



volume 2, issue 2
february 2003

Healthy Families Update

Welcome to the Healthy Families Update!

Our Goal: Provide brief, practical updates on Healthy Families Program Mental Health issues for county administrators, health plan liaisons, and mental health workers. We hope this will improve communication and expand access to the Healthy Families MH benefit. **Please share this newsletter with Access Teams, mental health staff, and others!**

Healthy Families Program Statistics

**Number of Current Subscribers:
As of 10/5/02** **601,839**

**Number of Subscribers Ever Enrolled:
As of 10/5/02** **905,180**

Ethnicity of Subscribers:

Hispanic/Latino	66.3%
White	16.2%
Asian/Pacific Islander	13.2%
Black/African American	3.0%

Gender of Subscribers

Male	51.2%
Female	48.8%

Top 5 Counties in Enrollment:

Los Angeles	179,358
Orange	59,753
San Diego	51,628
San Bernardino	41,704
Riverside	40,353

These counties account for **61.9%** of the total HFP enrollment.

Languages of Applications Received:

	September 2002	Total
English	14,238	593,404
Spanish	6,912	331,814
Cantonese	207	14,266
Vietnamese	197	7,903
Korean	137	4,547
Russian	21	628
Armenian	3	127
Hmong	0	35
Farsi	3	91
Cambodian	0	50
Laotian	0	23

This enrollment report is available on the World Wide Web at <http://www.mrmib.ca.gov>

ANNOUNCEMENT: MRMIB ANNOUNCES PROCESS TO HELP MENTAL HEALTH PLANS DETERMINE ELIGIBILITY STATUS.

The CIMH Healthy Families Project has brought forward information from the Mental Health Plans (MHP) that Healthy Families Program eligibility is sometimes difficult to obtain and this is resulting in delayed or lost billing revenue. CIMH/CMHDA and Managed Risk Medical Insurance Board (MRMIB) have been addressing this problem. MRMIB is working with EDS to make system changes to facilitate the counties ability to verify eligibility. In the meantime, MRMIB has put in place an interim process to help the counties obtain updated HFP eligibility information.

Inside this issue is a letter from Lorraine Brown of MRMIB outlining an interim process to help Mental Health Plans determine eligibility for Healthy Families Program. On the **rare** occasion when a MHP cannot determine eligibility through the usual methods, MRMIB is willing to provide limited information regarding eligibility to MHPs.

CIMH has agreed to contact all the MHPs to coordinate this process. Each MHP, however, will have to submit to MRMIB the name of **one** individual per county to act as their county liaison. We suggest the MHPs assign a lead financial person to be the liaison with MRMIB. We do not anticipate this process to be burdensome, but rather we are hopeful it will only be required in unique situations.

Please read the attachments and return the form to MRMIB.

If we can be of assistance, please contact Mary Jane Alumbaugh, Ph.D. at (916) 556-3480, ext 115.

This information will also be on the CIMH website.

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INREACH REPORT FORMAT POSTED ON CIMH WEBSITE/HEALTHY FAMILIES SITE

As announced earlier, Riverside County has designed a report format to help counties identify potential HFP eligible youth using UMDAP data obtained at intake. Use of this format could result in recovery of a significant amount of money for services already delivered.

How to use the "Inreach Report"

The "Inreach Report" format has been designed to help county mental health departments find eligible Healthy Families beneficiaries in the client base currently being seen within a county system.

First identify the open cases that DO NOT have a payor source. Use the UMDAP Report program to sort the class of cases that DO NOT have any payor source by UMDAP amounts.

**DMH REPORTS INDICATE
FROM ONE (1) TO FIFTEEN
(15) PERCENT OF ALL
CHILDRENS SERVICES HAVE
NO PAYOR SOURCE. MANY
OF THESE CHILDREN ARE HFP
ELIGIBLE.**

Once this class of cases has been sorted by UMDAP amount, using the official Federal Poverty Level forms that are enclosed, find those cases that are either Medi-cal eligible or Healthy Families eligible. These cases should be easily identified using the UMDAP schedule with the shaded areas.

Once these cases have been identified, either as Medi-cal or Healthy Families eligible, they should be contacted and encouraged to apply using the single point of entry forms.

Technical Information

This program is written for the ECHO/INSYST system. Please contact your local IT liaison for assistance with the data. CIMH cannot provide any support for this software.

