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August 26, 2015
Commission on
State Mandates

BETTY T. YEE
California State Controller

August 26, 2015

Heather Halsey, Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

Re: Draft Proposed Decision
Incorrect Reduction Claim
Handicapped and Disabled Students, 05-4282-I-03
Government Code Sections 7570-7588
Statutes 1984, Chapter 1747 (AB 3632); Statutes 1985, Chapter 1274 (AB 882)
California Code of Regulations, Title 2, Sections 60000-60200
Fiscal Years 1996-1997, 1997-1998, and 1998-1999
San Mateo County, Claimant

Dear Ms. Halsey:

The State Controller's Office (SCO) has reviewed the Commission on State Mandates' (Commission) draft staff analysis (DSA) dated July 28, 2015, for the above incorrect reduction claim (IRC) filed by San Mateo County. This letter constitutes the SCO's response to the DSA.

We support the Commission staff decision related to the following issues:

- We agree with the Commission's analysis that medication monitoring costs, totaling \$1,007,332, are ineligible. The services are ineligible because they are not identified in the program's parameters and guidelines.
- We agree with the Commission's analysis concerning the eligibility of crisis intervention costs, totaling \$159,614 (\$76,320 for FY 1996-97 and \$83,294 for FY 1997-98). When the audit was performed, we found that crisis intervention services were unallowable because these services were not specifically identified within the program's parameters and guidelines. The DSA also indicated that "the parameters and guidelines adopted in 1991 were vague and non-specific with respect to the reimbursable activities." However, the DSA articulated that such activities were within the scope of the test claim. The relevant regulations were repealed on July 1, 1998.

P.O. Box 942850, Sacramento, CA 94250 ♦ (916) 445-2636
3301 C Street, Suite 700, Sacramento, CA 95816 ♦ (916) 324-8907
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We do not support the Commission staff decision related to the following issues:

- We disagree with the Commission's analysis concerning the miscoded costs, totaling \$91,132 (\$56,300 for FY 1996-97, \$27,600 for FY 1997-98, and \$7,232 for FY 1998-99) for "Residential, Other" and "Skilled Nursing" services. The alleged miscoding was not addressed in the written detailed narrative section of the county-filed IRC, as required by the Commission's regulations. Therefore, we believe that this issue is a cause of action that is not before the Commission to resolve and, thus, beyond the Commission's responsibility to address pursuant to section 1185.7 of its regulations. Section 1185.7 provides the Commission with the authority to conduct a hearing before adopting a decision on an individual or consolidated IRC.

Regulations concerning the filing of an IRC with the Commission are contained within the *California Code of Regulations*, Title 2, Chapter 2.5, Article 5, section 1185.1. Relevant sections state, in part:

- (a) To obtain a determination that the Office of State Controller incorrectly reduced a reimbursement claim, a claimant shall file an "incorrect reduction claim" with the Commission.
- (f) All incorrect reduction claims, or amendments thereto, shall contain at least the following elements and documents:
 - (2) A written detailed narrative that describes the alleged incorrect reductions. The narrative shall include a comprehensive description of the reduced or disallowed areas of costs.
 - (3) All representations of fact shall be supported by testimonial or documentary evidence and shall be submitted with the claim in accordance with section 1187.5 of these regulations.

We believe that addressing issues in a DSA that were not alleged in the written detailed narrative of a claimant's IRC places an unreasonable burden on the SCO to comment on all potential issues raised during the audit process, in addition to the issues raised within the IRC. We believe that the Commission's regulations require the claimant to request a determination that the SCO incorrectly reduced a reimbursement claim by filing an IRC with the Commission that contains a written narrative describing all of the alleged incorrect reductions.

We did not address the miscoded cost issue in our comments to the county-filed IRC as the county did not include this issue in its written narrative portion of the county-filed IRC. The "Residential, Other" and "Skilled Nursing" adjustment totaling \$97,931 (\$38,428 for FY 1996-97, \$43,724 for FY 1997-98, and \$15,779 for FY 1998-99) was identified in Finding 2 of the final audit report. The county responded to this issue when responding to the draft audit report and when appealing the findings after the issuance of the final audit report to the SCO's Chief Counsel for an informal audit review. However, the written detailed narrative section of the county-filed IRC only discusses the medication monitoring and crisis intervention activities portion of Finding 2; it did not address the miscoded "Residential, Other" and "Skilled Nursing" adjustments. The post-audit appeal to the SCO's Chief Counsel indicated that the reinstated costs should be \$91,132 based on the relevant time base and rates

for these services.

Further, the dollar amounts of the individual issues disputed in the narrative of the claimant's IRC do not reconcile to the total amount disputed; the difference totals \$476,463. In reference to Finding 2, the only services disputed by the claimant in the written narrative are reductions for medication monitoring and crisis intervention costs, net of the corresponding Medi-Cal offset (Finding 4).

The following table summarizes the claimant's disputed amounts:

	Fiscal Year			Total
	1996-97	1997-98	1998-99	
Amounts disputed in IRC	\$ 893,367	\$ 1,051,859	\$ 1,287,198	\$ 3,232,424
Findings disputed in IRC narrative				
- Finding 2 - Medication monitoring	331,014	267,479	408,839	1,007,332
- Finding 2 - Crisis intervention	76,320	83,294	64,704	224,318
- Finding 3 - EPSDT offset ¹	370,338	542,834	989,670	1,902,842
- Finding 4 - Medi-Cal offset ²	(135,507)	(97,032)	(145,992)	(378,531)
Total, net	642,165	796,575	1,317,221	2,755,961
Difference	\$ 251,202	\$ 255,284	\$ (30,023)	\$ 476,463

¹ Amount contested based on SCO final audit report offset of \$2,069,194 less claimant IRC offset of \$166,352.

Claimants offset for fiscal year 1998-99 actually adds \$10,917 in additional cost, this is in excess of the amount claimed.

² Portion of offset related to unallowable medication monitoring and crisis intervention costs.

The documentation submitted with the IRC identifying the miscoded activities was submitted by the county when appealing the finding to the SCO's Legal Counsel on February 20, 2003. The county did not provide any support that the documentation was submitted to the California Department of Mental Health (CDMH) to correct submitted cost reports (**Tab 2**). As the county alleges that the inpatient services (Mode 5) are actually outpatient services (Mode 10 and 15) (**Tab 3**), the county should have alerted the CDMH regarding errors in its fiscal submissions. Further, these different modes of service and corresponding service function codes have significantly different time bases and rates (**Tab 4**), adding to our concern as to whether the miscoding has been adequately reported to the CDMH. The county also has not addressed the issue of Medi-Cal offsets related to the miscoded services.

- We disagree with the Commission's proposal to remand the claims back to the SCO to recalculate Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) offsetting revenues based on the amount of EPSDT state share funding actually received and attributable to the services provided to pupils under this mandated program. This issue was addressed in Finding 3 of our final audit report.

EPSDT mental health services are available to children and youth under the age of 21 that have full scope Medi-Cal, and can be used for a variety of services (**Tab 5**). During the audit, the county did not identify the portion of EPSDT mental health services (units and costs) provided to children and youth attributable to AB 3632 clients. The county also did not provide any other verifiable support to enable the SCO to make this determination. As a

result, the SCO applied the entire amount of EPSDT revenue received by the county for mental health services as an offset to claimed costs, totaling \$2,069,194 (**Tab 6**). We did not provide evidence of the total revenues received by the county in our comments to the county-filed IRC because the amount was not disputed in the detailed written narrative of its filed IRC. In responding to the audit report, the county provided an estimate of the EPSDT offset, totaling \$166,352 (**Tab 7**). As noted in our audit report comments, we did not accept the estimated offset because the county did not provide support for such offsets.

Therefore, we believe that the only reasonable course of action is to apply the mental health related EPSDT revenues received by the county, totaling \$2,069,194, as an offset.

The following table summarizes the difference for the EPSDT offset:

Category	Offset Per Claimant	Offset Per SCO	Difference
Finding 3			
<i>EPSDT offsets:</i>			
- FY 1996-1997	\$ 108,662	\$ 479,000	\$ 370,338
- FY 1997-1998	68,607	611,441	542,834
- FY 1998-1999	(10,917)	978,753	989,670
Total	<u>\$ 166,352</u>	<u>\$ 2,069,194</u>	<u>\$ 1,902,842</u>

As noted by the Commission in its DSA, the county's IRC submission contains a number of EPSDT offset calculations, including \$166,352, \$55,407, \$524,389 and \$665,975. These calculations, with the exception of the \$166,352 offset, were submitted after the issuance of the final audit report. The county has not provided documentation to support the calculations. As such, the SCO has been unable to verify such amounts to county records. The calculations also include elements that are estimated, resulting in inaccurate allocations. Though the county included a number of offsets in the attachments to the IRC, it only addressed the offset of \$166,352 in the written detailed narrative section of the county-filed IRC. Consequently, our comments herein only addresses the county's calculation of \$166,352.

The county stated in its response to the draft audit report that the \$166,352 offset for the EPSDT related portion of AB 3632 is an estimate. The county provided no support for this amount. In addition, we have the following concerns regarding the methodology used:

- o The county computed its offset based on the relative growth in units of services provided to AB 3632 versus non-AB 3632 Medi-Cal eligible children and youth. The county's use of units of service does not consider the variability in time base and cost per unit. The varying time bases and unit costs skew the accuracy of the allocation. For example, day treatment intensive services (Mode 10) are accumulated in half-day and full-day time increments and cost in excess of \$100 per unit, while less intensive outpatient services (Mode 15) are accumulated in minutes and cost between \$2 and \$3 per unit (**Tab 4**). The county's methodology erroneously treats all units the same regardless of relative differences in overall cost.

