



Dave Yost • Auditor of State

**CHAMPAIGN RESIDENTIAL SERVICES, INC. - SOUTH HIGH STREET HOME
CHAMPAIGN COUNTY**

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Independent Auditor's Report on Applying Agreed-Upon Procedures

Mr. Chris Carson, Bureau Chief
Bureau of Audit Performance
Ohio Department of Medicaid
50 W. Town Street, 5th Floor
Columbus, Ohio 43215

Dear Mr. Carson:

As required by Ohio Rev. Code § 5111.27 and Ohio Admin. Code § 5101:3-3-20, the Auditor of State's Office (AOS) performed the procedures enumerated below to which the Ohio Department of Medicaid (ODM) also agreed. These procedures are designed to assist you in evaluating whether the Champaign Residential Services, Inc. - South High Street Home (hereafter referred to as the Provider) prepared its JFS 02524 ICF-MR Medicaid Cost Report for the period January 1, 2011 through December 31, 2011 in accordance with the Medicaid Cost Report Instructions and the Appendix to Ohio Admin. Code § 5101:3-3-71.1 (Cost Report Instructions) and to assist you in evaluating whether reported transactions complied with CMS Publication 15-1 (Provider Reimbursement Manual), and other compliance requirements described in the procedures below. Note that all rules and code sections relied upon in this report were those in effect during the period ending December 31, 2011 and may be different from those currently in effect. The Provider's management is responsible for preparing these reports. This agreed-upon procedures engagement was conducted in accordance with the American Institute of Certified Public Accountants' attestation standards. The sufficiency of these procedures is solely the responsibility of ODM. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

Occupancy and Usage

1. ODM requested that we report variances if the Provider's inpatient days were greater than those reported on *Schedule A-1, Summary of Inpatient Days*.

We compared the Provider's inpatient days on the Daily Census Log and Hospital and Therapeutic Leave Day Register reports for the number of patient days for Medicaid and non-Medicaid patients to those reported on *Schedule A-1*. We also footed the reports for accuracy.

We found no variances where inpatient days were greater than reported.

2. ODM requested that we report variances if total Medicaid inpatient days and total inpatient days were greater than those reported on *Schedule A-1, Summary of Inpatient Days* for one month.

We compared the Medicaid inpatient days and total inpatient days reported on *Schedule A-1* for December 2011 with the Daily Census Log and Hospital and Therapeutic Leave Day Register reports for Medicaid inpatient days and total inpatient days. We also footed the reports for accuracy.

We found no variances where inpatient days were greater than reported for the month.

Occupancy and Usage (Continued)

3. ODM requested that we report variances to *Schedule A-1, Summary of Inpatient Days* if total inpatient days were greater than those reported for one month.

We haphazardly selected three residents' medical records and compared the total days the resident was in the Provider's care for December 2011 with the total inpatient days reported on the Daily Census Log and Hospital and Therapeutic Leave Day Register reports and *Schedule A-1*.

For the selected individuals, we also determined if the Provider included any waiver respite days as Medicaid or Medicare days and, if bed hold days were in excess of 30 in a calendar year, received the proper authorization on form JFS 09402 in accordance with Ohio Admin. Code § 5101:3-3-16.8.

We found no variances where inpatient days were greater than reported for the month and no misclassified waiver respite days or unauthorized bed hold days.

4. ODM requested that we report variances if the Provider had reimbursed Medicaid days in excess of total Medicaid days reported on *Schedule A-1, Summary of Inpatient Days*.

We compared the number of reimbursed Medicaid days per the Medicaid Information Technology System (MITS) with the total Medicaid days reported on *Schedule A-1*.

We found that total Medicaid days reported exceeded Medicaid reimbursed days per MITS.

Medicaid Paid Claims

1. ODM requested that we select paid claims for three of the Provider's residents in one month and report any variances if the claims did not meet the applicable documentation requirements.

We selected all paid claims for three residents for the month of December 2011 from MITS and compared the reimbursed Medicaid days to the days documented per the resident's medical records. We determined if the Provider's documentation met the general requirements of CMS Publication 15-1, Chapter 23, and Ohio Admin. Code § 5101:3-3-20 and if the days billed met the specific requirements of Ohio Admin. Code § 5101:3-3-16.8 (C) to (E) as an occupied or bed hold day and Ohio Admin. Code § 5101:-3-3-39 for the payment adjustment requirements for resident's discharge, admittance to hospital, death or election to receive hospice care.

