

**REPORT
ON THE
RATE SETTING AUDIT**

**ANTELOPE HILLS MANOR ICF DDN
ANTELOPE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1770622292**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Robert G. Kwick
Audit Supervisor: Delia Valencia
Auditor: Laura M Langston**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

July 1, 2013

Antonio Ranit, President
Antelope Hills Manor ICF/DDN Inc.
9500 Littoral Street
Roseville, CA 95747

ANTELOPE HILLS MANOR ICF DDN
NATIONAL PROVIDER IDENTIFIER (NPI) 1770622292
FISCAL PERIOD ENDED DECEMBER 31, 2011

We have examined the facility's financial records/Medi-Cal Cost Report for the above-referenced fiscal period. We also examined the facility's use of and Records of Noncovered Services deducted from Share of Cost. 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	\$	248,902	\$ 119.15
Net Audit Adjustment		<u>68,066</u>	<u>32.29</u>
Audited Cost/Cost Per Day	\$	<u>316,968</u>	\$ <u>151.44</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 \$1,907 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:

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.

Antonio Ranit
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If you have questions regarding this report, you may call the Audits Section—
Sacramento at (916) 650-6994.

Original Signed By

Robert G. Kwick, Chief
Audits Section—Sacramento
Financial Audits Branch

Certified

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

Provider:
ANTELOPE HILLS MANOR

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

Provider NPI:
1770622292

SUMMARY OF AUDITED FACILITY CENSUS AND AUDITED CLIENT COST PER DAY	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj 3)	2,089	2,093
2. Medi-Cal Managed Care Days (Adj)		0
3. Other Client Days (Adj)		0
4. Total Client Days	<u>2,089</u>	<u>2,093</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>248,902</u>	\$ <u>316,968</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>119.15</u>	\$ <u>151.44</u>
SHARE OF COST		
1. Share of Cost Audit Adjustment (Adj 4)	\$ <u>NA</u>	\$ <u>1,907</u>
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:
ANTELOPE HILLS MANOR

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

Provider NPI:
1770622292

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		\$	\$	\$ 0
050	Leases and Rentals	1	24,000	(24,000)	0
055	Real Property Taxes				0
060	Personal Property Taxes				0
065	Mortgage Interest				0
070	Property Insurance				0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 24,000	\$ (24,000)	\$ 0
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 3,915	\$	\$ 3,915
085	Utilities		5,793		5,793
090	Client Transportation (excluding Adult Day Services)				0
095	Dietary		9,081		9,081
100	Personal Care and Laundry		7,552		7,552
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 26,341	\$ 0	\$ 26,341
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 50,341	\$ (24,000)	\$ 26,341
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$	\$	\$ 0
120	QMRP Fringe Benefits				0
125	Lead Salaries				0
130	Lead Fringe Benefits				0
135	Aides Salaries		120,052		120,052
140	Aides Fringe Benefits		23,640		23,640
145	Other Salaries				0
150	Other Fringe Benefits				0
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 143,692	\$ 0	\$ 143,692

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
ANTELOPE HILLS MANOR

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

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1770622292

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 630	\$	\$ 630
165	Speech Pathology Consultant				0
170	Physical Therapy Consultant		256		256
175	Occupational Therapy Consultant				0
180	Pharmacist Consultant		1,054		1,054
185	Nurse Consultant		3,231		3,231
190	Psychologist Consultant				0
195	Physician Consultant		768		768
200	Recreational Consultant		906		906
205	Social Service Consultant				0
210	Other Consultant		123		123
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 6,968	\$ 0	\$ 6,968
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **		\$ 2,455	\$	\$ 2,455
225	Administrative Fringe Benefits				0
226	Quality Assurance Fees (excluding Adult Day Services)		40,529		40,529
230	Other General and Administrative*** (Excluding Adult Day Services)	2	4,917	92,066	96,983
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 47,901	\$ 92,066	\$ 139,967
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 248,902	\$ 68,066	\$ 316,968
	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)		\$ 248,902	\$ 68,066	\$ 316,968

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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
ANTELOPE HILLS MANOR ICF DDN							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1770622292		4
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 REPORTED PATIENT DAYS</u>												
3	2	3		1	1		Patient Days To adjust total patient days to agree with the provider's patient census reports. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2304	2,089	4	2,093		

Provider Name							Fiscal Period	Provider NPI		Adjustments
ANTELOPE HILLS MANOR ICF DDN							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1770622292		4
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 COSTS</u>										
1	4	50	4	2	50	Leases and Rentals To eliminate rental expense from a related organization 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 1005 and 2304	\$24,000	(\$24,000)	\$0	
2	4	230	4	2	230	Other General and Administrative To adjust reported home office costs to agree with the Antelope Hills Manor ICF/DDN INC., 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	\$4,917	\$92,066	\$96,983	

Provider Name				Fiscal Period				Provider NPI		Adjustments
ANTELOPE HILLS MANOR ICF DDN				JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1770622292		4
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>										
4	Not Reported			1	1		Overpayments To recover Medi-Cal overpayments for share of cost due to lack of documentation. 42 CFR 413.20 / CMS Pub. 15-1, Section 2304 CCR, Title 22, Section 51047 / W & I Code 14126.023	\$0	\$1,907	\$1,907