

**REPORT
ON THE
RATE SETTING AUDIT**

**BRITTNEY'S PLACE
LOS ANGELES, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1992921571**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

**Audits Section—Gardena
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Maria Delgado
Audit Supervisor: Deborah Lee
Auditor: Gary Chan**



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

March 19, 2013

Barbara Kizzie, Administrator
Brittney's Place
1217 West 101st Street
Los Angeles, CA 90044

BRITTNEY'S PLACE
NATIONAL PROVIDER IDENTIFIER (NPI): 1992921571
FISCAL PERIOD ENDED: DECEMBER 31, 2011

We have examined the facility's financial records/Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the data presented in the accompanying audit report schedules represent a proper determination of the allowable costs and patient days for the above fiscal period in accordance with Medi-Cal reimbursement principles. The results of our examination are as follows:

<u>COST AND COST PER DAY</u>		<u>COST</u>		<u>COST PER DAY</u>
Reported Cost/Cost Per Day	\$	349,405		\$ 159.55
Net Audit Adjustment		<u>712</u>		<u>0.32</u>
Audited Cost/Cost Per Day	\$	<u>350,117</u>		\$ <u>159.87</u>

This audit report includes the:

1. Audit Report Schedules 1 and 2
2. Audit Adjustments Schedule

Future Medi-Cal long-term care prospective rates may be affected by this examination. The extent to which the rates change will be determined by the Department's Fee-For-Service Rates Development Division.

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Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

Courier (UPS, FedEx, etc.)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

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If you have questions regarding this report, you may call the Audits Section—Gardena at (310) 516-4757.

Original Signed By:

Maria Delgado, Chief
Audits Section—Gardena
Financial Audits Branch

Certified

cc: Lori Reyes, Consultant
13349 Ebell Street
Van Nuys, CA 91402

**SUMMARY OF AUDITED FACILITY CENSUS
AND AUDITED CLIENT COST PER DAY**

Provider:
BRITTNEY'S PLACE

Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:
1992921571

**SUMMARY OF AUDITED FACILITY CENSUS
AND AUDITED CLIENT COST PER DAY**

	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj)	2,190	2,190
2. Medi-Cal Managed Care Days (Adj)		0
3. Other Client Days (Adj)		0
4. Total Client Days	<u>2,190</u>	<u>2,190</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>349,405</u>	\$ <u>350,117</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>159.55</u>	\$ <u>159.87</u>

SHARE OF COST

1. Share of Cost Audit Adjustment (Adj)	\$ <u>NA</u>	\$ <u>0</u>
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OVERPAYMENTS

1. Duplicate Payments (Adj)	\$ _____	\$ <u>0</u>
2. Credit Balances (Adj)	\$ _____	\$ <u>0</u>
3. Total Overpayments	\$ <u>0</u>	\$ <u>0</u>

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
BRITTNEY'S PLACE

Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:
1992921571

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$	\$	\$ 0
050	Leases and Rentals		21,000		21,000
055	Real Property Taxes				0
060	Personal Property Taxes				0
065	Mortgage Interest				0
070	Property Insurance	1	4,374	(210)	4,164
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 25,374	\$ (210)	\$ 25,164
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 8,468	\$	\$ 8,468
085	Utilities		4,407		4,407
090	Client Transportation (excluding Adult Day Services)		5,089		5,089
095	Dietary		19,495		19,495
100	Personal Care and Laundry		14,126		14,126
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 51,585	\$ 0	\$ 51,585
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 76,959	\$ (210)	\$ 76,749
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 18,000	\$	\$ 18,000
120	QMRP Fringe Benefits				0
125	Lead Salaries	3	63,763	(3,417)	60,346
130	Lead Fringe Benefits	4	12,862	3,418	16,280
135	Aides Salaries		79,553		79,553
140	Aides Fringe Benefits		12,430		12,430
145	Other Salaries				0
150	Other Fringe Benefits				0
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 186,608	\$ 1	\$ 186,609

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
BRITTNEY'S PLACE

Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:
1992921571

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant	5	\$ 1,718	\$ 346	\$ 2,064
165	Speech Pathology Consultant		2,219		2,219
170	Physical Therapy Consultant		1,068		1,068
175	Occupational Therapy Consultant		1,068		1,068
180	Pharmacist Consultant		400		400
185	Nurse Consultant		8,750		8,750
190	Psychologist Consultant				0
195	Physician Consultant		280		280
200	Recreational Consultant				0
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 15,503	\$ 346	\$ 15,849
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **		\$ 14,542		\$ 14,542
225	Administrative Fringe Benefits		2,822		2,822
226	Quality Assurance Fees (excluding Adult Day Services)	2	20,059	575	20,634
230	Other General and Administrative*** (Excluding Adult Day Services)		32,912		32,912
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 70,335	\$ 575	\$ 70,910
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 349,405	\$ 712	\$ 350,117
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
241	Adult Day Services and Related Transportation		208,041		208,041
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 557,446	\$ 712	\$ 558,158

** List only direct administrative salaries incurred at the facility level

*** List allocated administrative costs on Line 230

Provider Name		Fiscal Period		Provider NPI		Adjustments				
BRITTNEY'S PLACE		JANUARY 01, 2011 THROUGH DECEMBER 31, 2011		1992921571		5				
Adj. No.	Cost Report Page or Exhibit	Report References		Audit Report	Line	Sub No	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Line	Col.							
ADJUSTMENTS TO REPORTED COSTS										
1	4	070	4	2	070	3	Property Insurance To adjust the reported property insurance expenses to agree with invoices. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$4,374	(\$210)	\$4,164
2	4.1	226	4	2	226	3	Quality Assurance Fees To adjust Quality Assurance Fees expense to agree with expenses applicable to the audit period 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.1, 2304 and 2304	\$20,059	\$575	\$20,634
3	4.1	125	4	2	125	3	Lead Salaries To reconcile the reported Lead Salaries expenses to agree with the provider's general ledger 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$63,763	(\$3,417)	\$60,346
4	4.1	130	4	2	130	3	Lead Fringe Benefits To reconcile the reported Lead Benefits expenses to agree with the provider's general ledger 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$12,862	\$3,418	\$16,280
5	4.1	160	4	2	160	3	Dietician Consultant To adjust dietary consultant expense to agree with expense applicable to the audit period 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.1, 2304 and 2304	\$1,718	\$346	\$2,064