REPORT
ON THE
LIMITED REVIEW AUDIT

COUNTY OF ALAMEDA
HEALTH CARE SERVICES AGENCY
SAN LEANDRO, CALIFORNIA
PROVIDER NUMBER: 01-0104

TARGETED CASE MANAGEMENT PROGRAM
PROGRAM: PUBLIC HEALTH

FISCAL PERIOD:
JULY 1, 2003 THROUGH JUNE 30, 2004

Audits Section - Sacramento
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Evie Correa
Audit Supervisor: Gary Diffenderffer
Auditor: Martin Alvarez

DHCS

DAVID MAXWELL-JOLLY
Director

State of California—Health and Human Services Agency

Department of Health Care Services

ARNOLD SCHWARZENEGGER
Governor

JUN 16 2009

Mr. Les Hall
MAA/TCM Coordinator
Health Care Services Agency
County of Alameda
1000 San Leandro Drive, Suite 300
San Leandro, CA 94577

PROVIDER NAME: COUNTY OF ALAMEDA
PROVIDER NUMBER: 01-0104
PROGRAM NAME: PUBLIC HEALTH
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
$648,031.95	$1,006,592.45	$1,654,624.40

This audit report includes the:

1. Certified Public Expenditure (CPE) Review schedules

2. Audit Adjustments Schedule

Audits & Investigations/Audits-Sacramento, MS 2106, P.O. Box 997413, Sacramento, CA 95899-7413
(916) 650-6994 / (916) 650-6990 fax
Internet Address: www.dhcs.ca.gov

The report concludes that $648,031.95 is due the State from provider. You will be receiving an invoice in 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—Sacramento at (916) 650-6994.

Evie Correa, 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

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 ALAMEDA

Fiscal Period Ended:
JUNE 30, 2004

Program:
PUBLIC HEALTH

		AS AUDITED	AMOUNTS DUE
TCM REIMBURSEMENT RECONCILIATION			
1	Computed Maximum TCM Program Reimbursement (Sch 4)	$ 1,582,975.09	
2	TCM Program Payments To LGA (Sch 4)	$ 1,692,643.69	
3	TCM Program Overpayments (Line 1 - Line 2; If Line 1 > Line 2, then 0)	$ (109,668.60)	
4	CMS Deferred Invoices TCM Program Overpayments (Sch 4)	$ (107,205.28)	
5	CMS Paid Invoices TCM Program Overpayments (Sch 4)	$ (2,463.32)	
6	***Amount Due (State)*** (Line 3)		$ (109,668.60)
CPE REVIEW OF CMS DEFERRED CLAIMS			
CPE Requirements Met - Qualified for Federal Reimbursement			
7	Amount Due (State) (Sch 2)		$ (1,009,055.77)
CPE Requirements Not Met - ***Not*** Qualified for Federal Reimbursement			
8	Amount Due (State) (Sch 2)		$ (538,363.35)
AMOUNTS DUE			
9	***Amount Due Provider / (State)*** (Line 6 + Line 8)		$ *(648,031.95)*
10	***Amount Due Federal Government / (State)*** (Line 7 - Line 5)		$ *(1,006,592.45)*

STATE OF CALIFORNIA

SCHEDULE 2

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

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2004

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. Public Health Department / Every Child Counts	3A	$ 349.74	5,458	$ 1,009,055.77	$ -	$ (1,009,055.77)
2. Bay Area Consortium of Quality Health Care	3B	$ 349.74	2,893	$ 538,363.35	$ (538,363.35)	$ -
TOTAL (SUM OF LINES 1 - 2)			8,351	$ 1,547,419.12	$ (538,363.35)	$ (1,009,055.77)
					(To Sch 1)	(To Sch 1)

