

**REPORT ON THE  
RATE SETTING AUDIT**

**MOUNTAIN SHADOWS COMMUNITY  
HOMES—WILLOW  
ESCONDIDO, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1922123181**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

**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: Pasia M. Gutierrez**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

June 26, 2013

Wade Wilde  
Executive Director  
Mountain Shadows Support Group  
970 Los Vallecitos Boulevard, Suite 240  
San Marcos, CA 92069

MOUNTAIN SHADOWS COMMUNITY HOMES—WILLOW  
NATIONAL PROVIDER IDENTIFIER (NPI) 1922123181  
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:

<u>COST AND COST PER DAY</u>		<u>COST</u>	<u>COST PER DAY</u>
Reported Cost/Cost Per Day	\$	336,658	\$ 153.73
Net Change		<u>1</u>	<u>0.00</u>
Audited Cost/Cost Per Day	\$	<u>336,659</u>	\$ <u>153.73</u>

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.

Wade Wilde  
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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—WILLOW

**Fiscal Period:**

JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

**NPI:**

1922123181

**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 )	2,190	2,190
2. Medi-Cal Managed Care Days (Adj )	0	0
3. Other Client Days (Adj )	0	0
4. Total Client Days	<u>2,190</u>	<u>2,190</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>336,658</u>	\$ <u>336,659</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>153.73</u>	\$ <u>153.73</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:  
MOUNTAIN SHADOWS COMMUNITY HOMES—WILLOW

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

NPI:  
1922123181

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	<b>EXPENSES: CLIENT SERVICES</b>				
	<b>Basic Facility Cost - Property Expenses</b>				
045	Depreciation and Amortization		\$ 2,304	\$	\$ 2,304
050	Leases and Rentals		0		0
055	Real Property Taxes		0		0
060	Personal Property Taxes		0		0
065	Mortgage Interest		0		0
070	Property Insurance		0		0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 2,304	\$ 0	\$ 2,304
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance		\$ 3,778	\$	\$ 3,778
085	Utilities		4,436		4,436
090	Client Transportation (excluding Adult Day Services)		0		0
095	Dietary		14,617		14,617
100	Personal Care and Laundry		6,088		6,088
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)	*	\$ 28,918	\$ 0	\$ 28,919
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)	*	\$ 31,222	\$ 0	\$ 31,223
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 8,697	\$	\$ 8,697
120	QMRP Fringe Benefits		447		447
125	Lead Salaries		32,077		32,077
130	Lead Fringe Benefits		7,358		7,358
135	Aides Salaries		102,256		102,256
140	Aides Fringe Benefits		23,456		23,456
145	Other Salaries		12,742		12,742
150	Other Fringe Benefits		2,620		2,620
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)	*	\$ 189,654	\$ 0	\$ 189,653

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

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
MOUNTAIN SHADOWS COMMUNITY HOMES—WILLOW

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
	<b>EXPENSES: CONSULTANT COSTS</b>				
160	Dietician Consultant		\$ 840	\$	\$ 840
165	Speech Pathology Consultant		740		740
170	Physical Therapy Consultant		2,000		2,000
175	Occupational Therapy Consultant		1,265		1,265
180	Pharmacist Consultant		116		116
185	Nurse Consultant		0		0
190	Psychologist Consultant		108		108
195	Physician Consultant		804		804
200	Recreational Consultant		722		722
205	Social Service Consultant		0		0
210	Other Consultant		0		0
215	TOTAL CONSULTANT COST (Lines 160 through 210)	*	\$ 6,594	\$ 0	\$ 6,595
	<b>EXPENSES: ADMINISTRATIVE COSTS</b>				
220	Administrative Salaries		\$ 5,798	\$	\$ 5,798
225	Administrative Fringe Benefits		298		298
226	Quality Assurance Fees (excluding Adult Day Services)		15,673		15,673
230	Other General and Administrative (excluding Adult Day Services)		87,419		87,419
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 109,188	\$ 0	\$ 109,188
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)	*	\$ 336,658	\$ 0	\$ 336,659
	<b>NON-CLIENT CARE EXPENSES</b>		(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)	*	\$ 336,658	\$ 0	\$ 336,659

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

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