



Dave Yost • Auditor of State

**NEW AVENUES TO INDEPENDENCE, INC. - LAKEWOOD
CUYAHOGA COUNTY**

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Independent Accountant's Report on Applying Agreed-Upon Procedures

Mr. John Maynard, Program Integrity Director
Bureau of Audit Performance
Ohio Department of Medicaid
50 W. Town St., Suite 400
Columbus, OH 43215

Dear Mr. Maynard:

As required by Ohio Rev. Code § 5124.08 and Ohio Admin. Code § 5123:2-7-12 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 New Avenues - Lakewood (hereafter referred to as the Provider) prepared its JFS 02524 ICF Medicaid Cost Report for the period January 1, 2013 through December 31, 2013 in accordance with the Ohio Admin. Code Chapter 5123:2-7 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 audit period 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 patient days were greater than those reported on *Schedule A-1, Summary of Inpatient Days*.

We compared the Provider's patient days on the Monthly Census 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 patient days were greater than reported.

2. ODM requested that we report variances to *Schedule A-1, Summary of Inpatient Days* if total patient days for five individuals were greater than those reported for one month. 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 in excess of 30 in a calendar year received the proper authorization on form JFS 09402 in accordance with Ohio Admin. Code § 5123:2-7-08.

We haphazardly selected 5 residents' medical records and compared the total days the resident was in the Provider's care for December 2013 with the total inpatient days reported on the Daily Census reports and *Schedule A-1*.

Occupancy and Usage (Continued)

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

However, we found seven unauthorized bed hold days for one resident above the 30 bed hold days allowed under the above provision. We removed the unauthorized bed hold days in Appendix A and reported this instance of non-compliance in the Recoverable Findings in Medicaid Paid Claims section below.

3. 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 five residents in one month and report any variances if the claims did not meet the applicable documentation requirements.

We selected all paid claims for five residents for December 2013 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, Ohio Admin. Code § 5123:2-7-12 and if the days billed met the specific requirements of Ohio Admin. Code § 5123:2-7-08 (C) to (I) as an occupied or bed hold day and Ohio Admin. Code § 5123:2-7-15 for the payment adjustment requirements for resident's admission, discharge or death.

We found no instances of non-compliance with these documentation requirements. However, we noted non-compliance with unauthorized bed hold days in our Occupancy and Usage procedures.

Recoverable Finding: \$1,662.84

We found seven unauthorized bed hold days above the 30 bed hold days allowed under Ohio Admin. Code § 5123:2-7-08 and identified a recoverable finding for these days in the amount of \$1,662.84.

Revenue

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 any variances exceeding \$500 resulting in decreased costs on any schedule.

We compared all revenues on the Provider's Detailed General Ledger Standard and Trial Balance – Combined Totals reports with those revenues reported on *Attachment 1* to determine if all revenues were reported in accordance with the Appendix to Ohio Admin. Code § 5123:2-7-16 and CMS Publication 15-1.

We found differences exceeding \$500 as reported in Appendix A.

2. ODM requested we scan the Provider's Revenue Ledger to identify any revenue offsets/applicable credits 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 Care Cost Center*. ODM also asked us to report any reclassifications between schedules and adjustments exceeding \$500 resulting in decreased costs on any schedule.

We scanned the Provider's Detailed General Ledger Standard and Trial Balance – Combined Totals reports for revenues which roll up to *Attachment 1* and expenses on *Schedule B-1, Schedule B-2, and 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 revenue offsets/applicable credits exceeding \$500 on any schedule.

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 to the Provider's General ledger report*. ODM also asked us to report any variances exceeding \$500 resulting in decreased costs on any schedule.

We compared all non-payroll expenses reported on *Schedule B-1, Schedule B-2, and Schedule C* to the Provider's Detail General Ledger – Standard report.

We found no differences exceeding \$500 on any schedule.

2. ODM requested that we select 20 non-payroll disbursements 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 these expenses had supporting documentation, were properly allocated and classified and were allowable expenses per Ohio Admin. Code Chapter 5123:2-7 and CMS Publication 15-1. ODM also asked us to report any reclassifications between schedules and adjustments exceeding \$500 resulting in decreased costs on any schedule.

