

# RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER FINANCE DEPARTMENT POLICY & PROCEDURE

SUBJECT	FY 2005/06 BOARD ADOPTED BUDGET DHS BUDGET ALLOCATION	Policy No: Supersedes:	401.1
		Revision No:	
		Page:	1 of 1

# I. PURPOSE:

To determine the budgeted funds available to operate the Rehabilitation Center for the fiscal year.

# II. POLICY:

DHS required the Rehabilitation Center to submit on an annual basis a request identifying the appropriation and revenue required to support the specified workload for the upcoming fiscal year. This is an annual request that is submitted to the Chief Administrative Office and subsequently to the Los Angeles County Board of Supervisors for final adoption.

# ATTACHMENTS

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

EFFECTIVE DATE: September 21, 1999

N:P&P's/401.1

Reviewed: October, 2004 Reviewed: August, 2006

APPROVED BY:

RANC:HCJ LCJS AMIGCJS NATIONAL REHABILITATICJN CENTER

# BOARD ADOPTED BUDGET WALKTHRU SUMMARY

F"ISC:AL YEAR 2005-06

adopted

05/06

401.01

LOS ANGELES COUNTY
DEPARTMENT OF HEALTH SERVICES
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
(5 in Thousands)

 (S in Thousands)			a second and a second									
CAPS ACCT NUMBER	DESCRIPTION	FY 02-03 ACTUAL EXPERIENCE	FY 03-04 ACTUAL EXPERIENCE	PY 04-05 ESTIMATED ACTUAL	FY 04-05 ADOPTED BUDGET	FY 05-06 STATUS QUO REQUEST	(CAO ADJS) TOTAL CAO ADJUSTMTS	(COLA ADJS)	FY 05-06 PROPOSED BUDGET	(FNC ADJS) TOTAL FINAL CHANGE ADJUSTMTS	(BRD ADJS) TOTAL BUDGET DEL ADJUSTMTS	FY 05-06 ADOPTED BUDGET
SALARIES & EMPLOYEE B	INFEITO	104,344	98,074	102.335	443 334	110.270	17.1670	14 4700	146 798	4,139	000	120,780
TOTAL SERVICES & SUPPO		43,200	41,553	44,911	113,335 54,605	119,379 56,041	(2,163) (1,107)	(1,478)	115,738 54,934	(173)	903	55,397
LESS: EXPENDITURE DIST		0	0	0	0	0	0	0	0	0	0	0
NET SERVICES & SUPPLIE OTHER CHARGES	5	43,200 16,304	41,553 16,067	44,011	54,686	56,041	(1,107)	0	54,934	(173)	638	55,397
FIXED ASSETS - TOTAL		150	132	15,957 175	17,860 251	15,280 225	ő	0	15,280 225	(100)	(123) 130	355
OPERATING TRANSFER O	UT	33,131	39,279	34,924	34,924	34,924	ő	õ	34,824	0	0	34,924
TOTAL FINANCIAL USES INTRAFUND TRANSFERS		197,129	195,105 0	196,302	221,077	225,849 0	(3,270)	(1,478)	221,101	3,858	1,548	226,505
NET FINANCIAL USES DESIGNATION		197,129	195,105	198,302	221,077	225,849	(3,270)	(1,478)	221,101	3,858	1,546	226,505
TOTAL FINANCING REQUI	DEADDAT	197,129	195.105	198,302	221,077	226.849	(3.270)	(1,478)	221,101	3,850	1.546	226,505
TO THE PROPERTY READING	Contract of the second s	147,129	790,100	190,302	eer,arr	225,849	(3,270)	[1,4/0]	101,153	3,050	1,046	220,005
REVENUE												
MEDI-CAL		37,484	30,629	25,205	40,952	38,366	2,566	0	40,952	(2,506)	0	38,396
MEDI-CAL CBRC COMMUNITY HEALTH PL	AN MEDI-CAL	8,981 103	10,203	10,330	10,218	10,680	(662)	0	10,218	662	0	10,850
MEDI-CAL HMO	POT MEDICAL	0	570	570	ő	570	0	ő	570	ő	ő	570
SB 855		49,401	57,795	49,984	49,984	49,984	ő	ŏ	49,984	ő	ŏ	49,984
SB 1255		23,700	30,800	21,400	21,280	17,500	0	0	17,500	0	0	17,500
SB 1732 1115 SUPPLEMENTAL PO	201	6,680	7,053	7,054	6,682	7,052	0	0	7,052	0	0	7,052
1115 INDIGENT CARE		ő	ő	ő	ő	ő	ő	ő	ő	ő	ő	ŏ
MEDICARE		10,904	7,279	6,238	6,448	5,841	607	ō	6,448	0	0	6,448
SELF-PAY INSURANCE		375	143	151	452	452	0	0	452	0	0	452
INSURANCE		5,996	2,015	1,809	4,959	4,389	0	0	4,389	0	0	4,389
CHP-HEALTHY FAMILIES	1	õ	ő	õ	ő	ŏ	ő	ő	ŏ	ő	ő	ő
PFSW REVENUE		1,167	1,239	1,240	1,103	1,103	0	0	1,103	0	0	1,103
STATE-OTHER STATE-CHIP/HOSPITAL		0 887	0 526	0 521	0 522	0 521	0	0	0 522	0	0	0 592
STATE-CHIP/HEALTH ED	UCATION	007	0	0	022	0	à		550	(1)	6	0
FEDERAL-BLOCK GRAN	г	0	0	0	0	0	0	0	0	ő	0	0
FEDERAL-OTHER		0	0	17	17	17	0	0	17	0	0	17
SVCS OCD-MH 1115 WAI SVCS OCD-MH SHORT C		0	0	0	0	0	0	0	0	0	0	0
SCS OCD-OTHER		563	41	195	242	242	ő	ő	242	ŏ	ő	242
OP TRANS IN-SPECIAL F	UNDS	0	0	0	0	0	0	0	0	0	0	0
OP TRANS IN-SE655 OP TRANS IN-GEN FUND	WITH CARE	19,652	3,200	11,905	11,905	38,617	(15,806)	0	22,651	7,863	1,403	31,917
OP TRANS IN-SB 612	I NETH CARE	ő	0	0	8	0	0	0	0	0	0	0
OP TRANS IN-OTHER		16,677	32,017	55,962	55,962	40,071	8,586	õ	48,657	(11,788)	72	36,941
OP TRANS IN-MEASURE		0	0	0	0	0	0	0	0	0	0	0
DESIGNATION CANCELL INTEREST	ATION	0	0	0	0	0	0	0	12	0	0	12
HEALTH FEES		10	12	12	10	12	0	0	12	0	0	12
OTHER REVENUE		651	1,240	695	981	981	ő	ŏ	981	ă	ŏ	981
1115 WAIVER ADMIN CO		0	0	0	0	0	0	0	0	0	0	0
CHP EQUITY DISTRIBUTI S8 612	ON	0	0	0	0	0	0	0	0	0	0	0
FUND BALANCE		ő	ä	ő	ŏ	ő	ő	ő	ő	ŏ	ő	šl
SALES TAX		0	0	0	ō	ŏ	ō	ő	0	ŏ	ŏ	ő
OVERREALIZATION PY R	EVENUE	13,690	10,344	22,667	9,351	9,351	0	0	9,351	9,708	0	19,059
OPERATING SUBSIDY		197,129	<u>195,105</u> 0	216,158 (17,854)	221,077 0	225,849 0	(4,748) 1,478	0 (1,478)	221,101	3,858	1,546	226,505
CAPITAL PROJECT		0	0	0	0	0	0	0	0	0	0	。
IHSS		0	õ	ŏ	ŏ	ŏ	ŏ	ő	ŏ	ő	ŏ	ŏ
VLF COUNTY CONTRIBUTION		0	0	0	0	0	0	0	0	0	0	0
COUNTY CONTRIBUTION	- 0000	0		0	0	0	0	0			Q	0
BUDGET GAP (POSITIVE NUM	azus = (600(t))	0	0	17,854	0	0	(1,478)	1,478	0	0	0	0
NET POSITIONS BEDS		1,299.5 184	1,199.4	1,208.4	1,392.7 191	1,392.7 191	0.0	0.0	1,392.7 191	0.0	0.0	1,392.7
		104	106		100	1911	v	01	1911	0		16/1

## LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER (\$ In Thousands)

	(\$ In Thousands)													
L	CAPS		(EST ACT 1)	(EST ACT 3)	(EST ACT 7)	(OCD 1)	(OCD 2)	(OCD 3)	(OCD 4)	(OCD 5)	(OCD 6)	(OCD 7)	(OCD 8)	(OCD 9)
Ň	ACCT	DESCRIPTION		Resignment of M-CiMedicare	Ham	(Inter-DHS) DHS	000	150	Telephone Utilitias ISD	Medical Matpractice/	ISD		Capital Loases/ Comm. Papen/Rent	HSA Overhead
E	NUMBER		Realignment	HMO frm lasur.	Management	Changes	Changes	Changes	Changes	Insurance	PMP		ExpTxs & Insur	Allocation
	SALARIES & EMPLOYEE	BENEFITS	0	0	21	0	0	0	0	0	0	0	0	0
	TOTAL SERVICES & SUF	PLIES	ő	ŏ	ō	(39)	(81)	317	(87)	(119)	(278)	(24)		942
	LESS: EXPENDITURE DI		0	0	0	0	0	0	0	0	0	0	0	0
	NET SERVICES & SUPPL OTHER CHARGES	les	0	0	0	(39)	(81)	317	(87)	(119)	(278)	(24)		942
	FIXED ASSETS - TOTAL		0	0	0	0	0	0	0	(342)	0	0	(1,524)	0
	OPERATING TRANSFER	our	ů	0		ŭ	ŏ	ő	ő	ŏ	0	ő	ŏ	ŏ
	TOTAL FINANCIAL USES	6	0	0	21	(39)	(81) 0	317 0	(87)	(461)	(278)	(24)	(1,467)	942
	NET FINANCIAL USES	-	0	0	21	(39)	(81)	317	(87)	(461)	(278)	(24)	(1,467)	942
	DESIGNATION		ŏ	, o	î	0	0	0		(401)	(270)	0	(1,407)	0
	TOTAL FINANCING REQ	AREMENT		0	21	(39)	(81)	317	(87)	(481)	(278)	(24)	(1,467)	942
	REVENUE													
	MEDI-CAL		0	0	0	0	0	0	0	0	0	0	0	0
	MEDI-CAL CBRC		0	0	0	0	0	0	0	0	0	0	0	0
	COMMUNITY HEALTH MEDI-CAL HMO	PDARMEDICAL	0	0 570	0	0	0	0	0	0	0	0	0	0
	S8 855		ő	0	ő	ŏ	ő	ő	ő	0	ő	0	ő	ő
	SB 1255		0	0	0	0	0	0	0	0	ō	0	ō	ō
	S8 1732	2001	0	0	0	0	0	0	0	0	0	0	0	0
	1115 SUPPLEMENTAL 1115 INDIGENT CARE	POOL	0	0	0	0	0	G	0	0	0	0	0	0
	MEDICARE		0	ŏ	ő	ő	0		0	0	0	0	0	0
	SELF-PAY		ő	ő	õ	õ	ő	ő	õ	õ	õ	ŏ	ő	ő
	INSURANCE		0	(570)	0	0	0	0	0	0	0	0	0	0
	IHSS CUD LIENT TUX FILMET		0	0	0	0	0	0	0	0	0	0	0	0
	CHP-HEALTHY FAMILI PFSW REVENUE	58	0	0	0	0	0	0	0	0	0	0	0	0
	STATE-OTHER		ő	ő	ő	ő	0	ő	ő	ä	0	ő	ä	ő
	STATE-CHIP/HOSPITA		0	0	0	ō	ő	ŏ	õ	ŏ	õ	ő	ŏ	ŏ
	STATE-CHIP/HEALTH I		0	0	0	0	0	0	0	0	0	0	0	0
	FEDERAL-BLOCK GRA FEDERAL-OTHER	NT	0	0	0	0	0	0	0	0	0	0	0	0
	SVCS OCD-MH 1115 W	AIVER	0	0	0	0	0	0	0	0	0		0	0
	SVCS OCD-MH SHORT		õ	õ	õ	ŏ	ŏ	ŏ	õ	ŏ	ŏ	ŏ	ő	ő
	SCS OCD-OTHER		0	0	0	0	0	0	0	0	0	0	0	0
	OP TRANS IN-SPECIAL	FUNDS	0	0	0	0	0	0	0	0	0	0	0	D
	OP TRANS IN-SB855 OP TRANS IN-GEN FU	ID HITH CARE	0	0	0	0	0	0	0	0	0	0	0	0
	OP TRANS IN-SB 612	D HEIT OWNE	ő	0	ŏ	0	ő	ő	ő	ő	0	0	ő	ő
	OP TRANS IN-OTHER		ō	0	õ	0	ō	õ	ō	ō	0	ŏ	õ	õ
	OP TRANS IN-MEASUR		0	0	0	0	0	0	0	0	0	0	0	0
	DESIGNATION CANCE INTEREST	LLATION	0	a	0	0	0	0	0	0	0	0	0	0
	HEALTH FEES		0	0	0	0	0	0	0	0	0	0	0	0
	OTHER REVENUE		ő	ŏ	ŏ	ő	0	0	ŏ	0	ő	0	0	ő
		OST REIMBURSEMENT	0	0	ő	ŏ	õ	õ	ŏ	õ	ŏ	õ	õ	õ
	CHP EQUITY DISTRIBL	TION	0	0	0	0	0	0	0	0	0	0	0	0
	SB 612 FUND BALANCE		0	0	0	0	0	0	0	0	0	0	0	0
	SALES TAX		0	0	0	0	0	0	0	0	0	0	0	0
	OVERREALIZATION PY	REVENUE	0 0	ő	ő	ŏ	ő	ő	ő	ő	ő	0	0	ő
	TOTAL REVENUE		0	0	0	0	0	ő	0	0	ő	ő	0	0
	OPERATING SUBSIDY		0	0	21	(39)	(81)	317	(87)	(461)	(278)	(24)	(1,467)	942
	CAPITAL PROJECT		0	0	0	0	0	0	0	0	0	0	0	0
	IHSS VLF		0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY CONTRIBUTION	1	0	0	0	ő	0	0	0	0	0	0	0	0
	BUDGET GAP (POSITIVE N		0	0	(21)	39	81	(317)	87	451	278	24	1,467	(942)
	NET POSITIONS		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	BEDS		0	0	0	0	0	0	0	0	0	0	ő	0

### LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER (\$ in Thousands)

CAPS ACCT NUMBER	DESCRIPTION	(OCD 11) ISD UtiBies	(SQ 6) Clinical Resources Mgt (GRM)		(SQ 47) SW-Increased Equip Maint. Due to Warranty Expire.	(SQ 61) Pharmacy COLA	(SQ 52) Employes Senafits Changes	(SQ 53) Appred Reclasses/ DHR Allocations	(SQ 64) Board Approved Contracts	(SQ 55) Salary Bavings Adjustment	(SQ 66) Non-GD Ronts & Lasses/ Egsip./LAC-CAL	(SQ 58) Interest Expense & Revenue	(SQ 84) 58 1255
SALARIES & EMPLOY TOTAL SERVICES & S		0	0	0	0	0	2,006	29	0	618	0	0	9
LESS: EXPENDITURE		(127)	(273)	117	42 0	575	0	0	30 0	0	32 0	0	
NET SERVICES & SUF		(127)	(273)	117	42	575	ō	ö	30	ő	32	ő	č
OTHER CHARGES FIXED ASSETS - TOT		0	(26)	0	0	0	0	0	0	0	0	(734)	9
OPERATING TRANSF		ū	(20)	0	ő	ő	0	0	0	0	0	0	
TOTAL FINANCIAL US		(127)	(299) 0	117 0	42 0	675 0	2,005 0	29 0	30 0	618 0		(734) 0	0
NET FINANCIAL USES DESIGNATION		(127)	(296)	117	42 0	575 0	2,006	29 0	30 0	618 0	32 0	(734) 0	0
TOTAL FINANCING R	QUIREMENT	(127)	(299)	117	42	575	2,006	29	30	618	32	(734)	
REVENUE													
MEDI-CAL		0	0	0	0	0	0	0	0	0	٥	0	0
MEDI-CAL CBRC	TH BI AN MEDI CAL	0	0	0	0	0	0	0	0	0	0	0	
COMMUNITY HEAL MEDI-CAL HMO	IN FURN REDIVURL	0	0	0	0	0	0	0	0	0	0	0	9
SB 855		0	0	ő	0	ő	0	0	0	0	0	0	
SB 1255		õ	ő	õ	ŏ	õ	ő	ŏ	ő	õ	ő	ŏ -	(3,78
58 1732		0	0	0	0	0	0	0	0	0	ō	0	(-1
1115 SUPPLEMENT 1115 INDIGENT CAP		0	0	0	0	0	0	0	0	0	0	0	
MEDICARE	ue,	0	0	0	0	0	0	0	0	0	0	0	
SELF-PAY		0	ŏ	0	ő	0	0	0	0	0	0	0	
INSURANCE		ŏ	ő	ŏ	ŏ	ŏ	ő	ő	ő	ŏ	ă	ő	
IHSS		0	0	0	ö	õ	ō	õ	õ	ő	ŏ	ő	
CHP-HEALTHY FAM	IUES	0	0	0	0	0	0	. 0	0	0	0	0	
PFSW REVENUE STATE-OTHER		0	0	0	0	0	0	0	0	0	0	0	
STATE-CHIPHOSPI	TAL	0	0	0	0	0	0	0	8	0	0	0	
STATE-CHIP/HEALT		ő	ŏ	ő	0	0	ő	0	ő	0	0	0	
FEDERAL-BLOCK G		õ	õ	õ	ő	ŏ	ŏ	ŏ	õ	õ	õ	ŏ	
FEDERAL-OTHER		0	0	0	0	0	ō	ō	ö	õ	ö	ō	
SVCS OCD-MH 111		0	0	0	0	0	0	0	0	0	0	0	
SVCS OCD-MH SHO SCS OCD-OTHER	RT DOTLE MICAL	0	0	0	0	0	0	0	0	0	0	0	
OP TRANS IN-SPEC	IAL FUNDS	ő	0	. 0	0	0	0	0	0	0	0	0	
OP TRANS IN-SB65		ŏ	ő	ĕ	ő	ŏ	ő	ő	ő		0	0	
OP TRANS IN-GEN		õ	õ	ŏ	ő	ŏ	ő	ő	ő	ŏ	ő	ŏ	
OP TRANS IN-S8 61		0	0	0	0	ō	0	õ	õ	õ	õ	õ	
OP TRANS IN-OTHE		0	0	0	0	0	0	0	0	0	0	0	
OP TRANS IN-MEAS DESIGNATION CAN		0	0	0	0	0	0	0	0	0	0	0	
INTEREST	GELDATION	0	0	-0	0	0	0	0	0	0	0	0	
HEALTH FEES		ő	ő	ő	š	ő	0	ő	0	ő	0	(6)	
OTHER REVENUE		ő	õ	õ	ő	ő	ŏ	ő	ő	õ	ő	ő	
	N COST REIMBURSEMENT	0	0	ō	ō	0	ō	õ	õ	õ	õ	õ	
CHP EQUITY DISTR	BUTION	0	0	0	0	0	0	0	ō	0	ō	0	
SB 612 FUND BALANCE		0	0	0	0	0	0	0	0	0	0	0	
SALES TAX		0	0	0	0	0	0	0	0	0	0	0	
OVERREALIZATION	PY REVENUE	ő	0		ő	. 0	ő	0	8	0	0	0	
TOTAL REVENUE		ů.	0	0	0	0	0	0	0	0	0	(6)	(3,78
OPERATING SUBSIDY		(127)	(299)	117	42	575	2,006	29	30	610	32	(728)	3,78
CAPITAL PROJECT		0	0	0	0	0	0	0	0	0	0	0	
IHSS		0	0	0	0	0	0	0	ō	ā	0	ō	
VLF COUNTY CONTRIBUTI	08	0	0	0	0	0	0	0	0	0	0	0	
COUNTY CONTRIBUTI			0	0	0	0	0	0	0	0	0	0	
BUDGET GAP (POSITIV	NUMBERS = GOOD)	127	299	(117)	(42)	(575)	(2,006)	(29)	(30)	(618)	(32)	728	(3,78
NET POSITIONS		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0

## LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER (\$ In Thousands)

	(\$ in Thousands)										
L .	CAPS		(SQ 86)	(SQ 87)	(SQ 90)	(SQ 92)	(SQ 96)	(50 96)	(SQ 126)	(COLA 1)	(COLA 2)
Ň	ACCT	DESCRIPTION		GBRC			Fund Balance/	Tar	Nursing Salary	COLA- Salarias &	0014
	NUMBER		CHIP-Hospital	Revenue	SB 1732	Medicare	Designation/	Denials	COLA	Other Sal Hems	COLA- SAS
										A CONTRACTOR OF A DESCRIPTION OF	
	SALARIES & EMPLOYE TOTAL SERVICES & SI		0	0	0	0	0	0	1,891	1,478	0
	LESS: EXPENDITURE (		0	0	0	0	0	0	0	0	271
	NET SERVICES & SUP		ő	ŏ	ő	ő	ŏ	ě	ő	ő	271
	OTHER CHARGES		0	õ	ŏ	ŏ	ŏ	õ	ő	ŏ	
	FIXED ASSETS - TOTA		0	0	0	0	0	ō	0	ō	0
	OPERATING TRANSFE	ROUT		0	0	0	00	0		0	0
	TOTAL FINANCIAL USE		0	0	0	0	0	0	1,891	1,478	271
	INTRAFUND TRANSFE	RS		0	0	0		0	0	0	0
	NET FINANCIAL USES		0	0	0	0	0	0	1,891	1,478	271
	DESIGNATION			0	0	0	0	ö	0	0	
	TOTAL FINANCING RE	QUIREMENT	0	0	0	0	0	0	1,891	1.478	271
								CONTRACTOR AND INCOME.	1001	1,470	
	REVENUE										
	MEDI-CAL		0	0	0	0	0	(2,586)	0	0	0
	MEDI-CAL CBRC	N PLAN HERE CAL	0	662	0	0	0	0	0	0	0
	COMMUNITY HEALT MEDI-CAL HMO	H PLAN MEDI-CAL	0	0	0	0	0	0	0	0	0
	SB 855		0	0	0	0	0	0	0	0	ŝ
	58 1255		ő	ŏ	ő	0		0	0	ő	
	SB 1732		ö	õ	370	0	ŏ	ŏ	ő	ő	ŏ
	1115 SUPPLEMENTA		0	0	0	0	0	0	0	õ	õ
	1115 INDIGENT CAR	6	0	0	0	0	0	0	0	0	0
	MEDICARE SELF-PAY		0	0	0	(607)	0	0	0	0	0
	INSURANCE		0	0	0	0	0	0	0	0	0
	IHSS		ő	ŏ	ő	ő	0	ő	0	ŝ	0
	CHP-HEALTHY FAMIL	LIES	õ	ō	0	õ	ő	ŏ	ő	õ	ő
	PFSW REVENUE		0	0	0	0	0	ō	ō	ō	0
	STATE-OTHER		0	0	0	0	0	0	0	0	0
	STATE-CHIP/HOSPIT STATE-CHIP/HEALTH		(1)	0	0	0	0	0	0	0	0
	FEDERAL-BLOCK GR		ő	0	ő	0	0	0	0	0	0
	FEDERAL-OTHER		ő	õ	õ	ő	ő	ő	ă	ő	ő
	SVCS OCD-MH 1115		0	ō	ō	ő	ő	ő	ŏ	ŏ	õ
	SVCS OCD-MH SHOP	RT DOYLE M-CAL	0	0	0	0	0	0	0	0	0
	SCS OCD-OTHER	CINCS.	0	0	0	0	0	0	0	0	0
	OP TRANS IN-SPECI OP TRANS IN-SB855		0	0	0	0		0	0	0	0
	OP TRANS IN-GEN F		ő	ě	ő	0	26,611	2 2	ő	0	0
	OP TRANS IN-S8 612		ō	õ	ŏ	ő	ő	ő	ě	0	ě
	OP TRANS IN-OTHER		0	0	0	. õ	(15,891)	õ	ő	õ	ő
	OP TRANS IN-MEASE		0	0	D	0	0	0	0	õ	õ
	DESIGNATION CANC	ELLATION	0	0	0	0	0	0	0	0	0
	INTEREST HEALTH FEES		0	0	0	0	0	0	0	0	0
	OTHER REVENUE		0	0	0	0	0	0	0	0	0
		COST REIMBURSEMENT	ő	0	0		0	0	0	0	0
	CHP EQUITY DISTRIE		ŏ	ŏ	ő	ě	ő	ő	0	0	0
	SB 612		ő	õ	õ	õ	ő	ŏ	ŏ	ŏ	ŏ
	FUND BALANCE		0	0	0	0	0	0	0	ō	ő
	SALES TAX		0	0	0	0	0	0	0	0	0
	OVERREALIZATION F TOTAL REVENUE	Y REVENUE	0	0	0	0	0	0	0	0	0
	OPERATING SUBSIDY			(062)	(370)	(607) 607	10,720	(2,586)	0	1.478	0
			,	(one)	(ard)	007	(10,720)	2,586	1,891	1,478	271
	CAPITAL PROJECT		0	0	0	0	0	0	0	0	0
	HSS		0	0	0	0	0	0	õ	0	ŏ
	VLF COUNTY CONTRIBUTIO		0	0	0	0	0	0	0	0	0
				0	0	0	0	0	0	0	0
	<b>BUDGET GAP (POSITIVE</b>	NUMBERS = GOOD)	(1)_(1)	662	370	(807)	10,720	(2,505)	(1,891)	(1,478)	(271)
	NET POSITIONS										
	BEDS		0.0	0,0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
				v		0	0	0	0	0	0

