

**REPORT  
ON THE  
RATE SETTING AUDIT**

**LEWIS HOUSE  
DUBLIN, CALIFORNIA  
PROVIDER NUMBER: LTC61025F AND  
NPI NUMBER: 1225170871**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2009**

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

**Section Chief: Louise Wong  
Audit Supervisor: Sandra Garcia  
Auditor: Matthew Moy**



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



EDMUND G. BROWN JR.  
GOVERNOR

January 25, 2011

Ellen R. Fisher, Administrator  
C.A.M.P., Inc.  
6670 Amador Plaza, Suite C  
Dublin, CA 94568

PROVIDER: LEWIS HOUSE  
PROVIDER NUMBER: LTC61025F  
NPI NUMBER: 1225170871  
FISCAL PERIOD ENDED DECEMBER 31, 2009

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	\$	390,706	\$ 178.65
Net Audit Adjustment		<u>2,556</u>	<u>.92</u>
Audited Cost/Cost Per Day	\$	<u>393,262</u>	\$ <u>179.57</u>

This audit report includes the:

1. Audit Report Schedules 1 through 2
2. Audit Adjustments that include a summary of the total due the State in the amount of \$1,679, which resulted from Medi-Cal overpayments

The audit settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

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.

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:

John Melton, Chief  
Office of Administrative Appeals and Hearings  
1029 J Street, Suite 200  
Sacramento, CA 95814-2825  
(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  
P.O. Box 997413  
Sacramento, CA 95899-7413

**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 95814-5005  
(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.

Ellen R. Fisher  
Page 3

If you have questions regarding this report, you may call the Audits Section—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief  
Audits Section—Richmond  
Financial Audits Branch

Certified

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

**Provider:**  
LEWIS HOUSE

**Fiscal Period:**  
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

**Provider Number:**  
LTC60125F

**Provider NPI:**  
1225170871

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

	<b>AS REPORTED</b>	<b>AS AUDITED</b>
1. Medi-Cal Client Days (Adj 6)	2,187	2,190
2. Other Client Days (Adj )		0
3. Total Client Days	<u>2,187</u>	<u>2,190</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>390,706</u>	\$ <u>393,262</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>178.65</u>	\$ <u>179.57</u>

**SHARE OF COST**

1. Share of Cost Audit Adjustment (Adj )	\$ <u>NA</u>	\$ <u>0</u>
------------------------------------------	--------------	-------------

**OVERPAYMENTS**

1. Medi-Cal Overpayments (Adj 7)	\$ _____	\$ <u>1,679</u>
2. Credit Balances (Adj )	\$ _____	\$ <u>0</u>
3. Total Overpayments	\$ <u>0</u>	\$ <u>1,679</u>

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
LEWIS HOUSE

Fiscal Period:  
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:  
LTC60125F

NPI:  
1225170871

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	<b>EXPENSES: CLIENT SERVICES</b>				
	<b>Basic Facility Cost - Property Expenses</b>				
045	Depreciation and Amortization	3	\$ 2,538	\$ 8,280	\$ 10,818
050	Leases and Rentals	2	45,375	(45,375)	0
055	Real Property Taxes		5,767	0	5,767
060	Personal Property Taxes				0
065	Mortgage Interest	3	0	16,440	16,440
070	Property Insurance	5	5,062	(978)	4,084
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 58,742	\$ (21,633)	\$ 37,109
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance		\$ 15,823	\$ 0	\$ 15,823
085	Utilities		5,917	0	5,917
090	Client Transportation		2,648	0	2,648
095	Dietary		9,419	0	9,419
100	Personal Care and Laundry		5,077	0	5,077
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 38,884	\$ 0	\$ 38,884
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 97,626	\$ (21,633)	\$ 75,993
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 24,300	\$ 0	\$ 24,300
120	QMRP Fringe Benefits	1	5,450	(142)	5,308
125	Lead Salaries				0
130	Lead Fringe Benefits				0
135	Aides Salaries	4	126,855	24,914	151,769
140	Aides Fringe Benefits	1	24,760	142	24,902
145	Other Salaries				0
150	Other Fringe Benefits				0
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 181,365	\$ 24,914	\$ 206,279