We selected 20 non-payroll expenses in total from non-payroll accounts on *Schedule B-1, Schedule B-2, Schedule C and Exhibit 3* and determined if these expenses had supporting documentation, were properly allocated and classified and were allowable expenses per Ohio Admin. Code § 5123:2-7 and CMS Publication 15-1.

We found no differences exceeding \$500 on any schedule.

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; and Schedule C, Indirect Cost Care Center* and determine if it was reasonable, allowable, related to residential care, and properly classified in accordance with Ohio Admin. Code Chapter 5123:2-7 and CMS Publication 15-1, Section 2150. ODM requested that we report any reclassifications between schedules and adjustments resulting in decreased Home Office costs exceeding five percent of Home Office costs reported on any schedule.

We reviewed the allocation methodology used in the Provider's Home Office Trial Balance allocating costs on *Schedule B-1, Schedule B-2, Schedule C, Schedule D* to determine whether it was reasonable, allowable, related to residential care, and properly classified in accordance with Ohio Admin. Code Chapter 5123:2-7 and CMS Publication 15-1, Section 2150.

Non-Payroll Expenses (Continued)

We noted that the Provider allocated Home Office Costs on *Schedules B-1, C and D* were based on revenues and *Schedule B-2* was based on number of full time employees rather than the allocation methodology required per CMS Publication 15-1 Section 2150 which states in pertinent part, "for home office account periods beginning on or after January 1, 1983: Pooled home office costs must be allocated to chain components on the basis of total costs if the chain is composed of either unlike health care facilities".

We received recalculated Home Office costs from the Provider and noted that it did not result in decreased Home Office costs exceeding five percent on any schedule.

Recommendation:

We recommend the Provider implement an allocation methodology required by CMS and allocate pooled Home Office expenses based on total expenses.

We recommend the Provider allocate Home Office costs based on total costs in accordance with CMS Publication 15-1, Section 2150.

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. ODM also asked us to report any reclassifications between schedules and adjustments exceeding \$500 resulting in decreased costs on any schedule 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 Detail General Ledger – Standard report for non-payroll expenses exceeding \$500 reported on *Schedule B-1, Schedule B-2, and Schedule C* for non-federal reimbursable costs or costs not classified in accordance with Ohio Admin. Code Chapter 5123:2-7 and CMS Publication 15-1. We also scanned for any contractors which would require reporting on *Schedule C-3*.

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

5. ODM requested that we compare the 2013 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 2012 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.

We compared the 2013 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 2012 and obtained the Provider's explanation for five non-payroll variances.

The Provider stated that the decrease in Water and Sewage costs on *Schedule B-1* was due to water leak repairs. The decrease in Physical Therapy costs on *Schedule B-2* was due to only one individual needing an evaluation and these services. The increase in Communication costs on *Schedule C* was due to allocating nurse cell phones at the facility and the increase in Housekeeping costs was due to deep cleaning of carpets and furniture.

We reported 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 Ohio Admin. Code Chapter 5123:2-7 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 Ohio Admin. Code Chapter 5123:2-7 and CMS Publication 15-1.

We found 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 "Virtually all assets have a salvage value substantial enough to be included in calculating depreciation, and only in 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.

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 Asset Depreciation Report and Monthly Abbreviated Depreciation Report, and report any reclassifications and adjustments exceeding \$500 resulting in decreased costs on any schedule.

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

We found no differences exceeding \$500 on any schedule.

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 Ohio Admin. Code Chapter 5123:2-7 and report differences resulting in any reclassifications and adjustments exceeding \$500 which result in decreased costs on any schedule.

We selected three additions reported on *Schedule D-1 and Schedule D-2* and determined if the cost basis, useful life and depreciation expense were reported in accordance with Ohio Admin. Code Chapter 5123:2-7. We also determined if assets were used in residential care or should be reclassified as the Costs of Ownership in accordance with Ohio Admin Chapter 5123:2-7 and CMS Publication 15-1.