STATE OF CALIFORNIA

SCHEDULE 3A

TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2004

Program:
PUBLIC HEALTH

TCM Service Provider:
Public Health Department / Every Child Counts

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 (Adj) 9	CPE Requirement Met 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(-C9 + -C8)
CMS Paid Invoices									
1 0103/04-1H	6340498	05/24/2004	$ 349.74	299	54.35%	100 %	$ 56,835.02	$ -	$ (56,835.02)
2 0103/04-1I	6340498	05/24/2004	$ 349.74	212	54.35%	100 %	$ 40,297.74	$ -	$ (40,297.74)
3 0103/04-1J	6340498	05/24/2004	$ 349.74	199	54.35%	100 %	$ 37,826.65	$ -	$ (37,826.65)
4 0103/04-1K	6340498	05/27/2004	$ 349.74	114	54.35%	100 %	$ 21,669.54	$ -	$ (21,669.54)
5 0103/04-1L	6340498	05/27/2004	$ 349.74	27	54.35%	100 %	$ 5,132.26	$ -	$ (5,132.26)
6 0103/04-1M	6340498	05/27/2004	$ 349.74	53	54.35%	100 %	$ 10,074.44	$ -	$ (10,074.44)
7 0103/04-1Q	6340995	07/15/2004	$ 349.74	11	54.35%	50 %	$ 1,045.46	$ -	$ (1,045.46)
8 0103/04-1R	6340995	07/15/2004	$ 349.74	6	54.35%	50 %	$ 570.25	$ -	$ (570.25)
9 0103/04-1S	6340995	07/15/2004	$ 349.74	8	54.35%	50 %	$ 760.33	$ -	$ (760.33)
10 0103/04-1W	6340995	08/20/2004	$ 349.74	4	54.35%	50 %	$ 380.17	$ -	$ (380.17)
11 0103/04-1Y	6340995	08/20/2004	$ 349.74	4	54.35%	50 %	$ 380.17	$ -	$ (380.17)
12 0103/04-2AB	6340995	08/20/2004	$ 349.74	2	52.95%	75 %	$ 277.78	$ -	$ (277.78)
13 0103/04-2AE	6340995	10/18/2004	$ 349.74	3	52.95%	50 %	$ 277.78	$ -	$ (277.78)
14 0103/04-2AG	6340995	10/18/2004	$ 349.74	5	52.95%	50 %	$ 462.97	$ -	$ (462.97)
15 0103/04-2AI	6340995	10/18/2004	$ 349.74	6	52.95%	50 %	$ 555.56	$ -	$ (555.56)
16 0103/04-2AK	6341020	11/15/2004	$ 349.74	0	52.95%	50 %	$ -	$ -	$ -
17 0103/04-2H	6340498	05/24/2004	$ 349.74	222	52.95%	100 %	$ 41,111.59	$ -	$ (41,111.59)
18 0103/04-2I	6340498	05/24/2004	$ 349.74	212	52.95%	100 %	$ 39,259.71	$ -	$ (39,259.71)
19 0103/04-2J	6340498	05/24/2004	$ 349.74	222	52.95%	100 %	$ 41,111.59	$ -	$ (41,111.59)
20 0103/04-2K	6340498	05/27/2004	$ 349.74	214	52.95%	100 %	$ 39,630.09	$ -	$ (39,630.09)
21 0103/04-2L	6340498	05/27/2004	$ 349.74	196	52.95%	100 %	$ 36,296.72	$ -	$ (36,296.72)
22 0103/04-2M	6340498	05/27/2004	$ 349.74	191	52.95%	100 %	$ 35,370.78	$ -	$ (35,370.78)
23 0103/04-2P	6340995	07/15/2004	$ 349.74	6	52.95%	75 %	$ 833.34	$ -	$ (833.34)
24 0103/04-2R	6340995	07/15/2004	$ 349.74	5	52.95%	75 %	$ 694.45	$ -	$ (694.45)
25 0103/04-2S	6340995	07/15/2004	$ 349.74	9	52.95%	75 %	$ 1,250.01	$ -	$ (1,250.01)
26 0103/04-2X	6340995	08/20/2004	$ 349.74	4	52.95%	50 %	$ 370.37	$ -	$ (370.37)
27 0103/04-2Z	6340995	08/20/2004	$ 349.74	2	52.95%	75 %	$ 277.78	$ -	$ (277.78)

