

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**FROM:** Department of Mental Health

**SUBMITTAL DATE:**

April 5, 2012

**SUBJECT:** Approve the Agreement Amendment with MFI Recovery Center, Inc. **All Districts**

**RECOMMENDED MOTION:** Move that the Board of Supervisors:

1. Approve the agreement amendment with MFI Recovery Center, Inc as a prevention provider for FY 2011/2012;
2. Authorize the Chairman of the Riverside County Board of Supervisors to sign the agreement amendment.
3. Authorize the Riverside County Purchasing Agent to increase, decrease and/or amend this contract while staying within the previously Board of Supervisors approved aggregate amount of \$11,495,859; and authorize the Purchasing Agent to annually renew this agreement through June 30, 2013.

**BACKGROUND:** On June 2, 2009, Agenda Item 3.58, the Riverside County Board of Supervisors approved Negotiated Net Amount (NNA) and Drug Medi-Cal (DMC) contracts for FY 2009/2010, and authorized the Purchasing Agent to add new contracts up to \$100,000 while staying within the Board approved aggregate of \$11,495,859. Subsequently, on May 10, 2011, Agenda Item 3.34, the Riverside County Board of Supervisors approved the new prevention services agreement with MFI Recovery Center, Inc. **(Continued on Page 2)**

JW:CW:SL

*Jerry Wengert*  
Jerry Wengert, Director  
Department of Mental Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 124,662	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2011/2012

<b>SOURCE OF FUNDS:</b> 100% Federal SAPT Block Grant	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:** APPROVE

**County Executive Office Signature** BY: *Debra Cournoyer*  
Debra Cournoyer

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Tavaglione, seconded by Supervisor Stone and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley  
Nays: None  
Absent: None  
Date: April 17, 2012  
xc: Mental Health, Purchasing

Kecia Harper-Ihem  
Clerk of the Board  
By: *[Signature]*  
Deputy

**3.12**

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD  
 Dept. Recommendation:  Consent  Policy   
 Per Exec. Ofc.:  Consent  Policy   
 FORM APPROVED COUNTY COUNSEL BY: *[Signature]* DATE: 4-4-12  
 Purchasing: *[Signature]* Mark Sailer, Assistant Director for Departmental

**PAGE 2:**

**SUBJECT:** Approve the Agreement Amendment with MFI Recovery Center, Inc.

**BACKGROUND (CONTINUED):**

MFI Recovery Center, Inc. (MFI) is the sole provider of primary prevention, education, and information dissemination services to the senior citizen population county-wide. In addition, they are the only provider of environmental prevention, community based prevention, and information dissemination services in the Riverside County Hemet area. By providing these prevention services, MFI assists the Riverside County Department of Mental Health (RCDMH) and various other community agencies in reducing access and availability of alcohol and other drugs to young people within the community.

The RCDMH Substance Abuse Program is required by Riverside County's Strategic Prevention Framework (SPF) plan to provide senior and environmental prevention services throughout Riverside County. Upon review of the contractor's utilization, an increase in the target population served in the previous fiscal year, and an increase in the number of required prevention services was identified and, the RCDMH Substance Abuse Program determined there is a need to increase this provider's current contract agreement from \$99,020 to \$124,662 for FY 2011/2012 in order to continue meeting the goals and requirements of Riverside County's SPF. Therefore, the RCDMH is requesting that the Riverside County Board of Supervisors approve the agreement amendment with MFI in order for this provider to continue to provide substance abuse prevention services to qualified consumers in Riverside County.

**PERFORMANCE PERIOD:**

This agreement amendment will be effective upon the date of execution through June 30, 2012, and may be renewed annually through June 30, 2013. This agreement contains termination provisions in case of unavailability of any applicable Federal, State and/or County funds.

**FINANCIAL IMPACT:**

This agreement amendment will increase the current contract amount from \$99,020 to \$124,662 for FY 2011/2012. There are sufficient funds in the department's FY 2011/2012 budget to provide for this agreement amendment, and no additional County funds are required.

**PRICE REASONABLENESS:**

The rates submitted by the providers during the initial Request for Proposal process were reviewed and subsequently negotiated down by the RCDMH, which resulted in a cost savings to the department for the provision of these services.

