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, 2002 THROUGH JUNE 30, 2003

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

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

DAVID MAXWELL-JOLLY
Director

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, 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
$376,376.52	$442,619.80	$818,996.32

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 $376,376.52 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, 2003

Program:
TCM - PUBLIC HEALTH

	AS AUDITED	AMOUNTS DUE
TCM REIMBURSEMENT RECONCILIATION		
1. Computed Maximum TCM Program Reimbursement (Sch 4)	$ 823,933.23	
2. TCM Program Payments To LGA (Sch 4)	$ 818,996.32	
3. TCM Program Overpayments (Line 1 - Line 2; If Line 1 > Line 2, then 0)	$ -	
4. CMS Deferred Invoices: TCM Program Overpayments (Sch 4)	$ -	
5. CMS Paid Invoices: TCM Program Overpayments (Sch 4)	$ -	
6. ***Amount Due (State)*** (Line 3)		$ -
CPE REVIEW OF CMS DEFERRED CLAIMS		
CPE Requirements Met - Qualified for Federal Reimbursement 7. Amount Due (State) (Sch 2)		$ (442,619.80)
CPE Requirements Not Met - ***Not*** Qualified for Federal Reimbursement 8. Amount Due (State) (Sch 2)		$ (376,376.52)
AMOUNTS DUE		
9. ***Amount Due Provider / (State)*** (Line 6 + Line 8)		$ *(376,376.52)*
10. ***Amount Due Federal Government / (State)*** (Line 7 - Line 5)		$ *(442,619.80)*

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, 2003

Program:
TCM - 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
1. ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT	3A	$ 234.40	3,823	$ 442,619.80	$ -	$ (442,619.80)
2. BAY AREA CONSORTIUM OF QUALITY HEALTH CARE	3B	$ 234.40	3,197	$ 376,376.52	$ (376,376.52)	$ -
SUBTOTAL (SUM OF LINES 1 - 2)			7,020	$ 818,996.32	$ (376,376.52) (To Sch 1)	$ (442,619.80) (To Sch 1)

STATE OF CALIFORNIA *SCHEDULE 3A*

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

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2003

Program:
TCM - PUBLIC HEALTH

TCM Service Provider:
ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

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)
1 0102/03-1AB	6330045	05/29/2003	$ 234.40	36	51.40%	50 %	$ 2,168.67		$ (2,168.67)
2 0102/03-1AC	6330045	05/29/2003	$ 234.40	33	51.40%	75 %	$ 2,981.92		$ (2,981.92)
3 0102/03-1AD	6330045	05/29/2003	$ 234.40	51	51.40%	75 %	$ 4,608.42		$ (4,608.42)
4 0102/03-1AK	6330712	07/17/2003	$ 234.40	1	51.40%	50 %	$ 60.24		$ (60.24)
5 0102/03-1AL	6330712	07/17/2003	$ 234.40	1	51.40%	50 %	$ 60.24		$ (60.24)
6 0102/03-1AM	6330712	07/17/2003	$ 234.40	4	51.40%	50 %	$ 240.96		$ (240.96)
7 0102/03-1AQ	6330834	08/18/2003	$ 234.40	2	51.40%	50 %	$ 120.48		$ (120.48)
8 0102/03-1F	6321876	02/18/2003	$ 234.40	116	51.40%	100 %	$ 13,975.87		$ (13,975.87)
9 0102/03-1G	6321876	02/18/2003	$ 234.40	95	51.40%	100 %	$ 11,445.75		$ (11,445.75)
10 0102/03-1N	6322236	03/18/2003	$ 234.40	11	51.40%	75 %	$ 993.97		$ (993.97)
11 0102/03-1O	6322236	03/18/2003	$ 234.40	13	51.40%	75 %	$ 1,174.70		$ (1,174.70)
12 0102/03-1P	6322236	03/18/2003	$ 234.40	355	51.40%	100 %	$ 42,770.97		$ (42,770.97)
13 0102/03-2AA	6330712	07/17/2003	$ 234.40	13	54.35%	75 %	$ 1,142.70 *		$ (1,142.70)
14 0102/03-2AB	6330712	07/17/2003	$ 234.40	4	54.35%	75 %	$ 351.60 *		$ (351.60)
15 0102/03-2AC	6330712	07/17/2003	$ 234.40	10	54.35%	75 %	$ 879.00 *		$ (879.00)
16 0102/03-2AG	6330834	08/18/2003	$ 234.40	3	54.35%	50 %	$ 175.80 *		$ (175.80)
17 0102/03-2AH	6330834	08/18/2003	$ 234.40	1	54.35%	75 %	$ 87.90 *		$ (87.90)
18 0102/03-2AI	6330834	08/18/2003	$ 234.40	2	54.35%	75 %	$ 175.80 *		$ (175.80)
19 0102/03-2AM	6330834	09/17/2003	$ 234.40	1	54.35%	50 %	$ 58.60 *		$ (58.60)
20 0102/03-2AN	6330834	09/17/2003	$ 234.40	6	54.35%	50 %	$ 351.60 *		$ (351.60)
21 0102/03-2AO	6330834	09/17/2003	$ 234.40	7	54.35%	75 %	$ 615.30 *		$ (615.30)
22 0102/03-2AS	6331600	10/17/2003	$ 234.40	4	54.35%	50 %	$ 234.40 *		$ (234.40)
23 0102/03-2AT	6331600	10/17/2003	$ 234.40	3	54.35%	50 %	$ 175.80 *		$ (175.80)
24 0102/03-2AY	6331326	11/19/2003	$ 234.40	0	54.35%	50 %	$ -		$ -
25 0102/03-2B	6322236	03/18/2003	$ 234.40	400	50.00%	100 %	$ 46,880.00		$ (46,880.00)
26 0102/03-2C	6322236	03/18/2003	$ 234.40	299	50.00%	100 %	$ 35,042.80		$ (35,042.80)
27 0102/03-2D	6322236	03/18/2003	$ 234.40	231	50.00%	100 %	$ 27,073.20		$ (27,073.20)
28 0102/03-2K	6322378	04/16/2003	$ 234.40	2	50.00%	100 %	$ 234.40		$ (234.40)
29 0102/03-2R	6330045	05/29/2003	$ 234.40	70	50.00%	75 %	$ 6,153.00		$ (6,153.00)