The database will only run on VMS servers. Most of the counties in the state have this server setup. It also requires DATATRIEVE on the server. This needs to be set up by someone with DATATRIEVE and VMS experience.

**Total to date: Counties have been
reimbursed \$ 20,036,339 for HFP**

The materials sent from MRMIB to outline the new liaison process is included on the following pages.

If you have not identified a Healthy Families liaison to work with MRMIB we urge you to do so.

We have included the UMDAP information and the recent Federal Poverty Guidelines in order to help counties to use the InReach report.

The most recent HFP approved claims data is included for Fiscal Year 2002 as of 12/31/02.

We have also included the Billing Flow Chart for the HFP billing process.



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Healthy Families Update

October 30, 2002

TO: County Mental Health Directors
Children's System of Care Coordinators
Healthy Families Liaisons

FROM: California Institute for Mental Health
California Mental Health Directors Association

RE: Healthy Families Eligibility

The CIMH Healthy Families Project has brought forward information from the Mental Health Plans (MHP) that Healthy Families Program eligibility is sometimes difficult to obtain and this is resulting in delayed or lost billing revenue. CIMH/CMHDA and Managed Risk Medical Insurance Board (MRMIB) have been addressing this problem. MRMIB is working with EDS to make system changes to facilitate the counties ability to verify eligibility. In the meantime, MRMIB has put in place an interim process to help the counties obtain updated HFP eligibility information.

Attached is a letter from Lorraine Brown of MRMIB outlining an interim process to help Mental Health Plans determine eligibility for Healthy Families Program. On the **rare** occasion when a MHP cannot determine eligibility through the usual methods, MRMIB is willing to provide limited information regarding eligibility to MHPs.

CIMH has agreed to contact all the MHPs to coordinate this process. Each MHP, however, will have to submit to MRMIB the name of **one** individual per county to act as their county liaison. We suggest the MHPs assign a lead financial person to be the liaison with MRMIB. We do not anticipate this process to be burdensome, but rather we are hopeful it will only be required in unique situations.

Please read the attachments and return the form to MRMIB. If we can be of assistance, please contact Mary Jane Alumbaugh, Ph.D. at (916) 556-3480, ext 115. This information will also be on the CIMH website.

ATTACHMENTS

Cc: Lorraine Brown
Alice Chan



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Healthy Families Update

September 13, 2002

TO: Mary Jane Alumbaugh, Ph.D.

SUBJECT: Request for Eligibility Information of Eligible Seriously Emotionally Disturbed (SED) Children/Healthy Families Participants

The Managed Risk Medical Insurance Board (MRMIB) understands that determining the eligibility of HFP subscribers who are referred to the county for SED services is necessary for the county mental health program to perform its duties. Because there may be instances when the county mental health program may not get updated information from MEDS, an alternative for verifying HFP eligibility is necessary. Therefore, MRMIB had developed an interim process to assist counties in getting updated HFP eligibility information. We appreciate that CIMH has agreed to be a liaison in forwarding information to the local county mental health programs regarding MRMIB's interim process.

There are system changes that have been made to MEDS which should make it easier for local county mental health programs to verify eligibility and to determine the health plan to which a HFP subscriber is enrolled. However, in those rare instances when local program staff needs to discuss a subscriber's eligibility, we are working with the HFP Enrollment Vendor, EDS, to provide support. In the interim, Monica Martinez, a member of our staff will provide limited HFP eligibility information to county mental health programs. She can be reached at (916) 324-4695.

To ensure that we comply with privacy laws, prior to MRMIB's release of eligibility information, we are requiring each county mental health program designate one staff who will receive eligibility information from MRMIB. The county may also designate an alternate who can receive information in the absence of the authorized designee.

In order to meet the confidentiality requirements of Civil Code Section 1798.24 (e), MRMIB will only provide information necessary for counties to perform their statutory duties under Insurance Code Section 12693.61. The information that can be provided includes verification of HFP eligibility, member's effective date of HFP coverage, verification of a member's place/county of residence, and the name of the HFP plan in which the member is enrolled.

Attached is an authorization form that each county must complete and submit to **MRMIB, Attention: Benefits Unit, 1000 G Street, Suite 450, Sacramento, CA 95814**. The form must provide information on the county mental health program's designated staff. A new form must be completed and submitted to MRMIB when there is a change in the designated staff.