FY 2011/2012  
FIRST AMENDMENT TO AGREEMENT  
BETWEEN  
COUNTY OF RIVERSIDE  
AND  
MFI RECOVERY CENTER, INC. - NNA/DAS PREVENTION

That certain Agreement between the County of Riverside (COUNTY) and MFI RECOVERY CENTER, INC. (CONTRACTOR) originally approved by the Riverside County Board of Supervisors on May 10, 2011, agenda item 3.34 for FY 2010/2011; renewed by the Riverside County Purchasing Agent on August 10, 2011 for FY 2011/2012; and is extended for the first time for FY 2011/2012, effective April 17, 2012, as follows:

- To rescind Exhibit C in its entirety and replace with the new, attached Exhibit C to increase the maximum obligation amount for FY 11/12 from \$99,020 to \$124,662.
- To rescind Schedule I in its entirety and replace it with the new, attached Schedule I.

All other terms and conditions of this Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, the Parties hereto have caused their duly authorized representatives to execute this Amendment.

COUNTY:

County of Riverside  
Board of Supervisors  
4080 Lemon Street, 5<sup>th</sup> Floor  
Riverside, CA 92501

INFORMATION COPY:

County of Riverside  
Department of Mental Health  
P.O. Box 7549  
Riverside, CA 92503-7549

**CONTRACTOR: MFI RECOVERY**

Signed: 

Printed: Craig Hamilton

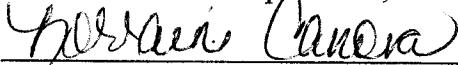
Date: 3/26/12

Title: Director

COUNTY OF RIVERSIDE:

  
Chairman, Board of Supervisors  
**JOHN TAVAGLIONE**

ATTEST: Kecia Harper-Ihem, CLERK

  
Deputy.

Date: 4-17-12

COUNTY COUNSEL  
PAMELA J. WALLS

Approved as to Form

By   
Deputy County Counsel

MFI Recovery- NNA/DAS (Prevention)  
First Amendment for FY 11/12  
4100514141/55600

4-17-12 3.12

EXHIBIT C

REIMBURSEMENT & PAYMENT

CONTRACTOR NAME: **MFI RECOVERY - PREVENTION**

A. REIMBURSEMENT:

1. In consideration of services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement based upon the unit rate (Actual Cost Rate) as specified in the Schedule I and actual units provided, less revenue collected, not to exceed the maximum obligation of the COUNTY as specified herein. Schedule I is attached hereto and incorporated herein by this reference.
2. Contractor shall provide the COUNTY with the appropriate CalOMS Prevention printout for services providing during the applicable billing period.
3. The final year-end settlement for non Medi-Cal services shall be based on the Actual Cost, multiplied by the actual number of units, less revenue collected. The final year-end settlement for Medi-Cal services shall be based on final State approved Medi-Cal units, multiplied by the actual allowable cost per unit of services provided, the State Maximum Allowance (SMA) rate, or customary charges, whichever is lower, less revenue collected. The combined final year-end settlement for Medi-Cal and non Medi-Cal services shall not exceed the maximum obligation of the COUNTY as specified

1                   herein, and the applicable maximum reimbursement rates promulgated each  
2                   year by the State.

3 B. MAXIMUM OBLIGATION:

4                   COUNTY'S maximum obligation prevention services for fiscal year 2011/2012 shall  
5                   be \$124,662 subject to availability of Federal, State, and local funds.

6  
7 C. BUDGET:

8                   Schedule I presents for budgetary and planning purposes only the budget details  
9                   pursuant to this Agreement. Where applicable, Schedule I contains the department  
10                  identification number (dept. id), CALOMS number, the reporting unit (RU), the  
11                  mode(s) of service, the service function(s), units, revenues received, maximum  
12                  obligation, and source of funding pursuant to this Agreement. Funding for services is  
13                  identified in the Schedule I. Federal Funding in part includes; Substance Abuse  
14                  Prevention and Treatment # 93.959, and Federal Financial Participation (FFP)  
15                  #93.778.

