

State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200  
COLUMBIA, S.C. 29201

THOMAS L. WAGNER, JR., CPA  
STATE AUDITOR

(803) 253-4160  
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May 25, 2004

Mr. John Twitty, Controller  
Health Management Resources  
101 Grace Drive  
Easley, South Carolina 29640

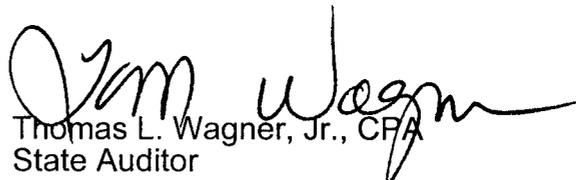
Re: AC# 3-PDL-J1 – Piedmont Nursing and Rehabilitation Center, Inc.

Dear Mr. Twitty:

The accompanying report has been prepared by our office based on your Medicaid Financial and Statistical Report submitted to the Department of Health and Human Services for the cost report period October 1, 2000 through September 30, 2001. That report was used to set the rate covering the contract period beginning January 1, 2003.

We are recommending that the Department of Health and Human Services certify an accounts payable for the amounts owed as a result of the rate change shown at Exhibit A. You will be notified of payment by that Agency.

If you take exception to this report in any manner, you have the right to appeal in accordance with the Code of Laws of South Carolina, 1976 as amended, Title 44, and Department of Health and Human Services Regulation R.126-150, and you must respond in writing within thirty (30) calendar days of the date of this letter. This written response must address the specific items in the report being appealed, and must be directed to the Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. Any correspondence should include the control number appearing on Exhibit A of this report.

  
Thomas L. Wagner, Jr., CPA  
State Auditor

TLWjr/sag

cc: Ms. Brenda L. Hyleman  
Mr. Jeff Saxon  
Mr. Joseph Hayes

**PIEDMONT NURSING  
AND  
REHABILITATION CENTER, INC.**

**GREER, SOUTH CAROLINA**

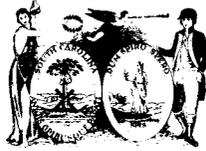
**CONTRACT PERIOD  
BEGINNING JANUARY 1, 2003  
AC# 3-PDL-J1**

**AGREED-UPON PROCEDURES REPORT  
ON CONTRACT  
FOR  
PURCHASE OF NURSING CARE SERVICES  
WITH  
STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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### INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

March 17, 2004

Department of Health and Human Services  
State of South Carolina  
Columbia, South Carolina

We have performed the procedures enumerated below, which were agreed to by the South Carolina Department of Health and Human Services, solely to determine the reimbursement rate to be used by the Department in determining the reimbursement settlement with Piedmont Nursing and Rehabilitation Center, Inc., for the contract period beginning January 1, 2003, and for the twelve month cost report period ended September 30, 2001, as set forth in the accompanying schedules. The management of Piedmont Nursing and Rehabilitation Center, Inc. is responsible for the Financial and Statistical Report for Nursing Homes and supporting accounting and statistical records. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the South Carolina Department of Health and Human Services. 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.

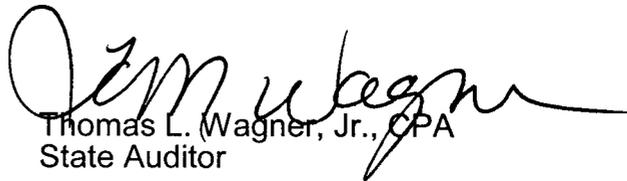
The procedures and the associated findings are as follows:

1. We selected costs or areas based on our analytical procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by Piedmont Nursing and Rehabilitation Center, Inc., to determine if these costs were allowable as defined by the State Plan for Medicaid reimbursement purposes and supported by accounting and statistical records maintained by the Provider. Our findings as a result of these procedures are presented in the Adjustment Report, Summary of Costs and Total Patient Days, and Cost of Capital Reimbursement Analysis sections of this report.
2. We recomputed the Computation of Reimbursement Rate using the adjusted costs and calculated the rate change in accordance with the provisions of the contract between the South Carolina Department of Health and Human Services and Piedmont Nursing and Rehabilitation Center, Inc. dated as of October 1, 2001 as amended. Our findings as a result of these procedures are presented in the Computation of Rate Change and Computation of Adjusted Reimbursement Rate sections of this report.

Department of Health and Human Services  
State of South Carolina  
March 17, 2004

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on the financial statements or a part thereof. 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 information and use of the South Carolina Department of Health and Human Services and is not intended to be and should not be used by anyone other than the specified party.



Thomas L. Wagner, Jr., CPA  
State Auditor

**PIEDMONT NURSING AND REHABILITATION CENTER, INC.**

Computation of Rate Change  
For the Contract Period  
Beginning January 1, 2003  
AC# 3-PDL-J1

	01/01/03- <u>09/30/03</u>
Adjusted Reimbursement Rate	\$110.92
Interim Reimbursement Rate (1)	<u>110.77</u>
Increase in Reimbursement Rate	\$ <u><u>.15</u></u>

(1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated May 8, 2003

**PIEDMONT NURSING AND REHABILITATION CENTER, INC.**  
 Computation of Adjusted Reimbursement Rate  
 For the Contract Period January 1, 2003 Through September 30, 2003  
 AC# 3-PDL-J1

