

**REPORT ON THE
RATE SETTING AUDIT**

**CHILDREN'S AVELEY PLACE
SAN DIEGO, CALIFORNIA
PROVIDER NUMBER: LTC80295F
NATIONAL PROVIDER IDENTIFIER: 1780756411**

**FISCAL PERIOD ENDED
JUNE 30, 2008**

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

**Section Chief: Patricia M. Fox
Audit Supervisor: Sergio Gonzalez
Auditor: Stacey A. Leon**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

July 21, 2009

Administrator
Children's Aveley Place
8022 Birmingham Drive
San Diego, CA 92123

PROVIDER: CHILDREN'S AVELEY PLACE
PROVIDER NO. LTC80295F
NATIONAL PROVIDER IDENTIFIER (NPI) 1780756411
FISCAL PERIOD ENDED JUNE 30, 2008

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:

<u>COST AND COST PER DAY</u>		<u>COST</u>	<u>COST PER DAY</u>
Reported Cost/Cost Per Day	\$	920,816	\$ 419.32
Net Audit Adjustment		<u>0</u>	<u>0.00</u>
Audited Cost/Cost Per Day	\$	<u>920,816</u>	\$ <u>419.32</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.

Administrator
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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 Hearings and Appeals
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—San Diego at (619) 688-3200.

Original Signed by:

Patricia M. Fox, Chief
Audits Section—San Diego
Financial Audits Branch

Certified

cc: See Next Page

Administrator
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cc: Kim Looney, Supervisor
Business Support Services
Children's Aveley Place
8022 Birmingham Drive
San Diego, CA 92123

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

Provider:
CHILDREN'S AVELEY PLACE

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

Provider Number:
LTC80295F

Provider NPI:
1780756411

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

	AS REPORTED	AS AUDITED
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>920,816</u>	\$ <u>920,816</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>419.32</u>	\$ <u>419.32</u>

SHARE OF COST

1. Share of Cost Audit Adjustment (Adj)	\$ <u>N/A</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:
CHILDREN'S AVELEY PLACE

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

Provider Number:
LTC80295F

Provider NPI:
1780756411

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$	\$	\$ 0
050	Leases and Rentals				0
055	Real Property Taxes				0
060	Personal Property Taxes				0
065	Mortgage Interest				0
070	Property Insurance				0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 0	\$ 0	\$ 0
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$	\$	\$ 0
085	Utilities		8,277		8,277
090	Client Transportation				0
095	Dietary		192		192
100	Personal Care and Laundry				0
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 8,469	\$ 0	\$ 8,469
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 8,469	\$ 0	\$ 8,469
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 3,415	\$	\$ 3,415
120	QMRP Fringe Benefits		741		741
125	Lead Salaries				0
130	Lead Fringe Benefits				0
135	Aides Salaries		220,025		220,025
140	Aides Fringe Benefits		47,762		47,762
145	Other Salaries		63,409		63,409
150	Other Fringe Benefits		13,765		13,765
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 349,117	\$ 0	\$ 349,117

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
CHILDREN'S AVELEY PLACE

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

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Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$	\$	\$ 0
165	Speech Pathology Consultant				0
170	Physical Therapy Consultant				0
175	Occupational Therapy Consultant				0
180	Pharmacist Consultant		2,584		2,584
185	Nurse Consultant				0
190	Psychologist Consultant				0
195	Physician Consultant				0
200	Recreational Consultant				0
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 2,584	\$ 0	\$ 2,584
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries		\$ 115,361	\$	\$ 115,361
225	Administrative Fringe Benefits		25,042		25,042
226	Quality Assurance Fees	1	21,231	(2,819)	18,412
230	Other General and Administrative	1	399,012	2,819	401,831
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 560,646	\$ 0	\$ 560,646
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 920,816	\$ 0	\$ 920,816
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 920,816	\$ 0	\$ 920,816

Provider Name		Fiscal Period		Provider Number, NPI		Adjustments	
CHILDREN'S AVELEY PLACE		JULY 1, 2007 THROUGH JUNE 30, 2008		LTC80295F, 1780756411		1	
Adj. No.	Report References		Audit Report		As Reported	Increase (Decrease)	As Adjusted
	Cost Report	Line	Col.	Sch			
1	DHS 3076						
4.1 of 6	226	4	2	226.00	\$21,231	\$18,412	
4.1 of 6	230	4	2	230.00	399,012	401,831	
<p style="text-align: center;">RECLASSIFICATION OF REPORTED COSTS</p> <p>Quality Assurance Fees</p> <p>Other General and Administrative</p> <p>To reclassify the facility's license renewal fees into the appropriate cost center.</p> <p>42 CFR 413.20, 413.24, 413.50, and 413.53</p> <p>CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, and 2304</p> <p>H&S Code, Sections 1324 and 1324.4</p>							

