

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
FAX (803) 343-0723

July 7, 2006

Ms. Rhonda Nelson, Director of Accounting
Epic Group
402 Hunting Crest Court
Boiling Springs, South Carolina 29316

Re: AC# 3-WOF-J3 – Woodruff Manor, LLC

Dear Ms. Nelson:

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, 2002 through September 30, 2003. That report was used to set the rate covering the contract period beginning October 1, 2004.

We are recommending that the Department of Health and Human Services certify an accounts payable for amounts underpaid as a result of the rate changes shown on Exhibit A. You will be notified of settlement 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.

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

**WOODRUFF MANOR, LLC
WOODRUFF, SOUTH CAROLINA**

**CONTRACT PERIOD
BEGINNING OCTOBER 1, 2004
AC# 3-WOF-J3**

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

CONTENTS

	<u>EXHIBIT OR SCHEDULE</u>	<u>PAGE</u>
INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES		1
COMPUTATION OF RATE CHANGE FOR THE CONTRACT PERIOD BEGINNING OCTOBER 1, 2004	A	3
COMPUTATION OF ADJUSTED REIMBURSEMENT RATE FOR THE CONTRACT PERIOD OCTOBER 1, 2004 THROUGH SEPTEMBER 30, 2005	B	4
SUMMARY OF COSTS AND TOTAL PATIENT DAYS FOR THE COST REPORT PERIOD ENDED SEPTEMBER 30, 2003	C	5
ADJUSTMENT REPORT	1	7
COST OF CAPITAL REIMBURSEMENT ANALYSIS	2	9

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
FAX (803) 343-0723

INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

June 15, 2006

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 Woodruff Manor, LLC, for the contract period beginning October 1, 2004, and for the twelve month cost report period ended September 30, 2003, as set forth in the accompanying schedules. The management of Woodruff Manor, LLC 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 Woodruff Manor, LLC, 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 Woodruff Manor, LLC dated as of October 1, 2004, 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 15, 2006

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

WOODRUFF MANOR, LLC
Computation of Rate Change
For the Contract Period
Beginning October 1, 2004
AC# 3-WOF-J3

	<u>10/01/04-</u> <u>09/30/05</u>
Interim Reimbursement Rate (1)	\$120.36
Adjusted Reimbursement Rate	<u>120.40</u>
Increase in Reimbursement Rate	\$ <u><u>(.04)</u></u>

(1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing as of December 6, 2004

WOODRUFF MANOR, LLC
Computation of Adjusted Reimbursement Rate
For the Contract Period October 1, 2004 Through September 30, 2005
AC# 3-WOF-J3

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$ 60.92	\$ 70.36	
Dietary		12.11	12.42	
Laundry/Housekeeping/Maintenance		<u>10.65</u>	<u>11.28</u>	
Subtotal	<u>\$6.58</u>	83.68	94.06	\$ 83.68
Administration & Medical Records	<u>\$3.90</u>	<u>10.75</u>	<u>14.65</u>	<u>10.75</u>
Subtotal		94.43	<u>\$108.71</u>	94.43
<u>Costs Not Subject to Standards:</u>				
Utilities		2.44		2.44
Special Services		.03		.03
Medical Supplies & Oxygen		4.14		4.14
Taxes and Insurance		5.96		5.96
Legal Fees		<u>-</u>		<u>-</u>
TOTAL		<u>\$107.00</u>		107.00
Inflation Factor (4.70%)				5.03
Cost of Capital				6.62
Cost of Capital Limitation				-
Profit Incentive (Maximum 3.5% of Allowable Cost)				3.75
Cost Incentive				6.58
Effect of \$1.75 Cap on Cost/Profit Incentives				<u>(8.58)</u>
ADJUSTED REIMBURSEMENT RATE				<u>\$120.40</u>

WOODRUFF MANOR, LLC
 Summary of Costs and Total Patient Days
 For the Cost Report Period Ended September 30, 2003
 AC# 3-WOF-J3

<u>Expenses</u>	<u>Totals (From Schedule SC 13) as Adjusted by DH&HS</u>	<u>Adjustments Debit</u>	<u>Credit</u>	<u>Adjusted Totals</u>
General Services	\$1,939,946	\$ -	\$ -	\$1,939,946
Dietary	382,145	3,469 (6)	-	385,614
Laundry	55,770	-	-	55,770
Housekeeping	174,641	-	-	174,641
Maintenance	108,815	-	-	108,815
Administration & Medical Records	342,277	2,203 (6)	2,188 (2)	342,292
Utilities	77,637	-	-	77,637
Special Services	850	-	-	850
Medical Supplies & Oxygen	136,530	-	4,765 (5)	131,765
Taxes and Insurance	186,926	3,037 (3)	152 (4)	189,811
Legal Fees	-	-	-	-
Cost of Capital	211,174	-	397 (1) 27 (7)	210,750
Subtotal	3,616,711	8,709	7,529	3,617,891
Ancillary	77,257	1,296 (5)	-	78,553