Heather Halsey, Executive Director

August 26, 2015

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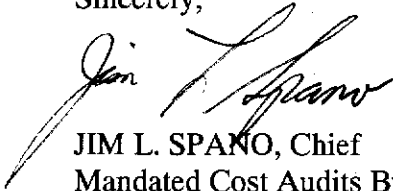
- o In addition, the county's methodology does not consider the increase in unit costs over time. In each fiscal year of the audit period, the cost per unit of various services increased from year to year (**Tab 4**). As the county's methodology does not consider cost, the alleged reduction in AB 3632 units in FY 1998-99 results in a negative offset (increase in cost) (**Tab 7**).

We did not address the other three EPSDT offset calculations included in the attachments to the county-filed IRC submission as they were not described in the written detailed narrative of the claimant's IRC, as required by the Commission's regulations.

We have no comments regarding the Commission's analysis of the timeliness of the county-filed IRC.

If you have any questions, please contact me by telephone at (916) 323-5849.

Sincerely,



JIM L. SPANO, Chief
Mandated Cost Audits Bureau
Division of Audits

JLS/as

15970

Enclosure

**RESPONSE BY THE STATE CONTROLLER'S OFFICE
TO THE COMMISSION DRAFT PROPOSED DECISION DATED JULY 28, 2015
RELATED TO AN INCORRECT REDUCTION CLAIM (IRC) BY
SAN MATEO COUNTY**

**Handicapped and Disabled Students
Program**

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Tab 1

1 **OFFICE OF THE STATE CONTROLLER**

2 Division of Audits
3 3301 C Street, Suite 725
4 Sacramento, CA 95816
5 Telephone No.: (916) 324-8907

6 **BEFORE THE**
7 **COMMISSION ON STATE MANDATES**
8 **STATE OF CALIFORNIA**

9 **INCORRECT REDUCTION CLAIM ON:**

No.: IRC 05-4282-I-03

10 *Handicapped and Disabled Students Program*

AFFIDAVIT OF BUREAU CHIEF

11 Government Code Sections 7570-7588

12 Statutes of 1984, Chapter 1747;
13 Statutes of 1985, Chapter 1274

14 California Code of Regulations, Title 2,
15 Sections 60000-60200

SAN MATEO COUNTY, Claimant

16 I, Jim L. Spano, make the following declarations:

- 17 1) I am an employee of the State Controller's Office (SCO) and am over the age of
18 18 years.
- 19 2) I am currently employed as a bureau chief, and have been so since April 21, 2000.
20 Before that, I was employed as an audit manager for two years and three months.
- 21 3) I am a California Certified Public Accountant.
- 22 4) I reviewed the work performed by the SCO auditor.
- 23 5) The Auditor-in-Charge gathered supporting documentation in the course of the audit
24 including the mode and service function codes (**Tab 3**), reimbursement rates (**Tab 4**),
25 and Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) mental health
revenues (**Tab 6**). The codes identify the tracking of services provided, while the
reimbursement rates show the relative cost and time base per service type. The EPSDT
accounting information documents the revenues received.

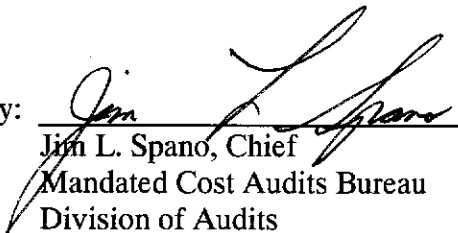
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6) During the audit, the county did not identify or support the portion of EPSDT mental health services (units and costs) that should be deducted from claimed costs as offsetting revenues. In responding to the draft audit report, the county estimated that the amount should be \$166,352. The county provided a worksheet showing the calculations; however it did not provide documentation supporting the validity of such data to county records.

I do declare that the above declarations are made under penalty of perjury and are true and correct to the best of my knowledge, and that such knowledge is based on personal observation, information, or belief. I also declare that EPSDT information contained in **Tab 5** was obtained from the CDMH website.

Date: August 26, 2015

OFFICE OF THE STATE CONTROLLER

By: 
Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits
State Controller's Office

Tab 2

Exhibit A

**Corrected Coding and Costs
For Three Years**

Summary of Units of Service 96-97, 97-98, 98-99 for SB 90 Audit Appeal
Corrected Services

	Original Coding				Corrected Coding				
	IEP Units	MCUnits	Tot Units	% IEP	IEP Units	MCUnits	Tot Units	% IEP	
<u>1996-97</u>									
Victor									
05/60					140	0	308	45.45%	Only some days at Residential, Other, with no Day Tx. Rehabilitative Day Tx provided (weekdays): miscoded as 05/60
10/95	124		1091	11.37%	352	0	783	44.96%	
St. Vincent's									
05/60					3,996	0	14,097	28.35%	Mental Health Services provided, not Residential, Other (we paid for treatment patch): miscoded as 05/60
15/45	108		381	28.35%					
Edgewood									
10/60					335	0	335	100.00%	Intensive Day Tx provided, not SNF Augmentation: miscoded as 10/60
10/85	335		335	100.00%					
<u>1997-98</u>									
Victor									
05/60					115	0	237	48.52%	Only some days at Residential, Other, with no Day Tx. Rehabilitative Day Tx provided (weekdays): miscoded as 05/60
10/95	405		832	48.68%	290	0	595	48.74%	
Quality Grp Home									
05/60					3,055	0	3,055	100.00%	Mental Health Services provided, not Residential, Other (we paid for treatment patch): miscoded as 05/60
15/45	65		65	100.00%					
<u>1998-99</u>									
Victor									
05/60					129		550	23.45%	Day Tx Rehabilitative provided, not Day Tx Intensive
15/60	317		1231	25.75%					
10/85	330		1275	25.88%	330	330	1,275	25.88%	
10/85	188		681	27.61%	188	188	681	27.61%	

FISCAL YEAR 1996-97

AB3632 / SB90

02.20.03

PROVIDER NAME	LEGAL ENTITY NO.	MODE	SFC	A	B	C	D	I	J	K	L	M	N	NET AMOUNT per MH	Amount Allowable
				SEP UNITS	TOTAL UOS	(A/B)	TOTAL COST W/OUT ADMIN	(C)	(J x 15%)	(J+K)	(L x 50%)	(M x C)			
				PERCENT OF SEP TO TOTAL	TOTAL GROSS SEP	MEDI-CAL REVENUE GROSS	ADD ADMIN REVENUE	TOTAL REVENUE @ 50%	SEP REVENUE ONLY						
VICTOR RESIDENTIAL	00198	5	60	140	308	45.45%	24,143	10,974	0	0	0	0	0	10,974	0
VICTOR RESIDENTIAL	00198	10	95	352	783	44.96%	61,377	27,592	0	0	0	0	0	27,592	27,592
ST VINCENT'S SCHOOL	00421	15	45	3,996	14,097	28.35%	24,896	7,000	0	0	0	0	0	7,000	7,000
EDGEWOOD	00273	10	85	335	335	100.00%	21,708	21,708	0	0	0	0	0	21,708	21,708
Totals				4,823	15,523		131,924	67,275						67,275	66,301

FISCAL YEAR 1997 - 98		A	B	C	D	I	J	K	L	M	O		
AB3632 / SB90				(A - B)	er ledg	(C X D)	MH 1966	(J x 15%)	(J+K)	(L x 50.98%)	(I - N)		
02.20.03					JTAL	TOTAL							
LEGAL ENTITY	NO.	MODE	SFC	SEP UNITS	TOTAL UOS	PERCENT OF SEP TO TOTAL	COST WITHOUT ADMIN	TOTAL GROSS SEP	MEDI-CAL REVENUE GROSS	ADD ADMIN REVENUE	TOTAL REVENUE @ 50.98%	SEP REVENUE ONLY	AMOUNT ALLOWABLE
VICTOR RESIDENTIAL	00198	5	60	115	237	48.52%	17,775	8,624	0	0	0	0	0
VICTOR RESIDENTIAL	00198	10	95	290	595	48.74%	44,625	21,750	0	0	0	0	21,750
QUALITY GROUP HOME	00662	15	45	3,055	3,055	100.00%	5,850	5,850	0	0	0	0	5,850
				3,460	3,887		68,250	36,225					27,601

FISCAL YEAR 1988 - 99				9 months x rate for 10/88-8/99										51.55%		4.6395		6.1764		51.47%	
AB3632 / SB90				A	B	C	D	I	J	K	L	M	N	O	P	Q					
02.20.03						(A+B)	MH 1066 TOTAL	(C X D)		(D/B)	(J X K)	(L X 61.36%)	(L X 15%)	(N X 50%)	(I + D)	(I - P)					
LEGAL ENTITY	NO.	MODE	SFC	SEP UNITS	FROM COST REPORT TOTAL UCS	PERCENT OF SEP TO TOTAL	COST BEFORE ADMIN**	TOTAL GROSS SEP	SEP MCAL UNITS	UNIT COST	SEP GROSS REVENUE	AVERAGE FFP SEP FFP \$1.47%	15% ADMIN SEP MCAL	SEP FFP MCAL	TOTAL OFFSET	NET AMT ALLOWABLE					
VICTOR RESIDENTIAL	00198	5	80	129	550	23.45%	61,261	14,388	0	\$ 111.38	0	0	0	0	0	0					
VICTOR RESIDENTIAL	00198	10	95	188	661	27.61%	63,658	17,578	188	\$ 93.48	17,574	9,026	2,636	1,318	10,344	7,232					
VICTOR RESIDENTIAL	00198	15	80	330	1,275	25.88%	4,336	1,122	330	\$ 3.40	1,122	578	168	84	661	462					
					2,506		129,255	33,064	518		18,886	9,602	2,804	1,402	11,004	7,693					

