



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

RE: Koinonia Partners Unlimited, L.L.C. DBA Hilltop Family Home
Ohio Medicaid Number 2902701

We have performed the procedures enumerated below, which were agreed to by the Ohio Department of Medicaid (ODM) and the Ohio Department of Developmental Disabilities (DODD), on the Medicaid ICF-IID Cost Report of Koinonia Partners Unlimited, L.L.C. DBA Hilltop Family Home (hereafter referred to as the Provider) for the period January 1, 2017 through December 31, 2017. The Provider's management is responsible for preparing the Medicaid ICF-IID Cost Report (Cost Report). The sufficiency of these procedures is solely the responsibility of ODM and DODD. Consequently, we make no representation regarding the sufficiency of the procedures enumerated below either for the purpose for which this report has been requested or for any other purpose.

Unless otherwise specified, Koinonia Partners Unlimited, L.L.C. provided all reports used in the procedures and this report only describes exceptions exceeding \$500 and resulting in decreased costs.

Occupancy and Usage

1. We compared the number of Medicaid and non-Medicaid patient days from the Daily Census reports to *Schedule A-1, Summary of Inpatient Days*. We found no variances.
2. We selected five residents' in October 2017 and compared total days in care per the medical records with the inpatient days reported on the Daily Census report and *Schedule A-1*. We found no variances. We also found that the Provider did not include any waiver respite days as Medicaid or Medicare days.
3. We compared the number of reimbursed Medicaid days per the Quality Decision Support System (QDSS) with the total Medicaid days on *Schedule A-1*. We found Medicaid days were in excess of total Medicaid days reported on *Schedule A-1*. The Provider identified errors in the monthly total of census days on the February Daily Census report. We revised census days in Appendix A and with this adjustment the reimbursed Medicaid days equaled the final inpatient days on *Schedule A-1*.

Medicaid Paid Claims

1. We selected paid claims using QDSS for the five residents in the Occupancy and Usage procedure above for October 2017. We compared the reimbursed days to the days documented per the resident's medical records. We found no variances.

Medicaid Paid Claims (Continued)

We also compared the documentation to the general requirements of CMS Publication 15-1, Chapter 23, and Ohio Admin. Code § 5123:2-7-12; the specific requirements of Ohio Admin. Code § 5123:2-7-08 (C) to (I) as an occupied or bed hold day, and Ohio Admin. Code § 5123:2-7-15 for the payment adjustment requirements for resident's admission, discharge or death. We found no differences.

Revenue

1. We compared the Revenue Ledger with *Attachment 1, Revenue Trial Balance* and Appendix to Ohio Admin. Code § 5123:2-7-12 and CMS Publication 15-1. We found no differences.
2. We scanned the Revenue Ledger and 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 exceeding \$500 in accordance with CMS Publication 15-1, Chapters 1, 6, and 8. We did not identify any revenue offsets/applicable credits.

Non-Payroll Expenses

1. We compared all non-payroll expenses reported on *Schedule B-1, Schedule B-2* and *Schedule C* to the General Ledger and Trial Balance. We found no variances.
2. We scanned the General Ledger and selected 20 non-payroll expenses that were reported on *Schedule B-1, Schedule B-2, Schedule C* and *Exhibit 3* and compared supporting documentation to verify if the costs were properly allocated, classified, and allowable per Ohio Admin. Code § 5123:2-7, Cost Report Instructions for ICF-IID and CMS Publication 15-1. We found no reportable variances.
3. We scanned for any unreported contract costs which would require reporting on *Schedule C-3, Costs of Services from Related Parties*. We found no unreported contracts.
4. We compared the allocation methodology on the Home Office Costs Between Divisions and Home Office Operating Costs Allocation reports to the Home Office costs on *Schedule B-1, Schedule B-2* and *Schedule C* to Ohio Admin. Code § 5123:2-7 and CMS Publication 15-1, Section 2150. We found no reclassifications or adjustments resulting in decreased costs exceeding five percent.
5. We compared the 2017 non-payroll costs reported on *Schedule B-1, Schedule B-2* and *Schedule C* by chart of account code to similar reported costs in 2016. We obtained the following explanations for the one variance that increased by more than five percent and \$500. Active Treatment Offsite Day Programming costs increased on *Schedule B-2* due to pay increases to in house day habilitation staff.