#### LOS ANGÈLES COUNTY DEPARTMENT OF HEALTH SERVICES RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER (\$ in Thousanda)

CAPS ACCT	DESCRIPTION	(CAO 1) Base EB	(CAO 2) LACERA	(CAO 3) COP/POB	(CAO 6) Revense SQ\$5	(CAO 7) CAO Salary and Salary	(CAO 8) Arjust	(CAO 15) Adjust EA1	(CAO 19) Adjust EAT Item	(CAO 25) Adjust OCD 6 H8A-I8	(CAO 66) Adjust SQ23 Annualize Est Lab	(CAO 80) Adjust H8A	(CAO 84) Adjust SQ51 Pharmacy
NUMBER		Adjastment	Adjustment	Adjustment	Salary Savings	Savings Adj	Overtime	Realignment	Management	PMP	Into Sys (E3.15)	Overhead	COLA
SALARIES & EMPLOYEE BEN	IEFITS	776	473	(15)	(618)	(875)	0	0	16	0	0	0	
TOTAL SERVICES & SUPPLI		0	0	0	0	0	ō	0	0	278	(117)	(422)	(57
LESS: EXPENDITURE DISTR	BUTION	0	0	0	0	0	0	0	0	0	0	0	
NET SERVICES & SUPPLIES		0	0	0	0	0	0	0	0	278	(117)	(422)	(57
OTHER CHARGES FIXED ASSETS - TOTAL		0	0	0	0	0	0	0	0	0	0	0	
OPERATING TRANSFER OU	r	0	ŏ	0	0	0	0	0	0	0		0	
TOTAL FINANCIAL USES		776	473	(15)	(618)	(875)	0	0	16	278	(117)	(422)	(57
INTRAFUND TRANSFERS		00	0	0	0	0	ŏ	ŏ	õ	0		0	(0)
NET FINANCIAL USES		776	473	(15)	(618)	(875)	0	0	16	278	(117)	(422)	(67
DESIGNATION	110107	0	0	0	0	0	0	0	0	0		0	
TOTAL FINANCING REQUIRE	MENT	776	473	(15)	(618)	(875)	0	0	16	278	(117)	(422)	(57
REVENUE													
MEDI-CAL		0	0	0	0	0	0	0	0	0	0	0	
MEDI-CAL CBRC		0	0	0	0	0	0	0	0	0	0	0	
COMMUNITY HEALTH PLA	N MEDI-CAL	0	0	0	0	0	0	0	0	0	0	0	
MEDI-CAL HMO SB 855		0	· 0	0	0	0	0	0	0	0	0	0	
SB 1255		0	0	0	0	0	0	0	0	0	0	0	
SB 1732		0	0	0	0		0	0	0	0	0	0	
1115 SUPPLEMENTAL POL	N .	ő		ő	ő	ě	ő	0		0	0	ě	
1115 INDIGENT CARE	-	ő	ő	ő	ő	ŏ	ő	0	0	0	ő	ő	
MEDICARE		õ	õ	õ	ő	ŏ	ő	ő	ŏ	ő	ő	ŏ	
SELF-PAY		Ū.	ō	0	õ	ő	ő	ő	õ	õ	ő	õ	
INSURANCE		0	0	0	0	0	Ó	0	0	ó	ŏ	ő	
IHSS		0	0	0	0	0	0	0	0	0	0	0	
CHP-HEALTHY FAMILIES		0	0	0	0	0	0	0	0	0	0	0	
PFSW REVENUE		0	0	0	0	0	0	0	0	0	0	0	
STATE-OTHER		0	0	0	0	0	0	0	0	0	0	0	
STATE-CHIP/HOSPITAL STATE-CHIP/HEALTH EDU	CATION	0	0	0	0	0	0	0	0	0	0	0	
FEDERAL-BLOCK GRANT	CATION	0	ő	0	0	0	0	0	0	0	0	0	
FEDERAL-OTHER		ő	ő	0	ő	ő	ň	ő	0	ő	0	ő	
SVCS OCD-MH 1115 WAIV	ER	ő	õ	ő	ŏ	0	0	ő	ő	ő	ŏ	ő	
SVCS OCD-MH SHORT DO		õ	ő	Ď	ŏ	ő	ő	ŏ	ő	ŏ	0	ő	
SCS OCD-OTHER		0	ő	ō	ő	ő	õ	õ	ō	õ	ō	õ	
OP TRANS IN-SPECIAL FU	NDS	0	0	0	0	0	0	ō	0	0	0	ō	
OP TRANS IN-SB855		0	0	0	0	0	0	0	0	0	0	0	
OP TRANS IN-GEN FUND H	ILTH CARE	0	0	0	0	0	0	0	0	0	0	0	
OP TRANS IN-SB 612		0	0	0	0	0	0	0	0	0	0	0	
OP TRANS IN-OTHER		0	0	0	0	0	0	0	0	0	0	0	
OP TRANS IN-MEASURE 8 DESIGNATION CANCELLA	DOM .	0	0	0	0	0	0	0	0	0	0	0	
INTEREST	104	č	0	0	0	0	0	0	0	0	0	0	
HEALTH FEES		č	0	0	0	0		0	å	0	ő	0	
OTHER REVENUE		ő	0	ő	0	ő		0	ő	ő	ő	ő	
1115 WAIVER ADMIN COST	REIMBURSEMENT	ő	õ	ŏ	ő	ă	ő	ő	ő	ň	ő	ő	
CHP EQUITY DISTRIBUTIO		õ	ő	ő	õ	ŏ	õ	õ	ŏ	ő	ŏ	ő	
SB 612		0	0	ō	Ď	õ	0	ŏ	õ	ŏ	õ	õ	
FUND BALANCE		0	0	0	Ū.	ŏ	õ	Ū.	õ	õ	ŏ	õ	
SALES TAX		0	0	0	0	0	0	0	0	0	0	0	
OVERREALIZATION PY RE	VENUE	0	0	0	0	0	0	0	0	0	0	0	
TOTAL REVENUE OPERATING SUBSIDY		776	473	0	0	0	0	0	0 16	278	0	0	(6
				(15)	(618)	(875)	0	0	16	2/8	(117)	(422)	1
CAPITAL PROJECT		0	0	0	. 0	0	0	0	0	0	0	0	
HSS		0	0	0	0	0	0	0	0	0	0	0	
VLF		0	0	0	0	0	0	0	0	0	0	0	
COUNTY CONTRIBUTION		0_	0	0	0	0	0	0	0	0	0	00	
BUDGET GAP (POSITIVE NUMBI	R8 = GOOD)	(776)	(473)	15	618	875	0	0	(16)	(278)	117	422	5
				0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	
NET POSITIONS BEDS		0.0	0.0	0.0	0.0	0.0			0.0			0.0	

### LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER (\$ in Thousands)

	(\$ in Thousands)													
Ļ	CAPS		(CAO 85) Adjust 5033	(CAO 86) Adjust 5054	(CAO 100) Reverse SQ\$6	(CAO 111) Reverse SOBS	(CAO 112) Adjust SOI7	(CAO 116)	(CAO 122) Revence SQ125	(CAO 125) Adjust COLA2	(CAO 134) GF Contribution	(CAO 136)	(COLA 1) Reverse COLA1	(FNC 2) Adjust
Ň	ACCT	DESCRIPTION	App Reclass/DHR	Brd Approved	TAR	CHIP-Hospital	CORC	Adjust SQ 92	Nursing Satary	COLA-	to the	Adjust Use of	COLA Salarios &	Workers
Ę	NUMBER		Allocations	Centreets	Denials	Revense	Revenue	Medicare	COLA	555	Enterprise Fund	Designation	Other Sai Itoms	Comp
	SALARIES & EMPLOYEE		(29)	a	0	0	0	0	(1,891)	0	0	0	(1,478)	(652
	TOTAL SERVICES & SUF LESS: EXPENDITURE DI		0	0	0	0	0	0	0	(271)	0	0	0	0
	NET SERVICES & SUPPL		õ	ő	ő	ő	ő	ő	ő	(271)	ő	ő	ő	ő
	OTHER CHARGES		0	0	0	0	0	0	0	0	0	0	0	0
	FIXED ASSETS - TOTAL OPERATING TRANSFER	OUT	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL FINANCIAL USES INTRAFUND TRANSFER		(29)	0	0	0	0	0	(1,891) 0	(271)	0	0		(652
	NET FINANCIAL USES DESIGNATION		(29)	0	0	0	0	0	(1,891)	(271)	0	0	(1,478)	(652
	TOTAL FINANCING REQ	JIREMENT	(29)	0	0	0	0	0	(1,891)	(271)	0	0		(852
	REVENUE							A second Physical Actions and Arriver and The						
	MEDI-CAL		0	0	2,586	0	0	0	0	0	0	0	٥	0
	MEDI-CAL CBRC		0	0	0	0	(662)	0	0	0	0	0	0	0
	COMMUNITY HEALTH MEDI-CAL HMO	PLAN MEDI-CAL	0	0	0	0	0	0	0	0	0	0	0	0
	SB 855		0	ő	ő	ő	ő	ő	a a	ő	ő	0	ő	č
	SB 1255		ō	ō	ō	õ	ō	ō	0	0	ō	ō	õ	i i
	SB 1732		0	0	0	0	0	0	0	0	0	0	0	0
	1115 SUPPLEMENTAL 1115 INDIGENT CARE	POOL	0	0	0	0	0	0	0	0	0	0	0	
	MEDICARE		0	0	0	0	0	607	0	0	0	0	0	
	SELF-PAY		ő	ő	ő	ő	0	0.07	0	ő	ő	ŏ	ő	
	INSURANCE		ő	ő	ő	õ	õ	ŏ	ŏ	ŏ	õ	ŏ	ŏ	
	IHSS		0	0	0	0	0	0	0	0	0	0	0	
	CHP-HEALTHY FAMILI	E\$	0	0	0	0	0	0	0	0	0	0	0	
	PFSW REVENUE		0	0	0	0	0	0	0	0	0	0	0	
	STATE-OTHER STATE-CHIP/HOSPITA		0	0	0	0	0	0	0	0	0	0	0	
	STATE-CHIP/HEALTH I		å	0	ő		0		0	0	0	ő	ő	
	FEDERAL-BLOCK GRA		ő	ő	õ	ő	ő	ő	ő	õ	ŏ	õ	ő	
	FEDERAL-OTHER		ő	ō	ō	ō	ō	ö	ō	ö	ō	ō	ő	
	SVCS OCD-MH 1115 W		0	0	0	0	0	0	0	0	0	0	0	
	SVCS OCD-MH SHORT	DOYLE M-CAL	0	0	0	0	0	0	0	0	0	0	0	
	SCS OCD-OTHER	FILLIPS	0	0	0	0	0	0	0	0	0	0	0	
	OP TRANS IN-SPECIAL OP TRANS IN-SB855	FUNDS	0	0	0	0	0	0	0	0	0	0 (15.866)		
	OP TRANS IN-GEN FU	ND HLTH CARE	0		ő	ő	0	ő		0	0	(10,000)		
	OP TRANS IN-SB 612	NO TETT OTTE	ő	ő	ő	ő	0	ő	õ	0	ő	ő	ő	
	OP TRANS IN-OTHER		ŏ	ŏ	õ	õ	õ	õ	õ	õ	8,580	ő	ŏ	
	OP TRANS IN-MEASUF		0	0	0	0	0	0	0	0	0	0	0	
	DESIGNATION CANCE	LLATION	0	0	0	0	0	0	0	a	0	0	0	
	INTEREST		0	0	0	0	0.	0	0	0	0	0	0	
	HEALTH FEES OTHER REVENUE		0	0	0	0	0	0	0	0	. 0	0	0	
		OST REIMBURSEMENT	ő	ő	0	0	ő	0	0	0	ő	ő	ő	
	CHP EQUITY DISTRIBU	TION	ő	õ	õ	0	ő	ő	ŏ	ŏ	ő	0	õ	
	58 612		Ū.	ő	ö	õ	õ	ō	õ	ö	ŏ	ŏ	õ	
	FUND BALANCE		0	0	0	0	0	0	0	0	0	0	0	
	SALES TAX		0	0	0	0	0	0	0	0	0	0	0	
	OVERREALIZATION PY	REVENUE	0	0	0	0	0	0	0	0	<u>_</u>	0	0	
	OPERATING SUBSIDY		(29)	0	2,586	(1)	(662)	(607)	(1,891)	(271)	8,566 (8,586)	(15,866)	(1.478)	(65
	CAPITAL PROJECT		ò	0	0	0	0	0	0	0	0	0	0	
	9485		õ	õ	ő	õ	ő	ő	ŏ	ő	õ	õ	ŏ	
	VLF		0	0	0	0	0	0	ō	0	0	0	0	
	COUNTY CONTRIBUTION		0	0	0	0	0	0	0	0	0	0	0	
	BUDGET GAP (POSITIVE N	UMBERS = GOOD)	29	0	2,586	1	(662)	607	1,891	271	8,566	(15,895)	1,478	65

