





Medicaid Contract Audit 88 East Broad Street Columbus, Ohio 43215 (614) 466-3340 ContactUs@ohioauditor.gov

#### 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 Addison Leasing Co., LLC dba Addison Healthcare Center'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 Detailed Census Report by Payer for each month. There were no computational errors. We compared the total of inpatient and leave days from the census reports to the Patient Days Summary and from the summary to *Schedule A-1, Summary of Inpatient Days*. There were no omitted days.
- 2. We selected eight residents from the Detailed Census Report by Payer and included residents with leave days in the selection. We obtained the medical records for the selected individuals for one month. We determined if 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 Detailed Census Report by Payer. We found no residents had over 30 days for the year.
- 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 greater than net Medicaid reimbursed days.

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#### Revenue

- 1. We agreed the revenue reported on *Attachment 1, Revenue Trial Balance* to the Trial Balance and Mapping worksheets and with the chart of account classifications in the Appendix to Ohio Admin. Code § 5123-7-12. There were no variances.
- We scanned the description in the General Ledger Detail 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 Trial Balance, Home Office Allocation and Mapping worksheets to *Schedule B-1*, *B-2* and *C*. We found no variances exceeding \$500 or resulting in decreased costs.
- 2. We scanned the Detailed General Ledgers 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* that exceed \$500 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 no variances resulting in decreased costs.
- 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 no
  variances within the rates.
- We compared the documentation for each expense to the unallowable categories listed in CMS Publication15-1, § 2102 to 2139. We found no non-reimbursable costs.
- 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 no reclassifications between schedules exceeding \$500.
- 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 costs 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.

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# **Non-Payroll Expenses (Continued)**

- We compared the cost methodology and allocation statistics for each expense to the allowable methods per CMS Publication15-1 § 2302.4. We found no variances resulting in decreased costs.
   We confirmed 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.
- 3. We compared the cost methodology used in the Home Office Allocation worksheet for *Schedules B-1*, *B-2* and *C* and to Ohio Admin. Code § 5123-7-12 and CMS Publication 15-1, § 2150. We found no variances except that the ICF-IID used patient days to allocate Direct Care home office costs in account 6230 on *Schedule B-2* in lieu of a total cost methodology as required under CMS 15-1, § 2150.3 (D)(2)(b) for unlike facilities. The ICF-IID calculated the percentage of home office costs based on a total cost methodology and it did not result in decreased costs.

# **Property**

- 1. We compared the initial square footage and year of construction of the 8055 Addison Road, SE facility from the Trumbull County Auditor's Property records, square footage summary, and floor plans, to *Attachment 9, Fair Rental Value Survey.* There were no variances in the year. There were no 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 addition to the Cost Report Instructions. There were no year or type variances or decreases in costs.
- 3. We compared equipment depreciation and lease costs from the Depreciation Schedule, Trial Balance and Home Office worksheets to *Schedule D, Capital Cost Center*, the Cost Report Instructions. There were no variances resulting in decreased costs.
  - We scanned the Depreciation Schedule and Detailed General Ledger to identify any reported loss on *Schedule D* no in accordance with CMS Publication 15-1, § 104.10(E). We found no capital losses were reported.
- 4. We selected one capital asset from account 8040 which was being depreciated in the first year. We recalculated the first year's depreciation for the one asset selected, based on the Cost Report instructions and useful life 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 Trial Balance and Mapping worksheets to *Schedules B-1, B-2,* and *C.* We found no variances resulting in decreased costs.
  - We also compared hours and percentage of time worked and salaries from the Trial Balance and Mapping worksheets to *Schedule C-1*, *Administrator's Compensation*. There were no variances resulting in decreased costs.
- 2. We obtained the Payroll Register by Period and selected five employees reported on *Schedules B-2* and obtained the job description (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:

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# Payroll (Continued)

- We compared the employee payroll documentation to the Trial Balance and Mapping worksheets and the Cost Report and confirmed if documentation for the full cost was maintained as required by Ohio Admin. Code § 5123-7-12(H). We found 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**

We selected two contracted personnel reported on *Schedule 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 each selected contracted personnel:

- We compared contract documentation to the General Ledger Detail and Cost Report instructions to confirm if documentation for the full cost was maintained as required by Ohio Admin. Code § 5123-7-12(H). We found no variances resulting in decreased costs.
- We footed the contract invoice and found no computational errors resulting in decreased costs. We compared the invoice rate to the contracted rate and found no variances within the rates.
- 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 non-reimbursable 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 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.

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.

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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

April 10, 2023

# Appendix Addison Leasing Co., LLC dba Addison Healthcare Center Medicaid ICF-IID Cost Report Adjustments

|   | Reported<br>Amount |       | Correction |      | Corrected<br>Amount |       | Explanation of Correction |
|---|--------------------|-------|------------|------|---------------------|-------|---------------------------|
| Schedule D Capital Cost Center 4. Depreciation - Equipment - 8040 - Total (3) | \$                 | 2,892 | \$         | (50) | \$                  | 2,842 | To correct depreciation   |



# ADDISON LEASING CO., LLC DBA ADDISON HEALTHCARE CENTER TRUMBULL 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 5/4/2023

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