



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

SUBJECT	FY 2005/06 BOARD ADOPTED BUDGET DHS BUDGET ALLOCATION	Policy No:	401.1
		Supersedes:	
		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

RANC:HCJ LCJS AMIGCJS NATIONAL
REHABILITATION CENTER

BOARD ADOPTED BUDGET
WALKTHRU SUMMARY

FISCAL YEAR 2005-06

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

L I N E	CAPS ACCT NUMBER	DESCRIPTION	FY 03-03	FY 03-04	FY 04-05	FY 04-05	FY 05-05	(CAO ADJS)	(COLA ADJS)	FY 05-05	(FNC ADJS)	(BRD ADJS)	FY 05-05
			ACTUAL EXPERIENCE	ACTUAL EXPERIENCE	ESTIMATED ACTUAL	ADOPTED BUDGET	STATUS QUO REQUEST	TOTAL CAO ADJUSTMTS	COLAS	PROPOSED BUDGET	TOTAL FINAL CHANGE ADJUSTMTS	TOTAL BUDGET DEL. ADJUSTMTS	ADOPTED BUDGET
		SALARIES & EMPLOYEE BENEFITS	104,344	98,074	102,335	113,336	119,379	(2,163)	(1,478)	115,738	4,138	903	120,780
		TOTAL SERVICES & SUPPLIES	43,200	41,553	44,911	54,595	56,041	(1,107)	0	54,934	(173)	636	55,397
		LESS: EXPENDITURE DISTRIBUTION	0	0	0	0	0	0	0	0	0	0	0
		NET SERVICES & SUPPLIES	43,200	41,553	44,911	54,595	56,041	(1,107)	0	54,934	(173)	636	55,397
		OTHER CHARGES	16,304	16,067	15,957	17,590	15,280	0	0	15,280	(108)	(123)	15,049
		FIXED ASSETS - TOTAL	150	132	175	251	225	0	0	225	0	130	355
		OPERATING TRANSFER OUT	33,131	39,279	34,924	34,924	34,924	0	0	34,924	0	0	34,924
		TOTAL FINANCIAL USES	197,129	195,105	198,302	221,077	225,849	(3,270)	(1,478)	221,101	3,858	1,546	226,505
		INTRAFUND TRANSFERS	0	0	0	0	0	0	0	0	0	0	0
		NET FINANCIAL USES	197,129	195,105	198,302	221,077	225,849	(3,270)	(1,478)	221,101	3,858	1,546	226,505
		DESIGNATION	0	0	0	0	0	0	0	0	0	0	0
		TOTAL FINANCING REQUIREMENT	197,129	195,105	198,302	221,077	225,849	(3,270)	(1,478)	221,101	3,858	1,546	226,505
		REVENUE											
		MEDI-CAL	37,484	30,629	25,205	40,952	38,386	2,586	0	40,952	(2,586)	0	38,386
		MEDI-CAL CBRC	8,981	10,203	10,330	10,216	10,880	(662)	0	10,216	662	0	10,880
		COMMUNITY HEALTH PLAN MEDI-CAL	103	0	0	0	0	0	0	0	0	0	0
		MEDI-CAL HMO	0	570	570	0	570	0	0	570	0	0	570
		SB 855	49,401	57,795	49,984	49,984	49,984	0	0	49,984	0	0	49,984
