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INDEPENDENT ACCOUNTANTS' REPORT ON APPLYING AGREED-UPON PROCEDURES

Ohio Department of Medicaid
50 West Town Street, Suite 400
Columbus, Ohio 43215

We have performed the procedures enumerated below on the Voca Corporation of Ohio DBA Market Avenue Group Home's Medicaid Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) Cost Report and Medicaid payments for the year ended December 31, 2021 and certain compliance requirements related to the Cost Report and Medicaid services included in the information provided to us by the management of the ICF-IID. The ICF-IID is responsible for the Cost Report for the year ended December 31, 2021 and certain compliance requirements related to the Cost Report and Medicaid services included in the information provided to us by the ICF-IID.

The Ohio Department of Medicaid and the Ohio Department of Developmental Disabilities have agreed to and acknowledged that the procedures performed are appropriate to meet the intended purpose of providing assistance in the evaluation of the ICF-IID's Cost Report for the year ended December 31, 2021, and certain compliance requirements related to the Cost Report and Medicaid services. No other party acknowledged the appropriateness of the procedures. This report may not be suitable for any other purpose. The procedures performed may not address all the items of interest to a user of the report and may not meet the needs of all users of the report and, as such, users are responsible for determining whether the procedures performed are appropriate for their purposes. The sufficiency of the procedures is solely the responsibility of the parties specified in the report. 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.

The procedures and the associated findings are as follows:

Census Data and Medicaid Paid Claims

1. We footed the Census by Location report. There were no computational errors. We compared the total of inpatient and leave days from the census report to *Schedule A-1, Summary of Inpatient Days*. There were no omitted days.
2. We selected eight residents from the Census by Location report and included residents with leave days in the selection. We obtained the medical records for the selected individuals for one month and confirmed the ICF-IID maintained service documentation for each selected date as required by Ohio Admin. Code §§ 5123-7-12(H) and 5123:2-3-04(I). We found no omitted days.

For any reimbursed leave days, we totaled leave days for each resident for the year from the Census by Location report and medical records. For any days over 30, we confirmed that the days were prior authorized as required by Ohio Admin. Code § 5123-7-08(E).

3. We compared the number of reimbursed Medicaid days with the total Medicaid days reported on *Schedule A-1*. We found that reported days are equal to net Medicaid reimbursed days.

Revenue

1. We agreed the revenue reported on *Attachment 1, Revenue Trial Balance* to the Detailed Revenue Ledgers and with the chart of account classifications in the Appendix to Ohio Admin. Code § 5123-7-12. There were no variances.
2. We scanned the description in the Detailed General Ledger for any discounts, allowances or refunds or rebates and compared these entries to the chart of account codes on *Attachment 2, Adjustments to Trial Balance; Schedule B-1, Other Protected Costs; Schedule B-2, Direct Care Cost Center; or Schedule C, Indirect Cost Care Center*. We found no unreported offsets or reclassifications between schedules.

Non-Payroll Expenses

1. We compared all non-payroll expenses from the Mapping Trial Balance, Home Office, Core and Residential Allocation worksheets to *Schedule B-1, B-2 and C*. We found no variances.
2. We scanned the General Ledger Detail for potentially unallowable or improperly allocated costs and costs with no business purpose associated with the ICF-IID per CMS Publication 15-1, § 2102 to 2139 and § 2302.4.

We selected 30 non-payroll expenses and 10 home office expenses from *Schedules B-1, B-2, and C* and obtained the invoice and/or contract for each expense, and, if the purpose of the expense was unclear, we inquired with the ICF-IID. Using this documentation and any additional explanations, we performed the following procedures on each expense:

