

**REPORT
ON THE
RATE SETTING AUDIT**

**GREENFIELDS I, ICF/DDN
VALLEJO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1295945244**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Louise Wong
Audit Supervisor: Jesse Duran
Auditor: Yosief Hailemichael**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

December 21, 2012

Teresita Reyes, RN
Administrator/Owner
Greenfields Intermediate Care Facility
400 Santa Clara St., Suite 200
Vallejo, CA 94590

GREENFIELDS I, ICF/DDN
NATIONAL PROVIDER IDENTIFIER (NPI) 1295945244
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 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	\$	408,761	\$ 192.27
Net Audit Adjustment		<u>(24,778)</u>	<u>(11.32)</u>
Audited Cost/Cost Per Day	\$	<u>383,983</u>	\$ <u>180.95</u>

This audit report includes the:

1. Audit Report Schedules 1 and 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 Fee-For-Service Rates Development Division.

Teresita Reyes, RN
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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:

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.

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:
GREENFIELDS I, ICF/DDN

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

Provider NPI:
1295945244

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

	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adjs 6, 7)	2,126	0
2. Medi-Cal Managed Care Days (Adj 7)	0	2,122
3. Other Client Days (Adj)	0	0
4. Total Client Days	<u>2,126</u>	<u>2,122</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>408,761</u>	\$ <u>383,983</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>192.27</u>	\$ <u>180.95</u>

SHARE OF COST

1. Share of Cost Audit Adjustment (Adj)	\$ <u>NA</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:
GREENFIELDS I, ICF/DDN

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

Provider NPI:
1295945244

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	1	\$ 10,697	\$ (3,097)	\$ 7,600
050	Leases and Rentals	2	3,300	(1,980)	1,320
055	Real Property Taxes		3,192	0	3,192
060	Personal Property Taxes		0		0
065	Mortgage Interest		12,112	0	12,112
070	Property Insurance		2,638	0	2,638
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 31,939	\$ (5,077)	\$ 26,862
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 9,230	\$ 0	\$ 9,230
085	Utilities		15,250	0	15,250
090	Client Transportation (excluding Adult Day Services)	3,4	7,591	(7,591)	0
095	Dietary		13,915	0	13,915
100	Personal Care and Laundry		579	0	579
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 46,565	\$ (7,591)	\$ 38,974
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 78,504	\$ (12,668)	\$ 65,836
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 18,000	\$ 0	\$ 18,000
120	QMRP Fringe Benefits		0		0
125	Lead Salaries	5	39,167	(6,055)	33,112
130	Lead Fringe Benefits		1,140	0	1,140
135	Aides Salaries		141,372	0	141,372
140	Aides Fringe Benefits		45,677	0	45,677
145	Other Salaries		0		0
150	Other Fringe Benefits		0		0
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 245,356	\$ (6,055)	\$ 239,301

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
GREENFIELDS I, ICF/DDN

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

Provider NPI:
1295945244

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 922	\$ 0	\$ 922
165	Speech Pathology Consultant		0		0
170	Physical Therapy Consultant		0		0
175	Occupational Therapy Consultant		0		0
180	Pharmacist Consultant		1,900	0	1,900
185	Nurse Consultant		1,750	0	1,750
190	Psychologist Consultant		1,119	0	1,119
195	Physician Consultant		1,500	0	1,500
200	Recreational Consultant		1,040	0	1,040
205	Social Service Consultant		0		0
210	Other Consultant		11	0	11
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 8,242	\$ 0	\$ 8,242
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **	5	\$ 42,336	\$ (6,055)	\$ 36,281
225	Administrative Fringe Benefits		193	0	193
226	Quality Assurance Fees (excluding Adult Day Services)		21,389	0	21,389
230	Other General and Administrative*** (Excluding Adult Day Services)		12,741	0	12,741
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 76,659	\$ (6,055)	\$ 70,604
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 408,761	\$ (24,778)	\$ 383,983
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$ 2,302	\$ 0	\$ 2,302
241	Adult Day Services and Related Transportation		232,332	0	232,332
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 643,395	\$ (24,778)	\$ 618,617

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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		
GREENFIELDS I, ICF/DDN							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1295945244	7		
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.					
ADJUSTMENTS TO REPORTED COSTS											
1	4	045	4	2	045	3	Depreciation and Amortization To eliminate depreciation expense due to lack of supportir documentation 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)	\$10,697	(\$3,097)	\$7,600	
2	4	050	4	2	050	3	Leases and Rentals To reduce rental expense due to related party organization and eliminate costs not related to patient care. 42 CFR 413.17, 413.134(h), 413.20, and 413.24 CMS Pub. 15-1, Sections 1005, 1011.5, 2102.3, 2300, and 2304	\$3,300	(\$1,980)	\$1,320	
3	4	090	4	2	090	3	Client Transportation To adjust client transportation expense to agree with provider's general ledger. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code 14124.2(b)	\$7,591	(\$1,379)	\$6,212 *	
4	4	090	4	2	090	3	Client Transportation To eliminate client transportation expense due to lack of documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2105.9, 2300, and 2304 W&I Code 14124.2(b)	* \$6,212	(\$6,212)	\$0	
5	4.1	125	4	2	125	3	Lead Salaries	\$39,167	(\$6,055)	\$33,112	
	4.1	220	4	2	220	3	Administrative Salaries To adjust reported home office costs to agree with Greenfields ICF Home Office Audit Report for fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	42,336	(6,055)	36,281	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI	Adjustments	
GREENFIELDS I, ICF/DDN							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1295945244	7	
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.				
ADJUSTMENTS TO REPORTED PATIENT DAYS										
6	2	3	1	1	1	2	Medi-Cal Client Days	2,126	(4)	2,122 *
	2	3	4	1	4	2	Total Client Days	2,126	(4)	2,122
							To adjust total patient days to agree with the provider's patient census reports.			
							42 CFR 413.20, 413.24, and 413.50			
							CMS Pub. 15-1, Sections 2205, 2300, and 2304			
7	2	3	1	1	1	2	Medi-Cal Client Days	* 2,122	(2,122)	0
	2	3	2	1	2	2	Medi-Cal Managed Care Days	0	2,122	2,122
							To reclassify reported Medi-Cal client days to Medi-Cal Managed Care days for proper classification.			
							42 CFR 413.20, 413.24, and 413.50			
							CMS Pub. 15-1, Sections 2205, 2300, and 2304			

*Balance carried forward from prior/to subsequent adjustments