		SB 1255	23,700	30,800	21,400	21,280	17,500	0	0	17,500	0	0	17,500
		SB 1732	6,680	7,053	7,054	6,682	7,052	0	0	7,052	0	0	7,052
		1115 SUPPLEMENTAL POOL	0	0	0	0	0	0	0	0	0	0	0
		1115 INDIGENT CARE	0	0	0	0	0	0	0	0	0	0	0
		MEDICARE	10,904	7,279	6,238	6,448	5,841	607	0	6,448	0	0	6,448
		SELF-PAY	375	143	151	452	452	0	0	452	0	0	452
		INSURANCE	5,995	2,015	1,809	4,959	4,389	0	0	4,389	0	0	4,389
		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	1,167	1,239	1,240	1,103	1,103	0	0	1,103	0	0	1,103
		STATE-OTHER	0	0	0	0	0	0	0	0	0	0	0
		STATE-CHIP/HOSPITAL	887	526	521	522	521	1	0	522	(1)	71	592
		STATE-CHIP/HEALTH EDUCATION	0	0	0	0	0	0	0	0	0	0	0
		FEDERAL-BLOCK GRANT	0	0	0	0	0	0	0	0	0	0	0
		FEDERAL-OTHER	0	0	17	17	17	0	0	17	0	0	17
		SVCS OCD-MH 1115 WAIVER	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	563	41	195	242	242	0	0	242	0	0	242
		OP TRANS IN-SPECIAL FUNDS	0	0	0	0	0	0	0	0	0	0	0
		OP TRANS IN-SB855	19,852	3,200	11,906	11,906	36,517	(16,866)	0	22,651	7,863	1,403	31,917
		OP TRANS IN-GEN FUND HLTH 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	16,677	32,017	55,962	55,962	40,071	8,586	0	46,657	(11,788)	72	36,941
		OP TRANS IN-MEASURE B	0	0	0	0	0	0	0	0	0	0	0
		DESIGNATION CANCELLATION	0	0	0	0	0	0	0	0	0	0	0
		INTEREST	18	11	12	18	12	0	0	12	0	0	12
		HEALTH FEES	0	0	0	0	0	0	0	0	0	0	0
		OTHER REVENUE	651	1,240	895	981	981	0	0	981	0	0	981
		1115 WAIVER ADMIN COST REIMBURSEMENT	0	0	0	0	0	0	0	0	0	0	0
		CHP EQUITY DISTRIBUTION	0	0	0	0	0	0	0	0	0	0	0
		SB 612	0	0	0	0	0	0	0	0	0	0	0
		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	13,690	10,344	22,667	9,351	9,351	0	0	9,351	9,798	0	19,059
		TOTAL REVENUE	197,129	195,105	216,156	221,077	225,849	(4,748)	0	221,101	3,858	1,546	226,505
		OPERATING SUBSIDY	0	0	(17,854)	0	0	1,478	(1,478)	0	0	0	0
		CAPITAL PROJECT	0	0	0	0	0	0	0	0	0	0	0
		IHSS	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	0
		BUDGET GAP (POSITIVE NUMBERS = GOOD)	0	0	17,854	0	0	(1,478)	1,478	0	0	0	0
		NET POSITIONS	1,299.5	1,199.4	1,208.4	1,392.7	1,392.7	0.0	0.0	1,392.7	0.0	0.0	1,392.7
		BEDS	184	152	141	191	191	0	0	191	0	0	191