STATE OF CALIFORNIA

SCHEDULE 3A

TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2004

Program:
PUBLIC HEALTH

TCM Service Provider:
Public Health Department / Every Child Counts

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 (Adj) 9	CPE Requirement Met 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(-C9 + -C8)
28 0103/04-3AF	6340995	08/20/2004	$ 349.74	2	52.95%	100 %	$ 370.37	$ -	$ (370.37)
29 0103/04-3AH	6340995	08/20/2004	$ 349.74	9	52.95%	100 %	$ 1,666.69	$ -	$ (1,666.69)
30 0103/04-3AM	6340832	09/16/2004	$ 349.74	1	52.95%	100 %	$ 185.19	$ -	$ (185.19)
31 0103/04-3AP	6340995	10/18/2004	$ 349.74	2	52.95%	75 %	$ 277.78	$ -	$ (277.78)
32 0103/04-3AR	6340995	10/18/2004	$ 349.74	1	52.95%	75 %	$ 138.89	$ -	$ (138.89)
33 0103/04-3AU	6340995	10/18/2004	$ 349.74	1	52.95%	75 %	$ 138.89	$ -	$ (138.89)
34 0103/04-3AW	6341020	11/15/2004	$ 349.74	2	52.95%	50 %	$ 185.19	$ -	$ (185.19)
35 0103/04-3D	6340498	05/24/2004	$ 349.74	216	52.95%	100 %	$ 40,000.46	$ -	$ (40,000.46)
36 0103/04-3E	6340498	05/11/2004	$ 349.74	192	52.95%	100 %	$ 35,555.97	$ -	$ (35,555.97)
37 0103/04-3F	6340498	05/11/2004	$ 349.74	242	52.95%	100 %	$ 44,815.33	$ -	$ (44,815.33)
38 0103/04-3G	6340498	05/27/2004	$ 349.74	181	52.95%	100 %	$ 33,518.91	$ -	$ (33,518.91)
39 0103/04-3H	6340498	05/27/2004	$ 349.74	150	52.95%	100 %	$ 27,778.10	$ -	$ (27,778.10)
40 0103/04-3I	6340498	05/27/2004	$ 349.74	210	52.95%	100 %	$ 38,889.34	$ -	$ (38,889.34)
41 0103/04-3M	6340498	06/23/2004	$ 349.74	1	52.95%	100 %	$ 185.19	$ -	$ (185.19)
42 0103/04-3Q	6340498	06/23/2004	$ 349.74	3	52.95%	100 %	$ 555.56	$ -	$ (555.56)
43 0103/04-3U	6340995	07/15/2004	$ 349.74	10	52.95%	100 %	$ 1,851.87	$ -	$ (1,851.87)
44 0103/04-3W	6340995	07/15/2004	$ 349.74	11	52.95%	100 %	$ 2,037.06	$ -	$ (2,037.06)
45 0103/04-3Y	6340995	07/15/2004	$ 349.74	31	52.95%	100 %	$ 5,740.81	$ -	$ (5,740.81)
46 0103/04-4A	6340498	06/23/2004	$ 349.74	579	52.95%	100 %	$ 107,223.46	$ -	$ (107,223.46)
47 0103/04-4AC	6340700	09/16/2004	$ 349.74	1	52.95%	100 %	$ 185.19	$ -	$ (185.19)
48 0103/04-4AF	6340700	09/16/2004	$ 349.74	1	52.95%	100 %	$ 185.19	$ -	$ (185.19)
49 0103/04-4AI	6340995	10/18/2004	$ 349.74	3	52.95%	100 %	$ 555.56	$ -	$ (555.56)
50 0103/04-4AM	6340995	10/18/2004	$ 349.74	0	52.95%	100 %	$ -	$ -	$ -
51 0103/04-4AP	6340995	10/18/2004	$ 349.74	12	52.95%	100 %	$ 2,222.25	$ -	$ (2,222.25)
52 0103/04-4AV	6341020	11/15/2004	$ 349.74	1	52.95%	100 %	$ 185.19	$ -	$ (185.19)
53 0103/04-4D	6340995	07/15/2004	$ 349.74	57	52.95%	100 %	$ 10,555.68	$ -	$ (10,555.68)
54 0103/04-4G	6340995	07/15/2004	$ 349.74	604	52.95%	100 %	$ 111,853.15	$ -	$ (111,853.15)
55 0103/04-4K	6340995	07/15/2004	$ 349.74	526	52.95%	100 %	$ 97,408.54	$ -	$ (97,408.54)

STATE OF CALIFORNIA

SCHEDULE 3A

TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2004

Program:
PUBLIC HEALTH

TCM Service Provider:
Public Health Department / Every Child Counts

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 (Adj) 9	CPE Requirement Met 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(-C9 + -C8)
56 0103/04-4Q	6340995	08/20/2004	$ 349.74	37	52.95%	100 %	$ 6,851.93	$ -	$ (6,851.93)
57 0103/04-4S	6340995	08/20/2004	$ 349.74	57	52.95%	100 %	$ 10,555.68	$ -	$ (10,555.68)
58 0103/04-4U	6340995	08/20/2004	$ 349.74	77	52.95%	100 %	$ 14,259.42	$ -	$ (14,259.42)
59 0103/04-4Z	6340700	09/16/2004	$ 349.74	2	52.95%	100 %	$ 370.37	$ -	$ (370.37)
TOTAL (SUM OF LINE 1-59)				5,458			$ 1,009,055.77	$ -	$ (1,009,055.77)
				(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 ALAMEDA

