-	(327,429)	5,388,422	-	5,388,422
SUB-TOTAL 5&5 & OTHERS	(38,784)	231,345	181,561	7,636,032	84,538,984	92,375,916
TOTAL EXPENDITURES						
CCAP	56,850	-	56,850	323,405	-	323,405
EXECUTIVE OFFICE	11,772	-	11,772	66,966	-	66,966
GENERAL ADMINISTRATION OPERATIONS	474,711	-	474,711	-	-	-
FISCAL SERVICES	36,521	-	36,521	1,253,998	-	1,253,998
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	28,392	-	28,392	616,450	-	616,450
CONTRACTS ADMINISTRATION	-	-	-	162,986	-	162,986
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,849,982	-	1,849,982
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	5,782,185	5,782,185	-	-	-
FEE FOR SERVICE	-	-	-	84,538,984	-	84,538,984
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(55,292)	-	(55,292)	(308,775)	-	(308,775)
CARRY FORWARD - DMH - WORKSHEET 3-B	(327,429)	-	(327,429)	5,388,422	-	5,388,422
TOTAL EXPENDITURES	225,524	5,782,185	5,977,711	8,143,302	84,538,984	93,682,288
			DMH OH 2.0324%		DMH OH 10.4329%	
			CCAP 0.9883%		CCAP 0.3826%	
ADMINISTRATION OVERHEAD RATE	225,524 / 5,782,185 =	3.9027%		8,143,302 / 84,538,984 =	10.6155%	

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(6)			(9)		
	SD/MC UNREIMBURSABLE COSTS			STATE HOSPITAL		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	88,323	-	88,323	19,577	-	19,577
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	289,020	-	289,020	64,389	-	64,389
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	131,448	-	131,448	173,074	-	173,074
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	65,101	-	65,101
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	336,216	336,216	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	508,791	336,216	845,006	322,242	-	322,242
SRVC & SUPP / OTHER CHAR / FIX ASSETS						
CCAP	478,942	-	478,942	108,701	-	108,701
EXECUTIVE OFFICE	10,850	-	10,850	2,417	-	2,417
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	18,657	-	18,657	4,157	-	4,157
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	60,778	-	60,778	19,848	-	19,848
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	219,605	-	219,605
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,124,310	48,124,310	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(271,297)	-	(271,297)	(189,281)	-	(189,281)
CARRY FORWARD - DMH - WORKSHEET 3-B	(53,640)	-	(53,640)	(183,457)	-	(183,457)
SUB-TOTAL SS & OTHERS	244,288	48,124,310	48,368,598	10	43,185,230	43,185,240
TOTAL EXPENDITURES						
CCAP	478,942	-	478,942	108,701	-	108,701
EXECUTIVE OFFICE	99,173	-	99,173	22,094	-	22,094
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	307,677	-	307,677	68,546	-	68,546
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	182,224	-	182,224	192,622	-	192,622
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	284,706	-	284,706
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,480,526	48,480,526	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(271,297)	-	(271,297)	(189,281)	-	(189,281)
CARRY FORWARD - DMH - WORKSHEET 3-B	(53,640)	-	(53,640)	(183,457)	-	(183,457)
TOTAL EXPENDITURES	753,079	48,480,526	49,213,605	322,251	43,185,230	43,507,481
			DMH OH		DMH OH	
			0.5657%		0.4991%	
			CCAP		CCAP	
			0.9883%		0.2471%	
ADMINISTRATION OVERHEAD RATE	753,079 / 48,480,526 =	1.5540%		322,251 / 43,185,230 =	0.7462%	

INDIRECT COST RATE BY PROGRAM

(10)

See Worksheet 4 for Indirect/Direct Cost details

	Grand Total		Total
	Indirect	Direct	
SALARIES AND EMPLOYEE BENEFITS			
CCAP	-	-	-
EXECUTIVE OFFICE	1,520,534	-	1,520,534
GENERAL ADMINISTRATION OPERATIONS	6,422,413	-	6,422,413
FISCAL SERVICES	8,919,271	-	8,919,271
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	14,361,066	-	14,361,066
CONTRACTS ADMINISTRATION	4,656,398	-	4,656,398
MANAGEMENT INFORMATION SYSTEMS	3,757,639	-	3,757,639
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	186,166,470	186,166,470
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	8,466,724	8,466,724
LIFE SUPPORT	-	-	-
DHS	-	-	-
PUBLIC GUARDIAN	-	5,602,949	5,602,949
TAR/OFFICE OF MANAGED CARE	-	5,620,842	5,620,842
FEE FOR SERVICE	-	-	-
STATE HOSPITAL	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	336,216	336,216
IN-STATE MH CONTRACT PROVIDERS	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-
SUB-TOTAL S&EB	37,637,319	176,018,200	213,655,519
SRVC & SUPP / OTHER CHAR / FX ASSETS			
CCAP	8,245,297	-	8,245,297
EXECUTIVE OFFICE	188,794	-	188,794
GENERAL ADMINISTRATION OPERATIONS	8,863,266	-	8,863,266
FISCAL SERVICES	1,481,475	-	1,481,475
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1,533,128	-	1,533,128
CONTRACTS ADMINISTRATION	155,391	-	155,391
MANAGEMENT INFORMATION SYSTEMS	17,068,438	-	17,068,438
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	26,228,542	26,228,542
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	4,783,641	4,783,641
LIFE SUPPORT	-	3,024,446	3,024,446
DHS	-	67,020,284	67,020,284
PUBLIC GUARDIAN	-	3,040,004	3,040,004
TAR/OFFICE OF MANAGED CARE	-	231,345	231,345
FEE FOR SERVICE	-	84,538,984	84,538,984
STATE HOSPITAL	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,124,310	48,124,310
IN-STATE MH CONTRACT PROVIDERS	-	486,681,573	486,681,573
OTHER CONTRACT PROVIDERS	-	8,875,704	8,875,704
CARRY FORWARD - CCAP - WORKSHEET 3-A	(7,801,277)	-	(7,801,277)
CARRY FORWARD - DMH - WORKSHEET 3-B	(8,018,126)	-	(8,018,126)
SUB-TOTAL SS & OTHERS	23,714,405	607,734,062	631,448,468
TOTAL EXPENDITURES			
CCAP	8,245,297	-	8,245,297
EXECUTIVE OFFICE	1,707,328	-	1,707,328
GENERAL ADMINISTRATION OPERATIONS	15,285,688	-	15,285,688
FISCAL SERVICES	8,400,745	-	8,400,745
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	15,894,193	-	15,894,193
CONTRACTS ADMINISTRATION	4,811,789	-	4,811,789
MANAGEMENT INFORMATION SYSTEMS	20,826,077	-	20,826,077
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	184,428,012	184,428,012
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	13,240,365	13,240,365
LIFE SUPPORT	-	3,024,446	3,024,446
DHS	-	67,020,284	67,020,284
PUBLIC GUARDIAN	-	6,542,952	6,542,952
TAR/OFFICE OF MANAGED CARE	-	5,762,186	5,762,186
FEE FOR SERVICE	-	84,538,984	84,538,984
STATE HOSPITAL	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,460,526	48,460,526
IN-STATE MH CONTRACT PROVIDERS	-	486,681,573	486,681,573
OTHER CONTRACT PROVIDERS	-	8,875,704	8,875,704
CARRY FORWARD - CCAP - WORKSHEET 3-A	(7,801,277)	-	(7,801,277)
CARRY FORWARD - DMH - WORKSHEET 3-B	(8,018,126)	-	(8,018,126)
TOTAL EXPENDITURES	61,351,724	983,760,262	1,045,101,987

ADMINISTRATION OVER-HEAD RATE

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2006-2008 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

(1)

(2)

	DMH Directly Operated Programs			Life Support/Supplemental Rates		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	584,804	-	584,804	5,822	-	5,822
GENERAL ADMINISTRATION OPERATIONS	8,614,351	-	8,614,351	-	-	-
FISCAL SERVICES	1,730,898	-	1,730,898	12,632	-	12,632
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,281,834	-	4,281,834	8,888	-	8,888
CONTRACTS ADMINISTRATION	-	-	-	10,487	-	10,487
MANAGEMENT INFORMATION SYSTEMS	1,139,899	-	1,139,899	65,634	-	65,634
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	179,468,942	179,468,942	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	11,870,827	11,870,827	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	14,331,588	191,139,869	205,471,457	100,472	-	100,472

INVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	1,965,429	-	1,965,429	19,566	-	19,566
EXECUTIVE OFFICE	41,028	-	41,028	408	-	408
GENERAL ADMINISTRATION OPERATIONS	7,728,691	-	7,728,691	-	-	-
FISCAL SERVICES	37,209	-	37,209	355	-	355
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	631,395	-	631,395	1,820	-	1,820
CONTRACTS ADMINISTRATION	-	-	-	302	-	302
MANAGEMENT INFORMATION SYSTEMS	2,976,955	-	2,976,955	144,504	-	144,504
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	30,801,822	30,801,822	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	8,474,831	8,474,831	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	2,273,903	-	2,273,903
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	13,376,707	37,276,453	50,652,169	168,954	2,273,903	2,440,857

TOTAL EXPENDITURES						
CCAP	1,965,429	-	1,965,429	19,566	-	19,566
EXECUTIVE OFFICE	625,832	-	625,832	8,230	-	8,230
GENERAL ADMINISTRATION OPERATIONS	14,338,043	-	14,338,043	-	-	-
FISCAL SERVICES	1,768,107	-	1,768,107	12,987	-	12,987
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,863,230	-	4,863,230	7,718	-	7,718
CONTRACTS ADMINISTRATION	-	-	-	10,788	-	10,788
MANAGEMENT INFORMATION SYSTEMS	4,116,654	-	4,116,654	210,137	-	210,137
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	210,270,784	210,270,784	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	18,148,668	18,148,668	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	2,273,903	-	2,273,903
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	27,707,295	228,416,322	256,123,616	267,426	2,273,903	2,541,329

	DMH OH	11.2907%	DMH OH	10.9002%
	CCAP	0.8806%	CCAP	0.8806%
ADMIN. OVERHEAD RATE FOR FY 2006-08	27,707,295 / 228,416,322 =	12.1302%	267,426 / 2,273,903 =	11.7807%
ADMIN. OVERHEAD RATE FOR FY 2004-05	27,987,107 / 207,689,822 =	13.3182%	263,739 / 2,163,828 =	12.1885%

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COUNTY OF LOS ANGELES
 DEPARTMENT OF MENTAL HEALTH
 FY 2006-2008 YEAR-END COST REPORT
 INDIRECT COST RATE BY PROGRAM
 See Worksheet 4 for Indirect/Direct Cost details

3 (a)

3 (b)

	In-State MH Contract Providers			Consultation, Out-of-State, & Other Contractors		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYER BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	1,488,708	-	1,488,708	35,775	-	35,775
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,435,856	-	4,435,856	102,257	-	102,257
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	10,922,006	-	10,922,006	280,715	-	280,715
CONTRACTS ADMINISTRATION	5,677,928	-	5,677,928	83,318	-	83,318
MANAGEMENT INFORMATION SYSTEMS	4,208,629	-	4,208,629	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	26,743,124	-	26,743,124	482,063	-	482,063
SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	5,036,898	-	5,036,898	120,234	-	120,234
EXECUTIVE OFFICE	106,144	-	106,144	2,610	-	2,610
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	95,357	-	95,357	2,274	-	2,274
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1,818,107	-	1,818,107	38,625	-	38,625
CONTRACTS ADMINISTRATION	115,559	-	115,559	2,036	-	2,036
MANAGEMENT INFORMATION SYSTEMS	10,484,644	-	10,484,644	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	585,373,395	585,373,395	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	13,973,221	13,973,221
SUB-TOTAL SS & OTHERS	17,435,709	585,373,395	602,809,103	165,878	13,973,221	14,139,899
TOTAL EXPENDITURES						
CCAP	5,036,898	-	5,036,898	120,234	-	120,234
EXECUTIVE OFFICE	1,603,850	-	1,603,850	38,285	-	38,285
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,531,213	-	4,531,213	104,531	-	104,531
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	12,540,113	-	12,540,113	289,340	-	289,340
CONTRACTS ADMINISTRATION	5,793,486	-	5,793,486	95,382	-	95,382
MANAGEMENT INFORMATION SYSTEMS	14,673,273	-	14,673,273	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	585,373,395	585,373,395	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	13,973,221	13,973,221
TOTAL EXPENDITURES	44,178,833	585,373,395	629,552,227	657,742	13,973,221	14,630,962

	DMH OH	6.6867%	DMH OH	3.8467%
	CCAP	0.8608%	CCAP	0.8608%
ADMIN. OVERHEAD RATE FOR FY 2006-08	44,178,833 / 665,373,395 =	7.8471%	657,742 / 13,973,221 =	4.7072%
ADMIN. OVERHEAD RATE FOR FY 2004-05	48,883,558 / 542,367,658 =	8.8442%	802,225 / 9,036,489 =	8.8643%

ok ok ok ok ok ok

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2005-2006 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

	(4)			(5)		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYER BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	69,852	-	69,852	29,008	-	29,008
GENERAL ADMINISTRATION OPERATIONS	-	-	-	399,322	-	399,322
FISCAL SERVICES	208,164	-	208,164	62,940	-	62,940
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	471,698	-	471,698	389,225	-	389,225
CONTRACTS ADMINISTRATION	55,218	-	55,218	-	-	-
MANAGEMENT INFORMATION SYSTEMS	129,454	-	129,454	17,242	-	17,242
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	6,568,980	-	6,568,980
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	933,173	-	933,173	674,737	6,568,980	7,443,717
SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	234,088	-	234,088	97,490	-	97,490
EXECUTIVE OFFICE	4,867	-	4,867	2,035	-	2,035
GENERAL ADMINISTRATION OPERATIONS	-	-	-	482,792	-	482,792
FISCAL SERVICES	4,432	-	4,432	1,787	-	1,787
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	41,880	-	41,880	47,284	-	47,284
CONTRACTS ADMINISTRATION	355	-	355	-	-	-
MANAGEMENT INFORMATION SYSTEMS	340,720	-	340,720	37,961	-	37,961
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	108,819,867	108,819,867	-	-	-
PUBLIC GUARDIAN	-	-	-	4,781,012	-	4,781,012
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	628,161	108,819,867	109,446,028	649,309	4,781,012	5,410,322
TOTAL EXPENDITURES						
CCAP	234,088	-	234,088	97,490	-	97,490
EXECUTIVE OFFICE	74,638	-	74,638	31,043	-	31,043
GENERAL ADMINISTRATION OPERATIONS	-	-	-	859,116	-	859,116
FISCAL SERVICES	210,588	-	210,588	84,707	-	84,707
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	513,378	-	513,378	418,489	-	418,489
CONTRACTS ADMINISTRATION	58,573	-	58,573	-	-	-
MANAGEMENT INFORMATION SYSTEMS	470,174	-	470,174	55,202	-	55,202
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	108,819,867	108,819,867	-	-	-
PUBLIC GUARDIAN	-	-	-	11,329,992	-	11,329,992
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	1,559,334	108,819,867	110,379,201	1,524,046	11,329,992	12,854,039

		DMH OH	1.2178%		DMH OH	12.5910%
		CCAP	0.2151%		CCAP	0.8608%
ADMIN. OVERHEAD RATE FOR FY 2005-06	$\frac{1,559,334}{108,819,867}$	=	1.4329%	$\frac{1,524,046}{11,329,992}$	=	13.4514%
ADMIN. OVERHEAD RATE FOR FY 2004-05	$\frac{1,684,559}{97,831,772}$	=	1.7284%	$\frac{1,208,088}{9,222,332}$	=	13.0904%

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COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2005-2006 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

	(6)			(7)		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	12,998	-	12,998	63,122	-	63,122
GENERAL ADMINISTRATION OPERATIONS	184,894	-	184,894	-	-	-
FISCAL SERVICES	28,198	-	28,198	188,788	-	188,788
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	19,033	-	19,033	562,918	-	562,918
CONTRACTS ADMINISTRATION	-	-	-	149,726	-	149,726
MANAGEMENT INFORMATION SYSTEMS	-	-	-	647,294	-	647,294
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	4,824,674	4,824,674	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL B&EB	244,921	4,824,674	5,069,595	1,631,849	-	1,631,849
SRVC & SUPP / OTHER CHAN / FIXED ASSETS						
CCAP	43,678	-	43,678	279,358	-	279,358
EXECUTIVE OFFICE	912	-	912	5,832	-	5,832
GENERAL ADMINISTRATION OPERATIONS	216,670	-	216,670	-	-	-
FISCAL SERVICES	792	-	792	211,080	-	211,080
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,141	-	4,141	49,740	-	49,740
CONTRACTS ADMINISTRATION	-	-	-	4,306	-	4,306
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,491,608	-	1,491,608
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	251,271	251,271	-	-	-
FEE FOR SERVICE	-	-	-	80,031,518	-	80,031,518
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	265,191	251,271	516,462	2,041,925	80,031,518	82,073,443
TOTAL EXPENDITURES						
CCAP	43,678	-	43,678	279,358	-	279,358
EXECUTIVE OFFICE	13,907	-	13,907	88,953	-	88,953
GENERAL ADMINISTRATION OPERATIONS	400,364	-	400,364	-	-	-
FISCAL SERVICES	28,990	-	28,990	399,888	-	399,888
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	23,174	-	23,174	612,659	-	612,659
CONTRACTS ADMINISTRATION	-	-	-	154,032	-	154,032
MANAGEMENT INFORMATION SYSTEMS	-	-	-	2,138,902	-	2,138,902
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	5,075,945	5,075,945	-	-	-
FEE FOR SERVICE	-	-	-	80,031,518	-	80,031,518
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	510,111	5,075,945	5,586,056	3,673,773	80,031,518	83,705,292

	DMH OH	9.1891%	DMH OH	4.2413%
	CCAP	0.8806%	CCAP	0.3481%
ADMIN. OVERHEAD RATE FOR FY 2005-06	510,111 / 5,075,945 =	10.0488%	3,673,773 / 80,031,518 =	-4.5804%
ADMIN. OVERHEAD RATE FOR FY 2004-05	581,204 / 5,000,905 =	11.6220%	3,927,968 / 82,704,650 =	4.7494%

ok ok ok ok ok ok

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2005-2006 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

(8)

(9)

	SD/MC UNREIMBURSABLE COSTS			STATE HOSPITAL		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	111,623	-	111,623	21,844	-	21,844
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	242,197	-	242,197	47,398	-	47,398
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	113,087	-	113,087	138,068	-	138,068
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	140,327	-	140,327
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	605,011	605,011	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	466,907	605,011	1,071,917	347,635	-	347,635

SRVC & SUPP / OTHER CHAR / FXSD ASSETS						
CCAP	375,145	-	375,145	73,413	-	73,413
EXECUTIVE OFFICE	7,631	-	7,631	1,632	-	1,632
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	6,800	-	6,800	1,331	-	1,331
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	34,690	-	34,690	12,939	-	12,939
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	308,954	-	308,954
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	-	-	-	-	34,127,285	34,127,285
SD/MC UNREIMBURSABLE COSTS	-	42,993,282	42,993,282	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SR & OTHERS	424,667	42,993,282	43,417,950	398,169	34,127,285	34,625,454

TOTAL EXPENDITURES						
CCAP	375,145	-	375,145	73,413	-	73,413
EXECUTIVE OFFICE	119,454	-	119,454	23,378	-	23,378
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	248,997	-	248,997	48,727	-	48,727
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	147,977	-	147,977	151,007	-	151,007
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	449,281	-	449,281
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	-	-	-	-	34,127,285	34,127,285
SD/MC UNREIMBURSABLE COSTS	-	43,598,303	43,598,303	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	891,573	43,598,303	44,489,876	745,804	34,127,285	34,673,089

		DMH OH	1.1845%		DMH OH	1.9702%
		CCAP	0.8803%		CCAP	0.2151%
ADMIN. OVERHEAD RATE FOR FY 2005-06	891,573 / 43,598,303 =	2.0450%		745,804 / 34,127,285 =	2.1854%	
ADMIN. OVERHEAD RATE FOR FY 2004-05	926,907 / 38,080,255 =	2.4341%		766,264 / 34,493,035 =	2.2273%	

ok ok ok ok ok ok

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2005-2006 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

(10)

	Grand Total		Total
	Indirect	Direct	
SALARIES AND EMPLOYEE BENEFITS			
CCAP	-	-	-
EXECUTIVE OFFICE	2,453,350	-	2,453,350
GENERAL ADMINISTRATION OPERATIONS	7,195,388	-	7,195,388
FISCAL SERVICES	7,057,318	-	7,057,318
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	17,124,481	-	17,124,481
CONTRACTS ADMINISTRATION	5,987,874	-	5,987,874
MANAGEMENT INFORMATION SYSTEMS	8,348,270	-	8,348,270
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	179,488,942	179,488,942
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	11,670,927	11,670,927
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-
DHS	-	-	-
PUBLIC GUARDIAN	-	6,588,960	6,588,960
TAR/OFFICE OF MANAGED CARE	-	4,824,674	4,824,674
FEE FOR SERVICE	-	-	-
STATE HOSPITAL	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	605,011	605,011
IN-STATE MH CONTRACT PROVIDERS	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-
SUB-TOTAL S&EB	46,168,468	203,138,633	249,305,001
SRVC & SUPP / OTHER CHAR / FIXED ASSETS			
CCAP	8,245,297	-	8,245,297
EXECUTIVE OFFICE	172,119	-	172,119
GENERAL ADMINISTRATION OPERATIONS	8,402,154	-	8,402,154
FISCAL SERVICES	381,395	-	381,395
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	2,480,602	-	2,480,602
CONTRACTS ADMINISTRATION	122,557	-	122,557
MANAGEMENT INFORMATION SYSTEMS	15,785,345	-	15,785,345
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	30,801,822	30,801,822
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	6,474,631	6,474,631
LIFE SUPPORT/SUPPLEMENTARY RATES	-	2,273,903	2,273,903
DHS	-	108,819,867	108,819,867
PUBLIC GUARDIAN	-	4,761,012	4,761,012
TAR/OFFICE OF MANAGED CARE	-	251,271	251,271
FEE FOR SERVICE	-	80,031,518	80,031,518
STATE HOSPITAL	-	34,127,285	34,127,285
SD/MC UNREIMBURSABLE COSTS	-	42,993,282	42,993,282
IN-STATE MH CONTRACT PROVIDERS	-	585,373,395	585,373,395
OTHER CONTRACT PROVIDERS	-	13,973,221	13,973,221
SUB-TOTAL SS & OTHERS	35,649,480	909,881,217	945,450,698
TOTAL EXPENDITURES			
CCAP	8,245,297	-	8,245,297
EXECUTIVE OFFICE	2,625,469	-	2,625,469
GENERAL ADMINISTRATION OPERATIONS	15,597,522	-	15,597,522
FISCAL SERVICES	7,418,713	-	7,418,713
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	19,605,082	-	19,605,082
CONTRACTS ADMINISTRATION	8,110,231	-	8,110,231
MANAGEMENT INFORMATION SYSTEMS	22,113,623	-	22,113,623
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	210,270,784	210,270,784
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	18,145,558	18,145,558
LIFE SUPPORT/SUPPLEMENTARY RATES	-	2,273,903	2,273,903
DHS	-	108,819,867	108,819,867
PUBLIC GUARDIAN	-	11,320,992	11,320,992
TAR/OFFICE OF MANAGED CARE	-	5,075,945	5,075,945
FEE FOR SERVICE	-	80,031,518	80,031,518
STATE HOSPITAL	-	34,127,285	34,127,285
SD/MC UNREIMBURSABLE COSTS	-	43,598,303	43,598,303
IN-STATE MH CONTRACT PROVIDERS	-	585,373,395	585,373,395
OTHER CONTRACT PROVIDERS	-	13,973,221	13,973,221
TOTAL EXPENDITURES	81,715,937	1,113,019,750	1,194,735,687

ADMIN. OVERHEAD RATE FOR FY 2005-06
ADMIN. OVERHEAD RATE FOR FY 2004-05

ok ok ok

ALLOCATION OF COSTS TO SERVICE
 FUNCTIONS - MODE TOTAL

MH 1986 (Rev. 7/09)

County: LOS ANGELES
 County Code: 19

	A		CR B		CR C		CR D		CR E		CR F		CR G	
	Mode Total	Service Function												
1 Allocation Percentage	100.00%	1.81%	7.10%	3.70%	1.84%									
2 Total Units		8,066	31,678	62,810	9,476									
3 Gross Cost	61,539,159	1,112,856	4,370,249	2,273,903	1,011,722									
4 Cost per Unit		137.97	137.96	36.20	106.77									
5 Non-Medi-Cal Units (Same as Line 2)		8,066	31,678	62,810	9,476									
6 Non-Medi-Cal Costs (Same as Line 3)	61,539,159	1,112,856	4,370,249	2,273,903	1,011,722									

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR (FY) 2006-2007 ESTIMATED CLAIM

**SB 90 PROGRAM 273
CONSOLIDATION OF HDS, HDS II, AND SED: OUT OF STATE
MENTAL HEALTH SERVICES**

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Attachment 9	FY 2005-06 Indirect Cost Proposal (ICP)
Attachment 10	FY 2005-06 Cost Report Actual Indirect Cost Rates