If you have any questions, please contact Alice Chan at (916) 324-6940.

Sincerely,
Lorraine U. Brown
Deputy Director, Benefits and Quality Monitoring



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Managed Risk Medical Insurance Board Healthy Families Program

Authorization Form for Disclosure of

Healthy Families Program (HFP) Member Eligibility Information
to
County Mental Health Programs Serving SED children

This certifies that _____ is designated as the HFP
County Mental Health Liaison or _____ as the alternate
designee for the County of _____, authorized to receive limited
HFP member eligibility information from the Managed Risk Medical Insurance Board
(MRMIB). To the limited extent necessary to enable the county to perform its statutory
duties under the California Insurance Code Section 12693.61, the MRMIB staff is
authorized to provide the following information to these county employees:

- Verification of HFP eligibility
- Member effective date of HFP coverage
- Verification of member's place/county of residence
- Name of the HFP plan in which the member is enrolled

Name of County Administrator or Director

Date

Signature

9/13/2002



Healthy Families Update

New Federal Income Guidelines for Healthy Families and Medi-Cal for Children effective April 1

Family Size	Child age 0 to 1 o Pregnant Women Medi- Cal	Child age 0 to 1 Healthy Families	Child age 1 thru 5 Medi-Cal	Child age 1 thru 5 Healthy Families	Child age 6 thru 18 Medi-Cal	Child age 6 thru 18 Healthy Families
1	\$0-\$1,477	\$1,478-\$1,846	\$0-\$982	\$983-1,846	\$0-\$739	\$740-\$1,846
2	\$0-\$1,990	\$1,991-\$2,488	\$0-\$1,324	\$1,325-\$2,488	\$0-\$995	\$996-\$2,488
3	\$0-\$2,504	\$2,505-\$3,130	\$0-\$1,665	\$1,666-\$3,130	\$0-\$1,252	\$1,253-\$3,130
4	\$0-\$3,017	\$3,018-\$3,771	\$0-\$2,007	\$2,008-\$3,771	\$0-\$1,509	\$1,510-\$3,771
5	\$0-\$3,530	\$3,531-\$4,413	\$0-\$2,348	\$2,349-\$4,413	\$0-\$1,765	\$1,766-\$4,413
6	\$0-\$4,044	\$4,045-\$5,055	\$0-\$2,689	\$2,690-\$5,055	\$0-\$2,022	\$2,023-\$5,055
7	\$0-\$4,557	\$4,558-\$5,696	\$0-\$3,031	\$3,032-\$5,696	\$0-\$2,279	\$2,280-\$5,696
8	\$0-\$5,070	\$5,071-\$6,338	\$0-\$3,372	\$3,373-\$6,338	\$0-\$2,535	\$2,536-\$6,338
9	\$0-\$5,584	\$5,585-\$6,980	\$0-\$3,713	\$3,714-\$6,980	\$0-\$2,792	\$2,793-\$6,980
10	\$0-\$6,097	\$6,098-\$7,621	\$0-\$4,055	\$4,056-\$7,621	\$0-\$3,049	\$3,050-\$7,621

Add the following dollar amount for each additional family member.

	\$514	\$642	\$342	\$642	\$257	\$642
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New Monthly Premium Effective April 1, 2002

Family Size	Category A	Category B
	Monthly Income	Monthly Income
1	\$740.00-\$1,108.00	\$1,108.01-\$1,846
2	\$996.00-\$1,493.00	\$1,493.01-\$2,488
3	\$1,253.00-\$1,878.00	\$1,878.01-\$3,130
4	\$1,510.00-\$2,263.00	\$2,263.01-\$3,771
5	\$1,766.00-\$2,648.00	\$2,648.01-\$4,413
6	\$2,023.00-\$3,033.00	\$3,033.01-\$5,055
7	\$2,280.00-\$3,033.00	\$3,418.01-\$5,696
8	\$2,536.00-\$3,803.00	\$3,803.01-\$6,338
9	\$2,793.00-\$4,188.00	\$4,188.01-\$6,980
10	\$3,050.00-\$4,573.00	\$4,573.01-\$7,621
	For more than 10 persons, add amount below for each additional child:	
	\$257-\$385	\$386-642

FUNDED BY THE CALIFORNIA DEPARTMENT OF HEALTH SERVICES * CAA HELP LINE 1-888-237-6248



Healthy Families Update

MEDI-CAL ELIGIBILITY

All clients with monthly income at or below the Medi-Cal Family Budget Unit (MFBU) and have assets are or below the asset allowance area are presumed eligible if they meet aid eligibility requirements.