Adopted
 05/06
 401.01

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

L I N E	ACCT DESCRIPTION NUMBER	(OCD 11)	(SQ 6)	(SQ 23)	(SQ 47)	(SQ 61)	(SQ 62)	(SQ 63)	(SQ 64)	(SQ 66)	(SQ 66)	(SQ 68)	(SQ 84)
		ISD UNITIES	Clinical Resources Mgt (CRM)	Annualize Enterprise Lab Info Sys (ELIS)	SW-Increased Equip Maint. Due to Warranty Expire.	Pharmacy COLA	Employee Benefits Changes	Approved Reclass DHR Allocations	Board Approved Contracts	Salary Savings Adjustment	Non-ISO Fuels & Leases/ Equip./LAG-CAL	Interest Expense & Revenue	SS 1255
	SALARIES & EMPLOYEE BENEFITS	0	0	0	0	0	2,006	29	0	618	0	0	0
	TOTAL SERVICES & SUPPLIES	(127)	(273)	117	42	575	0	0	30	0	32	0	0
	LESS: EXPENDITURE DISTRIBUTION	0	0	0	0	0	0	0	0	0	0	0	0
	NET SERVICES & SUPPLIES	(127)	(273)	117	42	575	0	0	30	0	32	0	0
	OTHER CHARGES	0	0	0	0	0	0	0	0	0	0	(734)	0
	FIXED ASSETS - TOTAL	0	(26)	0	0	0	0	0	0	0	0	0	0
	OPERATING TRANSFER OUT	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL FINANCIAL USES	(127)	(299)	117	42	575	2,006	29	30	618	32	(734)	0
	INTRAFUND TRANSFERS	0	0	0	0	0	0	0	0	0	0	0	0
	NET FINANCIAL USES	(127)	(299)	117	42	575	2,006	29	30	618	32	(734)	0
	DESIGNATION	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL FINANCING REQUIREMENT	(127)	(299)	117	42	575	2,006	29	30	618	32	(734)	0
	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 PLAN MEDI-CAL	0	0	0	0	0	0	0	0	0	0	0	0
	MEDI-CAL HMO	0	0	0	0	0	0	0	0	0	0	0	0
	SB 855	0	0	0	0	0	0	0	0	0	0	0	0
	SB 1255	0	0	0	0	0	0	0	0	0	0	0	(3,780)
	SB 1732	0	0	0	0	0	0	0	0	0	0	0	0
	1115 SUPPLEMENTAL POOL	0	0	0	0	0	0	0	0	0	0	0	0
	1115 INDIGENT CARE	0	0	0	0	0	0	0	0	0	0	0	0
	MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0
	SELF-PAY	0	0	0	0	0	0	0	0	0	0	0	0
	INSURANCE	0	0	0	0	0	0	0	0	0	0	0	0
	IHSS	0	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	0
	PFSW REVENUE	0	0	0	0	0	0	0	0	0	0	0	0
	STATE-OTHER	0	0	0	0	0	0	0	0	0	0	0	0
	STATE-CHIPHOSPITAL	0	0	0	0	0	0	0	0	0	0	0	0
	STATE-CHIPHEALTH EDUCATION	0	0	0	0	0	0	0	0	0	0	0	0
	FEDERAL-BLOCK GRANT	0	0	0	0	0	0	0	0	0	0	0	0
	FEDERAL-OTHER	0	0	0	0	0	0	0	0	0	0	0	0
	SVCS OCD-MH 1115 WAIVER	0	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	0
	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	0
	OP TRANS IN-SB855	0	0	0	0	0	0	0	0	0	0	0	0
	OP TRANS IN-GEN FUND HLTH CARE	0	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	0
	OP TRANS IN-OTHER	0	0	0	0	0	0	0	0	0	0	0	0
	OP TRANS IN-MEASURE B	0	0	117	0	0	0	0	0	0	0	0	0
	DESIGNATION CANCELLATION	0	0	0	0	0	0	0	0	0	0	0	0
	INTEREST	0	0	0	0	0	0	0	0	0	0	(8)	0
	HEALTH FEES	0	0	0	0	0	0	0	0	0	0	0	0
	OTHER REVENUE	0	0	0	0	0	0	0	0	0	0	0	0
	1115 WAIVER ADMIN COST REIMBURSEMENT	0	0	0	0	0	0	0	0	0	0	0	0
	CHP EQUITY DISTRIBUTION	0	0	0	0	0	0	0	0	0	0	0	0
	SB 612	0	0	0	0	0	0	0	0	0	0	0	0
	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	0	0	0	0	0	0	0	0	0	0
	TOTAL REVENUE	0	0	0	0	0	0	0	0	0	0	(8)	(3,780)
	OPERATING SUBSIDY	(127)	(299)	117	42	575	2,006	29	30	618	32	(728)	3,780
	CAPITAL PROJECT	0	0	0	0	0	0	0	0	0	0	0	0
	IHSS	0	0	0	0	0	0	0	0	0	0	0	0
	VLF	0	0	0	0	0	0	0	0	0	0	0	0
	COUNTY CONTRIBUTION	0	0	0	0	0	0	0	0	0	0	0	0
	BUDGET GAP (POSITIVE NUMBERS = GOOD)	127	299	(117)	(42)	(575)	(2,006)	(29)	(30)	(618)	(32)	728	(3,780)
	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	0	0

