

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**MOUNTAIN SHADOWS SPECIAL KIDS
HOMES—BAIN HOUSE
RIVERSIDE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1306995220**

**FISCAL PERIOD ENDED
DECEMBER 31, 2010**

**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: Jing H. Zhang**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

December 6, 2012

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

In the Matter of:

MOUNTAIN SHADOWS SPECIAL KIDS HOMES—BAIN HOUSE
NATIONAL PROVIDER IDENTIFIER (NPI) 1306995220
FISCAL PERIOD ENDED DECEMBER 31, 2010
CASE NUMBER NF12-1210-799H-JC

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated July 3, 2012, the following revisions are made to the Medi-Cal audit report dated November 21, 2011.

SUMMARY OF REVISIONS

		<u>COST</u>	<u>COST PER DAY</u>
Audited Cost and Cost Per Day	\$	422,205	\$ 195.74
Revision		<u>0</u>	<u>2.20</u>
Revised Cost and Cost Per Day	\$	<u>422,205</u>	\$ <u>197.94</u>
 <u>OVERPAYMENTS</u>			
Audited Amount Due State			\$ 206
Revision			<u>0</u>
Revised Amount Due State			\$ <u>206</u>

Enclosed are the revised schedules detailing the results of the recomputation.

Originally signed by:

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

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

Provider:

MOUNTAIN SHADOWS SPECIAL KIDS HOMES—BAIN HOUSE

Fiscal Period:

JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

NPI:

1306995220

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

	AS AUDITED	AS REVISED
1. Medi-Cal Client Days (Rev)	2,133	2,133
2. Medi-Cal Managed Care Days (Rev)	0	0
3. Other Client Days (Rev 1)	24	0
4. Total Client Days (Rev 1)	<u>2,157</u>	<u>2,133</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>422,205</u>	\$ <u>422,205</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>195.74</u>	\$ <u>197.94</u>

SHARE OF COST

1. Share of Cost Audit Adjustment (Rev)	\$ <u>0</u>	\$ <u>0</u>
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OVERPAYMENTS

1. Bed Hold Overpayments (Rev)	\$ <u>206</u>	\$ <u>206</u>
2. Credit Balances (Rev)	\$ <u>0</u>	\$ <u>0</u>
3. Total Overpayments (Rev)	\$ <u>206</u>	\$ <u>206</u>

SUMMARY OF REVISED FACILITY EXPENSES

Provider:
MOUNTAIN SHADOWS SPECIAL KIDS HOMES—BAIN HOUSE

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

NPI:
1306995220

Line No.	DESCRIPTION	REV NO.	AS AUDITED Col. 1	REVISION Col. 2	AS REVISED Col. 3
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 0	\$	\$ 0
050	Leases and Rentals		30,250		30,250
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)		\$ 30,250	\$ 0	\$ 30,250
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 1,861	\$	\$ 1,861
085	Utilities		5,708		5,708
090	Client Transportation (Excluding Adult Day Services)		0		0
095	Dietary		8,567		8,567
100	Personal Care and Laundry		14,047		14,047
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 30,182	\$ 0	\$ 30,182
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 60,432	\$ 0	\$ 60,432
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 6,954	\$	\$ 6,954
120	QMRP Fringe Benefits		865		865
125	Lead Salaries		35,430		35,430
130	Lead Fringe Benefits		8,941		8,941
135	Aides Salaries		71,457		71,457
140	Aides Fringe Benefits		18,033		18,033
145	Other Salaries		73,295		73,295
150	Other Fringe Benefits		18,291		18,291
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 233,265	\$ 0	\$ 233,265

SUMMARY OF REVISED FACILITY EXPENSES

Provider:
MOUNTAIN SHADOWS SPECIAL KIDS HOMES—BAIN HOUSE

Fiscal Period:
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

NPI:
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Line No.	DESCRIPTION	REV NO.	AS AUDITED Col. 1	REVISION Col. 2	AS REVISED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 1,257	\$	\$ 1,257
165	Speech Pathology Consultant		1,458		1,458
170	Physical Therapy Consultant		1,325		1,325
175	Occupational Therapy Consultant		1,025		1,025
180	Pharmacist Consultant		116		116
185	Nurse Consultant		0		0
190	Psychologist Consultant		0		0
195	Physician Consultant		3,780		3,780
200	Recreational Consultant		0		0
205	Social Service Consultant		0		0
210	Other Consultant		0		0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 8,960	\$ 0	\$ 8,960
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries		\$ 4,636	\$	\$ 4,636
225	Administrative Fringe Benefits		577		577
226	Quality Assurance Fees (Excluding Adult Day Services)		20,253		20,253
230	Other General and Administrative (Excluding Adult Day Services)		94,082		94,082
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 119,547	\$ 0	\$ 119,547
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 422,205	\$ 0	\$ 422,205
	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)		\$ 422,205	\$ 0	\$ 422,205

Provider Name		Fiscal Period				NPI	Revisions
MOUNTAIN SHADOWS SPECIAL KIDS HOMES—BAIN HOUSE		JANUARY 1, 2010 THROUGH DECEMBER 31, 2010				1306995220	1
Report References							
	Audit Report	Revised Audit Report					
Rev. No.	Sch.	Line	Col.	Sch.	Line	Col.	Increase (Decrease)
Explanation of Revisions							
<u>REVISION TO AUDITED PATIENT DAYS</u>							
1	1	3		1	3		24
	1	4		1	4		2,157
Other Client Days Total Client Days Revision to adjustment 1. To reverse the other client days adjustmer because the provider's appeal was grantec INFORMAL APPEAL FINDING—ISSUE 1 CASE NUMBER: NF12-1210-799H-JC							
							0
							2,133