WOODRUFF MANOR, LLC
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 2003
AC# 3-WOF-J3

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	<u>Debit</u>	Adjustments <u>Credit</u>	<u>Adjusted Totals</u>
Nonallowable	343,367	397 (1)	3,037 (3)	340,891
		2,188 (2)	2,203 (6)	
		152 (4)		
	<u> </u>	<u>27 (7)</u>	<u> </u>	<u> </u>
Total Operating Expenses	<u>\$4,037,335</u>	<u>\$12,769</u>	<u>\$12,769</u>	<u>\$4,037,335</u>
Total Patient Days	<u>31,842</u>	<u>-</u>	<u>-</u>	<u>31,842</u>
Total Beds	<u>88</u>			

WOODRUFF MANOR, LLC
Adjustment Report
Cost Report Period Ended September 30, 2003
AC# 3-WOF-J3

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
1	Accumulated Depreciation	\$1,968	
	Other Equity	1,630	
	Nonallowable	397	
	Fixed Assets		\$3,598
	Cost of Capital		397
	To adjust fixed assets and related depreciation HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
2	Nonallowable	2,188	
	Administration		2,188
	To properly adjust start-up cost HIM-15-1, Sections 2132 and 2134 State Plan, Attachment 4.19D		
3	Taxes, Insurance & Licenses	3,037	
	Nonallowable		3,037
	To adjust property taxes to actual HIM-15-1, Section 2304		
4	Nonallowable	152	
	Taxes, Insurance & Licenses		152
	To adjust general insurance and workers compensation to policy premiums HIM-15-1, Section 2304		
5	Dietary	3,469	
	Ancillary	1,296	
	Medical Supplies & Oxygen		4,765
	To reclassify expense to the proper cost center HIM-15-1, Section 2304 DH&HS Expense Checklist (Crosswalk) State Plan, Attachment 4.19D		

WOODRUFF MANOR, LLC
Adjustment Report
Cost Report Period Ended September 30, 2003
AC# 3-WOF-J3

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
6	Administration Nonallowable	2,203	2,203
	To allow worker's compensation policy finance charges HIM-15-1, Section 2304		
7	Nonallowable Cost of Capital	27	27
	To adjust capital return State Plan, Attachment 4.19D		
	TOTAL ADJUSTMENTS	\$16,367	\$16,367

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.

WOODRUFF MANOR, LLC
 Cost of Capital Reimbursement Analysis
 For the Cost Report Period Ended September 30, 2003
 AC# 3-WOF-J3

Original Asset Cost (Per Bed)	\$ 15,618
Inflation Adjustment	<u>2.63785</u>
Deemed Asset Value (Per Bed)	41,198
Number of Beds	<u>88</u>
Deemed Asset Value	3,625,424
Improvements Since 1981	297,449
Accumulated Depreciation at 9/30/03	<u>(1,123,884)</u>
Deemed Depreciated Value	2,798,989
Market Rate of Return	<u>.0531</u>
Total Annual Return	148,626
Return Applicable to Non-Reimbursable Cost Centers	-
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Annual Return	148,626
Depreciation Expense	62,008
Home Office Depreciation Expense	21
Home Office Amortization Expense	95
Capital Related Income Offsets	-
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Cost of Capital Expense	210,750
Total Patient Days (Actual)	<u>31,842</u>
Cost of Capital Per Diem	<u><u>\$ 6.62</u></u>

WOODRUFF MANOR, LLC
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 2003
AC# 3-WOF-J3

6/30/89 Cost of Capital and Return on Equity Capital Per Diem Reimbursement	\$ N/A
Adjustment for Maximum Increase	<u>N/A</u>
Maximum Cost of Capital Per Diem	\$ <u>N/A</u>
Reimbursable Cost of Capital Per Diem	\$6.62
Cost of Capital Per Diem	<u>6.62</u>
Cost of Capital Per Diem Limitation	\$ <u>-</u>

2 copies of this document were published at an estimated printing cost of \$1.38 each, and a total printing cost of \$2.76. Section 1-11-125 of the South Carolina Code of Laws, as amended requires this information on printing costs be added to the document.