We found no differences exceeding \$500 on any schedule.

Property (Continued)

4. ODM requested we review the rent and lease agreements to determine if any related party lease costs were recorded in accordance CMS Publication 15-1, Section 1011.5, and Ohio Admin. Code § 5123:2-7-24(D) and that non-related leases meet the requirements of FASB 13 and Ohio Admin. Code § 5123:2-7-24(B) and related FASB guidance on leasehold improvements, if costs were recorded in *Schedule D, Analysis of Property, Plant and Equipment* in Lease and Rent Accounts 8060 or 8065, and report any reclassifications and adjustments exceeding \$500 which result in decreased costs on any schedule.

We reviewed a lease agreements and we found no differences exceeding \$500 on any schedule.

5. ODM requested we compare the renovation and financing costs in the Non-extensive Renovation Letter to *Schedule D-1, Analysis of Property, Plant and Equipment*, if costs were recorded in *Schedule E, Balance Sheet*, Account 1300, Renovations, and report reclassifications and adjustments exceeding \$500 which result in decreased costs on any schedule.

We were unable to perform this procedure because the Provider could not locate the Non-Extensive Renovation Letters supporting costs on *Schedule E*.

6. ODM requested we review the Depreciation Expense Report 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*. ODM asked us to report any reclassifications and adjustments exceeding \$500 which result in decreased costs on any schedule.

We did not perform this procedure because no depreciation expense related to transportation was reported on *Schedule D-1*.

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*. ODM also asked us to report any variances exceeding \$500 resulting in decreased costs 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, Schedule C-1 and Schedule C-2* to the Provider's Detail General Ledger – Standard report to identify variances exceeding five percent of total payroll costs or hours reported on any schedule.

We found differences exceeding \$500 as reported in Appendix A.

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 per Ohio Admin. Code Chapter 5123:2-7 and CMS Publication 15-1. ODM also asked us to report any reclassifications between schedules and adjustments exceeding \$500 resulting in decreased costs on any schedule.

Payroll (Continued)

We selected five employees (including all Administrators and Owners) and compared the Provider's employee personnel file, organizational chart, and job descriptions to the schedule in which each employee's salary and fringe benefit expenses were reported to determine if the payroll costs were allowable under CMS Publication 15-1, were properly classified, allocated and allowable in accordance with Ohio Admin. Code Chapter 5123:2-7 and CMS Publication 15-1, Chapter 9 and Section 2150.

We found no differences exceeding \$500 on any schedule.

3. ODM requested that we compare the 2013 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 2012 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 2013 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 2012 and found five payroll variances that increased by more than five percent from the prior year's schedules.

The Provider stated that the increase in Nurse Aides Cost on *Schedule B-2* was due to lack of a nursing assistant during 2012. The increase in Activity Staff costs was due to having additional individuals in 2013 and the increase in Program Director costs was due to extra personnel assigned to this account in 2013. The increase in Other Administrative Personnel on *Schedule C* was due to the hiring of a community relation coordinator.

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.

Sincerely,



Dave Yost
Auditor of State

November 3, 2015

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Appendix A
New Avenues To Independence Inc. - Lakewood
Intermediate Care Facility
2013 Medicaid ICF Cost Report Adjustments

	Reported Amount	Correction	Corrected Amount	Explanation of Correction
Schedule A-1 Summary of Inpatient Days				
11. November - Leave Days for Visits with Friends and Relatives (5)	13	(1)	12	To correct for unauthorized bed hold days in excess of 30
12. December - Leave Days for Visits with Friends and Relatives (5)	21	(6)	15	To correct for unauthorized bed hold days in excess of 30
Schedule B-2 Direct Care Cost Center				
22. Active Treatment Off-site Day Programming - 6215 - Other/Contrac	\$ 104,502	\$ (3,558)	\$ 100,944	To correct payroll tracing variance
Attachment 1				
3. Medicaid	\$ 747,854	\$ (7,169)	\$ 740,685	To correct loss posted as a gain.

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NEW AVENUE TO INDEPENDENCE

CUYAHOGA 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
JANUARY 26, 2016**