STATE OF CALIFORNIA

SCHEDULE 3A

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

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2003

Program:
TCM - PUBLIC HEALTH

TCM Service Provider:
ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

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)
30 0102/03-2S	6330045	05/29/2003	$ 234.40	63	50.00%	100 %	$ 6,094.40	*		$ (6,094.40)
31 0102/03-2T	6330045	05/29/2003	$ 234.40	75	50.00%	100 %	$ 8,790.00			$ (8,790.00)
32 0102/03-2X	6330457	06/18/2003	$ 234.40	2	54.35%	75 %	$ 175.80	*		$ (175.80)
33 0102/03-2Y	6330457	06/18/2003	$ 234.40	i	54.35%	100 %	$ 117.20	*		$ (117.20)
34 0102/03-3AC	6330834	09/17/2003	$ 234.40	13	54.35%	75 %	$ 1,142.70	*		$ (1,142.70)
35 0102/03-3AD	6330834	09/17/2003	$ 234.40	6	54.35%	75 %	$ 527.40			$ (527.40)
36 0102/03-3AE	6330834	09/17/2003	$ 234.40	2	54.35%	100 %	$ 234.40	*		$ (234.40)
37 0102/03-3AI	6331600	10/17/2003	$ 234.40	3	54.35%	75 %	$ 263.70	*		$ (263.70)
38 0102/03-3AJ	6331600	10/17/2003	$ 234.40	4	54.35%	75 %	$ 351.60	*		$ (351.60)
39 0102/03-3AK	6331600	10/17/2003	$ 234.40	6	54.35%	75 %	$ 527.40	*		$ (527.40)
40 0102/03-3AQ	6331326	11/19/2003	$ 234.40	2	54.35%	50 %	$ 117.20	*		$ (117.20)
41 0102/03-3AR	6331326	11/19/2003	$ 234.40	i	54.35%	75 %	$ 87.90	*		$ (87.90)
42 0102/03-3AS	6331326	11/19/2003	$ 234.40	i	54.35%	75 %	$ 87.90	*		$ (87.90)
43 0102/03-3AY	6331600	01/24/2003	$ 234.40	5	54.35%	50 %	$ 293.00	*		$ (293.00)
44 0102/03-3F	6330045	05/29/2003	$ 234.40	380	50.00%	100 %	$ 44,536.00			$ (44,536.00)
45 0102/03-3G	6330045	05/29/2003	$ 234.40	351	50.00%	100 %	$ 41,137.20			$ (41,137.20)
46 0102/03-3H	6330045	05/29/2003	$ 234.40	375	50.00%	100 %	$ 43,950.00			$ (43,950.00)
47 0102/03-3L	6330457	06/18/2003	$ 234.40	1	54.35%	100 %	$ 117.20	*		$ (117.20)
48 0102/03-3M	6330457	06/18/2003	$ 234.40	2	54.35%	100 %	$ 234.40	*		$ (234.40)
49 0102/03-3R	6330712	07/17/2003	$ 234.40	18	54.35%	100 %	$ 2,109.60	*		$ (2,109.60)
50 0102/03-3S	6330712	07/17/2003	$ 234.40	22	54.35%	100 %	$ 2,578.40	*		$ (2,578.40)
51 0102/03-3T	6330712	07/17/2003	$ 234.40	35	54.35%	100 %	$ 4,102.00	*		$ (4,102.00)
52 0102/03-3X	6330834	08/18/2003	$ 234.40	2	54.35%	75 %	$ 175.80	*		$ (175.80)
53 0102/03-3Y	6330834	08/18/2003	$ 234.40	2	54.35%	100 %	$ 234.40	*		$ (234.40)
54 0102/03-4AC	6331600	10/17/2003	$ 234.40	15	54.35%	100 %	$ 1,910.95			$ (1,910.95)
55 0102/03-4AD	6331600	10/17/2003	$ 234.40	32	54.35%	100 %	$ 4,076.68			$ (4,076.68)
56 0102/03-4AE	6331600	10/17/2003	$ 234.40	54	54.35%	100 %	$ 6,879.41			$ (6,879.41)
57 0102/03-4AI	6331326	11/19/2003	$ 234.40	3	54.35%	75 %	$ 286.64			$ (286.64)
58 0102/03-4AJ	6331326	11/19/2003	$ 234.40	3	54.35%	100 %	$ 382.19			$ (382.19)

