

Internal Audit Department

O R A N G E C O U N T Y
6th Largest County in the USA

INTERNAL CONTROL & COMPLIANCE AUDIT: HEALTH CARE AGENCY MENTAL HEALTH SERVICES SPECIAL REVENUE FUND 13Y For the Year Ended DECEMBER 31, 2014

**High
Priority
Audit**

Special Revenue Funds are used to account for proceeds of specific revenue sources that are legally restricted or committed to expenditures for specified purposes. Health Care Agency administered Special Revenue Fund 13Y and processed \$102 million in revenues and \$102 million in expenditures during the calendar year ended December 31, 2014 with a total year-end fund balance of \$229 million.

We audited internal controls over the Health Care Agency (HCA) Special Revenue Fund 13Y to ensure receipts and disbursements are proper and in compliance with County and departmental procedures and used for the restricted purpose.

We found internal controls over Health Care Agency's special revenue fund processes are in place to ensure that the receipts and disbursements are in compliance with County and department procedures and with the restricted purpose. We identified **one (1) Control Finding** to enhance Health Care Agency's internal controls over Fund 13Y.

AUDIT NO: 1420
REPORT DATE: JUNE 9, 2015

Director: Dr. Peter Hughes, MBA, CPA, CIA
Assistant Director/Senior Audit Manager: Michael Goodwin, CPA, CIA
Audit Manager: Lisette Free, CPA, CFE

RISK BASED AUDITING

GAO & IIA Peer Review Compliant – 2001, 2004, 2007, 2010, 2013



American Institute of Certified Public Accountants Award to Dr. Peter Hughes as 2010 Outstanding CPA of the Year for Local Government

GRC (Government, Risk & Compliance) Group 2010 Award to IAD as MVP in Risk Management



2009 Association of Certified Fraud Examiners' Hubbard Award to Dr. Peter Hughes for the Most Outstanding Article of the Year – Ethics Pays



2008 Association of Local Government Auditors' Bronze Website Award



2005 Institute of Internal Auditors' Award for Recognition of Commitment to Professional Excellence, Quality, and Outreach

 ORANGE COUNTY BOARD OF SUPERVISORS'
Internal Audit Department

GAO & IIA Peer Review Compliant - 2001, 2004, 2007, 2010, 2013

Providing Facts and Perspectives Countywide

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OC Fraud Hotline (714) 834-3608



Transmittal Letter



Audit No. 1420 June 9, 2015

TO: Mark Refowitz, Director
Health Care Agency

FROM: Dr. Peter Hughes, CPA, Director
Internal Audit Department

SUBJECT: Internal Control & Compliance Audit:
Health Care Agency Mental Health Services
Special Revenue Fund 13Y

We have completed an Internal Control & Compliance Audit of Health Care Agency (HCA) Mental Health Services Special Revenue Fund 13Y for the period January 1, 2014 through December 31, 2014. We performed this audit in accordance with our *FY 2014-15 Audit Plan and Risk Assessment* approved by the Audit Oversight Committee and the Board of Supervisors. Our final report is attached for your review.

Please note we have a structured and rigorous **Follow-Up Audit** process in response to recommendations and suggestions made by the Audit Oversight Committee (AOC) and the Board of Supervisors (BOS). Our **First Follow-Up Audit** will begin at six months from the official release of the report. A copy of all our Follow-Up Audit reports is provided to the BOS as well as to all those individuals indicated on our standard routing distribution list.

The AOC and BOS expect that audit recommendations will typically be implemented within six months and often sooner for significant and higher risk issues. Our **Second Follow-Up Audit** will begin at six months from the release of the first Follow-Up Audit report, by which time **all** audit recommendations are expected to be addressed and implemented. At the request of the AOC, we are to bring to their attention any audit recommendations we find still not implemented or mitigated after the second Follow-Up Audit. The AOC requests that such open issues appear on the agenda at their next scheduled meeting for discussion.

We have attached a **Follow-Up Audit Report Form**. Your department should complete this template as our audit recommendation are implemented. When we perform our first Follow-Up Audit approximately six months from the date of this report, we will need to obtain the completed form to facilitate our review.

Each month I submit an **Audit Status Report** to the BOS where I detail any material and significant audit findings released in reports during the prior month and the implementation status of audit recommendations as disclosed by our Follow-Up Audits. Accordingly, the results of this audit will be included in a future status report to the BOS.