Maintenance need levels by Medi-Cal Family Budget Unit (MFBU) are:

MFBU				
1 - \$602	3 - \$934	6 - \$1,417	9 - \$1825	
2 - \$750	4 - \$1,100	7 - \$1,550	10 - \$1,959	
2 - \$934 (Adults)	5 - \$1,259	8 - \$1,692		

Asset allowances for 1989 are:

Persons			
1 - 2000	4 - 3300	7 - 3750	
2 - 3000	5 - 3450	8 - 3900	
3 - 3150	6 - 3600	9 - 4050	

Aid categories commonly found in community mental health are:

REFUGEE – First 18 months in the U.S.	DISABLED – Meeting federal definition of disability.
AGED – 65 years of age and over.	AFDC – Aid to Family with Dependent Children

MEDI-CAL SHARE-OF-COST

Persons with an extended treatment prognosis who are within a few hundred dollars of asset allowance and maintenance need levels may be eligible for Medi-Cal with a share-of-cost and/or real or personal property spend down.

For Example: A single 70-year old man would be eligible for Medi-Cal except that his income is too high. He has a \$1,000 medical bill. He meets the low asset levels, but his income from retirement is \$1,000 per month. His income is \$1,000 minus the standard \$20 disregard and the \$24.90 payment for the Medicare Part B, leaving a “net” of \$955.10. His “share-of-cost” for Medi-Cal is \$955.10 minus \$602 (“need level”) or \$353.10. Medi-Cal will pay the remainder of the \$1,000 medical bill for that month and the other months when he obligates a share of cost above \$353.10. His eligibility will be redetermined by Social Services each year.

All persons with property and income within a few hundred dollars of the Medi-Cal limits and are expected to have substantial treatment cost must be referred to Social Services for eligibility determination. Persons on Medi-Cal, SSI or have incomes in the shaded area do not have an annual deductible.



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UNIFORM PATIENT FEE SCHEDULE COMMUNITY MENTAL HEALTH SERVICES Effective October 1, 1989

Monthly Adjusted Gross Income*	Persons Dependent on Income Annual Deductibles				
	1	2	3	4	5 or more
0-569					
570-599					
600-649					
650-699	50				
700-749	56				
750-799	63				
800-849	71	64			
850-899	79	71			
900-949	89	80			
950-1000	99	90	80		
1000-1049	111	100	90		
1050-1099	125	112	101		
1100-1149	140	126	113		
1150-1199	156	140	126	113	
1200-1249	177	159	143	129	
1250-1299	200	180	162	146	
1300-1349	226	203	183	165	149
1350-1399	255	230	207	186	167
1400-1449	288	259	233	210	189
1450-1499	326	293	264	238	214
1500-1549	368	331	298	268	241
1550-1599	416	374	337	303	273
1600-1649	470	423	381	343	309
1650-1699	531	478	430	387	348
1700-1749	600	540	486	437	393
1750-1799	678	610	549	494	446
1800-1849	752	677	609	548	493
1850-1899	835	752	677	609	548
1900-1949	927	834	751	676	608

Monthly Adjusted Gross Income*	Persons Dependent on Income Annual Deductibles			
	1	2	3	4
1950-1999	1029	926	833	750
2000-2049	1142	1028	925	83
2050-2099	1268	1141	1027	924
2100-2149	1407	1255	1139	1025
2150-2199	1562	1406	1265	1139
2200-2249	1734	1561	1405	1265
2250-2299	1925	1733	1560	1404
2300-2349	2136	1922	1730	1557
2350-2399	2371	2134	1921	1739
2400-2449	2632	2369	2132	1919
2450-2499	2922	2630	2367	2130
2500-2599	3275	2948	2653	2388
2600-2699	3482	3134	2821	2359
2700-2799	3695	3326	2993	2694
2800-2899	3915	3524	3172	2855
2900-2999	4139	3725	3353	3018
3000-3099	4370	3933	3450	3186
3100-3199	4607	4146	3731	3358
3200-3299	4850	4365	3929	3536
3300-3399	5099	4589	4130	3717
3400-3499	5458	4912	4421	3979
3500-3599	5830	5247	4722	4250
3600-3699	6214	5593	5036	4532
3700-3799	6610	5949	5354	4819
3800-3899	7018	6313	5684	5116
3900-3999	7438	6694	6025	5423
4000-4099	7870	7083	6375	5738
4100-4199	8314	7483	6735	6062

Above \$4200 add \$400 for each \$100 additional income.