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

L I N E	CAPS ACCT NUMBER	DESCRIPTION	(SQ 86)	(SQ 87)	(SQ 90)	(SQ 92)	(SQ 98)	(SQ 96)	(SQ 126)	(COLA 1)	(COLA 2)
			CHIP-Hospital	CBRC Revenue	SB 1732	Medicare	Fund Balance/ Designation	Tax Deductions	Nursing Salary COLA	COLA- Salaries & Other Sal Items	COLA- SAS
		SALARIES & EMPLOYEE BENEFITS	0	0	0	0	0	0	1,891	1,478	0
		TOTAL SERVICES & SUPPLIES	0	0	0	0	0	0	0	0	271
		LESS: EXPENDITURE DISTRIBUTION	0	0	0	0	0	0	0	0	0
		NET SERVICES & SUPPLIES	0	0	0	0	0	0	0	0	271
		OTHER CHARGES	0	0	0	0	0	0	0	0	0
		FIXED ASSETS - TOTAL	0	0	0	0	0	0	0	0	0
		OPERATING TRANSFER OUT	0	0	0	0	0	0	0	0	0
		TOTAL FINANCIAL USES	0	0	0	0	0	0	1,891	1,478	271
		INTRAFUND TRANSFERS	0	0	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	0	0	0	0	0
		TOTAL FINANCING REQUIREMENT	0	0	0	0	0	0	1,891	1,478	271
		REVENUE									
		MEDI-CAL	0	0	0	0	0	(2,586)	0	0	0
		MEDI-CAL CBRC	0	662	0	0	0	0	0	0	0
		COMMUNITY HEALTH PLAN MEDI-CAL	0	0	0	0	0	0	0	0	0
		MEDI-CAL HMO	0	0	0	0	0	0	0	0	0
		SB 855	0	0	0	0	0	0	0	0	0
		SB 1255	0	0	0	0	0	0	0	0	0
		SB 1732	0	0	370	0	0	0	0	0	0
		1115 SUPPLEMENTAL POOL	0	0	0	0	0	0	0	0	0
		1115 INDIGENT CARE	0	0	0	0	0	0	0	0	0
		MEDICARE	0	0	0	(607)	0	0	0	0	0
		SELF-PAY	0	0	0	0	0	0	0	0	0
		INSURANCE	0	0	0	0	0	0	0	0	0
		IHSS	0	0	0	0	0	0	0	0	0
		CHP-HEALTHY FAMILIES	0	0	0	0	0	0	0	0	0
		PFSW REVENUE	0	0	0	0	0	0	0	0	0
		STATE-OTHER	0	0	0	0	0	0	0	0	0
		STATE-CHIP/HOSPITAL	(1)	0	0	0	0	0	0	0	0
		STATE-CHIP/HEALTH EDUCATION	0	0	0	0	0	0	0	0	0
		FEDERAL-BLOCK GRANT	0	0	0	0	0	0	0	0	0
		FEDERAL-OTHER	0	0	0	0	0	0	0	0	0
		SVCS OCD-MH 1115 WAIVER	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
		SCS OCD-OTHER	0	0	0	0	0	0	0	0	0
		OP TRANS IN-SPECIAL FUNDS	0	0	0	0	0	0	0	0	0
		OP TRANS IN-SB855	0	0	0	0	26,811	0	0	0	0
		OP TRANS IN-GEN FUND HLTH 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	0	0	0	0	(15,891)	0	0	0	0
		OP TRANS IN-MEASURE B	0	0	0	0	0	0	0	0	0
		DESIGNATION CANCELLATION	0	0	0	0	0	0	0	0	0
		INTEREST	0	0	0	0	0	0	0	0	0
		HEALTH FEES	0	0	0	0	0	0	0	0	0
		OTHER REVENUE	0	0	0	0	0	0	0	0	0
		1115 WAIVER ADMIN COST REIMBURSEMENT	0	0	0	0	0	0	0	0	0
		CHP EQUITY DISTRIBUTION	0	0	0	0	0	0	0	0	0
		SB 612	0	0	0	0	0	0	0	0	0
		FUND BALANCE	0	0	0	0	0	0	0	0	0
		SALES TAX	0	0	0	0	0	0	0	0	0
		OVERREALIZATION PY REVENUE	0	0	0	0	0	0	0	0	0
		TOTAL REVENUE	(1)	662	370	(607)	10,720	(2,586)	0	0	0
		OPERATING SUBSIDY	1	(662)	(370)	607	(10,720)	2,586	1,891	1,478	271
		CAPITAL PROJECT	0	0	0	0	0	0	0	0	0
		IHSS	0	0	0	0	0	0	0	0	0
		VLF	0	0	0	0	0	0	0	0	0
		COUNTY CONTRIBUTION	0	0	0	0	0	0	0	0	0
		BUDGET GAP (POSITIVE NUMBERS = GOOD)	(1)	662	370	(607)	10,720	(2,586)	(1,891)	(1,478)	(271)
		NET POSITIONS	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