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 CONSOLIDATION OF HDS, HDS II, AND SED: OUT OF STATE MENTAL HEALTH SERVICES	For State Controller Use only (19) Program Number 00273 (20) Date Filed (21) LRS Input	PROGRAM 273
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(01) Claimant Identification Number			Reimbursement Claim Data	
(02) Claimant Name County of Los Angeles - Department of Mental Health			(22) FORM-1, (04)(A)(g)	
Address 550 South Vermont Ave., 11th Floor			(23) FORM-1, (04)(B)(g)	
Los Angeles, CA 90020			(24) FORM-1, (04)(C)(g)	2,824,488
			(25) FORM-1, (04)(D)(g)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26) FORM-1, (04)(E)(g)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(27) FORM-1, (04)(F)(g)	131,888
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) FORM-1, (04)(G)(g)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) FORM-1, (04)(H)(g)	34,333,519
Fiscal Year of Cost	(06) 2006/2007	(12) 2005/2006	(30) FORM-1, (04)(I)(g)	
Total Claimed Amount	(07) 18,488,223	(13) 16,807,476	(31) FORM-1, (06)	8
Less: 10% Late Penalty		(14)	(32) FORM-1, (07)	2,965,710
Less: Prior Claim Payment Received		(15) 12,455,402	(33) FORM-1, (09)	
Net Claimed Amount		(16) 4,352,074	(34) FORM-1, (10)	23,447,907
Due from State	(08) 18,488,223	(17) 4,352,074	(35)	
Due to State		(18)	(36)	

(37) CERTIFICATION OF CLAIM

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

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

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

Signature of Authorized Officer	Date
	4-5-07

Jeremy D. Cortez	Acting Administrative Deputy
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Type or Print Name	Title
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(38) Name of Contact Person for Claim Winnie Suen	Telephone Number E-mail Address	(213) 738-4690 Wwsuen@lacdmh.org
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Program 273	MANDATED COSTS CONSOLIDATION OF HDS, HDS II, AND SED: OUT OF STATE MENTAL HEALTH SERVICES CLAIM SUMMARY	FORM 1
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(01) Claimant: COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/> <input type="checkbox"/> Estimated <input type="checkbox"/> <input type="checkbox"/>	Fiscal Year 2005/2006
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(03) Department

Direct Costs	Object Accounts						
(04) Reimbursable Components	(a) Salaries	(b) Benefits	(c) Materials and Supplies	(d) Contract Services	(e) Fixed Assets	(f) Travel	(g) Total
A. Revise Interagency Agreement							
B. Renew Interagency Agreement							
C. Referral & Mental Health Assessments	2,824,486						2,824,466
D. Transfers & Interim Placements							
E. Participation as Member of IEP Team							
F. Designation of Lead Case Manager	131,688						131,688
G. Authorize/Issue Payments to Providers							
H. Psychotherapy/Other Mental Health Services	34,333,519						34,333,519
I. Participation in Due Process Hearings							
(05) Total Direct Costs	37,289,673						37,289,673

Indirect Costs

(06) Indirect Cost Rate	<i>See Attachment 8</i>	7.9532%
(07) Total Indirect Costs	[Line (06) x line (05)(a)] or [Line (06) x (line (05)(a) + line (05)(b))]	2,965,710
(08) Total Direct and Indirect Costs	[Line (05)(g) + line (07)]	40,255,383
Cost Reduction		
(09) Less: Offsetting Savings		
(10) Less: Other Reimbursements	<i>See Attachment 7</i>	23,447,907
(11) Total Claimed Amount	[Line (08) - (line (09) + line (10))]	16,807,476

Program

MANDATED COSTS

CONSOLIDATION OF HDS, HDS II, AND SED: OUT OF STATE MENTAL HEALTH

FORM

273

SERVICES

2

ACTIVITY COST DETAIL

(01) Claimant	COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH	(02) Fiscal Year	2005/2006
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<input type="checkbox"/> Revise Interagency Agreement	<input type="checkbox"/> Transfers & Interim Placements	<input type="checkbox"/> Authorize/Issue Payments to Providers
<input type="checkbox"/> Renew Interagency Agreement	<input type="checkbox"/> Participation as Member of IEP Team	<input type="checkbox"/> Psychotherapy/Other Mental Health Services
<input checked="" type="checkbox"/> Referral & Mental Health Assessments	<input type="checkbox"/> Designation of Lead Case Manager	<input type="checkbox"/> Participation in Due Process Hearings

(04) Description of Expenses			Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel
<p>The claimed units of service are based on the AB3632/SEP Plan identified in the LAC-DMH Integrated System (IS). The cost report process determines the cost per unit of service in a generic sense, not on an individual clinician basis. This data is detailed on Attachment 6.</p>					2,824,466			

(05) Total	<input checked="" type="checkbox"/>	Subtotal		Page: 1 of 1	2,824,466
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Program 273	MANDATED COSTS CONSOLIDATION OF HDS, HDS II, AND SED: OUT OF STATE MENTAL HEALTH SERVICES ACTIVITY COST DETAIL	FORM 2
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(01)	Claimant COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH	(02)	Fiscal Year 2005/2006
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<input type="checkbox"/> Revise Interagency Agreement	<input type="checkbox"/> Transfers & Interim Placements	<input type="checkbox"/> Authorize/Issue Payments to Providers
<input type="checkbox"/> Renew Interagency Agreement	<input type="checkbox"/> Participation as Member of IEP Team	<input type="checkbox"/> Psychotherapy/Other Mental Health Services
<input type="checkbox"/> Referral & Mental Health Assessments	<input checked="" type="checkbox"/> Designation of Lead Case Manager	<input type="checkbox"/> Participation in Due Process Hearings

(04) Description of Expenses			Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel
Travel Expenses (Attachment 4a)					22,902			
Program Management (Attachment 4b)					94,334			
Program Management (Attachment 4c)					14,452			

(05) Total <input checked="" type="checkbox"/>	Subtotal		Page: 1 of 1				131,688
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Program 273	MANDATED COSTS CONSOLIDATION OF HDS, HDS II, AND SED: OUT OF STATE MENTAL HEALTH SERVICES ACTIVITY COST DETAIL	FORM 2
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(01)	Claimant COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH	(02)	Fiscal Year 2005/2006
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

<input type="checkbox"/> Revise Interagency Agreement	<input type="checkbox"/> Transfers & Interim Placements	<input type="checkbox"/> Authorize/Issue Payments to Providers
<input type="checkbox"/> Renew Interagency Agreement	<input type="checkbox"/> Participation as Member of IEP Team	<input checked="" type="checkbox"/> Psychotherapy/Other Mental Health Services
<input type="checkbox"/> Referral & Mental Health Assessments	<input type="checkbox"/> Designation of Lead Case Manager	<input type="checkbox"/> Participation in Due Process Hearings

(04) Description of Expenses	Object Accounts							
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel
Out-of-State Placement Mental Health Services Expenditures (Attachment 5a)						9,919,383		
Expenditures for Hearing Settlements/Late Invoices for FY 2004-2006 (Attachment 5b).						31,901		
The claimed units of service are based on the AB3832/SEP Plan identified in the LAC-DMH Integrated System (IS). The cost report process determines the cost per unit of services in a generic sense, not on an individual clinician basis. This data is detailed on Attachment 6.						24,382,255		

(05) Total	<input checked="" type="checkbox"/>	Subtotal		Page: <u>1</u> of <u>1</u>	34,333,519
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**TRAVEL EXPENSES
 AB3632 PLACEMENT UNIT
 FY 2005 - 2006**

Departing Date	Arriving Date	Destination	Case Manager	Expense Claim Amount
07/10/05	07/16/05	Houston, TX	John Donato	1,222.20
07/10/05	07/13/05	Denver, Co.	Jill Gottlieb	428.01
07/18/05	07/20/05	Salt Lake City, Utah	Jane Morton	556.51
08/15/05	08/18/05	Denver, Co.	Kamale Gray	636.84
08/17/05	08/19/05	Albuquerque, NM	Jane Morton	738.28
10/02/05	10/08/05	Provo, UT	Jane Morton	1,212.22
10/05/05	-	Salt Lake City, Utah	Kamale Gray	91.37
10/09/05	10/11/05	Provo, UT	Jill Gottlieb	206.23
10/11/05	10/13/05	St. George, UT	Monica Freire	443.80
10/24/05	10/25/05	Laramie, WY	Ahuva Braverman	811.79
10/26/05	10/28/05	Chicago, IL	Sharon Eno	702.23
10/30/05	11/05/05	League City, TX	John Donato	1,212.11
11/01/05	11/03/06	La Junta, Co.	Monica Freire	264.28
11/07/05	11/08/05	Salt Lake City, Utah	Mark Bodenstein	433.79
11/07/05	11/09/05	Colorado Springs, Co.	Kamale Gray	471.89
11/07/05	11/09/05	Salt Lake City, Utah	Jane Morton	537.03
11/14/05	11/17/05	Salt Lake City, Utah	Sharon Eno	457.67
11/15/05	11/17/05	Victoria, TX	Mark Bodenstein	476.69
12/04/05	12/07/05	Denver, Co.	Jill Gottlieb	491.84
01/08/06	01/10/06	Philadelphia, PA	John Donato	590.84
01/23/06	01/26/06	Westminster, CO.	Kamale Gray	709.82
02/05/06	02/11/06	League City, TX	John Donato	1,197.48
02/06/06	02/08/06	Houston, TX	Jill Gottlieb	336.09

**TRAVEL EXPENSES
 AB3632 PLACEMENT UNIT
 FY 2005 - 2006**

Departing Date	Arriving Date	Destination	Case Manager	Expense Claim Amount
02/22/06	02/23/06	Salt Lake City, Utah	Jane Morton	460.54
03/12/06	03/15/06	Provo, UT	Jane Morton	998.80
03/13/06	03/15/06	Victoria, TX	Mark Bodenstein	513.88
03/14/06		Salt Lake City, Utah	Ahuva Braverman	258.08
03/14/06	03/15/06	St. George, UT	Monica Freire	173.94
03/21/06	03/23/06	La Junta, Co.	Monica Freire	273.72
03/22/06	03/23/06	Salt Lake City, Utah	Mark Bodenstein	332.97
04/03/06	04/05/06	Provo, UT	Jill Gottlieb	376.79
04/03/06	04/05/06	La Junta, Co.	Kamale Gray	601.76
04/23/06	04/27/06	Denver, Co.	Monica Freire	652.58
05/15/06	05/17/06	Westminster, CO.	Kamale Gray	504.19
05/21/06	05/26/06	League City, TX	John Donato	1,016.62
05/21/06	05/24/06	Orlando, FL	Kamale Gray	612.39
06/05/06	06/07/06	Provo, UT	Sharon Eno	447.38
06/07/06	06/08/06	Salt Lake City, Utah	Mark Bodenstein	269.73
06/12/06	06/13/06	Laramie, WY	Ahuva Braverman	169.41
06/26/06	06/28/06	Chicago, IL	Sharon Eno	736.35
06/27/06	06/28/06	St. George, UT	Monica Freire	275.49
TOTAL:				22,901.63



To FORM 2

AB3632 RESIDENTIAL PLACEMENT UNIT
 LIST EMPLOYEES INVOLVED WITH OUT-OF-STATE PLACEMENT

No	Name	Title	Empl. No	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	FY 05/06 Total	% spent on Residential Placement	Out-of-State @ 57%
1	Chau Lou	Secretary III	447738	3,305	3,305	3,305	3,305									13,220	100%	7,535.40
2	Aleksandr Dozrnbeev	IC	477703	2,548	2,497	2,599	2,548									10,192	50%	2,904.72
3	Eibees Gerigourian	STC	484067					2,715	2,715	2,781	2,781	2,781	2,781	2,781	2,781	22,116	100%	12,606.72
4	Fernando Niebla	PRW	511810									1,251	2,468	2,468	2,468	8,658	100%	4,935.06
5	Abner Cenizaros	IC	488085	2,350	2,481	2,481	2,481	2,481	2,481	2,542	2,542	2,542	2,542	2,542	2,542	30,007	100%	17,103.99
6	Robert Curtis	STC	475676	2,864	2,864	2,864	2,864	2,864	2,864	3,014	3,014	3,014	3,014	3,014	3,014	35,288	100%	20,102.76
	Total			11,067	11,147	11,249	11,198	8,060	8,060	8,337	8,337	9,588	10,808	10,808	10,808	119,461		\$ 65,188.05

FY 05/06 Out-of-State Placement Salaries 65,188.05

FY 05/06 Employee Benefit @ 44.7106% 29,146.10

FY 05/06 Total S & EB \$ 94,334.15

To FORM 2

UPS EXPENSES
FY 2005 - 2006

DATE	AMOUNT BILLED FOR OUT-OF-STATE PACKETS (AB3632 ONLY)	TOTAL # OF PACKAGES	TOTAL CHARGES
07/01/05	11.83	9	34.80
07/05/05	19.63	13	60.70
07/06/05	13.40	11	47.48
07/07/05	50.60	19	99.18
07/08/05	15.81	12	58.33
07/11/05	21.04	6	24.66
07/12/05	19.26	11	48.42
07/13/05	44.86	8	52.10
07/14/05	35.44	16	89.09
07/15/05	-	9	50.16
07/18/05	-	12	92.53
07/19/05	12.00	11	56.69
07/20/05	-	5	18.30
07/21/05	11.78	14	64.23
07/22/05	33.57	16	76.09
07/25/05	15.65	4	15.65
07/26/05	12.15	8	31.50
07/27/05	16.53	16	118.07
07/28/05	5.44	4	27.43
07/29/05	29.93	13	54.35
08/01/05	-	8	30.21
08/02/05	77.08	17	107.29
08/03/05	-	8	57.20
08/04/05	15.74	12	89.08
08/05/05	49.56	16	79.97
08/08/05	-	1	3.62
08/09/05	3.82	7	44.89
08/10/05	15.44	9	45.65
08/11/05	-	2	19.87
08/12/05	-	8	58.05
08/15/05	12.87	13	64.18
08/16/05	19.26	13	57.11
08/17/05	11.62	15	102.91
08/18/05	-	6	33.25
08/19/05	-	4	15.73
08/19/05	-	6	21.72
08/22/05	15.44	9	34.79
08/23/05	15.81	9	33.91
08/24/05	29.22	10	43.70
08/25/05	15.81	9	42.40

**UPS EXPENSES
 FY 2005 - 2006**

DATE	AMOUNT BILLED FOR OUT-OF-STATE PACKETS (AB3632 ONLY)	TOTAL # OF PACKAGES	TOTAL CHARGES
08/30/05	3.82	6	36.05
08/31/05	15.44	5	19.26
09/01/05	13.24	4	27.99
09/02/05	24.86	5	24.86
09/06/05	-	2	7.24
09/08/05	7.96	8	33.30
09/09/05	8.01	8	30.98
09/12/05	-	3	10.86
09/13/05	43.17	7	43.17
09/14/05	-	8	41.07
09/15/05	23.46	9	37.93
09/16/05	24.49	6	42.99
09/19/05	-	4	36.74
09/20/05	38.27	15	77.37
09/21/05	38.42	9	50.53
09/21/05	7.80	13	103.50
09/22/05	-	2	31.25
09/26/05	-	4	14.48
09/27/05	19.79	13	74.36
09/28/05	25.39	11	55.60
09/29/05	28.62	16	118.03
09/30/05	8.17	11	70.96
10/04/05	11.83	3	11.83
10/05/05	20.16	10	57.61
10/06/05	15.81	14	76.50
10/07/05	12.16	3	12.15
10/11/05	19.63	14	69.39
10/12/05	49.56	14	87.01
10/13/05	-	8	30.41
10/14/05	40.00	15	156.24
10/18/05	9.42	9	56.76
10/19/05	36.08	15	106.11
10/20/05	-	3	21.99
10/21/05	58.08	11	61.70
10/24/05	12.36	5	23.42
10/25/05	78.77	19	145.18
10/26/05	9.59	8	32.56
10/27/05	8.01	12	56.79
10/28/05	15.44	15	85.47
10/31/05	7.96	8	35.80

UPS EXPENSES
FY 2005 - 2006

DATE	AMOUNT BILLED FOR OUT-OF-STATE PACKETS (AB3632 ONLY)	TOTAL # OF PACKAGES	TOTAL CHARGES
11/01/05	34.66	9	39.78
11/02/05	-	1	22.00
11/03/05	-	1	14.75
11/03/05	-	1	16.50
11/04/05	-	1	3.62
11/07/05	5.23	2	19.98
11/08/05	38.53	14	57.88
11/09/05	44.70	18	82.62
11/10/05	33.24	25	118.49
11/14/05	35.12	9	35.12
11/15/05	8.01	14	51.65
11/16/05	21.42	10	40.77
11/17/05	24.70	7	39.45
11/21/05	-	22	85.04
11/22/05	41.02	20	79.61
11/23/05	28.52	13	62.82
11/28/05	31.79	11	43.90
11/29/05	104.55	9	128.29
11/30/05	-	11	77.96
12/01/05	39.07	10	53.82
12/02/05	28.84	11	44.57
12/05/05	-	6	21.72
12/06/05	-	1	16.50
12/06/06	16.44	14	62.77
12/07/05	53.17	16	65.28
12/08/05	-	1	12.75
12/08/05	-	2	19.87
12/09/05	9.42	16	62.60
12/12/05	32.34	12	46.82
12/13/05	53.18	15	76.92
12/14/05	3.82	13	74.47
12/15/05	130.00	19	205.44
12/15/05	15.81	4	15.81
12/16/05	20.88	7	41.00
12/19/05	40.67	15	60.02
12/20/05	52.50	45	170.84
12/21/05	-	13	48.31
12/21/05	4.19	3	12.68
12/22/05	-	1	14.75
12/23/05	3.82	1	3.82

UPS EXPENSES
FY 2005 - 2006

DATE	AMOUNT BILLED FOR OUT-OF-STATE PACKETS (AB3632 ONLY)	TOTAL # OF PACKAGES	TOTAL CHARGES
12/27/05	15.53	3	15.53
12/28/05	15.81	5	28.56
12/29/05	11.83	7	70.33
01/03/06	21.68	9	38.38
01/04/06	-	7	39.40
01/05/06	20.92	8	32.52
01/06/06	-	6	33.70
01/09/06	-	1	4.00
01/10/06	4.56	17	79.86
01/11/06	53.68	13	102.88
01/12/06	9.84	23	95.04
01/13/06	-	8	31.90
01/17/06	-	4	16.50
01/18/06	5.46	14	64.46
01/19/06	140.72	13	151.64
01/20/06	17.84	11	54.82
01/23/06	12.16	14	55.26
01/24/06	21.84	21	104.84
01/25/06	54.58	31	193.43
01/26/06	56.18	13	92.48
01/27/06	-	17	67.20
01/30/06	-	2	17.20
01/31/06	69.47	29	124.37
02/01/06	12.38	3	12.38
02/01/06	20.54	21	82.64
02/02/06	18.00	14	67.70
02/06/06	38.16	24	96.66
02/07/06	68.54	32	134.74
02/08/06	-	5	19.00
02/09/06	52.02	14	103.12
02/10/06	21.84	27	108.24
02/13/06	12.54	8	31.74
02/14/06	-	6	34.30
02/15/06	25.14	21	88.54
02/16/06	19.14	7	43.34
02/21/06	8.54	17	77.24
02/22/06	24.54	39	151.24
02/23/06	17.84	14	78.24
02/27/06	-	4	29.00
02/28/06	159.71	29	233.21

UPS EXPENSES
FY 2005 - 2006

DATE	AMOUNT BILLED FOR OUT-OF-STATE PACKETS (AB3832 ONLY)	TOTAL # OF PACKAGES	TOTAL CHARGES
03/01/06	24.16	11	59.86
03/02/06	31.10	7	57.80
03/03/06	-	7	42.10
03/06/06	91.50	11	142.70
03/07/06	18.22	8	34.72
03/08/06	46.08	20	79.28
03/09/06	6.46	10	76.31
03/13/06	30.38	13	53.18
03/10/06	-	9	48.50
03/14/06	-	5	20.75
03/15/06	32.16	14	57.96
03/16/06	70.90	13	119.20
03/20/06	24.54	16	89.69
03/21/06	12.54	9	36.64
03/22/06	121.30	33	237.02
03/23/06	12.00	16	85.10
03/27/06	-	5	19.20
03/28/06	33.08	16	66.08
03/29/06	48.34	28	143.39
03/30/06	97.54	18	195.44
04/03/06	42.70	26	103.50
04/05/06	-	1	3.80
04/06/06	16.54	10	65.14
04/10/06	17.84	22	86.24
04/11/06	-	4	15.20
04/12/06	4.00	10	41.25
04/13/06	-	3	46.80
04/17/06	-	11	41.80
04/18/06	24.70	10	39.90
04/19/06	47.46	30	138.86
04/20/06	-	1	15.30
04/24/06	34.38	18	73.88
04/25/06	22.38	16	68.08
04/26/06	36.70	16	63.30
04/27/06	-	24	107.90
05/01/06	12.16	9	36.26
05/02/06	4.00	10	50.40
05/03/06	48.38	16	67.38
05/04/06	15.30	4	31.90
05/08/06	41.84	21	83.64

UPS EXPENSES
FY 2005 - 2006

DATE	AMOUNT BILLED FOR OUT-OF-STATE PACKETS (AB3632 ONLY)	TOTAL # OF PACKAGES	TOTAL CHARGES
05/09/06	16.80	6	56.30
05/10/06	8.00	10	39.70
05/11/06	4.00	8	43.60
05/15/06	38.22	14	58.52
05/16/06	146.32	25	161.52
05/17/06	33.60	16	93.40
05/18/06	98.96	24	169.31
05/22/06	17.84	30	121.14
05/23/06	18.40	1	18.40
05/24/06	82.12	11	86.06
05/25/06	8.54	4	40.64
05/30/06	74.46	44	202.56
05/31/06	84.92	25	100.02
06/01/06	44.60	14	95.45
06/05/06	60.38	23	94.58
06/06/06	39.30	30	121.70
06/08/06	-	8	52.97
06/12/06	39.14	35	138.26
06/13/06	35.53	9	39.15
06/14/06	3.82	5	18.30
06/15/06	41.92	31	150.83
06/19/06	61.76	18	72.62
06/20/06	-	6	24.22
06/21/06	37.38	22	14.48
06/22/06	11.46	5	30.03
06/26/06	42.96	24	95.09
06/27/06	-	8	30.21
06/28/06	21.25	19	76.13
06/29/06	23.99	18	84.68
TOTAL:	\$ 5,534.26	2,762	\$ 14,452.47

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To Form 2

**OUT OF STATE PLACEMENT
 MENTAL HEALTH SERVICES
 FY 2005 - 2006**

OUT-OF-STATE CONTRACTORS	MIS #	IN PLACEMENT		DMH RATE	DAYS	CLIENT COUNT	TOTAL AMOUNT
		START	STOP				
Alpine Academy	2003229	11/18/05		69.05	225	1	15,538
Alpine Academy	2056590	02/08/06	05/07/06	69.05	88	1	6,076
Alpine Academy	2051982	05/11/05	12/01/05	75.00	153	1	11,475
Alpine Academy	2051982	12/01/05	06/14/06	69.05	195	0	13,465
Alpine Academy	2076950	03/06/06		69.05	117	1	8,079
Alpine Academy	1990863	04/01/05	09/01/05	75.00	62	1	4,650
Alpine Academy	1990863	09/01/05		69.05	303	0	20,922
Alpine Academy	2056783	05/04/06		69.05	58	1	4,005
Alpine Academy	2137070	06/08/06		69.05	23	1	1,588
Alpine Academy					1,224	7	85,796
Aspen Solutions/Aspen Ranch	2008719	09/09/04	08/14/05	88.00	44	1	3,872
Aspen Solutions/Aspen Ranch	2121833	03/01/06		88.00	122	1	10,736
Aspen Solutions/Aspen Ranch	2057265	05/05/05		88.00	365	1	32,120
Aspen Solutions/Aspen Ranch	1696557	11/28/05		88.00	215	1	18,920
Aspen Solutions/Aspen Ranch	1508657	05/19/06		88.00	43	1	3,784
Aspen Solutions/Aspen Ranch	2002149	10/05/04	10/22/05	88.00	113	1	9,944
Aspen Solutions/Aspen Ranch	1986280	06/02/05		88.00	365	1	32,120
Aspen Solutions/Aspen Ranch	2138354	05/20/06		88.00	42	1	3,696
Aspen Solutions/Aspen Ranch	2027838	10/27/04	09/23/05	88.00	84	1	7,392
Aspen Solutions/Aspen Ranch					1,393	9	122,564
Aspen Solutions/Island View	2090848	11/18/05		85.00	225	1	19,125
Aspen Solutions/Island View	1618758	02/24/05	06/30/06	85.00	364	1	30,940
Aspen Solutions/Island View	2078758	11/08/05	01/09/06	85.00	62	1	5,270
Aspen Solutions/Island View	1581131	07/06/05		85.00	360	1	30,600
Aspen Solutions/Island View	2061181	04/26/05	02/17/06	85.00	231	1	19,635
Aspen Solutions/Island View	2063905	05/27/05	08/30/06	85.00	364	1	30,940
Aspen Solutions/Island View	1692160	03/23/05	04/21/06	85.00	294	1	24,990
Aspen Solutions/Island View	2021115	06/29/05	11/12/05	85.00	134	1	11,390
Aspen Solutions/Island View	2049452	03/29/05	09/28/05	85.00	89	1	7,565
Aspen Solutions/Island View					2,123	9	180,455
Aspen Solutions/New Leaf Academy	1882042	12/01/04	07/25/05		24	1	-
Aspen Solutions/New Leaf Academy	1866894	03/01/05	09/01/05		62	1	-

