

**REPORT
ON THE
RATE SETTING AUDIT**

**PARK HOUSE
FREMONT, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1366584997**

**FISCAL PERIOD ENDED
MARCH 31, 2011**

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

**Section Chief: Louise Wong
Audit Supervisor: Matthew Moy
Auditor: Mandy Wu**



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



EDMUND G. BROWN JR.
GOVERNOR

January 25, 2013

Dennis Calano
Chief Financial Officer
Park House
39523 Sundale Drive
Fremont, CA 94538

PARK HOUSE
NATIONAL PROVIDER IDENTIFIER (NPI) 1366584997
FISCAL PERIOD ENDED MARCH 31, 2011

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 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	\$	394,874	\$ 180.72
Net Audit Adjustment		<u>0</u>	<u>(0.41)</u>
Audited Cost/Cost Per Day	\$	<u>394,874</u>	\$ <u>180.31</u>

This audit report includes the:

1. Audit Report Schedules 1 and 2
2. Audit Adjustments that include a summary of the total due the State in the amount of \$3,554, which resulted from Medi-Cal overpayments

The audit settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

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:

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.

Dennis Calano
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If you have questions regarding this report, you may call the Audits Section—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

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

Provider:
PARK HOUSE

Fiscal Period:
APRIL 1, 2010 THROUGH MARCH 31, 2011

Provider NPI:
1366584997

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

	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adjs 1, 2)	0	2,190
2. Medi-Cal Managed Care Days (Adj 1)	2,185	0
3. Other Client Days (Adj)		0
4. Total Client Days	<u>2,185</u>	<u>2,190</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>394,874</u>	\$ <u>394,874</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>180.72</u>	\$ <u>180.31</u>

SHARE OF COST

1. Share of Cost Audit Adjustment (Adj)	\$ <u>NA</u>	\$ <u>0</u>
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OVERPAYMENTS

1. Medi-Cal Overpayments (Adj 3)	\$ _____	\$ <u>3,554</u>
2. Credit Balances (Adj)	\$ _____	\$ <u>0</u>
3. Total Overpayments	\$ <u>0</u>	\$ <u>3,554</u>

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
PARK HOUSE

Fiscal Period:
APRIL 1, 2010 THROUGH MARCH 31, 2011

Provider NPI:
1366584997

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		\$ 10,455	\$ 0	\$ 10,455
050	Leases and Rentals				0
055	Real Property Taxes		3,631	0	3,631
060	Personal Property Taxes				0
065	Mortgage Interest		10,586	0	10,586
070	Property Insurance		3,908	0	3,908
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 28,580	\$ 0	\$ 28,580
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 6,945	\$ 0	\$ 6,945
085	Utilities		6,128	0	6,128
090	Client Transportation (excluding Adult Day Services)		378	0	378
095	Dietary		16,425	0	16,425
100	Personal Care and Laundry		4,649	0	4,649
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 34,525	\$ 0	\$ 34,525
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 63,105	\$ 0	\$ 63,105
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 44,000	\$ 0	\$ 44,000
120	QMRP Fringe Benefits		3,654	0	3,654
125	Lead Salaries		25,006	0	25,006
130	Lead Fringe Benefits		2,333	0	2,333
135	Aides Salaries		132,397	0	132,397
140	Aides Fringe Benefits		19,177	0	19,177
145	Other Salaries				0
150	Other Fringe Benefits				0
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 226,567	\$ 0	\$ 226,567

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
PARK HOUSE

Fiscal Period:
APRIL 1, 2010 THROUGH MARCH 31, 2011

Provider NPI:
1366584997

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 270	\$ 0	\$ 270
165	Speech Pathology Consultant				0
170	Physical Therapy Consultant		57	0	57
175	Occupational Therapy Consultant				0
180	Pharmacist Consultant		747	0	747
185	Nurse Consultant		15,264	0	15,264
190	Psychologist Consultant		2,880	0	2,880
195	Physician Consultant				0
200	Recreational Consultant		1,750	0	1,750
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 20,968	\$ 0	\$ 20,968
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **		\$	\$	\$ 0
225	Administrative Fringe Benefits				0
226	Quality Assurance Fees (excluding Adult Day Services)		17,094	0	17,094
230	Other General and Administrative*** (Excluding Adult Day Services)		67,140	0	67,140
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 84,234	\$ 0	\$ 84,234
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 394,874	\$ 0	\$ 394,874
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
241	Adult Day Services and Related Transportation				0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 394,874	\$ 0	\$ 394,874

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

*** List allocated administrative costs on Line 230

Provider Name							Fiscal Period	Provider NPI	Adjustments		
PARK HOUSE							APRIL 1, 2010 THROUGH MARCH 31, 2011	1366584997	3		
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.					
<u>ADJUSTMENTS TO REPORTED PATIENT DAYS</u>											
1	2	3	2	1	2	2	Medi-Cal Managed Care Days	2,185	(2,185)	0	
	2	3	1	1	1	2	Medi-Cal Client Days To reclassify Medi-Cal Clients Days to the proper line category 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	0	2,185	2,185 *	
2	2	3	1	1	1	2	Medi-Cal Client Days To adjust reported Medi-Cal client days based on the following Fiscal Intermediary Payment Data: Service Period: April 1, 2010 through March 31, 2011 Payment Period: April 1, 2010 through July 31, 2012 Report Date: August 14, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541	*	2,185	5	2,190

Provider Name				Fiscal Period				Provider NPI		Adjustments
PARK HOUSE				APRIL 1, 2010 THROUGH MARCH 31, 2011				1366584997		3
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.				
<u>ADJUSTMENT TO OTHER MATTERS</u>										
3	Not Applicable			1	1	2	Medi-Cal Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1	\$0	\$3,554	\$3,554