Fiscal Period Ended:
JUNE 30, 2004

Program:
PUBLIC HEALTH

TCM Service Provider:
Bay Area Consortium of Quality Health Care

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 (Adj 2) 9	CPE Requirement Met 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(-C9 + -C8)
CMS Paid Invoices									
1 0103/04-1H	6340498	05/24/2004	$ 349.74	131	54.35%	100 %	$ 24,900.96	$ (24,900.96)	$ -
2 0103/04-1I	6340498	05/24/2004	$ 349.74	136	54.35%	100 %	$ 25,851.38	$ (25,851.38)	$ -
3 0103/04-1J	6340498	05/24/2004	$ 349.74	307	54.35%	100 %	$ 58,355.69	$ (58,355.69)	$ -
4 0103/04-1K	6340498	05/27/2004	$ 349.74	3	54.35%	100 %	$ 570.25	$ (570.25)	$ -
5 0103/04-1L	6340498	05/27/2004	$ 349.74	5	54.35%	100 %	$ 950.42	$ (950.42)	$ -
6 0103/04-1M	6340498	05/27/2004	$ 349.74	28	54.35%	100 %	$ 5,322.34	$ (5,322.34)	$ -
7 0103/04-2AK	6341020	11/15/2004	$ 349.74	4	52.95%	50 %	$ 370.37	$ (370.37)	$ -
8 0103/04-2H	6340498	05/24/2004	$ 349.74	278	52.95%	100 %	$ 51,482.08	$ (51,482.08)	$ -
9 0103/04-2I	6340498	05/24/2004	$ 349.74	147	52.95%	100 %	$ 27,222.54	$ (27,222.54)	$ -
10 0103/04-2J	6340498	05/24/2004	$ 349.74	250	52.95%	100 %	$ 46,296.83	$ (46,296.83)	$ -
11 0103/04-2K	6340498	05/27/2004	$ 349.74	26	52.95%	100 %	$ 4,814.87	$ (4,814.87)	$ -
12 0103/04-2L	6340498	05/27/2004	$ 349.74	18	52.95%	100 %	$ 3,333.37	$ (3,333.37)	$ -
13 0103/04-2M	6340498	05/27/2004	$ 349.74	24	52.95%	100 %	$ 4,444.50	$ (4,444.50)	$ -
14 0103/04-3D	6340498	05/24/2004	$ 349.74	209	52.95%	100 %	$ 38,704.15	$ (38,704.15)	$ -
15 0103/04-3G	6340498	05/27/2004	$ 349.74	17	52.95%	100 %	$ 3,148.18	$ (3,148.18)	$ -
16 0103/04-3H	6340498	05/27/2004	$ 349.74	210	52.95%	100 %	$ 38,889.34	$ (38,889.34)	$ -
17 0103/04-3I	6340498	05/27/2004	$ 349.74	268	52.95%	100 %	$ 49,630.20	$ (49,630.20)	$ -
18 0103/04-4AC	6340700	09/16/2004	$ 349.74	273	52.95%	100 %	$ 50,556.14	$ (50,556.14)	$ -
19 0103/04-4AF	6340700	09/16/2004	$ 349.74	284	52.95%	100 %	$ 52,593.20	$ (52,593.20)	$ -
20 0103/04-4Z	6340700	09/16/2004	$ 349.74	271	52.95%	100 %	$ 50,185.77	$ (50,185.77)	$ -
21 0103/04-4AM	6340995	10/18/2004	$ 349.74	3	52.95%	100 %	$ 555.56	$ (555.56)	$ -
22 0103/04-4AP	6340995	10/18/2004	$ 349.74	1	52.95%	100 %	$ 185.19	$ (185.19)	$ -
TOTAL (SUM OF LINE 1-20)				2,893			$ 538,363.35	$ (538,363.35)	$ -
				(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 ALAMEDA

Fiscal Period Ended:
JUNE 30, 2004

Program:
PUBLIC HEALTH

TCM Service Provider:
Bay Area Consortium of Quality Health Care

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 (Adj 2) 9	CPE Requirement Met 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(-C9 + -C8)