**OUT OF STATE PLACEMENT
 MENTAL HEALTH SERVICES
 FY 2006 - 2006**

OUT-OF-STATE CONTRACTORS	MIS #	IN PLACEMENT		DMH RATE	DAYS	CLIENT COUNT	TOTAL AMOUNT
		START	STOP				
Aspen Solutions/New Leaf Academy					86	2	-
Aspen Solutions/SanHawk Acad.	2123363	03/24/06		88.00	99	1	8,712
Aspen Solutions/SanHawk Acad.	1515255	05/13/05	02/11/06	88.00	225	1	19,800
Aspen Solutions/SanHawk Acad.	2094274	05/11/06	06/21/06	88.00	41	1	3,608
Aspen Solutions/SanHawk Acad.	1566456	01/24/06	05/17/06	88.00	102	1	8,976
Aspen Solutions/SanHawk Acad.					467	4	41,096
Aspen Solutions/Youth Care Inc.	1997569	11/16/05	04/27/06	95.00	162	1	15,390
Aspen Solutions/Youth Care Inc.	2054845	02/24/05	02/23/06	95.00	237	1	22,515
Aspen Solutions/Youth Care Inc.					399	2	37,905
Cathedral Home for Children	1565654	10/13/04		135.00	365	1	49,275
Cathedral Home for Children	1941663	07/03/04		135.00	365	1	49,275
Cathedral Home for Children	1682970	11/18/04		135.00	365	1	49,275
Cathedral Home for Children	2068276	07/08/05		135.00	358	1	48,330
Cathedral Home for Children	1893160	04/28/04	06/06/06	135.00	340	1	45,900
Cathedral Home for Children	1843365	01/29/06		135.00	153	1	20,655
Cathedral Home for Children	1548514	05/03/03	12/02/05	135.00	154	1	20,790
Cathedral Home for Children	1430323	11/05/04		135.00	365	1	49,275
Cathedral Home for Children	1901135	02/18/04	08/11/05	135.00	41	1	5,535
Cathedral Home for Children					2,506	9	338,310
Cinnamon Hills	1916258	09/29/04	01/19/06	50.00	202	1	10,100
Cinnamon Hills	1806331	07/12/04	08/04/05	50.00	34	1	1,700
Cinnamon Hills	1487433	01/26/06		50.00	156	1	7,800
Cinnamon Hills	1889054	01/07/05	11/21/05	50.00	143	1	7,150
Cinnamon Hills	1556561	02/03/05	01/07/06	50.00	190	1	9,500
Cinnamon Hills	2105483	12/08/05	01/25/06	50.00	48	1	2,400
Cinnamon Hills	1705663	08/28/06		50.00	3	1	150
Cinnamon Hills	1611139	08/11/05		50.00	324	1	16,200
Cinnamon Hills	2102472	10/14/05	04/28/06	50.00	196	1	9,800
Cinnamon Hills					1,296	9	64,800
Colorado Boys Ranch	1756273	09/10/04	08/21/05	113.06	51	1	5,766
Colorado Boys Ranch	1756273	06/30/06		113.06	1	0	113
Colorado Boys Ranch	1632937	12/14/05		113.06	199	1	22,499
Colorado Boys Ranch	1427210	08/28/05		113.06	365	1	41,267

**OUT OF STATE PLACEMENT
 MENTAL HEALTH SERVICES
 FY 2005 - 2006**

OUT-OF-STATE CONTRACTORS	MIS #	IN PLACEMENT		DMH RATE	DAYS	CLIENT COUNT	TOTAL AMOUNT
		START	STOP				
Colorado Boys Ranch	1489318	12/09/04	03/06/06	113.06	248	1	28,039
Colorado Boys Ranch	1509996	02/10/06	03/25/06	113.06	43	1	4,862
Colorado Boys Ranch	1509996	03/27/06		113.06	96	0	10,854
Colorado Boys Ranch	2068567	07/05/05		113.06	361	1	40,815
Colorado Boys Ranch	1778796	01/14/05		113.06	365	1	41,267
Colorado Boys Ranch	1881523	08/13/04		113.06	365	1	41,267
Colorado Boys Ranch	1441584	01/21/05		113.06	365	1	41,267
Colorado Boys Ranch	1585748	04/05/04	07/15/05	113.06	14	1	1,583
Colorado Boys Ranch	2055022	06/23/05	05/13/06	113.06	316	1	35,727
Colorado Boys Ranch	1459659	05/10/05	03/15/06	113.06	257	1	29,056
Colorado Boys Ranch	2051715	12/29/05		113.06	184	1	20,803
Colorado Boys Ranch	1849999	02/09/06		113.06	142	1	16,055
Colorado Boys Ranch	1574480	03/09/06		113.06	114	1	12,869
Colorado Boys Ranch	1399909	05/27/05		113.06	365	1	41,267
Colorado Boys Ranch	1497847	08/12/02	12/21/05	113.06	173	1	19,559
Colorado Boys Ranch	1654943	11/11/05		113.06	232	1	26,230
Colorado Boys Ranch	1913543	01/03/05	12/21/05	113.06	173	1	19,559
Colorado Boys Ranch	1495885	08/29/03		113.06	365	1	41,267
Colorado Boys Ranch	2089332	01/30/06	04/28/06	113.06	88	1	9,949
Colorado Boys Ranch	1507384	05/19/04	03/25/06	113.06	267	1	30,187
Colorado Boys Ranch	1507384	04/08/06		113.06	84	0	9,497
Colorado Boys Ranch	2060042	06/06/06		113.06	25	1	2,827
Colorado Boys Ranch	1948641	01/07/05	12/22/05	113.06	174	1	19,672
Colorado Boys Ranch	1698331	08/18/05		113.06	317	1	35,840
Colorado Boys Ranch	2105483	01/27/06	05/13/06	113.06	106	1	11,984
Colorado Boys Ranch	1695004	07/19/04	07/02/05	113.06	1	1	113
Colorado Boys Ranch	2031253	04/05/05	03/04/06	113.06	246	1	27,813
Colorado Boys Ranch	1909125	06/08/06		113.06	23	1	2,600
Colorado Boys Ranch	2057486	04/25/06		113.06	67	1	7,575
Colorado Boys Ranch	1501680	05/14/04		113.06	365	1	41,267
Colorado Boys Ranch	1882595	08/07/02	07/15/05	113.06	14	1	1,583
Colorado Boys Ranch	1752978	01/09/06		113.06	173	1	19,559
Colorado Boys Ranch	1715820	06/17/04	07/19/05	113.06	18	1	2,035

**OUT OF STATE PLACEMENT
 MENTAL HEALTH SERVICES
 FY 2005 - 2006**

OUT-OF-STATE CONTRACTORS	MIS #	IN PLACEMENT		DMH RATE	DAYS	CLIENT COUNT	TOTAL AMOUNT
		START	STOP				
Colorado Boys Ranch	1500490	06/12/06		113.06	19	1	2,148
Colorado Boys Ranch	1589809	12/27/05	12/28/05	113.06	1	1	113
Colorado Boys Ranch	1713645	03/16/04	07/01/05	113.06	-	1	-
Colorado Boys Ranch	1371121	03/08/02	07/17/05	113.06	16	1	1,809
Colorado Boys Ranch	1374723	06/03/05	02/27/06	113.06	241	1	27,247
Colorado Boys Ranch	2024067	12/03/04		113.06	365	1	41,267
Colorado Boys Ranch	1428072	03/06/06		113.06	117	1	13,228
Colorado Boys Ranch	1621408	03/20/06		113.06	103	1	11,645
Colorado Boys Ranch	2086834	12/15/05		113.06	198	1	22,386
Colorado Boys Ranch	1565207	02/23/05	07/30/05	113.06	29	1	3,279
Colorado Boys Ranch	1957528	01/03/06		113.06	179	1	20,238
Colorado Boys Ranch	1717679	10/13/03	07/18/05	113.06	17	1	1,922
Colorado Boys Ranch	1628184	01/07/05		113.06	365	1	41,267
Colorado Boys Ranch	1933408	12/27/04		113.06	365	1	41,267
Colorado Boys Ranch	1529860	01/20/06		113.06	162	1	18,316
Colorado Boys Ranch	1427111	11/17/05	01/17/06	113.06	61	1	6,897
Colorado Boys Ranch					9,000	50	1,017,540
DayStar	1493762	03/02/02		80.00	365	1	29,200
DayStar	1494649	07/01/00		80.00	365	1	29,200
DayStar	1429935	12/28/00		80.00	365	1	29,200
DayStar	1838444	07/30/04		80.00	365	1	29,200
DayStar					1,460	4	116,800
Devereux Florida	1908082	02/27/06		213.90	124	1	26,524
Devereux Florida	1700362	12/12/05		213.90	201	1	42,994
Devereux Florida					325	2	69,518
Devereux Glenholme (Regular)	1641139	08/01/05		29.25	334	1	9,770
Devereux Glenholme (Regular)	1555881	08/12/05		29.25	292	1	8,541
Devereux Glenholme					626	2	18,311
Devereux Cleo Wallace	1652946	10/11/04		140.00	365	1	51,100
Devereux Cleo Wallace	1728118	11/22/05		140.00	221	1	30,940
Devereux Cleo Wallace	1495908	08/12/05	01/25/06	140.00	166	1	23,240
Devereux Cleo Wallace	1733415	03/29/05	08/16/05	140.00	46	1	6,440
Devereux Cleo Wallace	1799938	11/03/04		140.00	365	1	51,100

**OUT OF STATE PLACEMENT
 MENTAL HEALTH SERVICES
 FY 2005 - 2006**

OUT-OF-STATE CONTRACTORS	MIS #	IN PLACEMENT		DMH RATE	DAYS	CLIENT COUNT	TOTAL AMOUNT
		START	STOP				
Devereux Cleo Wallace	1923999	07/22/04	02/25/06	140.00	239	1	33,460
Devereux Cleo Wallace	1548641	08/28/02	12/28/05	140.00	180	1	25,200
Devereux Cleo Wallace	1873924	03/08/05		140.00	365	1	51,100
Devereux Cleo Wallace	1751675	02/21/05		140.00	365	1	51,100
Devereux Cleo Wallace	1661509	08/31/05	03/19/06	140.00	200	1	28,000
Devereux Cleo Wallace	1548550	07/19/04		140.00	365	1	51,100
Devereux Cleo Wallace	1483355	03/28/05		140.00	365	1	51,100
Devereux Cleo Wallace	1484674	04/08/04	12/08/05	140.00	160	1	22,400
Devereux Cleo Wallace	1484674	12/26/05	04/14/06	140.00	109	0	15,260
Devereux Cleo Wallace	1895238	03/02/06		140.00	121	1	16,940
Devereux Cleo Wallace	1702651	02/04/05	02/22/06	140.00	236	1	33,040
Devereux Cleo Wallace	1616303	05/26/05	07/31/05	140.00	30	1	4,200
Devereux Cleo Wallace	1601859	04/11/05		140.00	365	1	51,100
Devereux Cleo Wallace	1913933	09/17/04		140.00	365	1	51,100
Devereux Cleo Wallace					4,628	18	647,920
Devereux (Texas) - League	1930729	10/19/05		143.11	255	1	36,493
Devereux (Texas) - League	1762006	05/04/06		100.72	58	1	5,842
Devereux (Texas) - League	1700894	10/04/04	06/08/06	100.72	342	1	34,446
Devereux (Texas) - League	1796335	03/07/05	05/26/06	100.72	329	1	33,137
Devereux (Texas) - League	1978535	05/28/04	08/19/05	100.72	49	1	4,935
Devereux (Texas) - Victoria	1827735	03/14/06		57.20	109	1	6,235
Devereux (Texas) - League	2128456	06/23/06		100.72	8	1	806
Devereux (Texas) - League	2111522	05/19/06		100.72	43	1	4,331
Devereux (Texas) - League	1701235	08/06/04		143.11	365	1	52,235
Devereux (Texas) - League	1696159	01/30/06		143.11	152	1	21,753
Devereux (Texas) - League	1846803	12/15/03	05/26/06	100.72	329	1	33,137
Devereux (Texas) - Victoria	1877060	06/13/05	06/02/06	57.20	336	1	19,219
Devereux (Texas) - League	1877060	06/02/06		143.11	29	0	4,150
Devereux (Texas) - League	1665979	05/28/04	01/13/06	100.72	196	1	19,741
Devereux (Texas) - League	1870383	08/21/04	01/06/06	143.11	189	1	27,048
Devereux (Texas) - League	1870383	01/06/06		138.11	176	0	24,307
Devereux (Texas) - League	1800185	09/13/05		100.72	291	1	29,310
Devereux (Texas) - League	1764901	12/15/03	01/27/06	143.11	210	1	30,053

**OUT OF STATE PLACEMENT
 MENTAL HEALTH SERVICES
 FY 2005 - 2006**

OUT-OF-STATE CONTRACTORS	MIS #	IN PLACEMENT		DMH RATE	DAYS	CLIENT COUNT	TOTAL AMOUNT
		START	STOP				
Devereux (Texas) - League	1531733	02/19/04	07/14/05	138.10	13	1	1,795
Devereux (Texas) - League	1952871	09/02/05		143.11	302	1	43,219
Devereux (Texas) - League	1956570	08/04/04	12/25/05	143.11	177	1	25,330
Devereux (Texas) - League	1827940	02/14/05		143.11	365	1	52,235
Devereux (Texas) - League	1908557	08/20/06		100.72	11	1	1,108
Devereux (Texas) - League	1662985	03/24/06		143.11	99	1	14,168
Devereux (Texas) - League	1487433	05/28/05	01/26/06	100.72	209	1	21,050
Devereux (Texas) - League	2100462	12/01/05	05/01/06	100.72	151	1	15,209
Devereux (Texas) - League	2032333	05/02/06	06/09/06	143.11	38	1	5,438
Devereux (Texas) - League	2032333	06/09/06		138.10	22	0	3,038
Devereux (Texas) - Victoria	1489884	10/11/05	01/09/06	57.20	90	1	5,148
Devereux (Texas) - Victoria	1489884	06/23/06		57.20	8	0	458
Devereux (Texas) - League	1557011	09/20/05		143.11	284	1	40,643
Devereux (Texas) - League	1852273	06/23/03	08/16/05	100.72	46	1	4,633
Devereux (Texas) - League	1852273	01/30/06	06/30/06	138.10	151	0	20,853
Devereux (Texas) - League	1828573	05/18/05	08/19/05	100.72	49	1	4,935
Devereux (Texas) - League	1713833	08/29/05	11/24/05	143.11	87	1	12,451
Devereux (Texas) - League	1575140	05/31/05		100.72	365	1	36,763
Devereux (Texas) - League	1900283	12/26/05		138.10	187	1	25,825
Devereux (Texas) - League	1746389	12/30/05	03/04/06	100.72	64	1	6,446
Devereux (Texas) - League	1783370	08/15/02	11/19/05	138.10	141	1	19,472
Devereux (Texas) - League	1538170	03/07/06		143.11	116	1	16,601
Devereux (Texas) - League	2054927	03/16/05		100.72	365	1	36,763
Devereux (Texas) - League	1791462	03/30/05	12/29/05	143.11	181	1	25,903
Devereux (Texas) - League	1791462	12/29/05	04/28/06	100.72	120	0	12,086
Devereux (Texas) - League	1879661	09/24/04	11/19/05	100.72	141	1	14,202
Devereux (Texas) - League	1405800	04/07/05		138.10	365	1	50,407
Devereux (Texas) - League	1480593	11/17/05		143.11	226	1	32,343
Devereux (Texas) - League	1574480	09/30/04	03/07/06	143.11	249	1	35,634
Devereux (Texas) - League	1484807	11/11/04	12/30/05	100.72	182	1	18,331
Devereux (Texas) - Victoria	2104671	02/03/06		57.20	148	1	8,466
Devereux (Texas) - League	1912630	08/05/04	01/04/06	100.72	187	1	18,835
Devereux (Texas) - League	1707390	06/20/05	02/23/06	100.72	237	1	23,871

**OUT OF STATE PLACEMENT
 MENTAL HEALTH SERVICES
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OUT-OF-STATE CONTRACTORS	MIS #	IN PLACEMENT		DMH RATE	DAYS	CLIENT COUNT	TOTAL AMOUNT
		START	STOP				
Devereux (Texas) - League	1707390	02/23/06		143.11	128	0	18,318
Devereux (Texas) - League	1879319	08/19/05		143.11	316	1	45,223
Devereux (Texas) - League	1953421	12/29/05		143.11	184	1	26,332
Devereux (Texas) - Victoria	1653846	04/19/06		57.20	73	1	4,176
Devereux (Texas) - League	1414775	01/11/06	06/09/06	100.72	149	1	15,007
Devereux (Texas) - League	1959104	04/12/05	02/11/06	143.11	225	1	32,200
Devereux (Texas) - League	1774979	05/04/05	04/19/06	143.11	292	1	41,788
Devereux (Texas) - League	1774979	04/19/06		100.72	73	0	7,353
Devereux (Texas) - League	1687588	09/30/05	05/14/06	100.72	226	1	22,763
Devereux (Texas) - League	1687588	05/14/06		138.10	48	0	6,629
Devereux (Texas) - League	2031639	09/06/05		143.11	298	1	42,647
Devereux (Texas) - League	1980989	09/08/04		143.11	365	1	52,235
Devereux (Texas) - Victoria	2026188	11/28/05		57.20	215	1	12,298
Devereux (Texas) - League	1854985	02/20/06	03/07/06	143.11	15	1	2,147
Devereux (Texas) - League	1854985	03/07/06		100.72	116	0	11,684
Devereux (Texas) - League	1468329	03/14/06		143.11	109	1	15,599
Devereux (Texas) - Victor.-Adult	1559599	05/12/04		23.03	365	1	8,406
Devereux (Texas) - League	1543166	06/13/05		143.11	365	1	52,235
Devereux (Texas) - Victoria	2083384	12/06/05		57.20	207	1	11,840
Devereux (Texas) - League	1492551	11/18/04	06/14/06	100.72	348	1	35,051
Devereux (Texas) - League	1467105	08/19/03	08/10/05	143.11	40	1	5,724
Devereux (Texas) - League	1850651	04/11/05		100.72	365	1	36,763
Devereux (Texas) - League	1742436	02/17/05	03/24/06	138.10	266	1	36,735
Devereux (Texas) - League	1951029	12/21/05		100.72	192	1	19,338
Devereux (Texas) - League	1556561	05/23/06		100.72	39	1	3,928
Devereux (Texas) - League	1670164	06/29/05	01/06/06	138.10	189	1	26,101
Devereux (Texas) - League	1806179	04/16/04	06/19/06	143.11	353	1	50,518
Devereux (Texas) - League	1593433	10/05/05		143.11	269	1	38,497
Devereux (Texas) - League	1948841	06/08/06		100.72	23	1	2,317
Devereux (Texas) - League	1907968	02/21/05	08/27/05	138.10	57	1	7,872
Devereux (Texas) - League	1900998	07/08/04		143.11	365	1	52,235
Devereux (Texas) - League	1752364	05/27/05	10/07/05	100.72	98	1	9,871
Devereux (Texas) - League	1752364	10/07/05		138.10	267	0	36,873

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		START	STOP				
Devereux (Texas) - Victoria	1587687	07/01/02		57.20	365	1	20,878
Devereux (Texas) - League	1629232	11/19/04	07/29/05	143.11	28	1	4,007
Devereux (Texas) - League	2038715	11/16/05		143.11	227	1	32,486
Devereux (Texas) - League	1757251	03/22/06		100.72	101	1	10,173
Devereux (Texas) - League	1395117	05/03/06		143.11	59	1	8,443
Devereux (Texas) - Victoria	1774569	10/28/03	01/18/06	57.20	201	1	11,497
Devereux (Texas) - League	1774569	01/18/06		143.11	164	0	23,470
Devereux (Texas) - League	1849538	06/08/06		100.72	23	1	2,317
Devereux (Texas) - League	1932739	01/08/05	11/21/05	143.11	143	1	20,465
Devereux (Texas) - League	1932739	11/21/05	05/27/06	100.72	187	0	18,835
Devereux (Texas) - League	1901297	11/22/03	10/03/05	143.11	94	1	13,452
Devereux (Texas) - League	1986074	05/02/05		100.72	365	1	36,763
Devereux (Texas) - Victoria	1682990	01/07/05	12/15/05	57.20	167	1	9,552
Devereux (Texas) - Victoria	1682990	01/12/06		57.20	170	0	9,724
Devereux (Texas) - League	1938569	10/22/04	05/26/06	100.72	329	1	33,137
Devereux (Texas) - Victor.-Adult	2005665	08/02/05		23.03	365	1	8,406
Devereux (Texas) - League	1775370	10/08/05	05/01/06	143.11	205	1	29,338
Devereux (Texas) - League	1775370	05/01/06	05/26/06	138.10	25	0	3,453
Devereux (Texas) - Victoria	1773803	02/03/06		57.20	148	1	8,466
Devereux (Texas) - League	1853645	09/07/04	08/26/05	143.11	56	1	8,014
Devereux (Texas) - Victoria	1632009	07/07/05		57.20	359	1	20,535
Devereux (Texas) - League	2012919	09/03/05		143.11	301	1	43,076
Devereux (Texas) - League	1539465	08/14/03		143.11	365	1	52,235
Devereux (Texas) - League	1958089	01/12/05		143.11	365	1	52,235
Devereux (Texas) - League	1754534	04/21/03	09/02/05	100.72	63	1	6,345
Devereux (Texas) - League	1754534	12/09/05		143.11	204	0	29,194
Devereux (Texas) - League	1431791	02/02/05	09/08/05	143.11	69	1	9,875
Devereux (Texas) - League	1611139	12/17/04	08/11/05	143.11	41	1	5,868
Devereux (Texas) - League	1792306	08/16/05		100.72	319	1	32,130
Devereux (Texas) - Victor.-Adult	1970422	08/23/05	12/27/05	23.03	126	1	2,902
Devereux (Texas) - League	1896050	09/23/04	01/12/06	138.10	195	1	26,930
Devereux (Texas) - League	1988984	04/25/05	10/16/05	100.72	107	1	10,777
Devereux (Texas) - League	1615148	06/15/06		100.72	16	1	1,612

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		START	STOP				
Devereux (Texas) - League	1495592	05/09/05		143.11	365	1	52,235
Devereux (Texas) - Victor.-Adult	1446445	07/05/04		23.03	365	1	8,406
Devereux (Texas) - League	1672183	04/12/04		138.10	365	1	50,407
Devereux (Texas) - League	1889420	03/11/05	09/13/05	100.72	74	1	7,453
Devereux (Texas) - League	1889420	09/13/05		138.10	291	0	40,187
Devereux (Texas) - League	1870371	02/10/04	08/26/05	138.10	56	1	7,734
Devereux (Texas) - League	1848975	04/05/05	01/03/06	143.11	186	1	26,618
Devereux (Texas) - League	1848975	01/03/06		100.72	179	0	18,029
Devereux (Texas) - League	1961704	12/28/04	11/18/05	143.11	140	1	20,035
Devereux (Texas) - League	1544787	08/25/04	09/19/05	143.11	80	1	11,449
Devereux (Texas) - League	1544787	09/19/05	05/23/06	100.72	246	0	24,777
Devereux (Texas) - League	2042278	03/23/05	05/26/06	143.11	329	1	47,083
Devereux (Texas) - League	2053735	06/22/05		143.11	365	1	52,235
Devereux (Texas) - Victor.-Adult	1839147	10/26/04	11/19/05	23.03	141	1	3,247
Devereux (Texas) - League	2068022	07/05/05	01/22/06	143.11	201	1	28,765
Devereux (Texas) - League	1816283	07/05/04	03/09/06	100.72	251	1	25,281
Devereux (Texas) - League	1816283	03/09/06	05/26/06	138.10	78	0	10,772
Devereux (Texas) - League	1715090	10/30/04		143.11	365	1	52,235
Devereux (Texas) - League	1907310	07/20/04	03/02/06	143.11	244	1	34,919
Devereux (Texas) - League	2050162	06/30/05		100.72	365	1	36,763
Devereux (Texas) - League	1613823	08/24/05	06/27/06	100.72	307	1	30,921
Devereux (Texas) - League	1754541	10/24/02	06/02/06	143.11	336	1	48,085
Devereux (Texas) - League	1717745	08/15/06		143.11	16	1	2,290
Devereux (Texas) - League	1804076	12/02/05	06/16/06	143.11	196	1	28,050
Devereux (Texas) - League	1804076	06/16/06		100.72	15	0	1,511
Devereux (Texas) - Victoria	1806653	05/31/06		57.20	31	1	1,773
Devereux (Texas) - League	2043622	10/15/05		100.72	259	1	26,086
Devereux (Texas) - League	1768030	12/15/03	08/05/05	100.72	35	1	3,525
Devereux (Texas) - League	1897712	10/12/04	08/26/05	138.10	56	1	7,734
Devereux (Texas) - League	2077769	11/15/05		100.72	228	1	22,964
Devereux (Texas)					27,599	126	3,169,691
Griffith Centers for Children	1999268	05/01/06		127.00	61	1	7,747
Griffith Centers for Children	1468613	08/15/03	09/24/05	127.00	85	1	10,795

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		START	STOP				
Griffith Centers for Children (Merced)	1468613	09/24/05	03/20/06	127.00	177	1	22,479
Griffith Centers for Children	1597417	07/22/04	06/03/06	127.00	337	1	42,799
Griffith Centers for Children	1943455	08/16/05		127.00	319	1	40,513
Griffith Centers for Children	1610312	01/12/06		127.00	170	1	21,590
Griffith Centers for Children					1,149	6	146,923
Excelsior Youth Centers	1976140	07/13/05		51.36	353	1	18,130
Excelsior Youth Centers	1831134	04/20/06		51.36	72	1	3,698
Excelsior Youth Centers	1793532	12/20/04	03/02/06	51.36	244	1	12,532
Excelsior Youth Centers	2030210	01/07/05	12/16/05	51.36	168	1	8,628
Excelsior Youth Centers	2046736	10/28/05		51.36	246	1	12,635
Excelsior Youth Centers	1862065	11/22/05		51.36	221	1	11,351
Excelsior Youth Centers	1849382	02/25/05		51.36	365	1	18,746
Excelsior Youth Centers	2094269	01/06/06	05/16/06	51.36	130	1	6,677
Excelsior Youth Centers	1458485	05/11/05		51.36	365	1	18,746
Excelsior Youth Centers	1671527	03/10/04	12/16/05	51.36	168	1	8,628
Excelsior Youth Centers	1839598	09/16/04	11/12/05	51.36	134	1	6,882
Excelsior Youth Centers	1978507	02/11/05	07/28/05	51.36	27	1	1,387
Excelsior Youth Centers	2057060	04/30/05	05/29/06	51.36	332	1	17,052
Excelsior Youth Centers	1535378	04/21/06		51.36	71	1	3,647
Excelsior Youth Centers	1782365	09/20/05		51.36	284	1	14,586
Excelsior Youth Centers	1598529	06/25/04		51.36	365	1	18,746
Excelsior Youth Centers	1986377	08/02/05	12/21/05	51.36	141	1	7,242
Excelsior Youth Centers	1624345	08/10/05		51.36	325	1	16,692
Excelsior Youth Centers	1591291	09/09/05		51.36	295	1	15,151
Excelsior Youth Centers	2053556	10/14/05		51.36	260	1	13,354
Excelsior Youth Centers	1558437	04/21/06		51.36	71	1	3,647
Excelsior Youth Centers	1646904	01/13/06		51.36	169	1	8,680
Excelsior Youth Centers	2028602	10/13/05		51.36	261	1	13,405
Excelsior Youth Centers	1945397	02/21/04	10/02/05	51.36	93	1	4,776
Excelsior Youth Centers	1945397	10/25/05	10/30/05	51.36	5	0	257
Excelsior Youth Centers	2091417	06/30/06		51.36	1	1	51
Excelsior Youth Centers	1543940	09/27/04		51.36	365	1	18,746
Excelsior Youth Centers	2016801	11/21/05		51.36	222	1	11,402