#### LOS ANGÈLES COUNTY DEPARTMENT OF HEALTH SERVICES RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER (\$ in Thousands)

CAPS ACCT NUMBER	DESCRIPTION	(FNC 3) Nursing COLAS	(FNC 4) Other S&EB Adjustments	(FNC 9) LAC+USC Commercial Poper Increase	(FNC 10) SAS COLA	(FNC 18) Office of Public Safety Increases	(FNC 20) TAR Denials Revenue Decrease	(FNC 22) State CHEP Hospital Rev Decrease	(FNC 24) c6RC Revenue Increase	(FNC 60) «CAPS Maintenance Costs	(FNC 70) HSA OVERHEAD	(FNC 71) Overrealized PY Revenue	(FNC 73) Assume Release of \$95.1m Liabilit
SALARIES & EMPLOYEE BE TOTAL SERVICES & SUPPLI		1,891	2,900	0	0	0	0	0	0	0	0	0	
LESS: EXPENDITURE DISTR		0	0	0	258	69	0	0	0	93 0	(593)	0	
NET SERVICES & SUPPLIES		ŏ	ŏ	ő	258	69	ő	õ	0	93	(593)	ő	
OTHER CHARGES FIXED ASSETS - TOTAL		0	0	(108)	0	0	0	0	0	0	0	0	
OPERATING TRANSFER OU	r	0	0	0	0	0	0	0	0	0	0	0	
TOTAL FINANCIAL USES INTRAFUND TRANSFERS		1,891	2,900 0	(108) 0	258	69 0	0	0	0	93 0	(593)	0	11100000
NET FINANCIAL USES DESIGNATION		1,891 0	2,900	(108) G	258	69 0	0	0	0	93 0	(593)	0	
TOTAL FINANCING REQUIRE	MENT	1,891	2,900	(105)	258	. 69	0	0	0	80	(693)		
REVENUE						TOTO CONTRACTOR							
MEDI-CAL		0	0	0	0	0	(2,586)	U	0	0	0	0	
MEDI-CAL CBRC	NUEDI CUI	0	0	0	0	0	0	0	952	0	0	0	
COMMUNITY HEALTH PLA MEDI-CAL HMO	N MEDI-CAL	0	0	0	0	0	0	0	0	0	0	0	
58 855		ő	ő	ő	ő	ő	0	0	ő	0	0	0	
SB 1255		0	0	0	ŏ	ŏ	ŏ	ő	ŏ	ŏ	ŏ	ő	
S8 1732	ha l	0	0	0	0	0	0	0	0	0	0	ō	
1115 SUPPLEMENTAL PO 1115 INDIGENT CARE	ж.	0	0	0	0	0	0	0	0	0	0	0	
MEDICARE		0	0	0	0	0	0	0	0	0	0	0	
SELF-PAY		ŏ	ő	ő	ő	ő	ŏ	ő	0	ő	0	0	
INSURANCE		ō	0	ő	0	õ	ő	ŏ	ŏ	ŏ	ŏ	ŏ	
IHSS		0	0	0	0	0	0	0	0	0	0	ő	
CHP-HEALTHY FAMILIES PFSW REVENUE		0	0	0	0	0	0	0	0	0	0	0	
STATE-OTHER		0	0	8	0	0	0	0	0	0	0	0	
STATE-CHIPHOSPITAL		ő	0	ő	0	0	0	0 (1)	0	0	0	0	
STATE-CHIP/HEALTH EDU	CATION	ő	õ	ŏ	ŏ	ŏ	ő	w w	ő	ŏ	ő	0	
FEDERAL-BLOCK GRANT		0	0	0	o	ō	ō	ō	0	õ	ő	ő	
FEDERAL-OTHER		0	0	0	0	0	0	0	0	0	0	0	
SVCS OCD-MH 1115 WAIV SVCS OCD-MH SHORT DO		0	0	0	0	0	0	0	0	0	0	0	
SCS OCD-OTHER	TLE MIGHL	0	0	0	0	0	0	0	0	. 0	0	0	
OP TRANS IN-SPECIAL FU	NDS	ő	ě	0	ő	0	0	0	0	0	0	0	
OP TRANS IN-SB855		ő	õ	õ	ŏ	ő	ŏ	ő	ő	0	ő	ő	
OP TRANS IN-GEN FUND	ILTH CARE	0	0	0	õ	õ	õ	0	ŏ	ő	ŏ	ő	
OP TRANS IN-SB 612		0	0	0	0	0	0	0	0	0	0	0	
OP TRANS IN-OTHER OP TRANS IN-MEASURE 8		0	0	0	0	0	0	0	0	0	0	0	
DESIGNATION CANCELLA	DON	ő	0	0	0	0	0	0	0	0	0	0	
INTEREST		ő	ő	ă	ő	ő	0		ő	0	ő	0	
HEALTH FEES		õ	0	ő	ŏ	ŏ	ő	ŏ	õ	ő	ő	ő	
OTHER REVENUE		0	0	0	0	ő	ō	õ	0	0	ō	ŏ	
1115 WAIVER ADMIN COST		0	0	0	0	0	0	0	0	0	0	0	
CHP EQUITY DISTRIBUTIO SB 612	N	0	0	0	0	0	D	0	0	0	0	0	
FUND BALANCE		0	0	0	0	0	0	0	0	0	0	0	
SALES TAX		0	ő	ő	0	0	0	0	0	0	0	0	
OVERREALIZATION PY RE	VENUE	ő	ŏ	ő	ŏ	ő	ő	ő	0	ő	0	(935)	10,6
TOTAL REVENUE		0	0	0	0	. 0	(2,596)	(1)	662	0	Ő	(935)	10.6
OPERATING SUBSIDY		1,891	2,900	{108}	255	69	2,586	1	(862)	93	(593)	935	(10,6
CAPITAL PROJECT		0	0	0	0	c	0	0	0	0	0	U	
HSS		0	0	0	0	0	ō	D	0	0	0	ā	
VLF COUNTY CONTRIBUTION		0	0	0	0	0	0	0	0	0	0	0	
BUDGET GAP (POSITIVE NUMB)	(R8 = GOOD)	(1,891)	(2,900)	0 108	(258)	(69)	(2.588)		0	(93)	0 593	0 (1995)	10.0
NET POSITIONS		0.0	0.0	0.0	0.0							(935)	10,6
					0.0	0.0	0.0	0.0	0.0	0.0	0.0	0,0	

