

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**PARK HOUSE
FREMONT, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1366584997**

**FISCAL PERIOD ENDED
MARCH 31, 2009**

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

**Section Chief: Louise Wong
Audit Supervisor: Marisa Ho
Auditor: Eileen Kuang**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 22, 2012

Dennis F. Calano
Community Care Initiatives, Inc.
P.O. Box 112
Alamo, CA 94507-0112

In the Matter of:

PARK HOUSE
NATIONAL PROVIDER IDENTIFIER (NPI) 1366584997
FISCAL PERIOD ENDED MARCH 31, 2009
CASE NUMBER NF11-0309-661B-JB

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated on September 8, 2011, from the informal hearing, the following revision is made to the Medi-Cal audit report dated January 7, 2011.

SUMMARY OF REVISIONS

		<u>COST</u>	<u>COST PER DAY</u>
Audited Cost and Cost Per Day	\$	371,540	\$ 173.94
Revision		<u>1,825</u>	<u>0.86</u>
Revised Cost and Cost Per Day	\$	<u>373,365</u>	\$ <u>174.80</u>

MEDI-CAL OVERPAYMENTS

Audited Amount Due State	\$	1,656
Revision		<u>0</u>
Revised Amount Due State	\$	<u>1,656</u>

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

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as

Dennis F. Calano
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prescribed by law) will be forwarded to the provider by the fiscal intermediary. Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

If you have any questions in regard to this revision, please call the Audits Section-Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

cc: Evie Correa, Chief
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**SUMMARY OF REVISED FACILITY CENSUS
AND REVISED CLIENT COST PER DAY**

Provider:
PARK HOUSE

Fiscal Period:
APRIL 1, 2008 THROUGH MARCH 31, 2009

Provider Number:
LTC60300F

Provider NPI:
1366584997

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

	AS AUDITED	AS REVISED
1. Medi-Cal Client Days (Rev)	2,136	2,136
2. Other Client Days (Rev)	0	0
3. Total Client Days	<u>2,136</u>	<u>2,136</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>371,540</u>	\$ <u>373,365</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>173.94</u>	\$ <u>174.80</u>

SHARE OF COST

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

1. Medi-Cal Overpayments (Rev)	\$ <u>1,656</u>	\$ <u>1,656</u>
2. Credit Balances (Rev)	\$ <u>0</u>	\$ <u>0</u>
3. Total Overpayments	\$ <u>1,656</u>	\$ <u>1,656</u>

SUMMARY OF REVISED FACILITY EXPENSES

Provider:
PARK HOUSE

Fiscal Period:
APRIL 1, 2008 THROUGH MARCH 31, 2009

Provider Number:
LTC60300F

NPI:
1366584997

Line No.	DESCRIPTION	REV NO.	AS AUDITED Col. 1	AUDIT REVISION Col. 2	AS REVISED Col. 3
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 9,586	\$	\$ 9,586
050	Leases and Rentals				0
055	Real Property Taxes		3,517	0	3,517
060	Personal Property Taxes				0
065	Mortgage Interest				0
070	Property Insurance		5,684	0	5,684
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 18,787	\$ 0	\$ 18,787
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 9,840	\$ 0	\$ 9,840
085	Utilities		5,747	0	5,747
090	Client Transportation		150	0	150
095	Dietary		12,588	0	12,588
100	Personal Care and Laundry		2,787	0	2,787
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 31,112	\$ 0	\$ 31,112
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 49,899	\$ 0	\$ 49,899
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 44,000	\$ 0	\$ 44,000
120	QMRP Fringe Benefits		3,569	0	3,569
125	Lead Salaries		27,350	0	27,350
130	Lead Fringe Benefits		2,409	0	2,409
135	Aides Salaries		135,741	0	135,741
140	Aides Fringe Benefits		20,741	0	20,741
145	Other Salaries				0
150	Other Fringe Benefits				0
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 233,811	\$ 0	\$ 233,811

Provider Name				Fiscal Period			Provider NPI		Revision	
PARK HOUSE				APRIL 1, 2008 THROUGH MARCH 31, 2009			1366584997		1	
Report References							Explanation of Revisions	As Audited	Increase (Decrease)	As Revised
Audit Report			Revised Report							
Rev. No.	Sch.	Line	Col.	Sch.	Line	Col.				
<u>REVISION TO AUDITED COSTS</u>										
1	2	226	3	2	226	3	Quality Assurance Fees To revise the reported quality assurance fees in accordance with Report of Findings dated September 8, 2011, Issue No. 2, Case No. NF11-0309-661B-JB.	\$11,884	\$1,825	\$13,709