

Louisiana

**ICF/DD Upper Payment Limit Demonstration
Projected Rate Year Ended June 30, 2015**



**ICF/DD UPPER PAYMENT LIMIT DEMONSTRATION
PROJECTED RATE YEAR JUNE 30, 2015
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Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) – UPL Methodology

1. The Basis for the UPL Formula for Louisiana

- a. Louisiana's demonstration of the UPL compliance is a cost based demonstration using the CMS approved Louisiana Cost Report that follows the cost principles of the PRM 15-1 and OMB Circular A-87. This cost report is attached in Appendix A – ICF Cost Report, including the instructions.
- b. All ICF/DD providers in Louisiana are required to file an annual cost report for the year ended June 30.
- c. For private providers, the base year used in the March 2015 Projected UPL demonstration includes costs reports for the year ended June 30, 2012. The June 30, 2012 cost reports are the most current audited/desk reviewed available as of date of submission of this report. For state-owned providers, the base year used in the March 2015 UPL demonstration includes costs reports for the year ended June 30, 2013.
 - i. Due to the number of state-owned facilities transitioning to private ownership in FY 12 and FY13, FY13 costs were used for state-owned providers to ensure that payments and Medicare equivalent cost were consistent.
- d. The rate year used in the March 2015 UPL demonstration includes payments made during the year ended June 30, 2015 based on actual payments made through December 31, 2014 and projected for the period January 1, 2015 to June 30, 2015.

2. Medicare Cost Comparison

- a. Cost Report Monitoring
 - i. Louisiana contracts with an independent auditor to perform agreed upon procedures of the ICF/DD cost reports of private providers. Approximately one-third of the private ICF/DD facilities are selected for field audits annually, with the objective to perform field audits all of the facilities over a three year period. Desk reviews are performed on all private providers that are not selected for field audits.
- b. Cost Finding Methodology
 - i. Private providers - Louisiana Register, Vol. 31, No. 09 dated September 30, 2005, Section 32903 (see Appendix B) describes in detail the approved rate setting and cost finding methodology used for ICF/DD providers. Specifically the annual cost report requires providers to report their actual costs into four cost categories, Direct Care, Care Related, Administrative and Operating and Capital. The providers are required to follow the Medicare cost principles and the Louisiana ICF/DD Provider Manual when making adjustments to costs reported on the cost report. Ancillary costs are not required to be separately reported and, if incurred, are a component of the Direct Care cost category.
 - ii. State-owned providers - Louisiana Register, Vol. 39, No. 02 dated February 20, 2013, Section 32965 (see Appendix C) describes in detail the approved rate setting and cost finding methodology for state-owned providers. Specifically, the cost reports require state-owned providers to categorize their actual costs into Basic Support and Programmatic costs. The providers are required to

follow the Medicare cost principles and the Louisiana ICF/DD Provider Manual when making adjustments to costs reported on the cost report. Ancillary costs are separately reported as a component of Programmatic costs.

- iii. The cost report requires providers to allocate central office cost using the principles in PRM-15-1, Section 2150.3. Specific cost report line items are used to identify central office and other related party shared costs.
- iv. The cost report requires providers to allocate related party habilitation costs to facilities based on attendance days at the related party habilitation facility.
- c. Cost-to-charges calculation
 - i. The ICF/DD cost report does not use a cost-to-charges ratio to allocate allowable cost.
 - ii. The cost report arrives at an ICF/DD cost per diem for each facility. This cost is inclusive of non-certified beds. There are no cost report adjustments for low occupancy.
- d. Per-Diem Calculation
 - i. A per diem cost amount is used to compare to the actual payments made through the Medicaid program for the ICF/DD services.

3. Louisiana UPL Data Demonstration Structure

- a. The Louisiana detail presentation by facility for the private ICF/DDs is included at Appendix D.
- b. The Louisiana detail presentation by facility for the state-owned ICF/DDs is included at Appendix E.
- c. The facilities with revenue in SFY 2015 but no cost reports during SFY 2012 were excluded from the presentation are listed at Appendix F.
- d. The UPL demonstration noting UPL compliance in the aggregate for each category is at TAB 2.

4. Source of Medicaid Payment Data

- a. The Medicaid payment data represents the adjudicated Medicaid services claims from the Molina MMIS payments during the State Fiscal Year Ended June 30, 2015 with actual payment data through December 31, 2014 and projected data to June 30, 2015.
- b. The most current payment data based on date of payment (SYE 6/30/15 through 12/31/14) and the most current audited/review cost report information (YE 6/30/12 for the private facilities and 6/30/13 for the state-owned facilities) is being used for this demonstration.
- c. All payment data for the year was used for the comparison.
- d. There are no crossover claims paid in Louisiana.
- e. No adjustments have been made to the Medicaid payment data.

5. Trends and adjustments to the UPL Data

- a. The 6/30/12 and 6/30/13 cost report data was inflated to 6/30/15 to compare the cost data to the payment data from the MMIS system. The payment data is for the year ended 6/30/15 with actual payments through 12/31/14 and projected payments for the period 1/1/15 through 6/30/15. The cost data for private facilities from the FY 6/30/12 has been inflated from the mid-point of 6/30/12 to the mid-point of 6/30/15. CMS Nursing Home without Capital Market Basket Total from IHS Global Insight published 1/21/2015 (see Appendix G) was used for the inflation factor. The December 2014 factor of 1.317 was divided by the December 2011 factor of 1.239 to compute the inflation factor of 1.062954. Capital costs were not inflated.

The cost data for state-owned facilities from the FY 6/30/13 has been inflated from the mid-point of 6/30/13 to the mid-point of 6/30/15. CMS Nursing Home without Capital Market Basket Total from IHS Global Insight published 1/21/2015 (see Appendix G) was used for the inflation factor. The December 2014 factor of 1.317 was divided by the December 2012 factor of 1.267 to compute the inflation factor of 1.039463. Capital costs were not inflated.

- b. No volume adjustments were made.
- c. Cost per diems from 6/30/12 and 6/30/13, as adjusted for inflation and Medicare equivalency, were multiplied by the projected census days from the 6/30/15 payments to ensure comparability.
- d. In addition to the inflation factor to trend the cost data forward to 6/30/15, a “Medicare Equivalency Factor” of 1.12 has been applied to the Direct Care, Care Related and Administrative and Operating per diem costs. This equivalency factor was not applied to the capital cost per diem.
- e. There is no claims completion factor applied as the amount included in the revenues includes all claims paid during the period.

6. ICF/DD Projected UPL Demonstration Requirements

- a. The State has provided the demonstration data for the State-Owned and the Private facilities in aggregate with the supporting data in a spreadsheet.
- b. In aggregate, the Medicaid payments (including Patient Liability Income) exceed the UPL for state-owned ICF/DD facilities.
- c. In aggregate, the Medicaid payments (including Patient Liability Income) are under the UPL for private ICF/DD facilities.

**UPL Demonstration for State Owned and Private Facilities
For the Projected Rate Year Ended June 30, 2015**

Category	Aggregate UPL Per Diem	Projected Payment Per Diem	Projected FY 2015 Medicaid Days	UPL based on Medicare Equivalent Costs	Projected Medicaid Payments	Demonstration Met?	Detail by Facility
Private	\$ 200.24	\$ 178.39	1,374,635	\$275,256,456	\$245,223,214	Yes	Tab 6
State Owned	\$ 704.74	\$ 706.78	172,641	\$121,667,588	\$122,019,417	No	Tab 7

Medicaid Payments include Patient Liability Income.

Appendix A

ICF/DD Cost Reports

1. Private
2. State Owned

ICF/DD Private Facilities Cost Report

**State of Louisiana
Department of Health and Hospitals
ICF-Private Cost Report**

INSTRUCTIONS FOR FILING:

I **Within 90 days of cost report period end**, e-mail the following documentation to Myers and Stauffer.

Required Items (Must be submitted with your filing)

Note: Use numbering below to number your attachment files as indicated (e.g., the Central Office working trial balance would be numbered "8")

ICF-Private Documentation

1. Signed and dated Certification Page of the Louisiana Medicaid ICF-Private Cost Report
2. Electronic copy of completed Louisiana Medicaid ICF-Private cost report in Excel.
3. Grouping Schedule/Crosswalk that agrees to Schedules F, G and H by cost report line item (must include general ledger accounts by account number and subtotals for each cost report line)
4. Detailed asset listing including full depreciation schedule as of the cost report period end.
5. Copy of all lease and loan agreements and any amortization schedules (*f applicable*)

Central Office Documentation

6. Signed and dated Certification Page of the Louisiana Medicaid ICF-Private Central Office Cost Report.
7. Electronic copy of completed Louisiana Medicaid ICF-Private cost report in Excel.
8. Grouping Schedule/Crosswalk that agrees to Schedules F, G and H by cost report line item (must include general ledger accounts by account number and subtotals for each cost report line).
9. Detailed asset listing including full depreciation schedule as of the cost report period end.
10. Copy of all lease and loan agreements and any amortization schedules (*f applicable*)

II Electronic Files Should be Named in the following example formats (all files should be in .pdf except for the cost report which must be an Excel file):

Medicaid Cost Report File (provider # + Central Office Name + Facility Name + Year End in "yyyymmdd" format + "Cost Report")

99999 CO group name - Facility name - 20090630 Cost Report.xls

If You Have One Attachment File(provider # + Central Office Name + Facility Name + Year End in "yyyymmdd" format + "CR Attachments"):

99999 CO group name - Facility name - 20090630 CR Attachments.pdf

If You Have Multiple Attachment Files(provider # + Central Office Name + Facility Name + Year End in "yyyymmdd" format + Description + Number Sequence from above list)

99999 CO group name - Facility name - 20090630 Depr Sched - 4.pdf

99999 CO group name - Facility name - 20090630 WTB - 3.pdf

etc...

All electronic documentation should be e-mailed to Myers and Stauffer at:

LAICF@mslc.com

All paper documentation can be mailed (using certified or other traceable delivery) or faxed to:

**Myers and Stauffer
ATTN: Louisiana ICF-Private
11440 Tomahawk Creek Parkway
Leawood, Kansas 66211
Fax: (913) 234-1104
Phone: (800) 374-6858**

III Make a back-up copy of your electronic cost report and retain for future reference.

Please Call Myers and Stauffer at 1-800-374-6858 if you have any questions on using the template or filing the cost report.

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
COST REPORT FOR ICF-PRIVATE AND OTHER PROGRAM PROVIDERS

Schedule A - Facility Information

COST REPORT PERIOD: FROM: July 1, 2012 TO: June 30, 2013

DATE COMPLETED: _____

CORPORATE NAME: _____

FACILITY NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

-

CONTACT PERSON: _____

PHONE: _____

EXT: _____

FAX: _____

EXT: _____

E-MAIL: _____

TYPE OF FACILITY

ICF Vendor Number _____

Other: (specify program) _____

Vendor Number (if applicable): _____

Other I.D. Number: _____

TYPE OF CONTROL (Select only one)

Nonprofit

1. Church Related
2. Private
3. Other (specify) _____

Proprietary

1. Individual
2. Partnership
3. Corporation

Governmental

1. State
2. Parish
3. City
4. City-Parish
5. Other (specify) _____

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE B - STATISTICAL DATA

1. Licensed Capacity at Beginning of Cost Report Period		<input style="background-color: yellow;" type="text"/>
2. Licensed Capacity at End of Cost Report Period		<input style="background-color: yellow;" type="text"/>
3. Effective Date of Change in Licensed Capacity, if any		<input style="background-color: yellow;" type="text"/>
4. Total Client Days Available		<input style="background-color: yellow;" type="text"/>
5. Client Days Paid and Payable at end of cost report period (a. + b. + c.)		<input style="border: 1px solid black;" type="text" value="0"/>
a. Medicaid Client Days		<input style="background-color: yellow;" type="text"/>
b. Other State Client Days		<input style="background-color: yellow;" type="text"/>
c. Private Client Days		<input style="background-color: yellow;" type="text"/>
d. Paid Bed Hold Days		<input style="background-color: yellow;" type="text"/>
6. Provider Fee Bed Days (a. + b. + c. + d.)		<input style="border: 1px solid black;" type="text" value="0"/>
7. Occupancy Percent (Line 5 divided by Line 4)		<input style="border: 1px solid black;" type="text" value="0.00%"/>
8. Clients in facility beginning of cost report period		<input style="background-color: yellow;" type="text"/>
9. Admissions during cost report period		<input style="background-color: yellow;" type="text"/>
10. Discharges during cost report period (include deaths)		<input style="background-color: yellow;" type="text"/>
11. Clients in facility end of cost report period		<input style="border: 1px solid black;" type="text" value="0"/>

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE C - OWNER AND RELATED ORGANIZATION

(COST REPORT IS NOT COMPLETE WITHOUT THIS INFORMATION)

- List all owners with 5% interest or more (even if they receive no compensation) or Board of Directors and relatives of owners or Board of Directors employed by the provider.

<u>Name</u>	<u>Function</u>	<u>% of Work Week Devoted to Business</u>	<u>% of Ownership</u>	<u>Compensation Included in Allowable Cost for This Period</u>

- Changes in Ownership, Licensure, or Certification During Cost Report Period

<u>Type of Change</u>	<u>From</u>	<u>To</u>	<u>Date of Change</u>

- If the facility or any equipment is leased, give name(s) of owners(s) of leased asset(s), owner's relationship to the facility and terms of the lease. (Attach a copy of the executed lease agreements(s) effective during the cost report period).

<u>Owner of Leased Assets</u>	<u>Relationship to Facility</u>	<u>Monthly Payments</u>

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE D - STAFF AND OTHER INFORMATION

1. Total number of employees for last payroll

2. Number of Minimum Wage Employees

3. Position Summary Full Time Equivalent

a. Direct Care

b. Care Related

c. Administrative and Operating

Total Full Time Equivalent (a. + b. + c.)

4. Fringe Benefits Provided

- a. Life Insurance
- b. Health Insurance
- c. Retirement Plan
- d. Uniforms
- e. Meals
- f. Other (Describe)
- g. Other (Describe)
- h. Other (Describe)
- i. None

5. Number of vehicles owned or leased by facility

6. Number of mortgages on fixed assets

	Original Date	Amount	Interest Rate	Amortization Period
a. First Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Second Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Third Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Other rates received

- a. Private client rate
- b. Other state or federal rates
- c. Other (specify)
- d. None

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE F - BALANCE SHEET

ASSETS

<u>ACCOUNTS</u>	<u>PER BOOKS</u>
Current Assets:	
1. Cash on Hand and in Banks	
2. Accounts Receivable	
3. Notes Receivable	
4. Other Receivables	
5. Less: Allowance for uncollectible Accounts Receivable & Notes Receivable	
6. Inventory	
7. Prepaid Expenses	
8. Investment	
9. Other (specify):	
10. Total Current Assets	\$ -
Fixed Assets:	
11. Land	
12. Buildings	
13. Less: Accumulated Depreciation	
14. Leasehold Improvements	
15. Less: Accumulated Depreciation	
16. Fixed Equipment	
17. Less: Accumulated Depreciation	
18. Major Movable Equipment	
19. Less: Accumulated Depreciation	
20. Motor Vehicles	
21. Less: Accumulated Depreciation	
22. Minor Equipment (non-depreciable)	
23. Total Fixed Assets	\$ -
Other Assets:	
24. Investments	
25. Deposits on Leases or Utilities	
26. Due from Owners/Officers	
27. Dues to Funds	
28. Other (specify):	
29. Total Other Assets	\$ -
30. TOTAL ASSETS (sum of lines 10, 23 & 29)	\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE F - BALANCE SHEET

LIABILITIES AND CAPITAL

<u>ACCOUNTS</u>	<u>PER BOOKS</u>
Current Liabilities	
31. Accounts Payable	_____
32. Notes Payable	_____
33. Current Portion of Long-term Debt	_____
34. Salaries-Fees Payable	_____
35. Payroll Taxes Payable	_____
36. Deferred Income	_____
37. Other (specify): _____	_____
38. Total Current Liabilities	<u>\$ -</u>
Long-Term Liabilities	
39. Mortgages Payable	_____
40. Notes Payable	_____
41. Unsecured Loans	_____
42. Loans from Owners	_____
43. Total Long-Term Liabilities	<u>\$ -</u>
44. TOTAL LIABILITIES (sum of lines 38 and 43)	<u>\$ -</u>
Capital	
45. Capital	
(a) Retained Earnings	_____
(b) Capital Stock	_____
(c) Other (specify) _____	_____
(d) Other (specify) _____	_____
(e) Other (specify) _____	_____
(f) Other (specify) _____	_____
(g) Other (specify) _____	_____
46. Total Capital	<u>\$ -</u>
47. TOTAL LIABILITIES AND CAPITAL (sum of lines 44 and 46)	<u>\$ -</u>

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE G - INCOME STATEMENT

	(a) Income per Books	(b) Provider Adjustments <i>(from Schedule I)</i>	(c) Adjusted Balance
Routine Service Income:			
1 Medicare - Routine		-	\$ -
2 SSI/SSA - Routine		-	\$ -
3a Medicaid - State - Routine		-	\$ -
3b Medicaid - Client Portion - Routine		-	\$ -
4 Other State Revenue - Routine		-	\$ -
5 Private - Routine		-	\$ -
6a Grants - Federal*		-	\$ -
6b Grants - State*		-	\$ -
7 Other <i>(specify)</i>		-	\$ -
8 Total Routine Service Income	-	-	\$ -
Other Income:			
9 Special expense reimbursement (state clients)		-	\$ -
10a Donations - Restricted		-	\$ -
10b Donations - Unrestricted		-	\$ -
11 Sale of Drugs		-	\$ -
12 Therapy		-	\$ -
13 Sale of Supplies		-	\$ -
14 Employee and Guest Meals		-	\$ -
15 Interest		-	\$ -
16 Rentals		-	\$ -
17 Beauty and Barber Shop		-	\$ -
18 Vending Machine		-	\$ -
19a Miscellaneous <i>(specify)</i>		-	\$ -
19b Miscellaneous <i>(specify)</i>		-	\$ -
19c Miscellaneous <i>(specify)</i>		-	\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE G - INCOME STATEMENT

	(a) Income per Books	(b) Provider Adjustments <i>(from Schedule I)</i>	(c) Adjusted Balance
19d Miscellaneous <i>(specify)</i>		-	\$ -
19e Miscellaneous <i>(specify)</i>		-	\$ -
20 Total Other Income	-	-	\$ -
21 Total Income <i>(line 8 and 20)</i>	-	-	\$ -
Less Refunds and Allowances**			
22 Medicare - Refunds an Allowances		-	\$ -
23 SSI/SSA - Refunds and Allowances		-	\$ -
24 Medicaid - Refunds and Allowances		-	\$ -
25 Other State Revenue - Refunds and Allowances		-	\$ -
26 Private - Refunds and Allowances		-	\$ -
27 Other <i>(specify)</i>		-	\$ -
28 Total Refunds and Allowances	-	-	\$ -
29 Net Income <i>(line 21 minus 28)</i>	-	-	\$ -

*State type grant, period covered; if more than one, provide separate listing.
 If grant is continuous or declining, state percentages or amounts.

**Indicate amount reimbursed or credited to DHH (if any), and amount credited to personal accounts of clients, etc.

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments (from Schedule I)</u>	<u>(c) Allowable Expenses</u>
A. Direct Care Costs			
1 Salaries - Medical (Physicians & Nurses)		-	\$ -
2 Salaries - Medical (Aides & Orderlies)		-	\$ -
3 Salaries - Psychologists		-	\$ -
4 Salaries - Social Services		-	\$ -
5 Salaries - QMRP		-	\$ -
6 Salaries - Therapists		-	\$ -
7 Salaries - Houseparents & Aides		-	\$ -
8 Salaries - Recreational - Other Employees		-	\$ -
9 Payroll Taxes		-	\$ -
10 Employee Benefits		-	\$ -
11 Worker's Compensation		-	\$ -
12 Medical Services - Routine		-	\$ -
13 Medical Services - Extraordinary		-	\$ -
14 Medical Supplies - i.e. Non-Legend Drugs		-	\$ -
15 a. Other Medical and Nursing		-	\$ -
b. Other Medical and Nursing		-	\$ -
16 Therapeutic and Training Supplies		-	\$ -
17 a. Shared Costs (Allocated)* (specify source)		-	\$ -
17 b. Shared Costs (Allocated)* (specify source)		-	\$ -
17 c. Shared Costs (Allocated)* (specify source)		-	\$ -
18 Habilitation (Day Program)			
a. Allocated (Related Party)		-	\$ -
b. Contracted (Unrelated)		-	\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments (from Schedule I)</u>	<u>(c) Allowable Expenses</u>
19 a. Other - Therapeutic and Training		-	\$ -
b. Other - Therapeutic and Training		-	\$ -
20 Recreational Supplies		-	\$ -
21 a. Miscellaneous - Recreational		-	\$ -
b. Miscellaneous - Recreational		-	\$ -
22 Contract - Registered Nurse		-	\$ -
23 Contract - Social Worker (MSW)		-	\$ -
24 Contract - QMRP		-	\$ -
25 Contract - Pharmacist		-	\$ -
26 Contract - Psychiatrist		-	\$ -
27 Contract - Psychologist		-	\$ -
28 Contract - Physician		-	\$ -
29 Contract - Physical Therapist		-	\$ -
30 Contract - Speech Therapist		-	\$ -
31 Contract - Audiologist		-	\$ -
32 Contract - Recreational		-	\$ -
33 Contract - Records Librarian		-	\$ -
34 Contract - Other		-	\$ -
Pervasive Plus Expenses			
35 PERVASIVE PLUS - Medical Staff (RNs and LPNs) Salaries		-	\$ -
36 PERVASIVE PLUS - Medical Staff Payroll Tax		-	\$ -
37 PERVASIVE PLUS - Medical Staff Employee Benefits		-	\$ -
38 PERVASIVE PLUS - Medical Staff Workmen's Comp		-	\$ -
39 PERVASIVE PLUS - Direct Care Worker Salaries		-	\$ -
40 PERVASIVE PLUS - Direct Care Worker Payroll Tax		-	\$ -
41 PERVASIVE PLUS - Direct Care Worker Employee Benefits		-	\$ -
42 PERVASIVE PLUS - Direct Care Worker Workman's Comp		-	\$ -
43 PERVASIVE PLUS - Medical Services		-	\$ -
44 PERVASIVE PLUS - Medical Supplies		-	\$ -
45 PERVASIVE PLUS - Habilitation (Day Program)		-	\$ -
Medical Supply Add-On Expenses			
46 Medical Supply Add-On - Medical Supplies		-	\$ -
Total Direct Care Costs	-	-	\$ -

(carry to Schedule J, Column (a),

VENDOR NUMBER: 0
FACILITY NAME: 0
COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	(a) <u>Expenses per</u> <u>Books</u>	(b) <u>Provider</u> <u>Adjustments</u> <i>(from Schedule I)</i>	(c) <u>Allowable</u> <u>Expenses</u> <i>Line (A)</i>
-------------------------------	--	--	---

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments (from Schedule I)</u>	<u>(c) Allowable Expenses</u>
B. Care Related Costs			
1 Salaries - Food Service Supervisor		-	\$ -
2 Salaries - Cooks (Chief/Asst.)		-	\$ -
3 Salaries - Kitchen Helpers		-	\$ -
4 Salaries - Activity Director		-	\$ -
5 Payroll Taxes		-	\$ -
6 Employee Benefits		-	\$ -
7 Worker's Compensation		-	\$ -
8 Food (Raw Food Only)		-	\$ -
9 Supplies (Dishes, Flatware, Napkins, Utensils, etc.)		-	\$ -
10 Contract For Outside Services - Dietician/Nutritionist		-	\$ -
11 Contract For Outside Services - Other Dietary		-	\$ -
12 a. Miscellaneous - Dietary		-	\$ -
b. Miscellaneous - Dietary		-	\$ -
13 Educational Expense		-	\$ -
14 Personal Client Needs - Clothing		-	\$ -
15 a. Personal Client Needs - Other		-	\$ -
b. Personal Client Needs - Other		-	\$ -
16 a. Shared Costs (Allocated)* (specify source)		-	\$ -
16 b. Shared Costs (Allocated)* (specify source)		-	\$ -
16 c. Shared Costs (Allocated)* (specify source)		-	\$ -
Total Care Related Costs	-	-	\$ -

(carry to Schedule
 J, Column (a),
 Line (B))

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments (from Schedule I)</u>	<u>(c) Allowable Expenses</u>
C. Administrative and Operating Costs			
1 Salaries and Wages - Administrator		-	\$ -
2 Salaries and Wages - Asst Administrator		-	\$ -
3 Salaries and Wages - Owner - If not Administrator		-	\$ -
4 Salaries and Wages - Clerical		-	\$ -
5 Salaries and Wages - Other		-	\$ -
6 Salaries and Wages - Plant Operation and Maintenance		-	\$ -
7 Salaries and Wages - Laundry and Linen		-	\$ -
8 Salaries and Wages - Housekeeping		-	\$ -
9 Payroll Taxes		-	\$ -
10 Employee Benefits (Health Insurance etc.)		-	\$ -
11 Advertising and Promotion		-	\$ -
12 Bad Debts		-	\$ -
13 Data Processing		-	\$ -
14 Dues (Only 1 Organization Allowed)		-	\$ -
15 Insurance - Officer's Life (Provide copy of Policy)		-	\$ -
16 Insurance - Worker's Compensation		-	\$ -
17 Insurance - Liability		-	\$ -
18 Insurance - Malpractice		-	\$ -
19 Other Insurance		-	\$ -
20 Interest (Other Than Capital Assets)		-	\$ -
21 Licenses		-	\$ -
22 Office Supplies		-	\$ -
23 Printing		-	\$ -
24 Motor Vehicles - Gas, Oil, Repair		-	\$ -
25 Taxes - Non-Property		-	\$ -
26 Provider Fees (Bed Tax)		-	\$ -
27 Postage		-	\$ -
28 Professional Services			
a. Accounting		-	\$ -
b. Legal		-	\$ -
c. Other		-	\$ -
29 Subscriptions		-	\$ -
30 Telephone and Telegraph		-	\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments (from Schedule I)</u>	<u>(c) Allowable Expenses</u>
31 Training, In-Service (Supplies and Expense)		-	\$ -
32 Travel and Seminar Expenses		-	\$ -
33 a. Shared Costs (Allocated)* (specify source)		-	\$ -
33 b. Shared Costs (Allocated)* (specify source)		-	\$ -
33 c. Shared Costs (Allocated)* (specify source)		-	\$ -
34 Miscellaneous - Director's Fees		-	\$ -
35 Miscellaneous - Management Fees		-	\$ -
36 a. Miscellaneous - Other Administrative		-	\$ -
b. Miscellaneous - Other Administrative		-	\$ -
c. Miscellaneous - Other Administrative		-	\$ -
d. Miscellaneous - Other Administrative		-	\$ -
37 Contracts For Outside Services - Plant Operation and Maintenance		-	\$ -
38 Maintenance - Building & Grounds		-	\$ -
39 Repairs - Building & Grounds		-	\$ -
40 Repairs & Maintenance - Furniture & Equipment		-	\$ -
41 Supplies - Plant Operation & Maintenance		-	\$ -
42 Utilities (Fuel, Gas, Water, Electricity)		-	\$ -
43 a. Miscellaneous - Plant Operation & Maint.		-	\$ -
b. Miscellaneous - Plant Operation & Maint.		-	\$ -
44 Supplies - Laundry & Linen		-	\$ -
45 Linen & Bedding		-	\$ -
46 Contracts For Outside Services - Laundry & Linen		-	\$ -
47 a. Miscellaneous - Laundry		-	\$ -
b. Miscellaneous - Laundry		-	\$ -
48 Supplies - Housekeeping		-	\$ -
49 Contracts For Outside Services - Housekeeping		-	\$ -
50 a. Miscellaneous - Housekeeping		-	\$ -
b. Miscellaneous - Housekeeping		-	\$ -
Total Administrative and Operating Costs	-	-	\$ -

(carry to Schedule
 J, Column (a),
 Line (C))

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments (from Schedule I)</u>	<u>(c) Allowable Expenses</u>
D. Capital Asset Costs			
1 Depreciation <i>(Provide Detailed Schedules)</i>			
a. Buildings		-	\$ -
b. Furniture & Equipment		-	\$ -
c. Motor Vehicles		-	\$ -
d. Leasehold Improvements		-	\$ -
2 Interest - Mortgage on Building or Equipment		-	\$ -
3 Leases <i>(Provide Copy)</i>			
a. Lease - Administrative Building		-	\$ -
b. Lease - Other Building		-	\$ -
c. Lease - Furniture & Equipment		-	\$ -
d. Lease - Motor Vehicles		-	\$ -
4 Property Taxes		-	\$ -
5 Insurance - Property		-	\$ -
6 Insurance - Motor Vehicles		-	\$ -
7 a. Other - Capital Assets		-	\$ -
b. Other - Capital Assets		-	\$ -
8 a. Shared Costs (Allocated)* (specify source)		-	\$ -
8 b. Shared Costs (Allocated)* (specify source)		-	\$ -
8 c. Shared Costs (Allocated)* (specify source)		-	\$ -
Total Capital Assets Costs	-	-	\$ -
Sum of Sections A, B, C and D	-	-	\$ -

*(carry to Schedule
J, Column (a),
Line (D))*

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE J - CALCULATION OF COSTS PER DAY BY CATEGORY

Expense Classification	Allowable Expenses (a)	Divided by Total Client Days (b)	Allowable Cost per Day (c)
A. Direct Care Costs	- <u>(from Schedule H, Part A, Total)</u>	0 <u>(from Sched. B, #5 Total)</u>	\$ - <u>(Column a Divided by b)</u>
B. Care Related Costs	- <u>(from Schedule H, Part B, Total)</u>	0 <u>(from Sched. B, #5 Total)</u>	\$ - <u>(Column a Divided by b)</u>
C. Administrative and Operating Costs	- <u>(from Schedule H, Part C, Total)</u>	0 <u>(from Sched. B, #5 Total)</u>	\$ - <u>(Column a Divided by b)</u>
D. Capital Assets Costs	- <u>(from Schedule H, Part C, Total)</u>	0 <u>(from Sched. B, #5 Total)</u>	\$ - <u>(Column a Divided by b)</u>
Total Allowable Costs	\$ -		
Total Allowable Costs per Day			\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE N - Medicaid Direct Care Revenue Calculation

As Submitted by Provider

- 1 Did the facility receive any Pervasive Plus payments in this cost report period?
- 2 Did the facility receive any Medical Supply Add-On payments in this cost report period?
- 3 Did the facility receive any Class B survey findings in this cost report period?

If the answer to Questions 1, 2, or 3 is yes, the facility must complete this schedule.