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		START	STOP				
Excelsior Youth Centers	1392939	01/04/05	08/03/05	51.36	33	1	1,695
Excelsior Youth Centers	1421428	11/24/03	05/16/06	51.36	319	1	16,384
Excelsior Youth Centers	2022851	06/11/05		51.36	365	1	18,746
Excelsior Youth Centers	2027516	07/14/05		51.36	352	1	18,079
Excelsior Youth Centers	1990108	05/05/06		51.36	57	1	2,928
Excelsior Youth Centers	1619532	09/23/05	10/31/05	51.36	38	1	1,952
Excelsior Youth Centers	1816293	05/21/05	05/16/06	51.36	319	1	16,384
Excelsior Youth Centers	2003128	09/26/05	06/15/06	51.36	262	1	13,456
Excelsior Youth Centers	1708787	05/30/06		51.36	32	1	1,644
Excelsior Youth Centers	1630157	03/05/05	05/17/06	51.36	320	1	16,435
Excelsior Youth Centers	1751312	11/19/05		51.36	224	1	11,505
Excelsior Youth Centers	2117447	02/10/06		51.36	141	1	7,242
Excelsior Youth Centers	2017534	09/08/04	08/25/05	51.36	55	1	2,825
Excelsior Youth Centers	2017534	02/21/06		51.36	130	0	6,677
Excelsior Youth Centers	2046726	01/25/06		51.36	157	1	8,064
Excelsior Youth Centers	2091378	10/26/05		51.36	248	1	12,737
Excelsior Youth Centers	1694678	03/31/06		51.36	92	1	4,725
Excelsior Youth Centers	1907310	03/02/06	05/11/06	51.36	70	1	3,595
Excelsior Youth Centers	1938078	10/20/05	12/19/05	51.36	60	1	3,082
Excelsior Youth Centers					9,027	45	483,627
Forest Heights	1975533	06/06/05		53.92	365	1	19,681
Forest Heights	2107796	01/12/06		53.92	170	1	9,166
Forest Heights	1907670	06/07/05		53.92	365	1	19,681
Forest Heights					900	3	48,528
Heartspring	1735900	04/03/06		0.00	89	1	-
Heartspring					89	1	-
Heritage Center	1727572	12/22/05		57.00	191	1	10,887
Heritage Center	2034408	03/12/05	11/23/05	57.00	145	1	8,265
Heritage Center	1389507	04/12/05	11/23/05	57.00	145	1	8,265
Heritage Center	1600997	01/04/05		57.00	365	1	20,805
Heritage Center	1838786	05/18/05		57.00	365	1	20,805
Heritage Center	1978716	05/18/06		57.00	44	1	2,508
Heritage Center	1764631	08/15/05		57.00	320	1	18,240

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		START	STOP				
Heritage Center	1939954	08/09/05		57.00	365	1	20,805
Heritage Center	1495908	01/13/05	08/12/05	57.00	42	1	2,394
Heritage Center	1677053	02/20/06		57.00	131	1	7,487
Heritage Center	1911152	08/16/05		57.00	319	1	18,183
Heritage Center	1438913	02/02/05		57.00	365	1	20,805
Heritage Center	2109526	01/06/06		57.00	176	1	10,032
Heritage Center	1946737	09/01/05		57.00	303	1	17,271
Heritage Center	2032164	04/02/05		57.00	365	1	20,805
Heritage Center	1997956	01/14/05	04/11/06	57.00	284	1	16,188
Heritage Center	2068054	08/02/05		57.00	365	1	20,805
Heritage Center	2037296	04/11/05		57.00	365	1	20,805
Heritage Center	1556572	04/11/06		57.00	81	1	4,617
Heritage Center	2055192	02/28/06		57.00	123	1	7,011
Heritage Center	1944086	01/02/04		57.00	365	1	20,805
Heritage Center	1760779	07/07/05	09/01/05	57.00	56	1	3,192
Heritage Center	1840837	10/08/04		57.00	365	1	20,805
Heritage Center	2062733	03/02/06		57.00	121	1	6,897
Heritage Center	1522332	12/30/03		57.00	365	1	20,805
Heritage Center	2130795	03/29/06		57.00	94	1	5,358
Heritage Center	2098552	12/26/05		57.00	187	1	10,659
Heritage Center	2044366	04/06/05	05/11/06	57.00	314	1	17,898
Heritage Center	2072470	07/12/05	06/22/06	57.00	345	1	19,866
Heritage Center	1574843	10/28/04	04/14/06	57.00	287	1	16,359
Heritage Center	1636308	10/27/05		57.00	247	1	14,079
Heritage Center	1705440	12/20/04		57.00	365	1	20,805
Heritage Center	1535378	02/11/04	04/21/06	57.00	294	1	16,758
Heritage Center	1741941	01/17/05	04/10/06	57.00	283	1	16,131
Heritage Center	1981360	07/26/04	06/09/06	57.00	343	1	19,551
Heritage Center	1954761	12/17/03	10/23/05	57.00	114	1	6,498
Heritage Center	2094274	06/23/06		57.00	8	1	456
Heritage Center	1769793	04/01/05		57.00	365	1	20,805
Heritage Center	1972262	08/03/05		57.00	332	1	18,924
Heritage Center	1856250	06/24/05		57.00	365	1	20,805

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Heritage Center	1498325	10/26/04		57.00	365	1	20,805
Heritage Center	1598359	08/01/03	11/29/05	57.00	151	1	8,607
Heritage Center	1934090	05/01/05	11/02/05	57.00	124	1	7,088
Heritage Center	1492882	11/26/04	08/15/05	57.00	45	1	2,565
Heritage Center	1858075	04/21/06		57.00	71	1	4,047
Heritage Center	1797445	12/01/05		57.00	212	1	12,084
Heritage Center	1900012	07/04/04	05/13/06	57.00	316	1	18,012
Heritage Center	2140058	06/20/06		57.00	11	1	627
Heritage Center	1731332	02/10/05		57.00	365	1	20,805
Heritage Center	1967614	06/02/04	07/07/05	57.00	6	1	342
Heritage Center	1820440	06/15/05		57.00	365	1	20,805
Heritage Center	2047546	08/06/05		57.00	329	1	18,753
Heritage Center	1508813	04/07/06		57.00	85	1	4,845
Heritage Center	2034537	11/18/04	02/03/06	57.00	217	1	12,369
Heritage Center	1886454	04/25/05		57.00	365	1	20,805
Heritage Center	1525233	02/28/05		57.00	365	1	20,805
Heritage Center	2043463	08/29/05		57.00	306	1	17,442
Heritage Center	2091417	04/24/06	06/30/06	57.00	67	1	3,819
Heritage Center	1580298	08/19/05		57.00	316	1	18,012
Heritage Center	2041353	02/08/05	05/07/06	57.00	310	1	17,670
Heritage Center	2062311	06/08/05	12/20/05	57.00	172	1	9,804
Heritage Center	1890375	06/20/05		57.00	365	1	20,805
Heritage Center	2065590	10/15/05		57.00	259	1	14,763
Heritage Center	1801312	10/18/05		57.00	256	1	14,592
Heritage Center	1573815	07/06/04	06/16/06	57.00	350	1	19,950
Heritage Center	1922632	04/29/05	03/02/06	57.00	244	1	13,908
Heritage Center	2004820	09/13/04	09/30/05	57.00	91	1	5,187
Heritage Center	2109008	03/28/06		57.00	95	1	5,415
Heritage Center	1915633	12/20/04	01/13/06	57.00	196	1	11,172
Heritage Center	1460922	01/29/06		57.00	153	1	8,721
Heritage Center	2100001	12/07/05		57.00	206	1	11,742
Heritage Center	1600759	02/05/05	06/23/06	57.00	357	1	20,349
Heritage Center	2052254	12/27/05		57.00	186	1	10,602

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		START	STOP				
Heritage Center	1973381	10/26/05		57.00	248	1	14,136
Heritage Center	1983904	01/25/06		57.00	157	1	8,949
Heritage Center	2062634	05/13/05		57.00	365	1	20,805
Heritage Center	2081297	08/16/05	06/23/06	57.00	311	1	17,727
Heritage Center	2025315	12/01/05	06/09/06	57.00	190	1	10,830
Heritage Center	1621083	04/06/05		57.00	365	1	20,805
Heritage Center	2055805	06/18/05		57.00	365	1	20,805
Heritage Center	2063130	02/16/06		57.00	135	1	7,695
Heritage Center	1771200	12/27/04		57.00	365	1	20,805
Heritage Center	1945213	06/13/05		57.00	365	1	20,805
Heritage Center	1629206	04/21/06		57.00	71	1	4,047
Heritage Center	2062986	05/23/05		57.00	365	1	20,805
Heritage Center	2054120	09/26/05		57.00	278	1	15,846
Heritage Center	2139061	05/11/06		57.00	51	1	2,907
Heritage Center	1988556	05/22/06		57.00	40	1	2,280
Heritage Center	1989854	07/18/05		57.00	348	1	19,836
Heritage Center	2017534	09/01/05	02/17/06	57.00	169	1	9,633
Heritage Center	2028850	11/02/05		57.00	241	1	13,737
Heritage Center	1597515	03/09/06		57.00	114	1	6,498
Heritage Center	1804697	09/13/05		57.00	291	1	16,587
Heritage Center	1832869	01/09/06		57.00	173	1	9,861
Heritage Center	2006155	09/12/04	01/03/06	57.00	186	1	10,602
Heritage Center	1931546	02/10/06		57.00	141	1	8,037
Heritage Center	2122352	06/23/06		57.00	8	1	456
Heritage Center	2017609	04/09/05		57.00	365	1	20,805
Heritage Center	1547347	11/26/04		57.00	365	1	20,805
Heritage Center	1989004	02/04/05	01/26/06	57.00	209	1	11,913
Heritage Center	1983900	07/27/05		57.00	339	1	19,323
Heritage Center	1937491	10/23/05		57.00	251	1	14,307
Heritage Center					24,266	102	1,383,162
Intermountain Children's Home	2046300	03/01/05		56.16	365	1	20,498
Intermountain Children's Home	1850952	01/20/03	07/19/05	56.16	18	1	1,011
Intermountain Children's Home	1984098	04/28/06		56.16	64	1	3,594

**OUT OF STATE PLACEMENT
 MENTAL HEALTH SERVICES
 FY 2005 - 2006**

OUT-OF-STATE CONTRACTORS	MIS #	IN PLACEMENT		DMH RATE	DAYS	CLIENT COUNT	TOTAL AMOUNT
		START	STOP				
Intermountain Children's Home					447	3	25,104
MHS / Logan River Academy	2122399	04/10/06		77.41	82	1	6,348
MHS / Logan River Academy	2143988	06/19/06		77.41	12	1	929
MHS / Logan River Academy	1803080	04/30/05	12/04/05	77.41	156	1	12,076
MHS / Logan River Academy	2084814	09/12/05		77.41	292	1	22,604
MHS / Logan River Academy	2077828	07/06/05		77.41	360	1	27,868
MHS / Logan River Academy	1800789	01/14/05	06/22/06	77.41	356	1	27,558
MHS / Logan River Academy	2052199	09/17/05	05/05/06	77.41	230	1	17,804
MHS / Logan River Academy	2078222	08/22/05	11/21/05	77.41	143	1	11,070
MHS / Logan River Academy	1891516	09/02/04		77.41	365	1	28,255
MHS / Logan River Academy	1683904	01/04/06		77.41	178	1	13,779
MHS / Logan River Academy	2077248	04/02/06		77.41	90	1	6,967
MHS / Logan River Academy	2125477	03/16/06	04/12/06	77.41	27	1	2,090
MHS / Logan River Academy	1514086	07/06/04	08/31/05	77.41	61	1	4,722
MHS / Logan River Academy	2121683	04/10/06		77.41	82	1	6,348
MHS / Logan River Academy	1959498	02/16/06		77.41	135	1	10,450
MHS / Logan River Academy	1929412	09/13/04	08/08/05	77.41	38	1	2,942
MHS / Logan River Academy	2016235	10/04/04	08/22/05	77.41	52	1	4,025
MHS / Logan River Academy	1960296	05/19/06		77.41	43	1	3,329
MHS / Logan River Academy	2012070	11/30/04	08/14/05	77.41	44	1	3,406
MHS / Logan River Academy	1986963	11/11/04	08/13/05	77.41	43	1	3,329
MHS / Logan River Academy	2096766	06/22/06		77.41	9	1	697
MHS / Logan River Academy	2056000	04/12/05	08/19/05	77.41	49	1	3,793
MHS / Logan River Academy	2106520	12/14/05		77.41	199	1	15,405
MHS / Logan River Academy	1990364	06/27/05		77.41	365	1	28,255
MHS / Logan River Academy					3,411	24	264,046
MHS / Provo Canyon School	2126989	03/07/06		72.00	116	1	8,352
MHS / Provo Canyon School	1869596	11/17/04		72.00	365	1	26,280
MHS / Provo Canyon School	1963847	12/15/04	10/24/05	72.00	115	1	8,280
MHS / Provo Canyon School	2092841	12/12/05		72.00	201	1	14,472
MHS / Provo Canyon School	1840253	03/07/05	12/01/05	72.00	153	1	11,016
MHS / Provo Canyon School	2070323	03/24/06		72.00	99	1	7,128
MHS / Provo Canyon School	2067850	05/02/05	05/18/06	72.00	321	1	23,112

**OUT OF STATE PLACEMENT
 MENTAL HEALTH SERVICES
 FY 2005 - 2006**

OUT-OF-STATE CONTRACTORS	MIS #	IN PLACEMENT		DMH RATE	DAYS	CLIENT COUNT	TOTAL AMOUNT
		START	STOP				
MHS / Provo Canyon School	1939171	12/29/03	11/13/05	72.00	135	1	9,720
MHS / Provo Canyon School	2039386	04/16/06		72.00	76	1	5,472
MHS / Provo Canyon School	1938654	01/14/05		72.00	365	1	26,280
MHS / Provo Canyon School	1915997	01/03/05	04/28/06	72.00	301	1	21,672
MHS / Provo Canyon School	2147543	06/14/06		72.00	17	1	1,224
MHS / Provo Canyon School	2068179	12/21/05		72.00	192	1	13,824
MHS / Provo Canyon School	1444805	02/08/05	05/05/06	72.00	308	1	22,176
MHS / Provo Canyon School	1729809	08/12/05		72.00	323	1	23,256
MHS / Provo Canyon School	1536038	12/26/05		72.00	187	1	13,464
MHS / Provo Canyon School	2038888	11/11/05	12/15/05	72.00	34	1	2,448
MHS / Provo Canyon School	2038888	12/15/05		72.00	198	0	14,256
MHS / Provo Canyon School	1495987	01/14/05	12/22/05	72.00	174	1	12,528
MHS / Provo Canyon School	2064571	06/09/05		72.00	365	1	26,280
MHS / Provo Canyon School	2068063	02/01/06	06/16/06	72.00	135	1	9,720
MHS / Provo Canyon School	2028516	12/02/04	07/01/05	72.00	-	1	-
MHS / Provo Canyon School	2075433	07/15/05	06/02/06	72.00	322	1	23,184
MHS / Provo Canyon School	1561641	05/08/06		72.00	54	1	3,888
MHS / Provo Canyon School	1565736	06/16/06		72.00	15	1	1,080
MHS / Provo Canyon School	1774036	10/04/04		72.00	365	1	26,280
MHS / Provo Canyon School	1515160	10/04/05		72.00	270	1	19,440
MHS / Provo Canyon School	1899677	04/16/03	08/26/05	72.00	56	1	4,032
MHS / Provo Canyon School	1815668	02/11/05	09/15/05	72.00	76	1	5,472
MHS / Provo Canyon School	1916225	11/29/04	03/03/06	72.00	245	1	17,640
MHS / Provo Canyon School	1764346	03/24/06		72.00	99	1	7,128
MHS / Provo Canyon School	1387236	02/04/06		72.00	147	1	10,584
MHS / Provo Canyon School	1535845	10/11/04	12/23/05	72.00	175	1	12,600
MHS / Provo Canyon School	1898502	07/10/05		72.00	356	1	25,632
MHS / Provo Canyon School	2108057	11/22/05		72.00	221	1	15,912
MHS / Provo Canyon School	2000767	01/10/05		72.00	365	1	26,280
MHS / Provo Canyon School	2021577	11/29/04	04/28/06	72.00	301	1	21,672
MHS / Provo Canyon School	1803720	06/20/06		72.00	11	1	792
MHS / Provo Canyon School	2052025	03/23/05	12/23/05	72.00	175	1	12,600
MHS / Provo Canyon School	2073008	09/09/05		72.00	295	1	21,240

**OUT OF STATE PLACEMENT
 MENTAL HEALTH SERVICES
 FY 2005 - 2006**

OUT-OF-STATE CONTRACTORS	MIS #	IN PLACEMENT		DMH RATE	DAYS	CLIENT COUNT	TOTAL AMOUNT
		START	STOP				
MHS / Provo Canyon School	1953421	12/10/03	12/22/05	72.00	174	1	12,528
MHS / Provo Canyon School	1904225	06/21/03	08/27/05	72.00	57	1	4,104
MHS / Provo Canyon School	1924166	07/24/03	07/26/05	72.00	25	1	1,800
MHS / Provo Canyon School	1466171	10/25/05		72.00	249	1	17,928
MHS / Provo Canyon School	2061725	05/16/05		72.00	365	1	26,280
MHS / Provo Canyon School	1980751	05/21/04	08/26/05	72.00	56	1	4,032
MHS / Provo Canyon School	1928932	06/09/06		72.00	22	1	1,584
MHS / Provo Canyon School	2020308	10/19/04	08/12/05	72.00	42	1	3,024
MHS / Provo Canyon School	2114783	01/31/06		72.00	151	1	10,872
MHS / Provo Canyon School	1798514	12/16/05		72.00	197	1	14,184
MHS / Provo Canyon School	2053556	03/03/05	08/22/05	72.00	52	1	3,744
MHS / Provo Canyon School	2066265	01/26/06		72.00	156	1	11,232
MHS / Provo Canyon School	1506613	02/21/06	03/28/06	72.00	35	1	2,520
MHS / Provo Canyon School	1710559	04/02/05	10/15/05	72.00	106	1	7,632
MHS / Provo Canyon School	2031555	01/10/05	05/20/06	72.00	323	1	23,256
MHS / Provo Canyon School	2088664	12/02/05		72.00	211	1	15,192
MHS / Provo Canyon School	2031451	11/30/04	08/25/05	72.00	55	1	3,960
MHS / Provo Canyon School	1450483	12/27/04		72.00	365	1	26,280
MHS / Provo Canyon School	1961284	08/16/05	05/03/06	72.00	260	1	18,720
MHS / Provo Canyon School	1914719	11/20/05		72.00	223	1	16,056
MHS / Provo Canyon School	2072966	06/22/05	04/26/06	72.00	299	1	21,528
MHS / Provo Canyon School	1365634	02/22/05		72.00	365	1	26,280
MHS / Provo Canyon School	2061933	08/10/05		72.00	325	1	23,400
MHS / Provo Canyon School	2129478	04/07/06		72.00	85	1	6,120
MHS / Provo Canyon School	1718037	05/13/05	03/03/06	72.00	245	1	17,640
MHS / Provo Canyon School	1782338	08/18/05		72.00	317	1	22,824
MHS / Provo Canyon School	1890156	03/21/05	12/22/05	72.00	174	1	12,528
MHS / Provo Canyon School	2045216	03/28/05	05/30/06	72.00	333	1	23,976
MHS / Provo Canyon School	2070659	09/12/05		72.00	292	1	21,024
MHS / Provo Canyon School	1973100	06/23/05		72.00	365	1	26,280
MHS / Provo Canyon School	1556164	06/28/06		72.00	3	1	216
MHS / Provo Canyon School	2114747	02/02/06		72.00	149	1	10,728
MHS / Provo Canyon School	1560562	03/16/06		72.00	107	1	7,704

**OUT OF STATE PLACEMENT
 MENTAL HEALTH SERVICES
 FY 2006 - 2006**

OUT-OF-STATE CONTRACTORS	MIS #	IN PLACEMENT		RATE DMH	DAYS	CLIENT COUNT	TOTAL AMOUNT
		START	STOP				

MHS / Provo Canyon School	1897947	04/18/03	08/26/05	72.00	66	1	4,032
MHS / Provo Canyon School	2046533	04/03/06		72.00	89	1	6,408
MHS / Provo Canyon School	2013693	06/29/06		72.00	2	1	144
MHS / Provo Canyon School	1813731	05/01/06		72.00	61	1	4,392
MHS / Provo Canyon School	2082342	05/10/06		72.00	52	1	3,744
MHS / Provo Canyon School	2025315	09/30/05	12/01/05	72.00	62	1	4,464
MHS / Provo Canyon School	1959976	07/26/05		72.00	340	1	24,480
MHS / Provo Canyon School	2055292	03/18/05	05/25/06	72.00	328	1	23,616
MHS / Provo Canyon School	1967385	12/26/05		72.00	187	1	13,464
MHS / Provo Canyon School	1846330	10/08/04		72.00	365	1	26,280
MHS / Provo Canyon School	1771601	09/15/05		72.00	289	1	20,808
MHS / Provo Canyon School	1892104	10/27/04	04/05/06	72.00	278	1	20,016
MHS / Provo Canyon School	1417714	03/04/05	10/29/05	72.00	120	1	8,640
MHS / Provo Canyon School	2031399	04/04/05	06/30/06	72.00	364	1	26,208
MHS / Provo Canyon School	1449452	05/13/05	04/28/06	72.00	301	1	21,672
MHS / Provo Canyon School	1751312	06/05/05	11/16/05	72.00	138	1	9,936
MHS / Provo Canyon School	1589808	01/11/06		72.00	171	1	12,312
MHS / Provo Canyon School	1938670	04/06/05	05/01/06	72.00	304	1	21,888
MHS / Provo Canyon School	1402946	04/29/04	08/26/05	72.00	56	1	4,032
MHS / Provo Canyon School	1921828	01/12/06		72.00	170	1	12,240
MHS / Provo Canyon School	2036118	12/28/04	12/23/05	72.00	175	1	12,600
MHS / Provo Canyon School	2028042	02/10/06		72.00	141	1	10,162
MHS / Provo Canyon School	2010698	09/07/04	08/12/05	72.00	42	1	3,024
MHS / Provo Canyon School	2012070	09/21/05		72.00	283	1	20,376
MHS / Provo Canyon School	2100767	06/01/06		72.00	30	1	2,160
MHS / Provo Canyon School	1959368	05/12/04	06/19/06	72.00	353	1	25,416
MHS / Provo Canyon School	1583876	10/15/05		72.00	259	1	18,648
MHS / Provo Canyon School	2097357	05/15/06	06/30/06	72.00	46	1	3,312
MHS / Provo Canyon School	2100838	11/08/05		72.00	235	1	16,920
MHS / Provo Canyon School	1797447	05/05/05	12/15/05	72.00	167	1	12,024
MHS / Provo Canyon School	2035334	03/22/06		72.00	101	1	7,272
MHS / Provo Canyon School	1563995	10/13/04	12/22/05	72.00	174	1	12,528
MHS / Provo Canyon School	1573208	04/26/04	12/23/05	72.00	175	1	12,600

**OUT OF STATE PLACEMENT
 MENTAL HEALTH SERVICES
 FY 2005 - 2006**

OUT-OF-STATE CONTRACTORS	MIS #	IN PLACEMENT		DMH RATE	DAYS	CLIENT COUNT	TOTAL AMOUNT
		START	STOP				
MHS / Provo Canyon School	1570143	12/27/04		72.00	365	1	26,280
MHS / Provo Canyon School	2077769	07/12/05	11/15/05	72.00	126	1	9,072
MHS / Provo Canyon School					20,316	107	1,462,752
New Haven, Inc.	2068074	05/01/05	08/31/05		61	1	15,000
New Haven, Inc.					61	1	15,000
The Learning Clinic	1783577	01/10/06		47.68	172	1	4,530
The Learning Clinic	1917715	08/10/04	05/13/06	47.68	316	1	8,249
The Learning Clinic	1764713	03/11/03		47.68	365	1	9,488
The Learning Clinic					853	3	22,267
Rancho Valmora	1837841	10/13/04	06/22/06		356	1	-
Rancho Valmora					356	1	-
Sonia Shankman Orthog. School	1706117	09/09/03		60.33	365	1	21,667
Sonia Shankman Orthog. School	1589792	01/28/05		60.33	365	1	21,667
Sonia Shankman Orthog. School	1626944	08/18/05		60.33	317	1	18,909
Sonia Shankman Orthog. School	2117617	03/30/06		60.33	93	1	5,611
Sonia Shankman Orthog. School					1,140	4	67,655
Spring Creek Lodge	1986326	11/25/04	09/20/05	64.80	81	1	5,190
Spring Creek Lodge					81	1	5,190
The Pathway School	1581860	07/29/05		77.55	337	1	26,134
The Pathway School					337	1	26,134
Yellowstone Boys & Girls Ranch	2132288	06/27/06		75.00	4	1	300
Yellowstone Boys & Girls Ranch	2122949	02/28/06		75.00	123	1	9,225
Yellowstone Boys & Girls Ranch	1969565	01/20/05		75.00	365	1	27,375
Yellowstone Boys & Girls Ranch	1635865	11/05/04		75.00	365	1	27,375
Yellowstone Boys & Girls Ranch	1806653	11/15/05	05/31/06	75.00	197	1	14,775
Yellowstone Boys & Girls Ranch					1,054	5	79,050
SUBTOTAL:					116,619	560	9,919,363

