

**REPORT  
ON THE  
RATE SETTING AUDIT**

**EAST 8TH STREET  
NATIONAL CITY, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1174650873**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2010**

**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: Emmanuel Ypil**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

January 25, 2012

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

EAST 8TH STREET  
NATIONAL PROVIDER IDENTIFIER (NPI) 1174650873  
FISCAL PERIOD ENDED DECEMBER 31, 2010

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	\$	478,413	\$ 222.41
Net Audit Adjustment		(4,476)	(2.08)
Audited Cost/Cost Per Day	\$	<u>473,937</u>	\$ <u>220.33</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 Medi-Cal Benefits, Waiver Analysis and Rates 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:**  
EAST 8TH STREET

**Fiscal Period:**  
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

**Provider NPI:**  
1174650873

**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 )	2,151	2,151
2. Medi-Cal Managed Care Days (Adj )		0
3. Other Client Days (Adj )		0
4. Total Client Days	<u>2,151</u>	<u>2,151</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>478,413</u>	\$ <u>473,937</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>222.41</u>	\$ <u>220.33</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 8TH STREET

Fiscal Period:  
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:  
1174650873

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	1	\$ 9,175	\$ (3,042)	\$ 6,133
050	Leases and Rentals		37,684		37,684
055	Real Property Taxes				0
060	Personal Property Taxes		483		483
065	Mortgage Interest				0
070	Property Insurance		2,589		2,589
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 49,931	\$ (3,042)	\$ 46,889
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance		\$ 4,589	\$	\$ 4,589
085	Utilities		6,412		6,412
090	Client Transportation (excluding Adult Day Services)		1,391		1,391
095	Dietary		9,257		9,257
100	Personal Care and Laundry		7,949		7,949
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 29,598	\$ 0	\$ 29,598
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 79,529	\$ (3,042)	\$ 76,487
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 15,162	\$	\$ 15,162
120	QMRP Fringe Benefits		5,163		5,163
125	Lead Salaries		22,593		22,593
130	Lead Fringe Benefits		12,432		12,432
135	Aides Salaries		95,504		95,504
140	Aides Fringe Benefits		34,616		34,616
145	Other Salaries		97,035		97,035
150	Other Fringe Benefits		25,833		25,833
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 308,338	\$ 0	\$ 308,338

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
EAST 8TH STREET

Fiscal Period:  
JANUARY 1, 2010 THROUGH DECEMBER 31, 2010

Provider NPI:  
1174650873

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		\$ 2,200	\$	\$ 2,200
165	Speech Pathology Consultant		313		313
170	Physical Therapy Consultant		1,340		1,340
175	Occupational Therapy Consultant		1,679		1,679
180	Pharmacist Consultant		52		52
185	Nurse Consultant				0
190	Psychologist Consultant		79		79
195	Physician Consultant		413		413
200	Recreational Consultant				0
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 6,076	\$ 0	\$ 6,076
	<b>EXPENSES: ADMINISTRATIVE COSTS</b>				
220	Administrative Salaries **		\$ 10,843	\$	\$ 10,843
225	Administrative Fringe Benefits		3,716		3,716
226	Quality Assurance Fees (excluding Adult Day Services)		25,072		25,072
230	Other General and Administrative*** (Excluding Adult Day Services)	2	44,840	(1,434)	43,406
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 84,471	\$ (1,434)	\$ 83,037
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 478,414	\$ (4,476)	\$ 473,938
	<b>NON-CLIENT CARE EXPENSES</b>		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
241	Adult Day Services and Related Transportation				0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 478,414	\$ (4,476)	\$ 473,938

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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 8TH STREET		JANUARY 1, 2010 THROUGH DECEMBER 31, 2010		1174650873		2		
Adj. No.	DHS 3076 Page or Exhibit	Report References				As Reported	Increase (Decrease)	As Adjusted
		Cost Report	Audit Report	Line	Col			
		Line	Col.	Sch.	Line	Col		
1	4	045	4	2	045	3	\$9,175	\$6,133
Depreciation and Amortization To adjust for a change in useful life to agree with the American Hospital Association Guidelines. 42 CFR 413.20, 413.50, and 413.134(b)(7) CMS Pub. 15-1, Sections 104.17, 104.18, 122, 2300, and 2302.4								
2	4.1	230	4	2	230	3	\$44,840	\$43,406
Other General and Administrative To adjust reported home office costs to agree with the ResCare, Inc. Home Office Audit Report for fiscal period ended December 31, 2010. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304								
<b>ADJUSTMENTS TO REPORTED COSTS</b>								