STATE OF CALIFORNIA

SCHEDULE 3A

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

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2003

Program:
TCM - PUBLIC HEALTH

TCM Service Provider:
ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

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)
59 0102/03-4AK	6331326	11/19/2003	$ 234.40	6	54.35%	100 %	$ 764.38		$ (764.38)
60 0102/03-4AR	6331600	01/24/2003	$ 234.40	1	54.35%	75 %	$ 95.55		$ (95.55)
61 0102/03-4AW	6340173	03/01/2004	$ 234.40	0	54.35%	50 %	$ -		$ -
62 0102/03-4AY	6340173	03/01/2004	$ 234.40	2	54.35%	75 %	$ 127.39 *		$ (127.39)
63 0102/03-4AZ	6340173	03/01/2004	$ 234.40	2	54.35%	75 %	$ 191.09		$ (191.09)
64 0102/03-4BD	6340173	04/19/2004	$ 234.40	9	54.35%	50 %	$ 573.28		$ (573.28)
65 0102/03-4BF	6340173	04/19/2004	$ 234.40	8	54.35%	50 %	$ 509.59		$ (509.59)
66 0102/03-4BH	6340173	04/19/2004	$ 234.40	7	54.35%	50 %	$ 445.89		$ (445.89)
67 0102/03-4C	6330457	06/18/2003	$ 234.40	123	54.35%	100 %	$ 15,669.76		$ (15,669.76)
68 0102/03-4H	6330712	07/17/2003	$ 234.40	61	54.35%	100 %	$ 7,771.18		$ (7,771.18)
69 0102/03-4I	6330712	07/17/2003	$ 234.40	159	54.35%	100 %	$ 20,256.03		$ (20,256.03)
70 0102/03-4N	6330834	08/18/2003	$ 234.40	16	54.35%	100 %	$ 2,038.34		$ (2,038.34)
71 0102/03-4O	6330834	08/18/2003	$ 234.40	35	54.35%	100 %	$ 4,458.87		$ (4,458.87)
72 0102/03-4P	6330834	08/18/2003	$ 234.40	128	54.35%	100 %	$ 16,306.74		$ (16,306.74)
73 0102/03-4U	6330834	09/17/2003	$ 234.40	4	54.35%	100 %	$ 509.59		$ (509.59)
74 0102/03-4V	6330834	09/17/2003	$ 234.40	6	54.35%	100 %	$ 764.38		$ (764.38)
75 0102/03-4W	6330834	09/17/2003	$ 234.40	3	54.35%	100 %	$ 382.19		$ (382.19)
TOTAL (SUM OF LINE 1-75)				3,823			$ 442,619.80	$ -	$ (442,619.80)
				(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

* Reimbursement based actual TCM Program payment. Amount is less than "Computed Maximum TCM Program Reimbursement."

