REPORT ON THE LIMITED AUDIT

COUNTY OF ORANGE
HEALTH CARE AGENCY
SANTA ANA, CALIFORNIA
PROVIDER NUMBER: 30-0104

TARGETED CASE MANAGEMENT PROGRAM
PROGRAM NAME: COMMUNITY

FISCAL PERIOD
JULY 1, 2003 THROUGH JUNE 30, 2004

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

Section Chief: Michael Harrold
Audit Supervisor: Linda King
Auditor: Susan Calvino

DHCS

DAVID MAXWELL-JOLLY
Director

State of California—Health and Human Services Agency

Department of Health Care Services

ARNOLD SCHWARZENEGGER
Governor

JUN 2 9 2009

Mr. Mark Remme
MAA/TCM Coordinator
County of Orange
Health Care Agency
405 W. 5th Street, Room 730
Santa Ana, CA 92701

PROVIDER NAME: COUNTY OF ORANGE
PROVIDER NUMBER: 30-0104
PROGRAM NAME: COMMUNITY
FISCAL PERIOD JULY 1, 2003 THROUGH JUNE 30, 2004

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
$255,432.52	$682,513.02	$937,945.54

This audit report includes the:

1. Certified Public Expenditure (CPE) Review schedules

2. Audit Adjustments Schedule

Financial Audits Branch / Audits Section-Fresno,
1782 East Bullard Avenue, Suite 101, Fresno, CA 93710-5856
Telephone : (559) 446-2458 / Fax : (559) 446-2477
Internet Address : www.dhcs.ca.gov

The report concludes that $255,432.52 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.

For 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 ORANGE

Fiscal Period Ended:
JUNE 30, 2004

Program:
COMMUNITY

	AS AUDITED	AMOUNTS DUE
TCM REIMBURSEMENT RECONCILIATION		
1. Computed Maximum TCM Program Reimbursement (Sch 4)	$ 984,462.65	
2. TCM Program Payments To LGA (Sch 4)	$ 987,767.99	
3. TCM Program Overpayments (Line 1 - Line 2; If Line 1 > Line 2, then 0)	$ (3,305.34)	
4. CMS Deferred Invoices TCM Program Overpayments (Sch 4)	$ (3,110.18)	
5. CMS Paid Invoices TCM Program Overpayments (Sch 4)	$ (195.16)	
6. **Amount Due (State)** (Line 3)		$ (3,305.34)
CPE REVIEW OF CMS DEFERRED CLAIMS		
CPE Requirements Met - Qualified for Federal Reimbursement 7. Amount Due (State) (Sch 2)		$ (682,708.18)
CPE Requirements Not Met - **Not** Qualified for Federal Reimbursement 8. Amount Due (State) (Sch 2)		$ (252,127.18)
AMOUNTS DUE		
9. **Amount Due Provider / (State)** (Line 6 + Line 8)		$ **(255,432.52)**
10. **Amount Due Federal Government / (State)** (Line 7 - Line 5)		$ **(682,513.02)**

STATE OF CALIFORNIA

SCHEDULE 2

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

Provider:
COUNTY OF ORANGE

Fiscal Period Ended:
JUNE 30, 2004

Program:
COMMUNITY

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. CHILD ABUSE PREVENTION CENTER	3A	$ 294.56	2,271	$ 344,379.45	$ (34,328.05)	$ (310,051.40)
2. CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA	3B	$ 294.56	911	$ 142,447.00	$ 0.00	$ (142,447.00)
3. ELI HOUSE	3C	$ 294.56	106	$ 16,689.48	$ 0.00	$ (16,689.48)
4. VNA HOME HEALTH	3D	$ 294.56	132	$ 13,079.30	$ 0.00	$ (13,079.30)
5. MATERNAL OUTREACH MANAGEMENT SYSTEMS	3E	$ 294.56	2,662	$ 418,240.13	$ (217,799.13)	$ (200,441.00)
6.						
7.						
8.						
9.						
SUBTOTAL (SUM OF LINES 1 - 9)			6,082	$ 934,835.36	$ (252,127.18)	$ (682,708.18)
					(To Sch 1)	(To Sch 1)