* Monthly Gross Income after adjustment for allowable expenses and asset determination from computation made

Prepared and published by the California Department of Mental Health in accordance with Sections 5717 and 5718 of the Welfare and Institution Code.

10/20/1989



Healthy Families Update

UMDAP Fee Schedule

Monthly Adjusted Gross Income*	Persons Dependent on Income				
	1	2	3	4	5 or more
0-569	37**	33**	30**	27**	24**
570-599	40**	36**	32**	29**	26**
600-649	45**	40**	36**	32**	29**
650-699	50*	45**	41**	37**	33**
700-749	56*	50**	45**	41**	37**
750-799	63*	57**	51**	46**	41**
800-849	71*	64*	58**	52**	47**
850-900	79*	71*	64**	58**	52**
900-949	89*	80*	72**	65**	49**
950-999	99*	90*	80*	72**	65**
1000-1049	111*	100*	90*	81**	73**
1050-1099	125*	112*	101*	91**	82**
1100-1149	140*	126*	113*	102**	92**
1150-1199	156*	140*	126*	113*	102**
1200-1249	177*	159*	143*	129*	116**
1250-1299	200*	180*	162*	146*	131**
1300-1349	226*	203*	183*	165*	149*
1350-1399	255	230*	207*	186	167*
1400-1449	288	259*	233*	210*	189*
1450-1499	326	293*	264*	238*	214*
1500-1549	368	331*	298*	268*	241*
1550-1599	416	374*	337*	303*	273*
1600-1649	470	423*	381*	343*	309*
1650-1699	531	478*	430*	387*	348*
1700-1749	600	540*	486*	437*	393*
1750-1799	678	610*	549*	494*	445*
1800-1849	752	677	609*	548*	493
1850-1899	835	752	677*	609*	548*
1900-1949	927	834	751*	676*	608*

Monthly Adjusted Gross Income*	Persons Dependent on Income			
	1	2	3	4
1950-1999	1029	926	836*	750*
2000-2049	1142	1028	925*	833*
2050-2099	1268	1141	1027*	924*
2100-2149	1407	1266	1139*	1025*
2150-2199	1562	1406	1265*	1139*
2200-2249	1734	1561	1405*	1265*
2250-2299	1925	1733	1560	1404*
2300-2349	2136	1922	1730	1557*
2350-2399	2371	2134	1921	1729*
2400-2449	2632	2369	2132	1919*
2450-2499	2922	2630	2367	2130*
2500-2599	3275	2948	2653	2388*
2600-2699	3482	3134	2821	2359*
2700-2799	3695	3326	2993	2694
2800-2899	3915	3524	3172	2855
2900-2999	4139	3725	3353	3018
3000-3099	4380	3933	3540	3286
3100-3199	4607	4146	3731	3358
3200-3299	4850	4365	3929	3536
3300-3399	5099	4589	4130	3717
3400-3499	5458	4912	4421	3979
3500-3599	5830	5247	4722	4250
3600-3699	6214	5593	5036	4532
3700-3799	6610	5949	5354	4819
3800-3899	7018	6316	5684	5116
3900-3999	7438	6694	6025	5423
4000-4099	7870	7083	6375	5738
4100-4199	8314	7483	6735	6062

* Medi-Cal eligibility for clients ages 21-65 with dependents.

