

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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October 30, 2013

Ms. Autumn Grove, Senior Reimbursement Manager
Fundamental Administrative Services
920 Ridgebrook Road
Sparks, Maryland 21152

Re: AC# 3-DRF-J0 – THI of South Carolina at Charleston, LLC d/b/a
Riverside Health and Rehab

Dear Ms. Grove:

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, 2009 through September 30, 2010. That report was used to set the rate covering the contract period beginning November 1, 2011.

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.

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/cwc

cc: Ms. Brenda L. Hyleman
Mr. Jeff Saxon
Ms. Kathleen C. Snider
Ms. Nicole Mitchell Threat
Ms. Melissa Simmons

**THI OF SOUTH CAROLINA AT CHARLESTON, LLC D/B/A
RIVERSIDE HEALTH AND REHAB
NORTH CHARLESTON, SOUTH CAROLINA**

**CONTRACT PERIOD
BEGINNING NOVEMBER 1, 2011
AC# 3-DRF-J0**

**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

July 26, 2013

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 THI of South Carolina at Charleston, LLC d/b/a Riverside Health and Rehab, for the contract period beginning November 1, 2011, and for the twelve month cost report period ended September 30, 2010, as set forth in the accompanying schedules. The management of THI of South Carolina at Charleston, LLC d/b/a Riverside Health and Rehab 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 THI of South Carolina at Charleston, LLC d/b/a Riverside Health and Rehab, 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 THI of South Carolina at Charleston, LLC d/b/a Riverside Health and Rehab dated as of October 1, 2011, 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
July 26, 2013

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.", written in a cursive style.

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

RIVERSIDE HEALTH AND REHAB
Computation of Rate Change
For the Contract Period
Beginning November 1, 2011
AC# 3-DRF-J0

	<u>11/01/11-</u> <u>09/30/12</u>
Interim Reimbursement Rate (1)	\$139.85
Adjusted Reimbursement Rate	<u>138.83</u>
Decrease in Reimbursement Rate	\$ <u><u>1.02</u></u>

(1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated April 10, 2012.

RIVERSIDE HEALTH AND REHAB

Computation of Adjusted Reimbursement Rate
 For the Contract Period November 1, 2011 Through September 30, 2012
 AC# 3-DRF-J0

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$ 79.93	\$ 88.50	
Dietary		11.73	15.92	
Laundry/Housekeeping/Maintenance		<u>9.12</u>	<u>14.77</u>	
Subtotal	<u>\$8.34</u>	100.78	119.19	\$100.78
Administration & Medical Records	<u>\$ -</u>	<u>21.75</u>	<u>20.62</u>	<u>20.62</u>
Subtotal		122.53	<u>\$139.81</u>	121.40
<u>Costs Not Subject to Standards:</u>				
Utilities		3.84		3.84
Special Services		.16		.16
Medical Supplies & Oxygen		5.20		5.20
Taxes and Insurance		2.35		2.35
Legal Fees		<u>.65</u>		<u>.65</u>
TOTAL		<u>\$134.73</u>		133.60
Inflation Factor (N/A)				-
Cost of Capital				7.80
Cost of Capital Limitation				-
Profit Incentive (Maximum 3.5% of Allowable Cost)				-
Cost Incentive				8.34
Effect of \$1.75 Cap on Cost/Profit Incentives				(6.59)
Budget Neutrality Adjustment (3.02%)				<u>(4.32)</u>
ADJUSTED REIMBURSEMENT RATE				<u>\$138.83</u>

RIVERSIDE HEALTH AND REHAB
 Summary of Costs and Total Patient Days
 For the Cost Report Period Ended September 30, 2010
 AC# 3-DRF-J0

<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	\$4,504,845	\$ -	\$ 12,508 (3) 720 (3) 6,437 (4) 4,152 (5)	\$4,481,028
Dietary	658,637	-	788 (3)	657,849
Laundry	120,738	-	-	120,738
Housekeeping	175,558	-	-	175,558
Maintenance	215,214	-	201 (3)	215,013
Administration & Medical Records	1,263,566	458 (3) 292 (3)	45,006 (4)	1,219,310
Utilities	215,185	-	-	215,185
Special Services	6,783	52 (4) 2,177 (5)	-	9,012
Medical Supplies & Oxygen	298,681	-	53 (3) 7,142 (5)	291,486
Taxes and Insurance	131,684	-	-	131,684
Legal Fees	36,649	-	350 (4)	36,299
Cost of Capital	466,240	2,202 (2)	30,156 (1) 738 (4)	437,548
Subtotal	8,093,780	5,181	108,251	7,990,710