STATE OF CALIFORNIA

SCHEDULE 3B

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

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2003

Program:
TCM - 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) 9	CPE Requirement Met 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(-C9 + -C8)
1 0102/03-1AK	6330712	07/17/2003	$ 234.40	6	51.40%	50 %	$ 361.44	$ (361.44)	$ -
2 0102/03-1AL	6330712	07/17/2003	$ 234.40	15	51.40%	50 %	$ 903.61	$ (903.61)	$ -
3 0102/03-1AM	6330712	07/17/2003	$ 234.40	30	51.40%	50 %	$ 1,807.22	$ (1,807.22)	$ -
4 0102/03-1F	6321876	02/18/2003	$ 234.40	154	51.40%	100 %	$ 18,554.17	$ (18,554.17)	$ -
5 0102/03-1G	6321876	02/18/2003	$ 234.40	256	51.40%	100 %	$ 30,843.29	$ (30,843.29)	$ -
6 0102/03-1P	6322236	03/18/2003	$ 234.40	406	51.40%	100 %	$ 48,915.53	$ (48,915.53)	$ -
7 0102/03-2AA	6330712	07/17/2003	$ 234.40	35	54.35%	75 %	$ 3,076.50 *	$ (3,076.50)	$ -
8 0102/03-2AB	6330712	07/17/2003	$ 234.40	12	54.35%	75 %	$ 1,054.80 *	$ (1,054.80)	$ -
9 0102/03-2AC	6330712	07/17/2003	$ 234.40	31	54.35%	75 %	$ 2,724.90 *	$ (2,724.90)	$ -
10 0102/03-2AI	6331600	10/16/2003	$ 234.40	1	54.35%	75 %	$ 87.90 *	$ (87.90)	$ -
11 0102/03-2AM	6330834	09/17/2003	$ 234.40	1	54.35%	50 %	$ 58.60 *	$ (58.60)	$ -
12 0102/03-2AS	6331600	10/17/2003	$ 234.40	1	54.35%	50 %	$ 58.60 *	$ (58.60)	$ -
13 0102/03-2AT	6331600	10/17/2003	$ 234.40	2	54.35%	50 %	$ 117.20 *	$ (117.20)	$ -
14 0102/03-2AY	6331326	11/19/2003	$ 234.40	2	54.35%	50 %	$ 117.20 *	$ (117.20)	$ -
15 0102/03-2B	6322236	03/18/2003	$ 234.40	258	50.00%	100 %	$ 30,237.60	$ (30,237.60)	$ -
16 0102/03-2C	6322236	03/18/2003	$ 234.40	194	50.00%	100 %	$ 22,736.80	$ (22,736.80)	$ -
17 0102/03-2D	6322236	03/18/2003	$ 234.40	265	50.00%	100 %	$ 31,058.00	$ (31,058.00)	$ -
18 0102/03-3AC	6330834	09/17/2003	$ 234.40	2	54.35%	75 %	$ 175.80 *	$ (175.80)	$ -
19 0102/03-3AD	6330834	09/17/2003	$ 234.40	2	54.35%	75 %	$ 175.80 *	$ (175.80)	$ -
20 0102/03-3AE	6330834	09/17/2003	$ 234.40	3	54.35%	100 %	$ 351.60 *	$ (351.60)	$ -
21 0102/03-3AI	6331600	10/17/2003	$ 234.40	6	54.35%	75 %	$ 527.40 *	$ (527.40)	$ -
22 0102/03-3AJ	6331600	10/17/2003	$ 234.40	8	54.35%	75 %	$ 703.20 *	$ (703.20)	$ -
23 0102/03-3AK	6331600	10/17/2003	$ 234.40	7	54.35%	75 %	$ 615.30 *	$ (615.30)	$ -
24 0102/03-3AQ	6331326	11/19/2003	$ 234.40	1	54.35%	75 %	$ 58.60 *	$ (58.60)	$ -
25 0102/03-3AR	6331326	11/19/2003	$ 234.40	2	54.35%	75 %	$ 175.80 *	$ (175.80)	$ -
26 0102/03-3F	6330045	05/29/2003	$ 234.40	254	50.00%	100 %	$ 29,768.80	$ (29,768.80)	$ -
27 0102/03-3G	6330045	05/29/2003	$ 234.40	290	50.00%	100 %	$ 33,988.00	$ (33,988.00)	$ -
28 0102/03-3H	6330045	05/29/2003	$ 234.40	228	50.00%	100 %	$ 26,721.60	$ (26,721.60)	$ -
29 0102/03-3R	6330712	07/17/2003	$ 234.40	28	54.35%	100 %	$ 3,281.60 *	$ (3,281.60)	$ -