As always, the Internal Audit Department is available to partner with your staff so that they can successfully implement or mitigate difficult audit recommendations. Please feel free to call me should you wish to discuss any aspect of our audit report or recommendation. Additionally, we will request your department complete a **Customer Survey** of Audit Services. You will receive the survey shortly after the distribution of our final report.

Attachments

Other recipients of this report are listed on the **OC Internal Auditor's Report** on page 4.

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Health Care Agency Mental Health Services
Special Revenue Fund 13Y
Audit No. 1420*

For the Year Ended December 31, 2014

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Audit No. 1420

June 9, 2015

TO: Mark Refowitz, Director
Health Care Agency

FROM: Dr. Peter Hughes, CPA, Director
Internal Audit Department

SUBJECT: Internal Control & Compliance Audit: Health Care Agency
Mental Health Services Special Revenue Fund 13Y

Audit Highlight

Special Revenue Funds are used to account for proceeds of specific revenue sources that are legally restricted or committed to expenditure for specified purposes.

HCA's Mental Health Services Act (MHSA) Special Revenue Fund 13Y is used to account for MSHA revenues received from State allocations and used to pay for approved mental health services.

We found internal controls over the HCA's special revenue fund processes are adequate and in place to ensure that receipts and disbursements are compliant with County and department procedures, and that the fund is regularly monitored and reconciled.

We identified **one (1) Control Finding** to enhance internal controls and compliance over Fund 13Y.

OBJECTIVES

In accordance with our *FY 2014-15 Audit Plan and Risk Assessment* approved by the Audit Oversight Committee and the Board of Supervisors, the Internal Audit Department conducted an Internal Control & Compliance Audit of Health Care Agency (HCA) Mental Health Services Special Revenue Fund 13Y. This audit was conducted in conformance with the International Standards for the Professional Practice of Internal Auditing prescribed by the Institute of Internal Auditors. The objectives of this audit were to:

1. Evaluate HCA's administration of Fund 13Y to ensure the restricted funds are expended only for authorized purposes.
2. Evaluate internal controls and processes involving Fund 13Y revenues and expenditures to ensure fund transactions are accurate, valid, adequately supported, processed timely, and are properly recorded in compliance with County and Health Care Agency policy.
3. Evaluate internal controls over Fund 13Y reconciliations to determine they are accurate, complete and timely in compliance with County and Health Care Agency policy.
4. Determine if HCA's administration of Fund 13Y is efficient and effective (e.g., no backlogs, duplication of work, manual processes that could benefit from automation).

RESULTS

Objective #1: HCA has adequate internal controls in place to ensure that Fund 13Y is administered in compliance with the established purposes of the restricted fund uses. We identified **one (1) Control Finding** concerning the administration of Fund 13Y.

Objective #2: HCA has adequate internal controls in place that ensure Fund 13Y transactions are accurate, valid, adequately supported, processed timely, and properly recorded. No findings were identified.

Objective #3: HCA has adequate internal controls in place to ensure that reconciliations of Fund 13Y are accurate, complete and timely. No findings were identified.

Objective #4: We did not note any backlogs or duplication of work in HCA's processes and administration over Fund 13Y. No findings were identified.



The following table summarizes our finding and recommendation for this audit. See further discussion in the *Detailed Results, Findings, Recommendations and Management Responses* section of this report. See *Attachment A* for a description of Report Item Classifications.

Summary Table of Findings and Recommendations

Finding No.	Finding Classification (see Attachment A)	Finding and Page No. in Audit Report	Recommendation	Concurrence by Management?
1.	Control Finding	The COFA document establishing Fund 13Y incorrectly directed disposition of residual account balances to the County's General Fund instead of to the State (pg.5).	HCA work with the Auditor-Controller to revise the COFA to show the proper disposition of residual account balances to the State as required by the Mental Health Services Act.	Yes

BACKGROUND

The Health Care Agency's mission is in partnership with the community to protect and promote the health & safety of individuals and families in Orange County through assessment and planning, prevention and education, and treatment and care. HCA is a regional provider, charged with protecting and promoting individual, family and community health through coordination of public and private sector resources. HCA's service environment is complex, with 180 different funding sources and over 200 State and Federal mandates. The mandates under which HCA operates require the County to provide for, or to regulate, certain health services. Many also carry specific requirements for staffing, operations, claiming and record-keeping.

