



OHIO AUDITOR OF STATE
KEITH FABER



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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 intermediate care facility for individuals with intellectual disabilities, Echoing Hills Village, Inc. DBA Echoing Woods Residential Center's (the ICF-IID) Medicaid ICF-IID Cost Report and Medicaid payments for the year ended December 31, 2019 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 Medicaid ICF-IID Cost Report for the year ended December 31, 2019 and certain compliance requirements related to the Cost Report and Medicaid services included in the information provided to us by the ICF-IID.

The Department of Medicaid and the 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, 2019, 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:

Occupancy and Usage

1. We footed the Monthly Total Facility Census and Summary of Inpatient Days reports. There were no computational errors.

We compared the number of Medicaid and non-Medicaid patient days from the Monthly Total Facility Census reports to the Summary of Inpatient Days report and then compared the Summary report to *Schedule A-1, Summary of Inpatient Days*. There were no omitted days.

2. We selected eight residents' medical records for August 2019 and compared the total days of care with inpatient days reported on the Monthly Total Facility Census and *Schedule A-1*. There were no omitted days.

Medicaid Paid Claims

1. We selected paid claims for one month from the Quality Decision Support System (QDSS) for the eight residents selected in the Occupancy and Usage procedure and compared the reimbursed days to the days documented per the resident's medical records and to the payment adjustment requirements for resident's admission, discharge or death in the Ohio Admin. Code § 5123:2-7-15. We found no unsupported or unallowable reimbursed days.

Medicaid Paid Claims (Continued)

We compared the medical records and documentation of the authorized bed hold days in excess of 30 in a calendar year and any waiver respite days to the paid claims data. There were no waiver respite days.

Recoverable Finding: \$1,934.54

The Provider was reimbursed for seven unauthorized bed hold days for three recipients between September and December 2019. We calculated a recoverable finding based on the payments for these seven days.

2. We compared the total number of reimbursed days per QDSS with the total Medicaid days on *Schedule A-1*. The reported days equaled the paid days.

Revenue

1. We compared the revenues on the General Ledger to the Trial Balance and from the Trial Balance to *Attachment 1, Revenue Trial Balance* and the Appendix to Ohio Admin. Code § 5123-7-12, and CMS Publication 15-1. There were no variances.
2. We scanned the General Ledger for any revenue offsets or applicable credits which were not reported 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* to offset corresponding expenses in accordance with CMS Publication 15-1, Chapters 1, 6, and 8. There were no omitted revenue offsets/applicable credits.

Non-Payroll Expenses

1. We compared all non-payroll expenses on the Corporate and Montgomery County Regional Office General Ledgers to the Corporate and Montgomery County Regional Office worksheets and from the Regional Office worksheets and Echoing Woods General Ledger to the Trial Balance and from the Trial Balance to *Schedule B-1, B-2 and C*. There were no variances.
2. We scanned the General Ledgers and selected 30 non-payroll expenses and 10 home office expenses from *Schedules B-1, B-2, and C* and compared supporting documentation to Ohio Admin. Code § 5123-7-12, the Cost Report Instructions for ICF-IID and CMS Publication 15-1 to confirm costs were properly allocated, classified, and allowable. There were no reclassifications between schedules exceeding \$500. There were adjustments resulting in decreased costs as reported in the Appendix. We scanned the corresponding invoice and found no similar errors or misclassifications.
3. We compared the cost methodology used in the Corporate and Montgomery County Regional Office worksheets for *Schedules B-1, B-2 and C* and to Ohio Admin. Code § 5123-7-12 and CMS Publication 15-1, Section 2150. There were no variances.

Property

1. We compared the year of initial construction and square footage of the 5455 Salem Bend Road facility from the Montgomery County Auditor's Property records to *Attachment 9, Fair Rental Value Survey*. There were differences in the year of initial construction and square footage as reported in the Appendix.

Property (Continued)

2. We compared the square footage and project year for one removal from the Residential Care Facility License to *Attachment 9, Log 1: Additions and Removals* and the Cost Report Instructions and Ohio Admin. Code § 5123-7-12. There were no variances.
3. We compared the project year and cost for five renovations from the invoices to *Attachment 9, Log 2: Renovations Projects*. We also compared the type and cost of the additions to the Cost Report Instructions for ICF-IID. There were no variances in the year or decreases in costs.
4. We compared the square footage and year of construction of two buildings located at 36272 County Road 79 facility from the Coshocton County Property tax records and a construction invoice to *Attachment 9: Log 3: Secondary Buildings*. There were no year variances and no square footage variance exceeding 10 percent.