Intermittent Limited Extensive Pervasive Total

Part A 1-8 Beds

Census

1. Pervasive Plus Days by Level					-
2. Total Medicaid Days by Level					-
3. Direct care rate component	\$95.16	\$104.09	\$119.28	\$135.36	
4. Total Direct Care revenue	\$ -	\$ -	\$ -	\$ -	\$ -
5. Pervasive Plus / Medical Supply Add-On Revenue					
6. Total Medicaid Direct Care Revenue					\$ -

Part B 9-15 Beds

Census

1. Pervasive Plus Days by Level					-
2. Total Medicaid Days by Level					-
3. Direct care rate component	\$90.11	\$98.60	\$113.02	\$128.31	
4. Total Direct Care revenue	\$ -	\$ -	\$ -	\$ -	\$ -
5. Pervasive Plus / Medical Supply Add-On Revenue					
6. Total Medicaid Direct Care Revenue					\$ -

Part C 16-32 Beds

Census

1. Pervasive Plus Days by Level					-
2. Total Medicaid Days by Level					-
3. Direct care rate component	\$79.73	\$87.81	\$101.51	\$116.03	
4. Total Direct Care revenue	\$ -	\$ -	\$ -	\$ -	\$ -
5. Pervasive Plus / Medical Supply Add-On Revenue					
6. Total Medicaid Direct Care Revenue					\$ -

Part D 33+ Beds

Census

1. Pervasive Plus Days by Level					-
2. Total Medicaid Days by Level					-
3. Direct care rate component	\$68.81	\$75.63	\$87.27	\$99.59	
4. Total Direct Care revenue	\$ -	\$ -	\$ -	\$ -	\$ -
5. Pervasive Plus / Medical Supply Add-On Revenue					
6. Total Medicaid Direct Care Revenue					\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE O - Direct Care Floor Limitation Calculation

A DIRECT CARE REVENUE		
1	Medicaid Direct Care Revenue (Schedule N)	\$ -
2	Less: Pervasive Plus / Medical Supply Add-On Revenue (Schedule N)	-
3	Non-Pervasive Plus / Medical Supply Add-On Revenue (line A1 less line A2)	\$ -
4	Floor	94%
5	94% of Non-Pervasive Plus / Medical Supply Add-On Medicaid Direct Care Revenue (line A3 times line A4)	\$ -
6	Add: Pervasive Plus / Medical Supply Add-On Revenue (Schedule N)	\$ -
7	Direct Care Floor (line A5 plus line A6)	\$ -

B DIRECT CARE COST		
1	Medicaid Days (Schedule B, line 5a)	-
2	Direct Care Cost per Day (Schedule J, line A, column c)	\$ -
3	Total Medicaid Direct Care Cost (line B1 times B2)	\$ -
C Medicaid Direct Costs below the Direct Care Floor (line A7 less line B3, if less than \$0, enter \$0)		\$ -
If Line C is greater than \$0, Complete D and E below		

D LIMITATION		
1	Total Medicaid revenue (Schedule G, Income Statement, lines 3a & 3b less line 24)	\$ -
2	a Medicaid Days (Schedule B, Line 5a)	-
	b Total Cost Per Day (Schedule J)	\$ -
	c Total Medicaid Cost (line D2a times D2b)	\$ -
3	Factor	104%
4	104% of total Medicaid costs	\$ -
5	Excess of total Medicaid revenues over 104% of Medicaid costs (line D1 less line D4, if less than \$0, enter \$0)	\$ -

E AMOUNT DUE TO STATE, if floor is applicable	\$ -
<i>(lower of line C or line D5)</i>	

NOTE: If calculation shows money due the Department of Health and Hospitals, do not remit payment with the cost report. Provider will be notified of amount due after desk review/audit.

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

SCHEDULE P - Certification Statement by Preparer and Owner, Officer, or Administrator of Facility

I, _____, _____
 (Name) (Administrative Title)

of _____
 (Name of Facility)

_____ do certify that I have examined the
 (City) (State)

attached report for the cost report period beginning 7/1/2012 and ending 6/30/2013 and to the best of my knowledge and belief, it is a true and correct statement of the information required.

 Signature of Authorized Representative of Facility

 Date

 Title

Total Provider Fee Bed Days:	0	Total Medicaid Direct Care Revenue:	\$ -
Total Allowable Expenses:	\$ -	Amount Due To State (if floor is applicable)	\$ -

Comments:

 Signature of Preparer

 Date

 Name of Preparer

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 7/1/2012 TO 6/30/2013

Validation Edits

<u>Comparison #1</u>	<u>Comparison #2</u>	<u>Difference</u>
Total Assets \$ - <i>(Sched. F - Balance Sheet, Line 30)</i>	Total Liabilities & Capital \$ - <i>(Sched. F - Balance Sheet, Line 47)</i>	\$ -
Clients in Facility (EOP) N/A <i>(Sched. B - Stats, Line 11)</i>	Licensed Capacity (EOP) N/A <i>(Sched. B - Stats, Line 2)</i>	
Medicaid Days by Level N/A <i>(Sched. N - DC Revenue, Line 2 sum)</i>	Medicaid Client Days N/A <i>(Sched. B - Stats, Line 5a)</i>	
Educational Expenses Amount Inputted \$ - <i>(Sched. H - Expenses, Pt. B, Line 13, Column a)</i>	Educational Expenses Adjustment Amount \$ - <i>(Sched. H - Expenses, Pt. B, Line 13, Columns b & c)</i>	\$ -
Bad Debts Amount Inputted \$ - <i>(Sched. H - Expenses, Pt. C, Line 12, Column a)</i>	Bad Debts Adjustment Amount \$ - <i>(Sched. H - Expenses, Pt. C, Line 12, Columns b & c)</i>	\$ -
Director's Fees Amount Inputted \$ - <i>(Sched. H - Expenses, Pt. C, Line 34, Column a)</i>	Director's Fees Adjustment Amount \$ - <i>(Sched. H - Expenses, Pt. C, Line 34, Columns b & c)</i>	\$ -
Total Client Adjustments Posted \$ -	Total Client Adjustments Entered \$ -	\$ -
Total DHH Adjustments Posted \$ -	Total DHH Adjustments Entered \$ -	\$ -
Questions on Schedules N		ERROR
Schedule N Properly Completed (Days / Revenue Reported When Questions are Answered Yes)		
Schedule A Completed		ERROR - Blank Lines
Schedule B Completed		ERROR - Blank Lines
Schedule C Completed		ERROR - Blank Lines
Schedule D Completed		ERROR - Blank Lines

**Amounts in Difference column should be zero or blank.

Louisiana ICF-Private Cost Report Template Instructions

ICF-Private Version 2.7 07/01/2013

For Versions of Excel prior to 2007, there is a toolbar that includes buttons for Auditor, Add Row, Delete Extra Rows, Print, and Instructions that should show above, if the macros have been properly enabled.

For Office 2007 (new version), Auditor, Add Row, Delete Extra Rows, Print, and Instructions toolbar buttons will show under the "Add-Ins" menu if the macros have been properly enabled.

Macro Security Change Instructions (needed to run template with macros enabled)

For Microsoft Excel 2007:

You can change macro security settings in the Trust Center, unless a system administrator in your organization has changed the default settings to prevent you from changing the settings.

On the **Developer** tab, in the **Code** group, click **Macro Security**.

Tip If the **Developer** tab is not displayed, click the **Microsoft Office Button** (upper left hand corner of the screen), click **Excel Options**, and then in the **Popular category**, under **Top options** for working with Excel, click **Show Developer tab in the Ribbon**.

In the **Macro Settings** category, under **Macro Settings**, click the option that enables all macros (low security) or the option that allows you to disable macros with notification (if the notification option is chosen, you will see a "SECURITY WARNING" message above the formula bar - you must click the Options... button to enable the macros after you open the file).

For Older Versions of Microsoft Excel:

Click **"Tools"** on the Menu and then click **"Macro" – "Security"**. Select **"Low"** or **"Medium"** security. Then reopen the cost report template file.

General

Custom Toolbar Buttons:

Auditor Toolbar Button - for use by P&N only.

Add and Delete Extra Rows - used on adjustment report schedule, related parties, central allocation, habilitation, and staffing schedules.

Print - used to print package.

Instructions - used to access this page.

All lines and schedules should be completed by the provider. If the appropriate answer is zero or not applicable, the provider must report "0" or "NA". No lines should be left blank.

All dollar amounts should be rounded to the nearest dollar. Only per diem amounts reported on Schedules J, N and O should include cents. All per diems should be rounded to the nearest penny.

All costs reported on the cost report should be in accordance with the Louisiana ICF Standards for Payment and the Federal entries. Provider Reimbursement Manual (HIM-15). The accrual basis of accounting is required. Amount per books should be adjusted to the accrual basis prior to completion of the cost report. The cost report should reflect all year-end closing entries.

To access the Provider Reimbursement Manual (HIM-15) go to the following web-site:

<http://www.cms.hhs.gov/Manuals/PBM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS021929&intNumPerPage=10>

Use the TAB key to move throughout the forms to ensure no fields are skipped. Use drop-down arrows to scroll and select items in fields that contain lists.

Schedule A

Identifying Information

Report in the spaces provided the corporate and facility name, street address, mailing address if different from street address, Title XIX vendor number and cost report period. The name, telephone number and email address of a contact person should be specified.

Type of Control

Check one appropriate block. Specify Other – Nonprofit or Other – Governmental, if selected.

Schedule B

Statistical Information

The provider must maintain daily affirmative census records by payor type. The census should have totals by resident for each month and monthly totals. The sum of the totals for each month should agree to the days reported on the cost report. For habilitation facilities, the attendance days should be maintained by facility and by payor and should reconcile to the total reported on the cost report.

Statistical and Other Data

- 1 Enter total licensed capacity at beginning of the period. Enter total licensed capacity at beginning of the period.
- 2 Enter total licensed capacity at end of the period.
- 3 Enter effective date of change in licensed capacity, if applicable.
- 4 Enter client days available (licensed capacity times days the facility was open for the period).
- 5 Enter the client days in the appropriate category. Enter total as sum of a, b, and c.
- 6 Enter total provider fee days (sum of a, b, c and d).
- 7 Enter percent of occupancy (line 5 divided by line 4)
- 8 Enter number of clients in facility at the beginning of the period.
- 9 Enter number of admissions during the period.
- 10 Enter number of total discharges and deaths during the period.
- 11 Enter number of clients in facility at the end of the period (sum of line 8, 9, 10).

Schedule C

Ownership and Related Organization

- 1 List all owners with 5% interest or more (even if they receive no compensation) and relatives of owners employed by the facility. If nonprofit, list all members of the Board of Directors and relatives of members of the Board of Directors employed by the provider.
- 2 If changes in ownership, licensure, or certification occurred during the report period, enter the changed information (from -- to) and date of each change.
- 3 If facility or any equipment is leased, give name of owner of each leased asset, relationship to the facility, and terms of the lease. A copy of lease agreements in effect during the report period must be attached to the cost report.
- 4 If the facility has related party transactions as defined in the Provider Reimbursement Manual (HIM-15), complete sections a. and b. Home office and habilitation allocations should be included as related party transactions for facilities.

Schedule D

Staff and Other Information

- 1 Indicate total number of employees for the last payroll in the period.
- 2 Indicate number of minimum wage employees.
- 3 For each category, indicate the number of full time equivalent (total hours for the year divided by 2080). Indicate total full time equivalent as the sum of lines a, b and c.
- 4 Benefits provided employees -- check each type of benefit provided for one or more employees. Describe any other benefits provided. If no benefits are provided, check None.
- 5 Number of vehicles owned or leased by facility - Enter the number of cars, trucks, vans, and station wagons owned or leased by the facility. Do not include boats, airplanes, etc.
- 6 Number of mortgages on fixed assets - enter number. Indicate original date, amount, interest rate and term of each mortgage.
- 7 Indicate other non-Medicaid rates received during the cost report period.

Schedule E

Staffing Pattern

Complete staffing pattern for each position and indicate the cost report line item number. Average hours per week should be calculated as total annual hours divided by 52 weeks. Actual salary for the cost report period should agree to salaries reported on Schedule H, column (a).

Schedule F

Balance Sheet-Assets Enter appropriate balance sheet asset accounts per books as of the end of the cost report period.

Balance Sheet-Liabilities Enter appropriate balance sheet liability and equity accounts per books as of the end of the cost report period.

Schedule G

Income Statement

Enter appropriate income account balances per books as of the end of the period in the first column. Enter any income offset adjustments in second column using Schedule I. The adjusted balance is calculated in the last column. Any grants reported on Line 6 and any miscellaneous income reported on Line 19 should be specified.

Schedule H

Direct Care Costs – Part A

Column (a) - Enter expenses for the cost report period from the General Ledger. Amounts entered in this column must agree with the expenses in the General Ledger.

Column (b) - Enter adjustments to expenses per books for the cost report period using Schedule I.

Column (c) - Enter net allowable expenses for the cost report period: Column (a) plus or minus adjustments in Column (b). Carry total of Column (c) to Schedule J, Line A, column (a).

Care Related Costs – Part B

Column (a) - Enter expenses for the cost report period from the General Ledger. Amounts entered in this column must agree with the expenses in the General Ledger.

Column (b) - Enter adjustments to expenses per books for the cost report period using Schedule I.

Column (c) - Enter net allowable expenses for the cost report period: Column (a) plus or minus adjustments in Column (b). Carry total of Column (c) to Schedule J, Line B, column (a).

Administrative and Operating Costs – Part C

Column (a) - Enter expenses for the cost report period from the General Ledger. Amounts entered in this column must agree with the expenses in the General Ledger.

Column (b) - Enter adjustments to expenses per books for the cost report period using Schedule I.

Column (c) - Enter net allowable expenses for the cost report period: Column (a) plus or minus adjustments in Column (b). Carry total of Column (c) to Schedule J, Line C, column (a).

Property and Equipment – Part D

Column (a) - Enter expenses for the cost report period from the General Ledger. Amounts entered in this column must agree with the expenses in the General Ledger.

Column (b) - Enter adjustments to expenses per books for the cost report period using Schedule I.

Column (c) - Enter net allowable expenses for the cost report period: Column (a) plus or minus adjustments in Column (b). Carry total of Column (c) to Schedule J, Line D, column (a).

A copy of the depreciation schedule must be attached which agrees to reported depreciation expense.

Schedule I

Schedule of Adjustments

Enter the information for each cost report adjustment. Explanations should be specific as to the nature of the adjustment. Types of adjustments include offsets of other income, removal of non-allowable expenses, and related party transaction adjustments to actual cost.

The following items are specifically non-allowable expenses.

If you enter amounts in one of these fields, **you must adjust the row to a zero balance.**

Schedule H, Part B, Line 12 - Educational Expense

Schedule H, Part C, Line 12 - Bad Debts Expense

Schedule H, Part C, Line 34 - Miscellaneous - Director's Fees

Schedule J

Calculation of Costs Per Day by Category

Divide Column (a) (Allowable Expenses) by Column (b) (Total client days reported on Schedule B.) to calculate Column (c) Allowable Cost Per Day for each category. Enter the sum of Lines A, B, C, and D in column (c) for Total Allowable Cost per Day.

Schedule K

Central Office Allocation Method

All programs (Medicaid or non-Medicaid) managed/owned by the central office should be included in the allocation schedule. Days or costs may be used as the allocation basis if all programs are ICF programs. If other programs are included (such as a habilitation program, waiver program, etc), then costs should be used. Costs used for allocation purposes should be direct costs. Direct costs are defined as per book costs (Schedule H, column a) less any home office allocation or related party management fees included in column a.

In preparing schedule K, enter the first three columns in each necessary facility row.

Then, enter the four amounts at the bottom of the page (direct, care, admin, and capital).

Schedule L

Habilitation Allocation Method

All clients (Medicaid or non-Medicaid) participating in the habilitation program should be included in the allocation schedule. Attendance days should be used as the allocation basis. Client attendance days should be grouped by facility to compute the allocation amount for each facility. Enter amounts in columns (a) – (c) and the total in column (e).

Schedule M

Not used for years ending on/after 6/30/09.

Schedule N

Medicaid Direct Care Revenue Calculation

- 1 Enter Pervasive Plus days during the period by level (Source: Provider's records)
- 2 Enter Total Medicaid Days by level including pervasive plus days (Source: Provider's records)
- 3 Enter the Direct Care Rate Component on line 3
- 4 Multiply line 2 times line 3
- 5 Input total Pervasive Plus / Medical Supply Add-On Revenue on Line 5 (Source: Provider's records)
- 6 Add lines 4 and 5 to compute Total Medicaid Direct Care Revenue (line 6). This revenue should be carried to Schedule O for the direct care floor calculation.

Schedule O

A facility wide direct care floor may be enforced upon deficiencies related to direct care staffing requirements noted during the HSS annual review or during a complaint investigation in accordance with LAC 50:I.5501 et seq. or if the provider received pervasive plus payments during the cost report period.

Direct Care Revenue – Part A

- 1 Enter Medicaid Direct Care Revenue calculated on Schedule N, Line 6
- 2 Enter Pervasive Plus / Medical Supply Add-On Revenue from Schedule N, Line 5
- 3 Subtract Line A2 from Line A1
- 4 Multiply Line A3 times A4
- 5 Enter Pervasive Plus / Medical Supply Add-On Revenue from Schedule N, Line 5
- 6 Add Line A5 and Line A6 to compute the total Medicaid Direct Care Floor

Direct Care Costs – Part B

- 1 Input Medicaid days from Schedule B, line 5a on Line B1
- 2 Input Direct Care Cost per day from Line A on Schedule J, Column C
- 3 Calculate Total Direct Care Cost by multiplying Line B1 times B2

Part C - Calculate the Medicaid Direct Care Costs below the Direct Care Floor by subtracting Line B3 from Line A7. If less than zero, enter zero.

Part D - Limitation on Direct Care Floor Amount Due

- 1 Input net Medicaid income from Income Statement, Schedule G (lines 3a & 3b less line 24)
- 2a Input Medicaid days from Schedule B, line 5a
- 2b Input Total Cost per day from Schedule F on Line D2b
- 2c Calculate Total Medicaid Cost by multiplying Line D2a times D2b
- 4 Multiply Line D2c times Line D3
- 5 Subtract Line D4 from Line D1. If less than zero, enter zero.

Part E

Calculate the amount due to DHH, if the floor is applicable, as the lesser of Line C or Line D5.

IF CALCULATION SHOWS MONEY DUE THE DEPARTMENT OF HEALTH AND HOSPITALS DO NOT REMIT PAYMENT WITH THE COST REPORT. PROVIDER WILL BE NOTIFIED OF AMOUNT DUE AFTER DESK REVIEW/AUDIT.

Schedule P

Certification Statement

This page must be completed, signed (original signature – no stamps) and dated by the authorized representative of the facility and the person preparing the cost report.

Validation Edits (or checks) are used to check the accuracy of the cost report.

Please note that having no exceptions when running the "edits" does not guarantee that the cost report is correct. On the other hand, having an exception does not always mean that you have an error.

Follow the filing instructions on the cover page of the cost report.

[To receive official reimbursement notices and software releases, please email LAICF@mslc.com](mailto:LAICF@mslc.com) and include the name of the template and your name.

ICF/DD State-Owned Facilities Cost Report

**State of Louisiana
Department of Health and Hospitals
ICF-Public Cost Report**

INSTRUCTIONS FOR FILING:

- 1 Within 90 days of cost report period end, submit the following documents in the either electronic format (scanned if possible) or paper copy:
 - a. Signed and dated Certification page of the ICF-Public cost report (Schedule O).
 - b. Detailed depreciation listing (assets).
 - c. Copies of all capital leases.
 - d. Working Trial Balance.
 - e. For Public Facilities, Include copies of 6/30 AFR, 8/14 DAR and 6/30 @ 8/14 AFR.

- 2 Within 90 days of cost report period end, E-mail a copy of the ICF-Public completed cost report template Excel file to Myers and Stauffer.

All electronic documentation should be e-mailed to Myers and Stauffer at:
LAICF@mslc.com

All paper documentation can be mailed (using certified or other traceable delivery) or faxed to:

**Myers and Stauffer
ATTN: Louisiana ICF-Public
11440 Tomahawk Creek Parkway
Leawood, Kansas 66211
Fax: (913) 234-1104
Phone: (800) 374-6858**

- 3 Make a back-up copy of your electronic cost report and retain for future reference.

Please Call Myers and Stauffer at 1-800-374-6858 if you have any questions on using the template or filing the cost report.

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
COST REPORT FOR ICF-PUBLIC PROVIDERS

Schedule A - Facility Information

COST REPORT PERIOD: FROM: TO:

DATE COMPLETED:

CORPORATE NAME:

FACILITY NAME:

STREET ADDRESS:

CITY: STATE: ZIP:

CONTACT PERSON: PHONE: EXT:

FAX: EXT:

E-MAIL:

TYPE OF FACILITY

ICF Vendor Number Other: (specify program)

Vendor Number (if applicable):

Level of Care Other I.D. Number:

TYPE OF CONTROL (Select only one)

- | <u>Nonprofit</u> | <u>Proprietary</u> | <u>Governmental</u> |
|--|---|--|
| 1. <input type="checkbox"/> Church Related | 1. <input type="checkbox"/> Individual | 1. <input type="checkbox"/> State |
| 2. <input type="checkbox"/> Private | 2. <input type="checkbox"/> Partnership | 2. <input type="checkbox"/> Parish |
| 3. <input type="checkbox"/> Other (specify) <input type="text"/> | 3. <input type="checkbox"/> Corporation | 3. <input type="checkbox"/> City |
| | | 4. <input type="checkbox"/> City-Parish |
| | | 5. <input type="checkbox"/> Other (specify) <input type="text"/> |

VENDOR NUMBER: 0
FACILITY NAME: 0
COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE B - STATISTICAL DATA

1. Licensed Capacity at Beginning of Period	
2. Licensed Capacity at End of Period	
3. Effective Date of Change in Licensed Capacity, if any	
4. Total Client Days Available	
5. Client Days Paid and Payable at end of period (a. + b. + c.)	0
a. Medicaid Client Days	
b. Other State Client Days	
c. Private Client Days	
d. Paid Bed Hold Days	
6. Provider Fee Bed Days (a. + b. + c. + d.)	0
7. Occupancy Percent (Line 5 divided by Line 4)	0.0000%
8. Clients in facility beginning of period	
9. Admissions during period	
10. Discharges during period (include deaths)	
11. Clients in facility end of period	0

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE C - OWNER AND RELATED ORGANIZATION

(COST REPORT IS NOT COMPLETE WITHOUT THIS INFORMATION)

- List all owners with 5% interest or more (even if they receive no compensation) or Board of Directors and relatives of owners or Board of Directors employed by the provider.

<u>Name</u>	<u>Function</u>	<u>% of Work Week Devoted to Business</u>	<u>% of Ownership</u>	<u>Compensation Included in Allowable Cost for This Period</u>

- Changes in Ownership, Licensure, or Certification During Cost Report Period

<u>Type of Change</u>	<u>From</u>	<u>To</u>	<u>Date of Change</u>

- If the facility or any equipment is leased, give name(s) of owners(s) of leased asset(s), owner's relationship to the facility and terms of the lease. (Attach a copy of the executed lease agreements(s) effective during the cost report period).

<u>Owner of Leased Assets</u>	<u>Relationship to Facility</u>	<u>Monthly Payments</u>

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE D - STAFF AND OTHER INFORMATION

1. Total number of employees for last payroll	<input type="text"/>
2. Number of Minimum Wage Employees	<input type="text"/>
3. Position Summary	<u>Full Time Equivalent</u>
Basic Support	
a. Administrative and General	<input type="text"/>
b. Plant Operations and Maintenance	<input type="text"/>
c. Dietary, Laundry, Housekeeping, etc.	<input type="text"/>
d. Subtotal Basic Support (a + b + c)	<input type="text" value="0.00"/>
Programmatic	
e. Medical and Nursing	<input type="text"/>
f. Other Therapeutic	<input type="text"/>
g. Recreational	<input type="text"/>
h. Ancillary	<input type="text"/>
i. Other	<input type="text"/>
j. Subtotal Programmatic (e + f + g + h + i)	<input type="text" value="0.00"/>
k. Total Positions (d + j)	<input type="text" value="0.00"/>

4. Fringe Benefits Provided

a. Life Insurance

b. Health Insurance

c. Retirement Plan

d. Uniforms

e. Meals

f. Other (Describe)

g. Other (Describe)

h. Other (Describe)

i. None

5. Number of vehicles owned or leased by facility

6. Number of mortgages on fixed assets

	Original Date	Amount	Interest Rate	Amortization Period
a. First Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Second Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Third Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Other rates received

a. Private client rate

b. Other state or federal rates

c. Other (specify)

8. Percentage of clients receiving Medical Cards

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE F - BALANCE SHEET

ASSETS

ACCOUNTS	PER BOOKS
Current Assets:	
1. Cash on Hand and in Banks	
2. Accounts Receivable	
3. Notes Receivable	
4. Other Receivables	
5. Less: Allowance for uncollectible Accounts Receivable & Notes Receivable	
6. Inventory	
7. Prepaid Expenses	
8. Investment	
9. Other (specify):	
10. Total Current Assets	\$ -
Fixed Assets:	
11. Land	
12. Buildings	
13. Less: Accumulated Depreciation	
14. Leasehold Improvements	
15. Less: Accumulated Depreciation	
16. Fixed Equipment	
17. Less: Accumulated Depreciation	
18. Major Movable Equipment	
19. Less: Accumulated Depreciation	
20. Motor Vehicles	
21. Less: Accumulated Depreciation	
22. Minor Equipment (non-depreciable)	
23. Total Fixed Assets	\$ -
Other Assets:	
24. Investments	
25. Deposits on Leases or Utilities	
26. Due from Owners/Officers	
27. Dues to Funds	
28. Other (specify):	
29. Total Other Assets	\$ -
30. TOTAL ASSETS (sum of lines 10, 23 & 29)	\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE F - BALANCE SHEET

LIABILITIES AND CAPITAL

<u>ACCOUNTS</u>	<u>PER BOOKS</u>
Current Liabilities	
31. Accounts Payable	_____
32. Notes Payable	_____
33. Current Portion of Long-term Debt	_____
34. Salaries-Fees Payable	_____
35. Payroll Taxes Payable	_____
36. Deferred Income	_____
37. Other (specify): _____	_____
38. Total Current Liabilities	<u>\$ -</u>
Long-Term Liabilities	
39. Mortgages Payable	_____
40. Notes Payable	_____
41. Unsecured Loans	_____
42. Loans from Owners	_____
43. Total Long-Term Liabilities	<u>\$ -</u>
44. TOTAL LIABILITIES (sum of lines 38 and 43)	<u>\$ -</u>
Capital	
45. Capital	
(a) Retained Earnings	_____
(b) Capital Stock	_____
(c) Other (specify) _____	_____
(d) Other (specify) _____	_____
(e) Other (specify) _____	_____
(f) Other (specify) _____	_____
(g) Other (specify) _____	_____
46. Total Capital	<u>\$ -</u>
47. TOTAL LIABILITIES AND CAPITAL (sum of lines 44 and 46)	<u>\$ -</u>

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE G - INCOME STATEMENT

	(a) Income per Books	(b) Provider Adjustments <i>(from Schedule I)</i>	(c) Adjusted Balance
Routine Service Income:			
1 Medicare - Routine		-	\$ -
2 SSI/SSA - Routine		-	\$ -
3a Medicaid - State - Routine		-	\$ -
3b Medicaid - Client Portion - Routine		-	\$ -
4 Other State Revenue - Routine		-	\$ -
5 Private - Routine		-	\$ -
6a Grants - Federal*		-	\$ -
6b Grants - State*		-	\$ -
7 Other <i>(specify)</i>		-	\$ -
8 Total Routine Service Income	-	-	\$ -
Other Income:			
9 Special expense reimbursement (state clients)		-	\$ -
10a Donations - Restricted		-	\$ -
10b Donations - Unrestricted		-	\$ -
11 Sale of Drugs		-	\$ -
12 Therapy		-	\$ -
13 Sale of Supplies		-	\$ -
14 Employee and Guest Meals		-	\$ -
15 Interest		-	\$ -
16 Rentals		-	\$ -
17 Beauty and Barber Shop		-	\$ -
18 Vending Machine		-	\$ -
19a Miscellaneous <i>(specify)</i>		-	\$ -
19b Miscellaneous <i>(specify)</i>		-	\$ -
19c Miscellaneous <i>(specify)</i>		-	\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE G - INCOME STATEMENT

	(a) Income per Books	(b) Provider Adjustments <i>(from Schedule I)</i>	(c) Adjusted Balance
19d Miscellaneous <i>(specify)</i>		-	\$ -
19e Miscellaneous <i>(specify)</i>		-	\$ -
20 Total Other Income	-	-	\$ -
21 Total Income <i>(line 8 and 20)</i>	-	-	\$ -
Less Refunds and Allowances**			
22 Medicare - Refunds an Allowances		-	\$ -
23 SSI/SSA - Refunds and Allowances		-	\$ -
24 Medicaid - Refunds and Allowances		-	\$ -
25 Other State Revenue - Refunds and Allowances		-	\$ -
26 Private - Refunds and Allowances		-	\$ -
27 Other <i>(specify)</i>		-	\$ -
28 Total Refunds and Allowances	-	-	\$ -
29 Net Income <i>(line 21 minus 28)</i>	-	-	\$ -

*State type grant, period covered; if more than one, provide separate listing.
 If grant is continuous or declining, state percentages or amounts.

**Indicate amount reimbursed or credited to DHH (if any), and amount credited to personal accounts of clients, etc.

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments (from Schedule I)</u>	<u>(c) Allowable Expenses</u>
H-1 - BASIC SUPPORT			
A. ADMINISTRATIVE AND GENERAL			
1 Salaries and Wages - Administrator		-	\$ -
2 Salaries and Wages - Assistant Administrator		-	\$ -
3 Salaries and Wages - Owner		-	\$ -
4 Salaries and Wages			
a. Clerical		-	\$ -
b. Other		-	\$ -
5 Payroll Taxes		-	\$ -
6 Employee Benefits (health insurance, etc.)		-	\$ -
7 Advertising and Promotion		-	\$ -
8 Bad Debts		-	\$ -
9 Data Processing		-	\$ -
10 Dues (only one organization allowed)		-	\$ -
11 Insurance - Officers' Life (provide copy of policy)		-	\$ -
12 Insurance - Workers' Compensation		-	\$ -
13 Insurance - Liability		-	\$ -
14 Insurance - Motor Vehicle		-	\$ -
15 Insurance - Malpractice		-	\$ -
16 Other Insurance		-	\$ -
17 Interest (other than capital assets)		-	\$ -
18 Licenses		-	\$ -
19 Office Supplies		-	\$ -
20 Printing		-	\$ -
21 Motor Vehicles - Gas, Oil, Repair		-	\$ -
22 Taxes			
a. Non-Property Taxes		-	\$ -
b. Provider Fees		-	\$ -
23 Postage		-	\$ -
24 Professional Services			

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments (from Schedule I)</u>	<u>(c) Allowable Expenses</u>
a. Accounting		-	\$ -
b. Legal		-	\$ -
c. Other		-	\$ -
25 Subscriptions		-	\$ -
26 Telephone and Telegraph		-	\$ -
27 Training, In-Service (Supplies and Expense)		-	\$ -
28 Travel and Seminar Expenses		-	\$ -
29 Miscellaneous			
a. Central Office Overhead *		-	\$ -
b. Directors' Fees		-	\$ -
c. Management Fees **		-	\$ -
d. Other ***		-	\$ -
e. Other ***		-	\$ -
f. Other ***		-	\$ -
30 TOTAL ADMINISTRATIVE AND GENERAL	\$ -	\$ -	\$ -

(carry to Schedule J)

* This facility's share of all allocated or shared costs in the Basic Support Area must be shown on this line. A separate cost/budget report must be provided showing the line by line totals of any costs allocated or shared and the method and percentage of allocation.