Victor (Provider 4194) Units 1996-97 Corrected

Client	Provider	Episode	Spec Ed	Adm Date	Plan Date	MO	Prncpl	By Date	Orig.	Rev.	Rev	
									MS	Cal Plan	1996 Units	96-97 Units
4194	11	1		12/11/96	7/12/97	05	60	12/31/96	21		15	6
4194	11	1		12/11/96	7/12/97	05	60	1/31/97	31		23	8
4194	11	1		12/11/96	7/12/97	05	60	2/28/97	28		20	8
4194	11	1		12/11/96	7/12/97	05	60	3/31/97	31		21	10
4194	11	1		12/11/96	7/12/97	05	60	4/30/97	30		22	8
4194	11	1		12/11/96	7/12/97	05	60	5/31/97	31		22	9
4194	8	1		7/1/93	7/12/96	05	60	6/30/97	30		21	9
4194	28			8/14/96	8/15/97	05	60	7/12/96	11		9	2
4194	28			8/14/96	8/15/97	05	60	8/31/96	18		13	5
4194	28			8/14/96	8/15/97	05	60	9/30/96	30		21	9
4194	28			8/14/96	8/15/97	05	60	10/31/96	31		23	8
4194	28			8/14/96	8/15/97	05	60	11/30/96	30		21	9
4194	28			8/14/96	8/15/97	05	60	12/31/96	31		22	9
4194	28			8/14/96	8/15/97	05	60	1/31/97	31		23	8
4194	28			8/14/96	8/15/97	05	60	2/28/97	28		20	8
4194	28			8/14/96	8/15/97	05	60	3/31/97	31		21	10
4194	28			8/14/96	8/15/97	05	60	4/30/97	30		22	8
4194	28			8/14/96	8/15/97	05	60	5/31/97	31		22	9
4194	28			8/14/96	8/15/97	05	60	6/30/97	30		21	9
4194	9			7/1/93	7/17/96	05	60	7/17/96	16		12	4
4194	17			6/12/95	8/19/96	05	60	7/31/96	31		23	8
4194	17			6/12/95	8/19/96	05	60	8/19/96	18		12	6
4194	22			9/24/96	11/23/96	05	60	9/30/96	7		5	2
4194	22			9/24/96	11/23/96	05	60	10/31/96	31		23	8
4194	22			9/24/96	11/23/96	05	60	11/23/96	22		16	6
4194	28			12/4/96	12/7/96	05	60	12/7/96	3		3	0
4194	19			1/19/96	9/25/96	05	60	7/31/96	31		23	8
4194	19			1/19/96	9/25/96	05	60	8/31/96	31		22	9
4194	19			1/19/96	9/25/96	05	60	9/25/96	24		17	7
4194	4			6/21/96	9/3/96	05	60	7/31/96	31		23	8
4194	4			6/21/96	9/3/96	05	60	8/31/96	31		22	9
4194	4			6/21/96	9/3/96	05	60	9/3/96	2		1	1
4194	13		1	9/25/96	5/21/98	05	60	9/30/96	6		4	2

Client	ProvID	Episode	SpecEd	AdmDate	DisDate	MOS	Time	SvcDate	DOB	MCaFlag	0496 Unit	0560 Unit	
	4194	13	1	9/25/96	5/21/98	05	60	10/31/96	31		23	8	
	4194	13	1	9/25/96	5/21/98	05	60	11/30/96	30		21	9	
	4194	13	1	9/25/96	5/21/98	05	60	12/31/96	31		22	9	
	4194	13	1	9/25/96	5/21/98	05	60	1/31/97	31		23	8	
	4194	13	1	9/25/96	5/21/98	05	60	2/28/97	28		20	8	
	4194	13	1	9/25/96	5/21/98	05	60	3/31/97	31		21	10	
	4194	13	1	9/25/96	5/21/98	05	60	4/30/97	30		22	8	
	4194	13	1	9/25/96	5/21/98	05	60	5/31/97	31		22	9	
	4194	13	1	9/25/96	5/21/98	05	60	6/30/97	30		21	9	
								Total	1091		783	308	1091
								26.5	492		352	140	492

St. Vincent's (Provider 9224) 1996-97 Units of Service Correction

Client	Episode	Spec Et	Provider	Team	Initiate	Disch Date	W/M/D	MOS	Function	Original		Revised
										UDs	McaFlag	ME Svc
	12	1	9224	0	6/20/96	10/17/96	7/31/96	05	60			
	12	1	9224	0	6/20/96	10/17/96	8/31/96	05	60	31		1,147
	12	1	9224	0	6/20/96	10/17/96	9/30/96	05	60	31		1,147
	12	1	9224	0	6/20/96	10/17/96	10/17/96	05	60	30		1,110
	3		9224	0	10/1/96	11/13/97	10/31/96	05	60	16		592
	3		9224	0	10/1/96	11/13/97	11/30/96	05	60	31		1,147
	3		9224	0	10/1/96	11/13/97	12/31/96	05	60	30		1,110
	3		9224	0	10/1/96	11/13/97	1/31/97	05	60	31		1,147
	3		9224	0	10/1/96	11/13/97	2/28/97	05	60	31		1,147
	3		9224	0	10/1/96	11/13/97	3/31/97	05	60	28		1,036
	3		9224	0	10/1/96	11/13/97	4/30/97	05	60	31		1,147
	3		9224	0	10/1/96	11/13/97	5/31/97	05	60	30		1,110
	3		9224	0	10/1/96	11/13/97	6/30/97	05	60	31		1,147
										30		1,110
SEP										381		14,097
										108		3,996
Total Cost	25,958.0											
# Units	381											
\$ Per Unit	68.13											
SMA	1.86											
Mins/Day	36.63											
Use	37.00											

Summary Edgewood Services 1996-97													
Original Miscoding and Corrected Coding													
							Original Miscoding			Corrected Coding			
Client	Episode	Provider	Team	Admit Date	Disch Date	Svc Dates	MOS	Function	DOS	MOA/Flag	SpecEd	MOS/Function	DOS
	6	9215	1	7/1/96	6/1/97	7/1/96-5/31/97	10	60	335		1	10/85	335

Victor (Provider 4194) Units 1997-98 Corrected

Victor (Provider 4194) Units 1997-98 Corrected													Original	Rev.	Rev.
Client	Provider	Rate	Episode	Spec Ed	Adm/Bar	Start Date	End Date	MS	Units	CS	ICAF/Flag	10/98 Units	05/99 Units		
	4194	0	11	1		12/11/96	7/12/97	7/12/97 05	60	11		9	2		
	4194	0	12	1		11/6/97	1/15/98	11/30/97 05	60	25		17	8		
	4194	0	12	1		11/6/97	1/15/98	12/31/97 05	60	31		22	9		
	4194	0	12	1		11/6/97	1/15/98	1/15/98 05	60	14		10	4		
	4194	0	28			8/14/96	8/15/97	7/31/97 05	60	31		23	8		
	4194	0	28			8/14/96	8/15/97	8/15/97 05	60	14		10	4		
	4194	0	16			5/21/98	12/7/98	5/31/98 05	60	11		7	4		
	4194	0	16			5/21/98	12/7/98	6/30/98 05	60	30		22	8		
	4194	0	13	2		7/25/97	5/14/99	7/31/97 05	60	7		5	2		
	4194	0	13	2		7/25/97	5/14/99	8/31/97 05	60	31		21	10		
	4194	0	13	2		7/25/97	5/14/99	9/30/97 05	60	30		22	8		
	4194	0	13	2		7/25/97	5/14/99	10/31/97 05	60	31		23	8		
	4194	0	13	2		7/25/97	5/14/99	11/30/97 05	60	30		20	10		
	4194	0	13	2		7/25/97	5/14/99	12/31/97 05	60	31		23	8		
	4194	0	13	2		7/25/97	5/14/99	1/31/98 05	60	31		22	9		
	4194	0	13	2		7/25/97	5/14/99	2/28/98 05	60	28		20	8		
	4194	0	13	2		7/25/97	5/14/99	3/31/98 05	60	31		22	9		
	4194	0	13	2		7/25/97	5/14/99	4/30/98 05	60	30		22	8		
	4194	0	13	2		7/25/97	5/14/99	5/31/98 05	60	31		21	10		
	4194	0	13	2		7/25/97	5/14/99	6/30/98 05	60	30		22	8		
	4194	0	13	1		9/25/96	5/21/98	7/31/97 05	60	31		23	8		
	4194	0	13	1		9/25/96	5/21/98	8/31/97 05	60	31		21	10		
	4194	0	13	1		9/25/96	5/21/98	9/30/97 05	60	30		22	8		
	4194	0	13	1		9/25/96	5/21/98	10/31/97 05	60	31		23	8		
	4194	0	13	1		9/25/96	5/21/98	11/30/97 05	60	30		20	10		
	4194	0	13	1		9/25/96	5/21/98	12/31/97 05	60	31		23	8		
	4194	0	13	1		9/25/96	5/21/98	1/31/98 05	60	31		22	9		
	4194	0	13	1		9/25/96	5/21/98	2/28/98 05	60	28		20	8		
	4194	0	13	1		9/25/96	5/21/98	3/31/98 05	60	31		22	9		
	4194	0	13	1		9/25/96	5/21/98	4/30/98 05	60	30		22	8		
	4194	0	13	1		9/25/96	5/21/98	5/21/98 05	60	20		14	6		
										832		595	237		
					Sp. Ed.			1		405		290	115		