- We confirmed if the documentation for the full cost was maintained as required by Ohio Admin. Code § 5123-7-12(H). We found variances resulting in decreased costs as reported in the Appendix.
- We footed the invoice/documentation for accuracy. We found no computational differences resulting in decreased costs. We compared the invoice rate to the contracted rate. We found variances within the rates as reported in the Appendix.
- We compared the documentation for each expense to the unallowable categories listed in CMS Publication 15-1, § 2102 to 2139. We found non-federal reimbursable costs as reported in the Appendix. For these errors, we scanned the corresponding invoices to identify any additional similar errors or misclassifications and found none.
- We compared the documented type of non-payroll expense to the schedule and chart of account classification reported on the Cost Report and to the chart of account classifications in the Appendix to Ohio Admin. Code § 5123-7-12 and the Instructions for completing the Ohio Department of Developmental Disabilities calendar year cost report for Intermediate Care Facilities for Individuals with Intellectual Disabilities Cost Report (Cost Report Instructions). We found variances between schedules exceeding \$500 as reported in the Appendix. For these errors, we scanned the corresponding invoices to identify any additional similar errors or misclassifications and found none.
- We documented the name and type of expense and inquired with ICF-IID to confirm that the business purpose of the expense benefitted the ICF-IID in accordance with CMS Publication 15-1 § 2302.4. We found no cost that did not benefit the ICF-IID.
- We compared the cost and type of expense on the documentation to Ohio Admin. Code § 5123-7-18 and the ICF's Depreciation/ Capitalization Policy to confirm that the expense was not a capital asset. We found no unidentified capital assets.

Non-Payroll Expenses (Continued)

- We compared the cost methodology and allocation statistics for each expense to the allowable methods per CMS Publication 15-1 § 2302.4. We found no variances resulting in decreased costs. We confirmed each amount was expensed during 2021 and used the proper accounting basis in accordance with the Cost Report instructions.
3. We compared the cost methodology used in the Home Office, Core and Residential Allocation worksheets for *Schedules B-1, B-2 and C* and to Ohio Admin. Code § 5123-7-12 and CMS Publication 15-1, § 2150. There were no reclassifications or adjustments resulting in decreased costs.

Property

1. We compared the initial square footage and year of construction of the 2424 Market Avenue NW facility from the Stark County Auditor's Property records to *Attachment 9, Fair Rental Value Survey*. There were no differences in the year or square footage variances exceeding 10 percent.
2. We compared the project year, type and cost for five recent renovations from the invoices to *Attachment 9, Log 2: Renovations Projects*. We also compared the type and cost of the renovation to the Cost Report Instructions. There was a variance in the project year for one renovation as reported in the Appendix.
3. We compared the square footage and year of construction of the 805 North Whittington Parkway home office and the 3969 Convenience Circle NW core office from the Home Office square footage summary, property lease information and Stark County Property tax records to *Attachment 9: Log 3: Secondary Buildings* and the Cost Report instructions. There were variances for square footage and year of construction for the core office as reported in the Appendix.

We also compared the utilization percentage from the Home Office and Residential and Core Allocation worksheets to Attachment 9, the Cost Report Instructions and CMS Publication 15-1 §§ 2150 and 2302.4. There were no decreases in utilization percentage.

4. We compared equipment depreciation from the Fixed Asset/Depreciation Schedule, Home Office, Residential and Core Office Allocation worksheets and General Ledger Detail to *Schedule D, Capital Cost Center* and the Cost Report Instructions. There were no unsupported costs.

We scanned the Fixed Asset/Depreciation Schedule and General Ledger Detail to identify any reported loss on *Schedule D* no in accordance with CMS Publication 15-1, § 104.10(E). We found no capital loss.

We selected one capital asset each from account 8040 and 8090 which were being depreciated in the first year. We recalculated the first year's depreciation for the two assets selected, based on the Cost Report instructions and useful lives prescribed in the 2018 American Hospital Association (AHA) Asset Guide and Appendix A of Ohio Admin. Code § 5123:2-7-18.

We compared the recalculated depreciation to the reported depreciation and found a variance resulting in decreased costs as reported in the Appendix.

Payroll

1. We compared all salary and fringe benefits on the Mapping Trial Balance to *Schedules B-1, B-2, and C*. There were no variances resulting in decreased costs.

Payroll (Continued)

We compared hours and percentage of time worked and salaries from the Administrative Wage Allocation report to *Schedule C-1, Administrator's Compensation*. There were no variances resulting in decreased costs.