16 D. REVENUES:

17                  1. Pursuant to the California Health and Safety Code Division 10.5, Section 11841,  
18                  and as further contained in the Department of Alcohol and Drug Program  
19                  (DADP) Fiscal Systems Manual, Chapter II, REVENUES, CONTRACTOR  
20                  shall collect revenues for the provision of the services described pursuant to  
21                  Exhibit A. Such revenues may include, but are not limited to, fees for services,  
22                  private contributions, grants or other governmental funds. Revenues received by  
23                  CONTRACTOR shall be reported annually in the Substance Abuse Program  
24                  Cost Report as required by DADP Program Fiscal Systems Manual Chapter III,  
25                  REPORT OF EXPENDITURES.  
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- 1 2. CONTRACTOR is authorized to retain collected fees in the subsequent year.  
2 The total amount of fees carried forward shall not exceed 25% of the actual  
3 revenues collected to insure maximization of State/Federal Funds. Fees carried  
4 over are subject to approval by the State as identified in the State's Negotiated  
5 Net Amount/Drug Medi-Cal cost report for Riverside County Department of  
6 Mental Health.  
7
- 8 3. Patient/client eligibility for reimbursement from Medi-Cal, Private Insurance, or  
9 other third party benefits shall be determined by the CONTRACTOR.  
10 CONTRACTOR shall pursue payment from all potential sources in sequential  
11 order, with Drug Medi-Cal as payor of last resort. CONTRACTOR is to attempt  
12 to collect first from insurance, then first party. In addition, CONTRACTOR is  
13 responsible for adhering to and complying with all applicable Federal, State and  
14 local Medi-Cal and medi-Care laws and regulations as it relates to providing  
15 services to Medi-Cal and Medi-Care beneficiaries.  
16
- 17 4. If a client has both Medicare or insurance and Medi-Cal coverage, a copy of the  
18 Medicare or insurance Explanation of Benefits (EOB) must be provided to the  
19 COUNTY within thirty (30) days of receipt.  
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- 21 5. CONTRACTOR is obligated to collect from the client any Medicare co-  
22 insurance and/or deductible if the site is Medicare certified. CONTRACTOR is  
23 required to clear any Medi-cal Share of Cost amount (s) with the State.  
24 CONTRACTOR is obligated to attempt to collect the cleared Share of Cost  
25 amount (s) from the client. CONTRACTOR must notify the COUNTY in writing  
26 of cleared Medi-Cal Share of Cost (s) within seventy two (72) hours (excluding  
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1 holidays) of the CONTRACTOR'S received notification from the State.  
2 Patients/clients with share of cost Medi-Cal shall be charged their monthly Medi-  
3 Cal share of cost in lieu of their annual liability. Medicare clients will be  
4 responsible for any co-insurance and/or deductible for services rendered at  
5 Medicare certified sites.  
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7 6. All other clients will be subject to an annual fee schedule by CONTRACTOR for  
8 services rendered, based on the patient's/client's ability to pay, not to exceed the  
9 CONTRACTOR'S actual charges for the services provided. The sliding fee  
10 schedule must be approved by the Substance Abuse Program Services  
11 Administrator prior to implementation. In accordance with the State Department  
12 of Mental Health's Uniform Method of Determining Ability to Pay (UMDAP)  
13 Manual, CONTRACTOR shall not be penalized for non-collection of revenues  
14 provided that reasonable and diligent attempts are made by the CONTRACTOR  
15 to collect these revenues. Past due patient/client accounts may not be referred to  
16 private collection agencies. No patient/client shall be denied services due to  
17 inability to pay.  
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20 7. CONTRACTOR shall submit to COUNTY, with signed contract, a copy of  
21 CONTRACTOR'S sliding scale and published charges.  
22

23 8. If CONTRACTOR charges the client any additional fees (i.e. Co-Pays) above  
24 and beyond the Contracted Schedule I rate, the CONTRACTOR must notify the  
25 COUNTY within ten (10) days of signing the AGREEMENT.  
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27 9. CONTRACTOR must notify the COUNTY if CONTRACTOR raises client fees.  
28 Notification must be made within ten (10) days following any fee increase.

1 E. REALLOCATION OF FUNDS:

- 2 1. No categorical funds allocated for any Mode of Service as designated in  
3 Schedule I may be reallocated to another Mode of Service unless written  
4 approval is given by the Substance Abuse Program Services Administrator or  
5 designee prior to the end of either the Contract Period of Performance, or the  
6 end of the Fiscal Year (June 30<sup>th</sup>). Approval shall not exceed the maximum  
7 obligation.
- 8 2. In addition, CONTRACTOR may not, under any circumstances and without  
9 prior approval and/or written consent from the Region/Program  
10 Manager/Administrator and confirmation from by the Supervisor of the  
11 COUNTY Fiscal Unit, reallocate funds between non-billable and billable mode  
12 and service functions and/or service procedure codes as designed in the  
13 Schedule I that are defined as non-billable by the COUNTY, State or Federal  
14 governments from or to funds, services, mode of services and/or procedure  
15 codes that are defined as billable by the COUNTY, State or Federal  
16 governments.
- 17 3. If this Agreement includes more than one Exhibit C, shifting of funds from one  
18 Exhibit C to another is also prohibited without prior written consent and  
19 approval from the Substance Abuse Program Services Administrator prior to  
20 the end of either the Contract Period of Performance or Fiscal year.

