REPORT
ON THE
LIMITED REVIEW AUDIT

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
SAN DIEGO, CALIFORNIA
PROVIDER NUMBER: 37-0104

TARGETED CASE MANAGEMENT PROGRAM
PROGRAM: COMMUNITY

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

AUG 10 2009

Ms. Janice DiCroce, Ph.D.
LGA MAA/TCM Coordinator
Revenue Development
Health & Human Service Agency
San Diego County
3851 Rosecrans Street Mail Stop W475
San Diego, CA 92110

PROVIDER NAME: COUNTY OF SAN DIEGO
PROVIDER NUMBER: 37-0104
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
$58,458.44	$748,605.34	$807,063.78

This audit report includes the:

1. Certified Public Expenditure (CPE) Review schedules

2. Audit Adjustments Schedule

The report concludes that $58,458.44 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

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 SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

		AS AUDITED	AMOUNTS DUE
TCM REIMBURSEMENT RECONCILIATION			
1	Computed Maximum TCM Program Reimbursement (Sch 4)	$ 807,063.78	
2.	TCM Program Payments To LGA (Sch 4)	$ 1,274,731.20	
3	TCM Program Overpayments (Line 1 - Line 2; If Line 1 > Line 2, then 0)	$ (467,667.42)	
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)		$ (748,605.34)
	CPE Requirements Not Met - ***Not*** Qualified for Federal Reimbursement		
8.	Amount Due (State) (Sch 2)		$ (58,458.44)
AMOUNTS DUE			
9.	***Amount Due Provider / (State)*** (Line 6 + Line 8)		$ *(58,458.44)*
10.	***Amount Due Federal Government / (State)*** (Line 7 - Line 5)		$ *(748,605.34)*

* No amount due State. TCM Program overpayments were repaid to State by County of San Diego February 2005.

DHCS
DAVID MAXWELL-JOLLY
Director

State of California—Health and Human Services Agency

Department of Health Care Services

ARNOLD SCHWARZENEGGER
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Ms. Janice DiCroce, Ph.D.
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3851 Rosecrans Street Mail Stop W475
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PROVIDER NAME: COUNTY OF SAN DIEGO
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FISCAL PERIOD JULY 1, 2003 THROUGH JUNE 30, 2004

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Evie Correa, Chief
Audits Section—Sacramento
Financial Audits Branch

Certified

cc: Elizabeth Touhey, Chief
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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 2

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

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - 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
1. BAYSIDE COMMUNITY CENTER	3A	$ 121.59	1,098	$ 71,110.09	$ -	$ (71,110.09)
2. CHILDREN'S CHADWICK	3B	$ 121.59	4,472	$ 291,070.62	$ -	$ (291,070.62)
3. CHULA VISTA COMMUNITY COLLABORATIVE	3C	$ 121.59	907	$ 58,458.44	$ (58,458.44)	$ -
4. CHILDREN'S DSEP	3D	$ 121.59	634	$ 41,138.15	$ -	$ (41,138.15)
5. ELDERHELP OF SAN DIEGO	3E	$ 121.59	159	$ 10,276.03	$ -	$ (10,276.03)
6. HOME START	3F	$ 121.59	1,639	$ 106,172.51	$ -	$ (106,172.51)
7. INDIAN HEALTH COUNCIL	3G	$ 121.59	281	$ 18,258.14	$ -	$ (18,258.14)
8. JEWISH FAMILY SERVICES	3H	$ 121.59	234	$ 15,101.11	$ -	$ (15,101.11)
9. NATIONAL CITY COLLABORATIVE	3I	$ 121.59	274	$ 17,727.46	$ -	$ (17,727.46)
10. NEW ALTERNATIVES	3J	$ 121.59	1,940	$ 125,303.22	$ -	$ (125,303.22)
11. SAY SAN DIEGO	3K	$ 121.59	297	$ 19,137.98	$ -	$ (19,137.98)
12. SOUTH BAY COMMUNITY SERVICES	3L	$ 121.59	416	$ 26,952.32	$ -	$ (26,952.32)
13. YMCA YOUTH AND FAMILY SERVICES	3M	$ 121.59	104	$ 6,357.71	$ -	$ (6,357.71)
TOTAL (SUM OF LINES 1 - 13)			12,455	$ 807,063.78	$ (58,458.44) (To Sch 1)	$ (748,605.34) (To Sch 1)