2. We obtained the Payroll Disbursement Journal and selected five employees reported on *Schedules B-2, C and C-1* and obtained the organizational chart, job description and Mapping Trial Balance (payroll documentation) and if the programs with benefit from the employees' work is unclear, we inquired with the ICF-IID. We performed the following procedures on each selected employee:
 - We compared the employee payroll documentation to the Cost Report and confirmed if documentation for the full cost was maintained as required by Ohio Admin. Code § 5123-7-12(H). There were no variances for unsupported expenses.
 - We compared the employee payroll documentation for each expense to the unallowable categories listed in CMS Publication 15-1, § 2102 to 2139 and determined if the cost benefitted the Medicaid program in accordance with CMS Publication 15-1 § 2302.4. We found no non-reimbursable costs.
 - We compared the employee payroll documentation to the schedule and account classification reported on the Cost Report and to the chart of account classification in the Appendix to Ohio Admin. Code § 5123-7-12 and to the Cost Report instructions. We found no reclassifications between schedules exceeding \$500.
 - We compared the cost methodology and allocation statistics for each expense to the allowable methods per CMS Publication 15-1 § 2302.4 and determined if each amount was expensed during 2021 and used the proper accounting basis in accordance with the Cost Report instructions. We found no variances resulting in decreased costs.

Contracted Personnel

1. We selected two contracted personnel reported on *Schedules B-2* and obtained the corresponding contracts, contract invoices, and one month of timesheets/documentation of work performed by each contract employee, and if the purpose of the contract expense is unclear, we inquired with the ICF-IID (contract documentation). Using this documentation, we performed the following procedures on the selected contracted personnel:
 - We compared contract documentation to the invoices and General Ledger Detail and Cost Report instructions to confirm documentation for the full cost was maintained as required by Ohio Admin. Code § 5123-7-12(H) for one contractor and found no variances. The ICF stated there was no monthly invoice documentation for 2021 for another contractor and we reclassified these unsupported costs as reported in the Appendix.
 - We footed the contract invoice for one contractor and found no computational errors resulting in decreased costs. We compared the invoice rate to the contracted rate and found variances within the rates as reported in the Appendix.
 - We compared the contract documentation to the unallowable categories listed in CMS Publication 15-1, § 2102 to 2139 and determined if the costs benefitted the ICF-IID in accordance with CMS Publication 15-1 § 2302.4. We found no unallowable costs or costs that did not benefit the ICF-IID.
 - We compared the documented contract cost and type of expense to the schedule and chart of account classification reported on the Cost Report and to the chart of account classification in the Appendix to Ohio Admin. Code § 5123-7-12. We found no reclassifications between schedules exceeding \$500.
 - We compared the cost methodology and allocation statistics for each expense to the allowable methods per CMS Publication 15-1 § 2302.4. We found no variances resulting in decreased costs.

Contracted Personnel (Continued)

- We confirmed each amount was expensed during 2021 and used the proper accounting basis in accordance with the Cost Report Instructions. We found no variances resulting in decreased costs.

We were engaged by the Ohio Department of Medicaid to perform this agreed-upon procedures engagement and conducted our engagement in accordance with the attestation standards established by the American Institute of Certified Public Accountants (AICPA). We were not engaged to, and did not conduct an examination or review engagement, the objective of which would be the expression of an opinion or conclusion, respectively, on the ICF-IID's Cost Report and compliance with certain laws and regulations. Accordingly, we do not express an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

We are required to be independent of the ICF-IID and to meet our ethical responsibilities, in accordance with the ethical requirements established by the AICPA related to our agreed upon procedures engagement.



Keith Faber
Auditor of State
Columbus, Ohio

March 1, 2023

Appendix
Voca Corporation of Ohio DBA Market Avenue Group Home
Medicaid ICF-IID Cost Report Adjustments