#### LOS ANGELES COUNTY OBPARTMENT OF HEALTH SERVICES RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER (\$ in Thousands)

GAPS ACCT NUMBER	DESCRIPTION	(FNC 74) GF Contribution to Enterprise Fund	(FNC 75) Balance to NOE and use of Designation	(BRD 1) DHR Alterations	(BRD 2) S&EB Adjustments	(BRD 3) Rodinament Cost Adjustment	(BRD 4) S&S/Fixed Assets Adjustments {Inc NE Resp Care}	(BRD 9) Pharmacy COLA/ Expanditure Distribution	(BRD 12) Various Corrections to 05-36 FNC	(BRD 14) HSA Overhead	(BRD 16 Balance to M Fund Balan VLF
SALARIES & EMPLOYEE BEN	efits	0	0	21	50	832	0				1
TOTAL SERVICES & SUPPLIE		ŏ	ŏ	õ	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0.02	102	(306)	0	0 840	
LESS: EXPENDITURE DISTRI	BUTION	0	ó	õ	õ	ő	0	(,	ŏ	0,00	
NET SERVICES & SUPPLIES		0	0	0	ō	ō	102	(306)	ő	840	
OTHER CHARGES		D D	0	0	0	0	7	0	(130)	0	
FIXED ASSETS - TOTAL OPERATING TRANSFER OUT		0	0	0	0	0	0	0	130	0	
TOTAL FINANCIAL USES INTRAFUND TRANSFERS		0	0	21	50 0		109	(306)	0	840	
NET FINANCIAL USES DESIGNATION		0	0	21 0	50 0	832 0	109	(306)	0	840	
TOTAL FINANCING REQUIRE	MENT	0	0	21	50		109	(306)	00		
DEVENUE			and the second se			446	100	(000)		040	
MEDI-CAL		0	0	0	0	0	0	0			
MEDI-CAL CBRC		ě	ő	0	ő	0	0	0	0	0	
COMMUNITY HEALTH PLAN	MEDI-CAL	ŏ	ŏ	ŏ	õ	ő	ő	ő	ő	ő	
MEDI-CAL HMO		ō	ŏ	ŏ	õ	ő	ő	ő	ő	ŏ	
SB 855		0	ō	ō	õ	ō	ŏ	ŏ	ŏ	ő	
SB 1255		0	0	0	0	0	0	ō	ō	0	
SB 1732		0	0	0	0	0	0	0	0	0	
1115 SUPPLEMENTAL POC 1115 INDIGENT CARE		0	0	0	0	0	0	0	0	0	
MEDICARE		0	0	0	0	0	0	0	0	0	
SELF-PAY		0	0	0	0	0	0	0	0	0	
INSURANCE		ő	ő	ő	0	0	0	0	0	0	
IHSS		ŏ	ő	ŏ	ŏ	å	ő	0	ő	0	
CHP-HEALTHY FAMILIES		õ	ō	ō	ŏ	õ	õ	ő	ŏ	ő	
PFSW REVENUE		0	0	0	0	ō	ō	ō	õ	ō	
STATE-OTHER		0	0	0	0	0	0	0	0	0	
STATE-CHIP/HOSPITAL		0	0	0	0	0	0	. 0	71	0	
STATE-CHIP/HEALTH EDUC FEDERAL-BLOCK GRANT	ATION	0	0	0	0	0	0	0	0	0	
FEDERAL-OTHER		0	0	0	0	0	0	0	0	0	
SVCS OCD-MH 1115 WAIVE	R	0	ő	0	0	0	0	0	0	0	
SVCS OCD-MH SHORT DOY		0	ő	0	ő		0	0	0	0	
SCS OCD-OTHER		ŏ	ŏ	· ő	ő	ő	0	ő	0	0	
OP TRANS IN-SPECIAL FUN	DS	0	ō	ō	õ	ŏ	ŏ	ŏ	ő	õ	
OP TRANS IN-SB855		0	7,863	0	0	ō	ō	õ	ŏ	õ	1,
OP TRANS IN-GEN FUND H	LTH CARE	0	0	0	0	0	0	0	0	0	
OP TRANS IN-SB 612		0	0	0	0	0	0	0	0	0	
OP TRANS IN-OTHER		(11,788)	0	0	0	0	0	0	0	0	
OP TRANS IN-MEASURE B DESIGNATION CANCELLAT	01	0	0	0	0	0	0	0	0	0	
INTEREST	Chi Chi	0	0	0	0	0	0	0	0	0	
HEALTH FEES		ŏ	0	0	ő	0	0	0	, e	0	
OTHER REVENUE		õ	ő	ő	ő	ő	0	0	ő	0	
1115 WAIVER ADMIN COST	REMBURSEMENT	ō	ő	ŏ	õ	ŏ	ő	ő	ň	ä	
CHP EQUITY DISTRIBUTION		0	. ŭ	õ	ō	õ	ŏ	ő	ŏ	ő	
S8 612		0	0	0	0	0	0	ŏ	õ	õ	
FUND BALANCE		0	0	0	0	0	0	0	0	ō	
SALES TAX		0	0	0	0	0	0	0	0	0	
OVERREALIZATION PY REV TOTAL REVENUE	ENUE	0	0	0	0	0	0	0	0		
OPERATING SUBSIDY		(11,788) 11,788	7,663 (7,863)	21	0 50	832	109	(306)	(71)	- 0 840	1/
CAPITAL PROJECT		0	0								10
HSS		0	0	0	0	0	0	0	0	0	
VLF		ő	0	0	0	0	0	0	0	0	
COUNTY CONTRIBUTION		ŏ	0	ő	0	0	ő	0	0	0	
BUDGET GAP (POSITIVE NUMBER	ts = GCCD}	(11.788)	7,863	(21)	(50)	(832)	(109)	306	71	(840)	1,4
NET POSITIONS		0.0	0.0	0.0	0.0	0.0	0.0	0,0	0.0	0.0	
THE PARTY AND A											