We also compared the utilization percentage from the Corporate Office Allocation worksheet to *Attachment 9* and the Cost Report Instructions and CMS Publication 15-1. There were no variances.

5. We compared equipment depreciation costs from the Fixed Assets, Depreciation and Amortization - Current Assets schedule, Montgomery County Regional Office worksheet to *Schedule D, Analysis of Property, Plant, and Equipment*, the Cost Report Instructions and CMS Publication 15-1. There was a variance resulting in decreased costs as reported in the Appendix.

We selected one capital asset each from accounts 8040, 8050, and 8090 which were being depreciated in the first year. We recalculated the first year's depreciation for the three 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. There were no variances resulting in decreased costs.

Payroll

1. We compared the salaries, payroll taxes and fringe benefit costs from the General Ledger to the Trial Balance and from the Trial Balance to *Schedule B-1; Schedule B-2; and Schedule C*. We also compared hours worked and salaries from the Montgomery Regional Office Worksheet to *Schedule C-1, Administrator's Compensation*. There were no variances.
2. We selected a sample of five employees and two contracted individuals reported on *Schedule B-1, Schedule B-2, Schedule C, and C-1*. We compared the organizational chart, Active Employees List, Payroll System Inquiry reports and contractor invoices to the General Ledger and from the General Ledger to the schedule in which each employee's salary and fringe benefit expenses were reported. We compared the payroll costs to Ohio Admin. Code § 5123:2-7 and to CMS Publication 15-1, Chapter 9 and Section 2150. There were no variances.

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 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 Medicaid ICF-IID 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.

Echoing Hills Village Inc., DBA Echoing Woods Residential Center
Montgomery County
Independent Accountants' Report on
Applying Agreed-Upon Procedures
Page 4

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.

A handwritten signature in black ink that reads "Keith Faber". The signature is written in a cursive, flowing style.

Keith Faber
Auditor of State
Columbus, Ohio

December 16, 2021

Appendix
Echoing Hills Village, Inc. DBA Echoing Woods Residential Center
Medicaid ICF-IID Cost Report Adjustments

	Reported Amount	Correction	Corrected Amount	Explanation of Correction
Schedule C Indirect Care Cost Center				
24. Program Supplies - 7125 Other (2)	\$10,764	\$ (450)	\$10,314	To reclassify Christmas gifts to residents as Non-Federal Reimbursable Costs
30. Communications - 7225 Other (2)	\$4,503	\$ (7)	\$4,496	To reclassify phone costs posted to general ledger in excess of amount supported by voucher to Non-Federal Reimbursable Costs
48. Home Office/Indirect Care - 7310 Other (2)	\$ 124,046	\$ (975)		To reclassify costs without documentation to Non-Federal Reimbursable Costs
		\$ (556)	\$ 556	To reclassify costs without documentation to Non-Federal Reimbursable Costs
68. Other Non-Reimbursable 9725 - Other (2)	\$ 6,585	\$ 975		To reclassify costs without documentation to Non-Federal Reimbursable Costs
		\$ 450		To reclassify Christmas gifts to residents as Non-Federal Reimbursable Costs
		\$ 7		To reclassify phone costs posted to general ledger in excess of amount supported by voucher to Non-Federal Reimbursable Costs
		\$ 556	\$ 8,573	To reclassify costs without documentation to Non-Federal Reimbursable Costs
Schedule D Capital Cost Center				
4. Depreciation - Equipment - 8040 - Total	\$ 18,436	\$ (568)	\$ 17,868	To agree to Depreciation Schedule
Attachment 9, Fair Rental Value Survey				
Initial Construction				
Year of initial construction	1981	(1)	1980	To report the correct year of construction
Initial square footage (building total)	15,000	5,151	20,151	To report the correct square footage

OHIO AUDITOR OF STATE KEITH FABER



ECHOING HILLS VILLAGE, INC. DBA ECHOING WOODS RESIDENTIAL CENTER

MONTGOMERY 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 1/20/2022

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