** Show method and/or percentage

*** If several different categories, list separately on additional schedule.

B. PLANT OPERATION AND MAINTENANCE

31 Salary and Wages		-	\$ -
32 Payroll Taxes		-	\$ -
33 Employee Benefits		-	\$ -
34 Contracts for Outside Services		-	\$ -
35 Maintenance, Building and Grounds		-	\$ -
36 Repairs, Buildings and Grounds		-	\$ -
37 Repairs and Maintenance, Furniture and Equipment		-	\$ -
38 Supplies		-	\$ -
39 Utilities (fuel, gas, water, electricity)		-	\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments (from Schedule I)</u>	<u>(c) Allowable Expenses</u>
40 a. Miscellaneous		-	\$ -
40 b. Miscellaneous		-	\$ -
41 TOTAL PLANT OPERATION AND MAINTENANCE EXPENSES	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>
C. COSTS RELATED TO CAPITAL ASSETS			
42 Depreciation - Buildings (provide detailed schedule)		-	\$ -
43 Depreciation - Furniture and Equipment (provide detailed schedule)		-	\$ -
44 Motor Vehicles - Depreciation / Lease Expense (provide detailed schedule)		-	\$ -
45 Depreciation - Leasehold Improvements (provide detailed schedule)		-	\$ -
46 Interest (Mortgage on Buildings or Equipment)		-	\$ -
47 Lease Expense - Admin. Building (provide copy)		-	\$ -
48 Lease Expense - Other Buildings (provide copy)		-	\$ -
49 Lease Expense - Furniture and Equipment (provide copy)		-	\$ -
50 Property Taxes		-	\$ -
51 a. Other		-	\$ -
51 b. Other		-	\$ -
52 TOTAL COSTS RELATED TO CAPITAL ASSETS	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>
D. DIETARY EXPENSE			
53 Salaries - Food Service Supervisor		-	\$ -
54 Salaries - Cooks (Chief / Asst.)		-	\$ -
55 Salaries - Kitchen Helpers		-	\$ -
56 Payroll Taxes		-	\$ -
57 Employee Benefits		-	\$ -
58 Food (raw food cost only, should not include other supplies)		-	\$ -
59 Supplies (dishes, flatware, napkins, utensils, etc.)		-	\$ -
60 Contracts for Outside Services		-	\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	(a) <u>Expenses per Books</u>	(b) <u>Provider Adjustments</u> <i>(from Schedule I)</i>	(c) <u>Allowable Expenses</u>
a. Dietician / Nutritionist		-	\$ -
b. Other Contracts		-	\$ -
61 a. Miscellaneous		-	\$ -
b. Miscellaneous		-	\$ -
62 TOTAL DIETARY EXPENSE	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>
E. LAUNDRY AND LINEN EXPENSE			
63 Salaries and Wages		-	\$ -
64 Payroll Taxes		-	\$ -
65 Employee Benefits (uniform allowances, health insurance, etc.)		-	\$ -
66 Supplies		-	\$ -
67 Linen and Bedding		-	\$ -
68 Contracts for Outside Services		-	\$ -
69 a. Miscellaneous		-	\$ -
b. Miscellaneous		-	\$ -
70 TOTAL LAUNDRY AND LINEN EXPENSE	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>
F. HOUSEKEEPING EXPENSE			
71 Salaries and Wages		-	\$ -
72 Payroll Taxes		-	\$ -
73 Employee Benefits		-	\$ -
74 Supplies		-	\$ -
75 Contracts for Outside Services		-	\$ -
76 a. Miscellaneous		-	\$ -
b. Miscellaneous		-	\$ -
77 TOTAL HOUSEKEEPING EXPENSE	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments</u> <small>(from Schedule I)</small>	<u>(c) Allowable Expenses</u>
G. PERSONAL CLIENT NEEDS			
78 Clothing	-	-	\$ -
79 a. Other	-	-	\$ -
b. Other	-	-	\$ -
80 TOTAL PERSONAL CLIENT NEEDS	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>
81 TOTAL BASIC SUPPORT EXPENSES (30 + 41 + 52 + 62 + 70 + 77 + 80)	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments (from Schedule I)</u>	<u>(c) Allowable Expenses</u>
H-2 - PROGRAMMATIC			
A. MEDICAL AND NURSING			
1 Salaries - Medical (physicians and nurses)		-	\$ -
2 Salaries - Medical (aides and orderlies)		-	\$ -
3 Payroll Taxes		-	\$ -
4 Employee Benefits		-	\$ -
5 Medical Services, Routine		-	\$ -
6 Medical Services, Extraordinary		-	\$ -
7 Medical Supplies, i.e. non legend drugs		-	\$ -
8 a. Other		-	\$ -
b. Other		-	\$ -
9 TOTAL MEDICAL AND NURSING	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>
B. THERAPEUTIC AND TRAINING			
10 Salaries - Psychologists		-	\$ -
11 Salaries - Social Workers		-	\$ -
12 Salaries - Therapists		-	\$ -
13 Salaries - Houseparents, aides and other child care staff		-	\$ -
14 Payroll Taxes		-	\$ -
15 Employee Benefits		-	\$ -
16 Therapeutic and Training Supplies		-	\$ -
17 Other			
a. Shared Costs (Allocated) *		-	\$ -
b. Habilitation (Day Program) **		-	\$ -
c. Other		-	\$ -
d. Other		-	\$ -
18 TOTAL THERAPEUTIC AND TRAINING	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments (from Schedule I)</u>	<u>(c) Allowable Expenses</u>
<p>* This facility's share of all allocated/shared costs in the Programmatic Area must be shown on this line. A separate central office cost report must be provided showing the line by line totals of any costs allocated and the method and % of allocation.</p> <p>** Use this line to show this facility's share of allocated or shared cost in the Programmatic Cost area. A separate habilitation cost report must be provided with an allocation schedule and the method and percentage of allocation.</p>			
C. RECREATIONAL			
19 Salaries - Director (nonconsultant)		-	\$ -
20 Salaries - Other Employees'		-	\$ -
21 Payroll Taxes		-	\$ -
22 Employee Benefits		-	\$ -
23 Supplies		-	\$ -
24 a. Miscellaneous		-	\$ -
b. Miscellaneous		-	\$ -
25 TOTAL RECREATIONAL EXPENSE	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>
D. CONSULTANTS (contract only)			
26 Registered Nurse		-	\$ -
27 Social Worker (M.S.W.)		-	\$ -
28 Pharmacist		-	\$ -
29 Psychiatrist		-	\$ -
30 Psychologist		-	\$ -
31 Physician		-	\$ -
32 Physical Therapist		-	\$ -
33 Speech Therapist		-	\$ -
34 Audiologist		-	\$ -
35 Recreational		-	\$ -
36 Records Librarian		-	\$ -
37 Other		-	\$ -
38 TOTAL CONSULTANTS	\$ -	\$ -	\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	<u>(a) Expenses per Books</u>	<u>(b) Provider Adjustments (from Schedule I)</u>	<u>(c) Allowable Expenses</u> <i>(carry to Schedule J)</i>
E. EDUCATIONAL			
39 TOTAL EDUCATIONAL EXPENSE		\$ -	\$ - <i>(carry to Schedule J)</i>
F. ANCILLARY SERVICE #1 (in house only)			
40 Laboratory		-	\$ -
41 Pharmacy		-	\$ -
42 Radiology		-	\$ -
43 Other		-	\$ -
44 TOTAL ANCILLARY SERVICE #1	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>
G. ANCILLARY SERVICE #2 (in house only)			
45 Laboratory		-	\$ -
46 Pharmacy		-	\$ -
47 Radiology		-	\$ -
48 Other		-	\$ -
49 TOTAL ANCILLARY SERVICE #2	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>
H. ANCILLARY SERVICE #3 (in house only)			
50 Laboratory		-	\$ -
51 Pharmacy		-	\$ -
52 Radiology		-	\$ -
53 Other		-	\$ -
54 TOTAL ANCILLARY SERVICE #3	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE H - EXPENSES

<u>Expense Classification</u>	(a) <u>Expenses per Books</u>	(b) <u>Provider Adjustments</u> <i>(from Schedule I)</i>	(c) <u>Allowable Expenses</u>
55 TOTAL PROGRAMMATIC EXPENSES (9 + 18 + 25 + 38 + 39 + 44 + 49 + 54)	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>
57 TOTAL BASIC AND PROGRAMMATIC EXPENSES	\$ -	\$ -	\$ - <i>(carry to Schedule J)</i>

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE J - CALCULATION OF COSTS PER DAY

COST CATEGORY BREAKDOWN

SCHEDULE H-1 BASIC SUPPORT

(Line) 30	A. Administrative and General	\$	-
41	B. Plant Operation and Maintenance	\$	-
52	C. Cost Related To Capital Assets	\$	-
62	D. Total Dietary Expense	\$	-
70	E. Total Laundry Expense	\$	-
77	F. Total Housekeeping Expense	\$	-
80	G. Personal Client Needs	\$	-
	Total Basic Support	\$	-

SCHEDULE H-2 PROGRAMMATIC

(Line) 9	A. Total Medical and Nursing	\$	-
18	B. Total Therapeutic and Training	\$	-
25	C. Total Recreational Expense	\$	-
38	D. Total Consultants	\$	-
39	E. Total Educational Expense	\$	-
44	F. Total Ancillary Service #1	\$	-
49	G. Total Ancillary Service #2	\$	-
54	H. Total Ancillary Service #3	\$	-
	Total Programmatic	\$	-

Total **\$** **-**

Actual Days of Care for Cost Report Period (Schedule B, Line 5)	0
Average Daily Cost of Care for Period	\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

NOTE: Equipment must be capitalized if cost is at least \$5,000 and has a useful life of at least two years.
NOTE: As noted on Schedule H-1, Section C, a separate detailed depreciation listing (asset listing) must be submitted (attached to the cost report).

SCHEDULE M - CLIENT CARE RELATED ASSETS--DEPRECIATION SCHEDULE

Description (a)	Date Acquired (b)	Average Useful Life (c)	Total Cost (d)	Reserve for Depreciation Begin Period (e)	Depreciation Expense (f)	Retirements (f1)
Land						
Land Improvements						
Building and Fixtures						
Building Improvements						
Fixed Equipment						
Moveable Equipment						
Motor Vehicles						
Other						
		TOTALS	\$ -	\$ -	\$ -	\$ -

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE N - IN-KIND CONTRIBUTIONS

**SCHEDULE N-1
 BUILDING AND EQUIPMENT**

Description (a)	Date Acquired (b)	Expected Life (c)	Cost (d)	Reserve for Depreciation Begin Period (e)	Depreciation Expense (f)	Retirements (f1)	Reserve for Depreciation End of Period (g)	Net Book Value (h)
							\$ -	\$ -
							\$ -	\$ -
TOTALS			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**SCHEDULE N-2
 VOLUNTEER SERVICES**

Name (a)	Number of Hours Worked (b)	Position/Title (c)	Rate of Pay (d)	Total In-Kind Contribution (e)	Schedule & Line Number (f)
TOTALS		0.00		\$ -	

**SCHEDULE N-3
 OTHER**

Donor (a)	Item Donated (b)	Value of Contribution (c)	Schedule & Line Number (d)
TOTAL		\$ -	

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

SCHEDULE O - Certification Statement by Preparer and Owner, Officer, or Administrator of Facility

I, _____, _____
 (Name) (Administrative Title)

of _____
 (Name of Facility)

_____ do certify that I have examined the
 (City) (State)

attached report for the cost report period beginning 1/0/1900 and ending 1/0/1900 and to the best of my knowledge and belief, it is a true and correct statement of the information required.

 Signature of Authorized Representative of Facility

 Date

 Title

CERTIFICATION BY ACCOUNTANT

I have prepared the ICF Cost Report of _____ for the cost
 report period beginning 1/0/1900 and ending 1/0/1900 and in my
 opinion, except for the comments stated below, all information contained in the ICF Cost Report is fairly stated and in accordance with the instructions furnished by Louisiana Department of Health and Hospitals Administration and the Principles of Reasonable Cost as set forth in the Medicare Provider Reimbursement Manual (HIM-15).

Total Provider Fee Bed Days:	0	Net Income	\$ -
Total Allowable Expenses:	\$ -	Total Assets	\$ -

Comments:

 Signature of Preparer

 Date

 Name of Preparer

VENDOR NUMBER: 0
 FACILITY NAME: 0
 COST REPORT PERIOD: 1/0/1900 TO 1/0/1900

Validation Edits

<u>Comparison #1</u>	<u>Comparison #2</u>	<u>Difference</u>
Total Assets \$ - <i>(Sched. F - Balance Sheet, Line 30)</i>	Total Liabilities & Capital \$ - <i>(Sched. F - Balance Sheet, Line 47)</i>	\$ -
Clients in Facility (EOP) - <i>(Sched. B - Stats, Line 11)</i>	Licensed Capacity (EOP) - <i>(Sched. B - Stats, Line 2)</i>	-
Total Client Adjustments Posted \$ -	Total Client Adjustments Entered \$ -	\$ -
Total DHH Adjustments Posted \$ -	Total DHH Adjustments Entered \$ -	\$ -

**Amounts in Difference column should be zero.

Louisiana ICF-Public Cost Report Template Instructions

ICF-Public Version 1.4 01/21/10

For Versions of Excel prior to 2007, there is a toolbar that includes buttons for Auditor, Add Row, Delete Extra Rows, Print, and Instructions that should show above, if the macros have been properly enabled.

For Office 2007 (new version), Auditor, Add Row, Delete Extra Rows, Print, and Instructions toolbar buttons will show under the "Add-Ins" menu if the macros have been properly enabled.

Macro Security Change Instructions (needed to run template with macros enabled)

For Microsoft Excel 2007:

You can change macro security settings in the Trust Center, unless a system administrator in your organization has changed the default settings to prevent you from changing the settings.

On the **Developer** tab, in the **Code** group, click **Macro Security**.

Tip If the **Developer** tab is not displayed, click the **Microsoft Office Button** (upper left hand corner of the screen), click **Excel Options**, and then in the **Popular** category, under **Top options** for working with Excel, click **Show Developer tab in the Ribbon**.

In the **Macro Settings** category, under **Macro Settings**, click the option that enables all macros (low security) or the option that allows you to disable macros with notification (if the notification option is chosen, you will see a "SECURITY WARNING" message above the formula bar - you must click the Options... button to enable the macros after you open the file).

For Older Versions of Microsoft Excel:

Click **"Tools"** on the Menu and then click **"Macro"** – **"Security"**. Select **"Low"** or **"Medium"** security. Then reopen the cost report template file.

General

Custom Toolbar Buttons:

- Auditor Toolbar Button - for use by P&N only.
- Add and Delete Extra Rows - used on adjustment report schedule, related parties, central allocation, habilitation, and staffing schedules.
- Print - used to print package.
- Instructions - used to access this page.

All lines and schedules should be completed by the provider. If the appropriate answer is zero or not applicable, the provider must report "0" or "NA". No lines should be left blank.

All dollar amounts should be rounded to the nearest dollar.

All costs reported on the cost report should be in accordance with the Louisiana ICF Standards for Payment and the Federal entries. Provider Reimbursement Manual (HIM-15). The accrual basis of accounting is required. Amount per books should be adjusted to the accrual basis prior to completion of the cost report. The cost report should reflect all year-end closing entries.

To access the Provider Reimbursement Manual (HIM-15) go to the following web-site:

<http://www.cms.hhs.gov/Manuals/PBM/itemdetail.asp?filterType=none&filterByDID=99&sortByDID=1&sortOrder=ascending&itemID=CMS021929&intNumPerPage=10>

Use the TAB key to move throughout the forms to ensure no fields are skipped. Use drop-down arrows to scroll and select items in fields that contain lists.

SCHEDULE A

Identifying Information

If state facility, enter "State of Louisiana" in the Corporate name field
Report in the spaces provided the corporate and facility name, street address, mailing address if different from street address, Title XIX vendor number and cost report period. The name, telephone number and email address of a contact person should be specified.

Type of Control

Check one appropriate block. Specify Other – Nonprofit or Other – Governmental, if selected.

SCHEDULE B

Statistical Information

The provider must maintain daily affirmative census records by payor type. The census should have totals by resident for each month and monthly totals. The sum of the totals for each month should agree to the days reported on the cost report. For habilitation facilities, the attendance days should be maintained by facility and by payor and should reconcile to the total reported on the cost report.

Statistical and Other Data

- 1 Enter total licensed capacity at beginning of the period. Enter total licensed capacity at beginning of the period. (For Public Facilities, Complete using the State of Louisiana DHH license)
- 2 Enter total licensed capacity at end of the period. (For Public Facilities, Complete using the State of Louisiana DHH license)
- 3 Enter effective date of change in licensed capacity, if applicable. (For Public Facilities, Complete using the State of Louisiana)
- 4 Enter client days available (licensed capacity times days the facility was open for the period).
- 5 Enter the client days in the appropriate category. Enter total as sum of a, b, and c.
- 6 Enter total provider fee days (sum of a, b, c and d).
- 7 Enter percent of occupancy (line 5 divided by line 4)
- 8 Enter number of clients in facility at the beginning of the period. (USE CENSUS DATA)
- 9 Enter number of admissions during the period. (USE CENSUS DATA)
- 10 Enter number of total discharges and deaths during the period. (USE CENSUS DATA)
- 11 Enter number of clients in facility at the end of the period (sum of line 8, 9, 10). (USE CENSUS DATA)

SCHEDULE C

Ownership and Related Organization

- 1 List all owners with 5% interest or more (even if they receive no compensation) and relatives of owners employed by the facility. If nonprofit, list all members of the Board of Directors and relatives of members of the Board of Directors employed by the provider.
- 2 If changes in ownership, licensure, or certification occurred during the report period, enter the changed information (from -- to) and date of each change.
- 3 If facility or any equipment is leased, give name of owner of each leased asset, relationship to the facility, and terms of the lease. A copy of lease agreements in effect during the report period must be attached to the cost report.
- 4 If the facility has related party transactions as defined in the Provider Reimbursement Manual (HIM-15), complete sections a. and b. Home office and habilitation allocations should be included as related party transactions for facilities.

SCHEDULE D

Staff and Other Information

- 1 Indicate total number of employees for the last payroll in the period. (For Public Facilities, Obtain from Facility's HR Department)
- 2 Indicate number of minimum wage employees.
- 3 For each category, indicate the number of full time equivalent (total hours for the year divided by 2080). Indicate total full time equivalent as the sum of lines a, b and c.
- 4 Benefits provided employees -- check each type of benefit provided for one or more employees. Describe any other benefits provided. If no benefits are provided, check None.
- 5 Number of vehicles owned or leased by facility - Enter the number of cars, trucks, vans, and station wagons owned or leased by the facility. Do not include boats, airplanes, etc. (For Public Facilities, obtain from internal vehicle control report. Needs to reconcile to the LPAA fleet management data base.)
- 6 Number of mortgages on fixed assets - enter number. Indicate original date, amount, interest rate and term of each mortgage.
- 7 Indicate other non-Medicaid rates received during the cost report period. (i.e., if facility has private or VA clients.)
- 8 Percentage of Clients Receiving Medical Cards determined by manual count of clients without medical cards; this information is maintained in billing department.

SCHEDULE E

Staffing Pattern

Complete staffing pattern for each position and indicate the cost report line item number (from Schedules H-1 and H-2). Average hours per week should be calculated as total annual hours divided by 52 weeks. Actual salary for the cost report period should agree to salaries reported on Schedules H-1 and H-2, column (a).

For Public Facilities, The staffing pattern is pulled from ISIS/HR report from the Human Resources department that reports the gross wages of every individual employed during the FY by position number.

If additional rows are needed, click on the ICF toolbar button, "Add Row"

SCHEDULE F

For Public Facilities, Information for this schedule is drawn from the 6/30 AFR, 6/30 @ 8/14 AFR, American Appraisal, and ISIS reports. Information reported must reconcile to the AFR.

Balance Sheet-Assets. Enter appropriate balance sheet asset accounts per books as of the end of the cost report period.

Line 1 (Cash on Hand): For Public Facilities, Use Note C of the AFR.

Line 2 (Accounts Receivable): For Public Facilities, Use Schedule 3-1 column IV of AFR, plus 4G33.

Line 6 (Inventory): For Public Facilities, Use AFR, Note E.

Lines 11 - 22 (Land - Minor Equipment): For Public Facilities, Use American Appraisal.

Balance Sheet-Liabilities. Enter appropriate balance sheet liability and equity accounts per books as of the end of the cost report period.

Lines 31 - 37 (Accounts Payable - Other): For Public Facilities, Enter from AFR and/or ISIS, as appropriate. Information reported needs to reconcile to AFR.

Line 31: AFR, Note Z (ISIS 2G03, 4G31-085).

Line 32: AFR, Note B (ISIS 2G15).

Line 34: AFR, Note R.

Line 37: AFR, Note B (ISIS 2G01, 4G33).

Lines 45c - 45g (Other): For Public Facilities, Use AFR (Note C, ANTB, etc.). Total capital reported must agree to AFR.

SCHEDULE G

Income Statement

Enter appropriate income account balances per books as of the end of the period in the first column. Enter any income offset adjustments in second column using Schedule I. The adjusted balance is calculated in the last column. Any grants reported on Line 6 and any miscellaneous income reported on Line 19 should be specified.

For Federal or State grant income, indicate the type of grant and period covered. If the grant is continuous or declining, state future percentages or amounts. If more than one grant, list each one separately. Attach additional pages as required. Applications for Federal or State grants must be detailed on attachments. The information should include:

1. Type of grant
2. Date of application
3. Period covered and items requested
4. Anticipated notification date

For refunds and allowances, indicate the amount reimbursed or credited to DHH, if any, the amount credited to personal accounts of clients, etc.

Lines 1 -7 (Medicare - Other): For Public Facilities, Use AFR and schedules (schedule 13, schedule 3I, schedule I, etc.). Income reported must agree to the AFR.

Lines 9 -19 (Special Expense Reimbursement - Miscellaneous): For Public Facilities, Use AFR and schedules (schedule 13, schedule 6, schedule 3-1, etc.). Income reported must agree to the AFR.

Lines 22 - 27 (Medicare - Other): For Public Facilities, Use AFR, as applicable. Income reported must agree to the AFR.

SCHEDULE H (H-1 & H-2)

General Format:

Column (a) Enter total expenses for the cost report period from the General Ledger.

Column (b) Enter adjustments to total expenses per books for the cost report period (from Schedule I of the Cost Report)

Column (c) Enter net allowable expenses for the cost report period: column (a) plus or minus adjustments in column (b).

For Public Facilities: Object codes and cost report line codes do not need to agree in this section, however, total expenses per books must equal total reflected. on the 6/30 @ 8/14 DAR. Relevant ISIS codes for this section include those from the 2100, 2200, and 2300 series.

SCHEDULE H-1

Lines 1- 6 (Salary & Wages, Payroll Tax, Employee Benefits): For Public Facilities, Use ISIS HR program expenditure reports, gross wage reports, (SAP ZF 65, SAP P116, etc.).

Line 7 (Advertising and Promotion): For Public Facilities, Use DAR, and ISIS Appropriation Report 2G15.

Line 8 (Bad Debts): Not allowable to public facilities.

Line 9 (Data Processing): For Public Facilities, Use ISIS Appropriation Report 2G15; relevant object codes include: (2820,2825,2920,2935,3120,3320,4450,4451).

Line 10 (Dues - only one organization allowed, specify): For Public Facilities, Back out from ISIS Appropriations Report 2015, object code (2890); break. down dues and subscriptions and pull out dues. Explain the nature of each expense listed.

Lines 12 -16 (Insurance): For Public Facilities, Use DAR, and ISIS Appropriations Report 2G15 (4980). Information may be broken out.

Line 18 (Licenses): For Public Facilities, Use ISIS Appropriations Report 2015 (3000).

Line 19 (Office Supplies): For Public Facilities, Use ISIS Appropriations Report 2015 (3100, 3120, 3180).

Line 20 (Printing): For Public Facilities, Use ISIS Appropriations Report 2015 (2710).

Line 21 (Motor Vehicles - Gas, Oil, Repair): For Public Facilities, Use ISIS Appropriations Report 2G15 (2770, 3170).

Line 22 (Taxes): For Public Facilities, Use ISIS Appropriations Report 2G15; 22b represents provider bed fees from 3650 - this information needs to be broken out.

Line 23 (Postage): For Public Facilities, Use ISIS Appropriations Report 2G15 (2900).

Line 24a (Professional Services - Accounting): For Public Facilities, Use ISIS Appropriations Report 2G15 (3650).

Line 24b (Professional Services - Legal): For Public Facilities, Use ISIS Appropriations Report 2G15 (3430).

Line 24c (Professional Services - Other, specify): For Public Facilities, Object codes (2990), (3650), and (3410) may be used. Legislative Auditor should be reported on this line.

Line 25 (Subscriptions): For Public Facilities, Use ISIS Appropriations Report 2G15 (2890); this is Dues & Subscriptions - need to break out Subscriptions.

Line 26 (Telephone and Telegraph): For Public Facilities, Use ISIS Appropriations Report 2G15 (2910) (2920) (2930) (5040) (5090).

Line 27 (Training, In-Service - supplies and expense): For Public Facilities, Use ISIS Appropriations Report 2G15.

Line 28 (Travel and Seminar Expense): For Public Facilities, Use ISIS object codes from 2500 and 2600 series.

Line 29a (Miscellaneous - Central Office Overhead): For Public Facilities, Use ISIS object code (5090). One facility reported this line "provided by DHH Financial Mgmt." Another reported central office overhead figure, 5090 IAT: CPTP, uniform, statewide mail, civil services.

Line 29c (Miscellaneous - Management Fees): For Public Facilities, If applicable, use schedule from Financial Management.

Lines 29d-f (Other, specify): For Public Facilities, If applicable, use ISIS Appropriations Report 2G15, 2GOO, and ISIS-0LGL screen. Relevant object codes may include: (2370) (2840) (2870) (3000) (3180) (3300) (4940) (5030) (5040) (5090) (5100). All IATs other than Legislative Auditor will be reported on line 29.

Line 31 (Salary and Wages): For Public Facilities, Use ISIS Responsibility Report 2GOO; relevant object codes are from the 2100 and 2200 series.

Line 32 (Payroll Taxes): For Public Facilities, Use ISIS Responsibility Report 2GOO, ISIS-HR AFTS Program Expenditure Report, SAP P116; relevant object codes include (2350) (2360).

Line 33 (Employee Benefits): For Public Facilities, Use ISIS Responsibility Report 2G00, ISIS-HR AFTS Program Expenditure Report, SAP P116; relevant object codes are found in the 2300 and 2400 series.

Line 34 (Contracts for Outside Services): For Public Facilities, Use ISIS Appropriations Report 2015; relevant object codes include: (2780) (2790) (2791) (2792) (2800) (2810) (2811) (2820) (2825) (2830) (2840) (2860) (2870) (2991) (3440) (3460) (3740).

Line 35 (Maintenance, Building & Grounds): For Public Facilities, Use ISIS Appropriations Report 2G15; relevant object codes include: (2780) (2790) (2791) (2792) (2800) (2811) (3000) (3190) (3310).

Line 36 (Repairs, Buildings & Grounds): For Public Facilities, Use ISIS Appropriations Report 2015; relevant object codes include: (2770) (2800) (2811) (3190) (3300) (3310) (4630).

Line 37 (Repairs & Maintenance, Furniture & Equipment): For Public Facilities, Use ISIS Appropriations Report 2G15; relevant object codes include: (2780) (2800) (2810) (2820) (2825) (3190) (3310) (4441) (4492).

Line 38 (Supplies): For Public Facilities, Use ISIS Appropriations Report 2015; relevant object codes include: (3170) (3180) (3190) (3200) (3210) (3310) (3340) (3350).

Line 39 (Utilities - fuel, gas, water, electricity): For Public Facilities, Use ISIS Appropriations Report 2015; relevant object codes include: (2940) (2950) (2960) and (2970).

Line 40 (Miscellaneous, specify): For Public Facilities, Use ISIS Appropriations Report 2015, ISIS Responsibility Report 2000, and ISIS-OLGL screen; relevant object codes include: (2840) (2870) (2970) (2990) (3000) & (4400 - 4540) (4600 - 4740).

Line 42 (Depreciation - Buildings): For Public Facilities, Use American Appraisal Report.

Line 43 (Depreciation - Furniture & Equipment): For Public Facilities, Use American Appraisal Report.

Line 44 (Motor Vehicles - Depreciation/Lease Expense): For Public Facilities, Use American Appraisal Report.

Line 45 (Depreciation - Leasehold Improvements): For Public Facilities, Use American Appraisal Report, if applicable.

Line 46 (Interest - Mortgage on Buildings or Equipment): For Public Facilities, Reported as drawn from "Linda Gray Sheet" by one facility. Several facilities reported this line item as not applicable. No facilities reported using LHCA Schedule of Bond Interest Money for reporting here.

Line 49 (Lease Expense - Furniture & Equipment): For Public Facilities, Complete if applicable; relevant object codes include: (2830) (2840) (2850) (2870).

Line 51 (Other, specify): For Public Facilities, Complete as applicable; relevant object codes include the 4400 series. Equipment under \$5000 may be included here; use ISIS Appropriations Report 2G15 (acquisitions and major repairs, subtract out AFR capitalized; categories 70 & 75).

Line 53 (Salaries - Food Service Supervisor): For Public Facilities, Use SAP ZF 65, SAP P116; relevant object codes: 2100 and 2200 series.

Line 54 (Salaries - Cooks, chief/asst.): For Public Facilities, Use SAP ZF 65, SAP P116; relevant object codes include: 2100 and 2200 series.

Line 55 (Salaries - Kitchen Helpers): For Public Facilities, Use SAP ZF 65, SAP P116; relevant object codes include: 2100 and 2200 series.

Line 56 (Payroll Taxes): For Public Facilities, Use ISIS-HR AFS Program Expenditure Report, SAP P116; relevant project codes include: (2350) (2360).

Line 57 (Employee Benefits): For Public Facilities, Use ISIS-HR AFS Program Expenditure Report, SAP P116, SAP Report ZF 65; relevant project codes include: (2300) (2330) (2345) (2350) (2360) (2370) (2380) (2410).

