

**REPORT
ON THE
RATE SETTING AUDIT**

**UCP/SCF BEL AIR HOUSE
THOUSAND OAKS, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1669622353**

**FISCAL PERIOD ENDED
JUNE 30, 2012**

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

**Section Chief: Daniel J. Giardinelli
Audit Supervisor: Henry Kwan
Auditor: Peter Scollan**



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



EDMUND G. BROWN JR.
GOVERNOR

May 29, 2013

James P. Hudson
Chief Financial Officer
UCP/SCF of Los Angeles and Ventura Counties
6430 Independence Avenue
Woodland Hills, California 91367

UCP/SCF BEL AIR HOUSE
NATIONAL PROVIDER IDENTIFIER (NPI) 1669622353
FISCAL PERIOD ENDED JUNE 30, 2012

We have examined the facility's financial records/Medi-Cal Cost Report for the above-referenced fiscal period. We also examined the facility's use of and Records of Noncovered Services deducted from Share of Cost. 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, patient days, and use of share of cost 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	\$	1,002,084	\$ 182.53
Net Audit Adjustment		<u>0</u>	<u>0</u>
Audited Cost/Cost Per Day	\$	<u>1,002,084</u>	\$ <u>182.53</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.

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.

If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

Original Signed By

Daniel J. Giardinelli, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

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

Provider:
UCP/SCF BEL AIR HOUSE

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1669622353

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

	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj)	732	732
2. Medi-Cal Managed Care Days (Adj)	4,392	4,392
3. Other Client Days (Adj)	366	366
4. Total Client Days	<u>5,490</u>	<u>5,490</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>1,002,084</u>	\$ <u>1,002,084</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>182.53</u>	\$ <u>182.53</u>

SHARE OF COST

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

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

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
UCP/SCF BEL AIR HOUSE

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1669622353

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		\$ 6,572	\$	\$ 6,572
050	Leases and Rentals		16,380		16,380
055	Real Property Taxes		1,927		1,927
060	Personal Property Taxes		0		0
065	Mortgage Interest		0		0
070	Property Insurance		0		0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 24,879	\$ 0	\$ 24,879
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 8	\$	\$ 8
085	Utilities		616		616
090	Client Transportation (excluding Adult Day Services)		8,840		8,840
095	Dietary		58,882		58,882
100	Personal Care and Laundry		38,886		38,886
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 107,232	\$ 0	\$ 107,232
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 132,111	\$ 0	\$ 132,111
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 27,458	\$	\$ 27,458
120	QMRP Fringe Benefits		10,922		10,922
125	Lead Salaries		79,592		79,592
130	Lead Fringe Benefits		35,636		35,636
135	Aides Salaries		227,049		227,049
140	Aides Fringe Benefits		111,382		111,382
145	Other Salaries		1,739		1,739
150	Other Fringe Benefits		404		404
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 494,182	\$ 0	\$ 494,182

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
UCP/SCF BEL AIR HOUSE

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1669622353

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 2,670	\$	\$ 2,670
165	Speech Pathology Consultant		0		0
170	Physical Therapy Consultant		4,800		4,800
175	Occupational Therapy Consultant		2,676		2,676
180	Pharmacist Consultant		1,760		1,760
185	Nurse Consultant		110,185		110,185
190	Psychologist Consultant		1,209		1,209
195	Physician Consultant		12,000		12,000
200	Recreational Consultant	1	6,000	(438)	5,562
205	Social Service Consultant	1	(438)	438	0
210	Other Consultant		0		0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 140,862	\$ 0	\$ 140,862
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **		\$ 35,482	\$	\$ 35,482
225	Administrative Fringe Benefits		16,032		16,032
226	Quality Assurance Fees (excluding Adult Day Services)		65,300		65,300
230	Other General and Administrative*** (Excluding Adult Day Services)		118,115		118,115
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 234,929	\$ 0	\$ 234,929
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 1,002,084	\$ 0	\$ 1,002,084
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$ 0	\$	\$ 0
241	Adult Day Services and Related Transportation		0		0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 1,002,084	\$ 0	\$ 1,002,084

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

*** List allocated administrative costs on Line 230

Provider Name							Fiscal Period		Provider NPI		Adjustment
UCP/SCF BEL AIR HOUSE							JULY 1, 2011 THROUGH JUNE 30, 2012		1669622353		1
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report								
Adj. No.	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col					
<u>RECLASSIFICATION OF REPORTED COSTS</u>											
1	4.1	205	4	2	205	3	Social Service Consultant	(\$438)	\$438	\$0	
	4.1	200	4	2	200	3	Recreational Consultant	6,000	(438)	5,562	
							To clear the negative expense balance in the Social Service Consultant cost center.				
							42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304				