REPORT ON THE LIMITED AUDIT

COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
LAKEPORT, CALIFORNIA
PROVIDER NUMBER: 17-0104

TARGETED CASE MANAGEMENT PROGRAM
PROGRAM NAME: PUBLIC HEALTH

FISCAL PERIOD
JULY 1, 2002 THROUGH JUNE 30, 2003

Audits Section – Fresno
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Michael Harrold
Audit Supervisor: Kathy Atkins
Auditor: Jeanene Lopez

State of California—Health and Human Services Agency
Department of Health Care Services

DAVID MAXWELL-JOLLY
Director

ARNOLD SCHWARZENEGGER
Governor

JUN 2 4 2009

Ms. Lynda Lindsay
MAA/TCM Coordinator
Health Services Department
County of Lake
922 Bevins Court
Lakeport, CA 95453-9739

PROVIDER NAME: COUNTY OF LAKE
PROVIDER NUMBER: 17-0104
PROGRAM NAME: PUBLIC HEALTH
FISCAL PERIOD JULY 1, 2002 THROUGH JUNE 30, 2003

We have examined the provider's claims for reimbursement of Targeted Case Management (TCM) services for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report, Targeted Case Management System Paid Claims Summary Report, and prior fiscal period's TCM program audit report, if applicable and available.

In our opinion, Schedule 1 of the attached report reflects balances due the State that were determined in accordance with the reimbursement principles of the TCM program and 42 Code of Federal Regulations, Section 433.51.

Amount Due State From Provider	Amount Due State From Federal Government	Total Amount Due State
$197,676.00	$0.00	$197,676.00

This audit report includes the:

1. Certified Public Expenditure (CPE) Review schedules

2. Audit Adjustments Schedule

The report concludes that $197,676.00 is due the State from the provider. You will be receiving an invoice for that amount from the Department's Accounting Section.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)
Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899-7413

Courier (UPS, FedEx, etc.)
Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814-5005
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Fresno at (559) 446-2458.

Michael A. Harrold

Michael A. Harrold, Chief
Audits Section—Fresno
Financial Audits Branch

Certified

cc: Elizabeth Touhey, Chief
Department of Health Care Services
Safety Net Financing Division
Administrative Claiming Local
and Schools Services Branch
P.O. Box 997436, MS 4603
Sacramento, CA 95899-7436

Mr. Brian Burdullis, Accountant
Division of Medicaid and Children's Health
Department of Health and Human Services
Centers for Medicare and Medicaid Services
801 I Street, Room 219
Sacramento, CA 95814

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF TARGETED CASE MANAGEMENT (TCM) REIMBURSEMENT
CERTIFIED PUBLIC EXPENDITURE (CPE) REVIEW

Provider:
COUNTY OF LAKE

Fiscal Period Ended:
JUNE 30, 2003

Program:
PUBLIC HEALTH

	AS AUDITED	AMOUNTS DUE
TCM REIMBURSEMENT RECONCILIATION		
1. Computed Maximum TCM Program Reimbursement (Sch 4)	$ 197,676.00	
2. TCM Program Payments To LGA (Sch 4)	$ 197,676.00	
3. TCM Program Overpayments (Line 1 - Line 2; If Line 1 > Line 2, then 0)	$ 0.00	
4. CMS Deferred Invoices TCM Program Overpayments (Sch 4)	$ 0.00	
5. CMS Paid Invoices TCM Program Overpayments (Sch 4)	$ 0.00	
6. **Amount Due (State)** (Line 3)		$ 0.00
CPE REVIEW OF CMS DEFERRED CLAIMS		
CPE Requirements Met - Qualified for Federal Reimbursement 7. Amount Due (State) (Sch 2)		$ 0.00
CPE Requirements Not Met - **Not** Qualified for Federal Reimbursement 8. Amount Due (State) (Sch 2)		$ (197,676.00)
AMOUNTS DUE		
9. **Amount Due Provider / (State)** (Line 6 + Line 8)		$ **(197,676.00)**
10. **Amount Due Federal Government / (State)** (Line 7 - Line 5)		$ **0.00**