** Medi-Cal eligibility for clients ages 21-65 with dependents.

Number of Dependents	Asset Allowance
1	\$2,000
2 (1 Adult 1 child)	\$3,000
2 (Adults)	\$3,000

Number of Dependents	Asset Allowance
1	\$3,300
2 (1 Adult 1 child)	\$3,450
2 (Adults)	\$3,600

SD/MC APPROVED CLAIMS WITH AID CODE 9H APPROVED AMOUNT AND UNDUPLICATED CLIENTS UNDUPLICATED BY SERVICE DATE, BY FISCAL YEAR, AND ACROSS BOTH FISCAL YEARS FISCAL YEAR 2002-2003 AS OF 12/31/2002

COUNTY	DATA TYPE	TOTAL ALL THREE YEARS			TOTAL FISCAL YEAR			JUL	AUG	SEP	OCT
		YEARS	YEARS	YEARS	YEAR	YEAR	YEAR				
STATEWIDE	APPROVED	4,036,339	2,907,719	998,853	869,477	864,488	174,921				
STATEWIDE	CLIENTS	5,138	2,087	1,452	1,384	1,331	724				
ALAMEDA	APPROVED	209,942									
ALAMEDA	CLIENTS	31									
BUTTE	APPROVED	596,558	75,978	22,356	23,307	23,420	6,895				
BUTTE	CLIENTS	112	40	28	25	27	18				
COLUSA	APPROVED	1,509	1,439	254	918	326					
COLUSA	CLIENTS	2	2	1	1	1					
CONTRA COSTA	APPROVED	472,844	85,703	26,887	13,774	39,066	6,277				
CONTRA COSTA	CLIENTS	82	44	30	23	30	17				
DEL NORTE	APPROVED	16,708	532	57	192	135	147				
DEL NORTE	CLIENTS	6	2	1	1	1	2				
EL DORADO	APPROVED	161,192	30,174	10,706	9,477	8,204	1,756				
EL DORADO	CLIENTS	45	16	12	10	11	5				
FRESNO	APPROVED	181,859	24,293	9,101	8,842	5,477	814				
FRESNO	CLIENTS	104	30	20	17	15	4				
HUMBOLDT	APPROVED	113,522	18,431	5,760	6,779	5,892					
HUMBOLDT	CLIENTS	36	13	11	9	9					
IMPERIAL	APPROVED	266,058	62,045	22,483	15,647	20,363	3,552				
IMPERIAL	CLIENTS	82	60	36	31	46	20				
KERN	APPROVED	2,389,614	271,042	93,609	78,115	83,918	15,400				
KERN	CLIENTS	619	183	147	131	130	70				
KINGS	APPROVED	165,397	19,118	7,513	6,218	4,631	756				
KINGS	CLIENTS	76	35	26	22	18	6				
LAKE	APPROVED	99,911	3,102	696	1,031	1,087	308				
LAKE	CLIENTS	15	2	1	2	1	1				
LOS ANGELES	APPROVED	5,403,289	1,029,473	325,931	310,969	318,465	74,058				
LOS ANGELES	CLIENTS	1,304	628	443	462	476	310				
MADERA	APPROVED	275,819	22,220	7,347	6,181	7,158	1,534				
MADERA	CLIENTS	72	21	17	16	14	9				
MARIN	APPROVED	264,787	22,898	6,175	6,481	9,310	1,933				
MARIN	CLIENTS	44	15	13	15	12	7				
MARIPOSA	APPROVED	18,846	1,696	374	612	323	277				
MARIPOSA	CLIENTS	20	6	3	3	2	1				
MENDOCINO	APPROVED	15,561	6,198	1,569	1,264	3,366					
MENDOCINO	CLIENTS	8	5	3	3	4					
MERCED	APPROVED	164,360	10,226	4,338	2,577	2,701	610				
MERCED	CLIENTS	64	18	11	9	9	4				
MONTEREY	APPROVED	88,820	22,500	8,671	11,101	2,728					
MONTEREY	CLIENTS	27	16	12	9	7					
NEVADA	APPROVED	131,000	12,159	2,627	3,538	5,208	786				
NEVADA	CLIENTS	46	16	10	7	6	4				
RIVERSIDE	APPROVED	874,161	129,645	39,460	40,234	41,653	8,292				
RIVERSIDE	CLIENTS	345	145	99	87	110	43				
SACRAMENTO	APPROVED	677,930	120,533	36,714	36,756	40,180	6,882				
SACRAMENTO	CLIENTS	121	37	29	30	29	15				
SAN BERNARDINO	APPROVED	729,509	119,792	43,988	39,929	31,055	4,820				
SAN BERNARDINO	CLIENTS	279	96	66	67	61	28				
SAN DIEGO	APPROVED	377,532	99,932	62,759	33,204	3,969					
SAN DIEGO	CLIENTS	241	99	80	70	21					
SAN FRANCISCO	APPROVED	1,829,385	192,712	68,864	46,134	62,760	14,955				
SAN FRANCISCO	CLIENTS	238	133	99	97	99	60				
SAN JOAQUIN	APPROVED	312,060	15,155	5,962	3,509	5,684					
SAN JOAQUIN	CLIENTS	169	24	10	13	7					
SAN LUIS OBISPO	APPROVED	118,113	9,197	3,584	744	4,018	851				
SAN LUIS OBISPO	CLIENTS	37	12	8	5	8	5				
SAN MATEO	APPROVED	393,788	32,589	7,221	6,100	15,954	3,314				
SAN MATEO	CLIENTS	100	34	18	21	24	13				
SANTA BARBARA	APPROVED	635,833	111,412	34,801	42,124	30,555	3,932				
SANTA BARBARA	CLIENTS	98	40	26	26	30	14				
SANTA CRUZ	APPROVED	512,148	58,726	24,317	15,906	15,595	2,967				
SANTA CRUZ	CLIENTS	51	16	12	14	13	8				
SHASTA	APPROVED	274,726	24,888	7,998	8,492	7,213	1,185				
SHASTA	CLIENTS	82	33	26	21	29	10				
SISKIYOU	APPROVED	26,585	189	132	57						
SISKIYOU	CLIENTS	8	1	1	1						
SOLANO	APPROVED	315,620	22,053	13,343	4,464	3,938	308				
SOLANO	CLIENTS	49	15	12	6	4	1				
SONOMA	APPROVED	595,485	67,183	19,674	15,036	26,527	5,946				
SONOMA	CLIENTS	63	22	16	14	16	15				
STANISLAUS	APPROVED	399,625	50,755	17,418	15,370	15,020	2,946				
STANISLAUS	CLIENTS	147	57	33	38	34	22				
TEHAMA	APPROVED	60,797	2,183	822	564	806					
TEHAMA	CLIENTS	25	6	3	3	5					
TRINITY	APPROVED	7,626	7								
TRINITY	CLIENTS	7									
TULARE	APPROVED	713,342	81,331	42,226	39,105						
TULARE	CLIENTS	196	85	66	70						
TUOLUMINE	APPROVED	70,400	31,679	9,827	11,126	8,894	1,833				
TUOLUMINE	CLIENTS	29	15	13	6	9	6				
SUTTER/YUBA	APPROVED	73,438	18,113	4,005	3,609	8,941	1,558				
SUTTER/YUBA	CLIENTS	21	14	10	9	13	6				
TRI CITY	APPROVED	659	536	536							
TRI CITY	CLIENTS	2	1	1	1						