We found no instances of non-compliance with these documentation requirements.

Non-Payroll Expenses

1. ODM requested that we compare the Provider's non-payroll expenses to the amounts reported on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; and Schedule C, Indirect Cost Care Center*, and report reclassifications between schedules and adjustments resulting in decreased costs exceeding five percent on non-payroll expenses in any schedule.

We compared all non-payroll expenses on *Schedule B-1, Schedule B-2, and Schedule C* to the Provider's Historical Detailed Trial Balance for 2011 and Home Office and Maintenance Allocation and Historical Detailed Trial Balance reports.

We found no differences exceeding five percent on any one schedule.

Non-Payroll Expenses (Continued)

2. ODM requested that we select a sample of 20 non-payroll expenses reported on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; Schedule C, Indirect Cost Center; and Exhibit 3, Home Office Trial Balance* and report expenses exceeding \$500 which lacked supporting documentation, were not properly allocated or were unallowable.

We haphazardly selected 20 non-payroll expenses from non-payroll accounts on *Schedule B-1, Schedule B-2, Schedule C, and Exhibit 3*. We reviewed these expenses to determine if they had supporting documentation, were properly allocated and classified, and were allowable expenses per the Cost Report Instructions, Ohio Admin. Code § 5101:3, and CMS Publication 15-1.

We found no differences exceeding \$500.

3. ODM requested that we review the allocation methodology used in the Provider's Home Office Allocation schedule allocating costs on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; Schedule C, Indirect Cost Care Center; and equity on Schedule E-1, Return on Equity Capital of Proprietary Providers*, and determine if it was reasonable, allowable, related to residential care, and properly classified in accordance with Ohio Admin. Code § 5101:3, CMS Publication 15-1, Section 2150 and the Cost Report Instructions. ODM requested that we report any reclassifications between schedules and adjustments resulting in decreased Home Office costs on any schedule.

We reviewed the allocation methodology used in the Provider's Home Office and Maintenance Allocation and Historical Detailed Trial Balance reports allocating costs on *Schedule B-1, Schedule B-2, Schedule C, and equity on Schedule E-1* to determine whether it was reasonable, allowable, related to residential care, and properly classified in accordance with Ohio Admin. Code § 5101:3, CMS Publication 15-1, § 2150 and the Cost Report Instructions.

We found no inconsistencies or improper allocation methodologies used in the Home Office Allocation or Historical Detailed Trial Balance reports which resulted in decreased Home Office costs on any schedule.

4. ODM requested that we scan the Provider's non-payroll expenses reported on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; and Schedule C, Indirect Cost Center* for non-federal reimbursable costs or costs not properly classified exceeding \$500 or contractor costs over \$10,000 that should have been reported on *Schedule C-3, Costs of Services from Related Parties*.

We scanned the Provider's Historical Detailed Trial Balance reports for non-payroll expenses reported on *Schedule B-1, Schedule B-2, and Schedule C* and report non-federal reimbursable costs or costs not classified in accordance with Ohio Admin. Code § 5101:3, CMS Publication 15-1 and the Cost Report Instructions exceeding \$500. We also scanned for any contractors with costs over \$10,000 which would require reporting on *Schedule C-3*.

We found no differences exceeding \$500. We found no contracts which should be reported on *Schedule C-3*.

5. ODM requested that we compare the 2011 non-payroll costs reported on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; and Schedule C, Indirect Cost Care Center* by chart of account code to non-payroll costs reported by chart of account code in 2010 and obtain the Provider's explanation for non-payroll variances that increased by more than five percent and \$500 from the prior year's schedules, and report adjustments exceeding \$500 and five percent of non-payroll costs on any schedule.

Non-Payroll Expenses (Continued)

We compared the 2011 non-payroll costs reported on *Schedule B-1*, *Schedule B-2*, and *Schedule C* by chart of account code to non-payroll costs reported by chart of account code in 2010 and obtained the Provider's explanation for up to five non-payroll variances that increased by more than five percent from the prior year's schedules.

The Provider stated that the increases in the water and sewage and franchise fees were due to an increase in rates on *Schedule B-1*. The Provider stated the increase in active treatment off-site day programming costs was due to an increase in census days on *Schedule B-2*. The Provider also stated the increase in Accounting was due to an increase in consultation costs and the increased Plant Operations/Maintenance Supervisor costs was due to reclassification of expenses.