STATE OF CALIFORNIA

SCHEDULE 2

SUMMARY OF TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE) REVIEW

Provider:
COUNTY OF LAKE

Fiscal Period Ended:
JUNE 30, 2003

Program:
PUBLIC HEALTH

	TCM SERVICE PROVIDER	From Schedule	Maximum Allowable Rate Per Encounter 1	Deferred Medi-Cal Encounters 2	Computed Maximum TCM Program Reimbursement 3	CPE Requirement Not Met 4	CPE Requirement Met 5 (C3 + C4)
1.	SUTTER LAKESIDE / COMMUNITY AND FAMILY NETWORK	3	$ 103.60	3,716	$ 197,676.00	$ (197,676.00)	$ 0.00
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
	SUBTOTAL (SUM OF LINES 1 - 9)			3,716	$ 197,676.00	$ (197,676.00)	$ 0.00
						(To Sch 1)	(To Sch 1)

STATE OF CALIFORNIA

SCHEDULE 3

TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF LAKE

Fiscal Period Ended:
JUNE 30, 2003

Program:
PUBLIC HEALTH

TCM Service Provider:
SUTTER LAKESIDE / COMMUNITY AND FAMILY NETWORK

	TCM Invoice No. 1	Claim Schedule # 2	Date Invoice Received by TCM Program 3	Maximum Allowable Rate Per Encounter 4	Deferred Medi-Cal Encounters 5	FMAP % 6	TCM Program Reimbursement % 7	Computed Maximum TCM Program Reimbursement 8	CPE Requirement Not Met 9	CPE Requirement Met 10
				(Sch 4, Line 5)				(C4*C5*C6*C7)	(Adj 1)	(C9 + C8)
1	1702/03-1A	6322381	03/27/2003	$ 103.60	455	51.40%	100%	$ 24,228.93	$ (24,228.93)	$ 0.00
2	1702/03-1B	6322381	03/27/2003	$ 103.60	250	51.40%	100%	$ 13,312.60	$ (13,312.60)	$ 0.00
3	1702/03-2A	6322608	03/27/2003	$ 103.60	931	50.00%	100%	$ 48,225.80	$ (48,225.80)	$ 0.00
4	1702/03-2C	6330831	07/28/2003	$ 103.60	1	50.00%	75%	$ 38.85	$ (38.85)	$ 0.00
5	1702/03-3A	6330831	07/28/2003	$ 103.60	1,152	50.00%	100%	$ 59,673.60	$ (59,673.60)	$ 0.00
6	1702/03-4A	6331604	10/07/2003	$ 103.60	927	54.35%	100%	$ 52,196.22	$ (52,196.22)	$ 0.00
7										
8										
9										
10										
12										
11										
13										
14										
15										
	SUBTOTAL (SUM OF LINE 1-15)				3,716			$ 197,676.00	$ (197,676.00)	$ 0.00
					(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 4

SUMMARY OF TCM RATES AND INVOICE RECONCILIATION
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF LAKE

Fiscal Period Ended:
JUNE 30, 2003

Program:
PUBLIC HEALTH

Calculation of Maximum Allowable Rate	AS AUDITED
1. Actual Cost Per TCM Encounter per LGA Cost Report	$ N/A
2. LGA Contractual Rate Per TCM Encounter	$ N/A
3. Greater of Line 1 or 2	$ 0.00
4. Approved Rate Per TCM Encounter - Sutter Lakeside / Community and Family Network	$ 103.60
5. Maximum Allowable Rate per TCM Encounter	$ 103.60
	(To Sch 3 and 5) (To Sch 3 and 5)

Summary of TCM Invoice Reconciliation

	Medi-Cal Encounters 1	Computed Maximum TCM Program Reimbursement 2	TCM Program Payments to LGA 3	TCM Program Overpayments 4
	(From Sch 5)	(From Sch 5)	(From Sch 5)	(C2 - C3; If C2 > C3, then 0)
CMS Deferred Invoices				
6. Sutter Lakeside/Community and Family Network	3,716	$ 197,676.00	$ 197,676.00	$ 0.00 (To Sch 1)
CMS Paid Invoices				
7. Sutter Lakeside/Community and Family Network	0	$ 0.00	$ 0.00	$ 0.00 (To Sch 1)
TOTAL (SUM OF LINE 6-7)	3,716	$ 197,676.00 (To Sch 1)	$ 197,676.00 (To Sch 1)	$ 0.00