HCA is composed of the following service areas:

- **Public Health Services** - Monitors the incidence of disease and injury in the community and develops preventive strategies to maintain and improve the health of the public.
- **Behavioral Health Services** - Provides a culturally-competent and client-centered system of behavioral health services for all eligible county residents in need of mental health care and/or treatment for alcohol and other drug abuse.
- **Correctional Health Services** - Provides medical health care to adults and children in institutional settings.
- **Medical Services** - Coordinates emergency medical care, and contracts essential medical services for patients for whom the County is responsible.
- **Administrative & Financial Services** - Promotes and provides for the fiscal and operational integrity of the Agency through sound management principles and practices, and provides support services to Agency programs.

Mental Health Services Act (MHSA)

In early November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). Through the provisions of the MHSA, there becomes opportunities to fund a community mental health system that adequately meets the needs of children, adults, and older adults with serious mental illness. MHSA provides the State of California, Department of Mental Health (DMH), which in turn provides local governments the opportunity for increased funding, personnel, and other resources in support of county mental health programs. The goal of these programs is to reduce the long-term adverse impact of untreated serious mental illness and serious emotional disturbance through the expanded use of successful, innovative and evidence-based practices.



Components of MHSA include Community Services and Supports (CSS), Workforce Education and Training (WET), Capital Facilities and Technology, Prevention and Early Intervention (PEI), and Innovation. As a result, the Welfare and Institutions Code (WIC) Part 4.5 (Sections 5890 - 5899) was added November 2, 2004, by Proposition 63. The Mental Health Services Fund was created in the State Treasury and administered by the State. The funding established pursuant to the Act is to be utilized to expand mental health services, effective June 27, 2012.

Special Revenue Fund

The purpose of a **Special Revenue Fund** is to establish accountability over restricted monies to help ensure the monies are expended only for statutory purposes. These funds are used to account for and report the proceeds of specific revenue sources (other than debt service or capital projects) that are legally restricted or committed to expenditure for specific purposes.

In February 2006, **Fund 13Y** was established as a special revenue fund for the administration and use of MHSA funds. Funding allocations from the State are expected to be expensed either within 3 or 10 years depending on the type of sub-program. Annually, HCA files a report with the State regarding any unspent funds. HCA has not had to revert any funds back to the State.

During our audit period, HCA's Fund 13Y reported the following fund revenues, expenditures and fund balance for year ended December 31, 2014:

Fund	Fund Type	Name/Date Established	Purpose	Year Ended 12/31/14 Revenues/Expenditures	Fund Balance at 12/31/14
13Y	Special Revenue	Mental Health Services Act Fund (February 2006)	To expand mental health services pursuant to the Act.	Revenues: \$102,330,137 Expenditures: \$102,351,237	\$229,638,549

SCOPE AND METHODOLOGY

Our audit covered the period January 1, 2014 through December 31, 2014, and included HCA's administration and processes over Fund 13Y. Our scope and methodology included:

1. Evaluating processes and internal controls over the HCA's administration of Fund 13Y to ensure compliance with County and Health Care Agency policies and procedures. Our scope was limited to reviewing the accounting practices and management reviews/approvals of Fund 13Y transactions to ensure sources and uses of Fund 13Y are in compliance with the established purpose of the special revenue fund.
2. Obtaining an understanding of the nature, purpose and fund requirements concerning sources and uses of Fund 13Y monies. We accomplished this by obtaining documentation from A-C General Ledger for the establishment of the funds, known as the COFA.
3. Testing a sample of Fund 13Y revenues and expenditures from the various program components to determine whether the transactions are accurate, valid, adequately supported, properly recorded, processed timely, and in accordance with the established purpose of the special revenue fund.
4. Testing a sample of Fund 13Y reconciliations to determine if they are performed accurately, completely and timely.



SCOPE EXCLUSIONS

Our audit did not include a review of the HCA program compliance, performance measures or reporting requirements of the Mental Health Services Act as stated in the Welfare and Institutions Code (WIC) Part 4.5.

Management's Responsibilities for Internal Controls

In accordance with the Auditor-Controller's County Accounting Manual section S-2 *Internal Control Systems*, "All County departments/agencies shall maintain effective internal control systems as an integral part of their management practices. This is because management has primary responsibility for establishing and maintaining the internal control system. All levels of management must be involved in assessing and strengthening internal controls...". Control systems shall be continuously evaluated (by Management) and weaknesses, when detected, must be promptly corrected. The criteria for evaluating an entity's internal control structure is the Committee of Sponsoring Organizations (COSO) control framework. Our Internal Control Audit enhances and complements, but does not substitute for the Health Care Agency's continuing emphasis on control activities and self-assessment of control risks.