STATE OF CALIFORNIA *SCHEDULE 4*

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

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2004

Program:
PUBLIC HEALTH

Calculation of Maximum Allowable Rate	*AS AUDITED*	*AS AUDITED*
1. Actual Cost Per TCM Encounter per LGA Cost Report		$ 349.74
2. LGA Contractual Rate Per TCM Encounter		$ -
2a TCM Service Provider # 1	$ -	
2b TCM Service Provider # 2	$ -	
3. Greater of Line 1 or 2		$ 349.74
3a. TCM Service Provider # 1	$ -	
3b. TCM Service Provider # 2	$ -	
4. Approved Rate Per TCM Encounter		$ 373.97
5. Maximum Allowable Rate per TCM Encounter (Lesser of Line 3 or Line 4)		$ 349.74
5a. TCM Service Provider # 1	$ -	
5b. TCM Service Provider # 2	$ -	
	(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. LGA - Global	8,351	$ 1,547,419.12	$ 1,654,624.40	$ (107,205.28)
7. TCM Service Provider #				$ -
8. TCM Service Provider #				$ -
SUBTOTAL (SUM OF LINE 6-8)	8,351	$ 1,547,419.12	$ 1,654,624.40	$ (107,205.28)
				(To Sch 1)
CMS Paid Invoices				
9. LGA - Global	260	$ 35,555.97	$ 38,019.29	$ (2,463.32)
10. TCM Service Provider #				$ -
11. TCM Service Provider #				$ -
SUBTOTAL (SUM OF LINE 9-11)	260	$ 35,555.97	$ 38,019.29	$ (2,463.32)
				(To Sch 1)
TOTAL (SUM OF LINE 6-11)	8,611	$ 1,582,975.09	$ 1,692,643.69	$ (109,668.60)
		(To Sch 1)	*(To Sch 1)*	

12. TCM Underpayments - Informational Only $ 00

STATE OF CALIFORNIA

SCHEDULE 5

TCM INVOICE RECONCILIATION
CERTIFIED PUBLIC EXPENDITURE (CPE)

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2004

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 (Adj 1) 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(C8-C9; If C9>C8, then 0)
CMS Deferred Invoices									
1 0103/04-1H	6340498	05/24/2004	$ 349.74	430	54.35%	100 %	$ 81,735.99	$ 87,398.66	$ (5,662.67)
2 0103/04-1I	6340498	05/24/2004	$ 349.74	348	54.35%	100 %	$ 66,149.12	$ 70,731.94	$ (4,582.82)
3 0103/04-1J	6340498	05/24/2004	$ 349.74	506	54.35%	100 %	$ 96,182.35	$ 102,845.86	$ (6,663.51)
4 0103/04-1K	6340498	05/27/2004	$ 349.74	117	54.35%	100 %	$ 22,239.79	$ 23,780.57	$ (1,540.78)
5 0103/04-1L	6340498	05/27/2004	$ 349.74	32	54.35%	100 %	$ 6,082.68	$ 6,504.09	$ (421.41)
6 0103/04-1M	6340498	05/27/2004	$ 349.74	81	54.35%	100 %	$ 15,396.78	$ 16,463.47	$ (1,066.69)
7 0103/04-1Q	6340995	07/15/2004	$ 349.74	11	54.35%	50 %	$ 1,045.46	$ 1,117.89	$ (72.43)
8 0103/04-1R	6340995	07/15/2004	$ 349.74	6	54.35%	50 %	$ 570.25	$ 609.76	$ (39.51)
9 0103/04-1S	6340995	07/15/2004	$ 349.74	8	54.35%	50 %	$ 760.33	$ 813.01	$ (52.68)
10 0103/04-1W	6340995	08/20/2004	$ 349.74	4	54.35%	50 %	$ 380.17	$ 406.51	$ (26.34)
11 0103/04-1Y	6340995	08/20/2004	$ 349.74	4	54.35%	50 %	$ 380.17	$ 406.51	$ (26.34)
12 0103/04-2AB	6340995	08/20/2004	$ 349.74	2	52.95%	75 %	$ 277.78	$ 297.03	$ (19.25)
13 0103/04-2AE	6340995	10/18/2004	$ 349.74	3	52.95%	50 %	$ 277.78	$ 297.03	$ (19.25)
14 0103/04-2AG	6340995	10/18/2004	$ 349.74	5	52.95%	50 %	$ 462.97	$ 495.04	$ (32.07)
15 0103/04-2AI	6340995	10/18/2004	$ 349.74	6	52.95%	50 %	$ 555.56	$ 594.05	$ (38.49)
16 0103/04-2AK	6341020	11/15/2004	$ 349.74	4	52.95%	50 %	$ 370.37	$ 396.03	$ (25.66)
17 0103/04-2H	6340498	05/24/2004	$ 349.74	500	52.95%	100 %	$ 92,593.67	$ 99,008.56	$ (6,414.89)
18 0103/04-2I	6340498	05/24/2004	$ 349.74	359	52.95%	100 %	$ 66,482.25	$ 71,088.14	$ (4,605.89)
19 0103/04-2J	6340498	05/24/2004	$ 349.74	472	52.95%	100 %	$ 87,408.42	$ 93,464.08	$ (6,055.66)
20 0103/04-2K	6340498	05/27/2004	$ 349.74	240	52.95%	100 %	$ 44,444.96	$ 47,524.11	$ (3,079.15)
21 0103/04-2L	6340498	05/27/2004	$ 349.74	214	52.95%	100 %	$ 39,630.09	$ 42,375.66	$ (2,745.57)
22 0103/04-2M	6340498	05/27/2004	$ 349.74	215	52.95%	100 %	$ 39,815.28	$ 42,573.68	$ (2,758.40)
23 0103/04-2P	6340995	07/15/2004	$ 349.74	6	52.95%	75 %	$ 833.34	$ 891.08	$ (57.74)
24 0103/04-2R	6340995	07/15/2004	$ 349.74	5	52.95%	75 %	$ 694.45	$ 742.56	$ (48.11)
25 0103/04-2S	6340995	07/15/2004	$ 349.74	9	52.95%	75 %	$ 1,250.01	$ 1,336.62	$ (86.61)
26 0103/04-2X	6340995	08/20/2004	$ 349.74	4	52.95%	50 %	$ 370.37	$ 396.03	$ (25.66)

