

**REPORT
ON THE
RATE SETTING AUDIT**

**ANA'S ICF/DD-N
SOUTH SAN FRANCISCO, CALIFORNIA
PROVIDER NUMBER: LTC80150G AND
NPI NUMBER: 1386855856**

**FISCAL PERIOD ENDED
DECEMBER 31, 2008**

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

**Section Chief: Louise Wong
Audit Supervisor: David Mui
Auditor: Philip Chang**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

January 28, 2010

Ursula Pagador, Owner
Ana's ICF/ DD-N
1916 Shoreview Avenue
San Mateo, CA 94401

PROVIDER: ANA'S ICF-DDN
PROVIDER NO. LTC80150G AND NPI No.1386855856
FISCAL PERIOD ENDED DECEMBER 31, 2008

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	\$	428,862	\$ 195.29
Net Audit Adjustment		<u>(37,444)</u>	<u>(17.05)</u>
Audited Cost/Cost Per Day	\$	<u>391,418</u>	\$ <u>178.24</u>

This audit report includes the:

1. Audit Report Schedules 1 through 2
2. Audit Adjustments Schedule

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.

Ursula Pagador
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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.

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:
ANA'S ICF/DD-N

Fiscal Period:
JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

Provider Number:
LTC80150G

Provider NPI:
1386855856

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

	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj)	2,196	2,196
2. Other Client Days (Adj)		0
3. Total Client Days	<u>2,196</u>	<u>2,196</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>428,862</u>	\$ <u>391,418</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>195.29</u>	\$ <u>178.24</u>

SHARE OF COST

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

1. Duplicate Payments (Adj)	\$ _____	\$ _____
2. Credit Balances (Adj)	\$ _____	\$ _____
3. Total Overpayments	\$ <u>0</u>	\$ <u>0</u>

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
ANA'S ICF/DD-N

Fiscal Period:
JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

Provider Number:
LTC80150G

Provider NPI:
1386855856

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization	1	\$ 14,534	(10,993)	\$ 3,541
050	Leases and Rentals				0
055	Real Property Taxes	2	6,078	(225)	5,853
060	Personal Property Taxes				0
065	Mortgage Interest	3	57,487	(23,173)	34,314
070	Property Insurance		1,308	0	1,308
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 79,407	\$ (34,391)	\$ 45,016
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 10,106	\$ 0	\$ 10,106
085	Utilities		9,034	0	9,034
090	Client Transportation	5	3,419	(1,710)	1,709
095	Dietary		8,598	0	8,598
100	Personal Care and Laundry		3,306	0	3,306
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 34,463	\$ (1,710)	\$ 32,753
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 113,870	\$ (36,101)	\$ 77,769
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 18,741	\$ 0	\$ 18,741
120	QMRP Fringe Benefits		4,743	0	4,743
125	Lead Salaries		83,432	0	83,432
130	Lead Fringe Benefits		14,743	0	14,743
135	Aides Salaries		70,779	0	70,779
140	Aides Fringe Benefits		11,088	0	11,088
145	Other Salaries				0
150	Other Fringe Benefits				0
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 203,526	\$ 0	\$ 203,526

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
ANA'S ICF/DD-N

Fiscal Period:
JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

Provider Number:
LTC80150G

Provider NPI:
1386855856

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 1,537	\$ 0	\$ 1,537
165	Speech Pathology Consultant		225	0	225
170	Physical Therapy Consultant		278	0	278
175	Occupational Therapy Consultant		370	0	370
180	Pharmacist Consultant				0
185	Nurse Consultant		28,365	0	28,365
190	Psychologist Consultant		555	0	555
195	Physician Consultant				0
200	Recreational Consultant		1,769	0	1,769
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 33,099	\$ 0	\$ 33,099
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries		\$ 23,167	\$ 0	\$ 23,167
225	Administrative Fringe Benefits		7,290	0	7,290
226	Quality Assurance Fees		22,550	0	22,550
230	Other Administrative and General	4,6	25,360	(1,343)	24,017
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 78,367	\$ (1,343)	\$ 77,024
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 428,862	\$ (37,444)	\$ 391,418
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 428,862	\$ (37,444)	\$ 391,418

Provider Name		Fiscal Period		Provider Number		Adjustments		
ANA'S ICF/DD-N		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		LTC80150G		6		
Adj. No.	DHS 3076 Page or Exhibit	Report References		Sch	Line	As Reported	Increase (Decrease)	As Adjusted
		COST REPORT	AUDIT REPORT					
Line	Col.							
ADJUSTMENTS TO REPORTED COSTS								
1	4 of 6	045	4	2	45	\$14,534	(\$10,993)	\$3,541
Depreciation and Amortization To eliminate amortization expense for nonpatient care related items. CMS Pub. 15-1, Sections 2105, 2134, 2134.1. 2300, and 2304								
2	4 of 6	055	4	2	55	\$6,078	(\$225)	\$5,853
Real Property Taxes To eliminate penalties and late fees not related to patient care. CMS Pub. 15-1, Section 2102.3								
3	4 of 6	065	4	2	65	\$57,487	(\$23,173)	\$34,314
Mortgage Interest To eliminate interest expense not related to patient care. CMS Pub. 15-1, Sections 202.2 and 2102.3								
4	4 of 6	065	4	2	230	\$25,360	(\$722)	\$24,638 *
Other General and Administrative To eliminate miscellaneous expenses not related to patient care. CMS Pub. 15-1, Section 2102.3								
5	4 of 6	090	4	2	90	\$3,419	(\$1,710)	\$1,709
Client Transportation To eliminate client transportation expenses due to lack of documentation. CMS Pub. 15-1, Sections 2300 and 2304								
6	4 of 6	230	4	2	230	\$24,638	(\$621)	\$24,017
Other General and Administrative To eliminate penalties and overdraft fees not related to patient care. CMS Pub. 15-1, Section 2102.3								

*Balance carried forward from prior/to subsequent adjustments