STATE OF CALIFORNIA

SCHEDULE 3A

TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF ORANGE

Fiscal Period Ended:
JUNE 30, 2004

Program:
COMMUNITY

TCM Service Provider:
CHILD ABUSE PREVENTION CENTER

	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 3)	(-C9 + -C8)
1	3003/04-1D	6340755	07/29/2004	$ 294.56	887	54.35%	100 %	$ 142,002.81	$ 0.00	$ (142,002.81)
2	3003/04-1H	6341004	08/26/2004	$ 294.56	3	54.35%	50 %	$ 240.14	$ 0.00	$ (240.14)
3	3003/04-2F	6340755	07/29/2004	$ 294.56	437	52.95%	100 %	$ 68,158.68	$ 0.00	$ (68,158.68)
4	3003/04-2N	6341020	08/26/2004	$ 294.56	98	52.95%	50 %	$ 7,642.51	$ 0.00	$ (7,642.51)
5	3003/04-2O	6341004	08/26/2004	$ 294.56	89	52.95%	75 %	$ 10,410.97	$ 0.00	$ (10,410.97)
6	3003/04-3D	6340755	07/29/2004	$ 294.56	352	52.95%	100 %	$ 54,901.27	$ 0.00	$ (54,901.27)
7	3003/04-3M	6341004	08/26/2004	$ 294.56	55	52.95%	75 %	$ 6,433.74	$ 0.00	$ (6,433.74)
8	3003/04-3S	6340727	09/29/2004	$ 294.56	15	52.95%	100 %	$ 2,339.54	$ (2,339.54)	$ (0.00)
9	3003/04-4C	6340755	07/29/2004	$ 294.56	150	52.95%	100 %	$ 23,395.43	$ (3,134.15)	$ (20,261.28)
10	3003/04-4H	6341004	08/26/2004	$ 294.56	178	52.95%	100 %	$ 27,762.57	$ (27,762.57)	$ (0.00)
12	3003/04-4M	6340727	09/29/2004	$ 294.56	7	52.95%	100 %	$ 1,091.79	$ (1,091.79)	$ 0.00
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20										
	SUBTOTAL (SUM OF LINE 1-20)				2,271			$ 344,379.45	$ (34,328.05)	$ (310,051.40)
					(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 3B

TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF ORANGE

Fiscal Period Ended:
JUNE 30, 2004

Program:
COMMUNITY

TCM Service Provider:
CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA

	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)	(-C9 + -C8)
1	3003/04-1D	6340755	07/29/2004	$ 294.56	87	54.35%	100 %	$ 13,928.12	$ 0.00	$ (13,928.12)
2	3003/04-2F	6340755	07/29/2004	$ 294.56	227	52.95%	100 %	$ 35,405.08	$ 0.00	$ (35,405.08)
3	3003/04-3D	6340755	07/29/2004	$ 294.56	242	52.95%	100 %	$ 37,744.62	$ 0.00	$ (37,744.62)
4	3003/04-4C	6340755	07/29/2004	$ 294.56	293	52.95%	100 %	$ 45,699.07	$ 0.00	$ (45,699.07)
5	3003/04-4H	6341004	08/26/2004	$ 294.56	62	52.95%	100 %	$ 9,670.11	$ 0.00	$ (9,670.11)
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20										
	SUBTOTAL (SUM OF LINE 1-20)				911			$ 142,447.00	$ 0.00	$ (142,447.00)
					(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

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STATE OF CALIFORNIA

SCHEDULE 3C

TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF ORANGE

Fiscal Period Ended:
JUNE 30, 2004

Program:
COMMUNITY

TCM Service Provider:
ELI HOUSE

	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)	(-C9 + -C8)
1	3003/04-1D	6340755	07/29/2004	$ 294.56	38	54.35%	100 %	$ 6,083.55	$ 0.00	$ (6,083.55)
2	3003/04-2F	6340755	07/29/2004	$ 294.56	28	52.95%	100 %	$ 4,367.15	$ 0.00	$ (4,367.15)
3	3003/04-3D	6340755	07/29/2004	$ 294.56	21	52.95%	100 %	$ 3,275.36	$ 0.00	$ (3,275.36)
4	3003/04-4C	6340755	07/29/2004	$ 294.56	19	52.95%	100 %	$ 2,963.42	$ 0.00	$ (2,963.42)
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	SUBTOTAL (SUM OF LINE 1-20)				106			$ 16,689.48	$ 0.00	$ (16,689.48)
					(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 3D

TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF ORANGE

Fiscal Period Ended:
JUNE 30, 2004

Program:
COMMUNITY

TCM Service Provider:
VNA HOME HEALTH

	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)	(-C9 + -C8)
1	3003/04-1J	6340727	09/29/2004	$ 294.56	46	54.35%	50 %	$ 3,682.15	$ 0.00	$ (3,682.15)
2	3003/04-2S	6340727	09/29/2004	$ 294.56	32	52.95%	50 %	$ 2,495.51	$ 0.00	$ (2,495.51)
3	3003/04-2T	6340727	09/29/2004	$ 294.56	16	52.95%	75 %	$ 1,871.63	$ 0.00	$ (1,871.63)
4	3003/04-3R	6340727	09/29/2004	$ 294.56	23	52.95%	75 %	$ 2,690.47	$ 0.00	$ (2,690.47)
5	3003/04-4M	6340727	09/29/2004	$ 294.56	15	52.95%	100 %	$ 2,339.54	$ 0.00	$ (2,339.54)
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	SUBTOTAL (SUM OF LINE 1-20)				132			$ 13,079.30	$ 0.00	$ (13,079.30)
					(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 3E

TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF ORANGE

Fiscal Period Ended:
JUNE 30, 2004

Program:
COMMUNITY

TCM Service Provider:
MATERNAL OUTREACH MANAGEMENT SYSTEMS

	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 4)	(-C9 + -C8)
1	3003/04-1D	6340755	07/29/2004	$ 294.56	737	54.35%	100 %	$ 117,998.80	$ 0.00	$ (117,998.80)
2	3003/04-2F	6340755	07/29/2004	$ 294.56	643	52.95%	100 %	$ 100,288.40	$ (21,277.53)	$ (79,010.87)
3	3003/04-3D	6340755	07/29/2004	$ 294.56	711	52.95%	100 %	$ 110,894.33	$ (110,894.33)	$ 0.00
4	3003/04-4C	6340755	07/29/2004	$ 294.56	549	52.95%	100 %	$ 85,627.27	$ (85,627.27)	$ 0.00
5	3003/04-4H	6341004	08/26/2004	$ 294.56	10	52.95%	100 %	$ 1,559.70	$ 0.00	$ (1,559.70)
6	3003/04-4M	6340727	09/29/2004	$ 294.56	12	52.95%	100 %	$ 1,871.63	$ 0.00	$ (1,871.63)
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20										
SUBTOTAL (SUM OF LINE 1-20)					2,662			$ 418,240.13	$ (217,799.13)	$ (200,441.00)
					(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 ORANGE

Fiscal Period Ended:
JUNE 30, 2004

Program:
COMMUNITY

Calculation of Maximum Allowable Rate	AS AUDITED
1. Actual Cost Per TCM Encounter per LGA Cost Report	$ 294.56
2. LGA Contractual Rate Per TCM Encounter	$ 236.43
3. Greater of Line 1 or 2	$ 294.56
4. Approved Rate Per TCM Encounter	$ 295.54
5. Maximum Allowable Rate per TCM Encounter (Lesser of Line 3 or Line 4)	$ 294.56

(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. LGA - Global	6,082	$ 934,825.36	$ 937,935.54	$ (3,110.18) (To Sch 1)
CMS Paid Invoices				
7. LGA - Global	348	$ 49,637.29	$ 49,832.45	$ (195.16) (To Sch 1)
TOTAL (SUM OF LINE 6-7)	6,430	$ 984,462.65 (To Sch 1)	$ 987,767.99 (To Sch 1)	$ (3,305.34)

12. TCM Underpayments - Informational Only $ N/A

STATE OF CALIFORNIA

SCHEDULE 5

TCM INVOICE RECONCILIATION
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF ORANGE

