

**REPORT  
ON THE  
RATE SETTING AUDIT**

**RCCA – GATEWOOD DRIVE  
MODESTO, CALIFORNIA  
PROVIDER NUMBER: LTC80136F  
NPI: 1528193828**

**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: Mandy Ho**



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 – GATEWOOD DRIVE  
PROVIDER NUMBER LTC80136F  
NATIONAL PROVIDER IDENTIFIER (NPI) 1528193828  
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   | \$ | 421,487        | \$ 230.95           |
| Net Audit Adjustment         |    | <u>(2,636)</u> | <u>(1.44)</u>       |
| Audited Cost/Cost Per Day    | \$ | <u>418,851</u> | \$ <u>229.51</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  
Page 3

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 - GATEWOOD DRIVE

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

**Provider Number:**  
LTC80136F

**Provider NPI:**  
1528193828

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

|  | <b>AS<br/>REPORTED</b> | <b>AS<br/>AUDITED</b> |
|--|------------------------|-----------------------|
| 1. Medi-Cal Client Days (Adj )                   | 1,825                  | 1,825                 |
| 2. Other Client Days (Adj )                      |                        | 0                     |
| 3. Total Client Days                             | <u>1,825</u>           | <u>1,825</u>          |
| 4. Total Client Care Expenses (From Sch. 2)      | \$ <u>421,487</u>      | \$ <u>418,851</u>     |
| 5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3) | \$ <u>230.95</u>       | \$ <u>229.51</u>      |

**SHARE OF COST**

|  |              |             |
|--|--------------|-------------|
| 1. Share of Cost Audit Adjustment (Adj ) | \$ <u>NA</u> | \$ <u>0</u> |
|--|--------------|-------------|

**OVERPAYMENTS**

|                              |                      |             |
|------------------------------|----------------------|-------------|
| 1. Duplicate Payments (Adj ) | \$ <u>          </u> | \$ <u>0</u> |
| 2. Credit Balances (Adj )    | \$ <u>          </u> | \$ <u>0</u> |
| 3. Total Overpayments        | \$ <u>0</u>          | \$ <u>0</u> |

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
RCCA - GATEWOOD DRIVE

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

Provider Number:  
LTC80136F

NPI:  
1528193828

| 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                         |         | \$ 5,293           | \$                      | \$ 5,293          |
| 050      | Leases and Rentals                                    |         | 31,180             |                         | 31,180            |
| 055      | Real Property Taxes                                   | 1       | 4,940              | (2,328)                 | 2,612             |
| 060      | Personal Property Taxes                               |         | 247                |                         | 247               |
| 065      | Mortgage Interest                                     |         |                    |                         | 0                 |
| 070      | Property Insurance                                    |         | 1,210              |                         | 1,210             |
| 075      | TOTAL PROPERTY EXPENSES (Lines 045 through 070)       |         | \$ 42,870          | \$ (2,328)              | \$ 40,542         |
|          | <b>Basic Facility Cost - General Home Expenses</b>    |         |                    |                         |                   |
| 080      | Home Operations and Maintenance                       |         | \$ 4,072           | \$                      | \$ 4,072          |
| 085      | Utilities   |         | 7,442              |                         | 7,442             |
| 090      | Client Transportation                                 |         | 7,140              |                         | 7,140             |
| 095      | Dietary   |         | 7,284              |                         | 7,284             |
| 100      | Personal Care and Laundry                             |         | 12,182             |                         | 12,182            |
| 105      | TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)   |         | \$ 38,120          | \$ 0                    | \$ 38,120         |
| 110      | TOTAL BASIC FACILITY COST (Lines 075 plus 105)        |         | \$ 80,990          | \$ (2,328)              | \$ 78,662         |
|          | <b>EXPENSES: DIRECT CARE STAFF COSTS</b>              |         |                    |                         |                   |
| 115      | QMRP Salaries   |         | \$ 11,115          | \$                      | \$ 11,115         |
| 120      | QMRP Fringe Benefits                                  |         | 3,350              |                         | 3,350             |
| 125      | Lead Salaries   |         | 31,619             |                         | 31,619            |
| 130      | Lead Fringe Benefits                                  |         | 6,373              |                         | 6,373             |
| 135      | Aides Salaries  |         | 88,318             |                         | 88,318            |
| 140      | Aides Fringe Benefits                                 |         | 20,330             |                         | 20,330            |
| 145      | Other Salaries  |         | 73,857             |                         | 73,857            |
| 150      | Other Fringe Benefits                                 |         | 19,607             |                         | 19,607            |
| 155      | TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150) |         | \$ 254,569         | \$ 0                    | \$ 254,569        |

## SUMMARY OF AUDITED FACILITY EXPENSES

Provider:  
RCCA - GATEWOOD DRIVE

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

Provider Number:  
LTC80136F

NPI:  
1528193828

| 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  |         | \$ 1,745           | \$                      | \$ 1,745          |
| 165      | Speech Pathology Consultant   |         | 1,213              |                         | 1,213             |
| 170      | Physical Therapy Consultant   |         |                    |                         | 0                 |
| 175      | Occupational Therapy Consultant                                     |         |                    |                         | 0                 |
| 180      | Pharmacist Consultant   |         |                    |                         | 0                 |
| 185      | Nurse Consultant  |         |                    |                         | 0                 |
| 190      | Psychologist Consultant   |         |                    |                         | 0                 |
| 195      | Physician Consultant  |         | 1,959              |                         | 1,959             |
| 200      | Recreational Consultant   |         | 971                |                         | 971               |
| 205      | Social Service Consultant   |         |                    |                         | 0                 |
| 210      | Other Consultant  |         |                    |                         | 0                 |
| 215      | TOTAL CONSULTANT COST (Lines 160 through 210)                       |         | \$ 5,888           | \$ 0                    | \$ 5,888          |
|          | <b>EXPENSES: ADMINISTRATIVE COSTS</b>                               |         |                    |                         |                   |
| 220      | Administrative Salaries   |         | \$ 15,311          | \$                      | \$ 15,311         |
| 225      | Administrative Fringe Benefits                                      |         | 4,203              |                         | 4,203             |
| 226      | Quality Assurance Fees  |         | 21,245             |                         | 21,245            |
| 230      | Other Administrative and General                                    | 2,3,4   | 39,281             | (308)                   | 38,973            |
| 235      | TOTAL ADMINISTRATIVE COST (Lines 220 through 230)                   |         | \$ 80,040          | \$ (308)                | \$ 79,732         |
|          | TOTAL COSTS RELATED TO CLIENT CARE<br>(Lines 110, 155, 215 and 235) |         | \$ 421,487         | \$ (2,636)              | \$ 418,851        |
|          | <b>NON-CLIENT CARE EXPENSES</b>                                     |         | (To Sch. 1)        |                         | (To Sch. 1)       |
| 240      | Non-Program Services  |         | \$                 | \$                      | \$ 0              |
| 245      | TOTAL FACILITY EXPENSES<br>(Lines 110, 155, 215, 235 and 240)       |         | \$ 421,487         | \$ (2,636)              | \$ 418,851        |

