

**REPORT  
ON THE  
RATE SETTING AUDIT  
UCP/SCF MAX FACTOR HOUSE  
CHATSWORTH, CALIFORNIA  
PROVIDER NUMBER: LTC80052F / NPI 1003068594  
FISCAL PERIOD ENDED  
JUNE 30, 2008**

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

**Section Chief: Daniel J. Giardinelli  
Audit Supervisor: Thomas Shimada  
Auditor: Alison Dowling**



DAVID MAXWELL-JOLLY  
Director

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



ARNOLD SCHWARZENEGGER  
Governor

May 4, 2009

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

PROVIDER: UCP/SCF MAX FACTOR HOUSE  
PROVIDER NO. LTC80052F / NPI 1003068594  
FISCAL PERIOD ENDED JUNE 30, 2008

We have examined the facility's Integrated Disclosure and 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	\$	663,917	\$	302.33
Net Audit Adjustment		<u>(240)</u>		<u>(0.11)</u>
Audited Cost/Cost Per Day	\$	<u>663,677</u>	\$	<u>302.22</u>

This audit report includes the:

1. Audit Report Schedules 1 through 3
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 Rate Development Branch.

James P. Hudson  
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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  
Office of Administrative Appeals and Hearings  
1029 J Street, Suite 200  
Sacramento, CA 95814-2825  
(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 95899-7413

**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 95814-5005  
(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 MAX FACTOR HOUSE

**Fiscal Period:**  
JULY 1, 2007 THROUGH JUNE 30, 2008

**Provider Number:**  
LTC80052F

**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 )	2,196	2,196
2. Other Client Days (Adj )	0	0
3. Total Client Days	<u>2,196</u>	<u>2,196</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>663,917</u>	\$ <u>663,677</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>302.33</u>	\$ <u>302.22</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 MAX FACTOR HOUSE

Fiscal Period:  
JULY 1, 2007 THROUGH JUNE 30, 2008

Provider Number:  
LTC80052F

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	<b>EXPENSES: CLIENT SERVICES</b>				
	<b>Basic Facility Cost - Property Expenses</b>				
045	Depreciation and Amortization	1	\$ 15,478	\$ (89)	\$ 15,389
050	Leases and Rentals		0		0
055	Real Property Taxes		297		297
060	Personal Property Taxes		0		0
065	Mortgage Interest		0		0
070	Property Insurance		904		904
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 16,679	\$ (89)	\$ 16,590
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance	2	\$ 6,906	\$ (99)	\$ 6,807
085	Utilities		9,539		9,539
090	Client Transportation	3	3,624	(31)	3,593
095	Dietary		20,317		20,317
100	Personal Care and Laundry	4	15,567	(21)	15,546
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 55,953	\$ (151)	\$ 55,802
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 72,632	\$ (240)	\$ 72,392
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 10,686	\$	\$ 10,686
120	QMRP Fringe Benefits		4,452		4,452
125	Lead Salaries		23,758		23,758
130	Lead Fringe Benefits		11,533		11,533
135	Aides Salaries		173,242		173,242
140	Aides Fringe Benefits		70,858		70,858
145	Other Salaries		22,704		22,704
150	Other Fringe Benefits		9,928		9,928
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 327,161	\$ 0	\$ 327,161

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
UCP/SCF MAX FACTOR HOUSE

Fiscal Period:  
JULY 1, 2007 THROUGH JUNE 30, 2008

Provider Number:  
LTC80052F

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	<b>EXPENSES: CONSULTANT COSTS</b>				
160	Dietician Consultant		\$ 600	\$	\$ 600
165	Speech Pathology Consultant		0		0
170	Physical Therapy Consultant		13		13
175	Occupational Therapy Consultant		2,796		2,796
180	Pharmacist Consultant		123		123
185	Nurse Consultant		136,825		136,825
190	Psychologist Consultant		1,419		1,419
195	Physician Consultant		0		0
200	Recreational Consultant		0		0
205	Social Service Consultant		3,487		3,487
210	Other Consultant		184		184
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 145,447	\$ 0	\$ 145,447
	<b>EXPENSES: ADMINISTRATIVE COSTS</b>				
220	Administrative Salaries		\$ 20,735	\$	\$ 20,735
225	Administrative Fringe Benefits		8,747		8,747
226	Quality Assurance Fees		27,064		27,064
230	Other Administrative and General		62,131		62,131
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 118,677	\$ 0	\$ 118,677
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 663,917	\$ (240)	\$ 663,677
	<b>NON-CLIENT CARE EXPENSES</b>		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$ 0	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 663,917	\$ (240)	\$ 663,677

## SUMMARY OF AUDITED LABOR REPORT

**Provider:**  
UCP/SCF MAX FACTOR HOUSE

**Fiscal Period:**  
JULY 1, 2007 THROUGH JUNE 30, 2008

**Provider Number:**  
LTC80052F

Line No.	Description	AS AUDITED			
		(1) Benefits	(2) Salaries	(3) Total Hours (Adj)	Average Hourly Wage (Col 2 / Col 3)
	<b>DIRECT CARE STAFF</b>				
		(From Sch. 2)	(From Sch. 2)		
1	QMRP	\$ 4,452	\$ 10,686	510.75	\$ 20.92
2	Lead	11,533	23,758	1,905.42	12.47
3	Aides	70,858	173,242	16,760.38	10.34
4	Other	9,928	22,704	1,515.95	14.98
5	TOTAL DIRECT CARE (Lines 1 through 4)	\$ 96,771	\$ 230,390	20,692.50	
	<b>CONSULTANT STAFF</b>				
6	Dietician	\$ 0	\$ 600	10.00	\$ 60.00
7	Speech Pathology	0	0	0.00	0.00
8	Physical Therapy	0	13	0.29	44.83
9	Occupational Therapy	801	1,995	49.66	40.17
10	Pharmacist	0	123	0.00	0.00
11	Nurse	35,331	101,494	4,497.05	22.57
12	Psychologist	0	1,419	18.92	75.00
13	Physician	0	0	0.00	0.00
14	Recreational	0	0	0.00	0.00
15	Social Service	1,154	2,333	56.93	40.98
16	Other	0	184	5.26	34.98
17	TOTAL CONSULTANT (Lines 6 through 16)	\$ 37,286	\$ 108,161	4,638.11	
	<b>ADMINISTRATIVE STAFF</b>				
18	Administrative Staff	\$ 8,747	\$ 20,735	707.19	\$ 29.32
19	TOTAL STAFF (Lines 5, 17, 18)	\$ 142,804	\$ 359,286	26,037.80	

