REPORT
ON THE
RATE SETTING AUDIT

MAGNOLIA COMMUNITY HOME
ARROYO GRANDE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1568598969

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
Auditors: Apichaya Anekananda and Teresa Zapata

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

June 4, 2013

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

MAGNOLIA COMMUNITY HOME
NATIONAL PROVIDER IDENTIFIER (NPI) 1568598969
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:

COST AND COST PER DAY		COST		COST PER DAY
Reported Cost/Cost Per Day	$	375,929	$	171.66
Net Audit Adjustment		(1,024)		(.47)
Audited Cost/Cost Per Day	$	374,905	$	171.19

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.

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:
MAGNOLIA COMMUNITY HOME

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

Provider NPI:
1568598969

SUMMARY OF AUDITED FACILITY CENSUS AND AUDITED CLIENT COST PER DAY	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj)	2,190	2,190
2. Medi-Cal Managed Care Days (Adj)		0
3. Other Client Days (Adj)		0
4. Total Client Days	2,190	2,190
5. Total Client Care Expenses (From Sch. 2)	$ 375,929	$ 374,905
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	$ 171.66	$ 171.19
SHARE OF COST		
1. Share of Cost Audit Adjustment (Adj)	$ NA	$ 0
OVERPAYMENTS		
1. Duplicate Payments (Adj)	$	$ 0
2. Credit Balances (Adj)	$	$ 0
3. Total Overpayments	$ 0	$ 0

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
MAGNOLIA COMMUNITY HOME

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

Provider NPI:
1568598969

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		$ 6,799	$	$ 6,799
050	Leases and Rentals		32,054		32,054
055	Real Property Taxes		2,256		2,256
060	Personal Property Taxes		488		488
065	Mortgage Interest				0
070	Property Insurance		1,469		1,469
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		$ 43,066	$ 0	$ 43,066
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		$ 5,207	$	$ 5,207
085	Utilities		6,368		6,368
090	Client Transportation (excluding Adult Day Services)		2,306		2,306
095	Dietary		4,797		4,797
100	Personal Care and Laundry	1	5,008	(620)	4,388
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		$ 23,686	$ (620)	$ 23,066
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		$ 66,752	$ (620)	$ 66,132
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		$ 6,415	$	$ 6,415
120	QMRP Fringe Benefits		2,138		2,138
125	Lead Salaries		9,966		9,966
130	Lead Fringe Benefits		1,782		1,782
135	Aides Salaries		108,794		108,794
140	Aides Fringe Benefits		25,311		25,311
145	Other Salaries		62,901		62,901
150	Other Fringe Benefits		16,475		16,475
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		$ 233,782	$ 0	$ 233,782

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
MAGNOLIA COMMUNITY HOME

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

Provider NPI:
1568598969

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		$ 1,092	$	$ 1,092
165	Speech Pathology Consultant		276		276
170	Physical Therapy Consultant		118		118
175	Occupational Therapy Consultant		344		344
180	Pharmacist Consultant				0
185	Nurse Consultant		198		198
190	Psychologist Consultant		1,758		1,758
195	Physician Consultant		1,764		1,764
200	Recreational Consultant		1,281		1,281
205	Social Service Consultant				0
210	Other Consultant		279		279
215	TOTAL CONSULTANT COST (Lines 160 through 210)		$ 7,110	$ 0	$ 7,110
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **		$ 6,864	$	$ 6,864
225	Administrative Fringe Benefits		3,092		3,092
226	Quality Assurance Fees (excluding Adult Day Services)		25,514		25,514
230	Other General and Administrative*** (Excluding Adult Day Services)	2,3	32,815	(404)	32,411
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		$ 68,285	$ (404)	$ 67,881
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		$ 375,929	$ (1,024)	$ 374,905
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		$	$	$ 0
241	Adult Day Services and Related Transportation		199,250		199,250
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		$ 575,179	$ (1,024)	$ 574,155

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

*** List allocated administrative costs on Line 230

Provider Name	Fiscal Period	Provider NPI	Adjustments
MAGNOLIA COMMUNITY HOME	JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1568598969	3

Report References										
	Cost Report			Audit Report						
Adj. No.	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED COSTS			
1	4	100	4	2	100	3	Personal Care and Laundry	$5,008	($620)	$4,388
							To eliminate pharmacy expense applicable to the prior year.			
							42 CFR 413.5, 413.20, and 413.24			
							CMS Pub. 15-1, Sections 2300, 2302.1, and 2304			
	4.1	230	4	2	230	3	Other General and Administrative	$32,815		
2							To eliminate political contributions not related to patient care.		($80)	
							42 CFR 413.9(c)(3)			
							CMS Pub. 15-1, Sections 2102.3, 2139, 2300, and 2304			
3							To adjust reported home office costs to agree with the ResCare, Inc.		(324)	
							Home Office Audit Report for fiscal period ended December 31, 2011.		($404)	$32,411
							42 CFR 413.17 and 413.24			
							CMS Pub. 15-1, Sections 2150.2 and 2304			