

**REPORT
ON THE
RATE SETTING AUDIT**

**GREEN PARK
CARMICHAEL, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1477689396**

**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

June 26, 2013

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

GREEN PARK
NATIONAL PROVIDER IDENTIFIER (NPI) 1477689396
FISCAL PERIOD ENDED JUNE 30, 2012

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	\$	303,963	\$ 141.91
Net Audit Adjustment		(227)	(0.11)
Audited Cost/Cost Per Day	\$	<u>303,736</u>	\$ <u>141.80</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:
GREEN PARK

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

Provider NPI:
1477689396

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

	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj 3)	2,142	2,081
2. Medi-Cal Managed Care Days (Adj 3)	0	61
3. Other Client Days (Adj)	0	0
4. Total Client Days	<u>2,142</u>	<u>2,142</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>303,963</u>	\$ <u>303,736</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>141.91</u>	\$ <u>141.80</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>	\$ <u>0</u>
2. Credit Balances (Adj)	\$ <u>0</u>	\$ <u>0</u>
3. Total Overpayments	\$ <u>0</u>	\$ <u>0</u>

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
GREEN PARK

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

Provider NPI:
1477689396

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		\$ 4,335	\$	\$ 4,335
050	Leases and Rentals		3,424		3,424
055	Real Property Taxes		3,729		3,729
060	Personal Property Taxes		116		116
065	Mortgage Interest				0
070	Property Insurance		1,924		1,924
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 13,528	\$ 0	\$ 13,528
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 4,677	\$	\$ 4,677
085	Utilities		9,115		9,115
090	Client Transportation (excluding Adult Day Services)		9,818		9,818
095	Dietary		10,656		10,656
100	Personal Care and Laundry		5,860		5,860
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 40,126	\$ 0	\$ 40,126
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 53,654	\$ 0	\$ 53,654
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 8,731	\$	\$ 8,731
120	QMRP Fringe Benefits		2,683		2,683
125	Lead Salaries				0
130	Lead Fringe Benefits		41		41
135	Aides Salaries		116,172		116,172
140	Aides Fringe Benefits		31,077		31,077
145	Other Salaries		14,988		14,988
150	Other Fringe Benefits		3,798		3,798
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 177,490	\$ 0	\$ 177,490

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
GREEN PARK

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

Provider NPI:
1477689396

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 735	\$	\$ 735
165	Speech Pathology Consultant		585		585
170	Physical Therapy Consultant		19		19
175	Occupational Therapy Consultant				0
180	Pharmacist Consultant				0
185	Nurse Consultant				0
190	Psychologist Consultant				0
195	Physician Consultant		1,534		1,534
200	Recreational Consultant		765		765
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 3,638	\$ 0	\$ 3,638
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **		\$ 6,604	\$	\$ 6,604
225	Administrative Fringe Benefits		3,172		3,172
226	Quality Assurance Fees (excluding Adult Day Services)		21,846		21,846
230	Other General and Administrative*** (Excluding Adult Day Services)	1,2	37,559	(227)	37,332
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 69,181	\$ (227)	\$ 68,954
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 303,963	\$ (227)	\$ 303,736
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$ 10	\$	\$ 10
241	Adult Day Services and Related Transportation		183,343		183,343
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 487,316	\$ (227)	\$ 487,089

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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	
GREEN PARK							JULY 1, 2011 THROUGH JUNE 30, 2012	1477689396	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				
<u>ADJUSTMENTS TO REPORTED COSTS</u>										
	4.1	230	4	2	230	3	Other General and Administrative	\$37,559		
1							To eliminate lobby fees not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.3, 2139, 2300, and 2304		(\$103)	
2							To adjust reported home office costs to agree with the ResCare, Inc., Home Office Audit Report for fiscal period ended June 30, 2012. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304		(124) (\$227)	\$37,332

Provider Name				Fiscal Period				Provider NPI		Adjustments
GREEN PARK				JULY 1, 2011 THROUGH JUNE 30, 2012				1477689396		3
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Cost Report			Audit Report						
	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col				
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>										
3	2	3	1	1	1		Medi-Cal Client Days	2,142	(61)	2,081
	2	3	2	1	2		Medi-Cal Managed Care Days To reclassify patient days to agree with the provider's patient census records. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304	0	61	61