



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: August 30, 2012

Holly Gunnette
HGi Financial Services
9240 Limonite Avenue
Riverside, CA 92509-4941

In the Matter of:

TRI-ELIZABETH I – SAN PABLO
NATIONAL PROVIDER IDENTIFIER (NPI) 1205857315
FISCAL PERIOD ENDED JUNE 30, 2010
CASE NUMBER NF12-0610-739D-CH

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated August 3, 2012, the following revisions are made to the Medi-Cal audit report dated November 22, 2011 .

SUMMARY OF REVISIONS

		<u>COST</u>	<u>COST PER DAY</u>
Audited Cost and Cost Per Day	\$	345,286	\$ 157.66
Revision		<u>14,410</u>	<u>6.58</u>
Revised Cost and Cost Per Day	\$	<u>359,696</u>	\$ <u>164.24</u>

Enclosed are the revised schedules detailing the results of the recomputation.

(ORIGINAL SIGNED BY MARGARET VARHO)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

Enclosure

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

Provider:
TRI-ELIZABETH I - SAN PABLO

Fiscal Period:
JULY 1, 2009 THROUGH JUNE 30, 2010

Provider NPI:
1205857315

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

	AS AUDITED	AS REVISED
1. Medi-Cal Client Days (Rev)	0	0
2. Medi-Cal Managed Care Days (Rev)	2,190	2,190
3. Other Client Days (Rev)	0	0
4. Total Client Days	<u>2,190</u>	<u>2,190</u>
5. Total Client Care Expenses (From Sch. 2)	\$ <u>345,286</u>	\$ <u>359,696</u>
6. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>157.66</u>	\$ <u>164.24</u>

SHARE OF COST

1. Share of Cost Audit Adjustment (Rev)	\$ <u>NA</u>	\$ <u>0</u>
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OVERPAYMENTS

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

SUMMARY OF REVISED FACILITY EXPENSES

Provider:
TRI-ELIZABETH I - SAN PABLO

Fiscal Period:
JULY 1, 2009 THROUGH JUNE 30, 2010

Provider NPI:
1205857315

Line No.	DESCRIPTION	REV NO.	AS AUDITED Col. 1	AUDIT REVISION Col. 2	AS REVISED Col. 3
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 7,716	\$	\$ 7,716
050	Leases and Rentals		0		0
055	Real Property Taxes		3,079		3,079
060	Personal Property Taxes		0		0
065	Mortgage Interest		11,679		11,679
070	Property Insurance		0		0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 22,474	\$ 0	\$ 22,474
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 5,507	\$	\$ 5,507
085	Utilities		5,137		5,137
090	Client Transportation (excluding Adult Day Services)		3,940		3,940
095	Dietary		9,201		9,201
100	Personal Care and Laundry		3,688		3,688
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 27,473	\$ 0	\$ 27,473
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 49,947	\$ 0	\$ 49,947
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 0	\$	\$ 0
120	QMRP Fringe Benefits		0		0
125	Lead Salaries		18,849		18,849
130	Lead Fringe Benefits		2,744		2,744
135	Aides Salaries		84,442		84,442
140	Aides Fringe Benefits		12,296		12,296
145	Other Salaries		18,720		18,720
150	Other Fringe Benefits		2,040		2,040
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 139,091	\$ 0	\$ 139,091

SUMMARY OF REVISED FACILITY EXPENSES

Provider:
TRI-ELIZABETH I - SAN PABLO

Fiscal Period:
JULY 1, 2009 THROUGH JUNE 30, 2010

Provider NPI:
1205857315

Line No.	DESCRIPTION	REV NO.	AS AUDITED Col. 1	AUDIT REVISION Col. 2	AS REVISED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 960	\$	\$ 960
165	Speech Pathology Consultant		0		0
170	Physical Therapy Consultant		570		570
175	Occupational Therapy Consultant		2,160		2,160
180	Pharmacist Consultant		380		380
185	Nurse Consultant		0		0
190	Psychologist Consultant		1,406		1,406
195	Physician Consultant		0		0
200	Recreational Consultant		720		720
205	Social Service Consultant		0		0
210	Other Consultant		13,410		13,410
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 19,606	\$ 0	\$ 19,606
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries **		\$ 0	\$	\$ 0
225	Administrative Fringe Benefits		0		0
226	Quality Assurance Fees (excluding Adult Day Services)		16,636		16,636
230	Other General and Administrative*** (Excluding Adult Day Services)	1	120,006	14,410	134,416
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 136,642	\$ 14,410	\$ 151,052
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 345,286	\$ 14,410	\$ 359,696
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$ 0	\$	\$ 0
241	Adult Day Services and Related Transportation		0		0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235, 240 and 241)		\$ 345,286	\$ 14,410	\$ 359,696

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		Revisions
TRI-ELIZABETH I - SAN PABLO						JULY 1, 2009 THROUGH JUNE 30, 2010		1205857315		1
Report References										
AUDIT REPORT										
Rev. No.	Audit Report Schedule				Line	Explanation of Revision		As Audited	Increase (Decrease)	As Revised
1	2				230.00	Other General and Administrative		\$120,006	\$14,410	\$134,416
						APPEAL FINDING - ISSUE 1				