We found no adjustments exceeding \$500 and five percent of non-payroll costs on any schedule.

Property

1. ODM requested we compare the Provider's procedures regarding capitalization of fixed assets used for preparing *Schedule D*, *Capital Cost Center*, *Schedule D-1*, *Analysis of Property, Plant and Equipment*; and *Schedule D-2*, *Capital Additions/Deletions* with the Cost Report Instructions and CMS Publication 15-1, and report any variances.

We compared the Provider's procedures regarding capitalization of fixed assets used for preparing *Schedule D*, *Schedule D-1*, and *Schedule D-2* with the Cost Report Instructions and CMS Publication 15-1.

We noted one inconsistency between the Provider's capitalization policy and the guidelines in that the Provider does not determine a salvage value when calculating depreciation as required by CMS Publication 15-1, 104.19, which states in pertinent part, "virtually all assets have a salvage value substantial enough to be included in calculating depreciation, and only in the rare instance is salvage value so negligible that it may be ignored".

Recommendation:

We recommend the Provider calculate a salvage value equal to 10 percent of historical cost when determining the initial net book value to be depreciated for each new capital asset purchase. See procedure 3 for corresponding adjustments.

2. ODM requested that we compare capital assets and corresponding depreciation listed on *Schedule D*, *Capital Cost Center*; *Schedule D-1*, *Analysis of Property, Plant and Equipment*; and *Schedule D-2*, *Capital Additions/Deletions* to the Provider's Depreciation Schedule and report differences exceeding \$500.

We compared capital assets and corresponding depreciation listed on *Schedule D*, *Schedule D-1*, and *Schedule D-2* to the Provider's Asset Depreciation Short Report.

We found no differences.

We also found that *Schedule D-1*, columns 1 through 6 contained information that was Home Office wide and not Provider specific as required by the Cost Report Instructions which state in pertinent part, "enter balances recorded in the facility's books at the beginning and at the end of the reporting period in the appropriate columns. Where the facility is a distinct part of a NF or ICF-MR, enter total amounts applicable only to the distinct part."

Recommendation:

We recommend the Provider prepare *Schedule D-1* by distinct ICF unit.

Property (Continued)

3. ODM requested that we select a total of three additions, renovations, and/or deletions reported on *Schedule D-1, Analysis of Property, Plant and Equipment* and *Schedule D-2, Capital Additions/Deletions* and determine if the cost basis, useful life and depreciation expense were in accordance with the Cost Report Instructions and Ohio Admin. Code § 5101:3-3-01 (BB), and report any differences.

We selected a total of two additions and one deletion reported on *Schedule D-1* and *Schedule D-2* and determined if the cost basis, useful life and depreciation expense were in accordance with the Cost Report Instructions and Ohio Admin. Code § 5101:3-3-01 (BB). We also reviewed the assets used in residential care to determine if they should be reclassified as the Costs of Ownership in accordance with Ohio Admin. Code § 5101:3 and CMS Publication 15-1.

We reported differences to reflect a salvage value on additions in Appendix A.

4. ODM requested we review rent and lease agreements to determine if any related party lease costs were recorded in accordance Ohio Admin. Code §§ 5101:3-3-01(BB) and 5101:3-3-84.3, and that non-related leases meet the requirements of FASB 13, if costs were recorded in *Schedule D, Analysis of Property, Plant and Equipment* in Lease and Rent Accounts 8060 or 8065, and report any differences.

We reviewed rent and lease agreements and determined if costs were reported in accordance with Ohio Admin. Code §§ 5101:3-3-01(BB) and 5101:3-3-84.3. We also reviewed non-related leases reported on *Schedule D* and determined if costs met the requirements of FASB 13.

We found differences to reclassify maintenance costs on equipment as reported in Appendix A.

5. ODM requested we compare the renovation costs and financing costs in the Non-extensive Renovation Letter to *Schedule D-1, Analysis of Property, Plant and Equipment* and, if costs were recorded in *Schedule E, Balance Sheet*, Account 1300, Renovations, report any differences.

We did not perform this procedure because *Schedule E, Balance Sheet* was prepared Home Office wide and not by distinct ICF as required by the Cost Report Instructions which states, "Enter balances recorded in the facility's books at the beginning and at the end of the reporting period in the appropriate columns. Where the facility is a distinct part of a NF or ICF-MR, enter total amounts applicable only to the distinct part."