Quality Group Home Corrected Coding 1997-98

Client	Provider	Team	Episodes	Spec'd	Admit Date	Disch Date	Rev	MMD	MOS	Function	Orig. Days	MCALFlag	Corrected 16/45
	9232	0	14	1	8/28/97	11/1/97	8/31/97	05	60		4		188
	9232	0	14	1	8/28/97	11/1/97	9/30/97	05	60		30		1410
	9232	0	14	1	8/28/97	11/1/97	10/31/97	05	60		31		1457
											65		3055
Total Units	65												
Cost/Day	90												
SMA	1.92												
Mins/Day	46.875												
Use	47												

Victor (Provider 4194) Units 1998-99 Corrected

Summary by Client by Month

Client	Episode	SpecEd	Provider	Team	Adm Date	Disch Date	By Mo.	Orig.	Mins.	Rev.	Mo. Tot.	Days/Mo	Rev 5/99
	21	1	4194	0	12/18/98	9/10/99	12/31/98						
	22	1	4194	1	1/5/99	6/30/99			14				
	22	1	4194	1	1/5/99	6/30/99	1/31/99	1	18	31	60	18	31
	22	1	4194	1	1/5/99	6/30/99	2/28/99	1	17	28	45	17	28
	22	1	4194	1	1/5/99	6/30/99	3/31/99	1	22	31	45	22	31
	22	1	4194	1	1/5/99	6/30/99	4/31/99	1		30	45	0	30
	22	1	4194	1	1/5/99	6/30/99	5/31/99	1	9	31		9	31
	18		4194	1	1/5/99	6/30/99	6/30/99	1	17	30	45	17	30
	18		4194	1	8/7/98	6/30/99	8/31/98	1	11		60	11	26
	18		4194	1	8/7/98	6/30/99	9/30/98	1	20		45	20	30
	18		4194	1	8/7/98	6/30/99	10/31/98	1	21			21	31
	18		4194	1	8/7/98	6/30/99	11/30/98	1	17		45	17	30
	18		4194	1	8/7/98	6/30/99	12/31/98	1	14			14	31
	18		4194	1	8/7/98	6/30/99	1/31/99	1	11		45	11	31
	18		4194	1	8/7/98	6/30/99	2/28/99	1	16		45	16	28
	18		4194	1	8/7/98	6/30/99	3/31/99	1	21		45	21	31
	18		4194	1	8/7/98	6/30/99	4/30/99	1	15			15	30
	18		4194	1	8/7/98	6/30/99	5/31/99	1	19			19	31
	13		4194	1	8/7/98	6/30/99	6/30/99	1	17		45	17	30
	13		4194	1	11/12/98	6/30/99	11/30/98	1	10		60	10	19
	13		4194	1	11/12/98	6/30/99	12/31/98	1	14			14	31
	13		4194	1	11/12/98	6/30/99	1/31/99	1	18		45	18	31
	13		4194	1	11/12/98	6/30/99	2/28/99	1	17		45	17	28
	13		4194	1	11/12/98	6/30/99	3/31/99	1	22			22	31
	13		4194	1	11/12/98	6/30/99	4/30/99	1	15		45	15	30
	13		4194	1	11/12/98	6/30/99	5/31/99	1	19			19	31
	17		4194	1	11/12/98	6/30/99	6/30/99	1	17			17	30
	17		4194	1	7/1/98	12/7/98	7/31/98	1	20		45	20	31
	17		4194	1	7/1/98	12/7/98	8/31/98	1	13			13	31
	17		4194	1	7/1/98	12/7/98	9/30/98	1	20		45	20	30
	17		4194	1	7/1/98	12/7/98	10/31/98	1	21		45	21	31
	17		4194	1	7/1/98	12/7/98	11/30/98	1	17			17	30
	15	2	4194	1	7/1/98	12/7/98	12/7/98	1	5		45	5	6
					7/1/98	5/14/99	7/31/98	1	19		75	19	31

Client	Episode	Spec Ed	Provider	Team	Admit Date	Disc Date	MM/DD	CAF	9/95	9/96	7/98	10/95	Days/Mo	Rev	5/98	
	15	2	4194	1	7/1/98	5/14/99	8/31/99	1								
	15	2	4194	1	7/1/98	5/14/99	9/30/98	1	16			16	31		15	
	15	2	4194	1	7/1/98	5/14/99	10/31/98	1	20		45	20	30		10	
	15	2	4194	1	7/1/98	5/14/99	11/30/98	1	21			21	31		10	
	15	2	4194	1	7/1/98	5/14/99	12/31/98	1	17		45	17	30		13	
	15	2	4194	1	7/1/98	5/14/99	1/31/99	1	14		45	14	31		17	
	15	2	4194	1	7/1/98	5/14/99	2/28/99	1	18			18	31		13	
	15	2	4194	1	7/1/98	5/14/99	3/31/99	1	17		30	17	28		11	
	15	2	4194	1	7/1/98	5/14/99	4/30/99	1	22		45	22	31		9	
	15	2	4194	1	7/1/98	5/14/99	5/14/99	1	15		45	15	30		15	
									10			10	13		3	
									681	1231	1275	681	1231		550	
Special	Ed.															
									188	317	330	188	317		129	
											↑	all MC	↑			

Tab 3

MENTAL HEALTH SERVICES
IFAS ORGANIZATIONAL NUMBERING SCHEME

(File: ifas code\ifas org.xls #10)

10.29.99

cc: FAITH
JANET
PAT
MARY
FISCAL UNIT

3F-1

12/1/00

ORGANIZATION NAME	FMS ORG. #(Old)	IFAS		
		DEPT. #	DIV. #	SECT. #
Mental Health Services	5800	61000		
Program Office	New	61000	61100	
Program Office - General	5810	61000	61100	61101
Program Office - Residency	5870	61000	61100	61102
Access	New	61000	61200	
Access	5877	61000	61200	61201
Primary Care Interface	New	61000	61200	61202
Youth Services	New	61000	61300	
Youth Services - Administration	New	61000	61300	61301
Youth Services - North County	5823	61000	61300	61302
Central County Administration	5830, 5831	61000	61300	61303
Youth Services - Central/South County	5833	61000	61300	61304
Youth Services - Case Mngt	5871	61000	61300	61305
Youth Services - Coastsides	New	61000	61300	61306
Youth Services - Hillcrest	5855	61000	61300	61307
Youth Services - MH/HSA	5844	61000	61300	61308
Youth Services - Palos Verdes Special Ed	5875	61000	61300	61309
Youth Services - Therapeutic Day School	5865	61000	61300	61310
Youth Services - Healthy Steps (Pre to Three)	New	61000	61300	61311
Youth Services - Wraparound Pilot	New	61000	61300	61312
				New 99/00
Adult Services	New	61000	61400	
Adult Services - Administration	New	61000	61400	61401
North County Administration	5820, 5821	61000	61400	61402
Adult Services - North County	5822	61000	61400	61403
Adult Services - Central County	5832	61000	61400	61404
South County Admin	5840, 5841	61000	61400	61405
Adult Services - South County	5842	61000	61400	61406
Adult Services - Conservatorship	5860	61000	61400	61407
Adult Services - East Palo Alto	5843	61000	61400	61408
Adult Services - Dual Diagnosis	New	61000	61400	61409
Forensics	New	61000	61500	
Forensics - General	5850	61000	61500	61501
Forensics - CTC	New	61000	61500	61502
Mentally Ill Offender	New	61000	61500	61503
				New 99/00
Older Adult Services	New	61000	61600	
Elder Mental Health Outreach	5848	61000	61600	61601
Geropsychiatric Day Treat	5827	61000	61600	61602

S P S C - Documentation 1/7

Account #

DESCRIPTION	ACCT#
ADVERTISING & PUBLICITY EXP	5343
ALARM/SURVEILLANCE EQPT MAINT	5421
AMBULANCE	6153
BOOKS, MANUALS, LITERATURE	5194
CASH ADVANCE	ORG/0360
CLIENT TRANSP CHG(W EMPLOYEE)	5716
CLIENT TRANSP EXP	6122 USE ORG OF CLINICS 3/00
COMMISSION AND BOARD EXP	5723
CONTRACT CUSTODIAL SVCS/JANITORIAL	5483
CONTRACT OFFICE SUPPORT(KELLY)	5814
COUNTY MEMBERSHIP	5331
DRUGS AND PHARMACEUTICALS	5172
EMPLOYEE MILEAGE REIMB	5714
FREIGHT & DELIVERY SVC	5711
GEN OFFICE SUPP	5193
LAB CHARGES	5826
LOCKS AND SECURITY SYSTEM EXP	5442
MEALS	5148
MEDICAL/DENTAL SUPPLY	5165
MEETING AND CONFERENCE	5721
MISC GROCERIES	5147
MISC MAINT(FLOORING,CARPET,BLDG MAINT	5455
MOVING AND RELOCATION EXP	5951
OFFICE EQUIP RENTAL (USE THIS FOR FAX)	5511 USE AC#5196-FY00/01 PER A (FOR COPIERS)
OFFICE FURNITURE & EQUIP LESS THAN \$500	5234
OFFICE FURNITURE & EQUIP MORE THAN \$500	5236
OFFICE WATER EXPENSE	5198
OTHER GEN OFC EQUIP MAINTENANCE	5426
OTHER OFFICE EXPENSE	5199
OTHER PROF SVCS(DESIGN CHG,QUERY)	5876
OTHER SPEC DEPT EXP(MAJOR JOB)	5969
OUTSIDE PRINTING & COPY SVC(SIR SPEEDY)	5191
PC/LAN SOFTWARE	5213
PLEION/IMPROVEMENT	6741
POSTAGE AND MAILING	5197
PROF GROUPS & ASSOCIATION	5332
PROGRAM ACTIVITIES EXPENSE	5927
PROPRIETARY SOFTWARE PURCHASE	5214
RECREATION AND PERSONAL SVCS	6233
REFUND PRIOR(MIS/SSA)TO JE TO PROPER REV	5184
REGISTRATION/FILING FEES/DR LICENSES	5955
SOFTWARE LICENSE	5215
SUBSCRIPTION AND PERIODICALS	5195
SVC AND EMPLOYEE RECOGNITION	5953
TELEPHONE	5641
THERAPY SUPP(DMV PRINT-OUT)	5168
TRAINING AND EDUCATION MAT/SUPPLIES	5733
VIDEOS	5937
WINDOWS/GLASS/BLINDS	5436
WITNESS/INTERPRETER'S FEE	5323
MH BOARD EXPENSES	5723

CSI DATA DICTIONARY

313

S-06.0 SERVICE FUNCTION

PURPOSE:

Identifies the specific type of service received by the client within 24 Hour, Day, and/or Outpatient mode of service.