Inherent Limitations in Any System of Internal Control

Because of inherent limitations in any system of internal controls, errors or irregularities may nevertheless occur and not be detected. Specific examples of limitations include, but are not limited to, resource constraints, unintentional errors, management override, circumvention by collusion, and poor judgment. Also, projection of any evaluation of the system to future periods is subject to the risk that procedures may become inadequate because of changes in conditions or the degree of compliance with the procedures may deteriorate. Accordingly, our audit would not necessarily disclose all weaknesses in the Health Care Agency's operating procedures, accounting practices, and compliance with County policy.

Acknowledgment

We appreciate the courtesy extended to us by the Health Care Agency and Health Care Agency Accounting during our audit. If we can be of further assistance, please contact me directly at 834-5475 or Michael Goodwin, Assistant Director/Senior Audit Manager at 834-6066.

Attachments

Distribution Pursuant to Audit Oversight Committee Procedure No. 1:

Members, Board of Supervisors
Members, Audit Oversight Committee
Frank Kim, County Executive Officer
Mark Denny, Chief Operating Officer
Richard Sanchez, Assistant Director, Health Care Agency
Mary Hale, Deputy Agency Director, HCA Behavioral Health Services
Anna Peters, Deputy Agency Director, HCA Financial and Administrative Services
Janet Holcomb, Administrative Manager, HCA Financial Services
Eric Woolery, Auditor-Controller
Tonya Riley, Director, Auditor-Controller Satellite Accounting Operations
Kimberly Engelby, Division Manager, HCA Accounting Administration
Kimberly Peters, Administrative Manager, HCA Claims & Financial Reporting
Foreperson, Grand Jury
Robin Stieler, Interim Clerk of the Board of Supervisors
Macias Gini & O'Connell LLP, County External Auditor

Detailed Results, Findings, Recommendations and Management Responses



Objective #1: Evaluate HCA's administration of Fund 13Y to ensure the restricted funds are expended only for authorized purposes.

AUDIT STEPS AND RESULTS

To accomplish this objective, we performed the following audit steps:

- ✓ Reviewed pertinent County policies for special revenue and fiduciary (agency) funds including the Auditor-Controller's County Accounting Manual Procedures *F-3 – Requesting Establishment/Deletion of Funds/Agencies* and *F-4 – Fiduciary Funds*.
- ✓ Obtained and reviewed documentation showing the establishment and purpose of Fund 13Y. These documents are referred to as COFAs.
- ✓ Held meetings and reviewed documentation provided by Health Care Agency management and staff responsible for the administration of Fund 13Y.
- ✓ Evaluated written policies and procedures for Fund 13Y.
- ✓ Evaluated internal controls by testing a sample of fund revenues, expenditures and reconciliations (under Objectives #2 and #3).

CONCLUSION

Our audit found the Health Care Agency has adequate internal controls in place to ensure that Fund 13Y is administered in compliance with the established purposes of the restricted fund uses. We found that HCA has documentation that shows the establishment and purpose of Fund 13Y, known as a COFA. We also found that HCA has developed written policies and procedures for processing and reconciling Fund 13Y to ensure the restricted funds are expended only for authorized purposes. We identified **one (1) Control Finding** concerning the administration of Fund 13Y. The finding and recommendation is discussed below:

Finding No. 1 – Disposition of Account Residual Balances (Control Finding)

Summary

The COFA for Fund 13Y, Mental Health Services Act Fund, incorrectly identified the planned disposition of any residual account balances when the fund is closed to be transferred to the County's General Fund. Instead, the Mental Health Services Act requires any residual account balances be remitted back to the State.

Details

The COFA for Fund 13Y incorrectly has the planned disposition of any residual account balances when the fund is closed to be transferred to the General Fund instead of to the State. The California Welfare and Institutions Code §5892(h) states in part, "any funds allocated to a county which have not been spent for their authorized purpose within three years shall revert to the State to be deposited in the fund and available for other counties in future years, provided however, that funds for capital facilities, technological needs, or education and training may be retained for up to 10 years before reverting to the fund."

HCA is aware of the requirement of reverting funds back to the State if not spent for their authorized purpose within three years, or for up to 10 years for capital facilities, technological needs or education and training. HCA has a system in place to track any funds that have not been spent for their authorized purpose within the timeframe requirements. For our audit period, there were no funds that were required to be reverted back to the State.