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

L I N E N U M B E R	CAPS ACCT NUMBER	DESCRIPTION	(CAO 1)	(CAO 2)	(CAO 3)	(CAO 6)	(CAO 7)	(CAO 8)	(CAO 15)	(CAO 19)	(CAO 25)	(CAO 66)	(CAO 80)	(CAO 84)
			Base EB Adjustment	LACERA Adjustment	COMPOB Adjustment	Reverse SGSS Salary Savings	CAO Salary and Salary Savings Adj	Adjust Overtime	Adjust EA1 Realignment	Adjust EAT Item Management	Adjust OCD 6 HSA-48 PNP	Adjust SG23 Annualize Ent Lab Info Sys (ELIS)	Adjust HRA Overhead	Adjust SG51 Pharmacy COLA
		SALARIES & EMPLOYEE BENEFITS	776	473	(15)	(618)	(875)	0	0	16	0	0	0	0
		TOTAL SERVICES & SUPPLIES	0	0	0	0	0	0	0	0	278	(117)	(422)	(575)
		LESS: EXPENDITURE DISTRIBUTION	0	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)	(575)
		OTHER CHARGES	0	0	0	0	0	0	0	0	0	0	0	0
		FIXED ASSETS - TOTAL	0	0	0	0	0	0	0	0	0	0	0	0
		OPERATING TRANSFER OUT	0	0	0	0	0	0	0	0	0	0	0	0
		TOTAL FINANCIAL USES	776	473	(15)	(618)	(875)	0	0	16	278	(117)	(422)	(575)
		INTRAFUND TRANSFERS	0	0	0	0	0	0	0	0	0	0	0	0
		NET FINANCIAL USES	776	473	(15)	(618)	(875)	0	0	16	278	(117)	(422)	(575)
		DESIGNATION	0	0	0	0	0	0	0	0	0	0	0	0
		TOTAL FINANCING REQUIREMENT	776	473	(15)	(618)	(875)	0	0	16	278	(117)	(422)	(575)
		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 PLAN MEDI-CAL	0	0	0	0	0	0	0	0	0	0	0	0
		MEDI-CAL HMO	0	0	0	0	0	0	0	0	0	0	0	0
		SB 855	0	0	0	0	0	0	0	0	0	0	0	0
		SB 1255	0	0	0	0	0	0	0	0	0	0	0	0
		SB 1732	0	0	0	0	0	0	0	0	0	0	0	0
		1115 SUPPLEMENTAL POOL	0	0	0	0	0	0	0	0	0	0	0	0
		1115 INDIGENT CARE	0	0	0	0	0	0	0	0	0	0	0	0
		MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0
		SELF-PAY	0	0	0	0	0	0	0	0	0	0	0	0
		INSURANCE	0	0	0	0	0	0	0	0	0	0	0	0
		IHSS	0	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	0
		PFSW REVENUE	0	0	0	0	0	0	0	0	0	0	0	0
		STATE-OTHER	0	0	0	0	0	0	0	0	0	0	0	0
		STATE-CHIP/HOSPITAL	0	0	0	0	0	0	0	0	0	0	0	0
		STATE-CHIP/HEALTH EDUCATION	0	0	0	0	0	0	0	0	0	0	0	0
		FEDERAL-BLOCK GRANT	0	0	0	0	0	0	0	0	0	0	0	0
		FEDERAL-OTHER	0	0	0	0	0	0	0	0	0	0	0	0
		SVCS OCD-MH 1115 WAIVER	0	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	0
		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	0
		OP TRANS IN-SB855	0	0	0	0	0	0	0	0	0	0	0	0
		OP TRANS IN-GEN FUND HLTH CARE	0	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	0
		OP TRANS IN-OTHER	0	0	0	0	0	0	0	0	0	0	0	0
		OP TRANS IN-MEASURE B	0	0	0	0	0	0	0	0	0	0	0	0
		DESIGNATION CANCELLATION	0	0	0	0	0	0	0	0	0	0	0	0
		INTEREST	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0
		1115 WAIVER ADMIN COST REIMBURSEMENT	0	0	0	0	0	0	0	0	0	0	0	0
		CHP EQUITY DISTRIBUTION	0	0	0	0	0	0	0	0	0	0	0	0
		SB 612	0	0	0	0	0	0	0	0	0	0	0	0
		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	0	0	0	0	0	0	0	0	0	0
		TOTAL REVENUE	0	0	0	0	0	0	0	0	0	0	0	0
		OPERATING SUBSIDY	776	473	(15)	(618)	(875)	0	0	16	278	(117)	(422)	(575)
		CAPITAL PROJECT	0	0	0	0	0	0	0	0	0	0	0	0
		IHSS	0	0	0	0	0	0	0	0	0	0	0	0
		VLF	0	0	0	0	0	0	0	0	0	0	0	0
		COUNTY CONTRIBUTION	0	0	0	0	0	0	0	0	0	0	0	0
		BUDGET GAP (POSITIVE NUMBERS = GOOD)	(776)	(473)	15	618	875	0	0	(16)	(278)	117	422	575
		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	0	0