8. TCM Underpayments - Informational Only $ N/A

STATE OF CALIFORNIA

SCHEDULE 5

TCM INVOICE RECONCILIATION
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF LAKE

Fiscal Period Ended:
JUNE 30, 2003

Program:
PUBLIC HEALTH

	TCM Invoice No. 1	Claim Schedule # 2	Date Invoice Received by TCM Program 3	Maximum Allowable Rate Per Encounter 4	Medi-Cal Encounters 5	FMAP % 6	TCM Program Reimbursement % 7	Computed Maximum TCM Program Reimbursement 8	TCM Program Payments To LGA 9	TCM Program Overpayments 10
CMS Deferred Invoices				(Sch 4, Line 5)				(C4*C5*C6*C7)		(Adj)
1	1702/03-1A	6322381	03/27/2003	$ 103.60	455	51.40%	100%	$ 24,228.93	$ 24,228.93	$ 0.00
2	1702/03-1B	6322381	03/27/2003	$ 103.60	250	51.40%	100%	$ 13,312.60	$ 13,312.60	$ 0.00
3	1702/03-2A	6322606	03/27/2003	$ 103.60	931	50.00%	100%	$ 48,225.80	$ 48,225.80	$ 0.00
4	1702/03-2C	6330831	07/28/2003	$ 103.60	1	50.00%	75%	$ 38.85	$ 38.85	$ 0.00
5	1702/03-3A	6330831	07/28/2003	$ 103.60	1,152	50.00%	100%	$ 59,673.60	$ 59,673.60	$ 0.00
6	1702/03-4A	6331604	10/07/2003	$ 103.60	927	54.35%	100%	$ 52,196.22	$ 52,196.22	$ 0.00
7										
8										
9										
10										
12										
11										
13										
14										
15										
SUBTOTAL (SUM OF LINE 1-15)					3,716			$ 197,676.00	$ 197,676.00	$ 0.00
					(To Sch 4)			(To Sch 4)	(To Sch 4)	
CMS Paid Invoices										(Adj)
16										
17										
SUBTOTAL (SUM OF LINE 16-17)					0			$ 0.00	$ 0.00	$ 0.00
					(To Sch 4)			(To Sch 4)	(To Sch 4)	
TOTAL (SUM OF LINE 1-17)					3,716			$ 197,676.00	$ 197,676.00	$ 0.00
					(To Sch 4)			(To Sch 4)	(To Sch 4)	

Provider Name	Fiscal Period	Program	Adjustments
COUNTY OF LAKE	JULY 1, 2002 THROUGH JUNE 30, 2003	TCM - PUBLIC HEALTH	1

Report References									
	AUDIT REPORT			COST REPORT					
Adj. No.	Sch	Line	Col.	Sch	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
						ADJUSTMENT TO OTHER MATTERS			
1	3	1-6	9	Not Reported		Amount Due State To recover program reimbursement for Targeted Case Management services that did not meet the Certified Public Expenditure requirements. Social Security Act, Title XIX, Section 1903(a) 45 CFR, Section 95 42 CFR, Sections 413.20, 413.24, 433.10 and 433.51 CMS Pub. 15-1, Sections 2300 and 2304 CMS Pub. 45, Section 2560.4.G.a (1) California Welfare and Institutions (W&I) Code, 14132.44 CCR, Title 22, Sections 51185, 51271, 51272, 51351, 51351.1, 51365, 51535.7, and 51492 OMB Circular A-87 TCM Program Policy and Procedures Letter 08-006 issued 12/16/08 Medi-Cal Targeted Case Management Provider Participation Agreement: Lake County; Provider Agreement # 17-0104	$0.00	$197,676.00	$197,676.00