21 F. RECOGNITION OF FINANCIAL SUPPORT:

22 If, when, and/or where applicable, CONTRACTOR'S stationery/letterhead  
23 shall indicate that funding for the program is provided in whole or in part by  
24 the County of Riverside Department of Mental Health Substance Abuse  
25 programs.  
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27 G. PAYMENT:  
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1. Monthly reimbursements may be withheld at the discretion of the Director or its designee due to material contract non-compliance, including audit disallowances invoice or contract overpayment and/or adjustments or disallowances resulting from the COUNTY Contract Monitoring Review (CMT), Program Monitoring and/or the Cost Report Reconciliation/Settlement Process.
2. In addition, if the COUNTY determines that there is any portion (or all) of the CONTRACTOR invoice(s) that cannot be substantiated, verified or proven to be valid in any way for any fiscal year, then the COUNTY reserves the right to disallow and/or withhold current and/or future payments from CONTRACTOR until valid, substantial proof of any and/or all items billed for is received, verified and approved by the COUNTY.
3. In addition to the CMT, Program Monitoring, and Cost Report Reconciliation/Settlement processes, the COUNTY reserves the right to perform periodic service deletes and denial monitoring for this agreement throughout the fiscal year in order to minimize and/or potentially prevent COUNTY and CONTRACTOR loss. The COUNTY, at its discretion, may withhold and/or offset invoices and/or monthly reimbursements to CONTRACTOR, at any time without prior notification to CONTRACTOR, for service deletes and denials that may occur in association with this agreement. COUNTY shall notify CONTRACTOR of any such instances of services deletes and denials and subsequent withholds and/or reductions to CONTRACTOR invoices or monthly reimbursements.

- 1 4. CONTRACTOR shall submit a monthly invoice for payment and a quarterly  
2 report to COUNTY program with invoice describing outcomes, and progress  
3 updates and services delivered based on the contract's Exhibit A, "Scope of  
4 Services".
- 5
- 6 5. Notwithstanding the provisions of Paragraph I-1 and I-2 above,  
7 CONTRACTOR shall be paid in arrears based upon the actual units of  
8 services provided and entered into the COUNTY'S specified Data Collection  
9 System. CONTRACTOR will submit a claim on their organization's  
10 stationery, which must include at a minimum the CONTRACTOR'S name,  
11 invoice mailing address and telephone number, summarizing the dollar  
12 amount specified in the applicable COUNTY specified Data Collection  
13 System Report and a signed "Certification of Claims and Program Integrity"  
14 form (PIF); (attached as Exhibit C, Attachment A) signed by the Director of  
15 the CONTRACTOR organization, or an authorized designee of the  
16 CONTRACTOR organization. The summary page of the monthly, final  
17 applicable Data Collection System Report **and** the PIF form **must** be  
18 attached to the CONTRACTOR invoice. Failure to attach the monthly, final  
19 summary page of the applicable Data Collection System Report, the  
20 Certification of Claims **and** the signed PIF, will delay payment to the  
21 CONTRACTOR until the required documents as outlined herein are  
22 provided. The claim must be approved and signed by the Director or an  
23 authorized designee of the CONTRACTOR. Monthly claims shall be  
24 submitted to the appropriate Program or Regional Manager of the  
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1 COUNTY'S Department of Mental Health, no later than 5:00 pm on the fifth  
2 (5<sup>th</sup>) working day of each month.

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4 6. Short-Doyle/Medi-Cal billings shall be processed by the COUNTY and the  
5 CONTRACTOR shall provide the COUNTY with all information necessary  
6 for the preparation and audit of such billings.

7 7. Unless otherwise notified by the COUNTY, CONTRACTOR invoicing will  
8 be paid by the COUNTY thirty (30) calendar days after the date the PIF and  
9 invoice is received by the applicable COUNTY Region/Program.  
10

11 H. COST REPORT:

12 1. For each fiscal year, or portion thereof, that this Agreement is in effect,  
13 CONTRACTOR shall provide to COUNTY two (2) copies per each CALOMS  
14 number, an annual Cost Report with an accompanying financial statement and  
15 applicable supporting documentation to reconcile to the Cost Report within  
16 thirty-two (32) calendar days following the end of each fiscal year (June 30),  
17 the expiration or termination of the contract whichever occurs first. The Cost  
18 Report shall detail the actual cost of services provided. The Cost Report shall  
19 be provided in the format and on forms provided by the COUNTY. Final  
20 payment to CONTRACTOR shall not be made by COUNTY until the final  
21 current and prior year Cost Report(s) have been reconciled, settled and signed  
22 by CONTRACTOR and received and approved by the COUNTY.

