

**REPORT
ON THE
RATE SETTING AUDIT**

**CAMPINA HOME
MISSION VIEJO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1851485908**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

**Audits Section – Santa Ana
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Margaret A. Varho
Audit Supervisor: Felipe Avila
Auditor: Andre Shammass**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: December 6, 2012

Teresita Raffles, President
Orpas Corporation
48 Downing Street
Ladera Ranch, CA 92694

PROVIDER: CAMPINA HOME
NATIONAL PROVIDER IDENTIFIER: 1851485908
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	\$	412,896	\$ 188.54
Net Audit Adjustment		(18,851)	(8.61)
Audited Cost/Cost Per Day	\$	<u>394,045</u>	\$ <u>179.93</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 Rate Development Branch.

Teresita Raflones
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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:

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—Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

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

Provider:
Campina Home

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

Provider NPI:
1851485908

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

	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj)	0	0
2. Medi-Cal Managed Care Days (Adj)	2,190	2,190
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>412,896</u>	\$ <u>394,043</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>188.54</u>	\$ <u>179.93</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:
Campina Home

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

Provider NPI:
1851485908

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		\$ 6,005	\$	\$ 6,005
050	Leases and Rentals		0		0
055	Real Property Taxes		5,091		5,091
060	Personal Property Taxes		0		0
065	Mortgage Interest	1	18,529	(5,333)	13,196
070	Property Insurance				0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 29,625	\$ (5,333)	\$ 24,292
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 21,476	\$	\$ 21,476
085	Utilities		6,273		6,273
090	Client Transportation (excluding Adult Day Services)		0		0
095	Dietary		9,606		9,606
100	Personal Care and Laundry		2,648		2,648
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 40,003	\$ 0	\$ 40,003
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 69,628	\$ (5,333)	\$ 64,295
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$	\$	\$ 0
120	QMRP Fringe Benefits				0
125	Lead Salaries		55,192		55,192
130	Lead Fringe Benefits		6,075		6,075
135	Aides Salaries		91,628		91,628
140	Aides Fringe Benefits		13,800		13,800
145	Other Salaries		0		0
150	Other Fringe Benefits		0		0
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 166,695	\$ 0	\$ 166,695

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
Campina Home

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

Provider NPI:
1851485908

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 1,200	\$	\$ 1,200
165	Speech Pathology Consultant		500		500
170	Physical Therapy Consultant		1,608		1,608
175	Occupational Therapy Consultant		1,148		1,148
180	Pharmacist Consultant		500		500
185	Nurse Consultant		34,882		34,882
190	Psychologist Consultant		0		0
195	Physician Consultant		0		0
200	Recreational Consultant		543		543
205	Social Service Consultant		0		0
210	Other Consultant		18,000		18,000
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 58,380	\$ 0	\$ 58,380
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **		\$ 0	\$	\$ 0
225	Administrative Fringe Benefits		0		0
226	Quality Assurance Fees (excluding Adult Day Services)	2	34,891	(13,520)	21,371
230	Other General and Administrative*** (Excluding Adult Day Services)		83,303		83,303
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 118,194	\$ (13,520)	\$ 104,674
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 412,896	\$ (18,853)	\$ 394,043
	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)		\$ 412,896	\$ (18,853)	\$ 394,043

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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						
CAMPINA HOME		JANUARY 01, 2011 THROUGH DECEMBER 31, 2011		1851485908		2						
Adj. No.	DHS 3076 Page or Exhibit	Report References		Line	Col.	Sch.	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Cost Report	Audit Report									
1	4	065	4	2	065	3	065	3	Mortgage Interest To eliminate interest expense relating to unsupported loan refinace cost: 42 CFR 413.20, 413.24 and 413.134,CMS Pub. 15-1, Sections 102 and 230.	\$18,529	(\$5,333)	\$13,196
2	4.1	226	4	2	226	3	226	3	Quality Assurance Fees To adjust quality assurance fees to agree with the provider's paid invoices. 42 CFR 413.5 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2302.1	\$34,891	(\$13,520)	\$21,371
ADJUSTMENTS TO REPORTED COSTS												