Line 58 (Food, raw food cost only - do not include other supplies): For Public Facilities, Use ISIS Appropriations Report 2015; relevant object codes include: (3160) (3340) (3350).

Line 59 (Supplies - dishes, flatware, napkins, utensils, etc.): For Public Facilities, Use ISIS Appropriations Report 2015; relevant object codes include: (3180) (3200) (3230).

Line 60a (Contracts for Outside Services - Dietician/Nutritionist): For Public Facilities, Use ISIS Appropriations Report 2015; relevant object codes include: (3440) (3460).

Line 60b (Contracts for Outside Services - Other Contracts): Complete if applicable.

Line 61 (Miscellaneous, specify): For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS Responsibility Report 2GOO, and ISIS-OLGL screen; relevant object codes include: (3000) (3180) (3460) (4400 - 4540). Reported items must be explained and justified as appropriate.

Line 62 Total Dietary Expense: Will automatically calculate.

Line 63 (Salaries and Wages): For Public Facilities, Use SAP P116; relevant object codes include: 2100 and 2200 series.

Line 64 (payroll Taxes): For Public Facilities, Use ISIS-HR AFS Program Expenditure Report, SAP P116; relevant object codes include: (2350).

Line 65 (Employee Benefits - uniform allowances, health insurance, etc.): For Public Facilities, Use ISIS-HR AFS Program Expenditure Report, SAP P116; relevant object codes include: (2300 - 2380).

Line 66 (Supplies): For Public Facilities, Use ISIS Appropriations Report 2015, ISIS Responsibility Report 2000, and ISIS-OLGL screen; relevant object codes include: (3200) (3340) (3350).

Line 67 (Linen and Bedding): For Public Facilities, Use ISIS Appropriations Report 2G15; relevant object codes include: (3200) (3340) (3350).

Line 68 (Contracts for Outside Services): For Public Facilities, Use ISIS Appropriations Report 2G15; relevant object codes include: (2980) (5060).

Line 69 (Miscellaneous, specify): For Public Facilities, Use ISIS Appropriations Report 2015, ISIS Responsibility Report 2000; relevant object codes include: (3000) (3180) (4400) (4540).

Line 70 Total Laundry Expense: Will automatically calculate.

Line 71 (Salaries and Wages): For Public Facilities, Use ISIS Responsibility Report 2GOO; relevant object codes include: 2100 and 2200 series.

Line 72 (Payroll Taxes): For Public Facilities, Use ISIS-HR AFS Program Expenditure Report, ISIS Responsibility Report 2000, SAP P116; relevant object codes include: (2350) (2360).

Line 73 (Employee Benefits): For Public Facilities, Use ISIS-HR AFS Program Expenditure Report, ISIS Responsibility Report 2000, SAP P116; relevant object codes include: (2300) (2330) (2345) (2350) (2360) (2370) and (2380) (2410).

Line 74 (Supplies): For Public Facilities, Use ISIS Appropriations Report 2015; relevant object codes include: (2810) (3200) (3340) (3350).

Line 75 (Contracts for Outside Services): For Public Facilities, Use ISIS Appropriations Report 2015; relevant object codes include: (2810) (3460).

Line 76 (Miscellaneous, specify): For Public Facilities, Use ISIS Appropriations Report 2015, ISIS Responsibility Report 2000, and ISIS-OLGL screen; relevant object codes include: (3000) (3180) (4400 - 4540).

Line 77 Total Housekeeping Expense: Will automatically calculate.

Line 78 (Clothing): For Public Facilities, Use ISIS Appropriations Report 2015; relevant object codes include: (3130).

Line 79 (Other, specify): For Public Facilities, Use ISIS Appropriations Report 2015; relevant object codes include: (3000) (3180) (3220) (3720) (3785) (4400 - 4540).

Line 80 Total Personal Client Needs: Will automatically calculate.

Line 81 Total Basic Support Expenses: Will automatically calculate.

SCHEDULE H-2

Line 1 (Salaries, Medical- Physicians & Nurses): For Public Facilities, Use SAP P116, SAP ZF 65; relevant object codes include: 2100 and 2200 series.

Line 2 (Salaries, Medical- Aides & Orderlies): For Public Facilities, Use SAP P116, SAP ZF 65; relevant object codes include: 2100 and 2200 series.

Line 3 (Payroll Taxes): For Public Facilities, Use ISIS-HR AFS Program Expenditure Report, SAP P116, SAP ZF 65; relevant object codes include: (2350) (2360).

Line 4 (Employee Benefits): For Public Facilities, Use ISIS-HR AFS Program Expenditure Report, SAP P116, SAP ZF 65; relevant object codes include: (2300) (2330) (2345) (2350) (2360) (2370) (2380) (2410).

Line 5 (Medical Services, Routine): For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS Responsibility Report 2000; relevant object codes include: (2990) (3000) (3440).

Line 6 (Medical Services, Extraordinary): Complete if applicable.

Line 7 (Medical Supplies, i.e. non legend drugs - specify): For Public Facilities, Use ISIS Appropriations Report 2015, ISIS Responsibility Report 2000; relevant object codes include: (3110) (3140) (3180) (3230) (3340) (3350).

Line 8 (Other, specify): For Public Facilities, Use ISIS Appropriations Report 2015, ISIS Responsibility Report 2000, and ISIS-OLGL screen; relevant object codes include: (2990) (3110) (3230) (3340) (3350) (3440) (4400 - 4540).

Line 9 Total Medical and Nursing: Will automatically calculate.

Line 10 (Salaries - Psychologists): For Public Facilities, Use SAP P116, SAP ZF 65; relevant object codes include: 2100 and 2200 series.

Line 11 (Salaries - Social Workers): For Public Facilities, Use SAP P116, SAP ZF 65; relevant object codes include: 2100 and 2200 series.

Line 12 (Salaries - Therapists): For Public Facilities, Use SAP P116, SAP ZF 65; relevant object codes include: 2100 and 2200 series.

Line 13 (Salaries - Houseparents, Aides & Other Child Care Staff): For Public Facilities, Use SAP P116, SAP ZF 65; relevant object codes include: 2100 and 2200 series.

Line 14 (Payroll Taxes): For Public Facilities, Use ISIS-HR AFS Program Expenditure Report, SAP P116, SAP ZF 65; relevant object codes include: (2350) (2360).

Line 15 (Employee Benefits): For Public Facilities, Use ISIS-HR AFS Program Expenditure Report, SAP P116, SAP ZF 65; relevant object codes include: (2300) (2330) (2345) (2350) (2360) (2370) (2380).

Line 16 (Therapeutic & Training Supplies): For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS Responsibility Report 2G00; relevant object codes include: (3150) (3180).

Line 17a (Other - Shared Costs, Allocated): Complete if applicable.

Line 17b (Other- Habilitation, Day Program): For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS Responsibility Report 2G00; relevant object codes include: (3460) (3650). Information for line 17b was reported not from appropriations report; break down by each group home, column for each, column for day program, come up with grand total, whole separate cost report" by one facility. Information for line 17b was reported "get daily Hab program cost, multiply by number of people, times number of days" by one facility.

Line 17c (Other - specify): For Public Facilities, Use ISIS Appropriations Report 2G15, relevant object codes include: (3175) (4900) (4940)(5015) (5090).

Line 17d (Other - specify): For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS Responsibility Report 2G00, ISIS-OLGL screen, and SAP ZF 65; relevant object codes include: (3000) (3180) (3190) (3200) (3650) (3785) (4400) (4540) (4740).

Line 18 Total Therapeutic and Training: Will automatically calculate.

Line 19 (Salaries - Director, nonconsultant): For Public Facilities, Use SAP P116; relevant object codes include: 2100 and 2200 series.

Line 20 (Salaries - Other Employees): For Public Facilities, Use SAP P116, and SAP ZF 65; relevant object codes include: 2100 and 2200

Line 21 (payroll Taxes): For Public Facilities, Use SAP P116, and ISIS-HR AFS Program Expenditure Report; relevant object codes include: (2350) (2360).

Line 22 (Employee Benefits): For Public Facilities, Use SAP P116, SAP ZF 65, and ISIS-HR AFS Program Expenditure Report; relevant object codes include: (2300) (2345) (2370) (2380) (2410).

Line 23 (Supplies): For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS Responsibility Report 2G00; relevant object codes include: (3120) (3150).

Line 24a/24b (Miscellaneous - specify): For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS Responsibility Report 2G00, ISIS-OLGL screen; relevant object codes include: (3000) (4400 - 4540).

Line 25 Total Recreational Expense: Will automatically calculate.

Line 26 (Registered Nurse): If applicable, For Public Facilities, Use object code (3440).

Line 27 (Social Worker, M.S.V.): If applicable, For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS-OLGL screen; relevant object codes include: (3440).

Line 28 (Pharmacist): If applicable, For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS-OLGL screen; relevant object codes include: (3440).

Line 29 (Psychiatrist): If applicable, For Public Facilities, Use ISIS Appropriations Report 2G15, and Budget Report BRI7; relevant object codes include: (3440) (3460).

Line 30 (Psychologist): If applicable, For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS-OLGL screen, and Budget Report BRI7; relevant object codes include: (3440) (3460).

Line 31 (Physician): If applicable, For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS-OLGL screen, and Budget Report BRI7; relevant object codes include: (3440) (3460).

Line 32 (Physical Therapist): If applicable, For Public Facilities, Use ISIS Appropriations Report 2G15, and Budget Report BRI7; relevant object codes include: (3440) (3460).

Line 33 (Speech Therapist): If applicable, For Public Facilities, Use ISIS Appropriations Report 2G15, and Budget Report BRI7; relevant object codes include: (3440) (3460).

Line 34 (Audiologist): If applicable, For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS-OLGL screen, and Budget Report BRI7; relevant object codes include: (3440) (3460).

Line 35 (Recreational): Complete if applicable.

Line 36 (Records Librarian): If applicable, For Public Facilities, Use ISIS Appropriations Report 2015, and ISIS-OLGL screen; relevant object codes include: (3440).

Line 37 (Other, specify): If applicable, For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS-OLGL screen, and Budget Report BR17; relevant object codes include: (3440) (3460).

Line 38 Total Consultants: Will automatically calculate.

Line 39 (Total Educational Expense): If applicable, For Public Facilities, Use ISIS-HR AFS Program Expenditure Report, ISIS Appropriations Report 2G15, ISIS Responsibility Report 2G00, and ISIS-OLGL screen; relevant object codes include: (2510) (3000) (3150) (3650) (4500).

Lines 40, 45, & 50 (Ancillary Service, In House only - Laboratory) For Public Facilities, Use ISIS Appropriations Report 2G15, and ISIS Responsibility Report 2GOO; relevant object codes include: (2990).

Lines 41, 46, & 51 (Ancillary Service, in house only - Pharmacy) For Public Facilities, Use ISIS Appropriations Report 2G15, and ISIS Responsibility Report 2GOO; relevant object codes include: (3110) (3340) (3350).

Lines 42, 47, & 52 (Ancillary Service, in house only - Radiology) For Public Facilities, Use ISIS Appropriations Report 2G15, ISIS Responsibility Report 2GOO, and 814 Report; relevant object codes include: (3440).

Lines 43, 48, & 53 (Ancillary Service, in house only - Other, specify) For Public Facilities, Use ISIS Responsibility Report 2GOO, SAP P116, and 814 Report; relevant object codes include: 2100 and 2200 series.

Line 54 Total Services: Will automatically calculate.

Line 55 Total Programmatic Expenses: Will automatically calculate.

NOTE: A copy of the depreciation schedule must be attached which agrees to reported depreciation expense.

SCHEDULE I

Schedule of Adjustments

Enter the information for each cost report adjustment. Explanations should be specific as to the nature of the adjustment. Types of adjustments include offsets of other income, removal of non-allowable expenses, and related party transaction adjustments to actual cost.

If additional rows are needed, click on the ICF toolbar button, "Add Row"

SCHEDULE J

Calculation of Costs Per Day by Category

Calculated Automatically based on entries on Schedules H-1, H-2, and B

SCHEDULE K

Central Office Allocation Method

All programs (Medicaid or non-Medicaid) managed/owned by the central office should be included in the allocation schedule. Days or costs may be used as the allocation basis if all programs are ICF programs. If other programs are included (such as a habilitation program, waiver program, etc), then costs should be used. Costs used for allocation purposes should be direct costs. Direct costs are defined as per book costs (Schedule H, column a) less any home office allocation or related party management fees included in column a.

In preparing schedule K, enter the first three columns in each necessary facility row.

Then, enter the four amounts at the bottom of the page (basic support and programmatic).

If additional rows are needed, click on the ICF toolbar button, "Add Row"

SCHEDULE L

Habilitation Allocation Method

All clients (Medicaid or non-Medicaid) participating in the habilitation program should be included in the allocation schedule. Attendance days should be used as the allocation basis. Client attendance days should be grouped by facility to compute the allocation amount for each facility. Enter amounts in columns (a) – (c) and the total in column (e).

If additional rows are needed, click on the ICF toolbar button, "Add Row"

SCHEDULE M

Depreciation Schedule

Enter a summary of assets by classification. Include dates acquired, useful life, cost, beginning accumulated depreciation, current depreciation expense, ending accumulated depreciation and net book value.

Only allowable program assets and related depreciation expense should be reported. Depreciation expense reported on Schedule M should agree to depreciation expense reported on Schedule H. Detailed depreciation schedule must be maintained and submitted to support information reported on Schedule M.

SCHEDULE N

Complete, if applicable.

If additional rows are needed, click on the ICF toolbar button, "Add Row"

SCHEDULE O

Certification Statement

This page must be completed, signed (original signature – no stamps) and dated by the authorized representative of the facility and the person preparing the cost report.

Validation Edits (or checks) are used to check the accuracy of the cost report.

Please note that having no exceptions when running the "edits" does not guarantee that the cost report is correct.

On the other hand, having an exception does not always mean that you have an error.

Follow the filing instructions on the cover page of the cost report.

[To receive official reimbursement notices and software releases, please email LAICF@mslc.com](mailto:LAICF@mslc.com) and include the name of the template and your name.

**UNIFORM CHART OF ACCOUNTS
(OBJECT CODES)**

SALARIES

2100 SALARIES-CLASS-REGULAR
 2110 SALARIES-CLASS-OVERTIME
 2120 SALARIES-CLASS-TERMINATION
 2130 \$SALARIES-UNCLASS-REGULAR
 2140 SALARIES-UNCLASS-QVERTIME
 2150 SALARIES-UNCLASS-TERMINATION
 2200 WAGES
 2210 STUDENT LABOR
 2220 COMPENSATION OF BOARD MEMBERS
 2221 COMPENSATION BRC OF TRUSTEES
 2230 EVENING INSTRUCTION
 2240 UNIVERSITY INSTRUCTORS
 2300 RETIRE CONTRIB-STATE EMPLOYEE
 2310 RETIRE CONTRIB-SCHOOL EMPLOYEE
 2320 RETIRE CONTRIB-TEACHERS
 2330 RETIRE CONTRIB-SCHOOL LUNCH
 2340 RETIRE CONTRIB-OTHER
 2345 POST RETIREMENT BENEFITS
 2350 F.I.C.A. TAX
 2360 MEDICARE F.I.C.A. TAX
 2370 UNEMPLOYMENT BENEFITS
 2380 GROUP INSURANCE CONTRIBUTIONS
 2390 COMPENSATED ABSENCES
 2400 OTHER RELATED BENEFITS

TRAVEL

2500 IN-STATE TRAVEL-ADMIN
 2510 IN-STATE TRAVEL-CON,CONV,ATHL
 2520 IN-STATE TRAVEL-FIELD TRAVEL
 2530 IN-STATE TRAVEL-BOARD MEMBER
 2540 IN-STATE TRAVEL-MEAL REIMBUR
 2600 OUT-OF-STATE TRAVEL-ADMIN
 2610 OUT-OF-STATE TRAVEL-CON,CONV,ATHL
 2620 OUT-OF-STATE TRAVEL-FIELD TRAVEL
 2630 OUT-OF-STATE TRAVEL-BOARD MEMBER
 2690 TRAVEL CLEARING

OPERATING SERVICES

2700 ADVERTISING
 2710 PRINTING
 2720 INSURANCE-AUTOMOTIVE
 2730 INSURANCE-WORKMAN'S COMP
 2740 INSURANCE-FIRE & EXT.COVERAGE
 2750 INSURANCE-MALPRACTICE
 2760 INSURANCE-OTHER
 2770 MAINTENANCE-AUTO REPAIRS
 2780 MAINTENANCE-PROPERTY&EQUIP OTHER
 2790 MAINTENANCE OF BUILDINGS
 2800 MAINTENANCE OF EQUIPMENT
 2810 MAINTENANCE-Janitorial/CUSTODIAL
 2820 MAINTENANCE-DATA PROC,EQUIP.
 2825 MAINTENANCE-DATA PROC. SOFTWARE
 2830 RENTALS-BUILDINGS
 2840 RENTALS-EQUIPMENT
 2850 RENTALS-DATA PROCESSING EQUIP.
 2860 RENTALS-THIRD PARTY LEASES
 2865 DATA PROCESSING EQUIPMENT LEASES
 2870 RENTALS-OTHER
 2871 RENTALS-UNIFORM & CLOTHING
 2875 SOFTWARE LICENSING
 2890 DUES AND SUBSCRIPTIONS
 2900 MAIL, DEIVERY, POSTAGE
 2910 TELEPHONE SERVICE
 2920 DATA LINES AND CIRCUITS
 2930 OTHER COMMUNICATION SERVICES
 2935 DATA PROCESSING-CONTRACT SERVICES
 2940 UTILITIES-GAS
 2950 UTILITIES-ELECTRICITY
 2960 UTILITIES-WATER
 2970 UTILITIES-OTHER

OPERATING SERVICES (CONT.)

2980 OTHER OPERATING SERVICES-LAUNDRY
 2990 OTHER OPERATING SERVICES-LAB FEES
 2991 OPERATING SERVICES-SECURITY
 3000 OTHER OPERATING SERVICES-MISC
 3010 DEPRECIATION-BUILDINGS
 3020 DEPRECIATION-IMPROVEMENTS
 3030 DEPRECIATION-EQUIPMENT
 3040 DEPRECIATION-SOFTWARE
 3050 DEPRECIATION EXPENSE-OTHER
 3060 AMORTIZATION
 3070 OPERATING SERVICES-INCREASE
 3080 OPERATING SERVICES,DECREASE

OPERATING SUPPLIES

3100 OFFICE SUPPLIES
 3110 OPERATING SUPPLIES-PHARMACEUTICAL
 3120 OPERATING SUPPLIES-COMPUTER
 3130 OPERATING SUPPLIES-CLOTH. & UNIFORMS
 3140 OPERATING SUPPLIES-MEDICAL
 3150 OPERATING SUPPLIES-EDUC & REC.
 3160 OPERATING SUPPLIES-FOOD
 3170 OPERATING SUPPLIES-AUTO
 (TIRES SHOULD BE CHARGED HERE)
 3180 OPERATING SUPPLIES-OTHER
 3190 OPERATING SUPP-BLDGS.,GRNDS,GEN.PLANT
 3200 OPERATING SUPPLIES-HOUSEHOLD
 3220 OPERATING SUPPLIES-FARM
 3230 OPERATING SUPPLIES-PERSONAL ITEMS
 3230 OPERATING SUPPLIES-OTHER-MEDICAL
 3300 REPAIR & MAINT.SUPPLIES-AUTO
 3310 REPAIR & MAINT.SUPPLIES-OTHER
 3320 SOFTWARE-UP TO \$5000
 3330 VO-TECH SCHOOL BLDG SUPPLIES
 3340 STORES INCREASE
 3350 STORES DECREASE

PROFESSIONAL SERVICES

3400 ACCOUNTING AND AUDITING
 3410 MANAGEMENT CONSULTING
 3420 ENGINEERING AND ARCHITECTURAL
 3430 LEGAL
 3435 LEGAL-GROSS PROCEEDS
 3440 MEDICAL AND DENTAL
 3450 VETERINARY
 3460 OTHER PROFESSIONAL SERVICES
 3470 PROFESSIONAL TRAVEL
 3471 PROFESSIONAL SERVICES-TRAVEL

OTHER CHARGES

3500 AID TO LOCAL SCHOOL BOARD
 3510 AID TO LOCAL SCHOOL BRD-RETIREMENT
 3520 AID TO LOCAL SCHOOL BRD-RT
 3530 AID TO LOCAL SCHOOL BRD-A
 3540 AID TO LOCAL SCHOOL BRD - RET
 3550 AID TO LOCAL SCHOOL BRD • A
 3560 AID TO LOCAL GOVERNMENTS
 3570 AID TO LOCAL GOVERNMENTS •
 DEMONSTRATION
 3580 AID TO LOCAL GOVERNMENTS - ECO.
 3590 BOND INVESTMENT MATURITY
 3600 PUBUC ASSISTANCE-HEALTH
 3610 HEALTH MEDICARE - Title XIX
 3620 PUBUC ASSISTANCE-EDUCATION
 3630 PUBUC ASSISTANCE-SCHOLARSHIP
 3640 PUBLIC ASSISTANCE-WELFARE
 3641 PUB ASST-WELFARE-NON MEDICAL
 3650 MISCEUANEIOUS CHARGES
 3655 MISC CHARGES-NON EMPLOYEE COMP
 3660 INTEREST ON JUDGEMENTS
 3670 OTHER CHARGES-SALARIES
 3680 OTHER CHARGES-COMPENSATION -.

Appendix B

Private Providers' Rule

§32903. Rate Determination

A. Resident per diem rates are calculated based on information reported on the cost report. ICFs-MR will receive a rate for each resident. The rates are based on cost components appropriate for an economic and efficient ICF-MR providing quality service. The resident per diem rates represent the best judgment of the state to provide reasonable and adequate reimbursement required to cover the costs of economic and efficient ICFs-MR.

B. The cost data used in setting base rates will be from the latest available audited or desk reviewed cost reports. The initial rates will be adjusted to maintain budget neutrality upon transition to the ICAP reimbursement methodology. For rate periods between rebasing, the rates will be trended forward using the index factor contingent upon appropriation by the legislature.

C. For dates of service on or after August 1, 2005, a resident's per diem rate will be the sum of:

- 1. direct care per diem rate;
- 2. care related per diem rate;
- 3. administrative and operating per diem rate;
- 4. capital rate; and
- 5. provider fee.

D. Determination of Rate Components

1. The direct care per diem rate shall be a set percentage over the median adjusted for the acuity of the resident based on the ICAP, tier based on peer group. The direct care per diem rate shall be determined as follows.

a. Median Cost. The direct care per diem median cost for each ICF-MR is determined by dividing the facility's total direct care costs reported on the cost report by the facility's total days during the cost reporting period. Direct care costs for providers in each peer group are arrayed from low to high and the median (50th percentile) cost is determined for each peer group.

b. Median Adjustment. The direct care component shall be adjusted to 105 percent of the direct care per diem median cost in order to achieve reasonable access to care.

c. Inflationary Factor. These costs shall be trended forward from the midpoint of the cost report period to the midpoint of the rate year using the index factor.

d. Acuity Factor. Each of the ICAP levels will have a corresponding acuity factor. The median cost by peer group, after adjustments, shall be further adjusted by the acuity factor (or multiplier) as follows.

ICAP Support Level	Acuity Factor (Multiplier)
Pervasive	1.35
Extensive	1.17
Limited	1.00
Intermittent	.90

2. The care related per diem rate shall be a statewide price at a set percentage over the median and shall be determined as follows.

a. Median Cost. The care related per diem median cost for each ICF-MR is determined by dividing the facility's total care related costs reported on the cost report by the facility's actual total resident days during the cost reporting period. Care related costs for all providers are arrayed from low to high and the median (50th percentile) cost is determined.

b. Median Adjustment. The care related component shall be adjusted to 105 percent of the care related per diem median cost in order to achieve reasonable access to care.

c. Inflationary Factor. These costs shall be trended forward from the midpoint of the cost report period to the midpoint of the rate year using the index factor.

3. The administrative and operating per diem rate shall be a statewide price at a set percentage over the median, tier based on peer group. The administrative and operating component shall be determined as follows.

a. Median Cost. The administrative and operating per diem median cost for each ICF-MR is determined by dividing the facility's total administrative and operating costs reported on the cost report by the facility's actual total resident days during the cost reporting period. Administrative and operating costs for all providers are arrayed from low to high and the median (50th percentile) cost is determined.

b. Median Adjustment. The administrative and operating component shall be adjusted to 103 percent of the administrative and operating per diem median cost in order to achieve reasonable access to care.

c. Inflationary Factor. These costs shall be trended forward from the midpoint of the cost report period to the midpoint of the rate year using the index factor.

4. The capital per diem rate shall be a statewide price at a set percentage over the median, tier based on peer group. The capital per diem rate shall be determined as follows.

a. Median Cost. The capital per diem median cost for each ICF-MR is determined by dividing the facility's total capital costs reported on the cost report by the facility's actual total resident days during the cost reporting period. Capital costs for providers of each peer group are arrayed from low to high and the median (50th percentile) cost is determined for each peer group.

b. Median Adjustment. The capital cost component shall be adjusted to 103 percent of the capital per diem median cost in order to achieve reasonable access to care.

c. Inflationary Factor. Capital costs shall not be trended forward.

d. The provider fee shall be calculated by the department in accordance with state and federal rules.

E. The rates for the 1-8 bed peer group shall be set based on costs in accordance with §32903.B-D.4.d. The reimbursement rates for peer groups of larger facilities will also be set in accordance with §32903.B-D.4.d; however, the rates will be limited as follows.

1. The 9-15 peer group reimbursement rates will be limited to 95 percent of the 1-8 bed peer group reimbursement rates.

2. The 16-32 bed peer group reimbursement rates will be limited to 95 percent of the 9-15 bed peer group reimbursement rates.

3. The 33 and greater bed peer group reimbursement rates will be set in accordance with §32903.B-D.4.d, limited to 95 percent of the 16-32 bed peer group reimbursement rates.

F. Rebasing of rates will occur at least every three years utilizing the most recent audited and/or desk reviewed cost reports.

G. Adjustments to the Medicaid daily rate may be made when changes occur that eventually will be recognized in

updated cost report data (such as a change in the minimum wage or FICA rates). These adjustments would be effective until such time as the data base used to calculate rates fully reflect the change. Adjustments to rates may also be made when legislative appropriations would increase or decrease the rates calculated in accordance with this rule. The secretary of the Department of Health and Hospitals makes the final determination as to the amount and when adjustments to rates are warranted.

H. A facility requesting a pervasive plus rate supplement shall bear the burden of proof in establishing the facts and circumstances necessary to support the supplement in a format and with supporting documentation specified by the DHH ICAP Review Committee.

1. The DHH ICAP Review Committee shall make a determination of the most appropriate staff required to provide requested supplemental services.

2. The amount of the Pervasive Plus supplement shall be calculated using the Louisiana Civil Service pay grid for the appropriate position as determined by the DHH ICAP Review Committee and shall be the 25th percentile salary level plus 20 percent for related benefits times the number of hours approved.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1592 (July 2005), repromulgated LR 31:2253 (September 2005).

§32905. ICAP Requirements

A. An ICAP must be completed for each recipient of ICF-MR services upon admission and while residing in an ICF-MR in accordance with departmental regulations.

B. Providers must keep a copy of the recipient's current ICAP protocol and computer scored summary sheets in the recipient's file. If a recipient has changed ICAP service level, providers must also keep a copy of the recipient's ICAP protocol and computer scored summary sheets supporting the prior level.

C. ICAPs must reflect the resident's current level of care.

D. Providers must submit a new ICAP to the Regional Health Standards office when the resident's condition reflects a change in the ICAP level that indicates a change in reimbursement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1593 (July 2005), repromulgated LR 31:2254 (September 2005).

§32907. ICAP Monitoring

A. ICAP scores and assessments will be subject to review by DHH and its contracted agents. The reviews of ICAP submissions include, but are not limited to:

1. reviews when statistically significant changes occur within an ICAP submission or submissions;
2. random selections of ICAP submissions;
3. desk reviews of a sample of ICAP submissions; and
4. on-site field reviews of ICAPs.

B. ICAP Review Committee

1. Requests for Pervasive Plus must be reviewed and approved by the DHH ICAP Review Committee.

2. The ICAP Review Committee shall represent DHH should a provider request an informal reconsideration regarding the Regional Health Standards' determination.

3. The ICAP Review Committee shall make final determination on any ICAP level of care changes prior to the appeals process.

4. The ICAP Review Committee shall be made up of the following:

- a. the director of the Health Standards Section or his/her appointee;
- b. the director of Rate and Audit Review Section or his/her appointee;
- c. the assistant secretary for the Office for Citizens with Developmental Disabilities or his/her appointee;
- d. other persons as appointed by the secretary.

C. When an ICAP score is determined to be inaccurate, the department shall notify the provider and request documentation to support the level of care. If the additional information does not support the level of care, an ICAP rate adjustment will be made to the appropriate ICAP level effective the first day of the month following the determination.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 31:1594 (July 2005), repromulgated LR 31:2254 (September 2005).

§32909. Audits

A. Each ICF-MR shall file an annual facility cost report and a central office cost report.

B. ICF-MR shall be subject to financial and compliance audits.

C. All providers who elect to participate in the Medicaid Program shall be subject to audit by state or federal regulators or their designees. Audit selection for the department shall be at the discretion of DHH.

1. A representative sample of the ICF-MR shall be fully audited to ensure the fiscal integrity of the program and compliance of providers with program regulations governing reimbursement.

2. Limited scope and exception audits shall also be conducted as determined by DHH.

3. DHH conducts desk reviews of all the cost reports received. DHH also conducts on-site audits of provider records and cost reports.

a. DHH seeks to maximize the number of on-site audited cost reports available for use in its cost projections although the number of on-site audits performed each year may vary.

b. Whenever possible, the records necessary to verify information submitted to DHH on Medicaid cost reports, including related-party transactions and other business activities engaged in by the provider, must be accessible to DHH audit staff in the state of Louisiana.

D. Cost of Out-of-State Audits

1. When records are not available to DHH audit staff within Louisiana, the provider must pay the actual costs for DHH staff to travel and review the records out-of-state.

2. If a provider fails to reimburse DHH for these costs within 60 days of the request for payment, DHH may place a hold on the vendor payments until the costs are paid in full.

Appendix C

State Owned Providers' Rule

2. the agreement requires that the time that residents spend in the non-hospital setting is for patient care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:324 (February 2013).

§1307. Graduate Medical Education

A. The bureau adopts criteria for the reimbursement of graduate medical education (GME) in facilities that do not qualify as major or minor teaching facilities. GME recognized by the Medical Assistance Program for reimbursement shall be limited to facilities having a documented affiliation agreement with a Louisiana medical school accredited by the LCME.