STATE OF CALIFORNIA

SCHEDULE 3B

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

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2003

Program:
TCM - 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) 9	CPE Requirement Met 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(-C9 + -C8)
30 0102/03-3S	6330712	07/17/2003	$ 234.40	48	54.35%	100 %	$ 5,625.60	$ (5,625.60)	$ -
31 0102/03-3T	6330712	07/17/2003	$ 234.40	32	54.35%	100 %	$ 3,750.40 *	$ (3,750.40)	$ -
32 0102/03-4AC	6331600	10/17/2003	$ 234.40	4	54.35%	100 %	$ 509.59	$ (509.59)	$ -
33 0102/03-4AD	6331600	10/17/2003	$ 234.40	1	54.35%	100 %	$ 127.40	$ (127.40)	$ -
34 0102/03-4AE	6331600	10/17/2003	$ 234.40	15	54.35%	100 %	$ 1,910.95	$ (1,910.95)	$ -
35 0102/03-4AW	6340173	03/01/2004	$ 234.40	8	54.35%	50 %	$ 509.59	$ (509.59)	$ -
36 0102/03-4AY	6340173	03/01/2004	$ 234.40	2	54.35%	75 %	$ 127.40 *	$ (127.40)	$ -
37 0102/03-4AZ	6340173	03/01/2004	$ 234.40	7	54.35%	75 %	$ 668.83	$ (668.83)	$ -
38 0102/03-4C	6330457	06/18/2003	$ 234.40	168	54.35%	100 %	$ 21,402.60	$ (21,402.60)	$ -
39 0102/03-4H	6330712	07/17/2003	$ 234.40	22	54.35%	100 %	$ 2,802.72	$ (2,802.72)	$ -
40 0102/03-4I	6330712	07/17/2003	$ 234.40	228	54.35%	100 %	$ 29,046.38	$ (29,046.38)	$ -
41 0102/03-4U	6330834	09/17/2003	$ 234.40	1	54.35%	100 %	$ 127.40	$ (127.40)	$ -
42 0102/03-4V	6330834	09/17/2003	$ 234.40	1	54.35%	100 %	$ 127.40	$ (127.40)	$ -
43 0102/03-4W	6330834	09/17/2003	$ 234.40	160	54.35%	100 %	$ 20,383.42	$ (20,383.42)	$ -
TOTAL (SUM OF LINE 1-43)				3,197			$ 376,376.52	$ (376,376.52)	$ -
				(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

* Reimbursement based actual TCM Program payment. Amount is less than "Computed Maximum TCM Program Reimbursement."

STATE OF CALIFORNIA *SCHEDULE 4*

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

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2003

Program:
TCM - PUBLIC HEALTH

Calculation of Maximum Allowable Rate	*AS AUDITED*	*AS AUDITED*
1. Actual Cost Per TCM Encounter per LGA Cost Report		$ 373.97
2. LGA Contractual Rate Per TCM Encounter		$ -
2a. TCM Service Provider # 1	$ -	
2b. TCM Service Provider # 2	$ -	
3. Greater of Line 1 or 2		$ 373.97
3a. TCM Service Provider # 1	$ -	
3b. TCM Service Provider # 2	$ -	
4. Approved Rate Per TCM Encounter		$ 234.40
5. Maximum Allowable Rate per TCM Encounter (Lesser of Line 3 or Line 4)		$ 234.40
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	7,020	$ 823,933.23	$ 818,996.32	$ -
7 TCM Service Provider #				$ -
8. TCM Service Provider #				$ -
SUBTOTAL (SUM OF LINE 6-8)	7,020	$ 823,933.23	$ 818,996.32	$ -
				(To Sch 1)
CMS Paid Invoices				
9. LGA - Global	-	$ -	$ -	$ -
10. TCM Service Provider #				$ -
11. TCM Service Provider #				$ -
SUBTOTAL (SUM OF LINE 9-11)	-	$ -	$ -	$ -
				(To Sch 1)
TOTAL (SUM OF LINE 6-11)	7,020	$ 823,933.23	$ 818,996.32	$ -
		(To Sch 1)	*(To Sch 1)*	

