



Dave Yost • Auditor of State





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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

We have performed the procedures enumerated below, which were agreed to by the Ohio Department of Medicaid (ODM), on the Aging Administered Waiver Annual Cost Report (Cost Report) for the Catholic Social Services of the Miami Valley, a Passport Administrative Agency (hereafter referred to as the PAA), for the period July 1, 2013 through June 30, 2014 (fiscal year (FY) 2014). The Provider's management is responsible for preparing this report. The sufficiency of these procedures is solely the responsibility of ODM. 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.

### Revenue

1. We compared the revenue reported in the *Ohio Department of Aging (ODA) Administered Waiver Programs Monthly Financial Report, Final Page A* to the PAA's General Ledger Detail and Program Year 2013 - Monthly Financial Reports to identify any variance greater than \$500.

We found no variances.

2. We compared the PAA's Passport Patient Liability and Client Liabilities/Co-pay Billing reports to the PAA's General Ledger Detail Report and determined if the costs were properly posted to identify any variances greater than \$500.

We found no variances.

### Square Footage

1. We obtained the PAA's square footage summary and floor plans and compared it with the square footage used for the cost allocation in the Cost Report.

We found no variances.

### Trial Balance and Non-Payroll Expenses

1. We compared the disbursements on the PAA's Crosswalk and General Ledger Detail Report to *Worksheet 1, Total Allowable Expenses by Line Item* for each waiver to identify variances greater than \$500 of each individual cost categories. We also compared the PAA's PASSPORT Information Management System report by service category to *Worksheet 2* to identify variances greater than \$500.

We reported variances in Appendix A.

### **Trial Balance and Non-Payroll Expenses (Continued)**

2. We scanned the PAA's General Ledger Detail Reports and selected 60 disbursements from all cost pools. We determined if supporting documentation was maintained, the costs were allowable, properly allocated to the correct cost center in accordance with the Three Party Agreement and the Cost Report Instructions and properly classified according to 45 CFR 75 to identify any variances greater than \$500.

We found no variances.

3. We reviewed the allocation methodology applied on *Worksheet 1* to determine if it is consistent with the approved methodologies in the Cost Report Instructions. We also verified that the PAA applied the correct allocation to each cost center consistent with its square footage and annual time study summaries to identify variances greater than \$500 by cost center.

We found no variances.

### **Payroll**

1. We compared total salaries and benefits on the *Worksheet 1* by waiver to the PAA's General Ledger Detail Report to identify variances greater than two percent.

We found no variances.

2. We selected 20 employees and obtained the time sheets for each employee for one month and verified they accurately rolled up to the monthly time study report used for allocating costs.

We found no variances.

### **Property**

1. We compared the capital costs reported on *Worksheet 1* to the PAA's Posting Summary report to identify any variances greater than \$500.

We found no variances.

2. We compared the PAA's 2014 Detail for Capital Asset Costs and Depreciation Expense reports to its prior FY Detail for Capital Asset Costs reports for changes in the depreciation amounts for assets purchased prior to the periods under review, depreciation taken on the same asset more than once, assets that have been fully depreciated in prior years, or depreciation which was not in compliance with the Cost Report Instructions to identify any cell variances greater than \$500.

We found no variances.

3. We determined the PAA's capitalization threshold and selected the lesser of 10 or 10 percent of the PAA's fixed assets which meet the capitalization threshold and were being depreciated in the first year in FY 2014 and determined if the useful lives agreed to the estimated useful lives prescribed in the 2013 American Hospital Association (AHA) Asset Guide. We also computed the first year's depreciation for the one asset tested, based on cost, acquisition date and useful life to determine compliance with the Cost Report Instructions to identify any variances greater than \$500 by cost center.

We found no variances.

**Property (Continued)**

4. We selected the lesser of 10 percent or 10 disposed assets from FY 2014 from the PAA's list of disposed assets and determined if the asset was removed from the PAA's Detail for Depreciation Expense report. We also calculated depreciation and any loss for the one disposed item tested, based on the undepreciated basis and any proceeds received from the disposal of the asset to determine compliance with the Cost Report Instructions and CMS Publication 15-1, Chapter 1 and to identify any variances greater than \$500 by cost center.

We found no variances.

5. We scanned the General Ledger Detail Reports for items purchased during FY 2014 that met the PAA's capitalization criteria and the procurement requirements and traced them to the PAA's Detail for Capital Asset Costs and Depreciation Expense reports. This includes a scan of the repair and maintenance accounts to determine if these disbursements are properly reported in regards to capitalization and/or expenditure classification. ODM asked us to identify any variances greater than \$500 by cost center.

We found no variances.

**Contract Monitoring**

1. We determined the PAA had written procedures and supporting documentation during FY 2014 showing it performed provider oversight processes that included home visits; incident reporting and provider feedback; structural compliance reviews; provider recruitment and procurement and certification; provider contract agreement; education, training, and technical assistance; provider meetings; and reporting in accordance with Section II (A)(3)(b)(i)-(ii) of the three party agreement with ODM and ODA.

We selected five providers to compare each applicable monitoring activity to supporting documentation. We also selected one additional provider with adverse findings and another provider with provider recruitment, procurement and certification and compared to supporting documentation.

We found no instances of non-compliance.

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 PAA's 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. This report is intended solely for the information and use of the Provider and ODM, and is not intended to be, and should not be used by anyone other than these specified parties.



**Dave Yost**  
Auditor of State

June 14, 2017

**Appendix A**  
**Catholic Social Services of the Miami Valley**  
**2014 Aging Administered Waiver Annual Cost Report Adjustments**

	<b>Reported Amount</b>	<b>Correction</b>	<b>Corrected Amount</b>	<b>Explanation of Correction</b>
<b>Worksheet 1</b>				
<b>PASSPORT</b>				
11. Capital Cost (1) General Administrative	\$ 20,128	\$ (474)	\$ 19,654	To correct amount of loss
11. Capital Cost (2) Screening	\$ 11,081	\$ (324)	\$ 10,757	To correct amount of loss
11. Capital Cost - Evaluation and Assessment (3)	\$ 10,543	\$ (332)	\$ 10,211	To correct amount of loss
11. Capital Cost - Administrative Case Management (4)	\$ 52,219	\$ (1,501)	\$ 50,718	To correct amount of loss
<b>Worksheet 2</b>				
15. Non Emergency Transportation (1) Medicaid	\$ -	\$ 7,601	\$ 7,601	To match PIMS report
27. Non-Medical Transportation (1) Medicaid	\$ 7,601	\$ (7,601)	\$ -	To match PIMS report



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**CATHOLIC SOCIAL SERVICES**

**SHELBY 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  
JUNE 27, 2017**