STATE OF CALIFORNIA

SCHEDULE 3A

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

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
BAYSIDE COMMUNITY 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 (Adj) 9	CPE Requirement Met 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)		(-C9 + -C8)
1 3703/04-1E	6340755	07/30/04	$ 121.59	246	54.35%	100.00%	$ 16,256.70	$	$ (16,256.70)
2 3703/04-2E	6340755	07/30/04	$ 121.59	341	52.95%	100.00%	$ 21,954.23	$ -	$ (21,954.23)
3 3703/04-3E	6340755	07/29/04	$ 121.59	283	52.95%	100.00%	$ 18,220.08	$ -	$ (18,220.08)
4 3703/04-4E	6340755	07/29/04	$ 121.59	221	52.95%	100.00%	$ 14,228.40 *	$ -	$ (14,228.40)
5 3703/04-4L	6341004	08/26/04	$ 121.59	7	52.95%	100.00%	$ 450.67	$ -	$ (450.67)
TOTAL (SUM OF LINES 1-5)				1,098			$ 71,110.09	$ -	$ (71,110.09)
				(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) REVIEW

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
CHILDREN'S CHADWICK

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)		(-C9 + -C8)
1 3703/04-1E	6340755	07/30/04	$ 121.59	1,910	54.35%	100.00%	$ 126,220.76	$	$ (126,220.76)
2 3703/04-2E	6340755	07/30/04	$ 121.59	1,364	52.95%	100.00%	$ 87,816.92	$ -	$ (87,816.92)
3 3703/04-3E	6340755	07/29/04	$ 121.59	695	52.95%	100.00%	$ 44,745.42	$	$ (44,745.42)
4 3703/04-3N	6341004	10/21/04	$ 121.59	1	52.95%	75.00%	$ 48.29	$ -	$ (48.29)
5 3703/04-4AC	6342337	03/07/05	$ 121.59	2	52.95%	50.00%	$ 64.38	$ -	$ (64.38)
6 3703/04-4AD	6342337	03/07/05	$ 121.59	1	52.95%	75.00%	$ 48.29	$ -	$ (48.29)
7 3703/04-4E	6340755	07/29/04	$ 121.59	477	52.95%	100.00%	$ 30,710.17	$ -	$ (30,710.17)
8 3703/04-4L	6341004	08/26/04	$ 121.59	22	52.95%	100.00%	$ 1,416.40	$ -	$ (1,416.40)
TOTAL (SUM OF LINES 1-8)				4,472			$ 291,070.62	$ -	$ (291,070.62)
				(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 3C

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

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
CHULA VISTA COMMUNITY COLLABORATIVE

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 1) 9	CPE Requirement Met 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)		(-C9 + -C8)
1 3703/04-1E	6340755	07/30/04	$ 121.59	170	54.35%	100.00%	$ 11,234.31	$ (11,234.31)	$ -
2 3703/04-2E	6340755	07/30/04	$ 121.59	233	52.95%	100.00%	$ 15,000.98	$ (15,000.98)	$ -
3 3703/04-3E	6340755	07/29/04	$ 121.59	266	52.95%	100.00%	$ 17,125.59	$ (17,125.59)	$ -
4 3703/04-4AC	6342337	03/07/05	$ 121.59	1	52.95%	50.00%	$ 32.19	$ (32.19)	$ -
5 3703/04-4AF	6351164A	05/22/05	$ 121.59	6	52.95%	50.00%	$ 193.15	$ (193.15)	$ -
6 3703/04-4E	6340755	07/29/04	$ 121.59	212	52.95%	100.00%	$ 13,648.96	$ (13,648.96)	$ -
7 3703/04-4L	6341004	08/26/04	$ 121.59	17	52.95%	100.00%	$ 1,094.49	$ (1,094.49)	$ -
8 3703/04-4Q	6340715	09/28/04	$ 121.59	1	52.95%	100.00%	$ 64.38	$ (64.38)	$ -
9 3703/04-4S	6341004	10/21/04	$ 121.59	1	52.95%	100.00%	$ 64.38	$ (64.38)	$ -
TOTAL (SUM OF LINES 1-9)				907			$ 58,458.44	$ (58,458.44)	$ -
				(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) REVIEW