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JUNE 30, 2004

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 (Adj 1) 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(C8-C9; If C9>C8, then 0)
27 0103/04-2Z	6340995	08/20/2004	$ 349.74	2	52.95%	75 %	$ 277.78	$ 297.03	$ (19.25)
28 0103/04-3AF	6340995	08/20/2004	$ 349.74	2	52.95%	100 %	$ 370.37	$ 396.03	$ (25.66)
29 0103/04-3AH	6340995	08/20/2004	$ 349.74	9	52.95%	100 %	$ 1,666.69	$ 1,782.15	$ (115.46)
30 0103/04-3AM	6340832	09/16/2004	$ 349.74	1	52.95%	100 %	$ 185.19	$ 198.02	$ (12.83)
31 0103/04-3AP	6340995	10/18/2004	$ 349.74	2	52.95%	75 %	$ 277.78	$ 297.03	$ (19.25)
32 0103/04-3AR	6340995	10/18/2004	$ 349.74	1	52.95%	75 %	$ 138.89	$ 148.51	$ (9.62)
33 0103/04-3AU	6340995	10/18/2004	$ 349.74	1	52.95%	75 %	$ 138.89	$ 148.51	$ (9.62)
34 0103/04-3AW	6341020	11/15/2004	$ 349.74	2	52.95%	50 %	$ 185.19	$ 198.02	$ (12.83)
35 0103/04-3D	6340498	05/24/2004	$ 349.74	425	52.95%	100 %	$ 78,704.62	$ 84,157.27	$ (5,452.65)
36 0103/04-3E	6340498	05/11/2004	$ 349.74	192	52.95%	100 %	$ 35,555.97	$ 38,019.29	$ (2,463.32)
37 0103/04-3F	6340498	05/11/2004	$ 349.74	242	52.95%	100 %	$ 44,815.33	$ 47,920.14	$ (3,104.81)
38 0103/04-3G	6340498	05/27/2004	$ 349.74	198	52.95%	100 %	$ 36,667.09	$ 39,207.39	$ (2,540.30)
39 0103/04-3H	6340498	05/27/2004	$ 349.74	360	52.95%	100 %	$ 66,667.44	$ 71,286.16	$ (4,618.72)
40 0103/04-3I	6340498	05/27/2004	$ 349.74	478	52.95%	100 %	$ 88,519.54	$ 94,652.18	$ (6,132.64)
41 0103/04-3M	6340498	06/23/2004	$ 349.74	1	52.95%	100 %	$ 185.19	$ 198.02	$ (12.83)
42 0103/04-3Q	6340498	06/23/2004	$ 349.74	3	52.95%	100 %	$ 555.56	$ 594.05	$ (38.49)
43 0103/04-3U	6340995	07/15/2004	$ 349.74	10	52.95%	100 %	$ 1,851.87	$ 1,980.17	$ (128.30)
44 0103/04-3W	6340995	07/15/2004	$ 349.74	11	52.95%	100 %	$ 2,037.06	$ 2,178.19	$ (141.13)
45 0103/04-3Y	6340995	07/15/2004	$ 349.74	31	52.95%	100 %	$ 5,740.81	$ 6,138.53	$ (397.72)
46 0103/04-4A	6340498	06/23/2004	$ 349.74	579	52.95%	100 %	$ 107,223.46	$ 114,651.91	$ (7,428.45)
47 0103/04-4AC	6340700	09/16/2004	$ 349.74	274	52.95%	100 %	$ 50,741.33	$ 54,256.69	$ (3,515.36)
48 0103/04-4AF	6340700	09/16/2004	$ 349.74	285	52.95%	100 %	$ 52,778.39	$ 56,434.88	$ (3,656.49)
49 0103/04-4AI	6340995	10/18/2004	$ 349.74	3	52.95%	100 %	$ 555.56	$ 594.05	$ (38.49)
50 0103/04-4AM	6340995	10/18/2004	$ 349.74	3	52.95%	100 %	$ 555.56	$ 594.05	$ (38.49)
51 0103/04-4AP	6340995	10/18/2004	$ 349.74	13	52.95%	100 %	$ 2,407.44	$ 2,574.22	$ (166.78)
52 0103/04-4AV	6341020	11/15/2004	$ 349.74	1	52.95%	100 %	$ 185.19	$ 198.02	$ (12.83)
53 0103/04-4D	6340995	07/15/2004	$ 349.74	57	52.95%	100 %	$ 10,555.68	$ 11,286.98	$ (731.30)
54 0103/04-4G	6340995	07/15/2004	$ 349.74	604	52.95%	100 %	$ 111,853.15	$ 119,602.34	$ (7,749.19)

