

State of South Carolina



Office of the State Auditor

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

RICHARD H. GILBERT, JR., CPA
DEPUTY STATE AUDITOR

(803) 253-4160
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August 13, 2009

Mr. Craig G. DeKany, Reimbursement Manager
HCR – Manor Care
Post Office Box 10086
Toledo, Ohio 43699-0086

Re: AC# 3-MNC-J6 – Heartland of West Ashley Rehabilitation and Nursing Center

Dear Mr. DeKany:

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, 2005 through September 30, 2006. That report was used to set the rate covering the contract periods beginning October 1, 2007.

We are recommending that the Department of Health and Human Services certify an accounts receivable to recover amounts due as a result of the rate change shown on Exhibit A. You will be notified of repayment terms 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.

Yours very truly,

A handwritten signature in black ink, appearing to read "Richard H. Gilbert, Jr.", written in a cursive style.

Richard H. Gilbert, Jr., CPA
Deputy State Auditor

RHGjr/sag

cc: Ms. Brenda L. Hyleman
Mr. Jeff Saxon
Ms. Kathleen C. Snider

**HEARTLAND OF WEST ASHLEY
REHABILITATION AND NURSING CENTER**

CHARLESTON, SOUTH CAROLINA

**CONTRACT PERIODS
BEGINNING OCTOBER 1, 2007
AC# 3-MNC-J6**

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

June 3, 2009

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 compute the rate change and related adjusted reimbursement rate to be used by the Department in determining the reimbursement settlement with Heartland of West Ashley Rehabilitation and Nursing Center, for the contract periods beginning October 1, 2007, and for the twelve month cost report period ended September 30, 2006, as set forth in the accompanying schedules. The management of Heartland of West Ashley Rehabilitation and Nursing Center 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 Heartland of West Ashley Rehabilitation and Nursing Center, 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 Summary of Costs and Total Patient Days, Adjustment Report, 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 Heartland of West Ashley Rehabilitation and Nursing Center dated as of October 1, 2006, 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
June 3, 2009

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.

A handwritten signature in black ink, appearing to read "Richard H. Gilbert, Jr.", with a stylized flourish at the end.

Richard H. Gilbert, Jr., CPA
Deputy State Auditor

HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER

Computation of Rate Change
For the Contract Periods
Beginning October 1, 2007
AC# 3-MNC-J6

| | <u>Beginning 10/01/07</u> |
|--------------------------------|-------------------------------|
| Interim Reimbursement Rate (1) | \$144.37 |
| Adjusted Reimbursement Rate | <u>137.32</u> |
| Decrease in Reimbursement Rate | \$ <u><u>7.05</u></u> |

(1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated February 13, 2008.

HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER

Computation of Adjusted Reimbursement Rate
 For the Contract Periods Beginning October 1, 2007
 AC# 3-MNC-J6

| | <u>Incentives</u> | <u>Allowable Cost</u> | <u>Cost Standard</u> | <u>Computed Rate</u> |
|---|-------------------|---------------------------|--------------------------|--------------------------|
| <u>Costs Subject to Standards:</u> | | | | |
| General Services | | \$ 67.50 | \$ 71.58 | |
| Dietary | | 12.08 | 13.90 | |
| Laundry/Housekeeping/Maintenance | | <u>9.75</u> | <u>13.36</u> | |
| Subtotal | <u>\$6.92</u> | 89.33 | 98.84 | \$ 89.33 |
| Administration & Medical Records | <u>\$ -</u> | <u>22.54</u> | <u>17.07</u> | <u>17.07</u> |
| Subtotal | | 111.87 | <u>\$115.91</u> | 106.40 |
| <u>Costs Not Subject to Standards:</u> | | | | |
| Utilities | | 4.56 | | 4.56 |
| Special Services | | .06 | | .06 |
| Medical Supplies & Oxygen | | 3.68 | | 3.68 |
| Taxes and Insurance | | 3.82 | | 3.82 |
| Legal Fees | | <u>-</u> | | <u>-</u> |
| TOTAL | | <u>\$123.99</u> | | 118.52 |
| Inflation Factor (4.60%) | | | | 5.45 |
| Cost of Capital | | | | 19.75 |
| Cost of Capital Limitation | | | | (8.80) |
| Profit Incentive (Maximum 3.5% of Allowable Cost) | | | | - |
| Cost Incentive | | | | 6.92 |
| Effect of \$1.75 Cap on Cost/Profit Incentives | | | | (5.17) |
| Transportation Escort Add-On | | | | <u>.65</u> |
| ADJUSTED REIMBURSEMENT RATE | | | | <u>\$137.32</u> |

HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER
 Summary of Costs and Total Patient Days
 For the Cost Report Period Ended September 30, 2006
 AC# 3-MNC-J6

| <u>Expenses</u> | Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u> | Adjustments | | <u>Adjusted Totals</u> |
|-------------------------------------|--|--------------|---|----------------------------|
| | | <u>Debit</u> | <u>Credit</u> | |
| General Services | \$2,377,677 | \$ 96 (6) | \$26,985 (5) 1,847 (5) 5,373 (6) 2,127 (9) | \$2,341,441 |
| Dietary | 422,293 | 5 (6) | 3,136 (5) | 419,162 |
| Laundry | 92,792 | - | - | 92,792 |
| Housekeeping | 132,510 | 804 (7) | 711 (8) | 132,603 |
| Maintenance | 134,820 | 798 (7) | 10,966 (1) 10,801 (2) 500 (5) 7 (6) 591 (8) | 112,753 |
| Administration & Medical Records | 799,287 | 2,691 (7) | 478 (5) 440 (5) 16,622 (6) 2,480 (8) | 781,958 |
| Utilities | 157,932 | 934 (7) | 5 (6) 829 (8) | 158,032 |
| Special Services | 1,974 | 5,871 (9) | 5,887 (5) | 1,958 |

HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 2006
AC# 3-MNC-J6

| <u>Expenses</u> | Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u> | Adjustments | | <u>Adjusted Totals</u> |
|------------------------------|--|--|--|----------------------------|
| | | <u>Debit</u> | <u>Credit</u> | |
| Medical Supplies & Oxygen | 146,297 | - | 4,879 (4) 166 (5) 79 (6) 13,462 (9) | 127,711 |
| Taxes and Insurance | 281,615 | 1,622 (7) | 150,000 (3) 203 (6) 680 (8) | 132,354 |
| Legal Fees | 5,279 | 19 (7) | 5,298 (6) | - |
| Cost of Capital | 379,856 | 2,840 (7) 356,401 (10) | 41,044 (1) 10,493 (6) <u>2,268 (8)</u> | 685,292 |
| Subtotal | 4,932,332 | 372,081 | 318,357 | 4,986,056 |
| Ancillary | 357,331 | 4,879 (4) | - | 362,210 |
| Nonallowable | 1,382,539 | 41,044 (1) 2,388 (2) 150,000 (3) 39,439 (5) 37,979 (6) 7,559 (8) 9,718 (9) | 9,708 (7) 356,401 (10) | 1,304,557 |
| CNA Training and Testing | <u>-</u> | <u>-</u> | <u>-</u> | <u>-</u> |
| Total Operating Expenses | <u>\$6,672,202</u> | <u>\$665,087</u> | <u>\$684,466</u> | <u>\$6,652,823</u> |
| Total Patient Days | <u>34,690</u> | <u>-</u> | <u>-</u> | <u>34,690</u> |

HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER

Adjustment Report
Cost Report Period Ended September 30, 2006
AC# 3-MNC-J6

| <u>ADJUSTMENT</u> <u>NUMBER</u> | <u>ACCOUNT TITLE</u> | <u>DEBIT</u> | <u>CREDIT</u> |
|------------------------------------|---|--------------|---------------|
| 1 | Fixed Assets | \$172,920 | |
| | Accumulated Depreciation | 333,544 | |
| | Nonallowable | 41,044 | |
| | Other Equity | | \$495,498 |
| | Maintenance | | 10,966 |
| | Cost of Capital | | 41,044 |
| | To adjust fixed assets and related depreciation HIM-15-1, Section 2304 State Plan, Attachment 4.19D | | |
| 2 | Retained Earnings | 8,413 | |
| | Nonallowable | 2,388 | |
| | Maintenance | | 10,801 |
| | To properly charge expense applicable to the prior period and disallow duplicate posting of expense HIM-15-1, Sections 2302.1 and 2304 | | |
| 3 | Nonallowable | 150,000 | |
| | Taxes and Insurance | | 150,000 |
| | To adjust liability insurance expense State Plan, Attachment 4.19D | | |
| 4 | Ancillary | 4,879 | |
| | Medical Supplies | | 4,879 |
| | To reclassify expense to the proper cost center DH&HS Expense Crosswalk | | |
| 5 | Nonallowable | 39,439 | |
| | Nursing | | 26,985 |
| | Restorative | | 1,847 |
| | Dietary | | 3,136 |
| | Maintenance | | 500 |
| | Administration | | 478 |
| | Medical Records | | 440 |
| | Medical Supplies | | 166 |
| | Special Services | | 5,887 |
| | To adjust fringe benefits and related allocation HIM-15-1, Section 2304 State Plan, Attachment 4.19D | | |

HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER

Adjustment Report
Cost Report Period Ended September 30, 2006
AC# 3-MNC-J6

| <u>ADJUSTMENT</u> | <u>ACCOUNT TITLE</u> | <u>DEBIT</u> | <u>CREDIT</u> |
|-------------------|---------------------------------------|--------------|---------------|
| 6 | Restorative | 96 | |
| | Dietary | 5 | |
| | Nonallowable | 37,979 | |
| | Nursing | | 5,373 |
| | Maintenance | | 7 |
| | Administration | | 16,622 |
| | Legal | | 5,298 |
| | Utilities | | 5 |
| | Taxes and Insurance | | 203 |
| | Medical Supplies | | 79 |
| | Cost of Capital | | 10,493 |
| | To adjust home office cost allocation | | |
| | HIM-15-1, Section 2304 | | |
| | State Plan, Attachment 4.19D | | |
| 7 | Housekeeping | 804 | |
| | Maintenance | 798 | |
| | Administration | 2,691 | |
| | Legal | 19 | |
| | Utilities | 934 | |
| | Taxes and Insurance | 1,622 | |
| | Cost of Capital | 2,840 | |
| | Nonallowable | | 9,708 |
| | To reverse DH&HS adjustment to | | |
| | remove indirect cost applicable to | | |
| | a non-reimbursable cost center | | |
| | HIM-15-1, Section 2102.3 | | |
| | State Plan, Attachment 4.19D | | |
| 8 | Nonallowable | 7,559 | |
| | Housekeeping | | 711 |
| | Maintenance | | 591 |
| | Administration | | 2,480 |
| | Utilities | | 829 |
| | Taxes and Insurance | | 680 |
| | Cost of Capital | | 2,268 |
| | To remove indirect cost applicable | | |
| | to a non-reimbursable cost center | | |
| | HIM-15-1, Section 2102.3 | | |
| | State Plan, Attachment 4.19D | | |

HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER
Adjustment Report
Cost Report Period Ended September 30, 2006
AC# 3-MNC-J6

| <u>ADJUSTMENT</u> <u>NUMBER</u> | <u>ACCOUNT TITLE</u> | <u>DEBIT</u> | <u>CREDIT</u> |
|------------------------------------|--|---------------------------|---------------------------|
| 9 | Special Services Nonallowable Nursing Medical Supplies | 5,871 9,718 | 2,127 13,462 |
| | To remove special (ancillary) services reimbursed by Medicare State Plan, Attachment 4.19D | | |
| 10 | Cost of Capital Nonallowable | 356,401 | 356,401 |
| | To adjust capital return State Plan, Attachment 4.19D | | |
| | TOTAL ADJUSTMENTS | <u>\$1,179,964</u> | <u>\$1,179,964</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.

HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER
 Cost of Capital Reimbursement Analysis
 For the Cost Report Period Ended September 30, 2006
 AC# 3-MNC-J6

| | |
|--|------------------------|
| Original Asset Cost (Per Bed) | \$ 15,618 |
| Inflation Adjustment | <u>2.85382</u> |
| Deemed Asset Value (Per Bed) | 44,571 |
| Number of Beds | <u>99</u> |
| Deemed Asset Value | 4,412,529 |
| Improvements Since 1981 | 5,509,060 |
| Accumulated Depreciation at 9/30/06 | <u>(4,824,022)</u> |
| Deemed Depreciated Value | 5,097,567 |
| Market Rate of Return | <u>.0489</u> |
| Total Annual Return | 249,271 |
| Return Applicable to Non-Reimbursable Cost Centers | (1,272) |
| Allocation of Interest to Non-Reimbursable Cost Centers | <u>25</u> |
| Allowable Annual Return | 248,024 |
| Depreciation Expense | 448,983 |
| Amortization Expense | - |
| Capital Related Income Offsets | (9,447) |
| Allocation of Capital Expenses to Non-Reimbursable Cost Centers | <u>(2,268)</u> |
| Allowable Cost of Capital Expense | 685,292 |
| Total Patient Days (Minimum 96% Occupancy) | <u>34,690</u> |
| Cost of Capital Per Diem | \$ <u><u>19.75</u></u> |

HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 2006
AC# 3-MNC-J6

| | |
|--|-----------------|
| 6/30/89 Cost of Capital and Return on Equity Capital Per Diem Reimbursement | \$ 6.96 |
| Adjustment for Maximum Increase | <u>3.99</u> |
| Maximum Cost of Capital Per Diem | <u>\$10.95</u> |
| Reimbursable Cost of Capital Per Diem | \$10.95 |
| Cost of Capital Per Diem | <u>19.75</u> |
| Cost of Capital Per Diem Limitation | <u>\$(8.80)</u> |

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