

**REPORT
ON THE
RATE SETTING AUDIT**

**TUPAZ HOME 8
SAN JOSE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1922219302**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

**Audits Section - Richmond
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Louise Wong
Audit Supervisor: Matthew Moy
Auditor: Mandy Wu**



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



EDMUND G. BROWN JR.
GOVERNOR

July 15, 2013

Rosario Tupaz
Owner / Administrator
Tupaz Homes, LLC
1305 N. Bascom Avenue, Suite J
San Jose, CA 95128

TUPAZ HOME 8
NATIONAL PROVIDER IDENTIFIER (NPI) 1922219302
FISCAL PERIOD ENDED DECEMBER 31, 2011

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	\$	322,391	\$ 191.10
Net Audit Adjustment		<u>(20,062)</u>	<u>(19.03)</u>
Audited Cost/Cost Per Day	\$	<u>302,329</u>	\$ <u>172.07</u>

This audit report includes the:

1. Audit Report Schedules 1 and 2
2. Audit Adjustments that include a summary of the total due the State in the amount of \$16,481, which resulted from Medi-Cal overpayments

The audit settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and

other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

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 Fee-For-Service Rates Development Division.

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:

John Melton, 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.

Rosario Tupaz
Page 3

If you have questions regarding this report, you may call the Audits Section—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

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

Provider:
TUPAZ HOME 8

Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:
1922219302

SUMMARY OF AUDITED FACILITY CENSUS AND AUDITED CLIENT COST PER DAY	AS REPORTED	AS AUDITED
1. Medi-Cal Client Days (Adj 7)	1,687	1,757
2. Medi-Cal Managed Care Days (Adj)		0
3. Other Client Days (Adj)		0
4. Total Client Days	<u>1,687</u>	<u>1,757</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>322,391</u>	\$ <u>302,329</u>
6. AVERAGE CLIENT COST PER DAY (Line 5 / Line 4)	\$ <u>191.10</u>	\$ <u>172.07</u>
SHARE OF COST		
1. Share of Cost Audit Adjustment (Adj)	\$ <u>NA</u>	\$ <u>0</u>
OVERPAYMENTS		
1. Medi-Cal Overpayments (Adj 8)	\$ <u>0</u>	\$ <u>16,481</u>
2. Credit Balances (Adj)	\$ <u></u>	\$ <u>0</u>
3. Total Overpayments	\$ <u>0</u>	\$ <u>16,481</u>

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
TUPAZ HOME 8

Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:
1922219302

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	\$ 12,347	\$ (3,043)	\$ 9,304
050	Leases and Rentals				0
055	Real Property Taxes	2	6,000	(2,908)	3,092
060	Personal Property Taxes				0
065	Mortgage Interest				0
070	Property Insurance				0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 18,347	\$ (5,951)	\$ 12,396
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance	3	\$ 20,059	\$ (425)	\$ 19,634
085	Utilities		7,958	0	7,958
090	Client Transportation (excluding Adult Day Services)	4	1,833	(413)	1,420
095	Dietary		17,957	0	17,957
100	Personal Care and Laundry				0
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 47,807	\$ (838)	\$ 46,969
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 66,154	\$ (6,789)	\$ 59,365
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 13,806	\$ 0	\$ 13,806
120	QMRP Fringe Benefits		2,034	0	2,034
125	Lead Salaries		23,499	0	23,499
130	Lead Fringe Benefits		3,462	0	3,462
135	Aides Salaries		110,962	0	110,962
140	Aides Fringe Benefits		16,348	0	16,348
145	Other Salaries		10,826	0	10,826
150	Other Fringe Benefits		1,595	0	1,595
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 182,532	\$ 0	\$ 182,532

SUMMARY OF AUDITED FACILITY EXPENSES

Provider:
TUPAZ HOME 8

Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

Provider NPI:
1922219302

Line No.	DESCRIPTION	ADJ NO.	AS REPORTED Col. 1	AUDIT ADJUSTMENT Col. 2	AS AUDITED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 1,005	\$ 0	\$ 1,005
165	Speech Pathology Consultant				0
170	Physical Therapy Consultant		44	0	44
175	Occupational Therapy Consultant		1,115	0	1,115
180	Pharmacist Consultant		188	0	188
185	Nurse Consultant				0
190	Psychologist Consultant		861	0	861
195	Physician Consultant		5,848	0	5,848
200	Recreational Consultant		228	0	228
205	Social Service Consultant				0
210	Other Consultant		736	0	736
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 10,025	\$ 0	\$ 10,025
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **		\$	\$	\$ 0
225	Administrative Fringe Benefits				0
226	Quality Assurance Fees (excluding Adult Day Services)		19,652	0	19,652
230	Other General and Administrative*** (Excluding Adult Day Services)	5, 6	44,028	(13,273)	30,755
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 63,680	\$ (13,273)	\$ 50,407
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 322,391	\$ (20,062)	\$ 302,329
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$	\$	\$ 0
241	Adult Day Services and Related Transportation				0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 322,391	\$ (20,062)	\$ 302,329

Page 2 of 2

** List only direct administrative salaries incurred at the facility level

*** List allocated administrative costs on Line 230

Provider Name							Fiscal Period	Provider NPI	Adjustments		
TUPAZ HOME 8							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1922219302	8		
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Cost Report			Audit Report								
Adj. No.	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col.					
ADJUSTMENTS TO REPORTED COSTS											
1	4	045	4	2	045	3	Depreciation and Amortization To eliminate nonallowable depreciation expense for assets subje to DEFRA/BBA. 42 CFR 413.134 / CMS Pub. 15-1, Section 104.1C	\$12,347	(\$3,043)	\$9,304	
2	4	055	4	2	055	3	Real Property Taxes To eliminate real property tax expense not paid by the provider. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Section 2122.2F	\$6,000	(\$2,908)	\$3,092	
3	4	080	4	2	080	3	Home Operations and Maintenance To adjust home operation and maintenance expense due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$20,059	(\$425)	\$19,634	
4	4	090	4	2	090	3	Client Transportation To adjust vehicle repair and maintenance expense due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$1,833	(\$413)	\$1,420	
5	4.1	230	4	2	230	3	Other General and Administrative To eliminate owner compensation due to insufficient documentation. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$44,028	(\$9,773)	\$34,255 *	
6	4.1	230	4	2	230	3	Other General and Administrative To adjust reported home office costs to agree with the Tupaz Homes, LLC Home Office Audit Report for fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	* \$34,255	(\$3,500)	\$30,755	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
TUPAZ HOME 8							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1922219302		8
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report								
Adj. No.	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col.					
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>											
7	2	3	1	1	1	2	Medi-Cal Client Days	1,687	70	1,757	
	2	3	4	1	4	2	Total Client Days	1,687	70	1,757	
To adjust reported Medi-Cal client days based on the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through February 28, 2013 Report Date: March 14, 2013 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Section 51541											

Provider Name				Fiscal Period				Provider NPI		Adjustments
TUPAZ HOME 8				JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1922219302		8
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	DHS 3076 Page or Exhibit	Line	Col.	Sch.	Line	Col.				
<u>ADJUSTMENT TO OTHER MATTERS</u>										
8	Not Reported			1	1	2	Medi-Cal Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1	\$0	\$16,481	\$16,481