REPORT ON THE
LIMITED AUDIT

COUNTY OF SOLANO
HEALTH AND SOCIAL SERVICES DEPARTMENT
FAIRFIELD, CALIFORNIA
PROVIDER NUMBER: 48-0104

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
Auditor: Jaskaranjit Bal

DHCS

DAVID MAXWELL-JOLLY
Director

State of California—Health and Human Services Agency

Department of Health Care Services

ARNOLD SCHWARZENEGGER
Governor

JUN 2 4 2009

Stephen M. Chu
Chief Financial Officer
County of Solano
Health and Social Services Department
275 Beck Avenue, MS 5-210
Fairfield, CA 94533-6804

PROVIDER NAME: COUNTY OF SOLANO
PROVIDER NUMBER: 48-0104
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
$0.00	$369,035.44	$369,035.44

This audit report includes the:

1. Certified Public Expenditure (CPE) Review schedules

The report concludes that no amount is due from the provider.

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

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, Chief
Audits Section—Sacramento
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

cc: 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 SOLANO

Fiscal Period Ended:
JUNE 30, 2003

Program:
PUBLIC HEALTH

	AS AUDITED	AMOUNTS DUE
TCM REIMBURSEMENT RECONCILIATION		
1. Computed Maximum TCM Program Reimbursement (Sch 4)	$ 413,970.14	
2. TCM Program Payments To LGA (Sch 4)	$ 413,970.14	
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)		$ (369,035.44)
CPE Requirements Not Met - **Not** Qualified for Federal Reimbursement 8. Amount Due (State) (Sch 2)		$ 0.00
AMOUNTS DUE		
9. **Amount Due Provider / (State)** (Line 6 + Line 8)		$ **0.00**
10. **Amount Due Federal Government / (State)** (Line 7 - Line 5)		$ **(369,035.44)**

STATE OF CALIFORNIA

SCHEDULE 2

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

Provider:
COUNTY OF SOLANO

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.	SOLANO COUNTY HEALTH & SOCIAL SERVICES DEPT	3	$ 319.68	2,337	$ 369,035.44	$ 0.00	$ (369,035.44)
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
	SUBTOTAL (SUM OF LINES 1 - 9)			2,337	$ 369,035.44	$ 0.00	(369,035.44)
						(To Sch 1)	(To Sch 1)

STATE OF CALIFORNIA

SCHEDULE 3

TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF SOLANO

Fiscal Period Ended:
JUNE 30, 2003

Program:
PUBLIC HEALTH

TCM Service Provider:
SOLANO COUNTY HEALTH & SOCIAL SERVICES DEPT

	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	4802/03-1A	6322606	04/30/2003	$ 319.68	557	51.40%	90 %	$ 81,997.08	$	$ (81,997.08)
2	4802/03-1D	6330580	06/30/2003	$ 319.68	1	51.40%	50 %	$ 82.16	$	$ (82.16)
3	4802/03-2A	6322606	04/30/2003	$ 319.68	699	50.00%	100 %	$ 111,728.16	$	$ (111,728.16)
4	4802/03-3A	6322606	04/30/2003	$ 319.68	611	50.00%	100 %	$ 97,662.24	$	$ (97,662.24)
5	4802/03-3C	6330268	05/30/2003	$ 319.68	13	50.00%	100 %	$ 2,077.92	$	$ (2,077.92)
6	4802/03-3E	6330580	06/30/2003	$ 319.68	13	50.00%	100 %	$ 2,077.92	$	$ (2,077.92)
7	4802/03-3N	6331326	10/29/2003	$ 319.68	4	50.00%	75 %	$ 479.52	$	$ (479.52)
8	4802/03-3P	6331729	12/31/2003	$ 319.68	1	50.00%	50 %	$ 79.92	$	$ (79.92)
9	4802/03-3Q	6331729	12/31/2003	$ 319.68	2	50.00%	75 %	$ 239.76	$	$ (239.76)
10	4802/03-3R	6331845	01/30/2004	$ 319.68	1	50.00%	50 %	$ 79.92	$	$ (79.92)
12	4802/03-4A	6330268	05/30/2003	$ 319.68	188	50.00%	100 %	$ 30,049.92	$	$ (30,049.92)
11	4802/03-4C	6330580	06/30/2003	$ 319.68	230	54.35%	100 %	$ 39,961.60	$	$ (39,961.60)
13	4802/03-4J	6331326	10/29/2003	$ 319.68	5	54.35%	100 %	$ 868.73	$	$ (868.73)
14	4802/03-4L	6331326	11/26/2003	$ 319.68	3	54.35%	100 %	$ 521.24	$	$ (521.24)
15	4802/03-4M	6331729	12/31/2003	$ 319.68	2	54.35%	75 %	$ 260.62	$	$ (260.62)
16	4802/03-4N	6331729	12/31/2003	$ 319.68	2	54.35%	100 %	$ 347.49	$	$ (347.49)
17	4802/03-4O	6331845	01/30/2004	$ 319.68	2	54.35%	75 %	$ 260.62	$	$ (260.62)
18	4802/03-4Q	6340499A	04/07/2004	$ 319.68	1	54.35%	50 %	$ 86.87	$	$ (86.87)
19	4802/03-4R	6340499A	04/07/2004	$ 319.68	2	54.35%	50 %	$ 173.75	$	$ (173.75)
	SUBTOTAL (SUM OF LINE 1-19)				2,337			$ 369,035.44	$ 0.00	$ (369,035.44)
					(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 SOLANO

