

**REPORT
ON THE
RATE SETTING AUDIT**

**RCCA – 1775 AUGUSTA
YUBA CITY, CALIFORNIA
PROVIDER NUMBER: LTC80138F
NPI: 1316072622**

**FISCAL PERIOD ENDED
JUNE 30, 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: Mary Anne Ruiz**



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: RCCA – 1775 AUGUSTA
PROVIDER NO. LTC80138F
NPI: 1316072622
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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	\$	413,392	\$ 229.41
Net Audit Adjustment		(414)	(0.23)
Audited Cost/Cost Per Day	\$	<u>412,978</u>	\$ <u>229.18</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.

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 - 1775 AUGUSTA

Fiscal Period:
JULY 1, 2007 THROUGH JUNE 30, 2008

Provider Number:
LTC80138F

Provider NPI:
1316072622

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

AS REPORTED	AS AUDITED
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1. Medi-Cal Client Days (Adj)	1,534	1,534
2. Other Client Days (Adj)	268	268
3. Total Client Days	<u>1,802</u>	<u>1,802</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>413,392</u>	\$ <u>412,978</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>229.41</u>	\$ <u>229.18</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:
RCCA - 1775 AUGUSTA

Fiscal Period:
JULY 1, 2007 THROUGH JUNE 30, 2008

Provider Number:
LTC80138F

Provider NPI:
1316072622

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 8,017	\$	\$ 8,017
050	Leases and Rentals		2,465		2,465
055	Real Property Taxes	1	2,541	(36)	2,505
060	Personal Property Taxes		166		166
065	Mortgage Interest				0
070	Property Insurance		1,171		1,171
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 14,360	\$ (36)	\$ 14,324
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 7,389	\$	\$ 7,389
085	Utilities	2	7,965	(65)	7,900
090	Client Transportation		18,487		18,487
095	Dietary	3	8,800	(19)	8,781
100	Personal Care and Laundry		7,062		7,062
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 49,703	\$ (84)	\$ 49,619
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 64,063	\$ (120)	\$ 63,943
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 12,546	\$	\$ 12,546
120	QMRP Fringe Benefits		4,440		4,440
125	Lead Salaries		30,466		30,466
130	Lead Fringe Benefits		11,179		11,179
135	Aides Salaries		84,267		84,267
140	Aides Fringe Benefits		30,505		30,505
145	Other Salaries		69,578		69,578
150	Other Fringe Benefits		22,746		22,746
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 265,727	\$ 0	\$ 265,727

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
RCCA - 1775 AUGUSTA

Fiscal Period:
JULY 1, 2007 THROUGH JUNE 30, 2008

Provider Number:
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Line No.	DESCRIPTION	ADJ NO.	AS REPORTED	AUDIT ADJUSTMENT	AS AUDITED
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 960	\$	\$ 960
165	Speech Pathology Consultant		995		995
170	Physical Therapy Consultant		300		300
175	Occupational Therapy Consultant		936		936
180	Pharmacist Consultant				0
185	Nurse Consultant				0
190	Psychologist Consultant				0
195	Physician Consultant		1,011		1,011
200	Recreational Consultant		1,110		1,110
205	Social Service Consultant				0
210	Other Consultant				0
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 5,312	\$ 0	\$ 5,312
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries		\$ 11,248	\$	\$ 11,248
225	Administrative Fringe Benefits		3,504		3,504
226	Quality Assurance Fees		21,853		21,853
230	Other Administrative and General	4-6	41,685	(294)	41,391
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 78,290	\$ (294)	\$ 77,996
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 413,392	\$ (414)	\$ 412,978
	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)		\$ 413,392	\$ (414)	\$ 412,978

Provider Name		Fiscal Period		Provider Number		Adjustments		
RCCA -1775 AUGUSTA		JULY 1, 2007 THROUGH JUNE 30, 2008		LTC80138F		6		
Adj. No.	DHS 3076 Page or Exhibit	Report References		Sch	Line	As Reported	Increase (Decrease)	As Adjusted
		Cost Report	Audit Report					
<u>ADJUSTMENTS TO REPORTED COSTS</u>								
1	4	055	4	2	55.00	\$2,541	(\$36)	\$2,505
Real Property Taxes To reflect the proper accrual of real property taxes applicable to the audit period. 42 CFR 413.5 and 413.24 CMS Pub. 15-1, Sections 2300 and 2302.1								
2	4	085	4	2	85.00	\$7,965	(\$65)	\$7,900
Utilities To eliminate Lowe's expenses due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)								
3	4	095	4	2	95.00	\$8,800	(\$19)	\$8,781
Dietary To eliminate restaurant expenses that are not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3								
4	4.1	230	4	2	230.00	\$41,685	(\$134)	
Other General and Administrative To eliminate Officemax expenses due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)								
5							(94)	
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								
6							(66) (\$294)	\$41,391
To adjust reported home office costs to agree with the ResCare, Inc. audited Home Office Cost Report for fiscal period ended June 30, 2008. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304								