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
CHILDREN'S DSEP

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)		(-C9 + -C8)
1 3703/04-1E	6340755	07/30/04	$ 121.59	188	54.35%	100.00%	$ 12,423.82	$ -	$ (12,423.82)
2 3703/04-2E	6340755	07/30/04	$ 121.59	126	52.95%	100.00%	$ 8,112.12	$ -	$ (8,112.12)
3 3703/04-3E	6340755	07/29/04	$ 121.59	197	52.95%	100.00%	$ 12,683.24	$ -	$ (12,683.24)
4 3703/04-4E	6340755	07/29/04	$ 121.59	116	52.95%	100.00%	$ 7,468.30	$ -	$ (7,468.30)
5 3703/04-4L	6341004	08/26/04	$ 121.59	7	52.95%	100.00%	$ 450.67	$ -	$ (450.67)
TOTAL (SUM OF LINES 1-5)				634			$ 41,138.15	$ -	$ (41,138.15)
				(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) REVIEW

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
ELDERHELP OF SAN DIEGO

	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)		(-C9 + -C8)
1	3703/04-1E	6340755	07/30/04	$ 121.59	42	54.35%	100.00%	$ 2,775.53	$ -	$ (2,775.53)
2	3703/04-2E	6340755	07/30/04	$ 121.59	38	52.95%	100.00%	$ 2,446.51	$ -	$ (2,446.51)
3	3703/04-3E	6340755	07/29/04	$ 121.59	45	52.95%	100.00%	$ 2,897.19	$ -	$ (2,897.19)
4	3703/04-4AC	6342337	03/07/05	$ 121.59	1	52.95%	50.00%	$ 32.19	$ -	$ (32.19)
5	3703/04-4E	6340755	07/29/04	$ 121.59	33	52.95%	100.00%	$ 2,124.60	$ -	$ (2,124.60)
	TOTAL (SUM OF LINES 1-5)				159			$ 10,276.03	$ -	$ (10,276.03)
					(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 3F

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

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
HOME START

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)		(-C9 + -C8)
1 3703/04-1E	6340755	07/30/04	$ 121.59	420	54.35%	100.00%	$ 27,755.35	$ -	$ (27,755.35)
2 3703/04-2E	6340755	07/30/04	$ 121.59	368	52.95%	100.00%	$ 23,692.54	$	$ (23,692.54)
3 3703/04-3E	6340755	07/29/04	$ 121.59	450	52.95%	100.00%	$ 28,971.86	$	$ (28,971.86)
4 3703/04-3M	6340819	09/28/04	$ 121.59	2	52.95%	75.00%	$ 96.57	$ -	$ (96.57)
5 3703/04-4AD	6342337	03/07/05	$ 121.59	2	52.95%	75.00%	$ 96.57	$ -	$ (96.57)
6 3703/04-4AF	6351164A	05/22/05	$ 121.59	386	52.95%	100.00%	$ 24,851.42	$ -	$ (24,851.42)
7 3703/04-4L	6341004	08/26/04	$ 121.59	6	52.95%	100.00%	$ 386.29	$ -	$ (386.29)
8 3703/04-4Q	6340715	09/28/04	$ 121.59	4	52.95%	100.00%	$ 257.53	$ -	$ (257.53)
9 3703/04-4S	6341004	10/21/04	$ 121.59	1	52.95%	100.00%	$ 64.38	$ -	$ (64.38)
TOTAL (SUM OF LINES 1-9)				1,639			$ 106,172.51	$ -	$ (106,172.51)
				(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 3G

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

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
INDIAN HEALTH COUNCIL

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)		(-C9 + -C8)
1 3703/04-1E	6340755	07/30/04	$ 121.59	98	54.35%	100.00%	$ 6,476.25	$ -	$ (6,476.25)
2 3703/04-2E	6340755	07/30/04	$ 121.59	54	52.95%	100.00%	$ 3,476.62	$ -	$ (3,476.62)
3 3703/04-3E	6340755	07/29/04	$ 121.59	88	52.95%	100.00%	$ 5,665.61	$ -	$ (5,665.61)
4 3703/04-4E	6340755	07/29/04	$ 121.59	40	52.95%	100.00%	$ 2,575.28	$	$ (2,575.28)
5 3703/04-4S	6341004	10/21/04	$ 121.59	1	52.95%	100.00%	$ 64.38	$ -	$ (64.38)
TOTAL (SUM OF LINES 1-5)				281			$ 18,258.14	$ -	$ (18,258.14)
				(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 3H