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Provider:
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JUNE 30, 2004

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 (Adj 1) 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(C8-C9; If C9>C8, then 0)
55 0103/04-4K	6340995	07/15/2004	$ 349.74	526	52.95%	100 %	$ 97,408.54	$ 104,157.00	$ (6,748.46)
56 0103/04-4Q	6340995	08/20/2004	$ 349.74	37	52.95%	100 %	$ 6,851.93	$ 7,326.63	$ (474.70)
57 0103/04-4S	6340995	08/20/2004	$ 349.74	57	52.95%	100 %	$ 10,555.68	$ 11,286.98	$ (731.30)
58 0103/04-4U	6340995	08/20/2004	$ 349.74	77	52.95%	100 %	$ 14,259.42	$ 15,247.32	$ (987.90)
59 0103/04-4Z	6340700	09/16/2004	$ 349.74	273	52.95%	100 %	$ 50,556.14	$ 54,058.67	$ (3,502.53)
SUBTOTAL (SUM OF LINE 1-59)				8,351			$ 1,547,419.12	$ 1,654,624.40	$ (107,205.28)
				(To Sch 4)			(To Sch 4)	(To Sch 4)	
CMS Paid Invoices							$ -		
60 0103/04-2AN	6342320	12/15/2004	$ 349.74	13	52.95%	50 %	$ 1,203.72	$ 1,287.11	$ (83.39)
61 0103/04-3BA	6342320	12/15/2004	$ 349.74	38	52.95%	50 %	$ 3,518.56	$ 3,762.33	$ (243.77)
62 0103/04-3BC	6342320	12/15/2004	$ 349.74	22	52.95%	50 %	$ 2,037.06	$ 2,178.19	$ (141.13)
63 0103/04-3BE	6342320	12/15/2004	$ 349.74	34	52.95%	75 %	$ 4,722.28	$ 5,049.44	$ (327.16)
64 0103/04-3BI	6350289A	01/24/2005	$ 349.74	3	52.95%	50 %	$ 277.78	$ 297.03	$ (19.25)
65 0103/04-3BK	6342320	02/15/2005	$ 349.74	6	52.95%	50 %	$ 555.56	$ 594.05	$ (38.49)
66 0103/04-3BL	6342320	02/15/2005	$ 349.74	3	52.95%	50 %	$ 277.78	$ 297.03	$ (19.25)
67 0103/04-4AY	6342320	12/15/2004	$ 349.74	11	52.95%	75 %	$ 1,527.80	$ 1,633.64	$ (105.84)
68 0103/04-4BA	6342320	12/15/2004	$ 349.74	24	52.95%	75 %	$ 3,333.37	$ 3,564.31	$ (230.94)
69 0103/04-4BC	6342320	12/15/2004	$ 349.74	80	52.95%	100 %	$ 14,814.99	$ 15,841.37	$ (1,026.38)
70 0103/04-4BE	6350289A	01/20/2005	$ 349.74	5	52.95%	75 %	$ 694.45	$ 742.56	$ (48.11)
71 0103/04-4BF	6342320	01/24/2005	$ 349.74	4	52.95%	75 %	$ 555.56	$ 594.05	$ (38.49)
72 0103/04-4BH	6342320	02/15/2005	$ 349.74	2	52.95%	50 %	$ 185.19	$ 198.02	$ (12.83)
73 0103/04-4BI	6342320	02/15/2005	$ 349.74	5	52.95%	75 %	$ 694.45	$ 742.56	$ (48.11)
74 0103/04-4BJ	6342320	02/15/2005	$ 349.74	5	52.95%	75 %	$ 694.45	$ 742.56	$ (48.11)
75 0103/04-4BS	6351194A	06/15/2005	$ 349.74	5	52.95%	50 %	$ 462.97	$ 495.04	$ (32.07)