Any funds transferred to the General Fund instead of reverting back to the State within the time requirements create a possible liability to the County.

Recommendation No. 1

Health Care Agency work with Auditor-Controller to revise the COFA's planned disposition of any residual account balances to revert back to the State as required.

Health Care Agency's Management Response:

Concur. The fund was established in 2006 and the disposition on the Chart of Accounts Memo appears to have been an oversight. As noted in the audit report, HCA does have a detailed monitoring system in place and is very aware of the time limits to expend allocations received with any unspent funds reverted back to the State. HCA requested a modification to the Chart of Accounts for Fund 13Y to correct the disposition of any residual balance to revert back to the State's Department of Health Care Services. This was completed and distributed by the Auditor-Controller on May 26, 2015.

Auditor Comment: We validated that HCA took corrective action on our recommendation prior to the release of this final report. Therefore, our recommendation has been implemented, and a Follow-Up Audit will not be needed.

Objective #2: Evaluate internal controls and processes involving Fund 13Y revenues and expenditures to ensure fund transactions are accurate, valid, adequately supported, processed timely, and are properly recorded in compliance with County and Health Care Agency policy.

AUDIT STEPS AND RESULTS

To accomplish this objective, we performed the following:

- ✓ Held meetings and conducted walkthroughs of the processes and controls for receipts and expenditures with Health Care Agency and HCA Accounting Services staff and management responsible for processing the transactions and records for Fund 13Y.
- ✓ Evaluated internal controls and compliance with the established fund purpose by testing a sample of **two (2) Fund 13Y State allocations/revenues totaling \$47.8 million.**
- ✓ Evaluated internal controls and compliance with the established fund purpose by testing a sample of **twenty (20)** judgmentally selected **Fund 13Y expenditures totaling \$2.5 million.**

CONCLUSION

Our audit found that HCA has adequate internal controls in place that ensure Fund 13Y transactions are accurate, valid, adequately supported, processed timely, properly recorded and in compliance with County and Health Care Agency policy and the special revenue fund's purpose. Our audit found adequate internal controls such as segregation of duties and management reviews and approvals in the transactions we tested.

No findings came to our attention under this objective.



Objective #3: Evaluate internal controls over Fund 13Y reconciliations to determine they are accurate, complete and timely in compliance with County and Health Care Agency policy.

AUDIT STEPS AND RESULTS

To accomplish this objective, we performed the following audit steps:

- ✓ Held meetings and conducted walkthroughs of the reconciliation processes for Fund 13Y with HCA and HCA Accounting Services staff and management.
- ✓ Evaluated internal controls (accuracy, adequately supported, segregation of duties, review/approvals, timeliness, and resolution of long-outstanding reconciling items) by testing a sample of fund reconciliations from Fund 13Y.

CONCLUSION

Our audit found that HCA has adequate controls and processes in place to ensure that Fund 13Y reconciliations are prepared accurately, completely and timely in compliance with County and HCA policy.

No findings came to our attention under this objective.

Objective #4: Determine if HCA's administration of Fund 13Y is efficient and effective (e.g., no backlogs, duplication of work, manual processes that could benefit from automation).

CONCLUSION

Based on our audit, we did not note any instances of backlogs, duplicated work or manual processes that could be automated in HCA's or HCA Accounting Services' processes and administration of Fund 13Y.

No findings came to our attention under this objective.



ATTACHMENT A: Report Item Classifications

For purposes of reporting our audit observations and recommendations, we will classify audit report items into three distinct categories:

▶ **Critical Control Weaknesses:**

These are Audit Findings or a combination of Auditing Findings that represent critical exceptions to the audit objective(s) and/or business goals. Such conditions may involve either actual or potential large dollar errors or be of such a nature as to compromise the Department's or County's reputation for integrity. Management is expected to address Critical Control Weaknesses brought to their attention immediately.

▶ **Significant Control Weaknesses:**

These are Audit Findings or a combination of Audit Findings that represent a significant deficiency in the design or operation of internal controls. Significant Control Weaknesses require prompt corrective actions.

▶ **Control Findings:**

These are Audit Findings concerning internal controls, compliance issues, or efficiency/effectiveness issues that require management's corrective action to implement or enhance processes and internal controls. Control Findings are expected to be addressed within our follow-up process of six months, but no later than twelve months.

