

**REPORT  
ON THE  
RATE SETTING AUDIT**

**EAST 11TH  
AZUSA, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1518094812**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

**Audits Section—Rancho Cucamonga  
Financial Audits Branch  
Audits and Investigations  
Department of Health Care Services**

**Section Chief: Julio M. Cueto  
Audit Supervisor: Virat Shah  
Auditor: Apichaya Anekananda**



TOBY DOUGLAS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

June 3, 2013

Board of Directors  
ResCare, Incorporated  
9901 Linn Station Road  
Louisville, KY 40223-3808

EAST 11TH  
NATIONAL PROVIDER IDENTIFIER (NPI) 1518094812  
FISCAL PERIOD ENDED DECEMBER 31, 2011

We have examined the facility's financial records/Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the data presented in the accompanying audit report schedules represent a proper determination of the allowable costs and patient days for the above fiscal period in accordance with Medi-Cal reimbursement principles. The results of our examination are as follows:

<u>COST AND COST PER DAY</u>		<u>COST</u>	<u>COST PER DAY</u>
Reported Cost/Cost Per Day	\$	336,733	\$ 161.89
Net Audit Adjustment		(560)	(0.27)
Audited Cost/Cost Per Day	\$	<u>336,173</u>	\$ <u>161.62</u>

This audit report includes the:

1. Audit Report Schedules 1 and 2
2. Audit Adjustments Schedule
3. Audited Allocation of Home Office Cost

Future Medi-Cal long-term care prospective rates may be affected by this examination. The extent to which the rates change will be determined by the Department's Fee-For-Service Rates Development Division.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals  
1029 J Street, Suite 200  
Sacramento, CA 95814  
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

**United States Postal Service (USPS)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
PO Box 997413  
Sacramento, CA 95899

**Courier (UPS, FedEx, etc.)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
1501 Capitol Avenue, Suite 71.5001  
Sacramento, CA 95814  
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

Board of Directors  
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If you have questions regarding this report, you may call the Audits Section—Rancho Cucamonga at (909) 481-3420.

Original Signed By

Julio M. Cueto, Chief  
Audits Section—Rancho Cucamonga  
Financial Audits Branch

Certified

cc: Steven B. Mowery  
Vice President of Reimbursement

**SUMMARY OF AUDITED FACILITY CENSUS  
AND AUDITED CLIENT COST PER DAY**

**Provider:**  
EAST 11TH

**Fiscal Period:**  
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

**Provider NPI:**  
1518094812

**SUMMARY OF AUDITED FACILITY CENSUS  
AND AUDITED CLIENT COST PER DAY**

	<b>AS REPORTED</b>	<b>AS AUDITED</b>
1. Medi-Cal Client Days (Adj )	2,080	2,080
2. Medi-Cal Managed Care Days (Adj )		0
3. Other Client Days (Adj )		0
4. Total Client Days	<u>2,080</u>	<u>2,080</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>336,733</u>	\$ <u>336,173</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>161.89</u>	\$ <u>161.62</u>

**SHARE OF COST**

1. Share of Cost Audit Adjustment (Adj )	\$ <u>NA</u>	\$ <u>0</u>
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**OVERPAYMENTS**

1. Duplicate Payments (Adj )	\$ _____	\$ <u>0</u>
2. Credit Balances (Adj )	\$ _____	\$ <u>0</u>
3. Total Overpayments	\$ <u>0</u>	\$ <u>0</u>

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider: EAST 11TH  
 Fiscal Period: JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:  
 1518094812

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	<b>EXPENSES: CLIENT SERVICES</b>				
	<b>Basic Facility Cost - Property Expenses</b>				
045	Depreciation and Amortization		\$ 9,914	\$	\$ 9,914
050	Leases and Rentals		4,060		4,060
055	Real Property Taxes		3,276		3,276
060	Personal Property Taxes		337		337
065	Mortgage Interest				0
070	Property Insurance		1,466		1,466
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 19,053	\$ 0	\$ 19,053
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance		\$ 3,978	\$	\$ 3,978
085	Utilities		6,222		6,222
090	Client Transportation (excluding Adult Day Services)		5,684		5,684
095	Dietary		17,293		17,293
100	Personal Care and Laundry	1	4,795	(184)	4,611
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 37,972	\$ (184)	\$ 37,788
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 57,025	\$ (184)	\$ 56,841
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 12,148	\$	\$ 12,148
120	QMRP Fringe Benefits		3,550		3,550
125	Lead Salaries		20,527		20,527
130	Lead Fringe Benefits		11,707		11,707
135	Aides Salaries		104,906		104,906
140	Aides Fringe Benefits		38,030		38,030
145	Other Salaries		11,344		11,344
150	Other Fringe Benefits		3,140		3,140
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 205,352	\$ 0	\$ 205,352

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider: EAST 11TH  
 Fiscal Period: JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:  
 1518094812

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
<b>EXPENSES: CONSULTANT COSTS</b>					
160	Dietician Consultant		\$ 589	\$	\$ 589
165	Speech Pathology Consultant		1,935		1,935
170	Physical Therapy Consultant		1,639		1,639
175	Occupational Therapy Consultant		990		990
180	Pharmacist Consultant		340		340
185	Nurse Consultant				0
190	Psychologist Consultant		1,320		1,320
195	Physician Consultant		1,763		1,763
200	Recreational Consultant				0
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 8,576	\$ 0	\$ 8,576
<b>EXPENSES: ADMINISTRATIVE COSTS</b>					
220	Administrative Salaries **		\$ 8,669	\$	\$ 8,669
225	Administrative Fringe Benefits		3,612		3,612
226	Quality Assurance Fees (excluding Adult Day Services)		21,246		21,246
230	Other General and Administrative*** (Excluding Adult Day Services)	2, 3	32,253	(376)	31,877
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 65,780	\$ (376)	\$ 65,404
TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)			\$ 336,733	\$ (560)	\$ 336,173
<b>NON-CLIENT CARE EXPENSES</b>			(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
241	Adult Day Services and Related Transportation		179,027		179,027
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 515,760	\$ (560)	\$ 515,200

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\*\* List only direct administrative salaries incurred at the facility level

\*\*\* List allocated administrative costs on Line 230

Provider Name							Fiscal Period	Provider NPI	Adjustments	
EAST 11TH							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1518094812	3	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col				
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>										
1	4	100	4	2	100	3	Personal Care and Laundry To eliminate Disneyland annual pass expenses due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$4,795	(\$184)	\$4,611
	4.1	230	4	2	230	3	Other General and Administrative	\$32,253		
2							To eliminate political contributions not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.3, 2139, 2300, and 2304		(\$80)	
3							To adjust reported home office costs to agree with the ResCare, Inc. Home Office Audit Report for fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304		(296) (\$376)	\$31,877