Payroll

1. We compared all salary, fringe benefits, payroll tax entries and hours worked reported on the General Ledger and Trial Balance to *Schedule B-1, Schedule B-2, Schedule C, and Schedule C-1, Administrator's Compensation*. We found no variances.

Payroll (Continued)

2. We selected a sample of five employees reported on *Schedule B-1, Schedule B-2* and *Schedule C* and compared the Payroll Journal, job descriptions and General Ledger to the schedule in which each employee's salary and fringe benefit expenses were reported. We found no variances.

We also confirmed the payroll costs were properly classified, allocated and allowable in accordance with Ohio Admin. Code § 5123:2-7-12 and CMS Publication 15-1, Chapter 9 and Section 2150.

3. We compared the 2017 payroll costs reported on *Schedule B-1, Schedule B-2, Schedule C, Schedule C-1* and *Schedule C-2* by chart of account code to similar costs reported in 2016 and obtained the Provider's explanation for five payroll variances that increased by more than five percent and \$500. The Licensed Practical Nurse, Program Director, and Habilitation Staff costs increased on *Schedule B-2* and the Other Administrative Personnel and Plant Operations and Maintenance costs increased on *Schedule C* due to salary increases.

Property

1. We compared the initial square footage and year of construction of the 7051 and 7055 State Road facilities from the Cuyahoga County Auditor's property tax records to *Attachment 9, Fair Rental Value Survey*. We found no differences. We did not test *Attachment 9, Log 1* as the Provider did not report any additions or removals on this schedule.
2. We compared the project year and cost for five renovations from invoices to *Attachment 9, Log 2: Renovations Projects*. We also compared the type and cost of renovation to the Cost Report Instructions for ICF-IID to determine if allowable. We found no variances.
3. We compared the square footage and year of construction of the home office building from *Attachment 9, Log 3: Secondary Buildings* to supporting documentation. We found a difference for the square footage exceeding 10 percent as reported in Appendix A.

We also compared the building use to the Cost Report Instructions for ICF-IID to determine if allowable. We found no variances.

We compared the utilization percentage from the Home Office Costs Between Divisions and Home Office Operating Costs Allocation reports to *Attachment 9*. We also compared the allocation methodology from these Home Office reports to the Cost Report instructions and CMS Publication 15-1. We found no differences.

4. We compared equipment depreciation and lease costs from *Schedule D, Analysis of Property, Plant, and Equipment* to the Fixed Asset Schedule, lease agreement and other supporting documentation. We also compared these costs to the Cost Report Instructions and CMS Publication 15-1. We found no variances.

This agreed-upon procedures engagement was conducted in accordance with the American Institute of Certified Public Accountants' attestation standards. We were not engaged to and did not conduct an examination or review, the objective of which would be the expression of an opinion or conclusion, respectively, on the Medicaid ICF-IID Cost Report. Accordingly, we do not express such an opinion or conclusion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

Koinonia Partners Unlimited, L.L.C. DBA Hilltop Family Home
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This report is intended solely for the information and use of the Provider, Ohio Department of Medicaid and the Ohio Department of Developmental Disabilities, and is not intended to be, and should not be used by anyone other than the specified parties.

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

March 22, 2019

Appendix A

**Koinonia Partners Unlimited, L.L.C. DBA Hilltop Family Home
2017 Medicaid ICF-IID Cost Report Adjustments**

	Reported Amount	Correction	Corrected Amount	Explanation of Correction
Schedule A-1 Summary of Inpatient Days				
2. February - Authorized Days (2)	252	27	279	To correct census days
Attachment 9, Fair Rental Value Survey, Log 3, Secondary Buildings				
2. Total Square Footage	244	(44)	200	To correct square footage

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OHIO AUDITOR OF STATE KEITH FABER



HILLTOP FAMILY HOME

CUYAHOGA COUNTY

CLERK'S CERTIFICATION

This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.

Susan Babbitt

CLERK OF THE BUREAU

**CERTIFIED
APRIL 16, 2019**