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$57.77	\$58.50	
Dietary		10.09	11.21	
Laundry/Housekeeping/Maintenance		<u>10.84</u>	<u>9.67</u>	
Subtotal	\$ <u>.68</u>	78.70	79.38	\$ 78.70
Administration & Medical Records	\$ <u>2.09</u>	<u>10.68</u>	<u>12.77</u>	<u>10.68</u>
Subtotal		89.38	<u>\$92.15</u>	89.38
<u>Costs Not Subject to Standards:</u>				
Utilities		2.45		2.45
Special Services		.02		.02
Medical Supplies & Oxygen		3.82		3.82
Taxes and Insurance		3.26		3.26
Legal Fees		<u>.05</u>		<u>.05</u>
<b>TOTAL</b>		<u>\$98.98</u>		98.98
Inflation Factor (3.70%)				3.66
Cost of Capital				6.53
Cost of Capital Limitation				-
Profit Incentive (Max. 3.5% of Allowable Cost)				2.09
Cost Incentive				.68
Effect of \$1.75 Cap on Cost/Profit Incentives				<u>(1.02)</u>
<b>ADJUSTED REIMBURSEMENT RATE</b>				<u>\$110.92</u>

**PIEDMONT NURSING AND REHABILITATION CENTER, INC.**  
 Summary of Costs and Total Patient Days  
 For the Cost Report Period Ended September 30, 2001  
 AC# 3-PDL-J1

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&amp;HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
General Services	\$2,672,071	\$ -	\$ -	\$2,672,071
Dietary	466,734	-	-	466,734
Laundry	155,365	-	-	155,365
Housekeeping	231,629	-	-	231,629
Maintenance	114,371	-	-	114,371
Administration & Medical Records	494,181	-	-	494,181
Utilities	113,208	-	-	113,208
Special Services	961	-	-	961
Medical Supplies & Oxygen	176,563	-	-	176,563
Taxes and Insurance	142,904	12,009 (1)	3,995 (2)	150,918
Legal Fees	2,129	-	-	2,129
Cost of Capital	<u>303,102</u>	<u>745</u> (4)	<u>1,946</u> (3)	<u>301,901</u>
Subtotal	4,873,218	12,754	5,941	4,880,031
Ancillary	112,610	-	-	112,610

**PIEDMONT NURSING AND REHABILITATION CENTER, INC.**  
 Summary of Costs and Total Patient Days  
 For the Cost Report Period Ended September 30, 2001  
 AC# 3-PDL-J1

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&amp;HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
Nonallowable	1,600,621	3,995 (2)	12,009 (1)	1,591,862
	<u>                    </u>	<u>                    </u>	<u>745 (4)</u>	<u>                    </u>
Total Operating Expenses	<u>\$6,586,449</u>	<u>\$16,749</u>	<u>\$18,695</u>	<u>\$6,584,503</u>
Total Patient Days	<u>46,253</u>	<u>-</u>	<u>-</u>	<u>46,253</u>
 Total Beds	 <u>132</u>			

**PIEDMONT NURSING AND REHABILITATION CENTER, INC.**  
Adjustment Report  
Cost Report Period Ended September 30, 2001  
AC# 3-PDL-J1

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
1	Taxes and Insurance Nonallowable	\$12,009	\$12,009
	To adjust property tax expense HIM-15-1, Section 2302.1 State Plan, Attachment 4.19D		
2	Nonallowable Taxes and Insurance	3,995	3,995
	To adjust general insurance expense HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
3	Accumulated Depreciation Fixed Assets Cost of Capital Other Equity	12,906	8,720 1,946 2,240
	To adjust fixed assets and related depreciation HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
4	Cost of Capital Nonallowable	745	745
	To adjust capital return State Plan, Attachment 4.19D		
	<u>TOTAL ADJUSTMENTS</u>	<u>\$29,655</u>	<u>\$29,655</u>

Due to the nature of compliance reporting, adjustment descriptions and references contained in the preceding Adjustment Report are provided for general guidance only and are not intended to be all-inclusive.

**PIEDMONT NURSING AND REHABILITATION CENTER, INC.**  
 Cost of Capital Reimbursement Analysis  
 For the Cost Report Period Ended September 30, 2001  
 AC# 3-PDL-J1

Original Asset Cost (Per Bed)	\$ 15,618
Inflation Adjustment	<u>2.4607</u>
Deemed Asset Value (Per Bed)	38,431
Number of Beds	<u>132</u>
Deemed Asset Value	5,072,892
Improvements Since 1981	567,390
Accumulated Depreciation at 9/30/01	<u>(1,699,693)</u>
Deemed Depreciated Value	3,940,589
Market Rate of Return	<u>.0577</u>
Total Annual Return	227,372
Return Applicable to Non-Reimbursable Cost Centers	-
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Annual Return	227,372
Depreciation Expense	74,529
Amortization Expense	-
Capital Related Income Offsets	-
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Cost of Capital Expense	301,901
Total Patient Days (Minimum 96% Occupancy)	<u>46,253</u>
Cost of Capital Per Diem	<u>\$ 6.53</u>

**PIEDMONT NURSING AND REHABILITATION CENTER, INC.**  
Cost of Capital Reimbursement Analysis  
For the Cost Report Period Ended September 30, 2001  
AC# 3-PDL-J1

6/30/89 Cost of Capital and Return on Equity Capital Per Diem Reimbursement	\$ 7.17
Adjustment for Maximum Increase	<u>3.99</u>
Maximum Cost of Capital Per Diem	<u>\$11.16</u>
Reimbursable Cost of Capital Per Diem	\$ 6.53
Cost of Capital Per Diem	<u>6.53</u>
Cost of Capital Per Diem Limitation	\$ <u>-</u>

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