↓
To FORM 2

Due Process Hearing Settlements/Late Invoices
 FY 2004/05

OUT-OF-STATE CONTRACTORS	MIS #	FY 2004 - 2005				Total
		FROM	TO	DMH	DCFS	
MHS/ Provo Canyon School	2036118	10/22/04	12/28/04	4,824	3,522	8,346
Aspen Solution/Aspen Ranch	2057265	05/05/05	06/30/05	4,560	12,026	16,586
Aspen Solution/New Leaf Academy*	1866894	11/21/04	06/30/05	-	25,581	25,581
Aspen Solution/Island View	2021115	03/01/05	06/29/05	7,440	25,440	32,880
New Heaven Inc.	2068074	05/01/05	06/30/05	15,000	-	15,000
MHS/ Logan River	2002431	06/15/05	06/16/05	77	124	202
TOTAL:				31,901	66,694	98,595

→ **TO FORM 2**

* For New Leaf Academy only DCFS has to pay.
 From November 21, 2004 to March 1, 2005 the rate was 3395.00 per month
 From March 1, 2005 to August 31, 05 the rate was 3570.00 per month.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM BH 1912
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2006-2006 YEAR END COST REPORT

1	2	3	4	GROSS AB3632 COST			FFP AND FFP MATCH				14 (10+11+12+13)	
				5	6	7	8	9	10	11		12
LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDI-CAL UNITS OF SERVICE	TOTAL NON-MEDI-CAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3632 PROGRAM COST	FFP (Includes SOW/MC and Healthy Family)	AB3632 (SB90) SOW/MC MATCH	AB3632(SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDI-CAL COST
To Form 2												
IEP PROGRAM - ASSESSMENT												
LAC-DMH	15	04	387,500	485,683	869,183	2.03	1,812,786	382,269	67,904	10,961	303,970	775,125
LAC-DMH	80	80	-	9,476	9,476	108.76	1,011,668	-	-	-	-	-
LAC-DMH			387,500	506,169	902,669		2,824,468	392,269	67,904	10,961	303,970	775,125
Subsocial IEP Program - Assessment												
SEP PROGRAM - TREATMENT												
LAC-DMH	10	95	3	-	3	212.28	637	283	54	-	240	587
LAC-DMH	15	10	42,109	63,964	106,073	2.80	275,769	53,329	9,514	690	42,590	106,093
LAC-DMH	15	34	2,911	3,723	6,634	2.62	17,398	3,698	670	-	2,998	7,338
LAC-DMH	15	42	971,382	1,232,158	2,203,538	2.80	5,728,772	1,232,616	218,012	20,830	975,919	2,447,378
LAC-DMH	15	52	10,684	7,005	17,689	2.60	45,988	13,499	2,459	-	11,001	26,918
LAC-DMH	15	62	43,520	44,398	87,908	5.07	445,458	101,758	18,298	832	81,974	202,803
Amanecer Community Counseling Service	00180	15	2,781	3,904	6,685	1.63	10,209	2,124	1,365	-	769	4,247
Amanecer Community Counseling Service	00180	15	2,017	1,155	3,172	1.96	6,210	1,975	1,266	-	708	3,949
Amanecer Community Counseling Service	00180	15	-	570	570	1.98	1,116	-	-	-	-	-
Amanecer Community Counseling Service	00180	15	4,822	9,828	14,248	1.98	27,896	4,525	2,508	-	1,817	9,048
Amanecer Community Counseling Service	00180	15	544	4,466	5,010	1.98	9,808	533	342	-	180	1,065
Amanecer Community Counseling Service	00180	15	705	785	1,490	3.64	5,426	1,284	825	-	459	2,967
ASSOC LEAGUE OF MEXICAN AMERICANS, INC	00173	15	71	-	71	1.62	115	57	13	-	44	115
ASSOC LEAGUE OF MEXICAN AMERICANS, INC	00173	15	843	-	843	2.13	1,368	684	158	-	527	1,368
ASSOC LEAGUE OF MEXICAN AMERICANS, INC	00173	15	2,144	2	2,146	2.13	4,568	2,282	600	-	1,882	4,964
ASSOC LEAGUE OF MEXICAN AMERICANS, INC	00173	15	602	-	602	3.93	2,364	1,182	571	-	611	2,364
ASSOC LEAGUE OF MEXICAN AMERICANS, INC	00173	15	6,325	4,490	10,815	1.95	21,089	6,187	1,747	-	4,420	12,324
Cedars-Sinai Medical Center	00178	15	4,495	8,215	12,710	2.52	32,029	5,694	1,514	-	4,149	11,327
Cedars-Sinai Medical Center	00178	15	510	135	645	2.52	1,625	843	174	-	469	1,285
Cedars-Sinai Medical Center	00178	15	39,951	36,280	70,241	2.52	177,007	42,778	12,153	-	30,626	85,557
Cedars-Sinai Medical Center	00178	15	1,320	1,290	2,610	2.52	6,577	1,663	419	-	1,244	3,326
Cedars-Sinai Medical Center	00178	15	5,160	5,868	10,828	4.65	50,355	11,967	3,431	-	8,588	23,994
Child & Family Center	00210	15	18,333	41,088	59,421	1.71	105,175	18,225	2,963	-	13,282	32,449
Child & Family Center	00210	15	24,071	65,277	89,348	2.24	200,140	26,980	4,923	-	22,037	53,919
Child & Family Center	00210	15	655	-	655	2.24	1,467	-	-	-	-	-
Child & Family Center	00210	15	107,850	310,900	418,550	2.24	937,552	120,568	22,016	-	98,552	241,136
Child & Family Center	00210	15	11,346	34,507	48,253	2.24	103,807	22,708	2,320	-	10,387	25,415
Child & Family Center	00210	15	11,940	25,284	37,224	3.84	142,940	22,925	4,186	-	18,738	45,950
Child & Family Guidance Center	00207	15	18,916	2,198	21,114	1.90	40,190	18,593	2,946	-	13,189	36,006
Child & Family Guidance Center	00207	15	39,507	27,502	67,009	2.46	164,724	49,676	8,187	2,808	36,647	97,117
Child & Family Guidance Center	00207	15	3,333	1,068	3,431	2.46	8,457	2,868	524	-	2,345	5,737
Child & Family Guidance Center	00207	15	631,057	190,088	791,165	2.46	1,944,063	604,221	200,114	67,317	479,090	1,550,741
Child & Family Guidance Center	00207	15	17,117	9,495	27,212	2.46	66,871	22,881	3,266	2,595	14,784	43,538
Child & Family Guidance Center	00207	15	60,412	32,517	93,029	4.54	422,635	141,865	22,216	10,892	99,451	274,454
Children's Bureau	00688	15	22	-	22	1.63	36	18	4	-	14	36
Children's Bureau	00688	15	168	-	168	2.13	358	178	34	-	145	358
Children's Bureau	00688	15	1,282	-	1,282	2.13	2,731	1,365	258	-	1,107	2,731
Children's Hospital Los Angeles	00179	15	130	2,886	2,970	2.90	377	169	36	-	183	377
Children's Hospital Los Angeles	00179	15	2,886	2,970	5,856	1.95	11,419	2,814	514	-	2,300	5,628

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1912
 DATABASE FOR DMH DIRECTLY OPERATED & PRIVATE CONTRACT PROVIDERS
 SOURCE: FY 2006-2008 YEAR END COST REPORT

1	2	3	4	GROSS AB9632 COST				FFP AND FFP MATCH				14 (10+11+12+13)
				5	6	7 (5+6)	8	9 (7+8)	10	11	12	
LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB9632 PROGRAM COST	FFP (Includes SD/MC and Healthy Family)	AB9632 (S960) MATCH SD/MC FFP	AB9632(S960) MATCH TO HEALTHY FAMILY FFP	EPBDT-SGF MATCH TO FFP	NET MEDICAL COST
00179	15	10	1,844	5,590	7,424	2.52	18,708	2,323	424	1,899	4,647	
Children's Hospital Los Angeles												
00179	15	34	1,320	130	1,450	2.52	3,654	1,653	304	1,350	3,328	
Children's Hospital Los Angeles												
00179	15	42	13,224	22,009	35,233	2.52	88,787	16,662	3,043	13,620	33,324	
Children's Hospital Los Angeles												
00179	15	52	648	534	1,182	2.52	2,979	818	149	667	1,653	
Children's Hospital Los Angeles												
00179	15	62	8,757	4,824	11,381	4.65	52,922	15,710	2,869	12,841	31,420	
Children's Hospital Los Angeles												
00591	15	04	16	16	16	1.85	31	4	4	11	31	
Children's Institute, Inc.												
00591	15	10	331	-	331	2.52	834	417	111	308	834	
Children's Institute, Inc.												
00591	15	34	194	-	194	2.52	489	244	85	179	489	
Children's Institute, Inc.												
00591	15	42	1,461	-	1,461	2.52	3,682	1,841	480	1,350	3,682	
Children's Institute, Inc.												
00181	15	04	710	385	1,075	1.44	1,548	511	71	440	1,022	
COMMUNITY FAMILY GUIDANCE CENTER												
00181	15	10	6,505	20,975	27,480	1.86	51,129	6,052	1,295	4,816	12,103	
COMMUNITY FAMILY GUIDANCE CENTER												
00181	15	42	28,045	72,913	100,958	1.86	187,843	28,090	6,791	19,299	52,190	
COMMUNITY FAMILY GUIDANCE CENTER												
00181	15	62	1,555	5,075	6,630	3.44	22,511	2,875	1,717	958	5,350	
COMMUNITY FAMILY GUIDANCE CENTER												
00472	10	98	225	-	225	116.10	26,123	13,061	2,366	10,676	26,123	
the Devereux Foundation												
00472	15	58	9,411	-	9,411	1.63	17,194	8,592	1,569	7,023	17,194	
the Devereux Foundation												
00472	15	62	541	-	541	2.63	1,421	710	130	591	1,421	
the Devereux Foundation												
00183	15	04	1,076	2,068	3,165	1.87	5,920	1,137	153	308	417	
Didi Hirsch Psychiatric Services												
00183	15	10	1,068	11,694	12,763	2.46	31,381	1,456	235	334	602	
Didi Hirsch Psychiatric Services												
00183	15	34	2,952	2,952	2,952	2.46	7,264	-	-	-	-	
Didi Hirsch Psychiatric Services												
00183	15	42	9,661	85,539	95,190	2.46	233,698	13,008	2,363	2,686	5,667	
Didi Hirsch Psychiatric Services												
00183	15	52	158	627	785	2.46	1,928	189	51	127	388	
Didi Hirsch Psychiatric Services												
00183	15	62	842	7,027	7,869	4.49	35,303	2,033	509	338	898	
Didi Hirsch Psychiatric Services												
00184	15	04	868	365	1,233	1.81	2,380	831	152	679	1,662	
Dunoff Center for Child Dev.												
00184	15	10	377	1,533	1,910	2.46	4,699	463	85	378	926	
Dunoff Center for Child Dev.												
00184	15	42	31,040	70,844	101,884	2.48	252,784	38,504	7,031	31,473	77,007	
Dunoff Center for Child Dev.												
00184	15	52	1,125	3,951	5,086	2.44	12,423	1,374	251	1,123	2,748	
Dunoff Center for Child Dev.												
00184	15	62	6,784	11,700	18,484	4.58	84,588	15,950	2,909	96	12,573	
Dunoff Center for Child Dev.												
00778	10	92	4	-	4	69.12	276	138	19	276	276	
D'Veal Family and Youth Services												
00778	15	10	31	-	31	2.14	66	33	9	24	68	
D'Veal Family and Youth Services												
00778	15	42	661	-	661	2.14	1,417	709	202	506	1,417	
D'Veal Family and Youth Services												
00188	10	85	146	-	146	132.00	19,272	9,528	2,114	7,522	16,184	
Erk Health and Research												
00188	15	04	16,897	1,297	18,194	1.18	21,469	9,810	2,108	123	7,688	
Erk Health and Research												
00188	15	10	24,501	1,767	26,268	1.95	51,282	23,625	5,260	10	18,615	
Erk Health and Research												
00188	15	42	143,298	26,235	169,533	1.95	330,599	138,845	30,064	1,827	107,327	
Erk Health and Research												
00188	15	52	9,598	2,778	12,376	1.95	24,133	9,253	1,952	7,408	18,611	
Erk Health and Research												
00188	15	62	18,619	4,103	22,722	3.85	82,835	33,705	7,503	249	67,578	
Erk Health and Research												
00724	15	04	208	296	504	1.95	963	201	37	164	402	
Foothill Family Services												
00724	15	10	3,949	2,742	6,691	2.52	16,861	4,978	908	4,067	9,951	
Foothill Family Services												
00724	15	42	22,146	28,795	50,911	2.52	128,296	27,904	5,085	22,809	55,808	
Foothill Family Services												
00724	15	52	967	157	1,124	2.52	2,832	1,218	222	986	2,437	
Foothill Family Services												
00724	15	62	2,509	2,806	5,315	4.66	24,788	5,846	1,067	4,778	11,692	
The Guidance Center												
00181	15	04	1,559	2,618	4,575	1.78	8,159	1,747	541	1,208	3,493	
The Guidance Center												
00181	15	10	3,255	28,682	31,937	2.15	68,555	3,484	1,371	2,123	6,987	
The Guidance Center												
00181	15	34	630	-	630	2.15	1,352	578	270	408	1,352	
The Guidance Center												
00181	15	42	13,458	90,038	103,496	2.15	222,162	14,444	6,078	8,366	28,889	
The Guidance Center												
00181	15	52	5,332	20,320	25,652	2.15	55,064	5,723	1,821	3,902	11,446	
The Guidance Center												
00181	15	62	1,385	7,412	8,797	3.63	31,958	2,516	961	1,564	5,031	
The Guidance Center												

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
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 SOURCE: FY 2008-2009 YEAR END COST REPORT

1	2	3	4	GROSS AB3632 COST			8	9	10	FFP AND FFP MATCH			14
				5	6	7				11	12	13	
LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3632 PROGRAM COST (7 x 6)	FFP (Includes SD/MC and Healthy Family)	AB3632 (S980) SD/MC FFP MATCH	AB3632(S980) MATCH TO HEALTHY FAMILY FFP	EP907-S9F MATCH TO FFP	NET MEDICAL COST (10+11+12+13)	
Hamburger Homes dba Aviva	10	98	144	-	144	104.48	15,045	7,623	365	-	7,167	15,045	
Hamburger Homes dba Aviva	15	04	875	-	875	1.81	1,406	703	33	-	670	1,406	
Hamburger Homes dba Aviva	15	10	2,005	45	2,050	2.08	4,257	2,059	98	40	1,929	4,163	
Hamburger Homes dba Aviva	15	42	13,845	1,450	15,295	2.08	31,759	14,609	642	548	12,948	28,748	
Hamburger Homes dba Aviva	15	52	1,765	-	1,765	2.08	3,644	1,822	98	-	1,796	3,644	
Hamburger Homes dba Aviva	15	58	3,245	-	3,245	2.08	6,738	3,369	159	-	3,210	6,738	
Hamburger Homes dba Aviva	15	62	1,522	-	1,522	3.84	5,844	2,959	133	87	2,664	5,844	
Hathaway-Sycamores Child & Family Services	10	98	27	1,354	1,381	105.42	145,582	1,423	478	-	845	2,728	
Hathaway-Sycamores Child & Family Services	15	04	1,880	9,177	10,957	1.82	17,801	1,352	415	-	947	2,728	
Hathaway-Sycamores Child & Family Services	15	10	3,949	39,338	43,287	2.10	90,688	4,137	1,119	-	3,018	8,273	
Hathaway-Sycamores Child & Family Services	15	34	-	368	368	2.10	771	-	-	-	-	-	
Hathaway-Sycamores Child & Family Services	15	42	12,300	181,911	194,211	2.10	405,881	12,885	3,720	-	9,165	25,769	
Hathaway-Sycamores Child & Family Services	15	52	1,289	49,355	50,644	2.10	106,102	1,350	264	-	1,087	2,701	
Hathaway-Sycamores Child & Family Services	15	58	2,063	-	2,063	2.10	4,322	2,161	388	-	1,773	4,322	
Hathaway-Sycamores Child & Family Services	15	62	3,198	44,016	47,215	3.87	182,919	6,187	1,877	-	4,319	12,363	
The Help Group Child and Family Center	15	04	4,216	275	4,491	1.88	8,443	3,963	797	-	3,166	7,926	
The Help Group Child and Family Center	15	10	30,544	57,363	88,037	2.45	215,991	37,539	7,546	-	28,993	75,078	
The Help Group Child and Family Center	15	34	145	82	207	2.45	507	178	36	-	142	365	
The Help Group Child and Family Center	15	42	222,324	433,422	655,746	2.45	1,606,578	272,347	54,748	-	217,600	544,894	
The Help Group Child and Family Center	15	52	201	6,416	6,617	2.45	16,212	246	49	-	197	482	
The Help Group Child and Family Center	15	58	12,350	2,871	15,221	2.45	37,251	15,129	3,041	-	12,088	30,258	
The Help Group Child and Family Center	15	62	16,371	30,405	46,776	4.54	212,363	37,182	7,470	-	28,692	74,324	
Hillside	15	10	-	362	362	1.81	655	-	-	-	-	-	
Hillside	15	42	-	3,193	3,193	1.81	5,779	-	-	-	-	-	
Hillside	15	52	245	-	245	1.81	443	218	42	-	180	440	
Hillside	15	58	462	-	462	1.81	838	411	79	-	339	829	
The Almsor Center	15	04	466	2,669	3,135	1.52	4,828	378	125	-	253	766	
The Almsor Center	15	10	203	2,550	2,753	1.97	5,424	200	112	-	88	400	
The Almsor Center	15	42	3,868	52,282	56,150	1.97	110,263	3,614	1,142	-	2,471	7,227	
The Almsor Center	15	52	2,303	2,068	4,401	1.97	8,672	2,269	843	-	1,426	4,538	
The Almsor Center	15	62	990	2,840	3,830	3.64	13,955	1,804	594	-	1,210	3,807	
Intercommunity Child Guidance Center	15	04	3,262	5,785	9,027	1.57	14,181	2,564	1,186	-	1,378	5,128	
Intercommunity Child Guidance Center	15	10	5,433	12,038	17,471	2.03	35,453	5,519	1,436	-	4,082	11,037	
Intercommunity Child Guidance Center	15	34	240	345	585	2.03	1,188	244	49	-	185	488	
Intercommunity Child Guidance Center	15	42	41,482	81,749	123,231	2.03	250,352	42,137	13,668	-	28,469	84,273	
Intercommunity Child Guidance Center	15	52	10,156	27,023	37,179	2.03	75,531	10,316	3,708	-	608	20,933	
Intercommunity Child Guidance Center	15	62	6,947	10,386	17,333	3.77	65,441	13,105	4,728	-	8,377	26,210	
Los Angeles Child Guidance Clinic	10	82	153	3	156	134.30	22,284	10,945	2,037	-	8,908	21,891	
Los Angeles Child Guidance Clinic	15	04	32,549	6,051	38,600	1.88	72,432	30,539	12,194	-	18,345	61,078	
Los Angeles Child Guidance Clinic	15	10	14,544	3,667	18,211	2.42	44,162	17,635	5,111	-	12,524	35,269	
Los Angeles Child Guidance Clinic	15	34	550	-	550	2.42	1,354	667	167	-	489	1,334	
Los Angeles Child Guidance Clinic	15	42	192,473	27,763	220,236	2.42	534,071	233,373	61,562	-	171,811	456,746	
Los Angeles Child Guidance Clinic	15	52	18,286	4,238	22,464	2.42	54,548	22,135	5,515	-	16,620	44,271	
Los Angeles Child Guidance Clinic	15	62	19,963	3,142	23,105	4.48	103,610	44,760	14,181	-	30,578	89,520	
Pacific Clinics	10	88	1,346	387	1,733	136.85	237,858	96,366	10,617	11,469	68,448	185,898	
Pacific Clinics	15	03	41,774	21,857	63,631	1.38	88,033	28,100	3,899	429	24,405	57,853	
Pacific Clinics	15	12	45,781	21,993	67,764	1.79	120,522	41,088	5,581	309	34,931	81,908	

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 BACKUP WORKSHEET TO COST REPORT FORM MH 1912
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 SOURCE: FY 2005-2006 YEAR END COST REPORT

1	2	3	4	5			6			7			8			9			10			11			12			13			14		
				TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3632 PROGRAM COST	FFP (Includes SDMC and Healthy Family)	AB3632 (SBR0) MATCH SD/MC FFP	AB3632(SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST																				
LEGAL ENTITY NAME	LEGAL ENTITY NO.	MODE	SFC	TOTAL MEDICAL UNITS OF SERVICE	TOTAL NON-MEDICAL UNITS OF SERVICE	TOTAL UNITS OF SERVICE	COST PER UNIT	GROSS AB3632 PROGRAM COST	FFP (Includes SDMC and Healthy Family)	AB3632 (SBR0) MATCH SD/MC FFP	AB3632(SB90) MATCH TO HEALTHY FAMILY FFP	EPSDT-SGF MATCH TO FFP	NET MEDICAL COST																				
Saint John's Health Center	00217	15	62	841	335	1,176	4.68	5,480	1,980	358	-	1,602	3,919																				
Starview	00543	15	04	490	-	490	1.46	715	350	68	-	290	708																				
Starview	00543	15	10	878	155	1,034	1.98	2,058	855	165	-	709	1,730																				
Starview	00543	15	42	2,893	150	3,043	1.99	6,056	2,815	545	-	2,354	5,694																				
Starview	00543	15	52	249	85	334	1.98	665	242	47	-	201	490																				
Starview	00543	15	62	60	-	60	3.48	209	102	20	-	65	207																				
Starview	00543	15	04	489	6,770	7,259	1.75	12,681	427	121	-	308	854																				
Stirling Academy, Inc.	00216	15	10	1,715	28,123	30,838	1.75	53,894	1,498	424	-	1,075	2,997																				
Stirling Academy, Inc.	00216	15	42	5,755	122,310	128,065	1.75	223,830	5,028	1,208	-	3,821	10,058																				
Stirling Academy, Inc.	00216	15	52	340	3,253	3,593	1.75	6,280	297	255	-	43	594																				
Stirling Academy, Inc.	00216	15	62	97	1,786	1,883	3.83	7,140	188	107	-	79	372																				
Harbor View Rehabilitation Center	00206	10	85	109	-	109	99.35	10,829	5,415	1,025	-	4,390	10,829																				
Harbor View Rehabilitation Center	00206	15	04	245	-	245	1.08	265	132	25	-	107	265																				
Harbor View Rehabilitation Center	00206	15	10	15	-	15	1.42	21	11	2	-	9	21																				
Harbor View Rehabilitation Center	00206	15	42	2,540	-	2,540	1.42	3,607	1,803	341	-	1,462	3,607																				
Harbor View Rehabilitation Center	00206	15	58	180	-	180	1.42	256	128	24	-	104	256																				
VERDUGO MENTAL HEALTH	00221	15	10	2,080	7,850	9,930	2.34	23,211	2,431	616	-	1,815	4,862																				
VERDUGO MENTAL HEALTH	00221	15	34	30	410	440	2.34	1,028	35	5	-	30	70																				
VERDUGO MENTAL HEALTH	00221	15	42	36,091	82,343	118,404	2.34	276,766	42,146	8,789	-	33,357	84,292																				
VERDUGO MENTAL HEALTH	00221	15	52	11,945	14,748	26,694	2.34	62,397	13,981	2,447	-	11,514	27,921																				
VERDUGO MENTAL HEALTH	00221	15	62	5,300	5,985	11,285	4.33	48,820	11,464	2,018	-	9,446	22,628																				
VERDUGO MENTAL HEALTH	00196	15	04	67,153	28,065	95,238	1.95	185,714	65,474	82,210	-	3,284	130,948																				
Vista del Mar Child & Family Services	00196	15	10	9,962	12,942	22,904	2.52	57,718	12,552	12,207	-	345	25,104																				
Vista del Mar Child & Family Services	00196	15	34	360	-	360	2.52	907	454	454	-	-	907																				
Vista del Mar Child & Family Services	00196	15	42	96,251	82,188	178,448	2.52	474,891	121,289	115,529	-	5,760	242,578																				
Vista del Mar Child & Family Services	00196	15	52	8,185	1,326	9,511	2.52	23,968	10,313	10,284	-	19	20,626																				
Vista del Mar Child & Family Services	00196	15	58	182,048	-	182,048	2.52	408,361	204,180	204,180	-	-	408,361																				
Vista del Mar Child & Family Services	00196	15	62	82,941	21,015	103,956	4.66	484,435	193,253	188,062	-	5,170	386,505																				
Vista del Mar Child & Family Services	00196	10	85	2,068	35	2,103	195.58	418,781	204,968	191,843	-	13,125	409,698																				
Vista del Mar Child & Family Services	00196	10	98	2,597	1,515	4,112	126.80	521,402	164,650	146,536	-	18,114	329,300																				
Subtotal SEP Program - Treatment				4,696,697	4,705,629	9,302,110		24,862,265	8,247,528	2,060,978	134,026	3,941,751	12,384,285																				
Total AB3632 Program Cost				4,994,067	5,210,692	10,204,779		27,206,721	6,638,798	2,128,883	146,007	4,246,722	13,199,410																				
DMH Directly Operated Admin. Cost (Attachment 10)								1,132,777	218,027	38,442	4,040	172,063	432,562																				
Contract Providers (NGAs) Admin. Cost (Attachment 10)								1,348,533	365,461	136,752	8,430	213,360	724,006																				
Grand Total AB3632 Program Cost				4,994,067	5,210,692	10,204,779		29,688,031	7,223,286	2,304,077	157,477	4,631,185	14,316,006																				

To Form 2

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB90 PROGRAM 273
 CONSOLIDATION OF HDS, HDS II, AND SED: OUT OF STATE MENTAL HEALTH SERVICES
 FY 2006-2006 COST SUMMARY**

COST ELEMENTS IDENTIFIED BY GROSS PROGRAM COSTS, OFFSETTING REVENUES, AND NET SB90 REIMBURSABLE COSTS

The following procedure has been followed to assure all appropriate revenue offsets have been applied. Total eligible cost of \$40,255,383 was identified and all applicable revenues have been offset to identify the remaining balance as the eligible SB90 Program 273 reimbursement.

