

**REPORT
ON THE
COST REPORT REVIEW**

**VETERANS HOME OF CALIFORNIA – CHULA VISTA
CHULA VISTA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1790771194**

**FISCAL PERIOD ENDED
JUNE 30, 2009**

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

**Section Chief: Robert G. Kwick
Audit Supervisor: Kelly Ostrom
Auditors: Dat Trinh and David Pereira**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

October 30, 2013

Eric Lau, Chief
California Department of Veterans Affairs
1227 O Street
Sacramento, CA 95814

VETERANS HOME OF CALIFORNIA – CHULA VISTA
NATIONAL PROVIDER IDENTIFIER (NPI) 1790771194
FISCAL PERIOD ENDED JUNE 30, 2009

We have examined the provider's 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 was limited to a review of the cost report and accompanying financial statements.

Our examination of the Skilled Nursing Facility per diem was limited to a review of the cost report and census records.

This audit report includes the:

1. Summary of Findings
2. Computation of Skilled Nursing Facility Per Diem (SNF Schedules)
3. Audit Adjustments Schedule

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

Eric Lau, Chief
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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—
Sacramento at (916) 650-6994.

Original Signed By

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

Certified

SUMMARY OF FINDINGS

Provider Name:
VETERANS HOME OF CALIFORNIA - CHULA VISTA

Fiscal Period Ended:
JUNE 30, 2009

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1)	Provider NPI:		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
2. Subprovider I (SCHEDULE 1-1)	Provider NPI:		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2)	Provider NPI:		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1)	Provider NPI:		
	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
5. Skilled Nursing Facility (SNF SCH 1)	Provider NPI: 1790771194		
	Reported		\$ 331.02
	Net Change		\$ (15.38)
	Audited Cost Per Day		\$ 315.64
	Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1)	Provider NPI:		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1)	Provider NPI:		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ 0	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
VETERANS HOME OF CALIFORNIA - CHULA VISTA

Fiscal Period Ended:
JUNE 30, 2009

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1)	Provider NPI:		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
11. Rural Health Clinic (RHC SCH 1)	Provider NPI:		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1)	Provider NPI:		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1)	Provider NPI:		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1)	Provider NPI:		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1)	Provider NPI:		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ 0	

**COMPUTATION OF
SKILLED NURSING FACILITY PER DIEM**

Provider Name:
VETERANS HOME OF CALIFORNIA - CHULA VISTA

Fiscal Period Ended:
JUNE 30, 2009

Provider NPI:
1790771194

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF SKILLED NURSING FACILITY PER DIEM			
1	\$ 0	\$ 0	\$ 0
2. Skilled Nursing Facility Routine Cost (DPNF Sch 2)	\$ 19,153,023	\$ 18,667,119	\$ (485,904)
3	\$	\$	\$ 0
4. Total SNF Patient Days (Adj 2)	57,860	59,140	1,280
5. Average SNF Per Diem Cost (Line 2 / Line 4)	\$ 331.02	\$ 315.64	\$ (15.38)
SKILLED NURSING OVERPAYMENT AND OVERBILLINGS			
6. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Available Skilled Nursing Beds (C/R, W/S S-3)	180	180	0
10. Total Licensed Capacity (All levels) (Adj)	404	404	0
11	0	0	0

ALLOCATION OF INDIRECT EXPENSES
DISTINCT PART NURSING FACILITY

Provider Name:
VETERANS HOME OF CALIFORNIA - CHULA VISTA

Fiscal Period Ended:
JUNE 30, 2009

Provider NPI:
1790771194

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 0	\$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
0.00	0	0	N/A
0.00	0	0	N/A
0.00		0	N/A
3.00	Employee Benefits	0	0
0.00	0	0	0
0.00	0	0	0
0.00	0	0	0
0.00	0	0	0
0.00	0	0	0
0.00		0	0
0.00		0	0
0.00		0	0
4.00	Administrative and General	0	0
5.00	Plant Operation, Maint. and Repairs	0	0
6.00	Laundry and Linen Service	0	0
7.00	Housekeeping	0	0
8.00	Dietary	0	0
9.00	Nursing Administration	0	0
12.00	Medical Records and Library	0	0
13.00	Social Service	0	0
0.00	0	0	0
0.00	0	0	0
0.00	0	0	0
0.00	0	0	0
0.00	0	0	0
0.00		0	0
0.00		0	0
0.00		0	0
0.00	0	0	0
0.00	0	0	0
0.00	0	0	0
0.00	0	0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 0	\$ 0

