

**REPORT  
ON THE  
RATE SETTING AUDIT**

**RCCA - WAWONA  
MANTECA, CALIFORNIA  
PROVIDER NUMBER: LTC60967H  
NPI: 1457488249**

**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 - WAWONA  
PROVIDER NUMBER LTC60967H  
NATIONAL PROVIDER IDENTIFIER (NPI) 1457488249  
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	\$	363,408	\$ 265.65
Net Audit Adjustment		(1,676)	(1.23)
Audited Cost/Cost Per Day	\$	<u>361,732</u>	\$ <u>264.42</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.

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:**  
RCCA - WAWONA

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

**Provider Number:**  
LTC60967H

**Provider NPI:**  
1457488249

**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 )	1,368	1,368
2. Other Client Days (Adj )		0
3. Total Client Days	<u>1,368</u>	<u>1,368</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>363,408</u>	\$ <u>361,732</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>265.65</u>	\$ <u>264.42</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 - WAWONA

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

Provider Number:  
LTC60967H

NPI:  
1457488249

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	\$ 4,448	\$ (1,399)	\$ 3,049
050	Leases and Rentals		26,600		26,600
055	Real Property Taxes				0
060	Personal Property Taxes		62		62
065	Mortgage Interest				0
070	Property Insurance		1,649		1,649
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 32,759	\$ (1,399)	\$ 31,360
	<b>Basic Facility Cost - General Home Expenses</b>				
080	Home Operations and Maintenance		\$ 3,451	\$	\$ 3,451
085	Utilities		9,704		9,704
090	Client Transportation		13,299		13,299
095	Dietary		8,673		8,673
100	Personal Care and Laundry		8,835		8,835
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 43,962	\$ 0	\$ 43,962
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 76,721	\$ (1,399)	\$ 75,322
	<b>EXPENSES: DIRECT CARE STAFF COSTS</b>				
115	QMRP Salaries		\$ 9,697	\$	\$ 9,697
120	QMRP Fringe Benefits		2,923		2,923
125	Lead Salaries		25,489		25,489
130	Lead Fringe Benefits		10,856		10,856
135	Aides Salaries		107,512		107,512
140	Aides Fringe Benefits		39,871		39,871
145	Other Salaries		15,985		15,985
150	Other Fringe Benefits		3,485		3,485
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 215,818	\$ 0	\$ 215,818

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
RCCA - WAWONA

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

Provider Number:  
LTC60967H

NPI:  
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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		\$ 1,136	\$	\$ 1,136
165	Speech Pathology Consultant		1,034		1,034
170	Physical Therapy Consultant				0
175	Occupational Therapy Consultant				0
180	Pharmacist Consultant				0
185	Nurse Consultant				0
190	Psychologist Consultant		250		250
195	Physician Consultant		2,799		2,799
200	Recreational Consultant		1,054		1,054
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 6,273	\$ 0	\$ 6,273
	<b>EXPENSES: ADMINISTRATIVE COSTS</b>				
220	Administrative Salaries		\$ 13,357	\$	\$ 13,357
225	Administrative Fringe Benefits		3,667		3,667
226	Quality Assurance Fees		13,894		13,894
230	Other Administrative and General	2,3,4	33,678	(277)	33,401
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 64,596	\$ (277)	\$ 64,319
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 363,408	\$ (1,676)	\$ 361,732
	<b>NON-CLIENT CARE EXPENSES</b>		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 363,408	\$ (1,676)	\$ 361,732

Provider Name		Fiscal Period		Provider Number		Adjustments			
RCCA - WAWONA		JULY 1, 2008 THROUGH JUNE 30, 2009		LTC60967H		4			
Adj. No.	DHS 3076 Page or Exhibit	Report References				As Reported	Increase (Decrease)	As Adjusted	
		Line	Col.	Sch.	Line				
<b>ADJUSTMENTS TO REPORTED COSTS</b>									
1	4	45	4	2	45	3	\$4,448	(\$1,399)	\$3,049
Depreciation and Amortization To adjust for a change in useful life to agree with th 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	\$33,678		
Other General and Administrative  To eliminate political contributions not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.2, 2104, and 2139									
3								(86)	
To adjust reported core office costs to agree with the RCCA Core Office Audit Report for fiscal period ended June 30, 2009. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304									
4								(107)	\$33,401
To adjust reported home office costs to agree with the ResCare, Inc., Home Office Audit Report for fiscal period ended June 30, 2009. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304									