

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**FARROLL COMMUNITY HOME
ARROYO GRANDE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1407982382**

**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: Teresa Zapata**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

October 29, 2013

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

In the Matter of:

FARROLL COMMUNITY HOME
NATIONAL PROVIDER IDENTIFIER (NPI) 1407982382
FISCAL PERIOD ENDED DECEMBER 31, 2011
CASE NUMBER NF14-1211-077J-DG

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated October 2, 2013, the following revisions are made to the Medi-Cal audit report dated June 4, 2013.

SUMMARY OF REVISIONS

		<u>COST</u>	<u>COST PER DAY</u>
Audited Cost and Cost Per Day	\$	382,003	\$ 174.51
Revision		<u>345</u>	<u>0.16</u>
Revised Cost and Cost Per Day	\$	<u>382,348</u>	\$ <u>174.67</u>

Enclosed are the revised schedules detailing the results of the recomputation.

Original Signed By

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

cc: Steven B. Mowery
Vice President of Reimbursement

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

Provider:
FARROLL COMMUNITY HOME

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

Provider NPI:
1407982382

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

	AS AUDITED	AS REVISED
1. Medi-Cal Client Days (Rev)	2,189	2,189
2. Medi-Cal Managed Care Days (Rev)	0	0
3. Other Client Days (Rev)	0	0
4. Total Client Days	<u>2,189</u>	<u>2,189</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>382,003</u>	\$ <u>382,348</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>174.51</u>	\$ <u>174.67</u>

SHARE OF COST

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

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

SUMMARY OF REVISED FACILITY EXPENSES

Provider:
FARROLL COMMUNITY HOME

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

Provider NPI:
1407982382

Line No.	DESCRIPTION	REV NO.	AS AUDITED Col. 1	APPEAL REVISIONS Col. 2	AS REVISED Col. 3
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 1,335	\$	\$ 1,335
050	Leases and Rentals		47,634		47,634
055	Real Property Taxes		2,616		2,616
060	Personal Property Taxes		140		140
065	Mortgage Interest		0		0
070	Property Insurance		2,008		2,008
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 53,733	\$ 0	\$ 53,733
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 5,092	\$	\$ 5,092
085	Utilities		6,980		6,980
090	Client Transportation (excluding Adult Day Services)		2,341		2,341
095	Dietary		13,782		13,782
100	Personal Care and Laundry	1	6,713	345	7,058
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 34,908	\$ 345	\$ 35,253
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 88,641	\$ 345	\$ 88,986
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 6,511	\$	\$ 6,511
120	QMRP Fringe Benefits		2,170		2,170
125	Lead Salaries		787		787
130	Lead Fringe Benefits		102		102
135	Aides Salaries		112,260		112,260
140	Aides Fringe Benefits		30,636		30,636
145	Other Salaries		51,054		51,054
150	Other Fringe Benefits		14,569		14,569
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 218,089	\$ 0	\$ 218,089

SUMMARY OF REVISED FACILITY EXPENSES

Provider:
FARROLL COMMUNITY HOME

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

Provider NPI:
1407982382

Line No.	DESCRIPTION	REV NO.	AS AUDITED Col. 1	APPEAL REVISIONS Col. 2	AS REVISED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 1,092	\$	\$ 1,092
165	Speech Pathology Consultant		6		6
170	Physical Therapy Consultant		119		119
175	Occupational Therapy Consultant		560		560
180	Pharmacist Consultant		0		0
185	Nurse Consultant		0		0
190	Psychologist Consultant		2,003		2,003
195	Physician Consultant		1,765		1,765
200	Recreational Consultant		729		729
205	Social Service Consultant		0		0
210	Other Consultant		173		173
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 6,447	\$ 0	\$ 6,447
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **		\$ 6,652	\$	\$ 6,652
225	Administrative Fringe Benefits		3,138		3,138
226	Quality Assurance Fees (excluding Adult Day Services)		25,500		25,500
230	Other General and Administrative*** (Excluding Adult Day Services)		33,536		33,536
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 68,826	\$ 0	\$ 68,826
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 382,003	\$ 345	\$ 382,348
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$ 0	\$	\$ 0
241	Adult Day Services and Related Transportation		224,707		224,707
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 606,710	\$ 345	\$ 607,055

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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		Revisions	
FARROLL COMMUNITY HOME				JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1407982382		1	
Report References							Explanation of Appeal Revisions	As Audited	Increase (Decrease)	As Revised
Audit Report			Revised Audit Report							
Rev. No.	Sch.	Line	Col.	Sch.	Line	Col.				
<u>REVISION TO AUDITED COSTS</u>										
1	2	100	3	2	100	3	Personal Care and Laundry Revision to adjustment 1. To adjust Pharmacy expense based upon the Appeals' Report of Findings, Case No. NF14-1211-077J-DG, Issue No. 3.	\$6,713	\$345	\$7,058