REPORT
ON THE
RATE SETTING AUDIT

ELLIOT PROGRAM
WOODLAND, CALIFORNIA
PROVIDER NUMBER: 1811104797

FISCAL PERIOD ENDED
DECEMBER 31, 2010

Audits Section - Sacramento
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Steven Gary
Audit Supervisor: Delia Valencia
Auditor: Rosa Jiménez

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

December 28, 2011

Parminder Kajley, Administrator
Elliot Program
1381 E Gum Avenue
Woodland, CA 95776

ELLIOT PROGRAM
NATIONAL PROVIDER IDENTIFIER 1811104797
FISCAL PERIOD ENDED DECEMBER 31, 2010

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, 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:

COST AND COST PER DAY		COST		COST PER DAY
Reported Cost/Cost Per Day	$	362,718	$	175.31
Net Audit Adjustment		13,409		6.04
Audited Cost/Cost Per Day	$	376,127	$	181.35

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 Medi-Cal Benefits, Waiver Analysis and Rates 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:

John Melton, 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—Sacramento at (916) 650-6994.

Original Signed By

Steven Gary, Chief
Audits Section—Sacramento
Financial Audits Branch

Certified

SUMMARY OF AUDITED FACILITY CENSUS AND AUDITED CLIENT COST PER DAY

Provider:
ELLIOT PROGRAM

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1811104797

SUMMARY OF AUDITED FACILITY CENSUS AND AUDITED CLIENT COST PER DAY	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj 10)	2,069	2,074
2. Medi-Cal Managed Care Days (Adj)		0
3. Other Client Days (Adj)		0
4. Total Client Days	2,069	2,074
5. Total Client Care Expenses (From Sch. 2)	$ 362,718	$ 376,127
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	$ 175.31	$ 181.35
SHARE OF COST		
1. Share of Cost Audit Adjustment (Adj)	$ NA	$ 0
OVERPAYMENTS		
1. Duplicate Payments (Adj)	$	$ 0
2. Credit Balances (Adj)	$	$ 0
3. Total Overpayments	$ 0	$ 0

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
ELLIOT PROGRAM

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1811104797

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	$	$ 0
050	Leases and Rentals	1	38,560	(38,560)	0
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)		$ 38,560	$ (38,560)	$ 0
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance	2	$ 7,036	$ (2,591)	$ 4,445
085	Utilities		6,997		6,997
090	Client Transportation (excluding Adult Day Services)	3	973	(932)	41
095	Dietary	4	3,970	(1,739)	2,231
100	Personal Care and Laundry	5	15,329	(1,389)	13,940
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		$ 34,305	$ (6,651)	$ 27,654
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		$ 72,865	$ (45,211)	$ 27,654
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		$ 0	$	$ 0
120	QMRP Fringe Benefits		0		0
125	Lead Salaries		17,465		17,465
130	Lead Benefits		553		553
135	Aides Salaries		98,699		98,699
140	Aides Benefits		1,523		1,523
145	Other Salaries		46,033		46,033
150	Other Benefits	6	15,425	(15,375)	50
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		$ 179,698	$ (15,375)	$ 164,323

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
ELLIOT PROGRAM

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:
1811104797

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietitian Consultant		$ 1,308	$	$ 1,308
165	Speech Pathology Consultant		455		455
170	Physical Therapy Consultant		0		0
175	Occupational Therapy Consultant		188		188
180	Pharmacist Consultant		0		0
185	Nurse Consultant		0		0
190	Psychologist Consultant		0		0
195	Physician Consultant		0		0
200	Recreational Consultant		1,040		1,040
205	Social Service Consultant		0		0
210	Other Consultant		255		255
215	TOTAL CONSULTANT COST (Lines 160 through 210)		$ 3,246	$ 0	$ 3,246
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **		$ 0	$	$ 0
225	Administrative Fringe Benefits		0		0
226	Quality Assurance Fees (excluding Adult Day Services)		64,080		64,080
230	Other General and Administrative*** (Excluding Adult Day Services)	7,8,9	42,829	73,995	116,824
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		$ 106,909	$ 73,995	$ 180,904
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		$ 362,718	$ 13,409	$ 376,127
			(To Sch. 1)		(To Sch. 1)
	NON-CLIENT CARE EXPENSES				
240	Non-Program Services		$ 2,001	$ 0	$ 2,001
241	Adult Day Services and Related Transportation				0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		$ 364,719	$ 13,409	$ 378,128

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

*** List allocated administrative costs on Line 230

Provider Name	Fiscal Period	Provider NPI	Adjustme
ELLIOT PROGRAM	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1811104797	10

Report References										
	Cost Report			Audit Report						
Adj. No.	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjustec
							ADJUSTMENTS TO REPORTED COSTS			
1	4	50	4	2	50	3	Leases and Rentals To eliminate lease payments made to a related party. 42 CFR 413.7 and 413.134(h) CMS Pub. 15-1, Sections 1004 and 1011.5	$38,560	($38,560)	$0
2	4	80	4	2	80	3	Home Operations and Maintenance To eliminate home operations and maintenance expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)	$7,036	($2,591)	$4,445
3	4	90	4	2	90	3	Client Transportation To eliminate transportation expense due to insufficient documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	$973	($932)	$41
4	4	95	4	2	95	3	Dietary To eliminate dietary expenses due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)	$3,970	($1,739)	$2,231
5	4	100	4	2	100	3	Personal Care and Laundry To eliminate personal care and laundry expenses due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)	$15,329	($1,389)	$13,940
6	4.1	150	4	2	150	3	Other Benefits To adjust the reported expenses to agree with the provider's general ledger. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	$15,425	($15,375)	$50

Provider Name	Fiscal Period	Provider NPI	Adjustme
ELLIOT PROGRAM	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1811104797	10

Report References										
	Cost Report			Audit Report						
Adj. No.	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjustec
							ADJUSTMENTS TO REPORTED COSTS			
	4.1	230	4	2	230	3	Other General and Administrative	$42,829		
7							To eliminate duplicate expense. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304		($2,806)	
8							To adjust reported home office costs to agree with the Woodland Residential Services Home Office filed Cost Report for fiscal period ended December 31, 2010. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304		95,572	
9							To adjust reported home office costs to agree with the Woodland Residential Services Home Office Audit Report for fiscal period ended December 31, 2010. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304		(18,771) $73,995	$116,824

Provider Name	Fiscal Period	Provider NPI	Adjustme
ELLIOT PROGRAM	JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	1811104797	10

Report References										
	Cost Report			Audit Report						
Adj. No.	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjustec
							ADJUSTMENT TO REPORTED PATIENT DAYS			
10	2	3	4	1	1	2	Medi-Cal Client Days To adjust total patient days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304	2,069	5	2,074