B. Payment for GME costs shall be limited to the direct cost of interns and residents in addition to the teaching physician supervisory costs. Teaching physician supervisory costs shall be limited in accordance with the provisions of the Medicare provider reimbursement manual. The GME component of the rate shall be based on hospital specific graduate medical education Medicaid cost for the latest year on which hospital prospective reimbursements are rebased trended forward in accordance with the prospective reimbursement methodology for hospitals.

C. Hospitals implementing GME programs approved after the latest year on which hospital prospective reimbursements have been rebased shall have a GME component based on the first full cost reporting period that the approved GME program is in existence trended forward in accordance with the prospective reimbursement methodology for hospitals.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:325 (February 2013).

§1309. Requirements for Reimbursement

A. Qualification for teaching hospital status or to receive reimbursement for GME costs shall be re-established at the beginning of each fiscal year.

B. To be reimbursed as a teaching hospital or to receive reimbursement for GME costs, a facility shall submit the following documentation to the Bureau of Health Services, Program Operations Section within 30 days of the beginning of each state fiscal year:

1. a copy of the executed affiliation agreement for the time period for which the teaching hospital status or GME reimbursement applies;

2. a copy of any agreements with non-hospital facilities; and

3. a signed certification for teaching hospital recognition.

C. Each hospital which is reimbursed as a teaching hospital or receives reimbursement for GME costs shall submit the following documentation to the Bureau of Health Services, Program Operations Section, within 90 days of the end of each state fiscal year:

1. a copy of the intern and resident information system report that is submitted annually to the Medicare intermediary; and

2. a copy of any notice given to the ACGME that residents rotate through a facility for more than one sixth of the program length or more than a total of six months.

D. Copies of all contracts, payroll records and time allocations related to graduate medical education must be maintained by the hospital and available for review by the state and federal agencies or their agents upon request.

E. No teaching hospital shall receive a per diem rate greater than 115 percent of its facility specific cost based on the latest rebasing year trended forward to the rate year in accordance with the prospective reimbursement methodology for hospitals.

F. The peer group maximum for minor teaching hospitals shall be the peer group maximum for minor teaching hospitals or the peer group maximum for peer group five, whichever is greater.

G. If it is subsequently discovered that a hospital has been reimbursed as a major or minor teaching hospital and did not qualify for that peer group for any reimbursement period, retroactive adjustment shall be made to reflect the correct peer group to which the facility should have been assigned. The resulting overpayment will be recovered through either immediate repayment by the hospital or recoupment from any funds due to the hospital from the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:325 (February 2013).

Bruce D. Greenstein
Secretary

1302#104

RULE

Department of Health and Hospitals Bureau of Health Services Financing

Intermediate Care Facilities for Persons with
Developmental Disabilities—Public Facilities
Reimbursement Methodology
(LAC 50:VII.32965-32969)

The Department of Health and Hospitals, Bureau of Health Services Financing has adopted LAC 50:VII.32965-32969 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part VII. Long Term Care

Subpart 3. Intermediate Care Facilities for Persons with Developmental Disabilities

Chapter 329. Reimbursement Methodology

Subchapter C. Public Facilities

§32965. State-Owned and Operated Facilities

A. Medicaid payments to state-owned and operated intermediate care facilities for persons with developmental

disabilities are based on the Medicare formula for determining the routine service cost limits as follows:

1. calculate each state-owned and operated ICF/DD's per diem routine costs in a base year;
2. calculate 112 percent of the average per diem routine costs; and
3. inflate 112 percent of the per diem routine costs using the skilled nursing facility (SNF) market basket index of inflation.

B. Each state-owned and operated facility's capital and ancillary costs will be paid by Medicaid on a "pass-through" basis.

C. The sum of the calculations for routine service costs and the capital and ancillary costs "pass-through" shall be the per diem rate for each state-owned and operated ICF/DD. The base year cost reports to be used for the initial calculations shall be the cost reports for the fiscal year ended June 30, 2002.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:325 (February 2013).

§32967. Quasi-Public Facilities

A. Medicaid payment to quasi-public facilities is a facility-specific prospective rate based on budgeted costs. Providers shall be required to submit a projected budget for the state fiscal year beginning July 1.

B. The payment rates for quasi-public facilities shall be determined as follows:

1. determine each ICF/DD's per diem for the base year beginning July 1;
2. calculate the inflation factor using an average CPI index applied to each facility's per diem for the base year to determine the inflated per diem;
3. calculate the median per diem for the facilities' base year;
4. calculate the facility's routine cost per diem for the SFY beginning July 1 by using the lowest of the budgeted, inflated or median per diem rates plus any additional allowances; and
5. calculate the final approved per diem rate for each facility by adding routine costs plus any "pass through" amounts for ancillary services, provider fees, and grant expenses.

C. Providers may request a final rate adjustment subject to submission of supportive documentation and approval by the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:326 (February 2013).

§32969. Transitional Rates for Public Facilities

A. Effective October 1, 2012, the department shall establish a transitional Medicaid reimbursement rate of \$302.08 per day per individual for a public ICF/DD facility

over 50 beds that is transitioning to a private provider, as long as the provider meets the following criteria:

1. shall have a fully executed cooperative endeavor agreement (CEA) with the Office for Citizens with Developmental Disabilities (OCDD) for the private operation of the facility;

2. shall have a high concentration of medically fragile individuals being served, as determined by the department;

a. for purposes of these provisions, a medically fragile individual shall refer to an individual who has a medically complex condition characterized by multiple, significant medical problems that require extended care;

3. incurs or will incur higher existing costs not currently captured in the private ICF/DD rate methodology; and

4. shall agree to downsizing and implement a pre-approved OCDD plan:

a. any ICF/DD home that is a cooperative endeavor agreement (CEA) to which individuals transition to satisfy downsizing requirements, shall not exceed 6-8 beds.

B. The transitional Medicaid reimbursement rate shall only be for the period of transition, which is defined as the term of the CEA or a period of three years, whichever is shorter.

C. The transitional Medicaid reimbursement rate is all-inclusive and incorporates the following cost components:

1. direct care staffing;
2. medical/nursing staff, up to 23 hours per day;
3. medical supplies;
4. transportation;
5. administrative; and
6. the provider fee.

D. If the community home meets the criteria in §32969.C and the individuals served require that the community home has a licensed nurse at the facility 24 hours per day, seven days per week, the community home may apply for a supplement to the transitional rate. The supplement to the rate shall not exceed \$25.33 per day per individual.

E. The total transitional Medicaid reimbursement rate, including the supplement, shall not exceed \$327.41 per day per individual.

F. The transitional rate and supplement shall not be subject to the following:

1. inflationary factors or adjustments;
2. rebasing;
3. budgetary reductions; or
4. other rate adjustments.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:326 (February 2013).

Bruce D. Greenstein
Secretary

1302#105

Appendix D

Private ICF/DD Data by Facility

ICF/DD ICAP Rates
UPL Calculation - Private Providers
Based on CR YE 6/30/12 & payment for projected YE 6/30/15

Midpoint 2011-4 1.239
 Midpoint 2014-4 1.317
 Inflation rate 1.062954

CompName	FacilityName	ProvNum	Beds	Direct Care	Care Related	Admin & Oper	Capital Assets	Adjusted DC, CR		Capital	Total Medicare	Total Days	Adjusted Cost	Medicare	Projected FY		
								and A&O at 1.12	A&O							Per Diem excluding Provider Fees	Per Diem including Provider Fees
Abundant Life Homes of Louisiana, Inc.	Abundance Community Home	71890	6	181,420	11,423	119,768	4,335	350,124	372,166	4,335	376,501	2,057	183.03	199.18	1,424	260,640	254,987
Active Treatment, Inc.	Elaine Parr House	71827	6	188,765	18,853	131,948	10,462	380,314	404,256	10,462	414,718	2,196	188.85	205.00	2,170	409,808	384,268
Active Treatment, Inc.	Frank's House	71359	6	186,045	19,723	128,229	10,765	374,077	397,626	10,765	408,391	2,121	192.55	208.70	2,172	418,211	381,403
Active Treatment, Inc.	Helen's House	71783	6	207,455	21,190	134,053	11,006	406,222	431,795	11,006	442,801	2,116	209.26	225.41	2,190	458,287	398,716
Active Treatment, Inc.	Marie Bradley's House	71795	6	181,530	18,782	125,980	8,999	365,447	388,453	8,999	397,452	2,196	180.99	197.14	2,190	396,366	386,574
Allied Health Care, LLC	38th Street Community Home	71891	6	161,651	17,677	100,450	18,816	333,078	351,894	18,816	351,894	2,092	168.21	184.36	2,190	368,379	414,339
Allied Health Care, LLC	Alton Community Home	71938	6	169,975	17,076	103,737	26,199	325,683	346,186	26,199	372,385	2,158	172.56	188.71	2,129	367,380	357,372
Allied Health Care, LLC	Argonne Community Home	71927	6	174,183	14,417	98,728	27,983	321,807	342,066	27,983	370,049	2,194	168.66	184.81	2,190	369,375	395,049
Allied Health Care, LLC	Gadsden Community Home	71909	6	151,463	15,613	96,807	15,809	295,549	314,155	15,809	329,964	2,189	150.74	166.89	2,190	330,115	371,874
Allied Health Care, LLC	Idaho Community Home	71422	6	165,177	15,117	109,004	16,235	324,014	344,412	16,235	360,647	2,196	164.23	180.38	2,190	359,661	389,172
Allied Health Care, LLC	Indho Community Home	71906	6	146,311	13,309	100,496	21,284	291,330	309,670	21,284	330,954	2,196	150.71	166.86	2,190	330,500	371,023
Allied Health Care, LLC	Inchbrook Community Home	71127	8	184,289	16,391	122,386	22,592	362,439	385,526	22,592	407,848	2,051	145.50	161.65	2,920	424,872	501,611
Allied Health Care, LLC	Lakeshore Community Home	71207	6	162,160	15,052	97,746	39,479	307,553	329,140	39,479	366,819	2,051	178.85	195.00	2,190	391,679	400,088
Allied Health Care, LLC	Mollysca Community Home	71996	8	203,451	20,153	111,658	21,336	375,493	397,410	21,336	420,468	2,613	160.91	177.06	2,920	517,027	526,985
Allied Health Care, LLC	Wenham Community Home	71998	8	199,362	16,785	117,667	27,481	373,873	397,410	27,481	424,891	2,911	145.96	162.11	2,920	473,362	504,749
Anioma Living, Inc.	Elysian Fields	71761	6	92,624	10,839	220,993	12,141	363,391	386,268	12,141	398,409	2,196	181.42	197.57	2,166	392,966	364,362
Anioma Living, Inc.	Iberville	71793	6	88,770	10,355	241,983	8,981	382,041	406,092	8,981	415,073	2,196	189.01	205.16	2,190	413,939	378,658
Association for Retarded Citizens / Ouachita	Mallard Home	71525	6	152,643	14,990	114,365	11,282	315,838	335,721	11,282	347,003	2,174	202.45	218.60	484	97,987	78,452
Association of Retarded Citizens of	Lincoln Community Home	71835	6	223,685	25,588	78,765	6,573	367,403	390,532	6,573	397,005	2,156	184.19	200.34	2,190	403,367	370,305
Association of Retarded Citizens of	Magnolia Home	71817	8	238,863	26,775	87,052	18,435	395,013	419,880	18,435	438,315	2,640	166.03	182.18	2,920	484,803	491,144
Assumption Association for Retarded	Napoleonville Manor	71689	8	270,361	31,761	167,543	28,146	526,025	559,140	28,146	587,286	2,562	229.23	245.38	2,555	585,682	444,501
Assumption Association for Retarded	Thibaut Manor	71519	8	281,355	31,621	159,784	16,774	529,491	562,825	16,774	579,599	2,562	226.23	242.38	1,809	409,248	317,069
Bell Oaks, Inc.	Burton House	71798	6	234,700	17,208	104,622	17,953	399,314	424,452	17,953	442,405	2,074	213.31	229.46	2,190	467,149	363,047
Bell Oaks, Inc.	Hilda House	71537	8	310,787	24,674	132,476	18,558	524,089	557,083	18,558	575,641	2,863	201.06	217.21	2,484	499,438	420,238
Bell Oaks, Inc.	Oak Haven	71956	6	221,670	19,050	100,326	13,714	381,972	406,018	13,714	419,732	2,196	191.13	207.28	2,190	453,954	365,533
Betr-Care, Inc.	Inspiration House	71790	6	153,613	15,305	145,948	-	352,650	374,851	-	374,851	2,196	170.70	186.85	2,190	373,826	372,691
Brighter Tomorrows, Inc.	Maple Community Home	71843	8	232,267	19,432	163,481	4,625	465,002	494,275	4,625	498,900	2,928	170.39	186.54	2,920	497,537	482,480
Calcasieu Association for Retarded Citizens,	19th Street Community Home	71606	6	224,505	20,593	99,776	16,920	386,259	410,575	16,920	427,495	2,196	193.67	210.82	1,825	355,273	301,456
Calcasieu Association for Retarded Citizens,	Cherryhill Community Home	71581	6	220,215	18,124	99,038	22,379	377,862	401,650	22,379	424,029	2,196	194.09	209.24	2,190	422,871	365,608
Calcasieu Association for Retarded Citizens,	Reigal Street Community Home	71582	6	213,366	15,699	108,147	24,322	375,777	401,347	24,322	425,669	2,187	194.64	210.79	2,190	426,253	354,246
Calcasieu Association for Retarded Citizens,	Roseteet Community Home	71621	6	225,331	19,679	97,140	18,163	383,208	407,332	18,163	425,495	2,196	193.76	209.91	2,059	398,950	377,156
Calcasieu Association for Retarded Citizens,	Royal Street Community Home	71566	6	233,571	20,394	105,090	16,786	402,142	427,458	16,786	444,244	2,196	202.30	218.45	2,190	443,030	394,909
Calcasieu Association for Retarded Citizens,	Sale Street Community Home	71547	6	206,805	19,560	106,466	25,413	372,771	396,238	25,413	421,651	2,086	202.13	218.28	2,190	442,673	353,610
Calcasieu Multi-Handicapped Center, LLC	Calcasieu Group Home 1	71548	6	205,968	13,189	107,288	13,230	365,618	388,636	13,230	401,866	2,196	183.00	199.15	2,190	400,768	365,909
Calcasieu Multi-Handicapped Center, LLC	Calcasieu Group Home 2	71555	6	135,478	10,220	105,596	8,342	281,449	299,168	8,342	307,510	1,775	173.24	189.39	2,190	379,406	365,430
Calcasieu Multi-Handicapped Center, LLC	Calcasieu Group Home 3	71980	8	216,814	14,617	131,380	1,805	406,348	431,930	1,805	433,735	2,884	150.39	166.56	2,285	380,552	381,947
Calcasieu Multi-Handicapped Center, LLC	Calcasieu Group Home 4	71303	8	235,733	14,324	122,588	3,101	417,362	443,637	3,101	446,738	2,917	153.15	169.30	2,920	447,197	569,359
Calcasieu Multi-Handicapped Center, LLC	Calcasieu Group Home 5	71309	8	253,078	20,959	119,041	5,953	440,247	467,963	5,953	473,916	2,666	177.76	193.91	2,920	510,067	563,804
Catholic Charities Archdiocese of New	Elm Street	71597	6	171,647	13,913	152,038	9,336	378,110	401,913	9,336	413,249	2,196	187.27	203.42	1,825	341,771	345,819
Catholic Charities Archdiocese of New	Kass Street MR Program	71614	6	128,047	17,459	136,377	7,864	315,709	335,584	7,864	341,448	1,908	180.00	196.15	2,591	466,391	455,872
Catholic Charities Archdiocese of New	Ocean Avenue MR Program	71957	6	204,978	19,347	138,374	11,205	406,223	431,796	11,205	443,001	1,557	284.52	300.67	2,053	617,280	368,615
Catholic Charities Archdiocese of New	Padua Pediatrics	71512	32	858,749	240,898	925,148	80,860	2,267,770	2,410,536	80,860	2,491,396	10,248	243.11	259.26	9,964	2,422,352	1,753,460
CDF Healthcare of Louisiana, LLC	4-B Community Home	71981	8	201,743	18,607	113,395	29,200	373,794	397,326	29,200	426,526	2,916	164.27	182.42	2,847	462,413	486,477
CDF Healthcare of Louisiana, LLC	Bailey Community Home	80741	8	262,953	24,837	112,568	82,461	448,401	476,630	82,461	559,091	2,809	199.04	215.19	2,670	574,545	477,332
CDF Healthcare of Louisiana, LLC	Bear Den Community Home	33658	8	221,693	24,165	111,378	34,761	400,104	425,292	34,761	460,053	2,928	157.12	173.27	2,666	418,887	462,486
CDF Healthcare of Louisiana, LLC	Clouthier Community Home	11912	8	232,910	21,746	108,434	48,439	406,861	432,262	48,439	480,701	2,923	164.45	180.60	2,831	465,571	547,443
CDF Healthcare of Louisiana, LLC	Darrow Street Community Home	71913	8	244,128	25,805	116,121	34,486	423,678	450,350	34,486	484,546	2,893	167.49	183.64	2,920	489,069	499,069
CDF Healthcare of Louisiana, LLC	Dickens Community Home	35948	8	196,481	21,665	109,437	39,992	383,973	370,842	39,992	420,832	2,886	142.39	150.64	2,884	410,641	517,254
CDF Healthcare of Louisiana, LLC	Gabe White Community Home	37958	8	198,589	19,776	100,047	41,559	356,621	379,072	41,559	420,631	2,920	144.05	160.20	2,593	373,526	454,596
CDF Healthcare of Louisiana, LLC	Kleitbert Community Home	13123	8	256,354	22,966	112,762	84,763	439,132	466,777	84,763	551,540	2,928	188.37	204.52	2,775	522,720	532,813
CDF Healthcare of Louisiana, LLC	Madelaine Community Home	80097	8	202,018	23,315	100,840	40,992	365,314	388,312	40,992	429,304	2,928	146.62	162.77	2,857	465,034	518,099
CDF Healthcare of Louisiana, LLC	Norris Community Home	10007	8	211,538	23,430	109,011	80,502	385,256	409,510	80,502	490,012	2,898	169.09	185.24	2,803	473,949	492,563
CDF Healthcare of Louisiana, LLC	Phillips Community Home	12294	8	196,299	20,634	104,086	80,539	359,541	382,176	80,539	462,715	2,892	160.00	176.15	2,680	428,795	477,661
CDF Healthcare of Louisiana, LLC	Pilley Community Home	10984	8	203,651	22,417	105,596	78,472	371,464	394,849	78,472	473,321	2,842	166.54	182.69	2,638	439,346	468,454
CDF Healthcare of Louisiana, LLC	Richland Group Home	71861	9	660,805	59,353	378,845	181,120	1,230,883	1,308,372	181,120	1,489,492	3,190	466.93	483.08	3,275	1,529,181	566,031
CDF Healthcare of Louisiana, LLC	Richmond Community Home	71982	8	222,166	18,600	121,488	30,829	405,724	431,266	30,829	462,095	2,859	161.63	177.78	2,882	512,357	478,206
CDF Healthcare of Louisiana, LLC	Schamberger Community Home	02857	8	252,262	19,954	114,026	52,909	432,591	459,824	52,909	512,733	2,902	176.68	192.83	2,920	515,914	565,188
CDF Healthcare of Louisiana, LLC	Sharkey Road Community Home	71960	8	191,505	22,791	108,987	30,765	362,077	384,871	30,765	415,636	2,928	141.95	158.10	2,277	359,999	407,917
CDF Healthcare of Louisiana, LLC	Southfork Community Home	71966	8	205,036	18,955	118,904	27,175	384,042	408,219	27,175	435,394	2,928	148.70	164.85	2,920	481,363	488,015
CDF Healthcare of Louisiana, LLC	Twin Oaks Community Home	71978	8	196,871	19,277	114,693	31										

ICF/DD ICAP Rates
UPL Calculation - Private Providers
Based on CR YE 6/30/12 & payment for projected YE 6/30/15

													Midpoint 2011:4	1.239													
													Midpoint 2014:4	1.317													
													Inflation rate	1.062954													
													Adjusted Cost		16.15		Medicare										
													Per Diem	Adjusted Cost	Per Diem	Projected FY	Equivalent Costs	Projected FY									
													excluding	Per Diem	including	2015 Medicaid	based on	2015 Medicaid									
													Provider Fees	Provider Fees	Provider Fees	Days	Medicaid Days	Revenue									
CompName	FacilityName	ProvNum	Beds	Direct Care	Care Related	Admin & Oper	Capital Assets	Adjusted DC, CR and A&O at 1.12	Inflated DC, CR, A&O	Capital	Total Medicare	Equivalent Costs	Total Days	Provider Fees	Provider Fees	Provider Fees	Days	Medicaid Days	Revenue								
Crossroads Louisiana, Inc.	Cher-Ami Homes of Gretna LA, Inc./Hancock Street Program	71837	6	192,812	16,397	102,870	27,955	349,528	371,533	27,955	398,488	371,533	27,955	2,196	181.92	198.07	1,825	331,997	316,032								
Crossroads Louisiana, Inc.	MacArthur Blvd Program	45425	6	215,162	18,573	108,229	21,850	383,000	407,111	21,850	429,961	407,111	21,850	2,196	195.34	211.49	2,190	427,789	423,490								
Crossroads Louisiana, Inc.	Melbrook Drive Program	69926	6	262,864	31,777	112,415	33,631	455,903	484,604	33,631	518,235	484,604	33,631	2,196	235.99	252.14	2,190	516,819	524,696								
Crossroads Louisiana, Inc.	Nunez Street Program	71959	6	267,446	21,412	109,291	32,324	445,927	474,000	32,324	506,324	474,000	32,324	2,148	235.72	251.87	2,190	551,592	430,233								
Crossroads Louisiana, Inc.	State Street Program	71968	6	284,588	17,789	115,389	40,314	467,898	497,354	40,314	537,668	497,354	40,314	2,184	246.18	262.33	2,130	558,773	471,114								
Crossroads Louisiana, Inc.	Toledano Street Program	71828	6	193,756	13,631	96,221	38,836	340,041	361,448	38,836	400,284	361,448	38,836	2,178	183.79	199.94	2,190	402,489	412,730								
Delta American Healthcare, Inc.	Bayou Macon Community Home	71855	7	201,988	21,755	107,516	14,368	371,010	394,367	14,368	408,735	394,367	14,368	2,555	159.97	176.12	2,555	408,735	453,476								
Delta American Healthcare, Inc.	Bee Bayou Community Home	71856	6	163,600	16,354	80,395	19,513	291,591	309,948	19,513	329,461	309,948	19,513	1,830	180.03	196.18	2,190	394,273	383,473								
Delta American Healthcare, Inc.	Bush Road Community Home	71839	6	200,272	18,682	90,549	20,886	346,643	368,466	20,886	389,352	368,466	20,886	2,196	177.30	193.45	2,190	388,288	372,648								
Delta American Healthcare, Inc.	Delhi Community Home	71853	6	188,828	17,841	94,306	23,594	337,092	358,313	23,594	381,907	358,313	23,594	2,196	173.91	190.06	2,190	380,864	365,977								
Delta American Healthcare, Inc.	East Carroll Community Home	71345	6	210,169	14,423	99,791	16,968	363,309	386,181	16,968	403,149	386,181	16,968	2,196	183.58	199.73	2,119	389,013	345,508								
Delta American Healthcare, Inc.	North Rayville Community Home	71400	6	173,727	17,153	94,032	23,320	319,101	339,190	23,320	362,510	339,190	23,320	2,196	165.08	181.23	1,879	310,181	313,424								
Delta American Healthcare, Inc.	Race Street Community Home	71841	6	203,780	16,309	92,392	24,780	349,579	372,011	24,780	396,791	372,011	24,780	2,196	180.69	196.84	2,190	395,707	405,614								
Delta American Healthcare, Inc.	Rayville Community Home	71950	6	219,315	18,325	104,863	28,416	385,603	407,753	28,416	436,169	407,753	28,416	2,150	202.87	219.02	2,190	444,283	376,597								
Delta American Healthcare, Inc.	Richard Community Home	71851	5	226,327	19,486	87,199	22,767	372,973	396,454	22,767	419,227	396,454	22,767	1,802	232.64	248.79	1,815	422,245	305,184								
Delta American Healthcare, Inc.	Tallulah Community Home	71731	6	226,525	16,607	109,418	27,261	394,856	419,714	27,261	446,975	419,714	27,261	2,196	203.54	219.69	2,190	422,245	300,027								
Delta American Healthcare, Inc.	Webster Community Home	71317	6	241,596	17,855	118,137	19,648	422,899	449,522	19,648	469,170	449,522	19,648	2,196	213.65	229.80	2,190	467,888	374,576								
Delta American Healthcare, Inc.	West Carroll Community Home	71341	6	170,524	19,320	102,955	20,913	327,935	348,580	20,913	369,493	348,580	20,913	2,184	169.18	185.33	2,190	370,508	372,615								
Donaldsonville Area A.R.C., Inc.	Mary Marcombe Home	71733	6	197,247	9,692	81,336	16,554	322,868	343,194	16,554	359,748	343,194	16,554	1,447	248.62	264.77	1,825	453,725	308,799								
Evergreen Presbyterian Ministries, Inc.	23rd Street Community Home	71302	6	263,435	27,025	90,110	23,532	426,238	453,072	23,532	476,604	453,072	23,532	2,196	217.03	233.18	2,190	475,302	450,655								
Evergreen Presbyterian Ministries, Inc.	Amanda Rock Community Home	10462	6	268,809	24,171	94,630	34,753	434,123	461,453	34,753	496,206	461,453	34,753	2,196	225.96	242.11	2,190	494,850	424,886								
Evergreen Presbyterian Ministries, Inc.	Anna Lane Community Home	71951	6	331,300	17,625	85,229	35,087	486,252	516,864	35,087	551,951	516,864	35,087	2,196	251.34	267.49	2,105	529,079	433,024								
Evergreen Presbyterian Ministries, Inc.	Baronne Community Home	71955	6	217,798	17,237	80,335	17,813	353,214	375,451	17,813	393,264	375,451	17,813	2,002	196.44	212.59	2,190	430,194	372,002								
Evergreen Presbyterian Ministries, Inc.	Bouef Trace Community Home	71983	6	216,262	19,715	82,183	23,630	356,339	378,772	23,630	404,402	378,772	23,630	2,196	183.24	199.39	2,190	436,671	429,720								
Evergreen Presbyterian Ministries, Inc.	Camratta Community Home	71898	6	311,722	21,603	102,052	28,404	487,622	518,320	28,404	546,724	518,320	28,404	2,188	249.87	266.02	2,130	532,231	493,362								
Evergreen Presbyterian Ministries, Inc.	Carroll Street Community Home	71594	6	200,775	19,573	75,562	24,226	331,419	352,283	24,226	376,509	352,283	24,226	1,883	199.95	216.10	2,190	437,895	395,006								
Evergreen Presbyterian Ministries, Inc.	Colonel Allen Community Home	71449	6	294,147	14,538	101,584	31,064	459,501	488,429	31,064	519,493	488,429	31,064	2,176	238.74	254.89	2,029	484,398	464,090								
Evergreen Presbyterian Ministries, Inc.	Cotton Valley Community Home	71937	8	253,300	21,498	104,827	26,312	425,180	451,947	26,312	478,259	451,947	26,312	2,570	186.09	202.24	2,777	516,780	476,086								
Evergreen Presbyterian Ministries, Inc.	Country Club Community Home	71786	6	294,617	27,885	107,573	22,067	481,684	512,008	22,067	534,075	512,008	22,067	2,139	249.68	265.83	2,190	546,809	459,945								
Evergreen Presbyterian Ministries, Inc.	Deer Creek Community Home	71778	6	248,550	22,227	83,594	396,907	421,894	396,907	439,462	421,894	396,907	2,195	200.21	216.36	2,190	438,461	423,308									
Evergreen Presbyterian Ministries, Inc.	Deer Run Community Home	71989	6	208,469	16,366	93,747	30,236	356,812	379,275	30,236	406,511	379,275	30,236	2,065	198.31	214.46	2,190	455,728	356,264								
Evergreen Presbyterian Ministries, Inc.	Dena Lynn Community Home	71392	6	272,980	22,616	88,982	29,147	430,727	457,843	29,147	486,990	457,843	29,147	2,194	221.96	238.11	1,460	324,068	298,886								
Evergreen Presbyterian Ministries, Inc.	Des Negis Community Home	71791	6	255,197	22,203	76,106	21,620	395,927	420,852	21,620	442,472	420,852	21,620	2,196	201.49	217.64	2,190	441,263	376,862								
Evergreen Presbyterian Ministries, Inc.	Douglas Drive Community Home	71701	8	286,041	24,594	96,001	21,143	455,432	484,104	21,143	505,247	484,104	21,143	2,196	193.06	209.21	2,470	476,866	442,438								
Evergreen Presbyterian Ministries, Inc.	Duberly Community Home	71949	8	349,721	25,470	116,383	20,764	550,563	585,223	20,764	605,987	585,223	20,764	2,840	213.38	229.53	2,736	583,796	460,901								
Evergreen Presbyterian Ministries, Inc.	East Ridge Community Home	71742	6	237,177	17,695	82,519	18,670	377,878	401,667	18,670	420,337	401,667	18,670	2,196	191.41	207.56	2,190	419,188	382,247								
Evergreen Presbyterian Ministries, Inc.	Elm Haven Community Home	71976	8	287,978	17,824	99,241	21,356	453,648	482,207	21,356	503,563	482,207	21,356	2,917	172.63	188.78	2,555	482,334	424,503								
Evergreen Presbyterian Ministries, Inc.	Espanita Woods Community Home	71702	6	207,213	21,206	75,022	15,009	339,854	361,249	15,009	376,258	361,249	15,009	2,196	171.34	187.49	1,674	286,820	275,923								
Evergreen Presbyterian Ministries, Inc.	Fendler Parkway Community Home	71743	6	235,121	18,624	83,415	25,268	377,619	401,392	25,268	426,660	401,392	25,268	2,194	194.47	210.62	2,190	425,882	374,882								
Evergreen Presbyterian Ministries, Inc.	Fulton Road Community Home	71800	6	226,080	22,040	85,417	30,683	373,561	397,079	30,683	427,762	397,079	30,683	2,185	195.77	211.92	2,190	428,740	393,004								
Evergreen Presbyterian Ministries, Inc.	Heyman Lane Community Home	71762	6	231,426	22,774	80,443	24,577	374,800	398,395	24,577	422,972	398,395	24,577	2,196	192.61	208.76	2,190	421,817	381,429								
Evergreen Presbyterian Ministries, Inc.	Hooper Road Community Home	71420	6	289,996	23,628	111,219	36,627	475,824	502,779	36,627	542,406	502,779	36,627	2,192	247.45	263.60	2,190	541,911	393,113								
Evergreen Presbyterian Ministries, Inc.	Ivy Springs Community Home	10465	6	343,561	19,377	108,398	55,523	527,896	561,130	55,523	616,653	561,130	55,523	2,039	302.43	318.58	2,085	630,564	498,207								
Evergreen Presbyterian Ministries, Inc.	Julia Street Community Home	71899	6	382,299	22,186	110,275	52,671	576,531	615,826	52,671	665,497	615,826	52,671	2,112	315.10	331.25	2,029	639,344	453,927								
Evergreen Presbyterian Ministries, Inc.	Lulus Street Community Home	71889	6	205,211	20,129	70,814	27,049	331,692	352,574	27,049	379,623	352,574	27,049	2,193	198.24	214.39	2,190	434,138	385,479								
Evergreen Presbyterian Ministries, Inc.	Jake Claiborne Community Home	71999	6	248,529	19,809	83,054	24,970	393,559	418,335	24,970	443,305	418,335	24,970	2,043	202.15	218.30	2,140	467,152	358,326								
Evergreen Presbyterian Ministries, Inc.	Lewisville Road Community Home	71578	8	371,198	20,330	104,654	26,039	551,244	585,947	26,039	631,986	585,947	26,039	2,832	216.10	232.25	2,460	570,495	426,310								
Evergreen Presbyterian Ministries, Inc.	Nichols Street Community Home	10393	6	263,833	30,263	100,804	49,361	433,383	466,986	49,361	518,349	466,986	49,361	2,195	224.23	240.38	2,190	534,875	435,888								
Evergreen Presbyterian Ministries, Inc.	Meadowbrook Community Home	71124	6	211,137	21,160	81,322	27,392	351,253	373,366	27,392	402,758	373,366	27,392	2,020	208.73	224.88	2,079	433,946	350,410								
Evergreen Presbyterian Ministries, Inc.	Milford Drive Community Home	71936	6	257,804	15,832	77,937	18,090	393,762	418,551	18,090	436,641	418,551	18,090	2,196	198.83	214.98	2,190	435,448	360,914								
Evergreen Presbyterian Ministries, Inc.	Morgan Meadow Community Home	71418	6	222,273	20,301	86,684	16,944	368,769	391,98																		