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

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
JEWISH FAMILY SERVICES

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)		(-C9 + -C8)
1 3703/04-1E	6340755	07/30/04	$ 121.59	21	54.35%	100.00%	$ 1,387.77	$ -	$ (1,387.77)
2 3703/04-2E	6340755	07/30/04	$ 121.59	62	52.95%	100.00%	$ 3,991.68	$ -	$ (3,991.68)
3 3703/04-3E	6340755	07/29/04	$ 121.59	49	52.95%	100.00%	$ 3,154.71	$ -	$ (3,154.71)
4 3703/04-4E	6340755	07/29/04	$ 121.59	102	52.95%	100.00%	$ 6,566.95	$ -	$ (6,566.95)
TOTAL (SUM OF LINES 1-4)				234			$ 15,101.11	$ -	$ (15,101.11)
				(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 3I

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

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
NATIONAL CITY COLLABORATIVE

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)		(-C9 + -C8)
1 3703/04-1E	6340755	07/30/04	$ 121.59	51	54.35%	100.00%	$ 3,370.29	$ -	$ (3,370.29)
2 3703/04-2E	6340755	07/30/04	$ 121.59	70	52.95%	100.00%	$ 4,506.73	$ -	$ (4,506.73)
3 3703/04-3E	6340755	07/29/04	$ 121.59	98	52.95%	100.00%	$ 6,309.43	$ -	$ (6,309.43)
4 3703/04-3K	6341004	08/26/04	$ 121.59	1	52.95%	100.00%	$ 64.38	$ -	$ (64.38)
5 3703/04-4E	6340755	07/29/04	$ 121.59	54	52.95%	100.00%	$ 3,476.62	$ -	$ (3,476.62)
TOTAL (SUM OF LINES 1-5)				274			$ 17,727.46	$ -	$ (17,727.46)
				(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 3J

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

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
NEW ALTERNATIVES

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)		(-C9 + -C8)
1 3703/04-1E	6340755	07/30/04	$ 121.59	416	54.35%	100.00%	$ 27,491.01	$ -	$ (27,491.01)
2 3703/04-2E	6340755	07/30/04	$ 121.59	559	52.95%	100.00%	$ 35,989.48	$	$ (35,989.48)
3 3703/04-2I	6340819	09/28/04	$ 121.59	4	52.95%	75.00%	$ 193.15	$	$ (193.15)
4 3703/04-3E	6340755	07/29/04	$ 121.59	535	52.95%	100.00%	$ 34,444.32	$ -	$ (34,444.32)
5 3703/04-3M	6340819	09/28/04	$ 121.59	3	52.95%	75.00%	$ 144.86	$ -	$ (144.86)
6 3703/04-3N	6341004	10/21/04	$ 121.59	3	52.95%	75.00%	$ 144.86	$ -	$ (144.86)
7 3703/04-3Q	6342337	03/07/05	$ 121.59	2	52.95%	50.00%	$ 64.38	$ -	$ (64.38)
8 3703/04-4AC	6342337	03/07/05	$ 121.59	2	52.95%	50.00%	$ 64.38	$ -	$ (64.38)
9 3703/04-4AD	6342337	03/07/05	$ 121.59	1	52.95%	75.00%	$ 48.29	$ -	$ (48.29)
10 3703/04-4E	6340755	07/29/04	$ 121.59	414	52.95%	100.00%	$ 26,654.11	$	$ (26,654.11)
11 3703/04-4S	6341004	10/21/04	$ 121.59	1	52.95%	100.00%	$ 64.38	$ -	$ (64.38)
TOTAL (SUM OF LINES 1-11)				1,940			$ 125,303.22	$ -	$ (125,303.22)
				(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 3K