Recommendation:

We recommend the Provider prepare *Schedules E* by distinct ICF unit.

6. ODM requested we review the fixed asset/depreciation listing to ensure transportation expenses were reasonable, allowable and related to patient care as defined in CMS Publication 15-1. ODM also requested we review the W-2s to determine if any corporate officers and owners who exclusively used vehicles reported additional compensation or were adjusted from allowable expenses pursuant to CMS Publication 15-1, Chapter 9, if transportation costs are recorded in *Schedule D-1, Analysis of Property, Plant and Equipment*, and report any differences.

We reviewed the Asset Depreciation Short Report to ensure transportation expenses were reasonable, allowable and related to patient care. However, we did not review W-2s as the transportation costs reported on *Schedule D-1* did not include costs of vehicles used exclusively by any corporate officers. We found no differences.

Payroll

1. ODM requested that we compare the Provider's payroll expenses to the amounts reported on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; Schedule C, Indirect Cost Care Center; Schedule C-1, Administrator's Compensation; and Schedule C-2, Owner's Relatives Compensation* and report reclassifications between schedules and adjustments resulting in decreased costs or hours exceeding five percent on any schedule.

We compared all salary, fringe benefits and payroll tax entries and hours worked reported on *Schedule B-1, Schedule B-2, Schedule C, and Schedule C-1* to the Provider's Historical Detail Trial Balance and Home Office Allocation reports to identify variances exceeding five percent of total payroll costs or hours reported on any schedule.

We found no differences exceeding five percent on any schedule.

2. ODM requested that we select a sample of five employees reported on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; Schedule C, Indirect Cost Center; and Exhibit 3, Home Office Trial Balance* and determine if any salaries and fringe benefit expenses exceeding \$500 were not properly allocated and classified or were unallowable.

We selected five employees (including all Administrators and Owners) and compared the Provider's job descriptions to the schedule in which each employee's salary and fringe benefit expenses were reported to determine if they were allowable under CMS Publication 15-1, were properly classified, allocated and allowable in accordance with Ohio Admin. Code § 5101:3, CMS Publication 15-1 Chapter 9 and Section 2150, and the Cost Report Instructions.

We found no differences.

3. ODM requested that we compare the 2011 payroll costs reported on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; Schedule C, Indirect Cost Care Center; Schedule C-1, Administrator's Compensation; and Schedule C-2, Owner's Relatives Compensation* by chart of account code to payroll costs reported by chart of account code in 2010 and obtain the Provider's explanation for five payroll variances that increased by more than five percent from the prior year's schedules. ODM asked us to report adjustments exceeding \$500 and five percent of payroll costs on any schedule.

We compared the 2011 payroll costs reported on *Schedule B-1, Schedule B-2, Schedule C, Schedule C-1 and Schedule C-2* by chart of account code to payroll costs reported by chart of account code in 2010 and found two payroll variances that increased by more than five percent and \$500 from the prior year's schedules.

The Provider stated that the increase in the Registered Nurse and Qualified Mental Retardation Professional salaries was due to the addition of a Registered Nurse and the more specific allocation to the QMRP salary category in the current year.

We found no variances exceeding \$500 and five percent of payroll costs on any schedule.

Revenues

1. ODM requested us to compare all revenues on the Provider's Revenue Ledger with those revenues reported on *Attachment 1, Revenue Trial Balance* and report differences exceeding five percent of total revenues reported.

We compared all revenues on the Provider's Revenue report with those revenues reported on *Attachment 1* to determine if all revenues were reported in accordance with Ohio Admin. Code § 5101:3, CMS Publication 15-1, and the Cost Report Instructions.

We found no differences.

2. ODM requested that we scan the Provider's Revenue Ledger to identify any revenue offsets/applicable credits exceeding \$500 which the Provider did not record on *Attachment 2, Adjustments to Trial Balance* or were not offset against expenses on *Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; or Schedule C, Indirect Cost Care Center*.

We scanned the Provider's Revenue report for revenues which roll up to *Attachment 1* and expenses on *Schedule B-1, Schedule B-2, or Schedule C* to identify any revenue offsets or applicable credits which were not reported on *Attachment 2 or Schedule B-1, Schedule B-2 or Schedule C* to offset corresponding expenses in accordance with CMS Publication 15-1, Chapters 1, 6 and 8.