Fiscal Period Ended:
JUNE 30, 2004

Program:
COMMUNITY

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)*.01		(Adj 1)
1 3003/04-1D	6340755	07/29/2004	$ 294.56	1,749	54.35%	100 %	$ 280,003.29	$ 280,934.86	$ (931.57)
2 3003/04-1H	6341004	08/26/2004	$ 294.56	3	54.35%	50 %	$ 240.14	$ 240.94	$ (0.80)
3 3003/04-1J	6340727	09/29/2004	$ 294.56	46	54.35%	50 %	$ 3,682.15	$ 3,694.40	$ (12.25)
4 3003/04-2F	6340755	07/29/2004	$ 294.56	1,335	52.95%	100 %	$ 208,219.31	$ 208,912.05	$ (692.74)
5 3003/04-2N	6341020	08/26/2004	$ 294.56	98	52.95%	50 %	$ 7,642.51	$ 7,667.93	$ (25.42)
6 3003/04-2O	6341004	08/26/2004	$ 294.56	89	52.95%	75 %	$ 10,410.97	$ 10,445.60	$ (34.63)
7 3003/04-2S	6340727	09/29/2004	$ 294.56	32	52.95%	50 %	$ 2,495.51	$ 2,503.81	$ (8.30)
8 3003/04-2T	6340727	09/29/2004	$ 294.56	16	52.95%	75 %	$ 1,871.63	$ 1,877.86	$ (6.23)
9 3003/04-3D	6340755	07/29/2004	$ 294.56	1,326	52.95%	100 %	$ 206,815.58	$ 207,503.66	$ (688.08)
10 3003/04-3M	6341004	08/26/2002	$ 294.56	55	52.95%	75 %	$ 6,433.74	$ 6,455.15	$ (21.41)
12 3003/04-3R	6340727	09/29/2004	$ 294.56	23	52.95%	75 %	$ 2,690.47	$ 2,699.43	$ (8.96)
11 3003/04-3S	6340727	09/29/2004	$ 294.56	15	52.95%	100 %	$ 2,339.54	$ 2,347.33	$ (7.79)
13 3003/04-4C	6340755	07/29/2004	$ 294.56	1,011	52.95%	100 %	$ 157,685.18	$ 158,209.80	$ (524.62)
14 3003/04-4H	6341004	08/26/2004	$ 294.56	250	52.95%	100 %	$ 38,992.38	$ 39,122.11	$ (129.73)
15 3003/04-4M	6340727	09/29/2004	$ 294.56	34	52.95%	100 %	$ 5,302.96	$ 5,320.61	$ (17.65)
SUBTOTAL (SUM OF LINE 1-15)				6,082			$ 934,825.36	$ 937,935.54	$ (3,110.18)
				(To Sch 4)			(To Sch 4)	(To Sch 4)	

STATE OF CALIFORNIA

SCHEDULE 5

TCM INVOICE RECONCILIATION
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF ORANGE