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

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
SAY SAN DIEGO

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)		(-C9 + -C8)
1 3703/04-1E	6340755	07/30/04	$ 121.59	57	54.35%	100.00%	$ 3,766.80	$ -	$ (3,766.80)
2 3703/04-2E	6340755	07/30/04	$ 121.59	39	52.95%	100.00%	$ 2,510.89	$ -	$ (2,510.89)
3 3703/04-2I	6340819	09/28/04	$ 121.59	1	52.95%	75.00%	$ 48.29	$ -	$ (48.29)
4 3703/04-3E	6340755	07/29/04	$ 121.59	96	52.95%	100.00%	$ 6,180.66	$	$ (6,180.66)
5 3703/04-3K	6341004	08/26/04	$ 121.59	2	52.95%	100.00%	$ 128.76	$ -	$ (128.76)
6 3703/04-4AC	6342337	03/07/05	$ 121.59	2	52.95%	50.00%	$ 64.38	$ -	$ (64.38)
7 3703/04-4E	6340755	07/29/04	$ 121.59	90	52.95%	100.00%	$ 5,794.37	$ -	$ (5,794.37)
8 3703/04-4L	6341004	08/26/04	$ 121.59	10	52.95%	100.00%	$ 643.82	$ -	$ (643.82)
TOTAL (SUM OF LINES 1-8)				297			$ 19,137.98	$ -	$ (19,137.98)
				(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 3L

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

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
SOUTH BAY COMMUNITY SERVICES

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)		(-C9 + -C8)
1 3703/04-1E	6340755	07/30/04	$ 121.59	109	54.35%	100.00%	$ 7,203.17	$ -	$ (7,203.17)
2 3703/04-2E	6340755	07/30/04	$ 121.59	95	52.95%	100.00%	$ 6,116.28	$ -	$ (6,116.28)
3 3703/04-3E	6340755	07/29/04	$ 121.59	114	52.95%	100.00%	$ 7,339.54	$ -	$ (7,339.54)
4 3703/04-4AD	6342337	03/07/05	$ 121.59	1	52.95%	75.00%	$ 48.29	$ -	$ (48.29)
5 3703/04-4E	6340755	07/29/04	$ 121.59	96	52.95%	100.00%	$ 6,180.66	$ -	$ (6,180.66)
6 3703/04-4L	6341004	08/26/04	$ 121.59	1	52.95%	100.00%	$ 64.38	$ -	$ (64.38)
TOTAL (SUM OF LINES 1-6)				416			$ 26,952.32	$ -	$ (26,952.32)
				(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA

SCHEDULE 3M

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

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

TCM Service Provider:
YMCA YOUTH AND FAMILY SERVICES

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)		(-C9 + -C8)
1 3703/04-2E	6340755	07/30/04	$ 121.59	4	52.95%	100.00%	$ 257.53	$ -	$ (257.53)
2 3703/04-3E	6340755	07/29/04	$ 121.59	51	52.95%	100.00%	$ 3,283.48	$ -	$ (3,283.48)
3 3703/04-3Q	6342337	03/07/05	$ 121.59	1	52.95%	50.00%	$ 32.19	$ -	$ (32.19)
4 3703/04-4AC	6342337	03/07/05	$ 121.59	2	52.95%	50.00%	$ 64.38	$ -	$ (64.38)
5 3703/04-4AD	6342337	03/07/05	$ 121.59	13	52.95%	75.00%	$ 627.72	$ -	$ (627.72)
6 3703/04-4AE	6342337	03/28/05	$ 121.59	1	52.95%	50.00%	$ 32.19	$ -	$ (32.19)
7 3703/04-4E	6340755	07/29/04	$ 121.59	32	52.95%	100.00%	$ 2,060.22	$ -	$ (2,060.22)
TOTAL (SUM OF LINES 1-7)				104			$ 6,357.71	$ -	$ (6,357.71)
				(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) REVIEW

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - COMMUNITY

Calculation of Maximum Allowable Rate	AS AUDITED	AS AUDITED
1 Actual Cost Per TCM Encounter per LGA Cost Report		$ 211.47
2. LGA Contractual Rate Per TCM Encounter		$ -
2a TCM Service Provider # 1	$ -	
2b TCM Service Provider # 2	$ -	
3. Greater of Line 1 or 2		$ 211.47
3a TCM Service Provider # 1	$ -	
3b TCM Service Provider # 2	$ -	
4. Approved Rate Per TCM Encounter		$ 121.59
5. Maximum Allowable Rate per TCM Encounter (Lesser of Line 3 or Line 4)		$ 121.59
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	12,455	$ 807,063.78	$ 1,274,731.20	N/A
7. TCM Service Provider #				$ -
8 TCM Service Provider #				$ -
SUBTOTAL (SUM OF LINE 6-8)	12,455	$ 807,063.78	$ 1,274,731.20	$ -
				(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)	12,455	$ 807,063.78	$ 1,274,731.20	$ -
		(To Sch 1)	*(To Sch 1)*	
12 TCM Underpayments - Informational Only				$ -