* These amounts include both Skilled Nursing Facility expenses line 34 and Nursing Facility expenses, line 35 (To DPNF SCH 1)

Provider Name:
VETERANS HOME OF CALIFORNIA - CHULA VISTA

Fiscal Period Ended:
JUNE 30, 2009

		OLD BLDG & FIXTURES (SQ FT) 1.00 (Adj) (Adj)	OLD MOVBLE EQUIP (SQ FT) 2.00 (Adj) (Adj)	NEW BLDG & FIXTURES (SQ FT) (Adj) (Adj)	NEW MOVBLE EQUIP (SQ FT) (Adj) (Adj)	STAT (Adj) (Adj)						
GENERAL SERVICE COST CENTERS												
1.00	Old Cap Rel Costs-Bldg & Fixtures											
2.00	Old Cap Rel Costs-Movable Equipment											
3.00	Employee Benefits		674		674							
4.00	Administrative and General	21,711			21,711							
5.00	Plant Operation, Maint. and Repairs	41,167			41,167							
6.00	Laundry and Linen Service	1,599			1,599							
7.00	Housekeeping	239			239							
8.00	Dietary	15,957			15,957							
9.00	Nursing Administration	1,164			1,164							
12.00	Medical Records and Library	1,246			1,246							
13.00	Social Service	603			603							
INPATIENT ROUTINE COST CENTERS												
16.00	Skilled Nursing Facility	56,051			56,051							
19.00	Other Long Term Care	61,180			61,180							

Provider Name:
 VETERANS HOME OF CALIFORNIA - CHULA VISTA

Fiscal Period Ended:
 JUNE 30, 2009

	LAUNDRY & LINEN (LB LNDRY)	HOUSE- KEEPING (SQ FT)	DIETARY (MEALS SERVED)	NURSING ADMIN (NURSE HR)	MED REC (TIME SPENT)	SOC SERV (TIME SPENT)	STAT	STAT	STAT	STAT	STAT	STAT
	6.00 (Adj)	7.00 (Adj)	8.00 (Adj)	9.00 (Adj)	12.00 (Adj)	13.00 (Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
GENERAL SERVICE COST CENTERS												
1.00	Old Cap Rel Costs-Bldg & Fixtures											
2.00	Old Cap Rel Costs-Movable Equipment											
3.00	Employee Benefits											
4.00	Administrative and General											
5.00	Plant Operation, Maint. and Repairs											
6.00	Laundry and Linen Service											
7.00	Housekeeping											
8.00		15,957										
9.00		1,164										
12.00		1,246										
13.00		603										
INPATIENT ROUTINE COST CENTERS												
16.00	Skilled Nursing Facility											
19.00	Other Long Term Care											
	469,201	56,051	172,806	100	160	80						
	67,831	61,180	165,270		40							

Provider Name							Fiscal Period	Provider NPI		Adjustments
VETERANS HOME OF CALIFORNIA - CHULA VISTA							JULY 1, 2008 THROUGH JUNE 30, 2009	1790771194		2
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>RECLASSIFICATION OF REPORTED COSTS</u>										
1	10A	A			4.00	7	Administrative and General	\$5,263,657	(\$628,886)	\$4,634,771
	10A	A			25.00	7	Physical Therapy	159,336	452	159,788
	10A	A			34.00	7	Clinic	1,178,658	628,434	1,807,092
							To reclassify medical staff expense in Administrative and General to an ancillary cost center. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2203.2, 2300, and 2304			

Provider Name							Fiscal Period	Provider NPI		Adjustments
VETERANS HOME OF CALIFORNIA - CHULA VISTA							JULY 1, 2008 THROUGH JUNE 30, 2009	1790771194		2
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENT TO REPORTED PATIENT DAYS - SNF</u>										
2	SNF Sch. 1	S-3	I		1.00	7	Skilled Nursing Facility Days To adjust total skilled nursing facility days to agree with the provider's patient census report. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304	57,860	1,280	59,140