

**REPORT
ON THE
RATE SETTING AUDIT**

**RCCA - DUTRA
MANTECA, CALIFORNIA
PROVIDER NUMBER: LTC60950H
NPI: 1508993619**

**FISCAL PERIOD ENDED
JUNE 30, 2009**

**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: Richard Cruz**



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

February 24, 2011

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

RCCA - DUTRA
PROVIDER NUMBER LTC60950H
NATIONAL PROVIDER IDENTIFIER (NPI) 1508993619
FISCAL PERIOD ENDED JUNE 30, 2009

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	\$	291,305	\$ 209.12
Net Audit Adjustment		<u>(2,771)</u>	<u>(1.99)</u>
Audited Cost/Cost Per Day	\$	<u>288,534</u>	\$ <u>207.13</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 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
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.

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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:
RCCA - DUTRA

Fiscal Period:
JULY 1, 2008 THROUGH JUNE 30, 2009

Provider Number:
LTC60950H

Provider NPI:
1508993619

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

	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj)	1,393	1,393
2. Other Client Days (Adj)		0
3. Total Client Days	<u>1,393</u>	<u>1,393</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>291,305</u>	\$ <u>288,534</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>209.12</u>	\$ <u>207.13</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:
RCCA - DUTRA

Fiscal Period:
JULY 1, 2008 THROUGH JUNE 30, 2009

Provider Number:
LTC60950H

NPI:
1508993619

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		\$ 1,477	\$	\$ 1,477
050	Leases and Rentals		25,971		25,971
055	Real Property Taxes	1	2,292	(2,292)	0
060	Personal Property Taxes		65		65
065	Mortgage Interest				0
070	Property Insurance		1,751		1,751
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 31,556	\$ (2,292)	\$ 29,264
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 5,687	\$	\$ 5,687
085	Utilities		9,248		9,248
090	Client Transportation		2,253		2,253
095	Dietary		8,067		8,067
100	Personal Care and Laundry	2	7,248	(236)	7,012
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 32,503	\$ (236)	\$ 32,267
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 64,059	\$ (2,528)	\$ 61,531
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 7,760	\$	\$ 7,760
120	QMRP Fringe Benefits		2,339		2,339
125	Lead Salaries		19,704		19,704
130	Lead Fringe Benefits		2,934		2,934
135	Aides Salaries		98,524		98,524
140	Aides Fringe Benefits		20,396		20,396
145	Other Salaries		12,804		12,804
150	Other Fringe Benefits		2,784		2,784
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 167,245	\$ 0	\$ 167,245

SUMMARY OF AUDITED FACILITY EXPENSES

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Fiscal Period:
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Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 1,137	\$	\$ 1,137
165	Speech Pathology Consultant		839		839
170	Physical Therapy Consultant				0
175	Occupational Therapy Consultant				0
180	Pharmacist Consultant				0
185	Nurse Consultant				0
190	Psychologist Consultant		500		500
195	Physician Consultant		1,772		1,772
200	Recreational Consultant		972		972
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 5,220	\$ 0	\$ 5,220
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries		\$ 10,689	\$	\$ 10,689
225	Administrative Fringe Benefits		2,934		2,934
226	Quality Assurance Fees		14,155		14,155
230	Other Administrative and General	3,4,5	27,003	(243)	26,760
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 54,781	\$ (243)	\$ 54,538
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 291,305	\$ (2,771)	\$ 288,534
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 291,305	\$ (2,771)	\$ 288,534