Gross SB90 Program 273 Reimbursable Program Cost (Includes Administration Cost)	\$ 40,255,383	→ To Form 1, Line 08
State General Fund From Early and Periodic Screening, Diagnosis and Testing (EPSDT) (Attachment 7b)	\$ (4,245,722)	
Federal Financial Participation (FFP) (Attachment 7a)	(6,639,798)	
FFP Refund and Adjustment for State Maximum Allowance (SMA) (Attachment 7a)	(138,084)	
FFP share of admin cost (Attachment 7a)	(599,808)	
EPSDT share of Admin Cost (Attachment 7b)	(385,444)	
FY 2004-2005 adjustment to reflect final FFP Payments (Attachment 7c)	1,848,134	
FY 2004-2005 adjustment to reflect final EPSDT State General Fund Payments Received (Attachment 7c)	743,586	
Third Party Revenues & share of admin cost (Attachment 7d)	(1,207)	
Federal Individuals with Disabilities Education Act (IDEA) funds (Attachment 7f)	<u>(13,832,574)</u>	
Net Reimbursable SB 90 Cost	<u>\$ 16,807,476</u>	→ To Form 1, Line 11
	<u>(23,447,907)</u>	→ To Form 1, Line 10

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2006-2008 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET - FEDERAL FINANCIAL PARTICIPATION (FFP)

A. FY 2006-2008 Federal Financial Participation (FFP) and Share of Administrative Cost

ENTITY NUMBER	ENTITY NAME	MODE	SFC	Overhead Percentage (%)	a SD/MC FFP	b Enhanced Child FFP	c Healthy Family FFP	d (a+b+c) Total	
Assessment - Individualized Education Program (IEP)									
00019	LAC - DMH	15	04		371,875	-	20,394	392,269	
00019	LAC - DMH	80	80		-	-	-	-	
Subtotal LAC-DMH					371,875	-	20,394	392,269	
DMH Directly Operated Admin. Cost					12.1302%	45,109	-	2,474	47,583
Total Assessment FFP and Share of Admin. Cost						416,984	-	22,868	439,852
Treatment - Special Education Program (SEP)									
00019	LAC-DMH	10	85		293	-	-	293	
00019	LAC-DMH	15	10		52,104	-	1,225	53,329	
00019	LAC-DMH	15	34		3,688	-	-	3,688	
00019	LAC-DMH	15	42		1,193,931	-	38,685	1,232,616	
00019	LAC-DMH	15	52		13,459	-	-	13,459	
00019	LAC-DMH	15	82		100,213	-	1,545	101,758	
Subtotal LAC-DMH					1,363,668	-	41,455	1,405,123	
Contract Providers (NGAs)					4,834,987	-	207,419	4,842,406	
Subtotal LAC-DMH and Contract Providers					5,998,655	-	248,874	6,247,529	
DMH Directly Operated Admin. Cost (Attachment 9)					12.1302%	186,418	-	5,029	170,444
Contract Providers (NGAs) Admin. Cost (Attachment 9)					7.5471%	349,807	-	15,654	365,461
Total Treatment FFP and Share of Admin. Cost						6,513,878	-	269,557	6,783,434
GRAND TOTAL TREATMENT & ASSESSMENT FFP AND SHARE OF ADMINISTRATIVE COSTS						6,930,863	-	292,425	7,223,288

B. FY 2006-2008 FFP REFUND, ADJUSTMENT FOR SMA AND SHARE OF ADMINISTRATIVE COST

ENTITY NUMBER	ENTITY NAME	MODE	SFC	Overhead Percentage (%)	a SD/MC FFP Refund & Adj. For SMA	b Enhanced Child FFP Refund	c Healthy Family FFP Refund	d (a+b+c) Total	
Assessment - Individualized Education Program (IEP)									
00019	LAC-DMH	15	04		31,829	-	-	31,829	
DMH Directly Operated Admin. Cost					12.1302%	3,837	-	-	3,837
Total Assessment FFP and Share of Admin. Cost						35,466	-	-	35,466
Treatment - Special Education Program (SEP)									
00188	Enkl Health and Research	10	85		108	-	-	108	
00188	Enkl Health and Research	15	04		110	-	2	112	
00188	Enkl Health and Research	15	10		268	-	0	268	
00188	Enkl Health and Research	15	42		1,542	-	26	1,568	
00188	Enkl Health and Research	15	52		105	-	-	105	
00188	Enkl Health and Research	15	82		377	-	4	381	
00321	Hillside	15	52		4	-	-	4	
00321	Hillside	15	58		7	-	-	7	
00214	Special Service for Groups	15	03		78	-	-	78	
00214	Special Service for Groups	15	12		142	-	-	142	
00214	Special Service for Groups	15	41		504	-	-	504	
00214	Special Service for Groups	15	54		298	-	-	298	
00214	Special Service for Groups	15	58		256	-	-	256	
00214	Special Service for Groups	15	81		179	-	-	179	
00543	Starview	15	04		8	-	-	8	
00543	Starview	15	10		19	-	-	19	
00543	Starview	15	42		63	-	-	63	
00543	Starview	15	52		5	-	-	5	
00543	Starview	15	82		2	-	-	2	

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
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 OFFSETTING REVENUES WORKSHEET - FEDERAL FINANCIAL PARTICIPATION (FFP)

ENTITY NUMBER	ENTITY NAME	MODE	SFC	a	b	c	d (a+b+c)
				SD/MC FFP Refund For SMA	Enhanced Child FFP Refund	Healthy Family FFP Refund	Total
Treatment - Special Education Program (SEP) (Continuous)							
00019	LAC-DMH	10	85	50	-	-	50
00019	LAC-DMH	15	10	3,382	-	-	3,382
00019	LAC-DMH	15	34	298	-	-	298
00019	LAC-DMH	15	42	78,028	-	-	78,028
00019	LAC-DMH	15	52	858	-	-	858
00019	LAC-DMH	15	62	17,731	-	-	17,731
Total Treatment - SEP FFP Refund & Adjustment for State Maximum Allowance (SMA)				104,423	-	32	104,455
DMH Directly Operated Admin. Cost				12.1302%	12,172	-	12,172
Contract Providers Admin. Cost				7.5471%	308	2	310
Grand Total Treatment - SEP FFP Refund & Adj. For SMA and Share of Admin. Cost				116,903	-	34	116,937

C. SUMMARY:

ASSESSMENT - IEP PROGRAM

FY 2005-2006 FEDERAL FINANCIAL PARTICIPATION	392,269	
FY 2005-2006 FEDERAL FINANCIAL PARTICIPATION REFUND & ADJUSTMENT FOR SMA	31,629	
TOTAL FFP AND FFP REFUND	423,898	→ To HDS-3, Line 05
ADD: SHARE OF ADMIN. COST	51,420	→ To HDS-3, Line 07
TOTAL FFP AND SHARE OF Admin. COSTS	475,318	

TREATMENT - SEP

FY 2005-2006 FEDERAL FINANCIAL PARTICIPATION	6,247,529	
FY 2005-2006 FEDERAL FINANCIAL PARTICIPATION REFUND	104,455	
LESS: FY 2004-2005 SB 90 CLAIM FFP ADJUSTMENT (Attachment 7c)	(1,649,134)	
TOTAL FEDERAL FINANCIAL PARTICIPATION AND FFP REFUND	4,702,850	→ To HDS-3, Line 12
ADD: SHARE OF ADMIN. COST	548,388	→ To HDS-3, Line 13
TOTAL FFP, FFP REFUND AND SHARE OF ADMIN. COSTS	5,251,238	

FFP SHARE OF ADMIN. COST

ASSESSMENT - IEP PROGRAM	51,420
TREATMENT - SEP PROGRAM	548,388
TOTAL	599,808

FFP REFUND & ADJUSTMENT FOR STATE MAXIMUM ALLOWANCE

ASSESSMENT - IEP PROGRAM	31,629
TREATMENT - SEP PROGRAM	104,455
TOTAL	136,084

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
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 OFFSETTING REVENUES WORKSHEET - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (12.1302%)	CONTRACTOR ADMIN COSTS (7.5471%)	TOTAL EPSDT-SGF AND ADMIN COST
Assessment - Individualized Education Program (IEP)							
00019	LAC-DMH	15	04	303,970	36,873	-	340,843
SUBTOTAL - ASSESSMENT - EPSDT-SGF				303,970	36,873	-	340,843
Treatment - Special Education Program (SEP)							
00019	LAC-DMH	10	85	240	29	-	269
00019	LAC-DMH	15	10	42,590	5,166	-	47,756
00019	LAC-DMH	15	34	2,998	364	-	3,362
00019	LAC-DMH	15	42	975,919	118,381	-	1,094,300
00019	LAC-DMH	15	52	11,001	1,334	-	12,336
00019	LAC-DMH	15	62	81,814	9,938	-	91,851
00019	LAC-DMH	15	04	759	-	57	816
00180	Amanecer Community Counseling Service	15	10	708	-	53	759
00180	Amanecer Community Counseling Service	15	34	-	-	-	-
00180	Amanecer Community Counseling Service	15	42	1,817	-	122	1,739
00180	Amanecer Community Counseling Service	15	52	190	-	14	205
00180	Amanecer Community Counseling Service	15	62	459	-	35	493
00180	Amanecer Community Counseling Service	15	82	44	-	3	48
00173	ASSOC LEAGUE OF MEXICAN AMERICANS, INC	15	04	44	-	-	44
00173	ASSOC LEAGUE OF MEXICAN AMERICANS, INC	15	10	527	-	40	566
00173	ASSOC LEAGUE OF MEXICAN AMERICANS, INC	15	42	1,882	-	127	1,809
00173	ASSOC LEAGUE OF MEXICAN AMERICANS, INC	15	62	611	-	48	657
00178	Cedars-Sinai Medical Center	15	04	4,420	-	334	4,754
00178	Cedars-Sinai Medical Center	15	10	4,149	-	313	4,462
00178	Cedars-Sinai Medical Center	15	34	469	-	35	504
00178	Cedars-Sinai Medical Center	15	42	30,825	-	2,311	32,936
00178	Cedars-Sinai Medical Center	15	52	1,244	-	94	1,338
00178	Cedars-Sinai Medical Center	15	62	8,588	-	646	9,212
00210	Child & Family Center	15	03	13,262	-	1,001	14,263
00210	Child & Family Center	15	12	22,037	-	1,663	23,700
00210	Child & Family Center	15	33	-	-	-	-
00210	Child & Family Center	15	41	98,552	-	7,438	105,990
00210	Child & Family Center	15	54	10,387	-	784	11,171
00210	Child & Family Center	15	61	18,739	-	1,414	20,153
00210	Child & Family Center	15	81	13,189	-	995	14,185
00207	Child & Family Guidance Center	15	04	38,647	-	2,786	39,412
00207	Child & Family Guidance Center	15	10	2,345	-	177	2,522
00207	Child & Family Guidance Center	15	34	479,090	-	36,157	515,248
00207	Child & Family Guidance Center	15	42	14,764	-	1,114	15,878
00207	Child & Family Guidance Center	15	52	99,451	-	7,508	108,958
00207	Child & Family Guidance Center	15	62	14	-	1	15
00668	Children's Bureau	15	04	145	-	11	156
00668	Children's Bureau	15	10	1,107	-	84	1,191
00668	Children's Bureau	15	42	153	-	12	165
00668	Children's Bureau	15	62	2,300	-	174	2,474
00179	Children's Hospital Los Angeles	15	04	1,899	-	143	2,043
00179	Children's Hospital Los Angeles	15	10	1,359	-	103	1,462
00179	Children's Hospital Los Angeles	15	34	13,820	-	1,028	14,848
00179	Children's Hospital Los Angeles	15	42	687	-	50	718
00179	Children's Hospital Los Angeles	15	52	12,841	-	989	13,811
00179	Children's Hospital Los Angeles	15	62	11	-	1	12
00591	Children's Institute, Inc.	15	04	308	-	23	329
00591	Children's Institute, Inc.	15	10	179	-	14	193
00591	Children's Institute, Inc.	15	34	1,360	-	102	1,462
00591	Children's Institute, Inc.	15	42	440	-	33	474
00181	COMMUNITY FAMILY GUIDANCE CENTER	15	04	4,816	-	363	5,180
00181	COMMUNITY FAMILY GUIDANCE CENTER	15	10	19,299	-	1,457	20,755
00181	COMMUNITY FAMILY GUIDANCE CENTER	15	42	958	-	72	1,031
00181	COMMUNITY FAMILY GUIDANCE CENTER	15	62	10,878	-	808	11,482
00472	the Devereux Foundation	10	98	7,023	-	530	7,553
00472	the Devereux Foundation	15	58	581	-	44	624
00472	the Devereux Foundation	15	62	417	-	31	448
00183	Didi Hirsch Psychiatric Service	15	04	602	-	45	647
00183	Didi Hirsch Psychiatric Service	15	10	-	-	-	-
00183	Didi Hirsch Psychiatric Service	15	34	-	-	-	-
00183	Didi Hirsch Psychiatric Service	15	42	5,857	-	427	6,084
00183	Didi Hirsch Psychiatric Service	15	52	127	-	10	136
00183	Didi Hirsch Psychiatric Service	15	62	898	-	68	966
00183	Didi Hirsch Psychiatric Service	15	82	679	-	51	730
00184	Dunoff Center for Child Dev.	15	04	378	-	29	407
00184	Dunoff Center for Child Dev.	15	10	-	-	-	-

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 OFFSETTING REVENUES WORKSHEET - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (12.1302%)	CONTRACTOR ADMIN COSTS (7.5471%)	TOTAL EPSDT-SGF AND ADMIN COST
00184	Dunoff Center for Child Dev.	15	42	31,473	-	2,375	33,848
00184	Dunoff Center for Child Dev.	15	52	1,123	-	85	1,208
00184	Dunoff Center for Child Dev.	15	82	12,573	-	949	13,522
00778	D'Veal Family and Youth Services	10	92	119	-	9	128
00778	D'Veal Family and Youth Services	15	10	24	-	2	26
00778	D'Veal Family and Youth Services	15	42	508	-	38	545
00188	Enki Health and Research	10	85	7,522	-	588	8,090
00188	Enki Health and Research	15	04	7,886	-	580	8,266
00188	Enki Health and Research	15	10	18,615	-	1,405	20,020
00188	Enki Health and Research	15	42	107,327	-	8,100	115,427
00188	Enki Health and Research	15	52	7,408	-	589	7,995
00188	Enki Health and Research	15	82	26,021	-	1,984	27,985
00724	Foothill Family Service	15	04	184	-	12	177
00724	Foothill Family Service	15	10	4,087	-	307	4,374
00724	Foothill Family Service	15	42	22,809	-	1,721	24,530
00724	Foothill Family Service	15	52	998	-	75	1,071
00724	Foothill Family Service	15	82	4,778	-	361	5,139
00191	The Guidance Center	15	04	1,208	-	91	1,297
00191	The Guidance Center	15	10	2,123	-	160	2,283
00191	The Guidance Center	15	34	408	-	31	438
00191	The Guidance Center	15	42	8,386	-	631	8,998
00191	The Guidance Center	15	82	3,902	-	294	4,186
00191	The Guidance Center	15	82	1,534	-	118	1,650
00174	Hamburger Homes dba Aviva	10	98	7,187	-	541	7,708
00174	Hamburger Homes dba Aviva	15	04	670	-	51	721
00174	Hamburger Homes dba Aviva	15	10	1,929	-	148	2,074
00174	Hamburger Homes dba Aviva	15	42	12,948	-	977	13,928
00174	Hamburger Homes dba Aviva	15	52	1,736	-	131	1,867
00174	Hamburger Homes dba Aviva	15	58	3,210	-	242	3,452
00174	Hamburger Homes dba Aviva	15	82	2,884	-	201	2,885
00192	Hathaway-Sycamores Child & Family Services	10	98	945	-	71	1,016
00192	Hathaway-Sycamores Child & Family Services	15	04	847	-	71	1,018
00192	Hathaway-Sycamores Child & Family Services	15	10	3,018	-	228	3,246
00192	Hathaway-Sycamores Child & Family Services	15	34	-	-	-	-
00192	Hathaway-Sycamores Child & Family Services	15	42	9,165	-	692	9,856
00192	Hathaway-Sycamores Child & Family Services	15	52	1,087	-	82	1,189
00192	Hathaway-Sycamores Child & Family Services	15	58	1,773	-	134	1,907
00192	Hathaway-Sycamores Child & Family Services	15	82	4,319	-	326	4,645
00198	The Help Group Child and Family Center	15	04	3,166	-	239	3,405
00198	The Help Group Child and Family Center	15	10	29,993	-	2,264	32,257
00198	The Help Group Child and Family Center	15	34	142	-	11	153
00198	The Help Group Child and Family Center	15	42	217,600	-	16,423	234,023
00198	The Help Group Child and Family Center	15	52	197	-	15	212
00198	The Help Group Child and Family Center	15	58	12,088	-	912	13,000
00198	The Help Group Child and Family Center	15	82	29,892	-	2,241	31,933
00321	Hillside	15	10	-	-	-	-
00321	Hillside	15	42	-	-	-	-
00321	Hillside	15	52	180	-	14	193
00321	Hillside	15	58	339	-	26	365
00171	The Almansor Center	15	04	253	-	19	272
00171	The Almansor Center	15	10	88	-	7	95
00171	The Almansor Center	15	42	2,471	-	187	2,658
00171	The Almansor Center	15	52	1,428	-	108	1,533
00171	The Almansor Center	15	82	1,210	-	91	1,301
00195	Intercommunity Child Guidance Center	15	04	1,378	-	104	1,482
00195	Intercommunity Child Guidance Center	15	10	4,082	-	308	4,391
00195	Intercommunity Child Guidance Center	15	34	195	-	15	209
00195	Intercommunity Child Guidance Center	15	42	28,489	-	2,149	30,617
00195	Intercommunity Child Guidance Center	15	52	808	-	46	854
00195	Intercommunity Child Guidance Center	15	82	8,377	-	632	9,010
00199	Los Angeles Child Guidance Clinic	10	82	8,908	-	672	9,581
00199	Los Angeles Child Guidance Clinic	15	04	18,345	-	1,385	19,729
00199	Los Angeles Child Guidance Clinic	15	10	12,524	-	945	13,469
00199	Los Angeles Child Guidance Clinic	15	34	499	-	38	537
00199	Los Angeles Child Guidance Clinic	15	42	171,811	-	12,967	184,778
00199	Los Angeles Child Guidance Clinic	15	52	18,820	-	1,254	17,875
00199	Los Angeles Child Guidance Clinic	15	82	30,579	-	2,308	32,887
00203	Pacific Clinics	10	89	68,448	-	5,016	71,462
00203	Pacific Clinics	15	03	24,405	-	1,842	26,247

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LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (12.1302%)	CONTRACTOR ADMIN COSTS (7.5471%)	TOTAL EPSDT-SGF AND ADMIN COST
00203	Pacific Clinics	15	12	34,931	-	2,636	37,567
00203	Pacific Clinics	15	33	-	-	-	-
00203	Pacific Clinics	15	41	432,128	-	32,813	464,941
00203	Pacific Clinics	15	54	26,478	-	1,998	28,476
00203	Pacific Clinics	15	61	64,833	-	4,123	68,956
00204	Pasadena Childrens Training Society	15	04	-	-	-	-
00204	Pasadena Childrens Training Society	15	10	-	-	-	-
00204	Pasadena Childrens Training Society	15	34	-	-	-	-
00204	Pasadena Childrens Training Society	15	42	815	-	48	863
00204	Pasadena Childrens Training Society	15	52	563	-	42	605
00204	Pasadena Childrens Training Society	15	62	336	-	25	361
00201	Penny Lane Centers	15	04	-	-	-	-
00201	Penny Lane Centers	15	10	43	-	3	46
00201	Penny Lane Centers	15	34	-	-	-	-
00201	Penny Lane Centers	15	42	908	-	68	974
00201	Penny Lane Centers	15	52	-	-	-	-
00201	Penny Lane Centers	15	58	908	-	69	977
00201	Penny Lane Centers	15	62	953	-	72	1,025
00801	Providence Community Services	15	04	11,037	-	833	11,870
00801	Providence Community Services	15	40	11,835	-	893	12,728
00801	Providence Community Services	15	62	3,921	-	298	4,218
00801	Providence Community Services	10	85	35,777	-	2,700	38,478
00208	San Fernando Valley CMHC, Inc.	15	04	667	-	50	717
00208	San Fernando Valley CMHC, Inc.	15	10	1,600	-	121	1,720
00208	San Fernando Valley CMHC, Inc.	15	42	21,437	-	1,818	23,255
00208	San Fernando Valley CMHC, Inc.	15	62	455	-	34	489
00320	San Gabriel Children's Center, Inc	10	85	48,871	-	3,537	50,409
00320	San Gabriel Children's Center, Inc	15	10	895	-	52	947
00320	San Gabriel Children's Center, Inc	15	42	3,264	-	248	3,511
00320	San Gabriel Children's Center, Inc	15	52	16,593	-	1,252	17,845
00320	San Gabriel Children's Center, Inc	15	62	2,975	-	225	3,200
00558	SHIELDS for Families, Inc.	15	10	-	-	-	-
00558	SHIELDS for Families, Inc.	15	42	-	-	-	-
00213	South Bay Children's Health Center	10	98	1,447	-	109	1,556
00213	South Bay Children's Health Center	15	04	408	-	31	439
00213	South Bay Children's Health Center	15	10	2,117	-	160	2,277
00213	South Bay Children's Health Center	15	42	8,995	-	679	9,673
00213	South Bay Children's Health Center	15	52	-	-	-	-
00213	South Bay Children's Health Center	15	62	3,287	-	248	3,535
00214	Special Service for Groups	15	03	1,250	-	94	1,345
00214	Special Service for Groups	15	12	809	-	48	856
00214	Special Service for Groups	15	41	7,599	-	574	8,173
00214	Special Service for Groups	15	54	285	-	22	308
00214	Special Service for Groups	15	58	3,515	-	265	3,780
00214	Special Service for Groups	15	61	1,247	-	94	1,341
00217	Saint John's Health Center	15	04	44	-	3	47
00217	Saint John's Health Center	15	10	118	-	9	127
00217	Saint John's Health Center	15	42	520	-	39	559
00217	Saint John's Health Center	15	62	1,602	-	121	1,723
00543	Starview	15	04	290	-	22	312
00543	Starview	15	10	709	-	54	763
00543	Starview	15	42	2,334	-	176	2,510
00543	Starview	15	52	201	-	15	216
00543	Starview	15	62	85	-	6	91
00216	Stirling Academy, Inc.	15	04	308	-	23	329
00216	Stirling Academy, Inc.	15	10	1,075	-	81	1,156
00216	Stirling Academy, Inc.	15	42	3,821	-	288	4,110
00216	Stirling Academy, Inc.	15	52	43	-	3	46
00216	Stirling Academy, Inc.	15	62	79	-	6	85
00206	Harbor View Rehabilitation Center	10	85	4,380	-	331	4,721
00206	Harbor View Rehabilitation Center	15	04	107	-	8	115
00206	Harbor View Rehabilitation Center	15	10	9	-	1	10
00206	Harbor View Rehabilitation Center	15	42	1,482	-	110	1,592
00206	Harbor View Rehabilitation Center	15	58	104	-	8	112
00221	VERDUGO MENTAL HEALTH	15	10	1,815	-	137	1,952
00221	VERDUGO MENTAL HEALTH	15	34	30	-	2	32
00221	VERDUGO MENTAL HEALTH	15	42	33,357	-	2,517	35,874
00221	VERDUGO MENTAL HEALTH	15	52	11,914	-	869	12,783
00221	VERDUGO MENTAL HEALTH	15	62	9,448	-	713	10,161

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2005-2006 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

LEGAL ENTITY NO.	LEGAL ENTITY NAME	MODE	SFC	EPSDT-SGF MATCH TO FFP	DMH ADMIN COST (12.1302%)	CONTRACTOR ADMIN COSTS (7.5471%)	TOTAL EPSDT-SGF AND ADMIN COST
00198	Vista del Mar Child & Family Services	15	04	3,284	-	246	3,510
00198	Vista del Mar Child & Family Services	15	10	345	-	26	371
00198	Vista del Mar Child & Family Services	15	34	-	-	-	-
00198	Vista del Mar Child & Family Services	15	42	5,780	-	435	6,195
00198	Vista del Mar Child & Family Services	15	52	19	-	1	20
00198	Vista del Mar Child & Family Services	15	58	-	-	-	-
00198	Vista del Mar Child & Family Services	15	62	5,170	-	390	5,561
00198	Vista del Mar Child & Family Services	10	85	13,125	-	991	14,116
00198	Vista del Mar Child & Family Services	10	98	18,114	-	1,387	19,481
SUBTOTAL - TREATMENT - EPSDT-SGF				3,941,751	135,211	213,380	4,290,322
TOTAL - EPSDT-SGF				4,245,722	172,084	213,380	4,631,186
LESS: FY 2004-2005 SB 90 EPSDT SGF REVENUE ADJUSTMENT (Attachment 7c)							(743,598)
GRAND TOTAL EPSDT-SGF AND SHARE OF ADMIN COST							3,887,570

SUMMARY:

ASSESSMENT - IEP PROGRAM

EPSDT-SGF MATCH TO FFP
 ADMIN. COST
 TOTAL EPSDT-SGF AND SHARE OF ADMIN. COST

303,970 ✓
 38,873
340,843 → To HDS-3, Line 07

TREATMENT - SEP

FY 2005-2006 EPSDT-SGF MATCH TO FFP
 FY 2004-2005 SB90 EPSDT-SGF ADJUSTMENT
 SUBTOTAL
 ADD: SHARE OF ADMIN. COST
 TOTAL EPSDT-SGF AND SHARE OF ADMIN. COST

3,941,751 ✓
 (743,598)
 3,198,155
 348,571
3,546,728 → To HDS-3, Line 13

EPSDT-SGF SHARE OF ADMIN. COST

ASSESSMENT
 TREATMENT
 TOTAL

38,873
 348,571
385,444

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB 90 CLAIM REVENUE ADJUSTMENTS - PRIOR YEAR
 FY 2005-2006

(1) FY 2004-2005 SB 90 Claim State General Fund (SGF) Revenue Adjustment

	<u>REVENUE OFFSET</u>
FY 2004-2005 Final Medi-Cal Explanation of Benefits (EOB)	\$ 4,760,508
FY 2004-2005 Estimate	<u>5,504,104</u>
Adjustment of FY 2004-2005 Estimate To Actual (To Attachment 7b)	<u>\$ (743,596) ^a</u>

(2) FY 2004-2005 SB 90 Claim Federal Financial Participation (FFP) Adjustment

	<u>REVENUE OFFSET FFP</u>
FY 2004-2005 Final Medi-Cal Explanation of Benefits (EOB)	\$ 6,272,056
FY 2004-2005 Estimate	<u>7,921,190</u>
Adjustment of FY 2004-2005 Estimate To Actual (To Attachment 7a)	<u>\$ (1,649,134) ^a</u>

^a Amounts will be an increase to FY 2005-2006 SB 90 claim.