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L I N E	CACT NUMBER	DESCRIPTION	(CAO 85) Adjust SQ3 App Realloc/DHR Allocations	(CAO 86) Adjust SQ34 Brd Approved Contracts	(CAO 100) Reverse SQ36 TAR Denials	(CAO 111) Reverse SQ35 CHIP-Hospital Revenue	(CAO 112) Adjust SQ37 CBRC Revenue	(CAO 116) Adjust SQ 92 Medicare	(CAO 122) Reverse SQ125 Nursing Salary COLA	(CAO 123) Adjust COLA2 COLA- S&S	(CAO 134) GF Contribution to the Enterprise Fund	(CAO 136) Balance to MOE Adjust Use of Designation	(COLA 1) Reverse COLA1 COLA Salaries & Other Sal Items	(FNC 2) Adjust Workers Comp
		SALARIES & EMPLOYEE BENEFITS	(29)	0	0	0	0	0	(1,891)	0	0	0	(1,478)	(652)
		TOTAL SERVICES & SUPPLIES	0	0	0	0	0	0	0	(271)	0	0	0	0
		LESS: EXPENDITURE DISTRIBUTION	0	0	0	0	0	0	0	0	0	0	0	0
		NET SERVICES & SUPPLIES	0	0	0	0	0	0	0	(271)	0	0	0	0
		OTHER CHARGES	0	0	0	0	0	0	0	0	0	0	0	0
		FIXED ASSETS - TOTAL	0	0	0	0	0	0	0	0	0	0	0	0
		OPERATING TRANSFER OUT	0	0	0	0	0	0	0	0	0	0	0	0
		TOTAL FINANCIAL USES	(29)	0	0	0	0	0	(1,891)	(271)	0	0	(1,478)	(652)
		INTRAFUND TRANSFERS	0	0	0	0	0	0	0	0	0	0	0	0
		NET FINANCIAL USES	(29)	0	0	0	0	0	(1,891)	(271)	0	0	(1,478)	(652)
		DESIGNATION	0	0	0	0	0	0	0	0	0	0	0	0
		TOTAL FINANCING REQUIREMENT	(29)	0	0	0	0	0	(1,891)	(271)	0	0	(1,478)	(652)
		REVENUE												
		MEDI-CAL	0	0	2,586	0	0	0	0	0	0	0	0	0
		MEDI-CAL CBRC	0	0	0	0	(662)	0	0	0	0	0	0	0
		COMMUNITY HEALTH PLAN MEDI-CAL	0	0	0	0	0	0	0	0	0	0	0	0
		MEDI-CAL HMO	0	0	0	0	0	0	0	0	0	0	0	0
		SB 855	0	0	0	0	0	0	0	0	0	0	0	0
		SB 1255	0	0	0	0	0	0	0	0	0	0	0	0
		SB 1732	0	0	0	0	0	0	0	0	0	0	0	0
		1115 SUPPLEMENTAL POOL	0	0	0	0	0	0	0	0	0	0	0	0
		1115 INDIGENT CARE	0	0	0	0	0	0	0	0	0	0	0	0
		MEDICARE	0	0	0	0	0	607	0	0	0	0	0	0
		SELF-PAY	0	0	0	0	0	0	0	0	0	0	0	0
		INSURANCE	0	0	0	0	0	0	0	0	0	0	0	0
		IHSS	0	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	0
		PFSW REVENUE	0	0	0	0	0	0	0	0	0	0	0	0
		STATE-OTHER	0	0	0	0	0	0	0	0	0	0	0	0
		STATE-CHIP/HOSPITAL	0	0	0	1	0	0	0	0	0	0	0	0
		STATE-CHIP/HEALTH EDUCATION	0	0	0	0	0	0	0	0	0	0	0	0
		FEDERAL-BLOCK GRANT	0	0	0	0	0	0	0	0	0	0	0	0
		FEDERAL-OTHER	0	0	0	0	0	0	0	0	0	0	0	0
		SVCS OCD-MH 1115 WAIVER	0	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	0
		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	0
		OP TRANS IN-SB855	0	0	0	0	0	0	0	0	0	(15,866)	0	0
		OP TRANS IN-GEN FUND HLTH CARE	0	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	0
		OP TRANS IN-OTHER	0	0	0	0	0	0	0	0	8,586	0	0	0
		OP TRANS IN-MEASURE B	0	0	0	0	0	0	0	0	0	0	0	0
		DESIGNATION CANCELLATION	0	0	0	0	0	0	0	0	0	0	0	0
		INTEREST	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0
		1115 WAIVER ADMIN COST REIMBURSEMENT	0	0	0	0	0	0	0	0	0	0	0	0
		CHP EQUITY DISTRIBUTION	0	0	0	0	0	0	0	0	0	0	0	0
		SB 612	0	0	0	0	0	0	0	0	0	0	0	0
		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	0	0	0	0	0	0	0	0	0	0
		TOTAL REVENUE	0	0	2,586	1	(662)	607	0	0	8,586	(15,866)	0	0
		OPERATING SUBSIDY	(28)	0	(2,586)	(1)	662	(607)	(1,891)	(271)	(8,586)	15,866	(1,478)	(652)
		CAPITAL PROJECT	0	0	0	0	0	0	0	0	0	0	0	0
		IHSS	0	0	0	0	0	0	0	0	0	0	0	0
		VLF	0	0	0	0	0	0	0	0	0	0	0	0
		COUNTY CONTRIBUTION	0	0	0	0	0	0	0	0	0	0	0	0
		BUDGET GAP (POSITIVE NUMBERS = GOOD)	29	0	2,586	1	(662)	607	1,891	271	8,586	(15,866)	1,478	652
		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	0	0