SD/MC APPROVED CLAIMS WITH AID CODE TX APPROVED AMOUNT AND UNDUPLICATED CLIENTS' CLIENTS UNDUPLICATED BY SERVICE DATE, BY FISCAL YEAR, AND ACROSS BOTH FISCAL YEARS FISCAL YEAR 2002-2003 AS OF 12/31/2002

COUNTY	DATA TYPE	TOTAL ALL THREE YEARS	TOTAL FISCAL YEAR	JUL	AUG	SEP	OCT	NOV
STATEWIDE	APPROVED	242,234	34,996	5,763	3,249	6,187	15,133	4,664
STATEWIDE	CLIENTS	433	77	19	12	16	26	7
ALAMEDA	APPROVED	3,106						
ALAMEDA	CLIENTS	9						
BUTTE	APPROVED	8,656						
BUTTE	CLIENTS	5						
CALAVERAS	APPROVED	173	173		173			
CALAVERAS	CLIENTS	1	1		1			
CONTRA COSTA	APPROVED	16,976	4,009	145			3,864	
CONTRA COSTA	CLIENTS	19	4	1			3	
DEL NORTE	APPROVED	87						
DEL NORTE	CLIENTS	1						
EL DORADO	APPROVED	3,723	510	308		95		107
EL DORADO	CLIENTS	11	3	1		1		1
FRESNO	APPROVED	5,564	154	154				
FRESNO	CLIENTS	8	1		1			
GLENN	APPROVED	166						
GLENN	CLIENTS	1						
HUMBOLDT	APPROVED	3,244						
HUMBOLDT	CLIENTS	6						
IMPERIAL	APPROVED	4,076	307	206			102	
IMPERIAL	CLIENTS	9	4	2			2	
INYO	APPROVED	5,430						
INYO	CLIENTS	4						
KERN	APPROVED	24,967	1,224	40	80	757		348
KERN	CLIENTS	41	5	1	1	2		1
KINGS	APPROVED	4,938	1,904	236			1,464	214
KINGS	CLIENTS	16	5	1			1	3
LAKE	APPROVED	1,558						
LAKE	CLIENTS	6						
LASSEN	APPROVED	123						
LASSEN	CLIENTS	1						
LOS ANGELES	APPROVED	1,641						
LOS ANGELES	CLIENTS	8						
MADERA	APPROVED	11,955	863					863
MADERA	CLIENTS	21	1					1
MARIN	APPROVED	2,598						
MARIN	CLIENTS	11						
MENDOCINO	APPROVED	5,112	445	445				
MENDOCINO	CLIENTS	8	1	1				
MERCED	APPROVED	1,529	286				286	
MERCED	CLIENTS	2	1				1	
MODOC	APPROVED	281						
MODOC	CLIENTS	2						
MONO	APPROVED	2,260						
MONO	CLIENTS	1						
MONTEREY	APPROVED	4,175						
MONTEREY	CLIENTS	4						
NEVADA	APPROVED	1,638						
NEVADA	CLIENTS	3						