23 2. CONTRACTOR shall follow all applicable Federal, State and local  
24 regulations and guidelines to formulate proper cost reports, including but not  
25 limited to OMB circular A-122, OMB-circular A87, etc..

26  
27 3. It is mandatory that the CONTRACTOR send one representative to the cost  
28 report training annually that is held by COUNTY that covers the preparation

1 of the year-end Cost Report. The COUNTY will notify CONTRACTOR of  
2 the date(s) and time(s) of the training. Attendance at the training is  
3 mandatory annually in order to ensure that the Cost Reports are completed  
4 appropriately. Failure to attend this training may result in delay of payment  
5 to the CONTRACTOR.  
6

7 4. CONTRACTOR will be notified in writing by COUNTY if the Cost Report  
8 has not been received within thirty-two (32) calendar days after the end of the  
9 COUNTY Fiscal year. If the Cost Report is not postmarked in the thirty-two  
10 (32) calendar day time frame, future monthly reimbursements will be withheld  
11 until the COUNTY is in possession of a completed Cost Report. Future  
12 monthly reimbursements will be withheld if the Cost Report contains errors  
13 which are not corrected within 10 calendar days of written or verbal  
14 notification from the COUNTY. Failure to meet any pre-approved deadline  
15 extension will immediately result in the withholding of future monthly  
16 reimbursements.

17 5. The Cost Report shall serve as the basis for year-end settlement to  
18 CONTRACTOR including a reconciliation and adjustment of all payments  
19 made to CONTRACTOR and all revenue received by CONTRACTOR. Any  
20 payments made in excess of Cost Report settlement shall be repaid upon  
21 demand, or will be deducted from the next payment to CONTRACTOR.  
22

23 6. All current and/or future payments to CONTRACTOR will be withheld by  
24 the COUNTY until all final, current, and prior year Cost Report (s) have  
25 been reconciled, settled and signed by CONTRACTOR, and received and  
26 approved by the COUNTY.  
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1 7. CONTRACTOR shall report Actual Costs separately, if deemed applicable  
2 and as per CONTRACTOR Schedule I, to provide Contract Client Services,  
3 Prescriptions, Health Maintenance Costs, and Flexible funding costs under  
4 this agreement on the annual cost report. Where deemed applicable, Actual  
5 Costs for Indirect Administrative Expenses shall not exceed the percentage of  
6 cost as submitted in the CONTRACT Request for Proposal or Cost  
7 Proposal(s).  
8

9 I. BANKRUPTCY:

10 Within five (5) calendar days of filing for bankruptcy, CONTRACTOR shall notify  
11 COUNTY'S Department of Mental Health Fiscal Services Unit, by certified letter  
12 with a courtesy carbon copy to the Department of Mental Health's Program Support  
13 Unit, in writing of such. The CONTRACTOR shall submit a properly prepared Cost  
14 Report in accordance with requirements and deadlines set forth in Section H before  
15 final payment is made.  
16

17 J. AUDITS:

- 18 1. CONTRACTOR agrees that any duly authorized representative of the  
19 Federal Government, the State or COUNTY shall have the right to audit,  
20 inspect, excerpt, copy or transcribe any pertinent records and documentation  
21 relating to this Agreement or previous Agreements in previous years.  
22  
23 2. The COUNTY will conduct Program Monitoring Review and/or Contract  
24 Monitoring Review (CMT). Upon completion of monitoring,  
25 CONTRACTOR will be mailed a report summarizing the results of the site  
26 visit. A corrective Plan of Action will be submitted by CONTRACTOR  
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1 within thirty (30) calendar days of receipt of the report. CONTRACTOR'S  
2 failure to respond within thirty (30) calendar days will result in withholding  
3 of payment until the corrective plan of action is received. CONTRACTOR'S  
4 response shall identify time frames for implementing the corrective action.  
5 Failure to provide adequate response or documentation for this or previous  
6 year's Agreements may result in contract payment withholding and/or a  
7 disallowance to be paid in full upon demand.  
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9  
10 3. If this contract is terminated in accordance with Section XXIX,  
11 TERMINATION PROVISIONS, COUNTY, Federal and/or State  
12 governments may conduct a final audit of the CONTRACTOR. Final  
13 reimbursement to CONTRACTOR by COUNTY shall not be made until all  
14 audit results are known and all accounts are reconciled. Revenue collected  
15 by CONTRACTOR during this period for services provided under the terms  
16 of this Agreement will be regarded as revenue received and deducted as such  
17 from the final reimbursement claim.  
18