FIELD DESCRIPTION:

Type:	Character
Byte(s):	2
Format:	<u>XX</u>
Required On:	All Service Records
Source:	Local Mental Health

VALID CODES:

24 Hour Services/Mode 05

10-18 = Hospital Inpatient
19 = Hospital Administrative Day
20-29 = Psychiatric Health Facility (PHF)
30-34 = SNF Intensive
35 = IMD Basic (no Patch)
36-39 = IMD With Patch
40-49 = Adult Crisis Residential
50-59 = Jail Inpatient
60-64 = Residential, Other
65-79 = Adult Residential
80-84 = Semi-Supervised Living
85-89 = Independent Living
90-94 = Psychosocial Rehab Center

Outpatient Services/Mode 15

01-09 = Case Management, Brokerage
10-18 = Collateral
19 = Professional Inpatient Visit - Collateral
30-38 = Mental Health Services (MHS)
39 = Professional Inpatient Visit - MHS
40-48 = Mental Health Services (MHS)
49 = Professional Inpatient Visit - MHS
50-58 = Mental Health Services (MHS)
59 = Professional Inpatient Visit - MHS
60-68 = Medication Support
69 = Professional Inpatient Visit - Medication Support
70-79 = Crisis Intervention

Day Services/Mode 10

20-24 = Crisis Stabilization - Emergency Room
25-29 = Crisis Stabilization - Urgent Care
30-39 = Vocational Services
40-49 = Socialization
60-69 = SNF Augmentation
81-84 = Day Treatment Intensive - Half Day
85-89 = Day Treatment Intensive - Full Day
91-94 = Day Rehabilitation - Half Day
95-99 = Day Rehabilitation - Full Day

The coding scheme follows the County Cost Report definitions.

DEFINITIONS:24 Hour Services/Mode 05

Hospital Inpatient (10-18)	Services provided in an acute psychiatric hospital or a distinct acute psychiatric part of a general hospital that is approved by the Department of Health Services to provide psychiatric services.
Hospital Administrative Day (19)	Local Hospital Administrative Days are those days that a patient's stay in the hospital is beyond the need for acute care and there is a lack of nursing facility beds.
Psychiatric Health Facility (PHF) (20-29)	Psychiatric Health Facility Services are therapeutic and/or rehabilitation services provided in a non-hospital 24 hour inpatient setting, on either a voluntary or involuntary basis. Must be licensed as a Psychiatric Health Facility by the Department of Mental Health.
SNF Intensive (30-34)	A licensed skilled nursing facility which is funded and staffed to provide intensive psychiatric care.
IMD (Institute for Mental Disease)	For this service function an IMD is a SNF where more than 50% of the patients are diagnosed with a mental disorder. The federal government has designated these facilities as IMDs.
Basic (35)	No Patch.
With Patch (36-39)	Organized therapeutic activities which augment and are integrated into an existing skilled nursing facility.
Adult Crisis Residential (40-49)	Therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program as an alternative to hospitalization for persons experiencing an acute psychiatric episode or crisis who do not present medical complications requiring nursing care.
Jail Inpatient (50-59)	A distinct unit within an adult or juvenile detention facility which is staffed to provide intensive psychiatric treatment of inmates.
Residential, Other (60-64)	This service function includes children's residential programs, former SB 155 programs, former Community Care Facility (CCF) augmentation, and other residential programs that are not Medi-Cal certified or defined elsewhere.
Adult Residential (65-79)	Rehabilitative services, provided in a non-institutional, residential setting, which provide a therapeutic community including a range of activities and services for persons who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program.
Semi-Supervised Living (80-84)	A program of structured living arrangements for persons who do not need intensive support but who, without some support and structure, may return to a condition requiring hospitalization. This program may be a transition to independent living.
Independent Living (85-89)	This program is for persons who need minimum support in order to live in the community.

CSI DATA DICTIONARY

3 F 5

24 Hour Services/Mode 05 (continued)

Psychosocial Rehab Center
(90-94)

This is a 24 hour program which provides intensive support and rehabilitation services designed to assist persons 18 years or older, with mental disorders who would have been placed in a state hospital or another mental health facility to develop the skills to become self-sufficient and capable of increasing levels of independent functioning.

Day Services/Mode 10

Crisis Stabilization - Emergency Room
(20-24)

This is an immediate face-to-face response lasting less than 24 hours, to or on behalf of a client exhibiting acute psychiatric symptoms, provided in a 24 hour health facility or hospital based outpatient program. Service activities are provided as a package and include but are not limited to Crisis Intervention, Assessment, Evaluation, Collateral, Medication Support Services, and Therapy.

Crisis Stabilization - Urgent Care
(25-29)

This is an immediate face-to-face response lasting less than 24 hours, to or on behalf of a client exhibiting acute psychiatric symptoms, provided at a certified Mental Health Rehabilitation provider site. Service activities are provided as a package and include but are not limited to Crisis Intervention, Assessment, Evaluation, Collateral, Medication Support Services, and Therapy.

Vocational Services
(30-39)

Services designed to encourage and facilitate individual motivation and focus upon realistic and attainable vocational goals. To the extent possible, the intent is to maximize individual client involvement in skill seeking and skill enhancement, with an ultimate goal of self support.

Socialization
(40-49)

Services designed to provide activities for persons who require structured support and the opportunity to develop the skills necessary to move toward more independent functioning.

SNF Augmentation
(60-69)

Organized therapeutic activities which augment and are integrated into an existing skilled nursing facility.

Day Treatment Intensive
Half Day (81-84)
Full Day (85-89)

Day Treatment Intensive service provides an organized and structured multi-disciplinary treatment program as an alternative to hospitalization, to avoid placement in a more restrictive setting, or to maintain the client in a community setting.

Day Rehabilitation
Half Day (91-94)
Full Day (95-99)

Day Rehabilitation service provides evaluation and therapy to maintain or restore personal independence and functioning consistent with requirements for learning and development.

Outpatient Services/Mode 15

Case Management, Brokerage
(01-09)

Case Management/Brokerage services are activities that assist a client to access medical, educational, social, prevocational, vocational, rehabilitative, or other needed community services.

Collateral
(10-18)

Mental Health Services are interventions designed to provide the maximum reduction of mental disability and restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhanced self-sufficiency.

Mental Health Services (MHS)
(30-38, 40-48, 50-58)

CSI DATA DICTIONARY

3 FL

Outpatient Services/Mode 15 (continued)

Professional Inpatient Visit - Collateral or MHS (19, 39, 49, 59)	These services are the same as Mental Health Services except the services are provided in a non-SD/MC inpatient setting by professional staff.
Medication Support (60-68)	Medication support services include prescribing, administering, dispensing, and monitoring of psychiatric medication or biologicals necessary to alleviate the symptoms of mental illness.
Professional Inpatient Visit - Medication Support (69)	These services are the same as Medication Support except the services are provided in a non-SD/MC inpatient setting by professional staff.
Crisis Intervention (70-79)	Crisis Intervention is a service, lasting less than 24 hours, to on behalf of a client for a condition which requires more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy.

For more details on these definitions, see the California Code of Regulations, Title 9, Chapter 11 and the County Cost Report documentation.

USER/USAGE INFORMATION:

This data element is needed for detailed identification of the types of services being given as well as for linking to cost reports.

CSI DATA DICTIONARY

S-07.0 UNITS OF SERVICE

PURPOSE:

Identifies the quantity of services provided.

FIELD DESCRIPTION:

Type: Numeric
 Byte(s): 2
 Format: XX
 Right justify, zero fill
 Required On: All Service Records
 Source: Local Mental Health

COMMENTS:

Must be numeric.

TYPE OF SERVICE	UNIT OF SERVICE MEASUREMENT
24-Hour mode of service	Day
Day mode of service except for Crisis Stabilization	
Crisis Stabilization	Each occurrence of the event
Outpatient mode of service	Each client or support person contact

Units of service must be greater than zero if the mode of service is 24 Hour or Day.

Units of service must be zero filled if the mode of service is Outpatient and there is no contact with a client or support person.

VALID CODES:

- 00 = Outpatient Services (Mode 15) whenever there is no contact with a client or support person
- 01 through 31 = 24 Hour Services (Mode 05); must be appropriate for the length during the month including a leap year

For Day Treatment Intensive and Day Rehabilitation, units of service must equal units of time. All other services must be numeric and greater than zero.

Definitions and the counting of units of service will be consistent with the California Code of Regulations, Title 9, Chapter 11 and the County Cost Report documentation.

