

**REPORT
ON THE
RATE SETTING AUDIT**

**TILDEN HOUSE
RIVERSIDE, CALIFORNIA
PROVIDER NUMBER: LTC80294F**

**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: Felipe Avila
Auditor: Vanessa Hu**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

December 17, 2009

Shannon Gustafson, Consultant
HGI Financial Services
9240 Limonite Avenue
Riverside, CA 92509

PROVIDER: TILDEN HOUSE
PROVIDER NO. LTC80294F
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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, 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	\$	436,142	\$ 199.06
Net Audit Adjustment		<u>(2,768)</u>	<u>(1.26)</u>
Audited Cost/Cost Per Day	\$	<u>433,374</u>	\$ <u>197.80</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.

Shannon Gustafson
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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:

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
PO 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—Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

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

Certified

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

Provider:
TILDEN HOUSE

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

Provider Number:
LTC80294F

Provider NPI:
1700927373

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

	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj)	2,191	2,191
2. Other Client Days (Adj)		0
3. Total Client Days	<u>2,191</u>	<u>2,191</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>436,142</u>	\$ <u>433,374</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>199.06</u>	\$ <u>197.80</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)	\$ _____	\$ <u>0</u>
2. Credit Balances (Adj)	\$ _____	\$ <u>0</u>
3. Total Overpayments	\$ <u>0</u>	\$ <u>0</u>

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
TILDEN HOUSE

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

Provider Number:
LTC80294F

Provider NPI:
1700927373

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 4,272	\$	\$ 4,272
050	Leases and Rentals		29,535		29,535
055	Real Property Taxes				0
060	Personal Property Taxes				0
065	Mortgage Interest				0
070	Property Insurance				0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 33,807	\$ 0	\$ 33,807
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance	1	\$ 20,722	\$ (334)	\$ 20,388
085	Utilities		6,853		6,853
090	Client Transportation				0
095	Dietary	2	16,877	(931)	15,946
100	Personal Care and Laundry		474		474
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 44,926	\$ (1,265)	\$ 43,661
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 78,733	\$ (1,265)	\$ 77,468
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 19,739	\$	\$ 19,739
120	QMRP Fringe Benefits		3,921		3,921
125	Lead Salaries		32,087		32,087
130	Lead Fringe Benefits		6,422		6,422
135	Aides Salaries		93,323		93,323
140	Aides Fringe Benefits		19,981		19,981
145	Other Salaries		44,084		44,084
150	Other Fringe Benefits		6,193		6,193
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 225,750	\$ 0	\$ 225,750

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
TILDEN HOUSE

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

Provider Number:
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Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 680	\$	\$ 680
165	Speech Pathology Consultant				0
170	Physical Therapy Consultant		1,073		1,073
175	Occupational Therapy Consultant	3	1,675	(150)	1,525
180	Pharmacist Consultant		720		720
185	Nurse Consultant				0
190	Psychologist Consultant	4	45	(45)	0
195	Physician Consultant				0
200	Recreational Consultant		160		160
205	Social Service Consultant				0
210	Other Consultant	5	2,750	250	3,000
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 7,103	\$ 55	\$ 7,158
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries		\$	\$	\$ 0
225	Administrative Fringe Benefits				0
226	Quality Assurance Fees		16,325		16,325
230	Other Administrative and General	6	108,231	(1,558)	106,673
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 124,556	\$ (1,558)	\$ 122,998
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 436,142	\$ (2,768)	\$ 433,374
	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)		\$ 436,142	\$ (2,768)	\$ 433,374

Provider Name		Fiscal Period		Provider Number		Adjustments		
TILDEN HOUSE		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		LTC80294F		6		
Adj. No.	DHCS 3076 Page or Exhibit	Report References		Line	Sch	As Reported	Increase (Decrease)	As Adjusted
		Cost Report	Audit Report					
1	4	80	4	2	2	\$20,722	(\$334)	\$20,388
				80.00				
				Home Operations and Maintenance To eliminate household supplies and home repairs expenses due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304				
2	4	95	4	2	2	\$16,877	(\$931)	\$15,946
				95.00				
				Dietary To eliminate prior year dietary expense, and the current year expense due to lack of documentation. 42 CFR 413.5 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2302.1 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304				
3	4.1	175	4	2	2	\$1,675	(\$150)	\$1,525
				175.00				
				Occupational Therapy Consultant To adjust occupational therapy consultant expense to agree with the provider's paid invoices. 42 CFR 413.20 / CMS Pub. 15-1, Section 2304				
4	4.1	190	4	2	2	\$45	(\$45)	\$0
				190.00				
				Psychologist Consultant To eliminate consultant expense due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304				
5	4.1	210	4	2	2	\$2,750	\$250	\$3,000
				210.00				
				Other Consultant To adjust other consultant expense to agree with the provider's paid invoices. 42 CFR 413.20 / CMS Pub. 15-1, Section 2304				
6	4.1	230	4	2	2	\$108,231	(\$1,558)	\$106,673
				230.00				
				Other General and Administrative To reflect the proper accrual of DHCS license fees applicable to the audit period. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300 and 2302.1				