We did not identify any unrecorded revenue offsets or applicable credits exceeding \$500.

Assets, Liabilities and Owner's Equity

ODM requested us to perform procedures 1 through 6 below if the Provider was a for-profit provider and if *Schedule E-1, Return on Equity Capital of Proprietary Providers* reported equity above zero.

1. ODM requested we compare Assets and Liabilities on the *Schedule E, Balance Sheet* with the Provider's trial balance report and other supporting documentation for those accounts greater than five percent of total reported assets or liabilities. ODM requested that we identify any amount was unsupported, unallowable or improperly classified per Ohio Admin. Code § 5101:3, CMS Publication 15-1, or the Cost Report Instructions.

We did not perform this procedure because the Provider indicated on *Schedule A* of the Cost Report that it is a nonprofit corporation.

2. ODM requested we determine if the Provider is on a proper accrual basis and if their accrual policies are applied consistently between periods as required by the Cost Report Instructions, and report any differences.

We did not perform this procedure because the Provider indicated on *Schedule A* of the Cost Report that it is a nonprofit corporation.

3. ODM requested we compare the Provider's ending account balance with beginning balance for all accounts on *Schedule E, Balance Sheet* and obtain an explanation for any account ending balance with variances exceeding 25 percent or \$100,000 of the beginning balance, and report any adjustments.

We did not perform this procedure because the Provider indicated on *Schedule A* of the Cost Report that it is a nonprofit corporation.

Assets, Liabilities and Owner's Equity (Continued)

4. ODM requested we compare the savings account balance on the trial balance report to *Schedule E, Balance Sheet* to determine if total cash on hand from investments/savings exceeds three months of the Provider's total annual operating expenses as reported *Schedule A-3, Summary of Costs* and is not allowable equity as Invested Funds, pursuant to CMS Pub. 15-1, Section 1218.2, and report any differences.

We did not perform this procedure because the Provider indicated on *Schedule A* of the Cost Report that it is a nonprofit corporation.

5. ODM requested we compare reconciling items on the bank reconciliation report/schedule with the December 2011 bank statement and trial balance report, and report any differences.

We did not perform this procedure because the Provider indicated on *Schedule A* of the Cost Report that it is a nonprofit corporation.

6. ODM requested we compare amounts reported on *Schedule E-1, Return on Equity Capital of Proprietary Providers* to supporting documentation to ensure net equity calculations for Capital, Due from Owners/Officers, Related Party Loans, Equity in Assets Leased from Related Parties, or Home Office Equity were in accordance with CMS Publication 15-1 and Ohio Admin. Code § 5101:3-3-01(BB), and report any differences.

We did not perform this procedure because the Provider indicated on *Schedule A* of the Cost Report that it is a nonprofit corporation.

We did not receive a response from officials to the exceptions noted above.

We were not engaged to and did not conduct an audit, the objective of which would be the expression of an opinion on the Provider's Cost Report. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the use of the managements of the Provider, the Ohio Department of Medicaid, and the Centers for Medicare and Medicaid Services and, is not intended to be, and should not be used by anyone other than these specified parties.



Dave Yost
Auditor of State

September 3, 2014

Appendix A
Champaign Residential Services, Inc. – South High Street Home
2011 Medicaid ICF-MR Cost Report Adjustments

	Reported Amount	Correction	Corrected Amount	Explanation of Correction
Schedule C Indirect Care Cost Center				
52. Repair and Maintenance - 7340 - Other/Contract Wages (2)	\$ 2,591	\$ 48	\$ 2,639	To reclassify operating lease
Schedule D Capital Cost Center				
1. Depreciation - Building - 8010 - (3) Total	\$ 8,053	\$ (28)	\$ 8,025	To correct depreciation using salvage value on additions
6. Lease and Rent - Building - 8060 - Total (3)	\$ 48	\$ (48)	-	To reclassify operating lease
Schedule D-1 Analysis of Property, Plant and Equipment				
2. Buildings - Depreciation this Period (7)	\$ 8,053	\$ (28)	\$ 8,025	To correct depreciation using salvage value on additions

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**CHAMPAIGN RESIDENTIAL SERVICES, INC. –SOUTH HIGH STREET HOME
CHAMPAIGN COUNTY**

CLERK'S CERTIFICATION

This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.

Susan Babbitt

CLERK OF THE BUREAU

**CERTIFIED
OCTOBER 9, 2014**