12. TCM Underpayments - Informational Only $ 490,598.82

STATE OF CALIFORNIA

SCHEDULE 5

TCM INVOICE RECONCILIATION
CERTIFIED PUBLIC EXPENDITURE (CPE) REVIEW

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2003

Program:
TCM - 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
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(C8-C9; If C9>C8, then 0) (Adj)
CMS Deferred Invoices									
1 0102/03-1AB	6330045	05/29/2003	$ 234.40	36	51.40%	50 %	$ 2,168.67	$ 2,168.67	$ -
2 0102/03-1AC	6330045	05/29/2003	$ 234.40	33	51.40%	75 %	$ 2,981.92	$ 2,981.92	$ -
3 0102/03-1AD	6330045	05/29/2003	$ 234.40	51	51.40%	75 %	$ 4,608.42	$ 4,608.42	$ -
4 0102/03-1AK	6330712	07/17/2003	$ 234.40	7	51.40%	50 %	$ 421.69	$ 421.69	$ -
5 0102/03-1AL	6330712	07/17/2003	$ 234.40	16	51.40%	50 %	$ 963.85	$ 963.85	$ -
6 0102/03-1AM	6330712	07/17/2003	$ 234.40	34	51.40%	50 %	$ 2,048.19	$ 2,048.19	$ -
7 0102/03-1AQ	6330834	08/18/2003	$ 234.40	2	51.40%	50 %	$ 120.48	$ 120.48	$ -
8 0102/03-1F	6321876	02/18/2003	$ 234.40	270	51.40%	100 %	$ 32,530.03	$ 32,530.03	$ -
9 0102/03-1G	6321876	02/18/2003	$ 234.40	351	51.40%	100 %	$ 42,289.04	$ 42,289.04	$ -
10 0102/03-1N	6322236	03/18/2003	$ 234.40	11	51.40%	75 %	$ 993.97	$ 993.97	$ -
11 0102/03-1O	6322236	03/18/2003	$ 234.40	13	51.40%	75 %	$ 1,174.70	$ 1,174.70	$ -
12 0102/03-1P	6322236	03/18/2003	$ 234.40	761	51.40%	100 %	$ 91,686.50	$ 91,686.50	$ -
13 0102/03-2AA	6330712	07/17/2003	$ 234.40	48	54.35%	75 %	$ 4,586.27	$ 4,219.20	$ -
14 0102/03-2AB	6330712	07/17/2003	$ 234.40	16	54.35%	75 %	$ 1,528.76	$ 1,406.40	$ -
15 0102/03-2AC	6330712	07/17/2003	$ 234.40	41	54.35%	75 %	$ 3,917.44	$ 3,603.90	$ -
16 0102/03-2AG	6330834	08/18/2003	$ 234.40	3	54.35%	50 %	$ 191.09	$ 175.80	$ -
17 0102/03-2AH	6330834	08/18/2003	$ 234.40	1	54.35%	75 %	$ 95.55	$ 87.90	$ -
18 0102/03-2AI	6330834	08/18/2003	$ 234.40	3	54.35%	75 %	$ 286.64	$ 263.70	$ -
19 0102/03-2AM	6330834	09/17/2003	$ 234.40	2	54.35%	50 %	$ 127.40	$ 117.20	$ -
20 0102/03-2AN	6330834	09/17/2003	$ 234.40	6	54.35%	50 %	$ 382.19	$ 351.60	$ -
21 0102/03-2AO	6330834	09/17/2003	$ 234.40	7	54.35%	75 %	$ 668.83	$ 615.30	$ -
22 0102/03-2AS	6331600	10/17/2003	$ 234.40	5	54.35%	50 %	$ 318.49	$ 293.00	$ -
23 0102/03-2AT	6331600	10/17/2003	$ 234.40	5	54.35%	50 %	$ 318.49	$ 293.00	$ -
24 0102/03-2AY	6331326	11/19/2003	$ 234.40	2	54.35%	50 %	$ 127.40	$ 117.20	$ -
25 0102/03-2B	6322236	03/18/2003	$ 234.40	658	50.00%	100 %	$ 77,117.60	$ 77,117.60	$ -
26 0102/03-2C	6322236	03/18/2003	$ 234.40	493	50.00%	100 %	$ 57,779.60	$ 57,779.60	$ -
27 0102/03-2D	6322236	03/18/2003	$ 234.40	496	50.00%	100 %	$ 58,131.20	$ 58,131.20	$ -
28 0102/03-2K	6322378	04/16/2003	$ 234.40	2	50.00%	100 %	$ 234.40	$ 234.40	$ -