ICF/DD ICAP Rates
UPL Calculation - Private Providers
Based on CR YE 6/30/12 & payment for projected YE 6/30/15

Midpoint 2011:4 1.239
 Midpoint 2014:4 1.317
 Inflation rate 1.062954

CompName	FacilityName	ProvNum	Beds	Direct Care	Care Related	Admin & Oper	Capital Assets	Adjusted DC, CR		Capital	Total Medicare		Total Days	Adjusted Cost		Projected FY 2015 Medicaid	Medicare Equivalent Costs based on Medicaid Days	Projected FY 2015 Medicaid Revenue
								and A&O at 1.12	Inflated DC, CR, A&O		Equivalent Costs	Total Days		Per Diem excluding Provider Fees	Per Diem including Provider Fees			
G. B. Cooley Hospital Service District	Latham	71745	6	232,112	16,868	126,790	29,628	420,862	447,357	29,628	476,985	2,196	217,21	233,36	2,190	475,682	422,178	
G. B. Cooley Hospital Service District	Magnolia	71734	8	244,603	28,888	149,384	21,796	473,620	503,436	21,796	525,232	2,928	179,38	195,53	2,555	458,323	476,124	
G. B. Cooley Hospital Service District	Moore Weatherford	71907	8	341,173	22,654	142,533	53,336	567,123	602,826	53,336	656,162	2,880	227,83	243,98	2,920	665,275	491,011	
G. B. Cooley Hospital Service District	Prairie	71939	8	333,624	23,150	141,340	40,043	557,888	593,009	40,043	633,052	2,928	216,21	232,36	2,920	631,322	512,286	
G. B. Cooley Hospital Service District	Shannon	71637	8	479,041	23,481	161,321	44,352	743,504	790,311	44,352	834,663	2,923	285,55	301,70	2,773	791,830	609,322	
G. B. Cooley Hospital Service District	South Grand	71623	8	311,155	24,734	133,028	33,128	525,187	558,250	33,128	591,378	2,925	202,18	218,33	2,555	516,571	434,856	
G. B. Cooley Hospital Service District	Spurgeon	71636	8	341,853	26,565	135,601	35,963	564,501	600,039	35,963	636,002	2,926	217,36	233,51	2,920	634,698	554,826	
G. B. Cooley Hospital Service District	Stubb Vinson	71361	8	314,808	22,922	133,555	30,311	527,839	561,069	30,311	591,380	2,739	215,91	232,06	2,920	630,460	543,126	
G. B. Cooley Hospital Service District	Sue Drive	71784	8	257,253	23,959	135,185	40,828	466,365	495,724	40,828	536,552	2,498	214,79	230,94	1,825	391,997	325,535	
G. B. Cooley Hospital Service District	Tennessee	71366	8	332,287	20,496	139,907	35,454	551,813	586,552	35,454	622,006	2,928	212,43	228,58	2,920	620,306	531,115	
G. B. Cooley Hospital Service District	Texas	71624	8	295,566	25,097	117,615	30,724	490,871	521,774	30,724	552,498	2,696	204,93	221,08	2,585	529,570	451,720	
G. B. Cooley Hospital Service District	Walnut	71622	8	303,529	24,676	137,594	39,474	521,695	554,538	39,474	594,012	2,928	202,87	219,02	2,555	518,340	535,142	
G. B. Cooley Hospital Service District	Willow	45012	14	293,108	24,925	175,056	32,168	552,260	587,027	32,168	619,195	2,871	215,67	231,82	3,525	760,244	656,820	
Gulf Coast Social Services, Inc.	Trapney Group Home	71810	6	128,287	28,025	93,271	19,450	279,533	297,131	19,450	316,581	2,190	227,76	243,91	1,875	427,042	305,865	
Hammond Strawberry Fields, Inc.	Jake Drive Home	71736	6	250,898	17,283	113,206	13,206	418,019	444,335	13,206	457,541	2,142	213,60	230,90	2,190	467,798	389,899	
Hammond Strawberry Fields, Inc.	Pine Grove Home	71335	6	431,898	27,929	135,718	12,699	667,010	709,001	12,699	721,700	2,170	332,58	348,73	2,190	728,352	531,129	
Hammond Strawberry Fields, Inc.	Range / Bennett House	71781	6	267,797	24,003	122,073	31,763	463,538	492,719	31,763	525,482	2,187	210,20	225,97	2,190	525,202	401,755	
Hammond Strawberry Fields, Inc.	Sunset Home	71846	6	246,737	23,669	114,685	11,714	431,302	458,454	11,714	470,168	2,196	214,10	230,25	2,190	468,883	402,581	
Happy Haven Homes, Inc.	Circle Community Home	71929	6	163,588	31,108	145,844	27,345	381,405	405,416	27,345	432,761	2,140	202,22	218,37	2,190	442,872	406,234	
Happy Haven Homes, Inc.	Stein Community Home	71930	6	146,884	4,928	131,718	16,563	317,554	337,545	16,563	354,108	2,066	171,40	187,55	2,184	374,333	376,260	
Harmony Center, Inc.	Bedford Community Home	71707	8	213,862	15,451	136,693	10,418	409,927	435,733	10,418	468,733	2,924	152,58	168,75	2,581	393,815	434,490	
Harmony Center, Inc.	C B's Place Community Home	45791	8	247,114	17,051	164,752	11,091	480,387	510,629	11,091	521,720	2,778	187,80	203,95	2,111	396,455	414,135	
Harmony Center, Inc.	Convention Community Home	71724	8	196,804	15,230	125,766	10,250	378,336	402,154	10,250	412,404	2,674	154,23	170,38	2,190	337,758	365,894	
Harmony Center, Inc.	East Drive Community Home	71698	8	218,393	12,687	141,927	10,753	417,768	444,068	10,753	454,821	2,928	155,34	171,49	2,299	357,115	382,955	
Harmony Center, Inc.	Elissalde Community Home	71717	7	186,823	12,936	110,859	9,026	347,892	369,793	9,026	378,819	2,180	173,77	189,92	2,097	364,396	348,555	
Harmony Center, Inc.	Florida Community Home	71348	8	203,801	11,287	113,045	10,129	367,509	390,645	10,129	400,774	2,157	185,80	201,95	1,825	339,088	323,209	
Harmony Center, Inc.	Goudchaux Community Home	71723	6	195,473	15,184	103,830	9,758	358,945	381,542	9,758	391,300	2,058	190,14	206,29	1,825	346,999	313,541	
Harmony Center, Inc.	Harmony II Community Home	71542	8	171,373	13,225	108,836	9,526	328,646	349,336	9,526	358,862	2,176	164,92	181,07	2,347	387,063	400,467	
Harmony Center, Inc.	Riley Community Home	71521	8	270,337	16,208	132,892	11,162	469,769	499,343	11,162	510,505	2,555	199,81	215,96	1,591	317,892	285,043	
Harmony Center, Inc.	Smith & Cook Community Home	45790	8	279,123	16,398	163,913	11,922	514,566	546,960	11,922	558,882	2,816	207,81	233,77	2,837	543,741	465,407	
Harmony Center, Inc.	Tommy Mason Community Home	71357	8	193,304	14,356	134,442	10,274	383,154	407,275	10,274	417,549	2,828	142,61	158,76	2,323	331,273	388,735	
Holy Angels Residential Facility	Barry Home	72498	8	280,627	26,872	133,703	8,575	494,146	525,255	8,575	533,830	2,928	182,32	198,47	2,130	422,739	364,556	
Holy Angels Residential Facility	Christina Home	16704	7	269,214	21,827	111,696	19,800	451,065	479,462	19,800	499,262	2,469	202,21	218,36	2,908	588,033	484,847	
Holy Angels Residential Facility	Edna Marie	71092	8	273,940	20,610	108,014	19,438	450,872	479,256	19,438	498,694	2,707	184,22	200,37	2,890	537,402	499,434	
Holy Angels Residential Facility	Fay Home	71096	8	278,243	25,568	127,501	6,364	483,069	513,481	6,364	519,845	2,928	177,54	193,69	2,797	496,587	509,978	
Holy Angels Residential Facility	Grace Anne	71093	6	237,922	28,404	96,252	6,681	406,087	431,652	6,681	438,333	2,195	199,70	215,85	2,720	543,174	495,863	
Holy Angels Residential Facility	Main Campus	71697	109	4,418,623	508,831	1,878,610	143,880	7,622,792	8,102,677	143,880	8,246,557	33,816	243,85	260,00	27,363	6,672,488	4,872,192	
Holy Angels Residential Facility	Pack Home	72500	5	221,924	15,985	87,375	5,722	364,318	387,275	5,722	392,975	1,830	214,74	230,89	1,704	393,438	305,761	
Holy Angels Residential Facility	Scottwood #1	71118	6	276,197	16,199	107,019	7,427	447,345	475,507	7,427	482,934	2,196	219,92	236,07	2,920	642,153	497,612	
Holy Angels Residential Facility	Scottwood #2	72502	7	247,873	21,027	102,820	6,462	442,536	462,536	6,462	448,998	2,370	189,45	205,60	2,557	525,721	422,755	
Holy Angels Residential Facility	Smith Home	71121	8	191,942	23,469	95,892	6,603	348,659	370,609	6,603	377,212	2,179	173,11	189,26	2,736	473,635	517,907	
Holy Angels Residential Facility	St. Michael Home	16744	12	763,163	40,965	247,467	16,048	1,177,786	1,251,933	16,048	1,312,881	4,354	291,22	307,37	4,214	1,226,918	906,646	
Holy Angels Residential Facility	Wenzel Home	71122	6	242,242	17,974	98,017	5,964	401,221	426,479	5,964	432,443	2,196	196,92	213,07	2,791	549,613	515,056	
Holy Angels Residential Facility	Wild Oak Home	72496	7	260,246	21,434	110,595	6,933	439,348	467,007	6,933	473,940	2,549	185,93	202,08	1,861	376,074	318,967	
Howell House, Inc.	Howell House, Inc.	71524	8	200,452	5,520	169,587	50,209	420,626	447,106	50,209	497,315	2,928	169,85	186,00	2,920	495,956	564,210	
La Trouve', Inc.	La Trouve' Inc.	71662	6	204,224	22,257	130,368	21,850	399,671	424,832	21,850	446,682	2,196	203,41	219,56	2,190	445,461	379,578	
Lafayette Association for Retarded Citizens,	Civitan Community Home	71655	16	614,289	41,378	231,529	39,389	993,660	1,056,214	39,389	1,095,603	5,574	212,71	232,78	4,928	968,628	814,855	
Lafayette Association for Retarded Citizens,	Guidry Group Home	71826	8	349,938	21,448	121,193	17,554	558,208	586,015	17,554	603,569	2,928	206,14	223,94	2,835	584,398	477,200	
Lafayette Association for Retarded Citizens,	Lowe Group Home	71615	6	247,703	15,403	93,738	16,190	399,665	424,826	16,190	441,016	2,196	200,83	216,98	2,190	439,811	363,791	
Lafayette Association for Retarded Citizens,	Trahan Group Home	71564	6	261,018	11,473	99,796	28,652	416,961	443,211	28,652	471,863	2,196	214,87	231,02	2,190	470,574	371,276	
Lafourche ARC	Chackbay	71626	6	356,161	21,414	104,173	22,134	539,558	573,525	22,134	595,659	2,182	272,99	289,14	1,787	487,829	334,475	
Lafourche ARC	Country Club	71605	6	272,927	14,387	100,043	10,796	433,840	461,152	10,796	471,948	2,143	220,23	236,38	2,190	482,298	357,913	
Lafourche ARC	Diplomat Way	71628	6	340,489	17,761	113,468	22,881	528,324	561,584	22,881	584,465	2,080	280,99	297,14	2,190	615,374	393,497	
Lafourche ARC	Narrow	71569	6	236,993	17,171	97,284	18,277	393,622	418,402	18,277	436,679	2,196	198,85	215,00	2,190	435,486	358,636	
Lafourche ARC	Richland	71728	6	385,251	23,896	108,019	12,924	579,226	615,691	12,924	628,615	2,195	286,38	302,53	2,190	627,183	489,058	
Lafourche ARC	Stevens	71604	6	372,550	21,505	110,994	18,707	565,655	601,265	18,707	619,972	1,965	315,51	331,66	2,190	690,961	528,903	
Liberty Six Community Home	Liberty Four	71796	6	220,714	36,739	103,443	26,826	404,204	426,650	26,826	453,476	2,196	207,87	224,02	2,190	455,229	416,924	
Liberty Six Community Home	Liberty One	71764	6	201,004	36,554	89,373	15,181	366,163	389,214	15,181	404,395	2,196	184,15	200,30	2,190	403,290	403,067	
Liberty Six Community Home	Liberty Three	71910	6	190,567	34,473	85,745	14,186	348,079	369,992	14,186	384,178	2,196	174,94	191,09	2,190	383,129	409,336	
Liberty Six Community Home	Liberty Two	71867	6	177,844	32,279	81,813	14,949	326,968	347,552	14,949								

ICF/DD ICAP Rates

UPL Calculation - Private Providers
Based on CR YE 6/30/12 & payment for projected YE 6/30/15

											Midpoint 2011-4	1.239											
											Midpoint 2014-4	1.317											
											Inflation rate	1.062954											
											Adjusted DC, CR	16.15											
											and A&O at 1.12	Adjusted DC, CR, A&O	Adjusted Cost Per Diem excluding Provider Fees	Adjusted Cost Per Diem including Provider Fees	Projected FY 2015 Medicaid Days	Medicare Equivalent Costs based on Medicaid Days	Projected FY 2015 Medicaid Revenue						
CompName	FacilityName	ProvNum	Beds	Direct Care	Care Related	Admin & Oper	Capital Assets	Adjusted DC, CR and A&O at 1.12	Inflated DC, CR, A&O	Capital	Total Medicare Equivalent Costs	Total Days	Provider Fees	Provider Fees	Days	Days	Revenue						
O.L.S. Community Homes, Inc.	Renzi Community Home	71952	6	189,911	18,367	133,127	13,688	382,374	406,446	13,688	420,134	2,045	205.44	221.59	2,190	485,291	363,894						
O.L.S. Community Homes, Inc.	Verni Community Home	71969	6	178,140	17,773	137,773	7,631	379,916	399,584	7,631	407,212	2,196	185.43	201.58	2,190	441,468	363,341						
Options, Inc.	Alpha House	71887	6	259,233	16,351	100,745	16,889	421,488	448,023	16,889	464,912	2,196	211.71	227.86	2,190	463,642	387,264						
Options, Inc.	Fortenberry House	71880	6	255,029	17,447	100,698	13,391	417,955	444,267	13,391	457,658	2,196	208.41	224.56	2,129	443,695	350,390						
Options, Inc.	LaCasa	71970	6	335,414	17,911	122,512	21,898	532,937	566,488	21,898	588,386	2,189	268.79	284.94	1,813	516,600	398,665						
Options, Inc.	Our House	71881	6	325,119	15,794	122,345	19,536	518,849	551,513	19,536	571,049	2,196	260.04	276.19	2,031	528,142	381,128						
Pecan Grove Training Center of Alexandria, Preferred Living, Inc.	Peach Community Home	13529	6	151,174	10,563	70,165	16,851	259,730	276,081	16,851	292,932	2,191	133.70	149.85	2,190	292,799	362,509						
Pecan Grove Training Center of Alexandria, Preferred Living, Inc.	Pecan Grove Training Center of Alexandria, Inc.	71641	114	2,659,405	442,869	1,795,562	321,182	5,485,576	5,830,915	321,182	6,152,097	37,293	164.97	181.12	36,518	6,024,248	5,467,728						
Preferred Living, Inc.	E. Nichols Street Community Home	71814	6	183,163	17,796	81,045	12,052	315,844	335,728	12,052	347,780	2,196	158.37	174.52	2,190	346,830	361,040						
Preferred Living, Inc.	East 5th Avenue Community Home	71808	6	224,025	20,406	91,560	27,208	376,310	400,000	27,208	427,208	2,149	208.79	214.94	1,920	381,684	363,759						
Preferred Living, Inc.	Magnolia Street Community Home	71955	6	192,378	16,839	83,874	13,814	328,262	348,927	13,814	362,741	1,949	186.12	202.27	2,190	442,964	365,306						
Preferred Living, Inc.	Thirteenth Street Community Home	71849	6	194,968	15,471	87,784	13,847	334,010	355,037	13,847	368,884	1,946	189.56	205.71	2,190	415,137	400,007						
Progressive Healthcare Providers of	27th Street	71920	8	228,837	9,502	103,344	18,256	382,685	406,777	18,256	425,033	2,807	151.42	167.57	2,361	357,500	397,163						
Progressive Healthcare Providers of	Acron	71394	6	180,022	17,768	99,021	24,733	323,580	345,951	24,733	368,684	1,996	184.71	200.86	2,085	385,123	336,229						
Progressive Healthcare Providers of	Arctadia	71395	8	207,156	11,693	108,283	21,984	448,974	482,383	21,984	489,974	2,795	168.50	184.71	2,597	437,595	450,765						
Progressive Healthcare Providers of	Arkansas	71911	6	172,832	9,341	84,719	19,066	298,919	317,737	19,066	336,803	2,166	155.50	171.65	2,190	340,535	373,510						
Progressive Healthcare Providers of	Astor	71396	6	219,898	9,952	98,265	25,668	367,489	390,624	25,668	416,292	1,859	223.93	240.08	2,190	490,414	368,590						
Progressive Healthcare Providers of	Bessemer	71398	8	190,449	11,860	102,788	34,430	341,709	363,221	34,430	397,651	2,465	161.32	177.47	2,920	471,051	490,910						
Progressive Healthcare Providers of	Broussard	71924	6	241,627	11,439	111,404	37,396	408,206	433,905	37,396	471,301	2,195	214.72	230.87	1,589	341,183	263,136						
Progressive Healthcare Providers of	Clemson	71399	8	196,832	11,031	103,129	30,671	348,311	370,239	30,671	400,910	2,695	148.76	164.91	2,845	423,224	468,117						
Progressive Healthcare Providers of	Constance	71914	8	247,832	12,469	120,323	33,166	426,299	453,136	33,166	486,302	2,735	177.81	193.96	2,734	468,124	468,015						
Progressive Healthcare Providers of	Curran	71400	8	231,258	12,352	97,201	18,047	381,708	405,738	18,047	423,785	2,524	167.90	184.05	2,287	383,993	398,915						
Progressive Healthcare Providers of	Delaware	71402	8	244,592	14,088	114,694	21,412	418,179	444,505	21,412	465,917	2,805	166.10	182.25	2,129	353,632	364,483						
Progressive Healthcare Providers of	Delaware I	71915	6	266,529	11,362	105,195	22,338	429,056	456,067	22,338	478,405	2,072	230.89	247.04	2,190	505,650	393,251						
Progressive Healthcare Providers of	D'Hemecourt	71917	6	206,595	12,100	97,968	21,419	354,663	376,990	21,419	398,409	2,196	181.42	197.57	2,168	393,329	367,989						
Progressive Healthcare Providers of	Fayette	71923	8	332,603	12,749	130,861	30,671	533,359	566,936	30,671	597,607	2,927	204.17	220.32	2,920	596,177	523,344						
Progressive Healthcare Providers of	Helena	71403	8	237,604	10,592	113,864	26,937	405,507	431,035	26,937	457,972	2,917	157.00	173.15	2,541	398,940	419,328						
Progressive Healthcare Providers of	Hickory	71404	6	211,943	13,275	99,492	26,431	363,675	386,570	26,431	413,001	2,196	188.07	204.22	1,611	302,980	269,823						
Progressive Healthcare Providers of	Idaho	71921	6	498,669	10,500	156,199	46,558	745,212	799,126	46,558	838,684	2,195	382.09	398.24	2,067	789,777	617,943						
Progressive Healthcare Providers of	Lakeside	71405	8	229,855	12,208	94,140	20,632	376,547	400,253	20,632	420,885	2,090	201.38	217.53	2,650	533,657	449,040						
Progressive Healthcare Providers of	Mamou	71406	6	200,943	14,602	111,238	19,016	365,997	389,038	19,016	408,054	2,032	166.05	181.96	1,976	396,808	323,692						
Progressive Healthcare Providers of	Michigan	71913	8	254,894	11,728	119,379	21,725	432,321	459,537	21,725	481,262	2,834	169.82	185.97	2,912	494,508	478,234						
Progressive Healthcare Providers of	Newport	71408	8	254,983	13,162	116,537	23,848	430,844	457,967	23,848	481,815	2,828	170.37	186.52	2,862	487,608	528,551						
Progressive Healthcare Providers of	Plantation	71923	6	544,017	4,378	173,516	48,376	808,540	859,441	48,376	907,817	2,196	413.40	429.55	2,190	905,337	696,829						
Progressive Healthcare Providers of	Salem	71409	8	198,534	14,131	100,974	18,691	351,276	373,390	18,691	392,081	2,770	141.55	157.70	2,864	405,386	469,161						
Progressive Healthcare Providers of	Skysail	71926	6	181,628	10,750	90,023	21,600	316,289	336,201	21,600	357,801	2,014	177.66	193.81	2,101	373,257	346,172						
Progressive Healthcare Providers of	St. Andrew	71918	8	230,137	11,294	110,389	27,802	394,038	418,845	27,802	446,647	2,486	179.66	195.81	2,555	459,044	432,984						
Progressive Healthcare Providers of	Stanford	71919	6	169,526	9,019	82,459	17,196	292,324	310,727	17,196	327,923	2,025	161.94	178.09	1,801	291,649	317,583						
Progressive Healthcare Providers of	Stern	71925	8	217,497	12,783	107,205	24,455	377,983	401,779	24,455	426,234	2,805	151.95	168.10	2,730	414,837	462,819						
Progressive Healthcare Providers of	Vouray	71412	8	209,942	10,477	110,098	21,539	370,179	393,483	21,539	416,229	2,837	162.44	178.59	2,626	384,155	449,715						
Progressive Healthcare Providers of	Waverly	71413	6	583,315	6,791	175,250	41,737	857,199	911,163	41,737	952,900	2,194	434.32	450.47	2,190	951,163	686,640						
Progressive Healthcare Providers of	Willis	71414	6	236,114	15,685	110,854	38,706	406,171	431,741	38,706	470,447	1,988	236.64	252.79	1,825	331,875	311,735						
Res-Care, Inc.	Albany Community Home	71370	6	200,627	15,784	84,044	23,416	336,510	357,694	23,416	381,110	1,982	192.29	208.44	994	191,132	171,540						
Res-Care, Inc.	Alliance Community Home	71336	7	215,061	17,111	80,212	21,367	349,870	371,896	21,367	393,263	1,983	198.32	214.47	2,190	434,314	367,192						
Res-Care, Inc.	Beaujolais Community Home	12593	6	172,960	15,080	71,128	32,552	290,268	308,542	32,552	341,094	1,866	182.79	198.94	1,712	312,943	281,508						
Res-Care, Inc.	Bobwhite Community Home	71665	6	216,641	17,367	82,207	28,762	354,161	376,457	28,762	403,219	2,196	184.53	200.68	2,190	404,111	361,603						
Res-Care, Inc.	Burns Plaza Community Home	71966	6	271,453	14,894	86,036	40,644	417,069	443,325	40,644	483,969	2,189	221.09	237.24	2,190	484,190	395,103						
Res-Care, Inc.	Connie Community Home	71374	8	209,886	12,016	105,635	22,002	338,636	359,825	22,002	382,838	1,833	208.38	224.53	2,732	429,808	352,442						
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Arbor Main Community Home	71765	6	144,112	12,152	70,490	33,106	253,969	269,957	33,106	303,063	2,114	143.36	159.51	1,760	252,314	309,358						
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Azalea Home	71875	6	92,717	5,055	30,848	16,305	144,054	153,123	16,305	169,428	755	224.41	240.56	2,190	491,454	403,748						
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Beauregard Home	71950	6	99,656	6,270	32,305	15,166	154,819	164,565	15,166	179,731	906	198.38	214.53	2,190	434,450	393,517						
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Braewood Home	71607	8	102,620	7,638	39,065	16,753	167,242	177,770	16,753	194,523	1,208	161.03	177.18	2,920	470,205	530,446						
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Cane Street Community	71805	6	204,846	13,784	79,638	27,272	334,060	355,091	27,272	382,363	2,165	176.61	192.76	2,190	386,778	372,010						
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Central Woods Home	71953	8	80,651	5,168	29,280	13,807	128,911	137,026	13,807	150,833	755	199.78	215.93	2,708	584,736	448,614						
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Crockett Community Home	71811	8	253,188	21,093	93,765	38,211	412,212	438,162	38,211	476,373	2,594	183.64	199.79	2,438	447,724	428,228						
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Dehart Community Home	71314	6	185,609	13,548	81,150	33,401	313,944	333,708	33,401	367,109	2,183	168.17	184.32	1,835	308,587	303,250						
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Florida Home	71620	8	97,213	8,061	36,437	14,709	158,716	168,708	14,709	183,417	1,057	173.53	189.68	2,880	499,755	508,699						
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Garland Community Home	71590	8	252,443	24,421	134,662	52,140	460,909	489,925	52,140	542,065	2,923	185.45	201.60	2,091	387,772	364,333						
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / General Taylor Home	71958	4	70,215	5,008	28,037	11,159	115,651	122,932	11,159	134,091	573	234.02	250.17	1,460								

ICF/DD ICAP Rates

UPL Calculation - Private Providers
Based on CR YE 6/30/12 & payment for projected YE 6/30/15

