

**APPEAL RECOMPUTATION  
OF THE  
AUDIT REPORT**

**CAMPINA HOME  
MISSION VIEJO, CALIFORNIA  
PROVIDER NUMBER: LTC80285F  
NATIONAL PROVIDER IDENTIFIER: 1851485908**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2008**

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

**Section Chief: Margaret A. Varho  
Audit Supervisor: Stan Van Arsdale  
Auditor: Andre Shammass**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

Date: April 23, 2013

Holly Gunnette, EA  
HGi Financial Services  
9240 Limonite Avenue  
Riverside, CA 92509-4941

In the Matter of:

CAMPINA HOME  
PROVIDER NUMBER LTC80285F  
NATIONAL PROVIDER IDENTIFIER (NPI) 1851485908  
FISCAL PERIOD ENDED DECEMBER 31, 2008  
APPEAL NUMBER NF10-1208-660D-MO

Pursuant to the Office of Administrative Hearings and Appeals' Final Decision signed on September 6, 2012, the following revision has been made to the Medi-Cal audit report dated December 29, 2009.

SUMMARY OF REVISIONS

		<u>COST</u>	<u>COST PER DAY</u>
Audited Cost and Cost Per Day	\$	399,936	\$ 192.83
Revision		<u>9,095</u>	<u>4.39</u>
Revised Cost and Cost Per Day	\$	<u>409,031</u>	\$ <u>197.22</u>

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

***(Original signed by Margaret Varho)***

Margaret A. Varho, Chief  
Audits Section—Santa Ana  
Financial Audits Branch

Enclosure

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

**Provider:**  
CAMPINA HOME

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

**Provider Number:**  
LTC80285F

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

	<b>AS AUDITED</b>	<b>AS REVISED</b>
1. Medi-Cal Client Days (Rev )	2,074	2,074
2. Other Client Days (Rev )	0	0
3. Total Client Days	<u>2,074</u>	<u>2,074</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>399,936</u>	\$ <u>409,031</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>192.83</u>	\$ <u>197.22</u>

**SHARE OF COST**

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

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

## SUMMARY OF REVISED FACILITY EXPENSES

Provider:  
CAMPINA HOME

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

Provider Number:  
LTC80285F

Line No.	DESCRIPTION	REVISION NO.	AS AUDITED	REVISIONS	AS REVISED
	<b>EXPENSES: CLIENT SERVICES</b>				
	<b>Basic Facility Cost - Property Expenses</b>				
045	Depreciation and Amortization		\$ 10,723	\$	\$ 10,723
050	Leases and Rentals		0		0
055	Real Property Taxes		3,215		3,215
060	Personal Property Taxes		0		0
065	Mortgage Interest		16,780		16,780
070	Property Insurance		0		0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 30,718	\$ 0	\$ 30,718
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance		\$ 20,407	\$	\$ 20,407
085	Utilities		5,956		5,956
090	Client Transportation		0		0
095	Dietary		620		620
100	Personal Care and Laundry		2,333		2,333
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 29,316	\$ 0	\$ 29,316
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 60,034	\$ 0	\$ 60,034
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 0	\$	\$ 0
120	QMRP Fringe Benefits		0		0
125	Lead Salaries		84,363		84,363
130	Lead Fringe Benefits		11,190		11,190
135	Aides Salaries		77,753		77,753
140	Aides Fringe Benefits		10,348		10,348
145	Other Salaries		0		0
150	Other Fringe Benefits		0		0
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 183,654	\$ 0	\$ 183,654

## SUMMARY OF REVISED FACILITY EXPENSES

Provider:  
CAMPINA HOME

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

Provider Number:  
LTC80285F

Line No.	DESCRIPTION	REVISION NO.	AS AUDITED	REVISIONS	AS REVISED
	<b>EXPENSES: CONSULTANT COSTS</b>				
160	Dietician Consultant		\$ 1,440	\$	\$ 1,440
165	Speech Pathology Consultant		675		675
170	Physical Therapy Consultant		544		544
175	Occupational Therapy Consultant		1,125		1,125
180	Pharmacist Consultant		500		500
185	Nurse Consultant		14,400		14,400
190	Psychologist Consultant				0
195	Physician Consultant				0
200	Recreational Consultant		324		324
205	Social Service Consultant				0
210	Other Consultant		18,000		18,000
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 37,008	\$ 0	\$ 37,008
	<b>EXPENSES: ADMINISTRATIVE COSTS</b>				
220	Administrative Salaries		\$	\$	\$ 0
225	Administrative Fringe Benefits				0
226	Quality Assurance Fees		23,441		23,441
230	Other Administrative and General	1	95,799	9,095	104,894
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 119,240	\$ 9,095	\$ 128,335
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 399,936	\$ 9,095	\$ 409,031
	<b>NON-CLIENT CARE EXPENSES</b>		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 399,936	\$ 9,095	\$ 409,031

## SUMMARY OF REVISED LABOR REPORT

Provider:  
CAMPINA HOME

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

Provider Number:  
LTC80285F

Line No.	Description	AS REVISED			Average Hourly Wage (Col 2 / Col 3)
		(1) Benefits	(2) Salaries	(3) Total Hours (Adj)	
	<b>DIRECT CARE STAFF</b>				
		(From Sch. 2)	(From Sch. 2)		
1	QMRP	\$ 0	\$ 0		\$ 0.00
2	Lead	11,190	84,363	5,359	15.74
3	Aides	10,348	77,753	8,450	9.20
4	Other	0	0		0.00
5	TOTAL DIRECT CARE (Lines1 through 4)	\$ 21,538	\$ 162,116	13,809	
	<b>CONSULTANT STAFF</b>				
6	Dietician	\$	\$ 1,560	35	\$ 45.00
7	Speech Pathology		700	14	50.00
8	Physical Therapy		544	11	50.00
9	Occupational Therapy		1,080	24	45.00
10	Pharmacist		500	5	100.00
11	Nurse		14,400	576	25.00
12	Psychologist				0.00
13	Physician				0.00
14	Recreational		324	9	35.03
15	Social Service				0.00
16	Other		19,500	650	30.00
17	TOTAL CONSULTANT (Lines 6 through 16)	\$ 0	\$ 38,608	1,324	
	<b>ADMINISTRATIVE STAFF</b>				
18	Administrative Staff	\$	\$		\$ 0.00
19	TOTAL STAFF (Lines 5, 17, 18)	\$ 21,538	\$ 200,724	15,133	

Provider Name				Fiscal Period			Provider Number		Revisions
CAMPINA HOME				JANUARY 1, 2008 THROUGH DECEMBER 31, 2008			LTC80285F		1
Report References						Explanation of Revision	As Audited	Increase (Decrease)	As Revised
Audit Report			AUDIT REPORT						
Rev No.	Sch	Line	Col.	Sch	Line				
1	2	230	1	2	230.00	Other Administrative and General Appeal Finding - Issue 1 Administrator Salary and Benefits (Adj 11)	\$95,799	\$9,095	\$104,894