

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**MOUNTAIN SHADOWS SPECIAL KIDS
HOMES—CAMI HOUSE
RIVERSIDE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1942325188**

**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—CAMI HOUSE
NATIONAL PROVIDER IDENTIFIER (NPI) 1942325188
FISCAL PERIOD ENDED DECEMBER 31, 2010
CASE NUMBER NF12-1210-801H-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	\$ 456,307	\$ 211.06
Revision	<u>0</u>	<u>0.59</u>
Revised Cost and Cost Per Day	\$ <u>456,307</u>	\$ <u>211.65</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—CAMI HOUSE

Fiscal Period:

JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

NPI:

1942325188

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

	AS AUDITED	AS REVISED
1. Medi-Cal Client Days (Rev)	2,156	2,156
2. Medi-Cal Managed Care Days (Rev)	0	0
3. Other Client Days (Rev 1)	6	0
4. Total Client Days (Rev 1)	<u>2,162</u>	<u>2,156</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>456,307</u>	\$ <u>456,307</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>211.06</u>	\$ <u>211.65</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—CAMI HOUSE

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

NPI:
1942325188

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		\$ 3,048	\$	\$ 3,048
085	Utilities		6,766		6,766
090	Client Transportation (Excluding Adult Day Services)		0		0
095	Dietary		19,353		19,353
100	Personal Care and Laundry		11,600		11,600
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 40,767	\$ 0	\$ 40,767
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 71,017	\$ 0	\$ 71,017
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 6,820	\$	\$ 6,820
120	QMRP Fringe Benefits		969		969
125	Lead Salaries		34,423		34,423
130	Lead Fringe Benefits		7,420		7,420
135	Aides Salaries		86,139		86,139
140	Aides Fringe Benefits		18,567		18,567
145	Other Salaries		84,076		84,076
150	Other Fringe Benefits		17,565		17,565
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 255,979	\$ 0	\$ 255,979

SUMMARY OF REVISED FACILITY EXPENSES

Provider:
MOUNTAIN SHADOWS SPECIAL KIDS HOMES—CAMI HOUSE

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

NPI:
1942325188

Line No.	DESCRIPTION	REV NO.	AS AUDITED Col. 1	REVISION Col. 2	AS REVISED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 1,120	\$	\$ 1,120
165	Speech Pathology Consultant		1,375		1,375
170	Physical Therapy Consultant		1,638		1,638
175	Occupational Therapy Consultant		1,050		1,050
180	Pharmacist Consultant		114		114
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)		\$ 9,076	\$ 0	\$ 9,076
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries		\$ 4,547	\$	\$ 4,547
225	Administrative Fringe Benefits		646		646
226	Quality Assurance Fees (Excluding Adult Day Services)		20,007		20,007
230	Other General and Administrative (Excluding Adult Day Services)		95,035		95,035
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 120,235	\$ 0	\$ 120,235
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 456,307	\$ 0	\$ 456,307
	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)		\$ 456,307	\$ 0	\$ 456,307

Provider Name		Fiscal Period				NPI	Revisions
MOUNTAIN SHADOWS SPECIAL KIDS HOMES—CAMI HOUSE		JANUARY 1, 2010 THROUGH DECEMBER 31, 2010				1942325188	1
Report References							
Audit Report		Revised Audit Report					
Rev. No.	Sch.	Line	Col.	Sch.	Line	Col.	Increase (Decrease)
Explanation of Revisions							
<u>REVISION OF AUDITED PATIENT DAYS</u>							
1	1	3		1	3		6
	1	4		1	4		2,162
Other Client Days (6) Total Client Days (6) 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: NF12-1210-801H-JC							
						As Audited	As Revised
						2,162	2,156