CompName	FacilityName	ProvNum	Beds	Direct Care	Care Related	Admin & Oper	Capital Assets	Midpoint 2011-4		Inflated DC, CR		Total Medicare	Total Days	Adjusted Cost Per Diem excluding Provider Fees	Adjusted Cost Per Diem including Provider Fees	Projected FY 2015 Medicaid Days	Medicare Equivalent Costs based on Medicaid Days	Projected FY 2015 Medicaid Revenue
								1.239		1.317								
								Midpoint 2011-4		Inflated DC, CR								
								1.062954		A&O at 1.12								
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Sugar Mill Community Hom	71645	8	306,178	19,615	108,838	53,703	486,787	517,432	53,703	571,135	2,869	199.07	215.22	2,555	508,627	458,815	
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Timmy Street Community	71588	6	228,885	16,918	81,774	28,205	366,886	389,983	28,205	418,188	2,191	190.87	207.02	2,130	406,545	363,410	
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Tison Community Home	71647	8	332,383	21,345	112,941	63,208	522,669	555,573	63,208	618,781	2,871	215.53	231.68	2,555	550,674	473,569	
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Wyble Community Home	71585	8	256,506	23,128	117,276	50,152	444,539	472,525	50,152	522,677	2,926	178.63	194.78	2,543	454,261	424,242	
Res-Care, Inc.	d/b/a Normal Life of Lafayette, Inc. / Yorktown Home	71575	6	94,035	8,068	34,079	17,707	152,524	162,126	17,707	179,833	906	198.49	214.64	2,190	434,695	382,281	
Res-Care, Inc.	d/b/a Normal Life of Lake Charles, Inc. / Beech Street Community	71944	8	307,265	19,993	115,370	43,793	495,743	526,952	43,793	570,745	2,842	200.83	216.98	2,860	574,360	526,383	
Res-Care, Inc.	d/b/a Normal Life of Lake Charles, Inc. / Blankenship Community	71311	6	196,592	17,451	90,069	38,954	340,605	362,048	38,954	401,002	2,190	183.11	199.26	2,129	389,832	365,760	
Res-Care, Inc.	d/b/a Normal Life of Lake Charles, Inc. / Butler Community Hom	71373	6	201,894	19,308	88,645	52,463	347,029	368,875	52,463	421,338	2,196	191.87	208.02	2,184	419,036	384,505	
Res-Care, Inc.	d/b/a Normal Life of Lake Charles, Inc. / Canal Community	71386	8	238,726	21,301	100,847	61,215	404,179	429,624	61,215	490,839	2,810	174.68	190.83	2,902	506,909	468,881	
Res-Care, Inc.	d/b/a Normal Life of Lake Charles, Inc. / Hazel Street Community	71946	8	260,753	25,308	110,111	50,932	443,713	471,646	50,932	522,578	2,910	179.58	195.73	2,916	532,656	473,736	
Res-Care, Inc.	d/b/a Normal Life of Lake Charles, Inc. / Lee Nichols Community	71943	8	246,593	22,682	99,356	45,968	412,867	438,858	45,968	484,826	2,469	196.37	212.52	2,646	519,583	463,900	
Res-Care, Inc.	d/b/a Normal Life of Lake Charles, Inc. / Lightner Community	71380	6	203,374	16,928	90,665	54,630	348,283	370,209	54,630	424,839	2,027	209.59	225.74	2,011	421,485	327,374	
Res-Care, Inc.	d/b/a Normal Life of Lake Charles, Inc. / Mitchell Street	71942	8	248,376	24,818	109,606	32,374	428,736	455,277	32,374	488,101	2,808	173.83	189.98	2,795	485,841	473,462	
Res-Care, Inc.	d/b/a Normal Life of Lake Charles, Inc. / Pear Street Community	71942	8	232,152	22,963	99,946	47,710	397,968	422,703	47,710	470,413	2,660	176.85	193.00	2,781	491,812	475,447	
Res-Care, Inc.	d/b/a Normal Life of Lake Charles, Inc. / Poplar Street	71945	8	367,293	20,841	101,250	56,971	436,110	464,565	56,971	520,536	2,524	206.23	242.00	2,420	499,088	426,263	
Res-Care, Inc.	d/b/a Normal Life of Lake Charles, Inc. / Tank Farms Community	71631	8	334,593	14,884	119,116	53,561	524,824	557,864	53,561	611,425	2,795	218.76	234.91	2,232	488,265	424,106	
Res-Care, Inc.	d/b/a Normal Life of Louisiana, Inc./17th Street Community Hon	71307	8	306,643	22,375	116,098	53,774	498,530	529,914	53,774	583,688	2,852	204.66	220.81	2,702	552,989	473,984	
Res-Care, Inc.	d/b/a Normal Life of Louisiana, Inc. / 4th Street Community Hom	71630	8	248,252	20,510	99,678	45,823	412,653	438,631	45,823	484,454	2,927	165.51	181.66	2,833	468,896	488,767	
Res-Care, Inc.	d/b/a Normal Life of Louisiana, Inc. / Acadiana Community Home	71680	6	210,746	15,660	87,337	37,570	351,392	373,514	37,570	411,084	2,182	188.40	204.55	2,134	402,041	357,887	
Res-Care, Inc.	d/b/a Normal Life of Louisiana, Inc. / Angus Community Home	71642	6	280,456	17,146	94,887	49,383	439,588	467,261	49,383	516,644	2,095	246.61	262.76	1,825	450,060	330,995	
Res-Care, Inc.	d/b/a Normal Life of Louisiana, Inc. / Carlisle Community Home	71385	6	267,786	15,866	90,365	37,330	418,899	445,270	37,330	482,600	2,196	219.76	235.91	2,134	295,582	238,384	
Res-Care, Inc.	d/b/a Normal Life of Louisiana, Inc. / Highway 190 Community	71633	6	170,962	14,462	75,535	42,277	292,274	310,674	42,277	352,951	1,715	205.80	221.50	1,734	356,861	306,507	
Res-Care, Inc.	d/b/a Normal Life of Louisiana, Inc. / Jefferson Community Home	71687	6	236,749	15,710	81,105	52,407	373,592	397,111	52,407	449,518	2,189	205.35	221.95	1,948	400,028	371,757	
Res-Care, Inc.	d/b/a Normal Life of Louisiana, Inc. / Lochlomand Community Hc	71632	8	329,610	23,097	105,606	31,731	513,311	545,626	31,731	577,357	2,611	221.12	237.27	2,507	554,360	451,560	
Res-Care, Inc.	d/b/a Normal Life of Louisiana, Inc. / Tracey Community Home	71850	6	210,545	15,064	84,394	31,131	347,203	369,061	31,131	400,192	2,196	182.24	198.39	2,190	399,099	363,533	
Res-Care, Inc.	d/b/a Normal Life of Louisiana, Inc. / Wells Community Home	71714	6	208,343	21,290	88,711	40,801	356,545	378,991	40,801	419,792	2,177	192.83	208.98	2,190	422,299	373,150	
Res-Care, Inc.	Dipple Community Home	71375	6	220,304	16,561	85,067	20,117	360,564	383,263	20,117	403,380	2,184	200.85	194.96	2,190	359,422	343,196	
Res-Care, Inc.	E. Patout Community Home	71376	6	195,630	14,530	99,556	22,690	346,882	368,720	22,690	391,410	2,086	187.64	203.79	1,875	351,818	318,611	
Res-Care, Inc.	Enon Road Community Home	71670	6	209,889	17,064	85,484	39,929	371,959	399,353	39,929	439,283	2,195	177.38	193.53	2,190	388,466	372,148	
Res-Care, Inc.	Hamilton Community Home	71715	6	282,113	17,984	87,300	26,899	433,885	461,199	26,899	488,092	2,196	222.26	238.41	2,190	486,759	411,658	
Res-Care, Inc.	Homewood Community Home	71774	6	257,444	15,282	87,870	26,646	403,868	429,293	26,646	455,939	1,782	255.86	272.01	1,954	499,946	375,298	
Res-Care, Inc.	Iberia Street Community Home	71776	6	196,379	11,433	83,932	36,753	347,324	374,279	36,753	410,032	2,149	190.31	212.16	2,190	381,419	355,433	
Res-Care, Inc.	Idlewild Community Home	71337	6	183,662	12,235	71,868	18,023	299,897	318,777	18,023	336,800	1,860	181.08	197.23	1,184	395,468	379,794	
Res-Care, Inc.	Jenna Court Community Home	71799	6	215,278	17,271	82,916	37,023	353,321	375,564	37,023	412,587	2,196	187.88	200.80	2,190	411,459	377,566	
Res-Care, Inc.	Lynn Community Home	12034	6	228,670	13,862	87,870	42,743	370,050	393,346	42,743	436,089	2,196	198.58	214.73	2,164	429,735	390,860	
Res-Care, Inc.	Magnolia Community Home	71660	6	209,462	15,281	83,820	17,916	345,591	367,347	17,916	385,263	2,196	175.44	190.58	2,190	384,210	389,879	
Res-Care, Inc.	Main Street Community Home	71747	6	202,080	15,463	77,594	26,021	330,553	351,363	26,021	377,384	2,032	185.72	201.87	1,843	342,283	295,419	
Res-Care, Inc.	Marie Community Home	71379	6	202,648	14,813	95,651	18,684	350,685	372,762	18,684	399,446	2,152	181.90	198.05	2,140	389,264	359,992	
Res-Care, Inc.	May Street Community Home	71667	6	218,467	17,641	81,147	25,818	355,326	377,695	25,818	403,513	2,098	192.33	208.48	2,190	421,207	372,288	
Res-Care, Inc.	Panama Community Home	71381	6	223,203	15,607	76,829	24,183	353,516	375,771	24,183	399,954	1,780	224.69	240.84	1,867	419,502	324,296	
Res-Care, Inc.	Pardue Community Home	71829	8	213,599	11,972	84,316	34,715	347,073	368,923	34,715	403,638	2,196	183.81	199.96	2,065	379,560	334,921	
Res-Care, Inc.	Pelican Community Home	71378	6	278,814	16,555	90,648	35,624	432,339	459,557	35,624	505,181	2,195	225.59	241.74	2,069	466,756	390,482	
Res-Care, Inc.	Pine Grove Community Home	71681	6	219,616	15,047	84,298	34,130	357,236	379,726	34,130	413,856	2,074	199.54	215.69	2,190	437,003	366,383	
Res-Care, Inc.	Renee Community Home	12035	6	196,896	11,824	82,007	38,205	325,614	346,113	38,205	384,318	1,879	204.53	220.68	2,190	447,928	366,045	
Res-Care, Inc.	Sharp Community Home	71830	6	158,985	13,857	73,971	33,034	276,431	293,833	33,034	326,867	1,387	235.66	251.81	1,825	430,088	301,556	
Res-Care, Inc.	Southwest Community Home	71382	6	212,516	14,924	77,658	23,180	341,710	363,222	23,180	386,402	2,021	191.19	207.34	2,186	417,949	361,953	
Res-Care, Inc.	Trippi Community Home	12036	6	219,742	16,424	91,233	43,304	366,887	389,771	43,304	433,075	2,138	202.56	218.71	2,190	443,608	373,035	
Res-Care, Inc.	West 47th Community Home	71831	6	204,702	16,593	72,811	23,945	329,999	350,136	23,945	373,981	1,865	190.51	206.66	1,886	359,311	306,464	
Res-Care, Inc.	Woodland Community Home	71694	6	163,141	11,433	61,510	33,318	244,328	264,643	33,318	321,962	2,196	216.14	232.78	2,190	473,346	367,779	
Seasons, Inc.	Summer House	71832	6	160,847	1,468	100,664	6,102	294,536	313,079	6,102	319,181	2,183	146.21	162.36	2,083	304,560	414,140	
South Louisiana Community Homes, Inc.	Arms Community Home	12958	6	268,057	25,202	101,534	38,193	442,168	470,004	38,193	508,197	2,196	231.42	247.57	2,190	506,809	548,847	
South Louisiana Community Homes, Inc.	Fairway Community Home	12957	6	250,950	22,191	98,118	37,694	415,810	441,987	37,694	479,681	2,164	221.66	237.81	2,190	485,444	545,168	
South Louisiana Community Homes, Inc.	Labadieville Community Home	12813	6	232,127	22,410	88,885	42,268	384,633	408,847	42,268	451,115	1,624	277.78	293.93	1,990	552,782	506,368	
South Louisiana Community Homes, Inc.	Thibodaux Community Home	12901	6	362,997	11,602	109,936	39,856	542,679	576,843	39,856	616,699	2,153	286.44	302.59	2,190	627,297	575,609	
Southern Comfort Community Homes, LLC	Abbeville	71331	8	249,989	26,696	95,341	14,488	405,469	430,995	14,488	485,483	2,229	199.86	216.01	2,190	583,585	493,093	
Southern Comfort Community Homes, LLC	Edwin Drive	71049	8	243,552	27,853	88,886	21,471	403,526	428,299	21,471	450,400	2,928	153.83	169.98	2,910	447,632	489,074	
Southern Comfort Community Homes, LLC	Ledia Simon	71078	8	246,705	30,905	88,875	15,319	410,463	436,303	15,319	451,622	2,909	155.25	171.40	2,920	453,330	487,741	
Southern Comfort Community Homes, LLC	Parish Road	71048	6	222,599	23,070	72,427	19,584	356,268	378,696	19,584	398,280	2,167	183.79	199.94	2,168	398,644	361,880	
St. Mary's Residential Training School	Amicus Home	45927	8	275,880	24,038	116,053	40,2											

ICF/DD ICAP Rates
UPL Calculation - Private Providers
Based on CR YE 6/30/12 & payment for projected YE 6/30/15

													Midpoint 2011:4	1.239														
													Midpoint 2014:4	1.317														
													Inflation rate	1.062954														
															16.15													
													Adjusted Cost	Adjusted Cost	Projected FY	Medicare	Projected FY											
													Per Diem	Per Diem	2015 Medicaid	Equivalent Costs	2015 Medicaid	Days	based on	2015 Medicaid	Revenue							
													excluding	including	Days	Medicaid Days	Days	Revenue										
CompName	FacilityName	ProvNum	Beds	Direct Care	Care Related	Admin & Oper	Capital Assets	Adjusted DC, CR	Inflated DC, CR,	Capital	Total Medicare	Total Days	Provider Fees	Provider Fees	2015 Medicaid	Days	Revenue											
													A&O at 1.12	A&O	Capital	Equivalent Costs	Total Days	Provider Fees	Provider Fees	2015 Medicaid	Days	Revenue						
The Arc of Acadiana, Inc.	Residential Program - Iota	15505	70	2,513,161	381,965	1,528,945	102,075	4,954,960	5,266,894	102,075	5,368,969	22,359	240.13	256.28	23,447	5,630,226	4,853,766											
The ARC of Caddo-Bossier	Arlington Community Home	71539	6	248,173	21,156	116,953	16,529	432,636	459,872	16,529	476,401	2,196	216.94	233.09	2,190	475,099	380,504											
The ARC of Caddo-Bossier	Atlantic Community Home	71526	6	283,552	24,243	133,548	16,874	494,304	525,423	16,874	542,297	2,175	249.33	265.48	2,190	546,037	389,811											
The ARC of Caddo-Bossier	Greenbriar Community Home	71529	6	271,525	20,188	129,083	17,727	471,292	500,961	17,727	518,722	2,185	237.39	253.54	2,190	519,875	403,405											
The ARC of Caddo-Bossier	Hoyle Community Home	71528	6	263,022	19,600	120,434	17,145	451,423	479,842	17,145	496,987	2,189	227.04	243.19	1,992	452,260	384,637											
The ARC of Caddo-Bossier	Jefferson Paige Community Home	71527	6	252,347	22,404	129,847	17,201	453,150	481,677	17,201	498,878	2,196	227.18	243.33	2,190	497,515	374,254											
The ARC of Caddo-Bossier	Old Mooringsport Community Home	71532	6	301,239	23,070	140,159	24,956	520,204	552,953	24,956	577,909	2,196	263.16	279.31	2,190	576,330	405,156											
The ARC of Caddo-Bossier	Pecan Community Home	71540	6	269,801	25,324	123,816	16,552	498,214	528,753	16,552	545,305	2,159	238.68	254.83	2,190	522,704	381,619											
The ARC of Caddo-Bossier	University Community Home	71531	6	250,157	20,873	131,870	17,914	451,248	479,656	17,914	497,570	2,196	226.58	242.73	2,190	496,210	382,363											
The ARC of Caddo-Bossier	Vivian Community Home	71530	8	284,597	23,602	158,436	19,511	522,631	555,533	19,511	575,044	2,928	196.39	212.54	2,920	573,473	534,715											
The ARC of Morehouse	Crosssett Road Group Home	71657	7	227,650	24,949	133,452	15,523	432,377	459,597	15,523	475,120	2,562	185.45	201.60	2,549	472,709	480,966											
The ARC of Morehouse	East Morehouse Group Home	71572	7	197,719	21,277	109,949	18,198	368,418	391,612	18,198	400,810	1,730	236.88	253.03	1,764	417,864	336,777											
The ARC of St. Martin, Inc.	K. C. Roy Home	71802	6	184,787	17,410	119,314	17,342	360,092	382,762	17,342	400,104	2,078	192.54	208.69	2,190	421,668	351,793											
The ARC of St. Martin, Inc.	Millon Andrepost Home	71803	6	200,554	23,508	111,791	17,374	376,155	399,836	17,374	417,160	1,789	233.18	249.33	2,164	504,603	345,104											
The ARC of St. Martin, Inc.	Aris	71985	8	207,076	17,403	124,408	36,676	360,753	415,353	36,676	452,029	2,916	155.02	171.17	2,920	499,807	484,488											
The Magnolia School, Inc.	Central Avenue	71388	6	188,929	16,991	108,291	26,852	351,916	374,071	26,852	400,923	2,195	182.65	198.80	2,190	400,010	365,567											
The Magnolia School, Inc.	Deckbar	71391	6	206,655	15,052	108,398	27,315	369,718	392,993	27,315	420,308	2,196	191.40	207.55	2,190	419,159	397,732											
The Magnolia School, Inc.	Dodge	71964	6	185,749	14,915	104,985	28,957	342,327	363,878	28,957	392,835	2,196	178.89	195.04	2,150	419,328	368,784											
The Magnolia School, Inc.	Henican	02964	11	500,910	35,735	202,272	30,224	827,587	879,687	30,224	909,911	3,968	229.31	245.46	4,015	920,689	720,314											
The Magnolia School, Inc.	Hickory One	71332	6	179,774	17,032	103,287	32,134	336,104	357,263	32,134	389,397	2,145	181.54	197.69	1,873	340,019	336,300											
The Magnolia School, Inc.	Hickory Two	71387	6	180,386	15,539	101,565	29,966	333,189	354,164	29,966	384,130	2,196	174.92	191.07	2,190	383,081	339,182											
The Magnolia School, Inc.	I-10 Service Road	71423	6	173,458	15,350	111,557	29,035	336,409	357,587	29,035	386,622	2,196	176.06	192.21	2,162	380,636	352,319											
The Magnolia School, Inc.	Karen	71560	7	347,307	21,165	147,676	17,327	578,086	614,479	17,327	631,806	2,562	246.61	262.76	2,533	624,654	485,493											
The Magnolia School, Inc.	Maine	71301	6	177,320	18,615	101,116	26,495	333,697	353,642	26,495	380,137	2,178	174.53	190.68	2,190	382,231	369,065											
The Magnolia School, Inc.	Maison Central	71417	6	285,569	16,760	114,322	29,296	466,649	496,027	29,296	525,323	2,196	239.22	255.37	2,138	511,448	403,275											
The Magnolia School, Inc.	Maison St. George	71393	6	201,248	17,733	101,622	25,023	359,075	381,681	25,023	406,704	2,189	185.79	201.94	2,190	406,889	417,120											
The Magnolia School, Inc.	River Road	71979	7	190,556	18,914	110,257	25,241	358,094	380,638	25,241	405,879	2,562	158.42	174.57	2,531	441,843	428,262											
The Magnolia School, Inc.	Saratoga	71389	6	214,325	12,057	105,814	34,603	372,060	395,482	34,603	430,085	2,143	200.69	216.84	2,160	433,497	379,557											
The Magnolia School, Inc.	Schwegmann	02963	6	215,643	12,870	100,375	6,795	368,355	391,544	6,795	398,339	2,188	182.06	198.21	2,190	398,703	392,793											
The Magnolia School, Inc.	Shrewsbury Court	71421	6	178,927	18,337	99,686	25,936	332,584	353,521	25,936	379,457	2,196	172.79	188.94	2,190	378,421	387,432											
The Magnolia School, Inc.	Shrewsbury Road	71369	6	208,905	15,407	112,418	25,647	377,138	400,880	25,647	426,527	2,196	210.38	226.53	2,190	425,362	376,115											
The Magnolia School, Inc.	St. George	71766	6	172,627	17,369	106,343	43,363	331,900	352,794	43,363	396,157	2,183	181.47	197.62	2,051	372,203	336,703											
The Magnolia School, Inc.	Temple	71328	8	194,712	18,482	114,890	28,242	367,454	390,587	28,242	418,829	2,928	143.04	159.19	2,920	417,684	487,643											
Volunteers of America of Greater New	Constance Community Home	71675	8	364,629	19,689	181,591	26,699	633,818	673,719	26,699	708,419	2,798	250.33	266.48	2,920	730,959	499,467											
Volunteers of America of Greater New	Craft Community Home	71894	8	327,276	20,371	171,309	31,498	581,231	617,822	31,498	649,320	2,815	230.66	246.81	2,920	673,539	533,858											
Volunteers of America of Greater New	Creekwood Group Home	71975	8	215,753	13,544	158,243	44,108	434,045	461,370	44,108	505,478	2,356	214.55	230.70	2,920	673,641	504,271											
Volunteers of America of Greater New	Gayoso Community Home	71895	8	223,397	15,311	165,305	32,947	452,495	480,981	32,947	513,928	2,819	182.31	198.46	2,815	513,199	476,811											
Volunteers of America of Greater New	Iberville Group Home	71676	8	335,488	19,630	194,190	46,041	615,225	653,956	46,041	699,997	2,924	239.07	255.22	2,920	698,084	603,007											
Volunteers of America of Greater New	Olympia Group Home	71677	8	305,111	17,316	192,459	47,572	576,672	612,976	47,572	660,548	2,928	225.60	241.75	2,920	658,743	573,812											
Volunteers of America of Greater New	Park Place	71678	6	236,968	11,851	120,258	30,237	413,366	439,389	30,237	473,626	2,197	275.12	291.27	2,190	602,508	384,342											
Volunteers of America of Greater New	Rendon Community Home	71720	6	198,602	9,064	137,336	27,316	386,402	410,728	27,316	438,044	2,167	202.14	218.29	2,190	442,693	371,408											
Volunteers of America of Greater New	Slidell Heights Community Home	71679	6	228,321	12,606	115,482	29,151	399,178	424,308	29,151	453,459	2,194	233.38	249.53	2,190	511,104	413,485											
Volunteers of America, Greater Baton Rouge	Atkinson Group Home	71674	6	273,294	14,115	126,705	33,424	463,808	493,006	33,424	526,430	2,191	240.27	256.42	2,190	526,190	462,294											
Volunteers of America, Greater Baton Rouge	Drusilla Home	71673	8	344,458	16,496	191,277	33,060	618,499	657,436	33,060	690,496	2,722	253.67	269.82	2,555	648,132	529,368											
Volunteers of America, Greater Baton Rouge	Westmoreland Home	71940	8	203,320	20,381	153,225	24,235	422,056	448,626	24,235	472,861	2,628	161.50	177.65	2,920	471,569	512,493											
W.I. Moore, Inc.	Probit Community Home	71877	6	161,683	16,474	109,120	9,584	321,750	342,006	9,584	351,590	1,952	212.83	228.98	1,589	338,182	270,039											
W.I. Moore, Inc.	Utopia Community Home	71744	7	173,819	16,475	135,889	13,324	385,325	388,324	13,324	402,249	2,120	249.74	265.89	2,474	469,417	453,104											
W.I. Moore, Inc.	Verritt Community Home	71892	8	215,231	19,604	157,902	14,911	439,865	467,557	14,911	482,468	2,470	195.33	211.48	2,450	478,561	478,561											
We Care Homes, Inc.	Ruby Drive Community Home	71778	6	192,824	14,885	80,266	6,301	322,532	342,837	6,301	349,138	1,817	192.15	208.30	1,460	280,540	255,733											
Westside Habilitation Center, Inc.	Adams Group Home	71459	14	404,825	44,026	203,950	107,468	713,137	777,165	107,468	884,633	4,974	177.85	194.00	4,376	778,278	823,483			</								

Appendix E

State-Owned ICF/DD Data by Facility

State-Owned FY13 database
Costs for the Year Ended 6/30/2013
Projected Revenue for the Year Ended 6/30/15

FacilityName	ProvNum	Beds	Medicaid Days	Total Days	Admin&Gen	PlantOp	Capital	Dietary	Laundry	Housekeeping	Personal Client	Medical	Therapeutic	Recreational	Consultants	Ancillary#1	Total	Provider Fees	Total before Provider Fees
Pinecrest Supports and Services Center	71200	1222	145,610	145,610	27,566,586	6,288,164	523,162	2,431,915	606,871	1,366,577	426,115	9,982,397	39,216,116	383,438	1,149,082	262,824	90,203,247	2,082,223	88,121,024
Louisiana Special Education Center	71209	75	22,122	22,122	2,417,495	867,015	568,878	510,374	112,761	323,962	70,858	3,921,732	3,456,088	110,304	161,350		12,520,817	316,345	12,204,472
Eastern LA Mental Health System / Lelia Jackson Comm. Group H	71228	4	1,455	1,455	260,963	14,871	28	15,593		3,135	995	25,732	392,547		5,893	14,819	734,576	20,807	713,770
Eastern LA Mental Health System / W.T. Price Comm. Group Hon	71229	4	1,447	1,447	265,900	15,026	28	15,414		2,264	1,339	25,463	456,379		5,893	3,998	791,704	20,692	771,012
Eastern LA Mental Health System / T.N. Armstead Comm. Group	71230	8	2,896	2,896	550,615	9,619		26,843		4,792	728	51,213	544,818		11,787	2,081	1,202,496	41,413	1,161,083
Transitional Family Life Center	71234	15	3,541	3,541	377,076	165,260	76,570	40,094	4,278	52,168	9,160	388,225	784,319	4,952	45,360		1,947,462	50,636	1,896,826
			177,071	177,071	31,438,635	7,359,955	1,168,666	3,040,233	723,910	1,752,898	509,195	14,394,762	44,850,267	498,694	1,379,365	283,722	107,400,302	2,532,115	104,868,187
					Midpoint 2012:4	1.267													
					Midpoint 2014:4	1.317													
					Inflation rate	1.039463	16.15												
			Total excl Cap & ancillary and Provider Fees	Times 1.12 for Medicare Equivalent	Inflated to SFY 14-15	UPL With Capital & Ancillary	SFY 2015 Provider Fees	Total Projected Costs with Provider Fees	Total Days in FY13	Medicare Equivalent Per Diem	Projected Medicaid Days in FY15	Medicare Equivalent UPL	Projected Revenue (annualized based on 12/31 data)	Avg UPL Per Diem	Avg Revenue Per Diem	Difference			
Pinecrest Supports and Services Center	71200		87,335,038	97,815,243	101,675,355	102,461,341	2,351,602	104,812,942	145,610	719.82	143,413	103,231,686	103,522,862	719.82	721.85	2.03			
Louisiana Special Education Center	71209		11,635,594	13,031,866	13,546,146	14,115,024	357,270	14,472,294	22,122	654.20	19,408	12,697,098	12,737,202	654.20	656.27	2.07			
Eastern LA Mental Health System / Lelia Jackson Comm. Group H	71228		698,923	782,793	813,685	828,532	23,498	852,030	1,455	585.59	1,188	695,815	698,301	585.59	587.68	2.09			
Eastern LA Mental Health System / W.T. Price Comm. Group Hon	71229		766,986	859,024	892,924	896,950	23,369	920,319	1,447	636.02	1,486	944,989	948,052	636.02	638.08	2.06			
Eastern LA Mental Health System / T.N. Armstead Comm. Group	71230		1,159,002	1,298,082	1,349,309	1,351,390	46,770	1,398,160	2,896	482.79	2,920	1,409,747	1,415,966	482.79	484.92	2.13			
Transitional Family Life Center	71234		1,820,256	2,038,686	2,119,140	2,195,710	57,187	2,252,897	3,541	636.23	4,225	2,688,252	2,697,033	636.23	638.31	2.08			
			103,415,799	115,825,695	120,396,559	121,848,947	2,859,697	124,708,643	177,071	704.29	172,641	121,667,588	122,019,417	704.74	706.78	2.04			
												351,828							

NOTE: Cost report number for Pinecrest have been adjusted to reflect the Capital equipment purchases less than \$5000; these costs have been reclassified to Admin & Gen costs. The total dollar amount of the reclass was \$549,547.

State Owned ICF Revenue Information
State Fiscal Year 2015 - Projected

Data Received from Molina for Date of Service 7/1/14 - 12/31/14								365/184	365/184
CLP_Serv_Prov_Id	CLQ_Claim_Type	CLC_Public_Private_Code	payment	days	PLI	TPL	Total to 12/31/14	Projected \$	Projected Days
71228	2	9 \$	349,889	599	2,131	0	352,020	698,301	1,188
71229	2	9 \$	476,967	749	954	0	477,922	948,052	1,486
71209	2	9 \$	6,400,070	9784	20,876	0	6,420,946	12,737,202	19,408
71200	2	9 \$	51,122,873	72296	1,063,994	0	52,186,868	103,522,862	143,413
71230	2	9 \$	709,385	1472	4,418	0	713,802	1,415,966	2,920
71234	2	9 \$	1,349,048	2130	10,553	0	1,359,600	2,697,033	4,225
			60,408,232	87,030	1,102,926	-	61,511,158	122,019,417	172,641

Appendix F

Private ICF/DD
with Revenue in SFY 2015
but No Valid Cost Report in SFY 2012

ERROR 1 TAB

Facilities with Revenue in 2015 without matching facility in SFY 2012

Molina Data for the Six Months Ended 12/31/14				365/184	365/184	
CLP_Serv_Prov_Id	Payment	days	PLI	Projected Days	Projected Dollars	
31373	191,737.90	1,288	40,670.87	2,555	461,028	Holy Angels / Sisters - Error 2 - total days were 66 in 2012
71928	183,974.14	1,103	8,928.00	2,188	382,659	Happy Haven - Perrett - No days reported on FY 2012 cost report

Facilities converted with no corresponding SFY 11/12 cost report

31306	6,352,645.04	22,296	362,279.84	44,228	13,320,367	The ARC of Acadiana / Residential Program Northwest
35508	214,603.34	866	8,242.20	1,718	442,058	EPM / Division Street Community Home
35562	192,987.06	1,095	21,652.89	2,172	425,780	EPM / Weil Drive Community Home
30865	9,493,818.46	33,758	662,165.92	66,966	20,146,382	EPM / North Lake Community Services
35455	246,513.64	988	18,105.40	1,960	524,924	EPM / South Street Community Home
35621	167,525.55	1,028	14,344.05	2,039	360,774	EPM / Olene Drive Community Home
	17,043,805.13	62,422	1,136,389.17	<u>123,826</u>	<u>36,063,972</u>	

to reconciliation at PrivateCostSummary Tab

Appendix G

Market Basket Table for Inflation Factor

Table 6.7

CMS Nursing Home without Capital Market Basket
(Fiscal year 2004=1.000)

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Healthcare Cost Service
Fourth Quarter 2014 Forecast
Updated: 21 January 2015

