

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**CHAPALA HOUSE
RIVERSIDE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1851428247**

**FISCAL PERIOD ENDED
JUNE 30, 2012**

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

**Section Chief: Julio M. Cueto
Audit Supervisor: Bina Matani
Auditor: Robert Neely**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

October 9, 2013

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

In the Matter of:

CHAPALA HOUSE
NATIONAL PROVIDER IDENTIFIER (NPI) 1851428247
FISCAL PERIOD ENDED JUNE 30, 2012
CASE NUMBER NF14-0612-244J-TW

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated September 24, 2013, the following revisions are made to the Medi-Cal audit report dated June 26, 2013.

SUMMARY OF REVISIONS

		<u>COST</u>	<u>COST PER DAY</u>
Audited Cost and Cost Per Day	\$	357,082	\$ 165.09
Revision		(0)	<u>1.46</u>
Revised Cost and Cost Per Day	\$	<u>357,082</u>	\$ <u>166.55</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:
CHAPALA HOUSE

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1851428247

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

	AS AUDITED	AS REVISED
1. Medi-Cal Client Days (Rev 1)	2,163	2,144
2. Medi-Cal Managed Care Days (Adj)	0	0
3. Other Client Days (Adj)	0	0
4. Total Client Days	<u>2,163</u>	<u>2,144</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>357,082</u>	\$ <u>357,082</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>165.09</u>	\$ <u>166.55</u>

SHARE OF COST

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

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

SUMMARY OF REVISED FACILITY EXPENSES

Provider:
CHAPALA HOUSE

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1851428247

Line No.	DESCRIPTION	ADJ NO.	AS AUDITED Col. 1	REVISED ADJUSTMENT Col. 2	AS REVISED Col. 3
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 2,102	\$	\$ 2,102
050	Leases and Rentals		38,833		38,833
055	Real Property Taxes				0
060	Personal Property Taxes		306		306
065	Mortgage Interest				0
070	Property Insurance		1,109		1,109
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 42,350	\$ 0	\$ 42,350
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 13,843	\$	\$ 13,843
085	Utilities		9,308		9,308
090	Client Transportation (excluding Adult Day Services)		10,585		10,585
095	Dietary		14,478		14,478
100	Personal Care and Laundry		4,111		4,111
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 52,325	\$ 0	\$ 52,325
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 94,675	\$ 0	\$ 94,675
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 8,793	\$	\$ 8,793
120	QMRP Fringe Benefits		2,577		2,577
125	Lead Salaries		20,922		20,922
130	Lead Fringe Benefits		6,273		6,273
135	Aides Salaries		95,323		95,323
140	Aides Fringe Benefits		27,521		27,521
145	Other Salaries		15,394		15,394
150	Other Fringe Benefits		4,698		4,698
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 181,501	\$ 0	\$ 181,501

SUMMARY OF REVISED FACILITY EXPENSES

Provider:
CHAPALA HOUSE

Fiscal Period:
JULY 1, 2011 THROUGH JUNE 30, 2012

Provider NPI:
1851428247

Line No.	DESCRIPTION	ADJ NO.	AS AUDITED Col. 1	REVISED ADJUSTMENT Col. 2	AS REVISED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 1,407	\$	\$ 1,407
165	Speech Pathology Consultant		180		180
170	Physical Therapy Consultant		1,519		1,519
175	Occupational Therapy Consultant		959		959
180	Pharmacist Consultant		794		794
185	Nurse Consultant				0
190	Psychologist Consultant		1,407		1,407
195	Physician Consultant		100		100
200	Recreational Consultant				0
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 6,366	\$ 0	\$ 6,366
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **		\$ 13,076	\$	\$ 13,076
225	Administrative Fringe Benefits		4,766		4,766
226	Quality Assurance Fees (excluding Adult Day Services)		21,902		21,902
230	Other General and Administrative*** (Excluding Adult Day Services)		34,796		34,796
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 74,540	\$ 0	\$ 74,540
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 357,082	\$ 0	\$ 357,082
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
241	Adult Day Services and Related Transportation		50,484		50,484
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 407,566	\$ 0	\$ 407,566

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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	
CHAPALA HOUSE				JULY 1, 2011 THROUGH JUNE 30, 2012			1851428247		1	
Report References							Explanation of Revisions	As Audited	Increase (Decrease)	As Revised
Audit Report			Revised Report							
Rev. No.	Audit Schedule	Line	Col.	Sch.	Line	Col				
<u>REVISION TO AUDITED PATIENT DAYS</u>										
1	1	1		1	1		Medi-Cal Client Days	2,163	(19)	2,144
	1	4		1	4		Total Client Days	2,163	(19)	2,144
							Revision to adjustment 3. To reverse the Medi-Cal patient days adjustment based upon Appeals' Report of Findings Issue Number 1.			