STATE OF CALIFORNIA

SCHEDULE 5

TCM INVOICE RECONCILIATION
CERTIFIED PUBLIC EXPENDITURE (CPE) REVIEW

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - 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
			(Sch 4, Line 5)				(C4*C5*C6*C7)		(C8-C9; If C8>C9, then 0) (Adj)
CMS Deferred Invoices									
1 3703/04-1E	6340755	07/30/2004	$ 121.59	3,728	54.35%	100.00%	$ 246,361.77	$ 389,611.84	$ (143,250.07)
2 3703/04-2E	6340755	07/30/2004	$ 121.59	3,353	52.95%	100.00%	$ 215,872.53	341,394.26	$ (125,521.73)
3 3703/04-2I	6340819	09/28/2004	$ 121.59	5	52.95%	75.00%	$ 241.43	241.43	$ -
4 3703/04-3E	6340755	07/29/2004	$ 121.59	2,967	52.95%	100.00%	$ 191,021.11	302,092.69	$ (111,071.58)
5 3703/04-3K	6341004	08/26/2004	$ 121.59	3	52.95%	100.00%	$ 193.15	305.45	$ (112.30)
6 3703/04-3M	6340819	09/28/2004	$ 121.59	5	52.95%	75.00%	$ 241.43	241.43	$ -
7 3703/04-3N	6341004	10/21/2004	$ 121.59	4	52.95%	75.00%	$ 193.15	193.15	$ -
8 3703/04-3Q	6342337	03/07/2005	$ 121.59	3	52.95%	50.00%	$ 96.57	96.57	$ -
9 3703/04-4AC	6342337	03/07/2005	$ 121.59	10	52.95%	50.00%	$ 321.91	321.91	$ -
10 3703/04-4AD	6342337	03/07/2005	$ 121.59	18	52.95%	75.00%	$ 869.16	869.16	$ -
11 3703/04-4AE	6342337	03/28/2005	$ 121.59	1	52.95%	50.00%	$ 32.19	32.19	$ -
12 3703/04-4AF	6351164A	05/22/2005	$ 121.59	6	52.95%	50.00%	$ 193.15	193.15	$ -
13 3703/04-4E	6340755	07/29/2004	$ 121.59	2,273	52.95%	100.00%	$ 146,340.07	231,431.30	$ (85,091.23)
14 3703/04-4L	6341004	08/26/2004	$ 121.59	70	52.95%	100.00%	$ 4,506.73	7,127.23	$ (2,620.50)
15 3703/04-4Q	6340715	09/28/2004	$ 121.59	5	52.95%	100.00%	$ 321.91	321.91	$ -
16 3703/04-4S	6341004	10/21/2004	$ 121.59	4	52.95%	100.00%	$ 257.53	257.53	$ -
TOTAL (SUM OF LINES 1-16)				12,455			$ 807,063.78	$ 1,274,731.20	$ (467,667.41) *
				(To Sch 4)			(To Sch 4)	(To Sch 4)	

* No amount due State. TCM Program overpayments were repaid to State by County of San Diego February 2005.

Provider Name	Fiscal Period	Program	Adjustments
COUNTY OF SAN DIEGO	JULY 1, 2003 THROUGH JUNE 30, 2004	TCM - Community	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	3C	1 - 9	9	Not Reported		Amount Due State To recover Targeted Case Management (TCM) program overpayments. County of San Diego submitted claims to the TCM program for the reimbursement of TCM encounters performed by Chula Vista Community Collaborative (CVCC), on its behalf. County of San Diego did not make payment of eligible funds (certified public expenditure) because CVCC is not elgible to be part of the TCM program for federal reimbursements. Social Security Act, Title XIX, Section 1903 (a) and (a) (1) 42 CFR, 413.20, 413.24, and 433.51 CMS Pub. 15-1, Section 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 San Diego, Provider # 37-0104	$0.00	$58,458.44	$58,458.44