

**REPORT
ON THE
RATE SETTING AUDIT
UCP/SCF HATCHER HOUSE
CHATSWORTH, CALIFORNIA
PROVIDER NUMBERS: LTC80051F / NPI 1912159401
FISCAL PERIOD ENDED
JUNE 30, 2009**

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

**Section Chief: Daniel J. Giardinelli
Audit Supervisor: Debra K. Blake
Auditor: Lee Ly**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

November 30, 2010

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

PROVIDER: UCF/SCF HATCHER HOUSE
PROVIDER NO. LTC80051F / NPI 1912159401
FISCAL PERIOD ENDED JUNE 30, 2009

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	\$	506,040	\$ 363.53
Net Audit Adjustment		(102)	(0.07)
Audited Cost/Cost Per Day	\$	<u>505,938</u>	\$ <u>363.46</u>

This audit report includes the:

1. Audit Report Schedules 1 through 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 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 HATCHER HOUSE

Fiscal Period:
JULY 1, 2008 THROUGH JUNE 30, 2009

Provider Number:
LTC80051F

Provider NPI:
1912159401

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

	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj)	1,392	1,392
2. Other Client Days (Adj)	0	0
3. Total Client Days	<u>1,392</u>	<u>1,392</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>506,040</u>	\$ <u>505,938</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>363.53</u>	\$ <u>363.46</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 HATCHER HOUSE

Fiscal Period:
JULY 1, 2008 THROUGH JUNE 30, 2009

Provider Number:
LTC80051F

NPI:
1912159401

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 8,321	\$	\$ 8,321
050	Leases and Rentals		0		0
055	Real Property Taxes		259		259
060	Personal Property Taxes		0		0
065	Mortgage Interest		0		0
070	Property Insurance		903		903
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 9,483	\$ 0	\$ 9,483
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 9,310	\$	\$ 9,310
085	Utilities		6,622		6,622
090	Client Transportation		2,675		2,675
095	Dietary		17,253		17,253
100	Personal Care and Laundry	1	15,795	(102)	15,693
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 51,655	\$ (102)	\$ 51,553
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 61,138	\$ (102)	\$ 61,036
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 14,858	\$	\$ 14,858
120	QMRP Fringe Benefits		3,915		3,915
125	Lead Salaries		24,063		24,063
130	Lead Fringe Benefits		7,708		7,708
135	Aides Salaries		116,724		116,724
140	Aides Fringe Benefits		45,419		45,419
145	Other Salaries		20,248		20,248
150	Other Fringe Benefits		6,509		6,509
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 239,444	\$ 0	\$ 239,444

SUMMARY OF AUDITED FACILITY EXPENSES

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Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 780	\$	\$ 780
165	Speech Pathology Consultant		0		0
170	Physical Therapy Consultant		0		0
175	Occupational Therapy Consultant		2,178		2,178
180	Pharmacist Consultant		137		137
185	Nurse Consultant		114,618		114,618
190	Psychologist Consultant		1,191		1,191
195	Physician Consultant		0		0
200	Recreational Consultant		0		0
205	Social Service Consultant		2,584		2,584
210	Other Consultant		755		755
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 122,243	\$ 0	\$ 122,243
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries		\$ 17,090	\$	\$ 17,090
225	Administrative Fringe Benefits		5,963		5,963
226	Quality Assurance Fees		16,217		16,217
230	Other Administrative and General		43,945		43,945
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 83,215	\$ 0	\$ 83,215
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 506,040	\$ (102)	\$ 505,938
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$ 0	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 506,040	\$ (102)	\$ 505,938

