REPORT
ON THE
RATE SETTING AUDIT

MOUNTAIN SHADOWS COMMUNITY HOMES—ELM
SAN MARCOS, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1003931262

FISCAL PERIOD ENDED
DECEMBER 31, 2011

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

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

June 26, 2013

Wade Wilde
Executive Director
Mountain Shadows Support Group
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MOUNTAIN SHADOWS COMMUNITY HOMES—ELM
NATIONAL PROVIDER IDENTIFIER (NPI) 1003931262
FISCAL PERIOD ENDED DECEMBER 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, 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	$	358,379	$	163.64
Net Change		1		0.00
Audited Cost/Cost Per Day	$	358,380	$	163.64

This audit report includes Schedules 1 and 2.

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 have questions regarding this report, you may call the Audits Section—San Diego at (619) 688-3200.

Originally signed by:

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

SUMMARY OF AUDITED FACILITY CENSUS AND AUDITED CLIENT COST PER DAY

Provider:
MOUNTAIN SHADOWS COMMUNITY HOMES—ELM

Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

NPI:
1003931262

SUMMARY OF AUDITED FACILITY CENSUS AND AUDITED CLIENT COST PER DAY	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj)	2,190	2,190
2. Medi-Cal Managed Care Days (Adj)	0	0
3. Other Client Days (Adj)	0	0
4. Total Client Days	2,190	2,190
5. Total Client Care Expenses (From Sch. 2)	$ 358,379	$ 358,380
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	$ 163.64	$ 163.64
SHARE OF COST		
1. Share of Cost Audit Adjustment (Adj)	$ N/A	$ 0
OVERPAYMENTS		
1. Duplicate Payments (Adj)	$ 0	$ 0
2. Credit Balances (Adj)	$ 0	$ 0
3. Total Overpayments	$ 0	$ 0

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
MOUNTAIN SHADOWS COMMUNITY HOMES—ELM

Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

NPI:
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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		$ 3,396	$	$ 3,396
050	Leases and Rentals		0		0
055	Real Property Taxes		0		0
060	Personal Property Taxes		90		90
065	Mortgage Interest		0		0
070	Property Insurance		0		0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		$ 3,486	$ 0	$ 3,486
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		$ 4,469	$	$ 4,469
085	Utilities		7,302		7,302
090	Client Transportation (excluding Adult Day Services)		0		0
095	Dietary		17,475		17,475
100	Personal Care and Laundry		7,700		7,700
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		$ 36,946	$ 0	$ 36,946
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		$ 40,432	$ 0	$ 40,432
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		$ 7,277	$	$ 7,277
120	QMRP Fringe Benefits		385		385
125	Lead Salaries		35,258		35,258
130	Lead Fringe Benefits		7,533		7,533
135	Aides Salaries		109,229		109,229
140	Aides Fringe Benefits		23,338		23,338
145	Other Salaries		17,251		17,251
150	Other Fringe Benefits		3,456		3,456
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)	*	$ 203,726	$ 0	$ 203,727

* Total does not foot due to the provider's rounding

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
MOUNTAIN SHADOWS COMMUNITY HOMES—ELM

Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

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Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		$ 1,164	$	$ 1,164
165	Speech Pathology Consultant		700		700
170	Physical Therapy Consultant		1,575		1,575
175	Occupational Therapy Consultant		1,018		1,018
180	Pharmacist Consultant		126		126
185	Nurse Consultant		0		0
190	Psychologist Consultant		242		242
195	Physician Consultant		804		804
200	Recreational Consultant		773		773
205	Social Service Consultant		0		0
210	Other Consultant		0		0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		$ 6,402	$ 0	$ 6,402
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries		$ 4,851	$	$ 4,851
225	Administrative Fringe Benefits		256		256
226	Quality Assurance Fees (excluding Adult Day Services)		15,673		15,673
230	Other General and Administrative (excluding Adult Day Services)		87,039		87,039
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		$ 107,819	$ 0	$ 107,819
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)	*	$ 358,379	$ 0	$ 358,380
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		$ 0	$	$ 0
241	Adult Day Services and Related Transportation		0		0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)	*	$ 358,379	$ 0	$ 358,380

* Total does not foot due to the provider's rounding