USER/USAGE INFORMATION:

This data element is needed to capture statistics on the amount of services provided to each client. This will also be used to calculate units of service by diagnosis, age, etc.

Tab 4

*9/28/91 km
3L 2 hr*

ENCLOSURE A

**FISCAL YEAR 1996-97
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES**
July 1, 1996 through June 30, 1997

SERVICE FUNCTION	MODE OF SERVICE CODE	SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE
A. 24-HOUR SERVICES	05:	10-18	Client Day	\$692.46
Hospital Inpatient		19	Client Day	\$214.90
Hospital Administrative Day		20-29	Client Day	\$387.35
Psychiatric Health Facility (PHF)		40-49	Client Day	\$218.42
Adult Crisis Residential		65-79	Client Day	\$106.53
Adult Residential				
B. DAY SERVICES	10:	20-24	Client Hour	\$67.81
Crisis Stabilization		25-29	Client Hour	\$67.81
Emergency Room		81-84	Client 1/2 Day	\$103.36
Urgent Care		85-89	Client Full Day	\$145.18 <i>3L 2R</i>
Day Treatment Intensive		91-94	Client 1/2 Day	\$60.30
Half Day		95-99	Client Full Day	\$94.12
Full Day				
Day Rehabilitation				
C. OUTPATIENT SERVICES	15:	01-09	Staff Minute	\$1.45 <i>3L 2R</i>
Case Management, Brokerage		10-19		
Mental Health Services		30-59	Staff Minute	\$1.86 <i>3L 2R</i>
		60-69	Staff Minute	\$3.46
Medication Support		70-79	Staff Minute	\$2.79
Crisis Intervention				

*pm 3L3h
10/2/01*

FISCAL YEAR 1997-98
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES
 July 1, 1997 through June 30, 1998

SERVICE FUNCTION	MODE OF SERVICE CODE	SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE
A. 24-HOUR SERVICES				
Hospital Inpatient	05:	10-18	Client Day	\$707.85
Hospital Administrative Day		19	Client Day	\$214.90
Psychiatric Health Facility (PHF)		20-29	Client Day	\$400.13
Adult Crisis Residential		40-49	Client Day	\$225.63
Adult Residential		65-79	Client Day	\$110.04
B. DAY SERVICES				
Crisis Stabilization	10:			
Emergency Room		20-24	Client Hour	\$70.05
Urgent Care		25-29	Client Hour	\$70.05
Day Treatment Intensive				
Half Day		81-84	Client 1/2 Day	\$106.78
Full Day		85-89	Client Full Day	\$149.97 <i>3L3a</i>
Day Rehabilitation				
Half Day		91-94	Client 1/2 Day	\$62.29
Full Day		95-99	Client Full Day	\$97.22
C. OUTPATIENT SERVICES				
Case Management, Brokerage	15:	01-09	Staff Minute	\$1.50 <i>3L3a</i>
Mental Health Services		10-19		
		30-59	Staff Minute	\$1.92 <i>3L3a</i>
Medication Support		60-69	Staff Minute	\$3.57
Crisis Intervention		70-79	Staff Minute	\$2.88

3240
km 10/16/8

ENCLOSURE A

FISCAL YEAR 1998-99
 SHORT-DOYLE/MEDI-CAL
 MAXIMUM REIMBURSEMENT RATES
 July 1, 1998 through June 30, 1999

SERVICE FUNCTION	MODE OF SERVICE CODE	SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE
A. 24-HOUR SERVICES	05:			
Hospital Inpatient		10-18	Client Day	\$724.16
Hospital Administrative Day		19	Client Day	\$214.90
Psychiatric Health Facility (PHF)		20-29	Client Day	\$414.13
Adult Crisis Residential		40-49	Client Day	\$233.53
Adult Residential		65-79	Client Day	\$113.89
B. DAY SERVICES	10:			
Crisis Stabilization				
Emergency Room		20-24	Client Hour	\$72.50
Urgent Care		25-29	Client Hour	\$72.50
Day Treatment Intensive				
Half Day		81-84	Client 1/2 Day	\$110.51
Full Day		85-89	Client Full Day	\$155.22
Day Rehabilitation				
Half Day		91-94	Client 1/2 Day	\$64.47
Full Day		95-99	Client Full Day	\$100.63
C. OUTPATIENT SERVICES	15:			
Case Management, Brokerage		01-09	Staff Minute	\$1.55
Mental Health Services		10-19		
		30-59	Staff Minute	\$1.99
Medication Support		60-69	Staff Minute	\$3.70
Crisis Intervention		70-79	Staff Minute	\$2.98

3240

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Tab 5

This notice is for children and young people who qualify for Medi-Cal EPSDT services because they are under 21. This notice is also for caregivers or guardians of children and young people who qualify for EPSDT.

What are Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services?

EPSDT services are extra Medi-Cal services. You can get them in addition to other Medi-Cal services. **You must be under age 21 and have full scope Medi-Cal to get these services.** EPSDT services correct or improve medical problems that your doctor or other health care provider finds, even if the health problem will not go away entirely.

How can I get EPSDT services for my child or, if I am under age 21, for myself?

Ask your doctor or clinic about EPSDT services. You may get these services if you and your doctor, or other health care provider, clinic (such as Child Health and Disability Prevention Program [CHDP]) or county mental health department agree that you need them.

What are EPSDT mental health services?

EPSDT mental health services are Medi-Cal services that correct or improve mental health problems. These problems may be sadness, nervousness, or anger that makes your life difficult.

Some of the services you can get from your county mental health department are:

- Individual therapy
- Group therapy
- Family therapy
- Crisis counseling
- Case management
- Special day programs
- Medication for your mental health
- EPSDT mental health services to treat alcohol and drug problems you may have that affect your mental health.

You can also ask for counseling and therapy as often as once per week or more if you think you need it. You may be able to get these services in your home or in the community.

In most cases, your county mental health department, you, and your doctor or provider will decide if the services you ask for are medically necessary. County mental health departments must approve your EPSDT services. Every county mental health department has a toll-free phone number that you can call for more

information and to ask for EPSDT mental health services.

What are EPSDT Therapeutic Behavior Services (TBS)?

Therapeutic Behavioral Services (TBS) is a new EPSDT mental health service. TBS helps children and young people who:

- Have severe emotional problems
- Live in a mental health placement or are at risk of placement, or
- Have been hospitalized recently for mental health problems.

If you get other mental health services and still feel very sad, nervous, or angry, you may be able to have a trained mental health coach help you. This person could help you when you have problems that might cause you to get mad, upset or sad. This person would come to your home, group home or go with you on trips and activities in the community.

Your county mental health department can tell you how to ask for an assessment to see if you need mental health services including TBS.

Who can I talk to about EPSDT mental health services?

You can talk to your doctor, psychologist, counselor or social worker about EPSDT mental health services. For children and young people in a group home or residential

facility, you can talk to the staff about getting additional EPSDT services.

For children in foster care, you can also ask the child's court-appointed attorney. You can also call your county mental health department directly. (Look in your phone book for the toll-free telephone number, or call the State mental health ombudsman.)

What if I don't get the services I want from my county mental health department?

You can file a grievance with the county mental health department if the county mental health department denies the EPSDT services requested by your doctor or provider. You may also file a grievance if you think you need mental health services and your provider or county mental health department does not agree. Call the county mental health department's toll free number to talk to a grievance coordinator for information and help. You may also call the county patient's rights advocate, or the State Mental Health Ombudsman Office.

You can ask for a State hearing at the same time. Call 1-800-952-5253, send a fax to 916-229-4110, or write to the Department of Social Services/State Hearings Division, P.O. Box 944243, Mail Station 19-37, Sacramento CA 94244-2430. You must ask for a hearing within 90 days after you learn that your request for services was denied. Protection & Advocacy, Inc. is also

available to assist with complaints, appeals, and grievances.

Who can I call for more information?

For more information please contact the following offices at the telephone numbers below.

County Mental Health Department toll-free access number	Look in your local phone book
Department of Mental Health Ombudsman Office	1-800-896-4042
Child Health and Disability Prevention (CHDP) Program located in your county or city health department.	Look in your local phone book.
Protection & Advocacy, Inc.	1-800-776-5746 or www.pai-ca.org

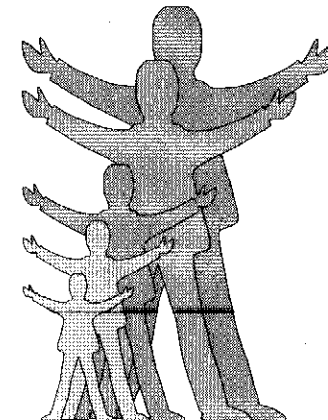
Medi-Cal Services for Children and Young People:

Early and Periodic Screening, Diagnostic and Treatment

Mental Health Services



Governor Gray Davis
 Grantland Johnson, Secretary
 Health and Human Services Agency
 Diana Bonta', Director
 Department of Health Services
 May 2001



Tab 6

ANALYSIS OF REVENUE RECEIVED IN FY 96/97

LOCAL HEALTH SERVICES DIVISION

ANALYSIS OF REVENUE RECEIVED IN FY 96/97

06/30/97

11AREV97.xlw

2-Jul-97

3N2L

1996-97

611741 - EPSDT STATE ALLOCATION

REF DATE	REF NO.	DESCRIPTION	FY 93/94	FY 94/95	FY 95/96	FY 96/97	TOTAL REVENUE
						262,138.00	
12/27/96	DP32366	EPSDT				61,576.00	61,576.00
06/30/97	JE 35001	Revenue Accrual				417,424.00	417,424.00
		TOTAL	0.00	0.00	0.00	741,138.00	479,000.00

