

**REPORT  
ON THE  
RATE SETTING AUDIT**

**UCP/SCF BLEDSOE HOUSE  
SYLMAR, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1154572782**

**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 BLEDSOE HOUSE  
NATIONAL PROVIDER IDENTIFIER (NPI) 1154572782  
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	\$	1,027,181		\$ 189.06
Net Audit Adjustment		<u>0</u>		<u>0</u>
Audited Cost/Cost Per Day	\$	<u>1,027,181</u>		\$ <u>189.06</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 BLEDSOE HOUSE

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

**Provider NPI:**  
1154572782

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

	<b>AS REPORTED</b>	<b>AS AUDITED</b>
1. Medi-Cal Client Days (Adj )	5,433	5,433
2. Medi-Cal Managed Care Days (Adj )	0	0
3. Other Client Days (Adj )	0	0
4. Total Client Days	<u>5,433</u>	<u>5,433</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>1,027,181</u>	\$ <u>1,027,181</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>189.06</u>	\$ <u>189.06</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 BLEDSOE HOUSE

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

Provider NPI:  
1154572782

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	<b>EXPENSES: CLIENT SERVICES</b>				
	<b>Basic Facility Cost - Property Expenses</b>				
045	Depreciation and Amortization		\$ 973	\$	\$ 973
050	Leases and Rentals		11,613		11,613
055	Real Property Taxes		0		0
060	Personal Property Taxes		0		0
065	Mortgage Interest		0		0
070	Property Insurance		0		0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 12,586	\$ 0	\$ 12,586
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance		\$ 0	\$	\$ 0
085	Utilities		394		394
090	Client Transportation (excluding Adult Day Services)		10,111		10,111
095	Dietary		49,104		49,104
100	Personal Care and Laundry		17,760		17,760
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 77,369	\$ 0	\$ 77,369
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 89,955	\$ 0	\$ 89,955
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 35,500	\$	\$ 35,500
120	QMRP Fringe Benefits		16,358		16,358
125	Lead Salaries		32,457		32,457
130	Lead Fringe Benefits		14,341		14,341
135	Aides Salaries		323,337		323,337
140	Aides Fringe Benefits		133,782		133,782
145	Other Salaries		17,194		17,194
150	Other Fringe Benefits		6,428		6,428
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 579,397	\$ 0	\$ 579,397

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
UCP/SCF BLEDSOE HOUSE

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

Provider NPI:  
1154572782

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	<b>EXPENSES: CONSULTANT COSTS</b>				
160	Dietician Consultant		\$ 2,280	\$	\$ 2,280
165	Speech Pathology Consultant		3,055		3,055
170	Physical Therapy Consultant		90		90
175	Occupational Therapy Consultant		10,703		10,703
180	Pharmacist Consultant		140		140
185	Nurse Consultant		81,156		81,156
190	Psychologist Consultant		281		281
195	Physician Consultant		0		0
200	Recreational Consultant	1	596	(373)	223
205	Social Service Consultant	1	(373)	373	0
210	Other Consultant		975		975
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 98,903	\$ 0	\$ 98,903
	<b>EXPENSES: ADMINISTRATIVE COSTS</b>				
220	Administrative Salaries **		\$ 55,255	\$	\$ 55,255
225	Administrative Fringe Benefits		24,015		24,015
226	Quality Assurance Fees (excluding Adult Day Services)		64,478		64,478
230	Other General and Administrative*** (Excluding Adult Day Services)		115,178		115,178
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 258,926	\$ 0	\$ 258,926
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 1,027,181	\$ 0	\$ 1,027,181
	<b>NON-CLIENT CARE EXPENSES</b>		(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)		\$ 1,027,181	\$ 0	\$ 1,027,181

Page 2 of 2

\*\* 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 BLEDSOE HOUSE							JULY 1, 2011 THROUGH JUNE 30, 2012		1154572782		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					
<b><u>RECLASSIFICATION OF REPORTED COSTS</u></b>											
1	4.1	205	4	2	205	3	Social Service Consultant	(\$373)	\$373	\$0	
	4.1	200	4	2	200	3	Recreational Consultant	596	(373)	223	
							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				