19 4. Any Audit exception resulting from an audit conducted by any duly  
20 authorized representative of the Federal Government, the State or COUNTY  
21 shall be the responsibility of the CONTRACTOR. Any audit disallowance  
22 adjustments may be paid in full upon demand or withheld at the discretion of  
23 the Director of Mental Health against amounts due under this Agreement or  
24 Agreement(s) in subsequent years.  
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26 K. DATA ENTRY:  
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1. CONTRACTOR understands that as the COUNTY upgrades its current Data Collection System to comply with Federal, State and/or local funding and service delivery requirements; CONTRACTOR will, therefore, be responsible for attending and receiving COUNTY training associated with, but not limited to, applicable service data entry, billing and invoicing, and learning how to appropriately and successfully utilize and/or operate the current and/or upgraded Data Collection System as specified for use by the COUNTY under this agreement. The COUNTY will notify the CONTRACTOR when such training is required and available. In the event the COUNTY'S specified Data Collection System changes prior to a new fiscal year, COUNTY shall notify CONTRACTOR and provide immediate instructions and make subsequent arrangements to facilitate such a change.
2. CONTRACTOR is required to enter all units of services into the COUNTY'S specified Data Collection System for the prior month no later than 5:00 p.m. on the fifth (5<sup>th</sup>) working day of the current month. Late entry of services into the COUNTY'S specified Data Collection System may result in financial and/or service denials and/or disallowances to the CONTRACTOR.

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/

Rev: 11/12 CW

**SCHEDULE I  
MENTAL HEALTH**

CONTRACT PROVIDER NAME: MFI RECOVERY CENTER

FISCAL YEAR: 2011/2012

NEGOTIATED RATE ( )	ACTUAL COST (XX)	FIRST AMENDMENT
DEPT. ID / PROGRAM 4100514141 / 55600	(PREVENTION ONLY)	TOTAL: \$124,662


CALOMS#	330010	
SYSTEM #	1032	
TYPE OF MODALITY	Senior Prevention Program and Environmental Prevention program	
MODE OF SERVICE:	20	
SERVICE FUNCTION:	12,13,14,16,17	
SERVICE TYPE: M/C, NON M/C	Non-M/C	
NUMBER OF UNITS:	4,653	4,653
COST PER UNIT:	\$26.79	
GROSS COST:	\$124,662	\$124,662

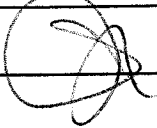
**Service Function Code Key**  
 12= Information Dissemination  
 13= Education  
 14= Alternatives  
 15= Problem ID & Renewal  
 16= Community Based process  
 17= Environmental Prevention

FUNDING CODE		
PROGRAM CODE		
SERVICE CODE		
UNIT REIMBURSEMENT	HOUR	
LESS REVENUES COLLECTED BY CONTRACTORS:		
A. PATIENT FEES		0
B. PATIENT INSURANCE		
C. OTHER	0	0
TOTAL CONTRACTOR REVENUES		
MAXIMUM OBLIGATION	\$124,662	\$124,662

SOURCES OF FUNDING FOR MAXIMUM OBLIGATION:				%
A. MEDI-CAL/FFP	0	\$0	\$0	0.00%
B. FEDERAL FUNDS		\$0	\$124,662	100.00%
C. REALIGNMENT FUNDS		\$0	\$0	0.00%
D. STATE GENERAL FUNDS		\$0	\$0	0.00%
E. COUNTY FUNDS		\$0	\$0	0.00%
F. OTHER:		\$0	\$0	0.00%
<b>TOTAL (SOURCES OF FUNDING)</b>		\$0	\$124,662	100.00%

FUNDING SOURCES DOCUMENT: Schedule of Funding Source: FY 2010/2011 Preliminary V.0

STAFF ANALYST SIGNATURE:  3/7/12

FISCAL SERVICES SIGNATURE:  2/8/12