3N46

6011765 - STATE AIDS CONTRACT

REF DATE	REF NO.	DESCRIPTION	FY 93/94	FY 94/95	FY 95/96	FY 96/97	TOTAL REVENUE
						60,000.00	
08/07/96	DP24231	Contract #95-75180			13,739.47		13,739.47
09/25/96	DP27019	Contract #95-75180			6,000.00		6,000.00
03/05/97	JE27399	Reclass from 61101- 1768			(19,739.00)		(19,739.00)
04/18/97	DP39265	Thru 12/96				26,496.79	26,496.79
06/30/97	JR 34484	Revenue Accrual				33,503.21	33,503.21
		TOTAL	0.00	0.00	0.47	60,000.00	60,000.47

61309/1871 - SMC BOARD OF EDUCATION - AB 599

REF DATE	REF NO.	DESCRIPTION	FY 93/94	FY 94/95	FY 95/96	FY 96/97	TOTAL REVENUE
						133,824.00	
07/01/96	JE17535	Reverse Accrual 16711					0.00
09/23/96	DP26724	SMC Schools - payment			(31,850.00)		(31,850.00)
03/14/97	DP36834	SMC 7/96 - 8/96			31,850.00	4,055.45	35,905.45
06/30/97	JE 34484	Revenue Accrual				23,602.87	23,602.87
		TOTAL	0.00	0.00	0.00	32,352.00	32,352.00
						60,010.32	60,010.32

16.96

3N1K

61301/1955 - CHILDREN SYSTEM OF CARE - MARTY'S

REF DATE	REF NO.	DESCRIPTION	FY 93/94	FY 94/95	FY 95/96	FY 96/97	TOTAL REVENUE
07/01/96	JE 17535	Revenue accrual- 16711			(22,324.00)		(22,324.00)
05/01/97	JE 30454	Reclass to 61308-1955			22,324.00		22,324.00
		TOTAL	0.00	0.00	0.00	0.00	0.00

1669240

3136

11/1741 - EPSDT STATE ALLOCATION

REF DATE	REF NO.	DESCRIPTION	FY 94/95	FY 95/96	FY 96/97	FY 97/98	TOTAL REVENUE
03/30/98	JE45018	Revenue Reclass, from #61301		510,000.00	(190,424.00)	61,346.00	380,922.00
04/21/98	DP62448	EPSDT - SGF				45,000.00*	45,000.00
06/16/98	DP66208	EPSDT - SGF-Cost Rept Settlement		185,519.00			185,519.00
		TOTAL	0.00	695,519.00	(190,424.00)	106,346.00	611,441.00

3112

108/2658 - CONSORTIUM FOUNDATION

REF DATE	REF NO.	DESCRIPTION	FY 94/95	FY 95/96	FY 96/97	FY 97/98	TOTAL REVENUE
						60,000.00	
02/20/98	DP58308	Oct, 1997 to January, 1998				20,000.00	20,000.00
04/28/98	DP62864	Full payment of contract				40,000.00	40,000.00
		TOTAL	0.00	0.00	0.00	60,000.00	60,000.00

1101/1765 - STATE AIDS CONTRACT

REF DATE	REF NO.	DESCRIPTION	FY 94/95	FY 95/96	FY 96/97	FY 97/98	TOTAL REVENUE
							0.00
		TOTAL	0.00	0.00	0.00	0.00	0.00

1997-98

1101/2529 - IFR HALF CENT FUND

REF DATE	REF NO.	DESCRIPTION	FY 94/95	FY 95/96	FY 96/97	FY 97/98	TOTAL REVENUE
						44,000.00	
06/29/98	JE50357	Half Cent Fund - Tmosp Reimbursement				28,313.70	28,313.70
		TOTAL	0.00	0.00	0.00	28,313.70	28,313.70

HEALTH SERVICES DIVISION
 SIS C. REVENUE RECEIVED IN FY 98/99

mhnestor\123data\rev\fy99rev fold 99rev

3 N/c

H 06/30/99

99rev:3xlw
 27-Oct-00

61311/1741 - EPSDT STATE ALLOCATION

REF DATE	REF NO.	DESCRIPTION	FY 95/96	FY 96/97	FY 97/98	FY 98/99	TOTAL REVENUE
		Grant amount					
07/29/98	DP01840	MH EPSDT - FY 98 - 2ND QTR			47,000.00		47,000.00
11/10/98	DP08656	MH EPSDT - FY 97 INTERIM		76,424.00			76,424.00
11/30/98	DP09799	MH EPSDT - FY 98 - 3RD QTR			112,000.00		112,000.00
02/24/99	DP15290	MH EPSDT - INTERIM				430,692.00	430,692.00
04/20/99	DP19173	MH EPSDT -4TH QTR			128,654.00		128,654.00
06/11/99	DP22742	MH EPSDT 96- 97 FINAL		183,983.00			183,983.00
		TOTAL		260,407.00	287,654.00	430,692.00	978,753.00

3 N/c

61101/1749 - OTHER STATE MENTAL HEALTH - PHARMACY & LAB

REF DATE	REF NO.	DESCRIPTION	FY 95/96	FY 96/97	FY 97/98	FY 98/99	TOTAL REVENUE
06/30/99	JE68026	REVENUE ACCRUAL				1,424,572.00	1,424,572.00
		TOTAL	0.00		0.00	1,424,572.00	1,424,572.00

61201/1749 - OTHER STATE MENTAL HEALTH - MANAGED CARE

REF DATE	REF NO.	DESCRIPTION	FY 95/96	FY 96/97	FY 97/98	FY 98/99	TOTAL REVENUE
						1,800,193.00	
11/06/98	JE55896	Reclass to Managed Care			400.00	0.00	400.00
02/26/99	JE61134	Reclass Mgd Care Allocation				1,795,029.00	1,795,029.00
04/30/99	JE63995	Reclass DP 19635				5,164.00	5,164.00
		TOTAL	0.00	0.00	400.00	1,800,193.00	1,800,593.00

61401/1749 - OTHER STATE MENTAL HEALTH - T B C B

REF DATE	REF NO.	DESCRIPTION	FY 95/96	FY 96/97	FY 97/98	FY 98/99	TOTAL REVENUE
						1,800,193.00	
06/30/99	JE68026	REVENUE ACCRUAL				200,000.00	200,000.00
		TOTAL	0.00	0.00	0.00	200,000.00	200,000.00

NOTE: Amounts in brackets are deductions from Revenue Account.

Tab 7

HEALTH SERVICES AGENCY

September 24, 2002

Mr. Walter Barnes
Chief Deputy State Controller, Finance
P.O. Box 942850
Sacramento, CA 94250

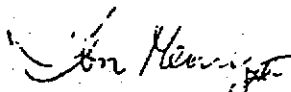
Re: Handicapped and Disabled Students Draft Audit Report

Dear Mr. Barnes:

Enclosed is San Mateo County's response to the draft audit report for the Handicapped and Disabled Students Claim. We have submitted our response within 30 days of adoption of the State's FY 02-03 budget.

Please contact Louise Rogers, Deputy Director, Mental Health Division at 650 573-2531 if you have any questions regarding our response.

Sincerely,



Tom Huening
Controller

Enclosure: As stated

cc: Jim Spano, Compliance Audits Bureau, State Controller's Office
Gale Bataille, Health Services Agency, Mental Health Services

RECEIVED

SEP 25 2002

STATE CONTROLLERS OFFICE
SACRAMENTO

MENTAL HEALTH SERVICES DIVISION

Supervisors: Mark Church • Rose Jacobs Gibson • Richard S. Gordon • Jerry Hill • Michael D. Nevin • Health Services Director: Margaret J.

San Mateo County Mental Health Services
Response to SB 90 Audit by California State Controller
Handicapped and Disabled Students
Chapter 1747, Statutes of 1984
Chapter 1274, Statutes of 1985

The State Controller's Office conducted a field audit of the Handicapped and Disabled Students state mandated program for the San Mateo County Mental Health Division. This audit covered three fiscal years: 1996-97, 1997-98 and 1998-99. The total net disallowance stated in the draft audit report totaled \$7,768,485.

The County of San Mateo has carefully examined the issues raised in the State Controller's draft findings and wishes to respond to each issue individually. It is hoped that upon review of the County's responses the State Controller will issue a fair and equitable final audit report.

FINDING 1: Claimed costs exceeded amounts paid to Service Providers (Disallowance Amount: \$518,337)

RESPONSE: The County concurs with this finding.

FINDING 2: Ineligible treatment costs claimed by County (Disallowance Amount: \$1,371,726)

RESPONSE: The following services disallowed by the State Controller are shown by mode and service function code:

- 05/10 Hospital Inpatient – This activity was claimed in error. The County concurs with this finding. Reduction amount: \$38,894.
- 05/60 Residential, Other – The County does not concur with this finding. Costs included in this category were actually eligible, allowable day treatment service costs that were miscoded. Reduction amount: \$76,223.
- 10/20 Crisis Stabilization – This cost was claimed in error. The County concurs with this finding. Reduction amount: \$3,251.
- 10/60 Skilled Nursing – The County does not concur with this finding. Costs included in this category were actually eligible, allowable day treatment service costs that were miscoded. Reduction amount: \$21,708.
- 15/60 Medication Visits – The County strenuously objects to the State Controller's findings and disallowances in this area. Physician and nursing

activities related to assessment and prescribing psychiatric medications, otherwise known as medication management, is an eligible component of this mandated program. Note that the County **did not** claim costs for the actual medications, which are specifically unallowable AB 3632 costs. State mandated cost claiming for medication support activities is supported by the applicable regulations: Title 2, Division 9, Chapter 1 of California Code of Regulations, Section 60020; Government Code 7576; and Interagency Responsibilities Code of Regulations. Reduction amount: \$1,007,332.