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L I N E NUMBER	DESCRIPTION	(FNC 3)	(FNC 4)	(FNC 9)	(FNC 10)	(FNC 18)	(FNC 20)	(FNC 22)	(FNC 24)	(FNC 60)	(FNC 70)	(FNC 71)	(FNC 73)
		ACCT	Other	LAC+MSC	SAS	Office of	TAR Dentals	State CHP	CBRC	eCAPS	HSA	Overrealized PY	Assume
		Nursing	55EB	Commercial	5AS	Public Safety	Revenue	Hospital	Revenue	Maintenance	OVERHEAD	Revenue	Release of
		COLAS	Adjustments	Paper Increase	COLA	Increases	Decreases	Rev Decrease	Increase	Costs			\$95.1m Liability
SALARIES & EMPLOYEE BENEFITS		1,891	2,900	0	0	0	0	0	0	0	0	0	0
TOTAL SERVICES & SUPPLIES		0	0	0	258	69	0	0	0	93	(593)	0	0
LESS: EXPENDITURE DISTRIBUTION		0	0	0	0	0	0	0	0	0	0	0	0
NET SERVICES & SUPPLIES		0	0	0	258	69	0	0	0	93	(593)	0	0
OTHER CHARGES		0	0	(108)	0	0	0	0	0	0	0	0	0
FIXED ASSETS - TOTAL		0	0	0	0	0	0	0	0	0	0	0	0
OPERATING TRANSFER OUT		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL FINANCIAL USES		1,891	2,900	(108)	258	69	0	0	0	93	(593)	0	0
INTRAFUND TRANSFERS		0	0	0	0	0	0	0	0	0	0	0	0
NET FINANCIAL USES		1,891	2,900	(108)	258	69	0	0	0	93	(593)	0	0
DESIGNATION		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL FINANCING REQUIREMENT		1,891	2,900	(108)	258	69	0	0	0	93	(593)	0	0
REVENUE													
MEDI-CAL		0	0	0	0	0	(2,586)	0	0	0	0	0	0
MEDI-CAL CBRC		0	0	0	0	0	0	0	662	0	0	0	0
COMMUNITY HEALTH PLAN MEDI-CAL		0	0	0	0	0	0	0	0	0	0	0	0
MEDI-CAL HMO		0	0	0	0	0	0	0	0	0	0	0	0
SB 855		0	0	0	0	0	0	0	0	0	0	0	0
SB 1255		0	0	0	0	0	0	0	0	0	0	0	0
SB 1732		0	0	0	0	0	0	0	0	0	0	0	0
1115 SUPPLEMENTAL POOL		0	0	0	0	0	0	0	0	0	0	0	0
1115 INDIGENT CARE		0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE		0	0	0	0	0	0	0	0	0	0	0	0
SELF-PAY		0	0	0	0	0	0	0	0	0	0	0	0
INSURANCE		0	0	0	0	0	0	0	0	0	0	0	0
IHSS		0	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	0
PFSW REVENUE		0	0	0	0	0	0	0	0	0	0	0	0
STATE-OTHER		0	0	0	0	0	0	0	0	0	0	0	0
STATE-CHIP/HOSPITAL		0	0	0	0	0	0	(1)	0	0	0	0	0
STATE-CHIP/HEALTH EDUCATION		0	0	0	0	0	0	0	0	0	0	0	0
FEDERAL-BLOCK GRANT		0	0	0	0	0	0	0	0	0	0	0	0
FEDERAL-OTHER		0	0	0	0	0	0	0	0	0	0	0	0
SVCS OCD-MH 1115 WAIVER		0	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	0
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	0
OP TRANS IN-SB855		0	0	0	0	0	0	0	0	0	0	0	0
OP TRANS IN-GEN FUND HLTH CARE		0	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	0
OP TRANS IN-OTHER		0	0	0	0	0	0	0	0	0	0	0	0
OP TRANS IN-MEASURE B		0	0	0	0	0	0	0	0	0	0	0	0
DESIGNATION CANCELLATION		0	0	0	0	0	0	0	0	0	0	0	0
INTEREST		0	0	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		0	0	0	0	0	0	0	0	0	0	0	0
1115 WAIVER ADMIN COST REIMBURSEMENT		0	0	0	0	0	0	0	0	0	0	0	0
CHP EQUITY DISTRIBUTION		0	0	0	0	0	0	0	0	0	0	0	0
SB 612		0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	(935)	10,643
TOTAL REVENUE		0	0	0	0	0	(2,586)	(1)	662	0	0	(935)	10,643
OPERATING SUBSIDY		1,891	2,900	(108)	258	69	2,586	1	(662)	93	(593)	935	(10,643)
CAPITAL PROJECT													
IHSS		0	0	0	0	0	0	0	0	0	0	0	0
VLF		0	0	0	0	0	0	0	0	0	0	0	0
COUNTY CONTRIBUTION		0	0	0	0	0	0	0	0	0	0	0	0
BUDGET GAP (POSITIVE NUMBERS = GOOD)		(1,891)	(2,900)	108	(258)	(69)	(2,586)	(1)	662	(93)	593	(935)	10,643
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	0	0