RIVERSIDE HEALTH AND REHAB
 Summary of Costs and Total Patient Days
 For the Cost Report Period Ended September 30, 2010
 AC# 3-DRF-J0

<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>	
Ancillary	104,826	4,213 (5)	-	109,039
Nonallowable	2,040,932	30,156 (1) 13,520 (3) 52,479 (4) 4,904 (5)	2,202 (2)	2,139,789
CNA Training and Testing	<u>790</u>	<u>-</u>	<u>-</u>	<u>790</u>
Total Operating Expenses	<u>\$10,240,328</u>	<u>\$110,453</u>	<u>\$110,453</u>	<u>\$10,240,328</u>
Total Patient Days	<u>56,064</u>	<u>-</u>	<u>-</u>	<u>56,064</u>
Total Beds	<u>160</u>			

RIVERSIDE HEALTH AND REHAB
Adjustment Report
Cost Report Period Ended September 30, 2010
AC# 3-DRF-J0

<u>ADJUSTMENT</u> <u>NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
1	Fixed Assets	\$ 5,500	
	Accumulated Depreciation	48,453	
	Nonallowable	30,156	
	Other Equity		\$53,953
	Cost of Capital		30,156
	To adjust fixed assets and related depreciation		
	HIM-15-1, Section 2304		
	State Plan, Attachment 4.19D		
2	Cost of Capital	2,202	
	Nonallowable		2,202
	To adjust capital return		
	State Plan, Attachment 4.19D		
3	Administration	458	
	Medical Records	292	
	Nonallowable	13,520	
	Nursing		12,508
	Restorative		720
	Dietary		788
	Maintenance		201
	Medical Supplies		53
	To adjust fringe benefits and related allocation		
	HIM-15-1, Section 2304		
	State Plan, Attachment 4.19D		
4	Special Services	52	
	Nonallowable	52,479	
	Nursing		6,437
	Administration		45,006
	Legal		350
	Cost of Capital		738
	To adjust home office cost allocation		
	HIM-15-1, Section 2304		
	State Plan, Attachment 4.19D		

RIVERSIDE HEALTH AND REHAB
Adjustment Report
Cost Report Period Ended September 30, 2010
AC# 3-DRF-J0

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
5	Special Services	2,177	
	Ancillary	4,213	
	Nonallowable	4,904	
	Nursing		4,152
	Medical Supplies		7,142
	To remove special (ancillary) services reimbursed by Medicare and reclassify expense to the proper cost center State Plan, Attachment 4.19D DH&HS Expense Crosswalk		
	TOTAL ADJUSTMENTS	\$164,406	\$164,406

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.

RIVERSIDE HEALTH AND REHAB
 Cost of Capital Reimbursement Analysis
 For the Cost Report Period Ended September 30, 2010
 AC# 3-DRF-J0

Original Asset Cost (Per Bed)	\$ 15,618
Inflation Adjustment	<u>3,15264</u>
Deemed Asset Value (Per Bed)	49,238
Number of Beds	<u>160</u>
Deemed Asset Value	7,878,080
Improvements Since 1981	1,953,107
Accumulated Depreciation at 9/30/10	<u>(4,519,001)</u>
Deemed Depreciated Value	5,312,186
Market Rate of Return	<u>.0420</u>
Total Annual Return	223,112
Return Applicable to Non-Reimbursable Cost Centers	-
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Annual Return	223,112
Depreciation Expense	215,174
Amortization Expense	-
Capital Related Income Offsets	(738)
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Cost of Capital Expense	437,548
Total Patient Days (Minimum 96% Occupancy)	<u>56,064</u>
Cost of Capital Per Diem	\$ <u><u>7.80</u></u>

RIVERSIDE HEALTH AND REHAB
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 2010
AC# 3-DRF-J0

6/30/89 Cost of Capital and Return on Equity Capital Per Diem Reimbursement	\$ 7.79
Adjustment for Maximum Increase	<u>3.99</u>
Maximum Cost of Capital Per Diem	<u>\$11.78</u>
Reimbursable Cost of Capital Per Diem	\$ 7.80
Cost of Capital Per Diem	<u>7.80</u>
Cost of Capital Per Diem Limitation	<u>\$ -</u>

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