Fiscal Period Ended:
JUNE 30, 2004

Program:
COMMUNITY

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 Paid Invoices									(Adj 2)
16 3003/04-2U	6342337	10/27/2004	$ 294.56	3	52.95%	50 %	$ 233.95	$ 234.73	$ (0.78)
17 3003/04-3AA	6342337	12/24/2004	$ 294.56	3	52.95%	50 %	$ 233.95	$ 234.73	$ (0.78)
18 3003/04-3N	6342337	08/26/2004	$ 294.56	117	52.95%	100 %	$ 18,248.43	$ 18,309.15	$ (60.72)
19 3003/04-3U	6342337	10/27/2004	$ 294.56	4	52.95%	75 %	$ 467.91	$ 469.47	$ (1.56)
20 3003/04-3V	6342337	10/27/2004	$ 294.56	42	52.95%	75 %	$ 4,913.04	$ 4,959.39	$ (46.35)
21 3003/04-3W	6342337	10/27/2004	$ 294.56	40	52.95%	75 %	$ 4,679.09	$ 4,694.65	$ (15.56)
22 3003/04-3Y	6342337	10/27/2004	$ 294.56	4	52.95%	75 %	$ 467.91	$ 469.47	$ (1.56)
23 3003/04-4AB	6342337	11/24/2004	$ 294.56	6	52.95%	100 %	$ 935.82	$ 938.93	$ (3.11)
24 3003/04-4AD	6342337	12/23/2004	$ 294.56	2	52.95%	75 %	$ 233.95	$ 234.73	$ (0.78)
25 3003/04-4AE	6342337	12/23/2004	$ 294.56	3	52.95%	100 %	$ 467.91	$ 469.47	$ (1.56)
26 3003/04-4AK	6342337	02/28/2005	$ 294.56	1	52.95%	75 %	$ 116.98	$ 117.37	$ (0.39)
27 3003/04-4AP	6342337	03/30/2005	$ 294.56	1	52.95%	50 %	$ 77.98	$ 78.24	$ (0.26)
28 3003/04-4AQ	6351149A	04/08/2005	$ 294.56	4	52.95%	50 %	$ 311.94	$ 312.98	$ (1.04)
29 3003/04-4AS	6351149A	04/26/2005	$ 294.56	1	52.95%	50 %	$ 77.98	$ 78.24	$ (0.26)
30 3003/04-4AU	6351149A	05/25/2005	$ 294.56	1	52.95%	50 %	$ 77.98	$ 78.24	$ (0.26)
31 3003/04-4Q	6342337	10/27/2004	$ 294.56	7	52.95%	100 %	$ 1,091.79	$ 1,095.42	$ (3.63)
32 3003/04-4R	6342337	10/27/2004	$ 294.56	6	52.95%	100 %	$ 935.82	$ 938.93	$ (3.11)
33 3003/04-4S	6342337	10/27/2004	$ 294.56	33	52.95%	100 %	$ 5,146.99	$ 5,164.12	$ (17.13)
34 3003/04-4T	6342337	10/27/2004	$ 294.56	20	52.95%	100 %	$ 3,119.39	$ 3,129.77	$ (10.38)
35 3003/04-4U	6342337	10/27/2004	$ 294.56	49	52.95%	100 %	$ 7,642.51	$ 7,667.93	$ (25.42)
36 3003/04-4W	6342337	10/27/2004	$ 294.56	1	52.95%	100 %	$ 155.97	$ 156.49	$ (0.52)
SUBTOTAL (SUM OF LINE 16-36)				348 (To Sch 4)			$ 49,637.29 (To Sch 4)	$ 49,832.45 (To Sch 4)	$ (195.16)
TOTAL (SUM OF LINE 1-36)				6,430 (To Sch 4)			$ 984,462.65 (To Sch 4)	$ 987,767.99 (To Sch 4)	$ (3,305.34)

Provider Name	Fiscal Period	Program	Adjustments
COUNTY OF ORANGE	JULY 1, 2003 THROUGH JUNE 30, 2004	COMMUNITY	4

Report References									
	Audit Report			Cost Report					
Adj. No.	Schedule	Line	Col.	Sch	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
						ADJUSTMENTS TO OTHER MATTERS			
						Amount Due State	$0.00		
1	5	1-15	10	Not Reported		To recover Targeted Case Management (TCM) Program payments that exceed the cost of providing TCM Services. 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) 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: Orange County; Provider Agreement #: 30-0104		$3,110.18	
2	5	16-36	10	Not Reported		To recover Targeted Case Management (TCM) Program payments that exceed the cost of providing TCM Services. 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) 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: Orange County; Provider Agreement #: 30-0104		195.16 $3,305.34	$3,305.34 *

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Program	Adjustments
COUNTY OF ORANGE	JULY 1, 2003 THROUGH JUNE 30, 2004	COMMUNITY	4

Report References									
	Audit Report			Cost Report					
Adj. No.	Schedule	Line	Col.	Sch	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
						ADJUSTMENTS TO OTHER MATTERS			
						Amount Due State *	$3,305.34		
3	3A	1-12	9	Not Reported		To recover Targeted Case Management (TCM) program payments for TCM services provided by the Child Abuse Prevention Center that did not meet the CPE 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) 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: Orange County; Provider Agreement #: 30-0104		$34,328.05	
4	3E	1-6	9	Not Reported		To recover Targeted Case Management (TCM) program payments for TCM services provided by Maternal Outreach Management Systems that did not meet the CPE 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) 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: Orange County; Provider Agreement #: 30-0104		217,799.13 $252,127.18	$255,432.52

*Balance carried forward from prior/to subsequent adjustments