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LINE ITEM E	ACCT NUMBER	DESCRIPTION	(FNC 74)	(FNC 75)	(BRD 1)	(BRD 2)	(BRD 3)	(BRD 4)	(BRD 9)	(BRD 12)	(BRD 14)	(BRD 16)
			GF Contribution to Enterprise Fund	Balance to MOE and use of Designation	DHR Allocations	S&EB Adjustments	Retirement Cost Adjustment	SSS/Fixed Assets Adjustments (Inc NE Resp Cost)	Pharmacy COLA/ Expenditure Distribution	Various Corrections to 05-06 FNC	NSA Overhead	Balance to NOB/ Fund Balance VLF
		SALARIES & EMPLOYEE BENEFITS	0	0	21	50	832	0	0	0	0	0
		TOTAL SERVICES & SUPPLIES	0	0	0	0	0	102	(306)	0	840	0
		LESS: EXPENDITURE DISTRIBUTION	0	0	0	0	0	0	0	0	0	0
		NET SERVICES & SUPPLIES	0	0	0	0	0	102	(306)	0	840	0
		OTHER CHARGES	0	0	0	0	0	7	0	(130)	0	0
		FIXED ASSETS - TOTAL	0	0	0	0	0	0	0	130	0	0
		OPERATING TRANSFER OUT	0	0	0	0	0	0	0	0	0	0
		TOTAL FINANCIAL USES	0	0	21	50	832	109	(306)	0	840	0
		INTRAFUND TRANSFERS	0	0	0	0	0	0	0	0	0	0
		NET FINANCIAL USES	0	0	21	50	832	109	(306)	0	840	0
		DESIGNATION	0	0	0	0	0	0	0	0	0	0
		TOTAL FINANCING REQUIREMENT	0	0	21	50	832	109	(306)	0	840	0
		REVENUE										
		MEDI-CAL	0	0	0	0	0	0	0	0	0	0
		MEDI-CAL CBRC	0	0	0	0	0	0	0	0	0	0
		COMMUNITY HEALTH PLAN MEDI-CAL	0	0	0	0	0	0	0	0	0	0
		MEDI-CAL HMO	0	0	0	0	0	0	0	0	0	0
		SB 855	0	0	0	0	0	0	0	0	0	0
		SB 1255	0	0	0	0	0	0	0	0	0	0
		SB 1732	0	0	0	0	0	0	0	0	0	0
		1115 SUPPLEMENTAL POOL	0	0	0	0	0	0	0	0	0	0
		1115 INDIGENT CARE	0	0	0	0	0	0	0	0	0	0
		MEDICARE	0	0	0	0	0	0	0	0	0	0
		SELF-PAY	0	0	0	0	0	0	0	0	0	0
		INSURANCE	0	0	0	0	0	0	0	0	0	0
		IHSS	0	0	0	0	0	0	0	0	0	0
		CHP-HEALTHY FAMILIES	0	0	0	0	0	0	0	0	0	0
		PFSW REVENUE	0	0	0	0	0	0	0	0	0	0
		STATE-OTHER	0	0	0	0	0	0	0	0	0	0
		STATE-CHIP/HOSPITAL	0	0	0	0	0	0	0	0	0	0
		STATE-CHIP/HEALTH EDUCATION	0	0	0	0	0	0	0	71	0	0
		FEDERAL-BLOCK GRANT	0	0	0	0	0	0	0	0	0	0
		FEDERAL-OTHER	0	0	0	0	0	0	0	0	0	0
		SVCS OCD-MH 1115 WAIVER	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
		SCS OCD-OTHER	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
		OP TRANS IN-SB855	0	7,863	0	0	0	0	0	0	0	1,403
		OP TRANS IN-GEN FUND HLTH CARE	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
		OP TRANS IN-OTHER	(11,788)	0	0	0	0	0	0	0	0	72
		OP TRANS IN-MEASURE B	0	0	0	0	0	0	0	0	0	0
		DESIGNATION CANCELLATION	0	0	0	0	0	0	0	0	0	0
		INTEREST	0	0	0	0	0	0	0	0	0	0
		HEALTH FEES	0	0	0	0	0	0	0	0	0	0
		OTHER REVENUE	0	0	0	0	0	0	0	0	0	0
		1115 WAIVER ADMIN COST REIMBURSEMENT	0	0	0	0	0	0	0	0	0	0
		CHP EQUITY DISTRIBUTION	0	0	0	0	0	0	0	0	0	0
		SB 612	0	0	0	0	0	0	0	0	0	0
		FUND BALANCE	0	0	0	0	0	0	0	0	0	0
		SALES TAX	0	0	0	0	0	0	0	0	0	0
		OVERREALIZATION PY REVENUE	0	0	0	0	0	0	0	0	0	0
		TOTAL REVENUE	(11,788)	7,863	0	0	0	0	0	71	0	1,475
		OPERATING SUBSIDY	11,788	(7,863)	21	50	832	109	(306)	(71)	840	(1,475)
		CAPITAL PROJECT	0	0	0	0	0	0	0	0	0	0
		IHSS	0	0	0	0	0	0	0	0	0	0
		VLF	0	0	0	0	0	0	0	0	0	0
		COUNTY CONTRIBUTION	0	0	0	0	0	0	0	0	0	0
		BUDGET GAP (POSITIVE NUMBERS = GOOD)	(11,788)	7,863	(21)	(50)	(832)	(109)	306	71	(840)	1,475
		NET POSITIONS	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