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CERTIFIED PUBLIC EXPENDITURE (CPE)

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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 (Adj 1) 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(C8-C9; If C9>C8, then 0)
SUBTOTAL (SUM OF LINE 60-75)				260 (To Sch 4)			$ 35,555.97 (To Sch 4)	$ 38,019.29 (To Sch 4)	$ (2,463.32)
TOTAL (SUM OF LINE 1-75)				8,611 (To Sch 4)			$ 1,582,975.09 (To Sch 4)	$ 1,692,643.69 (To Sch 4)	$ (109,668.60)

Provider Name	Fiscal Period	Program	Adjustments
COUNTY OF ALAMEDA	JULY 1, 2003 THROUGH JUNE 30, 2004	TCM - PUBLIC HEALTH	2

Report References									
	AUDIT REPORT			COST REPORT					
Adj. No.	Sch	Line	Col.	Sch	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
						ADJUSTMENTS TO OTHER MATTERS			
1	5	1 - 75	9	Not Reported		Amount Due State			
						To recover Targeted Case Management (TCM) program overpayments. County of Alameda submitted claims to the TCM program for the reimbursement of TCM encounters performed by Bay Area Consortium for Quality Healthcare (BACQHC), on its behalf. County of Alameda did not make payment of eligible funds (certified public expenditure) to BACQHC prior to submitting claims to the TCM program for federal reimbursments. Social Security Act, Title XIX, Section 1903 (a) and (a) (1) 42 CFR, 413.20, 413.24 and 433.51 CMS Pub. 15-1, Sections 2300 and 2304 W&I 14132.44 CCR, Title 22, 51185, 51271, 51272, 51351, 51351.1,51365, 51535.7, 51458.1 and 51492 TCM Program Policy and Procedure Letter 08-006, issued 12/16/08 Medi-Cal Targeted Case Management Provider Participation Agreement, County of Alameda, Provider # 01-0104	$0.00	$109,668.60	
2	3B	1 - 22	9	Not Reported		To recover Targeted Case Mangement (TCM) program overpayments. Alameda County submitted claims to the TCM program for the reimbursement of TCM encounters performed by Bay Area Consortium for Quality Healthcare (BACQHC), on its behalf. County of Alameda did not make payment of eligible funds (certified public expenditure) to BACQHC prior to submitting claims to the TCM program for federal reimbursments. Social Security Act, Title XIX, Section 1903 (a) and (a) (1) 42 CFR, 413.20, 413.24 and 433.51 CMS Pub. 15-1, Sections 2300 and 2304 W&I 14132.44 CCR, Title 22, 51185, 51271, 51272, 51351, 51351.1,51365, 51535.7, 51458.1 and 51492 TCM Program Policy and Procedure Letter 08-006, issued 12/16/08 Medi-Cal Targeted Case Management Provider Participation Agreement, County of Alameda, Provider # 01-0104		538,363.35 $648,031.95	$648,031.95