

**APPEAL RECOMPUTATION  
OF THE  
AUDIT REPORT**

**NEW HORIZONS - LEILA  
EXETER, CALIFORNIA  
PROVIDER NUMBER: LTC80192G  
NPI NUMBER: 1851429252**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2009**

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

**Section Chief: Michael Harrold  
Audit Supervisor: Kathy Atkins  
Auditor: Jeffrey Swan**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

January 31, 2012

Bill and Dee Morgan, Owners  
New Horizons  
PO Box 192  
Exeter, CA 93221

In the Matter of:

NEW HORIZONS - LEILA  
NATIONAL PROVIDER IDENTIFIER (NPI): 1851429252  
FISCAL PERIOD ENDED: DECEMBER 31, 2009  
CASE NUMBER: NF11-1209-640G-JB

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings, dated January 4, 2012, the following revisions are made to the Medi-Cal audit report dated December 24, 2010.

SUMMARY OF REVISIONS

		<u>COST</u>	<u>COST PER DAY</u>
Audited Cost and Cost Per Day	\$	339,376	\$ 154.97
Revision		<u>7,189</u>	<u>3.28</u>
Revised Cost and Cost Per Day	\$	<u>346,565</u>	\$ <u>158.25</u>

Enclosed are the revised schedules detailing the results of the recomputation. If you have questions regarding this revision, you may call the Audits Section—Fresno at (559) 446-2458.

Original Signed by

Michael A. Harrold, Chief  
Audits Section—Fresno  
Financial Audits Branch

Enclosure

cc: See Next Page

Bill and Dee Morgan  
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cc: Paul A. Nelson  
Nelson & Associates  
1581 18<sup>th</sup> Avenue  
Kingsburg, CA 93631

Chief  
Medi-Cal Benefits, Waiver Analysis and Rates Division  
Department of Health Care Services  
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Chief  
Audit Review and Analysis Section  
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**SUMMARY OF REVISED FACILITY CENSUS  
AND REVISED CLIENT COST PER DAY**

**Provider:**  
NEW HORIZONS - LEILA

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

**Provider Number:**  
LTC80192G

**Provider NPI:**  
1851429252

**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 )	2,190	2,190
2. Other Client Days (Rev )		0
3. Total Client Days	<u>2,190</u>	<u>2,190</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>339,376</u>	\$ <u>346,565</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>154.97</u>	\$ <u>158.25</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:  
NEW HORIZONS - LEILA

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

Provider Number:  
LTC80192G

NPI:  
1851429252

Line No.	DESCRIPTION	REV NO.	AS AUDITED	APPEAL REVISION	AS REVISED
	<b>EXPENSES: CLIENT SERVICES</b>				
	<b>Basic Facility Cost - Property Expenses</b>				
045	Depreciation and Amortization		\$ 4,616	\$	\$ 4,616
050	Leases and Rentals				0
055	Real Property Taxes		2,070		2,070
060	Personal Property Taxes				0
065	Mortgage Interest		4,626		4,626
070	Property Insurance		806		806
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 12,118	\$ 0	\$ 12,118
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance		\$ 25,604	\$	\$ 25,604
085	Utilities		9,340		9,340
090	Client Transportation				0
095	Dietary		22,786		22,786
100	Personal Care and Laundry		4,126		4,126
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 61,856	\$ 0	\$ 61,856
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 73,974	\$ 0	\$ 73,974
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 13,650	\$	\$ 13,650
120	QMRP Fringe Benefits				0
125	Lead Salaries		54,697		54,697
130	Lead Fringe Benefits		8,924		8,924
135	Aides Salaries		127,627		127,627
140	Aides Fringe Benefits		20,823		20,823
145	Other Salaries				0
150	Other Fringe Benefits				0
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 225,721	\$ 0	\$ 225,721

## SUMMARY OF REVISED FACILITY EXPENSES

Provider:  
NEW HORIZONS - LEILA

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

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Line No.	DESCRIPTION	REV NO.	AS AUDITED	APPEAL REVISION	AS REVISED
	<b>EXPENSES: CONSULTANT COSTS</b>				
160	Dietician Consultant		\$ 1,491	\$	\$ 1,491
165	Speech Pathology Consultant		900		900
170	Physical Therapy Consultant				0
175	Occupational Therapy Consultant				0
180	Pharmacist Consultant		1,680		1,680
185	Nurse Consultant				0
190	Psychologist Consultant				0
195	Physician Consultant				0
200	Recreational Consultant				0
205	Social Service Consultant				0
210	Other Consultant	1	2,805	775	3,580
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 6,876	\$ 775	\$ 7,651
	<b>EXPENSES: ADMINISTRATIVE COSTS</b>				
220	Administrative Salaries		\$ 3,684	\$	\$ 3,684
225	Administrative Fringe Benefits				0
226	Quality Assurance Fees	1	20,545	6,414	26,959
230	Other Administrative and General		8,576		8,576
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 32,805	\$ 6,414	\$ 39,219
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 339,376	\$ 7,189	\$ 346,565
	<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)		\$ 339,376	\$ 7,189	\$ 346,565

Provider Name		Fiscal Period		Provider Number		Revisions			
NEW HORIZONS - LEILA		JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		LTC80192G		1			
Report References									
Rev. No.	Audit Report Schedule	Form	Page	Line	Col.	Explanation of Revisions	As Audited	Increase (Decrease)	As Revised
1	2	DHS 3076	4.1	210	4	Other Consultant	\$2,805	\$775	\$3,580
	2	DHS 3076	4.1	226	4	Quality Assurance Fees	20,545	6,414	26,959
APPEAL FINDING - ISSUE 2									