STATE OF CALIFORNIA

SCHEDULE 5

TCM INVOICE RECONCILIATION
CERTIFIED PUBLIC EXPENDITURE (CPE) REVIEW

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2003

Program:
TCM - 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
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(C8-C9; If C9>C8, then 0) (Adj)
CMS Deferred Invoices									
29 0102/03-2R	6330045	05/29/2003	$ 234.40	70	50.00%	75 %	$ 6,153.00	$ 6,153.00	$ -
30 0102/03-2S	6330045	05/29/2003	$ 234.40	63	50.00%	100 %	$ 7,383.60	$ 6,094.40	$ -
31 0102/03-2T	6330045	05/29/2003	$ 234.40	75	50.00%	100 %	$ 8,790.00	$ 8,790.00	$ -
32 0102/03-2X	6330457	06/18/2003	$ 234.40	2	54.35%	75 %	$ 191.09	$ 175.80	$ -
33 0102/03-2Y	6330457	06/18/2003	$ 234.40	1	54.35%	100 %	$ 127.40	$ 117.20	$ -
34 0102/03-3AC	6330834	09/17/2003	$ 234.40	15	54.35%	75 %	$ 1,433.21	$ 1,318.50	$ -
35 0102/03-3AD	6330834	09/17/2003	$ 234.40	8	54.35%	75 %	$ 764.38	$ 703.20	$ -
36 0102/03-3AE	6330834	09/17/2003	$ 234.40	5	54.35%	100 %	$ 636.98	$ 586.00	$ -
37 0102/03-3AI	6330834	10/17/2003	$ 234.40	9	54.35%	75 %	$ 859.93	$ 791.10	$ -
38 0102/03-3AJ	6331600	10/17/2003	$ 234.40	12	54.35%	75 %	$ 1,146.57	$ 1,054.80	$ -
39 0102/03-3AK	6331600	10/17/2003	$ 234.40	13	54.35%	75 %	$ 1,242.11	$ 1,142.70	$ -
40 0102/03-3AQ	6331326	11/19/2003	$ 234.40	3	54.35%	50 %	$ 191.09	$ 175.80	$ -
41 0102/03-3AR	6331326	11/19/2003	$ 234.40	3	54.35%	75 %	$ 286.64	$ 263.70	$ -
42 0102/03-3AS	6331326	11/19/2003	$ 234.40	1	54.35%	75 %	$ 95.55	$ 87.90	$ -
43 0102/03-3AY	6331600	01/24/2003	$ 234.40	5	54.35%	50 %	$ 318.49	$ 293.00	$ -
44 0102/03-3F	6330045	05/29/2003	$ 234.40	634	50.00%	100 %	$ 74,304.80	$ 74,304.80	$ -
45 0102/03-3G	6330045	05/29/2003	$ 234.40	641	50.00%	100 %	$ 75,125.20	$ 75,125.20	$ -
46 0102/03-3H	6330045	05/29/2003	$ 234.40	603	50.00%	100 %	$ 70,671.60	$ 70,671.60	$ -
47 0102/03-3L	6330457	06/18/2003	$ 234.40	1	54.35%	100 %	$ 127.40	$ 117.20	$ -
48 0102/03-3M	6330457	06/18/2003	$ 234.40	2	54.35%	100 %	$ 254.79	$ 234.40	$ -
49 0102/03-3R	6330712	07/17/2003	$ 234.40	46	54.35%	100 %	$ 5,860.23	$ 5,391.20	$ -
50 0102/03-3S	6330712	07/17/2003	$ 234.40	70	54.35%	100 %	$ 8,917.75	$ 8,204.00	$ -
51 0102/03-3T	6330712	07/17/2003	$ 234.40	67	54.35%	100 %	$ 8,535.56	$ 7,852.40	$ -
52 0102/03-3X	6330834	08/18/2003	$ 234.40	2	54.35%	75 %	$ 191.09	$ 175.80	$ -
53 0102/03-3Y	6330834	08/18/2003	$ 234.40	2	54.35%	100 %	$ 254.79	$ 234.40	$ -
54 0102/03-4AC	6331600	10/17/2003	$ 234.40	19	54.35%	100 %	$ 2,420.53	$ 2,420.53	$ -
55 0102/03-4AD	6331600	10/17/2003	$ 234.40	33	54.35%	100 %	$ 4,204.08	$ 4,204.08	$ -
56 0102/03-4AE	6331600	10/17/2003	$ 234.40	69	54.35%	100 %	$ 8,790.35	$ 8,790.35	$ -