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
LEWIS HOUSE

Fiscal Period:  
JANUARY 1, 2009 THROUGH DECEMBER 31, 2009

Provider Number:  
LTC60125F

NPI:  
1225170871

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
<b>EXPENSES: CONSULTANT COSTS</b>					
160	Dietician Consultant	4	\$ 246	\$ (12)	\$ 234
165	Speech Pathology Consultant				0
170	Physical Therapy Consultant				0
175	Occupational Therapy Consultant				0
180	Pharmacist Consultant		540	0	540
185	Nurse Consultant		15,264	0	15,264
190	Psychologist Consultant		2,880	0	2,880
195	Physician Consultant				0
200	Recreational Consultant	4	2,081	(525)	1,556
205	Social Service Consultant				0
210	Other Consultant	4	188	(188)	0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 21,199	\$ (725)	\$ 20,474
<b>EXPENSES: ADMINISTRATIVE COSTS</b>					
220	Administrative Salaries		\$	\$	\$ 0
225	Administrative Fringe Benefits				0
226	Quality Assurance Fees		18,549	0	18,549
230	Other Administrative and General		71,967	0	71,967
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 90,516	\$ 0	\$ 90,516
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 390,706	\$ 2,556	\$ 393,262
			(To Sch. 1)		(To Sch. 1)
<b>NON-CLIENT CARE EXPENSES</b>					
240	Non-Program Services		\$	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 390,706	\$ 2,556	\$ 393,262

Provider Name		Fiscal Period		Provider Number		Adjustments			
LEWIS HOUSE		JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		LTC61025F		7			
Adj. No.	DHS 3076 Page or Exhibit	Report References		Sch.	Line	Col.	As Reported	Increase (Decrease)	As Adjusted
		Cost Report	Audit Report						
<b>RECLASSIFICATION OF REPORTED COSTS</b>									
1	4.1 of 6	120	4	2	120	3	\$5,450	(\$142)	\$5,308
	4.1 of 6	140	4	2	140	3	24,760	142	24,902
QMRP Fringe Benefits Aides Fringe Benefits To reclassify employee benefits to agree with the general ledger. CMS Pub. 15-1, Section 2304									

Provider Name		Fiscal Period		Provider Number		Adjustments						
LEWIS HOUSE		JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		LTC61025F		7						
Adj. No.	Page or Exhibit	Report References			Line	Col.	Sch.	Line	Col.	As Reported	Increase (Decrease)	As Adjusted
		Cost Report	Audit Report									
<b>ADJUSTMENTS TO REPORTED COSTS</b>												
2	4 of 6	050	4	2	50	3				\$45,375	(\$45,375)	\$0
Leases and Rentals To eliminate rental expenses applicable to a related facility. CMS Pub. 15-1, Section 1011.5												
3	4 of 6	045	4	2	45	3				\$2,538	\$8,280	\$10,818
	4 of 6	065	4	2	65	3				0	16,440	16,440
Depreciation and Amortization Mortgage Interest To include cost of ownership in lieu of related party lease expenses. CMS Pub. 15-1, Section 1011.5												
4	4.1 of 6	135	4	2	135	3				\$126,855	\$24,914	\$151,769
	4.1 of 6	160	4	2	160	3				246	(12)	234
	4.1 of 6	200	4	2	200	3				2,081	(525)	1,556
	4.1 of 6	210	4	2	210	3				188	(188)	0
Aides Salaries Dietitian Consultant Recreational Consultant Other Consultant To adjust the reported salaries and consultant expenses to agree with the provider's records. CMS Pub. 15-1, Sections 2300 and 2304												
5	4 of 6	070	4	2	70	3				\$5,062	(\$978)	\$4,084
Property Insurance To adjust insurance expense due to a lack of documentation. CMS Pub. 15-1, Sections 2300 and 2304												

Provider Name		Fiscal Period		Provider Number		Adjustments			
LEWIS HOUSE		JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		LTC61025F		7			
Adj. No.	Page or Exhibit	Report References		Line	Sch.	Col.	Col.		
		Cost Report	Audit Report					As Reported	Increase (Decrease)
6	2 of 6	3	1	1	1	2	2,187	3	2,190
<p style="text-align: center;"><b>ADJUSTMENT TO REPORTED PATIENT DAYS</b></p> <p>Medi-Cal Client Days                      To adjust total patient days to agree with the provider's patient census reports.                      CMS Pub. 15-1, Sections 2205 and 2304</p>									