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	$ 441.20
2. LGA Contractual Rate Per TCM Encounter	N/A
3. Greater of Line 1 or 2	$ 441.20
4. Approved Rate Per TCM Encounter	$ 319.68
5. Maximum Allowable Rate per TCM Encounter (Lesser of Line 3 or Line 4)	$ 319.68 (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	2,337	$ 369,035.44	$ 369,035.44	$ 0.00 (To Sch 1)
CMS Paid Invoices				
7. LGA - Global	260	$ 44,934.70	$ 44,934.70	$ 0.00 (To Sch 1)
TOTAL (SUM OF LINE 6-7)	2,597	$ 413,970.14 (To Sch 1)	$ 413,970.14 (To Sch 1)	$ 0.00

8. TCM Underpayments - Informational Only $ 315,587.00

STATE OF CALIFORNIA

SCHEDULE 5

TCM INVOICE RECONCILIATION
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF SOLANO

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)		(+C8 - C9)
1	4802/03-1A	6322606	04/30/2003	$ 319.68	557	51.40%	90 %	$ 81,997.08	$ 81,997.08	$ 0.00 *
2	4802/03-1D	6330580	06/30/2003	$ 319.68	1	51.40%	50 %	$ 82.16	$ 82.16	$ 0.00
3	4802/03-2A	6322606	04/30/2003	$ 319.68	699	50.00%	100 %	$ 111,728.16	$ 111,728.16	$ 0.00
4	4802/03-3A	6322606	04/30/2003	$ 319.68	611	50.00%	100 %	$ 97,662.24	$ 97,662.24	$ 0.00
5	4802/03-3C	6330268	05/30/2003	$ 319.68	13	50.00%	100 %	$ 2,077.92	$ 2,077.92	$ 0.00
6	4802/03-3E	6330580	06/30/2003	$ 319.68	13	50.00%	100 %	$ 2,077.92	$ 2,077.92	$ 0.00
7	4802/03-3N	6331326	10/29/2003	$ 319.68	4	50.00%	75 %	$ 479.52	$ 479.52	$ 0.00
8	4802/03-3P	6331729	12/31/2003	$ 319.68	1	50.00%	50 %	$ 79.92	$ 79.92	$ 0.00
9	4802/03-3Q	6331729	12/31/2003	$ 319.68	2	50.00%	75 %	$ 239.76	$ 239.76	$ 0.00
10	4802/03-3R	6331845	01/30/2004	$ 319.68	1	50.00%	50 %	$ 79.92	$ 79.92	$ 0.00
12	4802/03-4A	6330268	05/30/2003	$ 319.68	188	50.00%	100 %	$ 30,049.92	$ 30,049.92	$ 0.00
11	4802/03-4C	6330580	06/30/2003	$ 319.68	230	54.35%	100 %	$ 39,961.60	$ 39,961.60	$ 0.00
13	4802/03-4J	6331326	10/29/2003	$ 319.68	5	54.35%	100 %	$ 868.73	$ 868.73	$ 0.00
14	4802/03-4L	6331326	11/26/2003	$ 319.68	3	54.35%	100 %	$ 521.24	$ 521.24	$ 0.00
15	4802/03-4M	6331729	12/31/2003	$ 319.68	2	54.35%	75 %	$ 260.62	$ 260.62	$ 0.00
16	4802/03-4N	6331729	12/31/2003	$ 319.68	2	54.35%	100 %	$ 347.49	$ 347.49	$ 0.00
17	4802/03-4O	6331845	01/30/2004	$ 319.68	2	54.35%	75 %	$ 260.62	$ 260.62	$ 0.00
18	4802/03-4Q	6340499A	04/07/2004	$ 319.68	1	54.35%	50 %	$ 86.87	$ 86.87	$ 0.00
19	4802/03-4R	6340499A	04/07/2004	$ 319.68	2	54.35%	50 %	$ 173.75	$ 173.75	$ 0.00
SUBTOTAL (SUM OF LINE 1-19)					2,337			$ 369,035.44	$ 369,035.44	$ 0.00
					(To Sch 4)			(To Sch 4)	(To Sch 4)	
CMS Paid Invoices										
20	4802/03-1E	6330800	08/29/2003	$ 319.68	1	51.40%	50 %	$ 82.16	$ 82.16	$ 0.00
21	4802/03-2H	6331140	09/25/2003	$ 319.68	1	50.00%	50 %	$ 79.92	$ 79.92	$ 0.00
22	4802/03-2I	6330800	08/29/2003	$ 319.68	1	50.00%	75 %	$ 119.88	$ 119.88	$ 0.00
23	4802/03-3H	6330800	08/29/2003	$ 319.68	3	54.35%	100 %	$ 521.24	$ 521.24	$ 0.00
24	4802/03-4D	6330800	08/29/2003	$ 319.68	249	54.35%	100 %	$ 43,262.77	$ 43,262.77	$ 0.00
25	4802/03-4H	6331140	09/25/2003	$ 319.68	5	54.35%	100 %	$ 868.73	$ 868.73	$ 0.00
SUBTOTAL (SUM OF LINE 20-25)					260			$ 44,934.70	$ 44,934.70	$ 0.00
					(To Sch 4)			(To Sch 4)	(To Sch 4)	
TOTAL (SUM OF LINE 1-25)					2,597			$ 413,970.14	$ 413,970.14	$ 0.00
					(To Sch 4)			(To Sch 4)	(To Sch 4)	

* This claim was offset by the TCM Program, therefore the reimbursement percentage was adjusted for computing the reimbursement on the audit report.