STATE OF CALIFORNIA

SCHEDULE 5

TCM INVOICE RECONCILIATION
CERTIFIED PUBLIC EXPENDITURE (CPE) REVIEW

Provider:
COUNTY OF ALAMEDA

Fiscal Period Ended:
JUNE 30, 2003

Program:
TCM - 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
			(Sch 4, Line 5)				(C4*C5*C6*C7)*.01		(C8-C9; If C9>C8, then 0) (Adj)
CMS Deferred Invoices									
57 0102/03-4AI	6331326	11/19/2003	$ 234.40	3	54.35%	75 %	$ 286.64	$ 286.64	$ -
58 0102/03-4AJ	6331326	11/19/2003	$ 234.40	3	54.35%	100 %	$ 382.19	$ 382.19	$ -
59 0102/03-4AK	6331326	11/19/2003	$ 234.40	6	54.35%	100 %	$ 764.38	$ 764.38	$ -
60 0102/03-4AR	6331600	01/24/2003	$ 234.40	1	54.35%	75 %	$ 95.55	$ 95.55	$ -
61 0102/03-4AW	6340173	03/01/2004	$ 234.40	8	54.35%	50 %	$ 509.59	$ 509.59	$ -
62 0102/03-4AY	6340173	03/01/2004	$ 234.40	4	54.35%	75 %	$ 382.19	$ 254.79	$ -
63 0102/03-4AZ	6340173	03/01/2004	$ 234.40	9	54.35%	75 %	$ 859.93	$ 859.93	$ -
64 0102/03-4BD	6340173	04/19/2004	$ 234.40	9	54.35%	50 %	$ 573.28	$ 573.28	$ -
65 0102/03-4BF	6340173	04/19/2004	$ 234.40	8	54.35%	50 %	$ 509.59	$ 509.59	$ -
66 0102/03-4BH	6340173	04/19/2004	$ 234.40	7	54.35%	50 %	$ 445.89	$ 445.89	$ -
67 0102/03-4C	6330457	06/18/2003	$ 234.40	291	54.35%	100 %	$ 37,072.35	$ 37,072.35	$ -
68 0102/03-4H	6330712	07/17/2003	$ 234.40	83	54.35%	100 %	$ 10,573.90	$ 10,573.90	$ -
69 0102/03-4I	6330712	07/17/2003	$ 234.40	387	54.35%	100 %	$ 49,302.41	$ 49,302.41	$ -
70 0102/03-4N	6330834	08/18/2003	$ 234.40	16	54.35%	100 %	$ 2,038.34	$ 2,038.34	$ -
71 0102/03-4O	6330834	08/18/2003	$ 234.40	35	54.35%	100 %	$ 4,458.87	$ 4,458.87	$ -
72 0102/03-4P	6330834	08/18/2003	$ 234.40	128	54.35%	100 %	$ 16,306.74	$ 16,306.74	$ -
73 0102/03-4U	6330834	09/17/2003	$ 234.40	5	54.35%	100 %	$ 636.98	$ 636.98	$ -
74 0102/03-4V	6330834	09/17/2003	$ 234.40	7	54.35%	100 %	$ 891.77	$ 891.77	$ -
75 0102/03-4W	6330834	09/17/2003	$ 234.40	163	54.35%	100 %	$ 20,765.61	$ 20,765.61	$ -
TOTAL (SUM OF LINE 1-75)				7,020			$ 823,933.23	$ 818,996.32	$ -
				(To Sch 4)			(To Sch 4)	(To Sch 4)	

Provider Name	Fiscal Period	Program	Adjustments
COUNTY OF ALAMEDA	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	3B	1 - 43	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	$376,376.52	$376,376.52