- 15/70 Crisis Intervention – This is another instance of the State Controller's field auditor misinterpreting the types of costs categorized under this service function code. These services are mental health outpatient services provided in the normal course of mental health treatment and are included as a subfunction of the "mental health services" function code. Under no circumstances are these services analogous to hospital psychiatric emergency visits, which the County agrees would not be an eligible cost. Reduction amount: \$224,318.

FINDING 3: Claimed unit rates exceed the maximum allowable rates (Disallowance amount: \$308,661)

RESPONSE: This finding by the State Controller is fundamentally flawed in three respects. The first relates to the County's right to reimbursement of the costs of performing the mandated activity. The second relates to an existing interpretation by the Commission on State mandates relating to capitated rates relating to SB 90 program. The third relates to the State Controller's misrepresentation of the *Parameters and Guidelines* for this program.

1. Article XIII B, Section 6 of the State Constitution allows for the reimbursement of the costs of state mandates passed down to local agencies:

CALIFORNIA CONSTITUTION
ARTICLE 13B: GOVERNMENT SPENDING LIMITATION

SEC. 6. Whenever the Legislature or any state agency mandates a new program or higher level of service on any local government, the State shall provide a subvention of funds to reimburse such local government for the costs of such program or increased level of service...

2. The Commission on State Mandates has contemplated the issue of capitated rates vs. full-cost rates in their revised parameters and guidelines for the program known as Prisoner Parental Rights (Chapter 1376, Statutes of 1976, Welfare and Institutions Code, Sections 366.26 and 300 c, e, f, I and j). The Commission ruled that the mandated costs associated with Article XIII B, Section 6 of the State Constitution could not be capitated at a state-wide level. They ruled that the State was required to reimburse local agencies for the full cost rate, and required local governments to provide additional documentation if they used a rate higher than the average daily jail

rate. This situation is identical. The Department of Justice, just like the California Department of Mental Health, annually establishes statewide reimbursement rates, otherwise referred to as statewide maximum allowances (SMAs). These SMAs or capitated rates are applicable to many purposes, but they are not to be applied to state mandated costs covered under Article XIII B.

3. In the draft audit findings, the State Controller materially misrepresents what is stated in the *Parameters and Guidelines* by saying, "Parameters and Guidelines states that reimbursable costs are governed by the Short-Doyle/Medi-Cal Program." The *Parameters and Guidelines* refer to the Short-Doyle/Medi-Cal Program in the following contexts:

- IEP participation is not subject to the Short-Doyle Act (Summary of the Mandate)
- Provisions of WIC section 5651, subdivision (g), result in a higher level of service within the county Short-Doyle program (Summary of the Mandate)
- Such mental health services are subject to the current cost sharing formula of the Short-Doyle Act (90-10 cost sharing). (Summary of the Mandate)
- Any mental health treatment required by an IEP is subject to the Short-Doyle cost sharing formula. (Commission on State Mandates' Decision)
- Reimbursable activities not subject to the Short-Doyle Act (IEP costs, et al). (Reimbursable Costs)
- The scope of the mandate is 100% reimbursement, except that for individuals billed to Medi-Cal only, the Federal Financing Participation portion (FFP) for these activities should be deducted from the reimbursable activities not subject to the Short-Doyle Act. (Reimbursable Costs)
- Reimbursable activities subject to the Short-Doyle Act, or Mental Health Treatment Services. (Reimbursable Costs)
 - Scope of mandate is 10% reimbursement
 - Provision of mental health services when required by child's IEP are 10% reimbursable: Individual therapy, Collateral therapy and contacts, Group therapy, Day treatment, and Mental Health portion of residential treatment in excess of the Department of Social Services payment for the residential placement.
- Any other reimbursement for this mandate (excluding Short-Doyle funding, private insurance payments and Medi-Cal payments), which is received from any source, e.g. federal, state, etc.

Those are the sum total of references to the term "Short-Doyle" in the *Parameters and Guidelines* for this program. At no point is it stated or implied that the Short-Doyle program governs the definition of reimbursable costs as the State Controller notes in the audit finding.

The conclusions reached by the State Controller in Finding 3 are without basis or merit.

FINDING 4: Treatment costs claimed at 100% instead of 10% (Disallowance amount: \$8,932,480)

RESPONSE - The State Controller allowed only 10% of treatment costs related to this program, while the County claimed these costs at 100%. Since this issue is being clarified in budget trailer bill legislation (AB 2999), the County will reserve comment and discussion on this matter pending the outcome of this legislative effort.

FINDING 5: State categorical revenues were not properly deducted from claim costs (Disallowance amount: \$2,445,570)

RESPONSE: The County concurs with the finding that AB 599 revenue should have been offset from the claimed SB 90 costs. The County does not concur with the finding that \$2 million EPSDT State Match should have been offset from the claimed SB 90 costs. The State Controller deducted all state general fund EPSDT Medi-Cal from the claimed SB 90 costs. The County had already offset the SB 90 reimbursement claim by the federal share of EPSDT Medi-Cal, but failed to deduct the state general fund EPSDT match. The State Controller incorrectly deducted all EPSDT state general fund revenues, even though a significant portion of EPSDT revenue was not linked to the AB 3632 population. The County estimates based on the attached methodology that the correct amount that should be disallowed by the State is as follows:

Revenue Source	County Amount	State Disallowance	Difference
State EPSDT Match	166,352	2,069,194	1,902,842

Based on the recent field audit, we are updating the MIS system to provide better tracking of AB 3632 linked clients, services and costs. We have most likely overstated the Medi-Cal revenue linked to AB 3632 services and thus, we have actually understated our net SB 90 claimable costs in contrast to the State Controller's findings that insufficient Medi-Cal revenues were offset. Only a small percentage of AB 3632 students are Medi-Cal beneficiaries, and thus, the actual state EPSDT revenue offset is likely to be quite small; perhaps 10% or less.

Medi-Cal revenue offsets overstated (Restoration amount from the State: \$2,966,485)

RESPONSE - The State Controller credited the County with the federal share of Medi-Cal revenue that was received for services found to be ineligible for SB 90 reimbursement. This credit should be adjusted accordingly if the State Controller restores disallowed services or costs outlined in this response.

Data to Future Finding # 5, EPSDT Offset

San Mateo County Mental Health, FY 94-95, 95-96, 96-97, 97-98

IEP 3632 Youth Med-Cal Units Above the Baseline as Percentage of all <21 Medi-Cal Units Above the Baseline

Same Percentage Applied to State General Fund EPSDT Match \$ Produces Correct EPSDT Offset of SB 90 Claim

	Units Above Base IEP3632 MC	Units Above Base All MC <21	% 3632 Related	SGFEPSDT Growth \$	SGFEPSDT (OFFSET) Growth \$ Related to 3632 Youth
94-95	Baseline*	0	0		
95-96	218,454	962,985	22.69%	\$479,000	\$108,662
96-97	64,139	571,621	11.22%	\$611,441	\$68,607
97-98	-5,125	459,476	-1.12%	\$978,753	-\$10,917
TOTAL				\$2,069,194	\$166,352

* The baseline Medi-Cal units of service for IEP/3632 youth was 863,354.

The baseline Medi-Cal units of service for Medi-Cal beneficiaries was 2,372,274.

The State Controller's Office deducted all state general fund EPSDT Medi-Cal match from the claimed SB 90 costs. San Mateo County Mental Health contends only the match corresponding to services for the IEP/3632 youth should be deducted, and only that portion above the "baseline" year FY 94-95 established by the State.

Date of data run: 8/22/02 "IEP_Medical_Billed"

Data includes all Medi-Cal services for <21 clients.

From client episodes it was determined if a client was 3632 ("IEP").

If client = IEP, then all MediCal services were defined as "IEP Medical".

Units of services are units of time (per CSI)

94-95 is baseline year for State EPSDT cost settlement (cost of service to <21 MediCal clients).

Columns in spreadsheet:

IEP3632 MC	Total Medi-Cal units for 3632 <21 clients.
All MC <21	Total Medi-Cal units for all <21 clients (3632 and non-3632).
% 3632 Related	% of total <21 Mcal units accounted for by 3632 clients
SGFEPSDT\$	Total state general fund EPSDT match deposits in IFAS for each fiscal year (regardless of year earned) EPSDT\$ settled from the state represent costs for <21 Mcal clients above \$ spent in 94-95 (baseline year).

SGFEPSDT

Growth \$ Related to 3632 Youth

Portion of EPSDT revenue ascribed to 3632 clients.

Method:

Calculates the proportion of state EPSDT revenue for 3632 clients, based on total % of <21 MediCal units that year for 3632 clients

DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On August 27, 2015, I served the:

SCO Comments

Handicapped and Disabled Students, 05-4282-I-03

Government Code Sections 7570-7588; Statutes 1984, Chapter 1747 (AB 3632);
Statutes 1985, Chapter 1274 (AB 882); California Code of Regulations, Title 2,
Sections 60000-60200 (Emergency regulations effective January 1, 1986
[Register 86, No. 1], and re-filed June 30, 1986, effective July 12, 1986
[Register 86, No. 28]

Fiscal Years 1996-1997, 1997-1998, and 1998-1999
County of San Mateo, Claimant

By making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on August 27, 2015 at Sacramento, California.



Lorenzo Duran
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562

COMMISSION ON STATE MANDATES

Mailing List

Last Updated: 7/28/15

Claim Number: 05-4282-I-03

Matter: Handicapped and Disabled Students

Claimant: County of San Mateo

TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

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