Detailed Results, Findings, Recommendations and Management Responses



ATTACHMENT B: Health Care Agency Management Response



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DATE: May 26, 2015

TO: Peter Hughes,
Director, Internal Audit

FROM: Mark A. Refowitz
Director, HCA

SUBJECT: Internal Control & Compliance Audit #1420
HCA Mental Health Services Special Revenue Fund (13Y)

The Health Care Agency (HCA) has received the draft report of the Internal Control and Compliance Audit of the Mental Health Services Act Special Revenue Fund (Fund 13Y) for the period of January 1, 2014 through December 31, 2014. As requested, below states the one (1) control finding and recommendation from Internal Audit as well as the response from HCA's management.

Finding 1 – Disposition of Account Residual Balances

The COFA for Fund 13Y, Mental Health Services Act Fund, incorrectly identified the planned disposition of any residual account balances when the fund is closed to be transferred to the general fund. Instead, the Mental Health Services Act requires any residual account balances be remitted back to the State.

Recommendation No. 1:

Health Care Agency work with Auditor-Controller to revise the COFA's planned disposition of any residual account balances to revert back to the State as required.

Health Care Agency's Management Response:

Concur. The fund was established in 2006 and the disposition on the Chart of Accounts Memo appears to have been an oversight. As noted in the audit report, HCA does have a detailed monitoring system in place and is very aware of the time limits to expend allocations received with any unspent funds reverted back to the State. HCA requested a modification to the Chart of Accounts for Fund 13Y to correct the disposition of any residual balance to revert back to the State's Department of Health Care Services. This was completed and distributed by the Auditor-Controller on May 26, 2015.

The Health Care Agency appreciates the efforts made by Internal Audit to understand this program and the courtesy extended to staff involved. Should you have any further questions, please contact Kim Engelby, HCA Accounting manager at 714.834.5264.

Thank you.

Mark A. Refowitz, Director

cc: Mark Denny, Chief Operating Officer
Mary Hale, Behavioral Health
Anna Peters, Administrative Services

Detailed Results, Findings, Recommendations and Management Responses



ATTACHMENT B: Health Care Agency Management Response (continued)



ERIC H. WOOLERY, CPA
AUDITOR CONTROLLER



May 26, 2015

TO: Distribution
SUBJECT: Modification of Fund 13Y

Below is the required information related to Health Care Agency's request to modify the Planned Disposition of Residual Account Balances When Fund is Closed for Fund 13Y - Mental Health Services Act.

The Planned Disposition of Residual Account Balances for Fund 13Y was formerly to transfer to County General Fund 100.

Fund/Budget Control	13Y/13Y
Controlling Department	Health Care Agency (042)
Title (max 60 characters)	Mental Health Services Act
Short Name (max 15 characters)	MH Services Act
Legal Authority / Reason for establishing Fund/Budget Control	To account for Prop 63 – Mental Health Services Act revenues and GASB 34 revenue requirement
Budgeted Fund/Budget Control:	<ul style="list-style-type: none"> • Yes
<ul style="list-style-type: none"> • Will record Estimated Revenues & Appropriations? • Will be part of Performance Budgeting? 	<ul style="list-style-type: none"> • Yes
Nature of Revenue Sources	State allocations of Mental Health Services Act funds
Cash Available to County General Fund?	No
Nature of Financing Uses	To pay for mental health services
Expiration Date	None
Interest Earnings	Earned by Fund 13Y
Authority for Direction of Interest Earnings	Welfare & Institutions Code 5892 (f)
Interest Revenue Account	13Y-042-13Y-2100-6610
Investment Costs Account	13Y-042-13Y-2100-1912
Available for CWCAP Charges?	No
Planned Disposition of Residual Account Balances When Fund Is Closed	Unspent funds to be reverted back to the State – Department of Health Care Services.

COFA 1597

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Detailed Results, Findings, Recommendations and Management Responses



ATTACHMENT B: Health Care Agency Management Response (continued)

Modification of Fund 13Y
 May 26, 2015
 Page 2

Fund Type	Special Revenue
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Please update your records. If you have any questions, please call me at (714) 834-2479 or send an e-mail to daphne.jamili@ac.ocgov.com.

Daphne Jamili
 Manager, General Accounting

Distribution via e-mail:

- | | |
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Scott Suzuki, A/C Claims & Disbursing
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Jay Hormuth, CAPS +
Zareen Husain, CAPS +
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COFA 1597

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