

**REPORT
ON THE
RATE SETTING AUDIT**

**LAS CASAS HOME
CLAREMONT, CALIFORNIA
PROVIDER NUMBER: LTC60684F
NPI: 1124155494**

**FISCAL PERIOD ENDED
DECEMBER 31, 2008**

**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: Mandy Ho**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

February 25, 2010

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

PROVIDER: LAS CASAS HOME
PROVIDER NO. LTC60684F
NPI: 1124155494
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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, patient days and use of share of cost 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	\$	423,181	\$ 202.19
Net Audit Adjustment		(2,466)	(1.18)
Audited Cost/Cost Per Day	\$	<u>420,715</u>	\$ <u>201.01</u>

This audit report includes the:

1. Audit Report Schedules 1 through 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 Rate Development Branch.

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
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
Sacramento, CA 95814-2825
(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 95899-7413

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 95814-5005
(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.

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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:
LAS CASAS HOME

Fiscal Period:
JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

Provider Number:
LTC60684F

Provider NPI:
1124155494

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

	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj)	2,093	2,093
2. Other Client Days (Adj)		0
3. Total Client Days	<u>2,093</u>	<u>2,093</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>423,181</u>	\$ <u>420,715</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>202.19</u>	\$ <u>201.01</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)	\$ _____	\$ _____
2. Credit Balances (Adj)	\$ _____	\$ _____
3. Total Overpayments	\$ <u>0</u>	\$ <u>0</u>

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
LAS CASAS HOME

Fiscal Period:
JANUARY 1, 2008 THROUGH DECEMBER 31, 2008

Provider Number:
LTC60684F

Provider NPI:
1124155494

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 7,699	\$	\$ 7,699
050	Leases and Rentals		30,258		30,258
055	Real Property Taxes		4,233		4,233
060	Personal Property Taxes		102		102
065	Mortgage Interest				0
070	Property Insurance		1,698		1,698
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 43,990	\$ 0	\$ 43,990
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 10,539	\$	\$ 10,539
085	Utilities		13,507		13,507
090	Client Transportation		19,746		19,746
095	Dietary		17,070		17,070
100	Personal Care and Laundry	1-3	7,321	(855)	6,466
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 68,183	\$ (855)	\$ 67,328
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 112,173	\$ (855)	\$ 111,318
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 13,141	\$	\$ 13,141
120	QMRP Fringe Benefits		4,504		4,504
125	Lead Salaries		38,191		38,191
130	Lead Fringe Benefits		7,511		7,511
135	Aides Salaries		110,335		110,335
140	Aides Fringe Benefits		32,357		32,357
145	Other Salaries		9,035		9,035
150	Other Fringe Benefits		2,192		2,192
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 217,266	\$ 0	\$ 217,266

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
LAS CASAS HOME

Fiscal Period:
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Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
EXPENSES: CONSULTANT COSTS					
160	Dietician Consultant		\$ 568	\$	\$ 568
165	Speech Pathology Consultant				0
170	Physical Therapy Consultant		1,620		1,620
175	Occupational Therapy Consultant		1,080		1,080
180	Pharmacist Consultant		777		777
185	Nurse Consultant		11,016		11,016
190	Psychologist Consultant		2,049		2,049
195	Physician Consultant		2,100		2,100
200	Recreational Consultant				0
205	Social Service Consultant				0
210	Other Consultant		377		377
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 19,587	\$ 0	\$ 19,587
EXPENSES: ADMINISTRATIVE COSTS					
220	Administrative Salaries		\$ 14,109	\$	\$ 14,109
225	Administrative Fringe Benefits		5,906		5,906
226	Quality Assurance Fees		20,637		20,637
230	Other Administrative and General	4-6	33,503	(1,611)	31,892
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 74,155	\$ (1,611)	\$ 72,544
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 423,181	\$ (2,466)	\$ 420,715
			(To Sch. 1)		(To Sch. 1)
NON-CLIENT CARE EXPENSES					
240	Non-Program Services		\$	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 423,181	\$ (2,466)	\$ 420,715

Provider Name		Fiscal Period		Provider Number		Adjustments		
LAS CASAS HOME		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		LTC60684F		6		
Adj. No.	DHS 3076 Page or Exhibit	Report References		Sch	Line	As Reported	Increase (Decrease)	As Adjusted
		Line	Col.					
ADJUSTMENTS TO REPORTED COSTS								
1	4	100	4	2	100.00	\$7,321	(185)	
2								
3								
4	4.1	230	4	2	230.00	\$33,503	(22)	\$6,466
5								
6								