| | Reported Amount | Correction | Corrected Amount | Explanation of Correction |
|---|----------------------------|-------------------|-----------------------------|---|
| Schedule B-1 Other Protected Costs | | | | |
| 2. Medical Supplies - medicare non billable - 6001 - Other/Contract Wages (2) | \$ 18,146 | \$ (571) | | To reclassify universal precaution and incontinence supplies to Schedule C |
| | | \$ (569) | | To reclassify enterals and personal, dietary, and incontinence supplies to Schedule C |
| | | \$ (1,318) | \$ 15,688 | To reclassify enterals, dietary and universal precaution supplies to Schedule C |
| Schedule B-2 Direct Care Cost Center | | | | |
| 14. Psychologist - 6175 - Other/Contract Wages (2) | \$ 1,442 | \$ (1,442) | \$ - | To reclassify contract costs without invoices as non-reimbursable costs |
| 30. Physical Therapist - 6600 - Other/Contract Wages (2) | \$ 9,025 | \$ (200) | | To reclassify contract costs in excess of contract rate as non-reimbursable costs |
| | | \$ (25) | | To reclassify contract costs in excess of contract rate as non-reimbursable costs |
| | | \$ (225) | | To reclassify contract costs in excess of contract rate as non-reimbursable costs |
| | | \$ (25) | \$ 8,550 | To reclassify contract costs in excess of contract rate as non-reimbursable costs |
| Schedule C Indirect Care Cost Center | | | | |
| 4. Dietary Supplies and Expenses - 7025 - Other/Contract Wages (2) | \$ 861 | \$ 33 | | To reclassify dietary supplies to Schedule C |
| | | \$ 34 | \$ 928 | To reclassify dietary supplies to Schedule C |
| 11. Enterals: Medicare Non-Billable - 7056 - Other/Contract Wages (2) | \$ - | \$ 113 | | To reclassify enterals to Schedule C |
| | | \$ 713 | \$ 826 | To reclassify enterals to Schedule C |
| 22. Incontinence Supplies - 7115 - Other/Contract Wages (2) | \$ - | \$ 312 | | To reclassify incontinence supplies to Schedule C |
| | | \$ 273 | \$ 585 | To reclassify incontinence supplies to Schedule C |
| 23. Personal Care - Supplies - 7120 - Other/Contract Wages (2) | \$ 518 | \$ 150 | \$ 668 | To reclassify personal supplies to Schedule C |
| 37. Universal Precaution Supplies - 7255 - Other/Contract Wages (2) | | \$ 258 | | To reclassify universal precaution supplies to Schedule C |
| | | \$ 571 | \$ 829 | To reclassify universal precaution supplies to Schedule C |
| 48. Home Office Costs/Indirect Care ** - 7310 - Other/Contract Wages (2) | \$ 112,792 | \$ 6 (11) | \$ 112,781 | To reclassify private jet costs as non-reimbursable costs |

Appendix
Voca Corporation of Ohio DBA Market Avenue Group Home
Medicaid ICF-IID Cost Report Adjustments

| | Reported Amount | Correction | Corrected Amount | Explanation of Correction |
|--|----------------------------|-------------------|-----------------------------|---|
| Schedule C Indirect Care Cost Center (Continued): | | | | |
| 68. Other Non-Reimbursable - Specify | | | | To reclassify private jet costs as non-reimbursable costs |
| Below - 9725 - Alloc (6) | \$ - | \$ 11 | | |
| | | \$ 1,442 | | To reclassify contract costs without invoices as non-reimbursable costs |
| | | \$ 200 | | To reclassify contract costs in excess of contract rate as non-reimbursable costs |
| | | \$ 25 | | To reclassify contract costs in excess of contract rate as non-reimbursable costs |
| | | \$ 225 | | To reclassify contract costs in excess of contract rate as non-reimbursable costs |
| | | \$ 25 | \$ 1,928 | To reclassify contract costs in excess of contract rate as non-reimbursable costs |

Schedule D Capital Cost Center

| | | | | |
|--|----------|--------|----------|---------------------------------|
| 4. Depreciation - Equipment - 8040 - Total (3) | \$ 1,335 | \$ (4) | \$ 1,331 | To correct depreciation expense |
|--|----------|--------|----------|---------------------------------|

Attachment 9, Fair Rental Value Survey
Fair Rental Value Log 2: Renovations
Projects Log

| | | | | |
|-----------------|------|-----|------|-------------------------|
| 4. Project Year | 2015 | (1) | 2014 | To correct project year |
|-----------------|------|-----|------|-------------------------|

Fair Rental Value Log 3: Secondary Buildings

| | | | | |
|---|------|-------|------|--|
| 2. Home Office Record Storage, Year of Construction | 1970 | 13 | 1983 | To correct the Year of Construction |
| 2. Home Office Record Storage, Total Square Footage | 3500 | (700) | 2800 | To correct secondary building square footage to reflect current building |

OHIO AUDITOR OF STATE KEITH FABER



VOCA CORPORATION OF OHIO DBA MARKET AVENUE GROUP HOME

STARK COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

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



Certified for Release 3/28/2023

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This report is a matter of public record and is available online at
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