COUNTY	DATA TYPE	TOTAL ALL THREE YEARS	TOTAL FISCAL YEAR	JUL	AUG	SEP	OCT	NOV
ORANGE	APPROVED	20,623	4,188	1,078	170	484	2,436	
ORANGE	CLIENTS	35	12	2	3	1	6	
PLACER	APPROVED	199	100		100			
PLACER	CLIENTS	2	1		1			
RIVERSIDE	APPROVED	1,935	160	117			43	
RIVERSIDE	CLIENTS	9	2	1			1	
SACRAMENTO	APPROVED	14,205	3,141					3,141
SACRAMENTO	CLIENTS	11	1					1
SAN BERNARDINO	APPROVED	6,076	862	862				
SAN BERNARDINO	CLIENTS	11	2	2				
SAN DIEGO	APPROVED	22,468	6,312	360	1,068	3,477	1,408	
SAN DIEGO	CLIENTS	45	13	2	2	5	4	
SAN FRANCISCO	APPROVED	1,806	684				684	
SAN FRANCISCO	CLIENTS	3	1				1	
SAN JOAQUIN	APPROVED	5,403	629		418	211		
SAN JOAQUIN	CLIENTS	20	2		1	1		
SAN LUIS OBISPO	APPROVED	8,063						
SAN LUIS OBISPO	CLIENTS	9						
SANTA BARBARA	APPROVED	5,872	923				923	
SANTA BARBARA	CLIENTS	11	2				2	
SANTA CLARA	APPROVED	6,408	1,618				1,618	
SANTA CLARA	CLIENTS	9	1				1	
SANTA CRUZ	APPROVED	9,178						
SANTA CRUZ	CLIENTS	5						
SHASTA	APPROVED	1,271	1,240	513		443	284	
SHASTA	CLIENTS	5	4	2		2	2	
SISKIYOU	APPROVED	277						
SISKIYOU	CLIENTS	1						
SOLANO	APPROVED	404	33	33				
SOLANO	CLIENTS	3	1	1				
SONOMA	APPROVED	6,448	3,461	1,431				2,030
SONOMA	CLIENTS	4	3	2				1
STANISLAUS	APPROVED	8,090	888		401	437		
STANISLAUS	CLIENTS	17	3		1	2		
TEHAMA	APPROVED	367						
TEHAMA	CLIENTS	2						
TRINITY	APPROVED	162						
TRINITY	CLIENTS	1						
TULARE	APPROVED	1,194						
TULARE	CLIENTS	3						
TUOLUMNE	APPROVED	2,023						
TUOLUMNE	CLIENTS	4						
VENTURA	APPROVED	4,740	859		859			
VENTURA	CLIENTS	14	2		2			
SUTTER/YUBA	APPROVED	1,980						
SUTTER/YUBA	CLIENTS	10						
TRI CITY	APPROVED	110	110			110		
TRI CITY	CLIENTS	1	1			1		



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california institute for mental health

Healthy Families Update

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California Institute for Mental Health
2030 J Street
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