

**APPEAL RECOMPUTATION
ON THE
AUDIT REPORT**

**TRI-ELIZABETH I – SAN PABLO
BUENA PARK, CALIFORNIA
PROVIDER NUMBER: LTC60959F**

**FISCAL PERIOD ENDED
JUNE 30, 2008**

**Audits Section – Santa Ana
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Margaret A. Varho
Audit Supervisor: Henry Igboke
Auditor: Sandra Hy**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: October 20, 2011

Holly Gunnette, President
HG Financial Services
9240 Limonite Ave.
Riverside, CA 92509

In the Matter of:

PROVIDER: TRI-ELIZABETH I – SAN PABLO
PROVIDER NO. LTC60959F
NATIONAL PROVIDER IDENTIFIER: 1205857315
FISCAL PERIOD ENDED JUNE 30, 2008
CASE NO. NF10-0608-644D-PW

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated September 14, 2011, the following revisions have been made to the Medi-Cal audit report dated November 18, 2009.

SUMMARY OF REVISIONS

		<u>COST</u>	<u>COST PER DAY</u>
Audited Cost and Cost Per Day	\$	388,898	\$ 177.09
Revision		<u>12,204</u>	<u>5.56</u>
Revised Cost and Cost Per Day	\$	<u>401,102</u>	\$ <u>182.65</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

cc: Prescila S. Barrios, President
Tri-Elizabeth I – San Pablo
6962 San Paco Circle
Buena Park, CA 90620

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

Provider:
TRI-ELIZABETH I - SAN PABLO

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

Provider Number:
LTC60959F

Provider NPI:
1205857315

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

	AS AUDITED	AS REVISED
1. Medi-Cal Client Days (Rev)	2,196	2,196
2. Other Client Days (Rev)		0
3. Total Client Days	<u>2,196</u>	<u>2,196</u>
4. Total Client Care Expenses (From Sch. 2)	\$ <u>388,898</u>	\$ <u>401,102</u>
5. AVERAGE CLIENT COST PER DAY (Line 4 / Line 3)	\$ <u>177.09</u>	\$ <u>182.65</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, 2007 THROUGH JUNE 30, 2008

Provider Number:
LTC60959F

NPI:
1205857315

Line No.	DESCRIPTION	REV. NO.	AS AUDITED Col. 1	REVISION Col. 2	AS REVISED Col. 3
	EXPENSES: CLIENT SERVICES				
	Basic Facility Cost - Property Expenses				
045	Depreciation and Amortization		\$ 3,472	\$	\$ 3,472
050	Leases and Rentals		0		0
055	Real Property Taxes		2,913		2,913
060	Personal Property Taxes		0		0
065	Mortgage Interest	1	0	12,204	12,204
070	Property Insurance		0		0
075	TOTAL PROPERTY EXPENSES (Lines 045 through 070)		\$ 6,385	\$ 12,204	\$ 18,589
	Basic Facility Cost - General Home Expenses				
080	Home Operations and Maintenance		\$ 6,410	\$	\$ 6,410
085	Utilities		5,492		5,492
090	Client Transportation		9,013		9,013
095	Dietary		10,715		10,715
100	Personal Care and Laundry		1,373		1,373
105	TOTAL GENERAL HOME EXPENSES (Lines 080 through 100)		\$ 33,003	\$ 0	\$ 33,003
110	TOTAL BASIC FACILITY COST (Lines 075 plus 105)		\$ 39,388	\$ 12,204	\$ 51,592
	EXPENSES: DIRECT CARE STAFF COSTS				
115	QMRP Salaries		\$ 0	\$	\$ 0
120	QMRP Fringe Benefits		0		0
125	Lead Salaries		32,558		32,558
130	Lead Fringe Benefits		5,018		5,018
135	Aides Salaries		120,323		120,323
140	Aides Fringe Benefits		18,544		18,544
145	Other Salaries		14,800		14,800
150	Other Fringe Benefits		1,755		1,755
155	TOTAL DIRECT CARE STAFF COSTS (Lines 115 through 150)		\$ 192,998	\$ 0	\$ 192,998

SUMMARY OF REVISED FACILITY EXPENSES

Provider:
TRI-ELIZABETH I - SAN PABLO

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

Provider Number:
LTC60959F

NPI:
1205857315

Line No.	DESCRIPTION	ADJ NO.	AS AUDITED Col. 1	REVISION Col. 2	AS REVISED Col. 3
	EXPENSES: CONSULTANT COSTS				
160	Dietician Consultant		\$ 960	\$	\$ 960
165	Speech Pathology Consultant		150		150
170	Physical Therapy Consultant		1,950		1,950
175	Occupational Therapy Consultant		2,115		2,115
180	Pharmacist Consultant		380		380
185	Nurse Consultant		8,550		8,550
190	Psychologist Consultant		1,325		1,325
195	Physician Consultant		0		0
200	Recreational Consultant		720		720
205	Social Service Consultant		0		0
210	Other Consultant		18,809		18,809
215	TOTAL CONSULTANT COST (Lines 160 through 210)		\$ 34,959	\$ 0	\$ 34,959
	EXPENSES: ADMINISTRATIVE COSTS				
220	Administrative Salaries		\$ 0	\$	\$ 0
225	Administrative Fringe Benefits		0		0
226	Quality Assurance Fees		0		0
230	Other Administrative and General		121,553		121,553
235	TOTAL ADMINISTRATIVE COST (Lines 220 through 230)		\$ 121,553	\$ 0	\$ 121,553
	TOTAL COSTS RELATED TO CLIENT CARE (Lines 110, 155, 215 and 235)		\$ 388,898	\$ 12,204	\$ 401,102
	NON-CLIENT CARE EXPENSES		(To Sch. 1)		(To Sch. 1)
240	Non-Program Services		\$ 0	\$	\$ 0
245	TOTAL FACILITY EXPENSES (Lines 110, 155, 215, 235 and 240)		\$ 388,898	\$ 12,204	\$ 401,102