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2006-2006 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET - THIRD PARTY REVENUES**

LEGAL ENTITY NUMBER	LEGAL ENTITY NAME	MODE	SFC	NON-MEDICAL 3RD PARTY REVENUES
00213	South Bay Children's Health Center	15	42	1,122
SUBTOTAL				1,122
Contract Providers (NGAs) Admin. Cost (Attachment 9)				7.5471% 85
TOTAL THIRD PARTY REVENUES AND SHARE OF ADMIN. COST				1,207 → To HDS-3, Line 13

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2005-2006 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET -
 CASE MANAGEMENT FOR OUT OF STATE PLACEMENT (SB 90 CHAPTER 654)

LEGAL ENTITY NUMBER	LEGAL ENTITY NAME	MODE	SFC	CASE MANAGEMENT	DMH DIRECTLY OPERATED ADMIN. COST	TOTAL
Assessment - Individualized Education Program (IEP)						
					12.1302%	
00019	LAC-DMH	15	04	\$ 568,041	\$ 68,905	\$636,946
TOTAL				\$ 568,041	\$ 68,905	\$636,946

→ To HDS-3, Line 07

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 FY 2005-2006 SB90 CLAIMS - CHAPTER 1747 - SERVICES TO HANDICAPPED STUDENTS
 OFFSETTING REVENUES WORKSHEET -
 FEDERAL INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) FUNDS**

	<u>Amount</u>
FY 2005-06 FEDERAL IDEA FUNDS APPROVED	\$ 13,832,574

FY 2005-06 FEDERAL IDEA CLAIMED SERVICES TO LOS ANGELES COUNTY OFFICE OF EDUCATION (LACOE):

LAC-DMH	\$ 3,550,066
Contract Providers (Includes In-State and Out-Of-State)	<u>11,299,797</u>
TOTAL	\$ 14,849,863

FY 2005-06 FEDERAL IDEA FUNDS RECEIVED	\$ 13,832,574
---	----------------------

FEDERAL IDEA FUNDS - ALLOCATION TO NON MED-CAL SERVICES

	<u>Net FY 2005-06 Expenditures*</u>	<u>FY 2005-06 Allocated IDEA FUNDS</u>
LACDMH	\$ 5,072,229	\$ 5,072,229
CONTRACT PROVIDERS	8,270,953	5,513,598
OUT-OF-STATE - SED PUPILS (SB 90 CHAPTER 654)	<u>3,246,747</u>	<u>3,246,747</u>
TOTAL	\$ 16,589,929	\$ 13,832,574

Notes:

* Expenditures were based on eligible Non Medi-Cal mental health services from FY 2005-2006 Year End Cost Report.

1) Federal IDEA Funds For In-State Services To Handicapped Students:

	<u>ASSESSMENT</u>	<u>TREATMENT</u>	<u>TOTAL</u>
LACDMH	\$ 1,449,671	\$ 3,622,558	\$ 5,072,229
CONTRACT PROVIDERS	-	5,513,598	5,513,598
TOTAL	<u>\$ 1,449,671</u>	<u>\$ 9,136,156</u>	<u>\$ 10,585,827</u>

↓
To HDS-3, Line 07 and FAM-27, Line 33

↓
To HDS-3, Line 13

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 SB90 - PROGRAM 273 CONSOLIDATION OF HDS, HDS II, AND SED: OUT OF STATE MENTAL HEALTH SERVICES
 FISCAL YEAR 2005-06

Schedule of Indirect Cost Rate

	<u>Direct Costs</u>	<u>Indirect Cost Rate</u>	<u>Total Indirect Cost</u>	<u>Total Direct and Indirect Cost</u>
C. Referral and Mental Health Assessments	\$2,824,466	12.1302% (a)	\$342,613	\$3,167,079
F. Designation of Lead Case Manager	131,688	12.1302% (a)	15,974	147,662
H. Psychotherapy/Other Mental Treatment Services				
- DMH Directly Operated Program	6,514,020	12.1302% (a)	790,164	7,304,184
- Contract Providers	17,868,235	7.5471% (b)	1,348,533	19,216,768
- Out-of-State Mental Health Services	9,951,264	4.7072% (c)	468,426	10,419,690
Subtotal	34,333,519		2,607,123	36,940,642
Total	\$37,289,673	7.9532%	\$2,965,710	\$40,255,383

To Form 1, Line 05 To Form 1, Line 06 To Form 1, Line 07 To Form 1, Line 08

* Indirect Cost Rate is based on FY 2005-06 Year-End Cost Report

- (a) DMH Directly Operated Program - 12.1302%
- (b) In-State MH Contract Providers - 7.5471%
- (c) Out-of State Contract Providers - 4.7072%



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

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 603
LOS ANGELES, CALIFORNIA 90012-2788
PHONE: (213) 974-6321 FAX: (213) 617-6106

**J. TYLER McCAULEY
AUDITOR-CONTROLLER**

November 9, 2005

**TO: Jeremy D. Cortez
Director of Finance
Department of Mental Health**

**FROM: Connie Yee, Chief *cy*
Accounting Division**

SUBJECT: Fiscal Year 2005-06 Indirect Cost Proposal

As requested, we reviewed Mental Health's Fiscal Year 2005-06 Indirect Cost Proposal (ICP) submitted October 12, 2005. Based on our review, the rates shown in your workpapers are approved.

If you have any questions, please contact Rachelle Anema at (213) 974-0335.

CY:RV
I:\Mental Health\dmh\icp05.doc

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(1)			(2)			
	DMH Directly Operated Programs			Life Support			
	Indirect	Direct	Total	Indirect	Direct	Total	
SALARIES AND EMPLOYEE BENEFITS							
CCAP	-	-	-	-	-	-	
EXECUTIVE OFFICE	360,264	-	360,264	5,512	-	5,512	
GENERAL ADMINISTRATION OPERATIONS	5,983,514	-	5,983,514	-	-	-	
FISCAL SERVICES	1,705,897	-	1,705,897	18,038	-	18,038	
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,589,522	-	3,589,522	5,204	-	5,204	
CONTRACTS ADMINISTRATION	-	-	-	13,661	-	13,661	
MANAGEMENT INFORMATION SYSTEMS	703,351	-	703,351	45,231	-	45,231	
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	155,199,470	155,199,470	-	-	-	
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	8,456,724	8,456,724	-	-	-	
LIFE SUPPORT	-	-	-	-	-	-	
DHS	-	-	-	-	-	-	
PUBLIC GUARDIAN	-	-	-	-	-	-	
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	
FEE FOR SERVICE	-	-	-	-	-	-	
STATE HOSPITAL	-	-	-	-	-	-	
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	
SUB-TOTAL S&EB	12,342,749	184,656,194	176,998,943	90,645	-	90,645	
SRVS & SUPP / OTHER CHAR / FX ASSETS							
CCAP	1,953,582	-	1,953,582	29,891	-	29,891	
EXECUTIVE OFFICE	44,258	-	44,258	677	-	677	
GENERAL ADMINISTRATION OPERATIONS	8,257,720	-	8,257,720	-	-	-	
FISCAL SERVICES	111,232	-	111,232	1,164	-	1,164	
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	372,578	-	372,578	3,793	-	3,793	
CONTRACTS ADMINISTRATION	-	-	-	479	-	479	
MANAGEMENT INFORMATION SYSTEMS	3,532,183	-	3,532,183	152,576	-	152,576	
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	28,228,542	28,228,542	-	-	-	
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	4,783,641	4,783,641	-	-	-	
LIFE SUPPORT	-	-	-	-	3,024,446	3,024,446	
DHS	-	-	-	-	-	-	
PUBLIC GUARDIAN	-	-	-	-	-	-	
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	
FEE FOR SERVICE	-	-	-	-	-	-	
STATE HOSPITAL	-	-	-	-	-	-	
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	
CARRY FORWARD - CCAP - WORKSHEET 3-A	(1,927,411)	-	(1,927,411)	(39,590)	-	(39,590)	
CARRY FORWARD - DMH - WORKSHEET 3-B	(7,287,432)	-	(7,287,432)	(725,203)	-	(725,203)	
SUB-TOTAL SS & OTHERS	5,056,709	33,012,183	38,068,892	(578,218)	3,024,446	2,446,233	
TOTAL EXPENDITURES							
CCAP	1,953,582	-	1,953,582	29,891	-	29,891	
EXECUTIVE OFFICE	404,522	-	404,522	6,189	-	6,189	
GENERAL ADMINISTRATION OPERATIONS	14,241,334	-	14,241,334	-	-	-	
FISCAL SERVICES	1,817,128	-	1,817,128	19,202	-	19,202	
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	3,962,201	-	3,962,201	11,997	-	11,997	
CONTRACTS ADMINISTRATION	-	-	-	14,140	-	14,140	
MANAGEMENT INFORMATION SYSTEMS	4,235,534	-	4,235,534	197,807	-	197,807	
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	184,428,012	184,428,012	-	-	-	
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	13,240,365	13,240,365	-	-	-	
LIFE SUPPORT	-	-	-	-	3,024,446	3,024,446	
DHS	-	-	-	-	-	-	
PUBLIC GUARDIAN	-	-	-	-	-	-	
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	
FEE FOR SERVICE	-	-	-	-	-	-	
STATE HOSPITAL	-	-	-	-	-	-	
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	
CARRY FORWARD - CCAP - WORKSHEET 3-A	(1,927,411)	-	(1,927,411)	(39,590)	-	(39,590)	
CARRY FORWARD - DMH - WORKSHEET 3-B	(7,287,432)	-	(7,287,432)	(725,203)	-	(725,203)	
TOTAL EXPENDITURES	17,399,458	197,668,377	215,067,835	(485,567)	3,024,446	2,538,879	
			DMH OH	7.6140%		DMH OH	-17.0431%
			CCAP	0.9683%		CCAP	0.9683%
ADMINISTRATION OVERHEAD RATE	17,399,458 / 197,668,377 =	8.8023%	(485,567) / 3,024,446 =	-16.0547%			

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(Sa)			(Sb)			
	In-State MH Contract Providers			Consultation, Out of State, & Other Contractors			
	Indirect	Direct	Total	Indirect	Direct	Total	
<u>SALARIES AND EMPLOYEE BENEFITS</u>							
CCAP	-	-	-	-	-	-	
EXECUTIVE OFFICE	905,237	-	905,237	16,177	-	16,177	
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-	
FISCAL SERVICES	4,286,409	-	4,286,409	72,598	-	72,598	
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	9,019,849	-	9,019,849	161,181	-	161,181	
CONTRACTS ADMINISTRATION	4,397,122	-	4,397,122	56,815	-	56,815	
MANAGEMENT INFORMATION SYSTEMS	2,526,231	-	2,526,231	-	-	-	
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-	
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-	
LIFE SUPPORT	-	-	-	-	-	-	
DHS	-	-	-	-	-	-	
PUBLIC GUARDIAN	-	-	-	-	-	-	
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	
FEE FOR SERVICE	-	-	-	-	-	-	
STATE HOSPITAL	-	-	-	-	-	-	
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-	
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-	
SUB-TOTAL S&EB	21,134,847	-	21,134,847	306,769	-	306,769	
<u>SERV & SUPP / OTHER CHAR / FX ASSETS</u>							
CCAP	4,908,768	-	4,908,768	87,720	-	87,720	
EXECUTIVE OFFICE	111,206	-	111,206	1,987	-	1,987	
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-	
FISCAL SERVICES	279,492	-	279,492	4,949	-	4,949	
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	936,178	-	936,178	16,730	-	16,730	
CONTRACTS ADMINISTRATION	147,404	-	147,404	1,672	-	1,672	
MANAGEMENT INFORMATION SYSTEMS	11,435,381	-	11,435,381	-	-	-	
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-	
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-	
LIFE SUPPORT	-	-	-	-	-	-	
DHS	-	-	-	-	-	-	
PUBLIC GUARDIAN	-	-	-	-	-	-	
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	
FEE FOR SERVICE	-	-	-	-	-	-	
STATE HOSPITAL	-	-	-	-	-	-	
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	
IN-STATE MH CONTRACT PROVIDERS	-	496,681,573	496,681,573	-	-	-	
OTHER CONTRACT PROVIDERS	-	-	-	-	8,875,704	8,875,704	
CARRY FORWARD - CCAP - WORKSHEET 3-A	(4,587,493)	-	(4,587,493)	(61,979)	-	(61,979)	
CARRY FORWARD - DMH - WORKSHEET 3-B	(2,340,100)	-	(2,340,100)	(318,083)	-	(318,083)	
SUB-TOTAL SS & OTHERS	10,690,636	496,681,573	507,372,209	(287,004)	8,875,704	8,588,699	
<u>TOTAL EXPENDITURES</u>							
CCAP	4,908,768	-	4,908,768	87,720	-	87,720	
EXECUTIVE OFFICE	1,016,443	-	1,016,443	18,164	-	18,164	
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-	
FISCAL SERVICES	4,565,901	-	4,565,901	77,544	-	77,544	
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	9,955,828	-	9,955,828	177,911	-	177,911	
CONTRACTS ADMINISTRATION	4,544,528	-	4,544,528	56,488	-	56,488	
MANAGEMENT INFORMATION SYSTEMS	13,961,612	-	13,961,612	-	-	-	
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-	
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-	
LIFE SUPPORT	-	-	-	-	-	-	
DHS	-	-	-	-	-	-	
PUBLIC GUARDIAN	-	-	-	-	-	-	
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-	
FEE FOR SERVICE	-	-	-	-	-	-	
STATE HOSPITAL	-	-	-	-	-	-	
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-	
IN-STATE MH CONTRACT PROVIDERS	-	496,681,573	496,681,573	-	-	-	
OTHER CONTRACT PROVIDERS	-	-	-	-	8,875,704	8,875,704	
CARRY FORWARD - CCAP - WORKSHEET 3-A	(4,587,493)	-	(4,587,493)	(61,979)	-	(61,979)	
CARRY FORWARD - DMH - WORKSHEET 3-B	(2,340,100)	-	(2,340,100)	(318,083)	-	(318,083)	
TOTAL EXPENDITURES	32,025,483	496,681,573	528,707,056	19,765	8,875,704	8,895,469	
			DMH OH	5.4596%		DMH OH	-0.7856%
			CCAP	0.9883%		CCAP	0.9883%
ADMINISTRATION OVERHEAD RATE	32,025,483 / 496,681,573 =	6.4479%	19,765 / 8,875,704 =	0.2227%			

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(4)			(5)		
	DHS			Public Guardian		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP						
EXECUTIVE OFFICE	39,650		39,650	16,570		16,570
GENERAL ADMINISTRATION OPERATIONS				239,345		239,345
FISCAL SERVICES	187,748		187,748	80,950		80,950
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	369,408		369,408	331,768		331,768
CONTRACTS ADMINISTRATION	40,995		40,995			
MANAGEMENT INFORMATION SYSTEMS	78,171		78,171	8,193		8,193
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL						
DMH DIRECTLY OPERATED MH. PROG-SPECIAL						
LIFE SUPPORT						
DHS						
PUBLIC GUARDIAN					5,502,949	5,502,949
TAR/OFFICE OF MANAGED CARE						
FEE FOR SERVICE						
STATE HOSPITAL						
SD/MC UNREIMBURSABLE COSTS						
IN-STATE MH CONTRACT PROVIDERS						
OTHER CONTRACT PROVIDERS						
SUB-TOTAL S&EB	715,972		715,972	643,826	5,502,949	6,146,775
BRVO & SUPP / OTHER CHAR / OX ASSETS						
CCAP	215,008		215,008	84,431		84,431
EXECUTIVE OFFICE	4,871		4,871	1,913		1,913
GENERAL ADMINISTRATION OPERATIONS				330,309		330,309
FISCAL SERVICES	12,242		12,242	3,289		3,289
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	40,424		40,424	14,570		14,570
CONTRACTS ADMINISTRATION	654		654			
MANAGEMENT INFORMATION SYSTEMS	391,314		391,314	20,889		20,889
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL						
DMH DIRECTLY OPERATED MH. PROG-SPECIAL						
LIFE SUPPORT						
DHS		87,020,284	87,020,284			
PUBLIC GUARDIAN					3,040,004	3,040,004
TAR/OFFICE OF MANAGED CARE						
FEE FOR SERVICE						
STATE HOSPITAL						
SD/MC UNREIMBURSABLE COSTS						
IN-STATE MH CONTRACT PROVIDERS						
OTHER CONTRACT PROVIDERS						
CARRY FORWARD - CCAP - WORKSHEET 3-A	(256,259)		(256,259)	(103,920)		(103,920)
CARRY FORWARD - DMH - WORKSHEET 3-B	(4,250)		(4,250)	(188,954)		(188,954)
SUB-TOTAL SS & OTHERS	404,004	87,020,284	87,424,288	184,627	3,040,004	3,224,630
TOTAL EXPENDITURES						
CCAP	215,008		215,008	84,431		84,431
EXECUTIVE OFFICE	44,521		44,521	17,483		17,483
GENERAL ADMINISTRATION OPERATIONS				689,653		689,653
FISCAL SERVICES	199,990		199,990	54,239		54,239
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	409,832		409,832	348,438		348,438
CONTRACTS ADMINISTRATION	41,849		41,849			
MANAGEMENT INFORMATION SYSTEMS	469,485		469,485	27,062		27,062
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL						
DMH DIRECTLY OPERATED MH. PROG-SPECIAL						
LIFE SUPPORT						
DHS		87,020,284	87,020,284			
PUBLIC GUARDIAN					8,542,952	8,542,952
TAR/OFFICE OF MANAGED CARE						
FEE FOR SERVICE						
STATE HOSPITAL						
SD/MC UNREIMBURSABLE COSTS						
IN-STATE MH CONTRACT PROVIDERS						
OTHER CONTRACT PROVIDERS						
CARRY FORWARD - CCAP - WORKSHEET 3-A	(256,259)		(256,259)	(103,920)		(103,920)
CARRY FORWARD - DMH - WORKSHEET 3-B	(4,250)		(4,250)	(188,954)		(188,954)
TOTAL EXPENDITURES	1,119,977	87,020,284	88,140,261	826,453	8,542,952	9,371,405
			DMH OH 1.0400%		DMH OH 8.7082%	
			CCAP 0.2471%		CCAP 0.9883%	
ADMINISTRATION OVERHEAD RATE	1,119,977 / 87,020,284 =	1.2870%		826,453 / 8,542,952 =	9.675%	

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(6)			(7)		
	Indirect	Direct	Total	Indirect	Direct	Total
TAR / Office of Managed Care						
Fee for Service						
SALARIES AND EMPLOYEE BENEFITS						
CCAP						
EXECUTIVE OFFICE	10,484		10,484	59,640		59,640
GENERAL ADMINISTRATION OPERATIONS	199,454		199,454			
FISCAL SERVICES	34,308		34,308	209,917		209,917
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	21,064		21,064	555,945		555,945
CONTRACTS ADMINISTRATION				147,805		147,805
MANAGEMENT INFORMATION SYSTEMS				333,362		333,362
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL						
DMH DIRECTLY OPERATED MH. PROG-SPECIAL						
LIFE SUPPORT						
DHS						
PUBLIC GUARDIAN						
TAR/OFFICE OF MANAGED CARE		5,620,842	5,620,842			
FEE FOR SERVICE						
STATE HOSPITAL						
SD/MC UNREIMBURSABLE COSTS						
IN-STATE MH CONTRACT PROVIDERS						
OTHER CONTRACT PROVIDERS						
SUB-TOTAL S&EB	265,308	5,620,842	5,786,150	1,308,370		1,308,370
SRVC & SUPP / OTHER CHGR / FX ASSETS						
CCAP	58,850		58,850	323,405		323,405
EXECUTIVE OFFICE	1,289		1,289	7,327		7,327
GENERAL ADMINISTRATION OPERATIONS	275,257		275,257			
FISCAL SERVICES	2,215		2,215	1,044,079		1,044,079
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	7,328		7,328	60,804		60,804
CONTRACTS ADMINISTRATION				5,181		5,181
MANAGEMENT INFORMATION SYSTEMS				1,316,490		1,316,490
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL						
DMH DIRECTLY OPERATED MH. PROG-SPECIAL						
LIFE SUPPORT						
DHS						
PUBLIC GUARDIAN						
TAR/OFFICE OF MANAGED CARE		231,345	231,345			
FEE FOR SERVICE					84,538,984	84,538,984
STATE HOSPITAL						
SD/MC UNREIMBURSABLE COSTS						
IN-STATE MH CONTRACT PROVIDERS						
OTHER CONTRACT PROVIDERS						
CARRY FORWARD - CCAP - WORKSHEET 3-A	(55,292)		(55,292)	(308,775)		(308,775)
CARRY FORWARD - DMH - WORKSHEET 3-B	(327,429)		(327,429)	5,388,422		5,388,422
SUB-TOTAL SS & OTHERS	(382,721)	231,345	(151,376)	7,838,932	84,538,984	82,377,916
TOTAL EXPENDITURES						
CCAP	58,850		58,850	323,405		323,405
EXECUTIVE OFFICE	11,772		11,772	66,965		66,965
GENERAL ADMINISTRATION OPERATIONS	474,711		474,711			
FISCAL SERVICES	36,521		36,521	1,253,999		1,253,999
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	28,392		28,392	616,450		616,450
CONTRACTS ADMINISTRATION				152,986		152,986
MANAGEMENT INFORMATION SYSTEMS				1,649,852		1,649,852
DMH DIRECTLY OPERATED MH.PROGRAMS-GENERAL						
DMH DIRECTLY OPERATED MH. PROG-SPECIAL						
LIFE SUPPORT						
DHS						
PUBLIC GUARDIAN						
TAR/OFFICE OF MANAGED CARE		5,752,186	5,752,186			
FEE FOR SERVICE					84,538,984	84,538,984
STATE HOSPITAL						
SD/MC UNREIMBURSABLE COSTS						
IN-STATE MH CONTRACT PROVIDERS						
OTHER CONTRACT PROVIDERS						
CARRY FORWARD - CCAP - WORKSHEET 3-A	(55,292)		(55,292)	(308,775)		(308,775)
CARRY FORWARD - DMH - WORKSHEET 3-B	(327,429)		(327,429)	5,388,422		5,388,422
TOTAL EXPENDITURES	225,624	5,752,186	5,977,711	9,143,302	84,538,984	93,682,286
			DMH OH		DMH OH	
			2.0324%		10.4329%	
			CCAP		CCAP	
			0.6983%		0.3826%	
ADMINISTRATION OVERHEAD RATE	225,624 / 5,752,186 =	3.9207%		9,143,302 / 84,538,984 =	10.8156%	

INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(B)			(C)		
	SD/MC UNREIMBURSABLE COSTS			STATE HOSPITAL		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	88,323	-	88,323	19,677	-	19,677
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	289,020	-	289,020	84,389	-	84,389
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	131,448	-	131,448	173,074	-	173,074
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	65,101	-	65,101
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	336,215	336,215	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL B&E	608,791	336,215	945,006	322,242	-	322,242
SVC & SUPP / OTHER CHAR / FX ASSETS						
CCAP	478,942	-	478,942	108,701	-	108,701
EXECUTIVE OFFICE	10,850	-	10,850	2,417	-	2,417
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	18,657	-	18,657	4,157	-	4,157
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	60,776	-	60,776	19,848	-	19,848
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	210,605	-	210,605
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,124,310	48,124,310	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(271,297)	-	(271,297)	(189,261)	-	(189,261)
CARRY FORWARD - DMH - WORKSHEET 3-B	(63,640)	-	(63,640)	(183,457)	-	(183,457)
SUB-TOTAL B5 & OTHERS	244,288	48,124,310	48,368,598	10	43,185,230	43,185,240
TOTAL EXPENDITURES						
CCAP	478,942	-	478,942	108,701	-	108,701
EXECUTIVE OFFICE	99,173	-	99,173	22,094	-	22,094
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	307,677	-	307,677	88,546	-	88,546
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	192,224	-	192,224	192,622	-	192,622
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	284,706	-	284,706
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,460,626	48,460,626	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
CARRY FORWARD - CCAP - WORKSHEET 3-A	(271,297)	-	(271,297)	(189,261)	-	(189,261)
CARRY FORWARD - DMH - WORKSHEET 3-B	(63,640)	-	(63,640)	(183,457)	-	(183,457)
TOTAL EXPENDITURES	753,079	48,460,626	49,213,605	322,251	43,185,230	43,507,481
			DMH OH 0.6657%		DMH OH 0.4991%	
			CCAP 0.9883%		CCAP 0.2471%	
ADMINISTRATION OVERHEAD RATE	753,079 / 48,460,626 =	1.5540%		322,251 / 43,185,230 =	0.7462%	

INDIRECT COST RATE BY PROGRAM

(10)

See Worksheet 4 for Indirect/Direct Cost details

	Grand Total		Total
	Indirect	Direct	
SALARIES AND EMPLOYEE BENEFITS			
CCAP	-	-	-
EXECUTIVE OFFICE	1,620,634	-	1,620,634
GENERAL ADMINISTRATION OPERATIONS	6,422,413	-	6,422,413
FISCAL SERVICES	8,919,271	-	8,919,271
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	14,361,065	-	14,361,065
CONTRACTS ADMINISTRATION	4,658,388	-	4,658,388
MANAGEMENT INFORMATION SYSTEMS	3,767,639	-	3,767,639
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	156,199,470	156,199,470
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	8,466,724	8,466,724
LIFE SUPPORT	-	-	-
DHS	-	-	-
PUBLIC GUARDIAN	-	5,502,949	5,502,949
TAR/OFFICE OF MANAGED CARE	-	5,520,842	5,520,842
FEE FOR SERVICE	-	-	-
STATE HOSPITAL	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	336,215	336,215
IN-STATE MH CONTRACT PROVIDERS	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-
SUB-TOTAL S&EB	37,637,319	178,018,200	215,655,519

BRVD & SUPP / OTHER CHAR / FX ASSETS

CCAP	8,245,297	-	8,245,297
EXECUTIVE OFFICE	166,794	-	166,794
GENERAL ADMINISTRATION OPERATIONS	8,863,286	-	8,863,286
FISCAL SERVICES	1,481,475	-	1,481,475
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1,633,128	-	1,633,128
CONTRACTS ADMINISTRATION	165,391	-	165,391
MANAGEMENT INFORMATION SYSTEMS	17,068,438	-	17,068,438
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	28,228,642	28,228,642
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	4,783,641	4,783,641
LIFE SUPPORT	-	3,024,446	3,024,446
DHS	-	87,020,284	87,020,284
PUBLIC GUARDIAN	-	3,040,004	3,040,004
TAR/OFFICE OF MANAGED CARE	-	231,345	231,345
FEE FOR SERVICE	-	84,638,984	84,638,984
STATE HOSPITAL	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,124,310	48,124,310
IN-STATE MH CONTRACT PROVIDERS	-	498,681,673	498,681,673
OTHER CONTRACT PROVIDERS	-	8,675,704	8,675,704
CARRY FORWARD - CCAP - WORKSHEET 3-A	(7,801,277)	-	(7,801,277)
CARRY FORWARD - DMH - WORKSHEET 3-B	(8,018,126)	-	(8,018,126)
SUB-TOTAL SS & OTHERS	23,714,405	807,734,062	831,448,468

TOTAL EXPENDITURES

CCAP	8,245,297	-	8,245,297
EXECUTIVE OFFICE	1,707,328	-	1,707,328
GENERAL ADMINISTRATION OPERATIONS	15,285,688	-	15,285,688
FISCAL SERVICES	8,400,745	-	8,400,745
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	15,694,193	-	15,694,193
CONTRACTS ADMINISTRATION	4,811,789	-	4,811,789
MANAGEMENT INFORMATION SYSTEMS	20,828,077	-	20,828,077
DMH DIRECTLY OPERATED MH PROGRAMS-GENERAL	-	184,428,012	184,428,012
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	13,240,365	13,240,365
LIFE SUPPORT	-	3,024,446	3,024,446
DHS	-	87,020,284	87,020,284
PUBLIC GUARDIAN	-	8,642,952	8,642,952
TAR/OFFICE OF MANAGED CARE	-	5,762,188	5,762,188
FEE FOR SERVICE	-	84,638,984	84,638,984
STATE HOSPITAL	-	43,185,230	43,185,230
SD/MC UNREIMBURSABLE COSTS	-	48,460,626	48,460,626
IN-STATE MH CONTRACT PROVIDERS	-	498,681,673	498,681,673
OTHER CONTRACT PROVIDERS	-	8,675,704	8,675,704
CARRY FORWARD - CCAP - WORKSHEET 3-A	(7,801,277)	-	(7,801,277)
CARRY FORWARD - DMH - WORKSHEET 3-B	(8,018,126)	-	(8,018,126)
TOTAL EXPENDITURES	81,351,724	983,760,262	1,045,101,987

ADMINISTRATION OVERHEAD RATE

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2005-2006 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(1)			(2)		
	DMH Directly Operated Programs			Life Support/Supplemental Rates		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP						
EXECUTIVE OFFICE	584,804		584,804	5,822		5,822
GENERAL ADMINISTRATION OPERATIONS	6,614,351		6,614,351	-		-
FISCAL SERVICES	1,730,898		1,730,898	12,632		12,632
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,261,634		4,261,634	5,698		5,698
CONTRACTS ADMINISTRATION	-		-	10,487		10,487
MANAGEMENT INFORMATION SYSTEMS	1,139,699		1,139,699	65,634		65,634
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL		179,488,942	179,488,942			
DMH DIRECTLY OPERATED MH. PROG-SPECIAL		11,670,927	11,670,927			
LIFE SUPPORT/SUPPLEMENTARY RATES						
DHS						
PUBLIC GUARDIAN						
TAR/OFFICE OF MANAGED CARE						
FEE FOR SERVICE						
STATE HOSPITAL						
SD/MC UNREIMBURSABLE COSTS						
IN-STATE MH CONTRACT PROVIDERS						
OTHER CONTRACT PROVIDERS						
SUB-TOTAL 8&EB	14,331,688	191,139,889	205,471,457	100,472	-	100,472
SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	1,965,429		1,965,429	19,566		19,566
EXECUTIVE OFFICE	41,028		41,028	408		408
GENERAL ADMINISTRATION OPERATIONS	7,723,691		7,723,691	-		-
FISCAL SERVICES	37,209		37,209	355		355
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	631,395		631,395	1,820		1,820
CONTRACTS ADMINISTRATION	-		-	302		302
MANAGEMENT INFORMATION SYSTEMS	2,978,955		2,978,955	144,504		144,504
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL		30,801,822	30,801,822			
DMH DIRECTLY OPERATED MH. PROG-SPECIAL		8,474,631	8,474,631			
LIFE SUPPORT/SUPPLEMENTARY RATES				2,273,903		2,273,903
DHS						
PUBLIC GUARDIAN						
TAR/OFFICE OF MANAGED CARE						
FEE FOR SERVICE						
STATE HOSPITAL						
SD/MC UNREIMBURSABLE COSTS						
IN-STATE MH CONTRACT PROVIDERS						
OTHER CONTRACT PROVIDERS						
SUB-TOTAL 6B & OTHERS	13,375,707	37,276,463	50,652,169	168,954	2,273,903	2,440,857
TOTAL EXPENDITURES						
CCAP	1,965,429		1,965,429	19,566		19,566
EXECUTIVE OFFICE	626,832		626,832	6,230		6,230
GENERAL ADMINISTRATION OPERATIONS	14,338,043		14,338,043	-		-
FISCAL SERVICES	1,768,107		1,768,107	12,967		12,967
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,893,230		4,893,230	7,718		7,718
CONTRACTS ADMINISTRATION	-		-	10,788		10,788
MANAGEMENT INFORMATION SYSTEMS	4,116,654		4,116,654	210,137		210,137
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL		210,270,784	210,270,784			
DMH DIRECTLY OPERATED MH. PROG-SPECIAL		18,145,658	18,145,658			
LIFE SUPPORT/SUPPLEMENTARY RATES				2,273,903		2,273,903
DHS						
PUBLIC GUARDIAN						
TAR/OFFICE OF MANAGED CARE						
FEE FOR SERVICE						
STATE HOSPITAL						
SD/MC UNREIMBURSABLE COSTS						
IN-STATE MH CONTRACT PROVIDERS						
OTHER CONTRACT PROVIDERS						
TOTAL EXPENDITURES	27,707,296	228,416,322	256,123,618	267,426	2,273,903	2,541,329
			DMH OH 11.2697%			DMH OH 10.9002%
			CCAP 0.8805%			CCAP 0.8805%
ADMIN OVERHEAD RATE FOR FY 2005-06	27,707,296 /	228,416,322 =	12.1302%	267,426 /	2,273,903 =	11.7607%
ADMIN. OVERHEAD RATE FOR FY 2004-05	27,687,107 /	207,889,822 =	13.3182%	263,739 /	2,163,828 =	12.1885%

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COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2005-2006 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

3 (a)

3 (b)

	In-State MH Contract Providers			Consultation, Out-of-State, & Other Contractors		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	1,498,708	-	1,498,708	35,775	-	35,775
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,435,858	-	4,435,858	102,257	-	102,257
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	10,822,008	-	10,822,008	280,715	-	280,715
CONTRACTS ADMINISTRATION	5,677,828	-	5,677,828	83,318	-	83,318
MANAGEMENT INFORMATION SYSTEMS	4,208,829	-	4,208,829	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	28,743,124	-	28,743,124	492,063	-	492,063

SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	5,038,898	-	5,038,898	120,234	-	120,234
EXECUTIVE OFFICE	105,144	-	105,144	2,510	-	2,510
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	95,357	-	95,357	2,274	-	2,274
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	1,818,107	-	1,818,107	38,625	-	38,625
CONTRACTS ADMINISTRATION	115,559	-	115,559	2,038	-	2,038
MANAGEMENT INFORMATION SYSTEMS	10,484,844	-	10,484,844	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	585,373,395	585,373,395	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	13,973,221	13,973,221
SUB-TOTAL SS & OTHERS	17,435,709	585,373,395	602,809,103	185,878	13,973,221	14,158,999

TOTAL EXPENDITURES						
CCAP	5,038,898	-	5,038,898	120,234	-	120,234
EXECUTIVE OFFICE	1,803,850	-	1,803,850	38,285	-	38,285
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	4,531,213	-	4,531,213	104,531	-	104,531
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	12,540,113	-	12,540,113	289,340	-	289,340
CONTRACTS ADMINISTRATION	5,793,488	-	5,793,488	95,352	-	95,352
MANAGEMENT INFORMATION SYSTEMS	14,673,273	-	14,673,273	-	-	-
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	585,373,395	585,373,395	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	13,973,221	13,973,221
TOTAL EXPENDITURES	44,178,833	585,373,395	629,552,227	557,742	13,973,221	14,630,982

		DMH OH	0.6897%		DMH OH	3.8467%
		CCAP	0.8605%		CCAP	0.8605%
ADMIN OVERHEAD RATE FOR FY 2005-06	44,178,833 / 585,373,395 =	7.5471%		557,742 / 13,973,221 =	4.7072%	
ADMIN. OVERHEAD RATE FOR FY 2004-05	46,893,556 / 542,387,888 =	8.6442%		502,225 / 9,936,489 =	5.0543%	

ok ok ok ok ok ok

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2005-2006 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM

See Worksheet 4 for Indirect/Direct Cost details

	(4)			(5)		
	DHS			Public Guardian		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	69,852	-	69,852	29,008	-	29,008
GENERAL ADMINISTRATION OPERATIONS	-	-	-	398,322	-	398,322
FISCAL SERVICES	208,154	-	208,154	82,940	-	82,940
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	471,996	-	471,996	359,226	-	359,226
CONTRACTS ADMINISTRATION	56,218	-	56,218	-	-	-
MANAGEMENT INFORMATION SYSTEMS	129,454	-	129,454	17,242	-	17,242
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	8,568,980	8,568,980
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	933,173	-	933,173	874,737	8,568,980	7,443,717
SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	234,088	-	234,088	97,490	-	97,490
EXECUTIVE OFFICE	4,887	-	4,887	2,035	-	2,035
GENERAL ADMINISTRATION OPERATIONS	-	-	-	482,792	-	482,792
FISCAL SERVICES	4,432	-	4,432	1,767	-	1,767
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	41,680	-	41,680	47,264	-	47,264
CONTRACTS ADMINISTRATION	355	-	355	-	-	-
MANAGEMENT INFORMATION SYSTEMS	340,720	-	340,720	37,961	-	37,961
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	108,819,867	108,819,867	-	-	-
PUBLIC GUARDIAN	-	-	-	-	4,781,012	4,781,012
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	626,161	108,819,867	109,446,028	649,309	4,781,012	5,410,322
TOTAL EXPENDITURES						
CCAP	234,088	-	234,088	97,490	-	97,490
EXECUTIVE OFFICE	74,638	-	74,638	31,043	-	31,043
GENERAL ADMINISTRATION OPERATIONS	-	-	-	859,115	-	859,115
FISCAL SERVICES	210,586	-	210,586	64,707	-	64,707
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	513,378	-	513,378	416,489	-	416,489
CONTRACTS ADMINISTRATION	58,573	-	58,573	-	-	-
MANAGEMENT INFORMATION SYSTEMS	470,174	-	470,174	55,202	-	55,202
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	108,819,867	108,819,867	-	-	-
PUBLIC GUARDIAN	-	-	-	-	11,329,992	11,329,992
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	1,559,334	108,819,867	110,379,201	1,524,046	11,329,992	12,854,039

		DMH OH	1.2170%		DMH OH	12.5910%
		CCAP	0.2151%		CCAP	0.8805%
ADMIN OVERHEAD RATE FOR FY 2005-06	$1,559,334 / 108,819,867 =$	$1.4329%$		$1,524,046 / 11,329,992 =$	$13.4514%$	
ADMIN OVERHEAD RATE FOR FY 2004-05	$1,684,559 / 97,831,772 =$	$1.7254%$		$1,208,068 / 9,222,332 =$	$13.0984%$	

ok ok ok ok ok ok

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2006-2008 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

	(6)			(7)		
	TAR / Office of Managed Care			Fee for Service		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYEE BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	12,996	-	12,996	83,122	-	83,122
GENERAL ADMINISTRATION OPERATIONS	184,894	-	184,894	-	-	-
FISCAL SERVICES	28,198	-	28,198	188,788	-	188,788
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	19,033	-	19,033	562,918	-	562,918
CONTRACTS ADMINISTRATION	-	-	-	149,728	-	149,728
MANAGEMENT INFORMATION SYSTEMS	-	-	-	647,294	-	647,294
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	4,824,874	4,824,874	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURGABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	244,921	4,824,874	5,069,795	1,831,849	-	1,831,849
SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	43,878	-	43,878	279,358	-	279,358
EXECUTIVE OFFICE	912	-	912	5,632	-	5,632
GENERAL ADMINISTRATION OPERATIONS	215,870	-	215,870	-	-	-
FISCAL SERVICES	792	-	792	211,080	-	211,080
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	4,141	-	4,141	49,740	-	49,740
CONTRACTS ADMINISTRATION	-	-	-	4,308	-	4,308
MANAGEMENT INFORMATION SYSTEMS	-	-	-	1,491,808	-	1,491,808
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	251,271	251,271	-	-	-
FEE FOR SERVICE	-	-	-	-	80,031,518	80,031,518
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURGABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	285,191	251,271	536,462	2,041,925	80,031,518	82,073,443
TOTAL EXPENDITURES						
CCAP	43,878	-	43,878	279,358	-	279,358
EXECUTIVE OFFICE	13,907	-	13,907	88,953	-	88,953
GENERAL ADMINISTRATION OPERATIONS	400,384	-	400,384	-	-	-
FISCAL SERVICES	28,990	-	28,990	399,868	-	399,868
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	23,174	-	23,174	812,859	-	812,859
CONTRACTS ADMINISTRATION	-	-	-	154,032	-	154,032
MANAGEMENT INFORMATION SYSTEMS	-	-	-	2,138,902	-	2,138,902
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	5,075,945	5,075,945	-	-	-
FEE FOR SERVICE	-	-	-	-	80,031,518	80,031,518
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURGABLE COSTS	-	-	-	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	510,111	5,075,945	5,586,056	3,873,773	80,031,518	83,705,292

		DMH OH	9.1891%		DMH OH	4.2413%
		CCAP	0.8805%		CCAP	0.3481%
ADMIN OVERHEAD RATE FOR FY 2006-06	810,111 /	5,075,945 =	10.0490%	3,873,773 /	80,031,518 =	4.6904%
ADMIN OVERHEAD RATE FOR FY 2004-05	581,204 /	5,000,905 =	11.6220%	3,827,988 /	82,704,859 =	4.7484%
	ok	ok	ok	ok	ok	ok

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2006-2008 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

	(8)			(9)		
	Indirect	Direct	Total	Indirect	Direct	Total
SALARIES AND EMPLOYER BENEFITS						
CCAP	-	-	-	-	-	-
EXECUTIVE OFFICE	111,623	-	111,623	21,844	-	21,844
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	242,197	-	242,197	47,398	-	47,398
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	113,087	-	113,087	138,068	-	138,068
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	140,327	-	140,327
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	-	-	-	-	-
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	-	-	-	-	-
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-	-	-	-
DHS	-	-	-	-	-	-
PUBLIC GUARDIAN	-	-	-	-	-	-
TAR/OFFICE OF MANAGED CARE	-	-	-	-	-	-
FEE FOR SERVICE	-	-	-	-	-	-
STATE HOSPITAL	-	-	-	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	805,011	805,011	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL S&EB	465,907	805,011	1,071,017	347,838	-	347,838

SRVC & SUPP / OTHER CHAR / FIXED ASSETS						
CCAP	375,145	-	375,145	73,413	-	73,413
EXECUTIVE OFFICE	7,831	-	7,831	1,532	-	1,532
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	8,800	-	8,800	1,331	-	1,331
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	34,890	-	34,890	12,939	-	12,939
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	308,954	-	308,954
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	-	-	-	-	34,127,285	34,127,285
SD/MC UNREIMBURSABLE COSTS	-	42,993,292	42,993,292	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
SUB-TOTAL SS & OTHERS	424,867	42,993,292	43,417,959	398,169	34,127,285	34,525,454

TOTAL EXPENDITURES						
CCAP	375,145	-	375,145	73,413	-	73,413
EXECUTIVE OFFICE	119,454	-	119,454	23,378	-	23,378
GENERAL ADMINISTRATION OPERATIONS	-	-	-	-	-	-
FISCAL SERVICES	248,997	-	248,997	48,727	-	48,727
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	147,977	-	147,977	151,007	-	151,007
CONTRACTS ADMINISTRATION	-	-	-	-	-	-
MANAGEMENT INFORMATION SYSTEMS	-	-	-	448,281	-	448,281
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	-	-	-	-	34,127,285	34,127,285
SD/MC UNREIMBURSABLE COSTS	-	43,598,303	43,598,303	-	-	-
IN-STATE MH CONTRACT PROVIDERS	-	-	-	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-	-	-	-
TOTAL EXPENDITURES	891,573	43,598,303	44,489,678	745,804	34,127,285	34,873,089

		DMH OH	1.1845%		DMH OH	1.9702%
		CCAP	0.8805%		CCAP	0.2181%
ADMIN OVERHEAD RATE FOR FY 2006-08	891,573 / 43,598,303 =	2.0450%		745,804 / 34,127,285 =	2.1854%	
ADMIN. OVERHEAD RATE FOR FY 2004-06	928,007 / 38,080,255 =	2.4341%		788,264 / 34,493,035 =	2.2773%	

ok ok ok ok ok ok

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
FY 2005-2006 YEAR-END COST REPORT
INDIRECT COST RATE BY PROGRAM
See Worksheet 4 for Indirect/Direct Cost details

(10)

	Grand Total		Total
	Indirect	Direct	
SALARIES AND EMPLOYEE BENEFITS			
CCAP	-	-	-
EXECUTIVE OFFICE	2,483,350	-	2,483,350
GENERAL ADMINISTRATION OPERATIONS	7,195,368	-	7,195,368
FISCAL SERVICES	7,087,318	-	7,087,318
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	17,124,481	-	17,124,481
CONTRACTS ADMINISTRATION	5,987,674	-	5,987,674
MANAGEMENT INFORMATION SYSTEMS	8,348,278	-	8,348,278
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	179,488,942	179,488,942
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	11,870,827	11,870,827
LIFE SUPPORT/SUPPLEMENTARY RATES	-	-	-
DHS	-	-	-
PUBLIC GUARDIAN	-	8,668,980	8,668,980
TAR/OFFICE OF MANAGED CARE	-	4,824,674	4,824,674
FEE FOR SERVICE	-	-	-
STATE HOSPITAL	-	-	-
SD/MC UNREIMBURSABLE COSTS	-	805,011	805,011
IN-STATE MH CONTRACT PROVIDERS	-	-	-
OTHER CONTRACT PROVIDERS	-	-	-
SUB-TOTAL S&EB	48,188,488	203,138,633	249,306,001
SRVC & SUPP / OTHER CHAR / FIXED ASSETS			
CCAP	8,245,297	-	8,245,297
EXECUTIVE OFFICE	172,119	-	172,119
GENERAL ADMINISTRATION OPERATIONS	8,402,154	-	8,402,154
FISCAL SERVICES	381,395	-	381,395
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	2,480,602	-	2,480,602
CONTRACTS ADMINISTRATION	122,557	-	122,557
MANAGEMENT INFORMATION SYSTEMS	15,765,345	-	15,765,345
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	30,801,822	30,801,822
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	8,474,831	8,474,831
LIFE SUPPORT/SUPPLEMENTARY RATES	-	2,273,903	2,273,903
DHS	-	108,819,887	108,819,887
PUBLIC GUARDIAN	-	4,761,012	4,761,012
TAR/OFFICE OF MANAGED CARE	-	261,271	261,271
FEE FOR SERVICE	-	80,031,618	80,031,618
STATE HOSPITAL	-	34,127,285	34,127,285
SD/MC UNREIMBURSABLE COSTS	-	42,993,292	42,993,292
IN-STATE MH CONTRACT PROVIDERS	-	685,373,395	685,373,395
OTHER CONTRACT PROVIDERS	-	13,973,221	13,973,221
SUB-TOTAL SS & OTHERS	35,540,489	909,881,217	945,430,696
TOTAL EXPENDITURES			
CCAP	8,245,297	-	8,245,297
EXECUTIVE OFFICE	2,625,469	-	2,625,469
GENERAL ADMINISTRATION OPERATIONS	15,597,522	-	15,597,522
FISCAL SERVICES	7,418,713	-	7,418,713
MENTAL HEALTH BUREAU ADMINISTRATION/PROGRAM	19,805,082	-	19,805,082
CONTRACTS ADMINISTRATION	6,110,231	-	6,110,231
MANAGEMENT INFORMATION SYSTEMS	22,113,823	-	22,113,823
DMH DIRECTLY OPERATED MH. PROGRAMS-GENERAL	-	210,270,764	210,270,764
DMH DIRECTLY OPERATED MH. PROG-SPECIAL	-	18,145,558	18,145,558
LIFE SUPPORT/SUPPLEMENTARY RATES	-	2,273,903	2,273,903
DHS	-	108,819,887	108,819,887
PUBLIC GUARDIAN	-	11,329,892	11,329,892
TAR/OFFICE OF MANAGED CARE	-	5,075,945	5,075,945
FEE FOR SERVICE	-	80,031,618	80,031,618
STATE HOSPITAL	-	34,127,285	34,127,285
SD/MC UNREIMBURSABLE COSTS	-	43,588,303	43,588,303
IN-STATE MH CONTRACT PROVIDERS	-	685,373,395	685,373,395
OTHER CONTRACT PROVIDERS	-	13,973,221	13,973,221
TOTAL EXPENDITURES	81,715,937	1,113,019,750	1,194,735,687

ADMIN OVERHEAD RATE FOR FY 2006-06
ADMIN OVERHEAD RATE FOR FY 2004-05

ok ok ok

EMERGENCY CONTACT

Employee Number: 531910	Proc. Center:
First Name: Armineh	M.I. Last Name: Aghajanian

Please complete the following information about someone who can be contacted in an emergency involving you. Indicate whether you are adding a new contact, changing information about an existing contact, or removing a contact from the records.

NEW: <input type="checkbox"/>	CHANGE: <input type="checkbox"/>	REMOVE: <input type="checkbox"/>
Contact Name: first name last name		
Relationship:		
Address (<i>street/P.O. Box/Apt.</i>):		
City:	State:	Zip:
Home Phone: () -		Work Phone: () -

NEW: <input type="checkbox"/>	CHANGE: <input type="checkbox"/>	REMOVE: <input type="checkbox"/>
Contact Name: first name last name		
Relationship:		
Address (<i>street/P.O. Box/Apt.</i>):		
City:	State:	Zip:
Home Phone: () -		Work Phone: () -

Employee Signature Date

Entered by:	Date:
-------------	-------