	2011:2	2011:3	2011:4	2012:1	2012:2	2012:3	2012:4	2013:1	2013:2	2013:3	2013:4	2014:1	2014:2	2014:3	2014:4	2015:1	2015:2	2015:3	2015:4	2016:1	2016:2	2016:3	2016:4	2017:1	2017:2
Total	1.231	1.239	1.239	1.252	1.255	1.263	1.267	1.278	1.283	1.287	1.286	1.300	1.305	1.313	1.317	1.329	1.336	1.343	1.349	1.361	1.370	1.379	1.387	1.401	1.411
%	0.6	0.6	0.1	1.0	0.3	0.6	0.3	0.9	0.4	0.3	-0.1	1.1	0.4	0.6	0.3	0.9	0.5	0.6	0.4	0.9	0.6	0.7	0.6	1.0	0.7
%CHYA	2.3	2.4	2.3	2.3	2.0	2.0	2.2	2.1	2.2	1.9	1.5	1.7	1.7	2.0	2.5	2.3	2.3	2.3	2.4	2.4	2.5	2.6	2.8	2.9	3.0
%MOVAVG	2.0	2.1	2.2	2.3	2.2	2.1	2.1	2.1	2.1	2.1	1.9	1.8	1.7	1.7	2.0	2.1	2.3	2.3	2.3	2.4	2.4	2.5	2.6	2.7	2.9
Compensation	1.188	1.191	1.191	1.198	1.200	1.203	1.207	1.210	1.213	1.217	1.220	1.224	1.226	1.231	1.236	1.248	1.254	1.261	1.268	1.279	1.286	1.295	1.305	1.318	1.327
%	0.5	0.3	0.1	0.6	0.2	0.3	0.3	0.3	0.2	0.3	0.3	0.3	0.1	0.4	0.4	1.0	0.5	0.5	0.6	0.8	0.6	0.7	0.8	1.0	0.7
%CHYA	1.3	1.3	1.3	1.4	1.1	1.1	1.3	1.0	1.1	1.1	1.2	1.2	1.1	1.2	1.3	2.0	2.3	2.4	2.6	2.4	2.5	2.7	2.9	3.1	3.2
%MOVAVG	1.1	1.2	1.2	1.3	1.3	1.2	1.2	1.1	1.1	1.1	1.1	1.1	1.1	1.2	1.2	1.4	1.7	2.0	2.3	2.4	2.5	2.6	2.6	2.8	3.0
Budget Share	0.652	0.650	0.650	0.647	0.647	0.644	0.644	0.641	0.639	0.639	0.642	0.637	0.635	0.634	0.635	0.635	0.635	0.635	0.636	0.635	0.635	0.635	0.636	0.636	0.636
Wage & Salary																									
WAGES	1.185	1.188	1.188	1.194	1.196	1.199	1.202	1.205	1.208	1.211	1.217	1.220	1.221	1.226	1.231	1.243	1.249	1.256	1.263	1.273	1.280	1.288	1.299	1.310	1.319
%	0.4	0.3	0.0	0.4	0.2	0.3	0.3	0.3	0.3	0.3	0.4	0.3	0.1	0.4	0.4	1.0	0.5	0.5	0.6	0.8	0.6	0.6	0.8	0.9	0.7
%CHYA	1.2	1.1	1.0	1.2	0.9	0.9	1.1	1.0	1.0	1.0	1.2	1.2	1.0	1.2	1.2	1.9	2.4	2.4	2.6	2.4	2.5	2.6	2.8	2.9	3.0
%MOVAVG	1.0	1.0	1.0	1.1	1.0	1.0	1.0	1.0	1.0	1.1	1.1	1.1	1.1	1.2	1.2	1.3	1.7	2.0	2.3	2.4	2.5	2.5	2.6	2.7	2.8
Budget Share	0.533	0.531	0.53	0.527	0.527	0.525	0.525	0.522	0.521	0.521	0.524	0.519	0.517	0.516	0.517	0.517	0.518	0.517	0.518	0.517	0.517	0.517	0.518	0.517	0.517
Empl. Benefits																									
BENEFITS	1.199	1.202	1.206	1.219	1.221	1.224	1.227	1.234	1.234	1.241	1.238	1.245	1.250	1.256	1.259	1.271	1.277	1.283	1.288	1.305	1.314	1.324	1.333	1.351	1.362
%	0.8	0.3	0.3	1.1	0.2	0.3	0.3	0.6	-0.1	0.6	-0.2	0.6	0.4	0.4	0.3	1.0	0.4	0.5	0.4	1.3	0.7	0.8	0.6	1.4	0.8
%CHYA	2.1	2.4	2.6	2.4	1.8	1.8	1.8	1.3	1.1	1.4	0.9	0.9	1.3	1.2	1.7	2.1	2.1	2.2	2.3	2.6	2.9	3.2	3.4	3.6	3.6
%MOVAVG	1.7	1.9	2.2	2.4	2.3	2.2	2.0	1.7	1.5	1.4	1.1	1.0	1.1	1.1	1.3	1.6	1.8	2.0	2.2	2.3	2.5	2.8	3.1	3.3	3.5
Budget Share	0.120	0.119	0.120	0.120	0.120	0.119	0.119	0.119	0.118	0.119	0.119	0.118	0.118	0.118	0.118	0.118	0.118	0.118	0.118	0.118	0.118	0.118	0.118	0.119	0.119
Utilities	1.255	1.284	1.240	1.218	1.215	1.257	1.236	1.246	1.277	1.303	1.270	1.305	1.335	1.358	1.317	1.312	1.322	1.358	1.316	1.320	1.337	1.382	1.345	1.358	1.383
%	1.2	2.3	-3.4	-1.8	-0.2	3.4	-1.6	0.8	2.5	2.0	-2.5	2.8	2.3	1.7	-3.0	-0.4	0.8	2.7	-3.1	0.3	1.3	3.4	-2.7	1.0	1.8
%CHYA	0.8	-0.9	0.7	-1.8	-3.2	-2.1	-0.3	2.3	5.1	3.7	2.8	4.7	4.5	4.2	3.7	0.5	-1.0	0.0	-0.1	0.6	1.1	1.8	2.2	2.9	3.4
%MOVAVG	1.7	0.5	0.3	-0.3	-1.3	-1.6	-1.9	0.9	1.2	2.7	3.5	4.1	3.9	4.1	4.3	3.2	1.8	0.8	-0.1	-0.1	0.4	0.9	1.4	2.0	2.6
Budget Share	0.017	0.017	0.017	0.016	0.016	0.017	0.016	0.016	0.017	0.017	0.017	0.017	0.017	0.017	0.017	0.017	0.017	0.017	0.016	0.016	0.016	0.017	0.016	0.016	0.016
Food	1.274	1.290	1.292	1.299	1.310	1.329	1.338	1.335	1.342	1.349	1.346	1.360	1.389	1.399	1.400	1.403	1.407	1.409	1.410	1.414	1.419	1.424	1.426	1.432	1.438
%	2.0	1.3	0.1	0.5	0.8	1.4	0.7	-0.2	0.5	0.5	-0.2	1.0	2.1	0.7	0.1	0.2	0.3	0.2	0.0	0.3	0.4	0.3	0.1	0.4	0.4
%CHYA	5.4	6.3	5.2	4.1	2.9	3.0	3.5	2.8	2.5	1.5	0.6	1.8	3.5	3.7	4.0	3.2	1.3	0.7	0.7	0.9	1.1	1.1	1.3	1.3	1.3
%MOVAVG	3.8	4.8	5.2	5.2	4.6	3.7	3.4	3.0	2.9	2.6	1.8	1.6	1.9	2.4	3.3	3.6	3.1	2.3	1.5	0.9	0.8	0.8	1.0	1.1	1.2
Budget Share	0.068	0.068	0.068	0.068	0.068	0.069	0.069	0.068	0.068	0.068	0.068	0.068	0.069	0.070	0.069	0.069	0.069	0.068	0.068	0.068	0.068	0.067	0.067	0.067	0.067
All Other	1.340	1.355	1.359	1.392	1.398	1.413	1.418	1.453	1.465	1.467	1.453	1.494	1.502	1.516	1.522	1.537	1.545	1.556	1.562	1.582	1.592	1.602	1.608	1.629	1.642
%	0.5	1.2	0.3	2.4	0.4	1.1	0.4	2.4	0.8	0.2	-1.0	2.8	0.5	1.0	0.4	1.0	0.5	0.7	0.4	1.3	0.6	0.6	0.4	1.3	0.8
%CHYA	4.1	4.4	4.2	4.4	4.3	4.3	4.4	4.4	4.8	3.8	2.4	2.8	2.5	3.3	4.7	2.9	2.9	2.6	2.6	2.9	3.0	2.9	3.0	3.0	3.2
%MOVAVG	3.9	4.0	4.2	4.3	4.3	4.3	4.3	4.3	4.5	4.3	3.8	3.5	2.9	2.8	3.4	3.4	3.5	3.3	2.8	2.7	2.8	2.9	3.0	3.0	3.0
Budget Share	0.263	0.264	0.265	0.269	0.269	0.270	0.271	0.275	0.276	0.276	0.273	0.278	0.278	0.279	0.279	0.280	0.280	0.280	0.280	0.281	0.281	0.281	0.280	0.281	0.281
All Other Products																									
AOPRODUCTS	1.416	1.438	1.442	1.487	1.493	1.515	1.521	1.569	1.584	1.586	1.563	1.622	1.629	1.649	1.656	1.677	1.684	1.698	1.705	1.729	1.739	1.751	1.758	1.783	1.797
%	0.4	1.6	0.3	3.1	0.4	1.5	0.4	3.1	1.0	0.2	-1.5	3.8	0.5	1.2	0.5	1.2	0.4	0.8	0.4	1.4	0.6	0.7	0.4	1.4	0.8
%CHYA	4.9	5.4	5.2	5.5	5.5	5.4	5.5	5.5	6.1	4.7	2.7	3.4	2.9	4.0	6.0	3.4	3.0	2.9	3.1	3.2	3.1	3.1	3.1	3.2	3.4
%MOVAVG	4.9	5.0	5.1	5.3	5.4	5.4	5.5	5.4	5.6	5.4	4.7	4.2	3.4	3.2	4.1	4.1	4.2	3.9	3.2	3.1	3.1	3.1	3.1	3.2	3.2
Budget Share	0.182	0.184	0.184	0.188	0.188	0.190	0.190	0.194	0.195	0.195	0.192	0.198	0.198	0.199	0.199	0.200	0.200	0.200	0.200	0.201	0.201	0.201	0.201	0.201	0.202
All Other Services																									
AOSERVICES	1.195	1.199	1.201	1.210	1.217	1.220	1.224	1.233	1.239	1.242	1.244	1.251	1.259	1.265	1.266	1.272	1.280	1.286	1.290	1.303	1.312	1.319	1.324	1.338	1.348
%	0.6	0.3	0.2	0.8	0.5	0.2	0.3	0.8	0.5	0.2	0.2	0.5	0.7	0.4	0.1	0.5	0.6	0.5	0.3	1.0	0.7	0.5	0.4	1.1	0.7
%CHYA	2.2	2.1	2.1	1.9	1.8	1.7	1.9	1.9	1.8	1.8	1.7	1.5	1.7	1.9	1.8	1.7	1.6	1.7	1.9	2.4	2.5	2.5	2.6	2.7	2.7
%MOVAVG	1.7	1.9	2.1	2.1	2.0	1.9	1.8	1.8	1.8	1.8	1.8	1.7	1.7	1.7	1.7	1.8	1.7	1.7	1.7	1.9	2.1	2.3	2.5	2.6	2.6
Budget Share	0.081	0.081	0.081	0.081	0.081	0.081	0.081	0.080	0.081	0.080	0.081	0.080													

Appendix H

Payment Information for
Private Facilities from Molina
and Projection to SFYE 6/30/15

Private ICF Revenue Information State Fiscal Year 2015 - Projected

Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars	
71726	2	1	160,004.47	998	8,769.75	1,980	334,796.69	
71727	2	1	175,400.25	1,002	1,668.00	1,988	351,249.52	
71926	2	1	165,363.62	1,059	9,145.16	2,101	346,172.31	
71976	2	1	196,358.75	1,288	17,637.20	2,555	424,502.84	
71777	2	1	192,661.90	1,104	8,557.92	2,190	399,158.88	
71791	2	1	179,775.90	1,104	10,203.97	2,190	376,862.24	
71826	2	1	212,146.15	1,429	28,415.11	2,835	477,200.33	
71776	2	1	162,512.88	1,104	16,518.00	2,190	355,142.78	
71741	2	1	220,194.03	1,104	12,640.84	2,190	461,873.52	
71627	2	1	165,304.54	1,104	18,872.45	2,190	365,351.09	
71526	2	1	169,624.27	1,104	26,883.00	2,190	389,810.62	
71841	2	1	197,189.81	1,104	7,284.00	2,190	405,613.81	
3407	2	1	253,750.81	1,414	14,583.49	2,805	532,293.58	
31373	2	1	191,737.90	1,288	40,670.87	2,555	461,028.27	
71326	2	1	221,691.37	1,469	34,335.25	2,914	507,878.89	
45790	2	1	316,127.89	1,430	9,228.00	2,837	645,407.06	
71641	2	1	2,488,868.77	18,409	267,465.57	36,518	5,467,728.45	
71576	2	1	174,504.85	1,052	15,426.00	2,087	376,765.00	
71626	2	1	147,234.60	901	21,377.26	1,787	334,474.61	
71376	2	1	149,952.36	945	10,662.75	1,875	318,611.50	
71677	2	1	282,184.27	1,472	7,080.00	2,920	573,812.27	
71527	2	1	162,099.29	1,104	26,565.74	2,190	374,254.00	
71827	2	1	180,844.97	1,094	12,868.12	2,170	384,267.81	
71341	2	1	168,764.91	1,104	19,074.00	2,190	372,615.23	
71927	2	1	179,851.84	1,104	19,296.00	2,190	395,048.70	
71391	2	1	176,124.75	1,104	24,375.60	2,190	397,731.67	
71877	2	1	122,465.74	801	13,663.45	1,589	270,038.88	

Private ICF Revenue Information State Fiscal Year 2015 - Projected

Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars	
71676	2	1	284,217.81	1,472	19,764.00	2,920	603,007.39	
71891	2	1	202,023.29	1,104	6,849.00	2,190	414,339.05	
71657	2	1	218,284.73	1,285	24,175.04	2,549	480,966.39	
71639	2	1	197,678.99	1,219	24,914.58	2,418	441,557.90	
71321	2	1	127,086.23	802	16,606.71	1,591	285,043.06	
71389	2	1	161,999.12	1,089	29,339.10	2,160	379,556.80	
71907	2	1	231,414.36	1,472	16,108.78	2,920	491,010.58	
71707	2	1	206,259.53	1,301	12,771.00	2,581	434,489.91	
12901	2	1	277,342.02	1,104	12,828.00	2,190	575,609.01	
71971	2	1	237,162.89	1,415	18,145.38	2,807	506,453.91	
71814	2	1	144,102.17	1,104	37,901.72	2,190	361,040.33	
2940	2	1	436,104.01	2,576	31,731.17	5,110	928,042.61	
71932	2	1	100,199.08	647	9,537.13	1,283	217,683.24	
71614	2	1	204,882.39	1,306	24,927.18	2,591	455,872.24	
71989	2	1	155,874.85	1,071	23,721.17	2,125	356,263.84	
71396	2	1	166,624.46	1,104	19,185.26	2,190	368,589.93	
71414	2	1	155,976.66	920	1,172.00	1,825	311,735.11	
71921	2	1	307,081.10	1,042	4,430.00	2,067	617,943.21	
71796	2	1	198,001.54	1,104	12,174.00	2,190	416,924.30	
71882	2	1	166,145.04	1,104	19,167.86	2,190	367,604.39	
71303	2	1	281,745.35	1,472	5,274.00	2,920	569,359.04	
71771	2	1	201,557.98	1,104	11,835.77	2,190	423,308.25	
71328	2	1	197,193.81	1,472	48,631.80	2,920	487,643.19	
71571	2	1	3,151,842.73	21,980	265,422.33	43,602	6,778,813.84	
71121	2	1	219,497.47	1,379	41,584.25	2,736	517,906.67	
71682	2	1	208,001.92	1,390	30,284.52	2,757	472,687.78	
71946	2	1	214,027.96	1,470	24,786.77	2,916	473,735.74	

Private ICF Revenue Information State Fiscal Year 2015 - Projected

Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars	
71589	2	1	211,178.24	1,451	25,534.00	2,878	469,565.04	
71839	2	1	179,711.46	1,104	8,144.04	2,190	372,648.14	
71371	2	1	169,986.94	1,104	19,299.06	2,190	375,485.82	
88576	2	1	174,249.76	1,104	11,045.33	2,190	367,569.06	
71678	2	1	168,567.15	1,104	25,183.56	2,190	384,342.44	
71528	2	1	179,947.60	1,004	13,951.41	1,992	384,636.62	
71996	2	1	236,928.13	1,472	28,710.00	2,920	526,945.20	
71078	2	1	229,716.06	1,472	16,159.08	2,920	487,741.45	
71857	2	1	229,106.07	1,287	7,758.00	2,553	469,866.23	
71560	2	1	228,614.53	1,277	16,127.00	2,533	485,492.71	
71092	2	1	217,058.09	1,457	34,711.22	2,890	499,433.69	
71828	2	1	186,171.92	1,104	21,889.20	2,190	412,729.94	
71310	2	1	186,292.33	1,103	6,134.19	2,188	381,715.65	
10464	2	1	198,888.33	1,104	8,838.00	2,190	412,065.82	
13123	2	1	247,889.91	1,399	20,706.00	2,775	532,812.54	
71357	2	1	189,136.95	1,171	6,828.00	2,323	388,734.82	
11886	2	1	126,150.07	736	5,256.00	1,460	260,669.65	
71842	2	1	210,594.12	1,472	35,900.76	2,920	488,970.82	
71675	2	1	223,879.97	1,472	27,906.00	2,920	499,466.73	
71811	2	1	204,371.22	1,229	11,502.81	2,438	428,228.37	
71624	2	1	210,105.87	1,303	17,610.62	2,585	451,720.21	
71892	2	1	232,814.97	1,235	7,374.00	2,450	476,461.82	
71693	2	1	141,038.87	1,104	35,893.04	2,190	350,979.06	
72496	2	1	148,475.28	938	12,318.92	1,861	318,966.76	
71106	2	1	162,331.59	1,043	9,196.65	2,069	340,259.82	
71943	2	1	221,112.87	1,334	12,743.65	2,646	463,900.16	
71374	2	1	221,182.72	1,377	17,513.18	2,732	473,500.02	

Private ICF Revenue Information State Fiscal Year 2015 - Projected

Data Received from Molina for Date of Service 7/1/14 - 12/31/14						365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars
71910	2	1	188,962.35	1,104	17,388.00	2,190	409,336.29
45003	2	1	253,548.70	1,104	14,208.00	2,190	531,147.80
71875	2	1	190,351.25	1,104	13,182.00	2,190	403,748.02
71642	2	1	140,961.80	920	25,896.00	1,825	330,995.09
71743	2	1	156,975.85	1,104	31,501.62	2,190	373,881.94
71960	2	1	203,654.74	1,148	1,980.00	2,277	407,916.74
71978	2	1	235,555.87	1,435	11,268.00	2,847	489,623.44
71761	2	1	173,010.88	1,092	10,667.28	2,166	364,361.57
71607	2	1	255,792.98	1,472	11,610.00	2,920	530,446.13
71611	2	1	170,041.92	1,090	25,829.40	2,162	388,549.09
16744	2	1	420,509.33	2,124	36,539.84	4,213	906,646.45
10465	2	1	209,871.32	1,051	21,506.08	2,085	458,982.34
71778	2	1	116,087.16	736	12,830.10	1,460	255,732.61
71421	2	1	161,132.40	1,104	34,176.00	2,190	387,432.42
71671	2	1	201,345.94	1,098	8,436.32	2,178	416,144.16
71628	2	1	178,337.46	1,104	20,028.00	2,190	393,496.70
71939	2	1	232,137.26	1,472	26,110.96	2,920	512,285.87
71578	2	1	197,197.04	1,331	17,709.95	2,640	426,310.06
71739	2	1	164,770.20	1,104	16,730.06	2,190	360,041.28
71314	2	1	134,821.77	925	18,049.26	1,835	303,249.60
71689	2	1	200,249.06	1,288	23,827.98	2,555	444,500.65
71564	2	1	155,310.37	1,104	31,853.25	2,190	371,275.66
71096	2	1	198,263.28	1,410	58,821.65	2,797	509,978.26
72500	2	1	131,376.29	859	22,760.53	1,704	305,760.54
71914	2	1	198,212.75	1,378	37,718.03	2,734	468,014.86
71832	2	1	197,456.08	1,050	11,315.84	2,083	414,139.95
71846	2	1	183,051.44	1,104	19,893.54	2,190	402,581.07

Private ICF Revenue Information State Fiscal Year 2015 - Projected

Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars	
71378	2	1	179,955.95	1,043	16,890.00	2,069	390,482.46	
71539	2	1	151,891.79	1,104	39,923.81	2,190	380,503.77	
10393	2	1	204,532.20	1,104	14,850.00	2,190	435,187.52	
71764	2	1	179,329.55	1,104	23,860.44	2,190	403,067.10	
71957	2	1	163,484.34	1,035	22,338.25	2,053	368,615.46	
71714	2	1	167,107.33	1,104	20,094.00	2,190	371,350.46	
71553	2	1	167,379.03	1,104	20,347.32	2,190	372,391.94	
32474	2	1	201,345.36	1,104	10,838.08	2,190	420,907.37	
71964	2	1	157,346.42	1,084	28,561.37	2,150	368,784.47	
71403	2	1	192,447.05	1,281	18,939.99	2,541	419,327.55	
12958	2	1	251,091.96	1,104	25,587.00	2,190	548,846.85	
71889	2	1	185,123.23	1,104	9,200.44	2,190	385,479.02	
12226	2	1	254,301.13	1,063	9,992.55	2,109	524,278.22	
71646	2	1	197,395.98	1,104	13,434.60	2,190	418,223.70	
71621	2	1	177,166.29	1,038	12,960.60	2,059	377,153.89	
71871	2	1	202,103.71	1,288	16,950.00	2,555	434,535.89	
71046	2	1	147,218.27	868	4,987.43	1,722	301,929.79	
71514	2	1	165,267.88	1,104	24,924.86	2,190	377,284.51	
71982	2	1	235,354.24	1,453	5,713.92	2,882	478,205.86	
71393	2	1	192,232.29	1,104	18,042.00	2,190	417,120.19	
71661	2	1	163,115.70	1,104	26,160.00	2,190	375,465.38	
71610	2	1	179,677.65	1,066	2,997.74	2,115	362,372.38	
71911	2	1	163,789.76	1,104	24,500.34	2,190	373,510.25	
71843	2	1	225,024.64	1,472	18,198.28	2,920	482,480.25	
71392	2	1	140,051.20	736	10,620.00	1,460	298,885.80	
71124	2	1	171,561.03	1,048	5,084.10	2,079	350,410.18	
71724	2	1	169,617.14	1,104	14,833.44	2,190	365,893.81	

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71860	2	1	154,086.65	1,047	20,879.43	2,077	347,079.45	
71525	2	1	37,741.02	244	1,807.25	484	78,451.73	
71925	2	1	212,715.43	1,376	20,596.29	2,730	462,819.44	
71375	2	1	169,927.24	981	3,081.00	1,946	343,195.69	
71660	2	1	177,821.70	1,104	18,720.00	2,190	389,878.92	
71975	2	1	224,301.83	1,472	29,906.10	2,920	504,271.17	
71674	2	1	203,756.26	1,104	29,290.56	2,190	462,293.96	
71861	2	1	270,530.78	1,651	14,810.80	3,275	566,030.85	
71992	2	1	169,128.71	1,027	14,340.91	2,037	363,947.89	
71524	2	1	265,624.56	1,472	18,798.96	2,920	564,209.70	
71107	2	1	182,279.47	1,104	15,411.41	2,190	392,158.54	
71742	2	1	178,544.39	1,104	14,150.00	2,190	382,247.02	
71793	2	1	173,559.08	1,104	17,326.20	2,190	378,658.30	
71307	2	1	221,278.81	1,362	17,661.08	2,702	473,984.02	
71575	2	1	178,004.69	1,104	14,706.80	2,190	382,280.94	
71942	2	1	226,333.86	1,402	13,343.65	2,781	475,447.23	
71728	2	1	229,164.40	1,104	17,374.45	2,190	489,058.04	
71928	2	1	183,974.14	1,103	8,928.00	2,188	382,659.14	
12036	2	1	158,508.97	1,104	29,541.40	2,190	373,034.70	
71125	2	1	240,215.42	1,465	23,443.58	2,906	523,019.21	
71810	2	1	141,463.71	945	12,726.15	1,875	305,865.75	
31306	2	1	6,352,645.04	22,296	362,279.84	44,228	13,320,367.29	
45121	2	1	197,986.61	1,104	13,476.00	2,190	419,477.46	
71542	2	1	194,687.18	1,183	7,191.96	2,347	400,466.77	
71768	2	1	165,499.70	1,064	23,049.80	2,111	374,024.82	
15505	2	1	2,256,271.40	11,820	190,558.46	23,447	4,853,765.75	
71049	2	1	221,285.05	1,467	25,261.86	2,910	489,074.03	

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Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
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71332	2	1	145,150.50	944	24,381.66	1,873	336,300.21	
71870	2	1	202,426.41	1,220	21,219.68	2,420	443,645.78	
35508	2	1	214,603.34	866	8,242.20	1,718	442,057.73	
2963	2	1	183,480.57	1,104	14,530.20	2,190	392,793.10	
71349	2	1	173,643.68	1,104	21,852.00	2,190	387,803.93	
71785	2	1	231,148.44	1,411	21,804.43	2,799	501,781.51	
71368	2	1	254,935.89	1,472	10,231.77	2,920	526,011.93	
71385	2	1	108,165.82	678	12,005.87	1,345	238,384.06	
71632	2	1	214,485.34	1,264	13,150.17	2,507	451,559.57	
71919	2	1	140,360.72	908	19,735.99	1,801	317,583.15	
71970	2	1	176,643.57	914	24,428.05	1,813	398,864.90	
71585	2	1	201,485.16	1,282	12,379.44	2,543	424,242.28	
71519	2	1	132,732.95	912	27,104.46	1,809	317,068.78	
71985	2	1	210,314.15	1,472	33,921.00	2,920	484,488.21	
71983	2	1	197,608.41	1,104	19,017.60	2,190	429,720.07	
71532	2	1	190,708.89	1,104	13,534.38	2,190	405,156.49	
71634	2	1	192,903.98	1,222	12,030.00	2,424	406,526.65	
71734	2	1	231,596.02	1,288	8,422.80	2,555	476,124.29	
71398	2	1	226,481.68	1,472	20,991.00	2,920	490,910.48	
71968	2	1	209,846.86	1,074	27,646.45	2,130	471,114.45	
71783	2	1	174,002.80	1,104	26,994.00	2,190	398,716.48	
71531	2	1	176,493.56	1,104	16,259.36	2,190	382,363.13	
35562	2	1	192,987.06	1,095	21,652.89	2,172	425,780.34	
71999	2	1	165,467.20	1,079	15,168.45	2,140	358,326.15	
12034	2	1	166,435.12	1,091	30,601.11	2,164	390,859.91	
71420	2	1	170,791.94	1,104	27,380.16	2,190	393,113.13	
71590	2	1	176,643.58	1,054	7,020.00	2,091	364,332.65	

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71897	2	1	171,412.58	1,104	13,038.00	2,190	365,893.81	
71990	2	1	167,950.92	1,099	25,005.94	2,180	382,767.68	
45791	2	1	199,379.11	1,064	9,390.37	2,111	414,135.11	
71922	2	1	224,616.10	1,472	39,206.40	2,920	523,343.55	
71829	2	1	141,027.05	1,041	27,809.78	2,065	334,920.89	
71795	2	1	163,489.67	1,104	31,386.00	2,190	386,574.02	
71361	2	1	245,565.20	1,472	28,230.00	2,920	543,126.35	
45425	2	1	194,396.60	1,104	19,089.00	2,190	423,490.46	
71697	2	1	2,228,863.53	13,794	227,257.76	27,363	4,872,197.12	
44748	2	1	223,179.77	1,288	22,296.00	2,555	486,949.22	
71127	2	1	252,866.80	1,472	-	2,920	501,610.77	
71799	2	1	172,356.60	1,104	17,977.80	2,190	377,565.52	
71331	2	1	230,069.38	1,472	18,503.46	2,920	493,092.86	
71790	2	1	162,202.89	1,104	25,674.00	2,190	372,690.57	
45591	2	1	234,536.15	1,472	14,120.72	2,920	493,259.55	
71863	2	1	225,163.91	1,472	36,463.68	2,920	518,989.51	
71854	2	1	164,497.59	987	8,106.00	1,958	342,392.99	
71395	2	1	207,493.62	1,309	19,741.10	2,597	450,764.53	
71654	2	1	114,329.56	736	16,566.60	1,460	259,658.14	
71386	2	1	214,006.17	1,463	22,361.23	2,902	468,880.98	
71765	2	1	150,161.28	887	5,788.90	1,760	309,357.69	
71965	2	1	231,021.77	1,472	23,715.30	2,920	505,320.82	
71620	2	1	241,045.27	1,452	15,530.88	2,880	508,968.99	
71731	2	1	148,087.33	883	3,159.25	1,752	300,027.18	
71093	2	1	200,270.30	1,371	49,698.99	2,720	495,862.99	
71722	2	1	207,740.01	1,285	30,067.74	2,549	471,738.20	
72497	2	1	141,051.39	979	17,482.60	1,942	314,483.19	

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12060	2	1	197,215.79	1,104	19,037.89	2,190	428,981.48	
71122	2	1	232,878.89	1,407	26,766.00	2,791	515,056.44	
45927	2	1	247,433.05	1,472	6,978.00	2,920	504,674.09	
71956	2	1	157,292.97	1,104	26,975.84	2,190	365,533.24	
71097	2	1	226,539.47	1,410	25,500.68	2,797	499,970.95	
71931	2	1	242,403.63	1,472	11,400.00	2,920	503,469.16	
10394	2	1	239,029.48	1,023	9,600.78	2,029	493,206.77	
2834	2	1	251,147.27	1,409	20,054.98	2,795	537,982.72	
71856	2	1	174,994.64	1,104	18,317.76	2,190	383,472.97	
71388	2	1	151,027.96	1,104	33,257.76	2,190	365,566.78	
71865	2	1	254,148.76	1,466	19,543.43	2,908	542,922.01	
71656	2	1	183,376.19	1,104	11,738.31	2,190	387,047.79	
71554	2	1	78,256.07	530	10,218.94	1,051	175,507.49	
71665	2	1	174,132.83	1,104	8,154.84	2,190	361,603.26	
45125	2	1	417,726.78	2,500	40,578.32	4,959	909,137.83	
71597	2	1	149,028.80	920	25,302.00	1,825	345,819.25	
71729	2	1	179,860.97	1,104	24,642.00	2,190	405,671.65	
71720	2	1	180,462.12	1,104	6,768.14	2,190	371,407.85	
71929	2	1	186,684.40	1,104	18,102.00	2,190	406,233.89	
71363	2	1	186,709.69	1,082	20,340.80	2,146	410,725.16	
71831	2	1	131,022.91	951	23,468.76	1,886	306,464.45	
71797	2	1	183,245.71	1,104	5,808.00	2,190	375,025.02	
71529	2	1	190,100.11	1,104	13,260.00	2,190	403,404.57	
71329	2	1	174,704.09	1,104	18,690.38	2,190	383,635.77	
71788	2	1	141,853.09	880	5,837.31	1,746	292,972.80	
71320	2	1	224,360.03	1,472	37,966.03	2,920	520,375.06	
71422	2	1	186,369.44	1,104	9,816.00	2,190	389,172.20	

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71924	2	1	105,042.34	801	27,606.81	1,589	263,135.54	
16704	2	1	231,572.77	1,466	12,843.48	2,908	484,847.45	
71631	2	1	182,742.02	1,125	31,053.72	2,232	424,105.68	
71890	2	1	117,355.51	718	11,186.09	1,424	254,987.41	
10462	2	1	202,414.80	1,104	11,522.00	2,190	424,385.50	
71695	2	1	113,174.56	736	18,648.00	1,460	261,495.84	
71622	2	1	251,597.44	1,288	18,172.80	2,555	535,142.05	
71588	2	1	172,474.84	1,074	10,723.52	2,130	363,409.79	
71730	2	1	132,008.23	817	8,543.60	1,621	278,812.05	
71680	2	1	167,187.62	1,076	13,226.64	2,134	357,886.98	
71837	2	1	138,618.72	920	20,696.24	1,825	316,032.39	
35948	2	1	235,611.88	1,454	25,141.05	2,884	517,254.45	
71623	2	1	204,361.01	1,288	14,854.00	2,555	434,855.86	
71630	2	1	226,538.90	1,428	19,853.10	2,833	488,766.74	
71030	2	1	219,938.90	1,466	19,618.93	2,908	475,209.83	
71387	2	1	185,642.88	1,104	12,564.00	2,190	393,182.13	
71980	2	1	178,657.73	1,152	13,885.21	2,285	381,946.59	
57147	2	1	259,085.58	1,472	30,012.92	2,920	573,483.44	
71873	2	1	163,170.13	1,091	30,944.96	2,164	385,065.26	
71530	2	1	234,457.07	1,472	35,097.76	2,920	534,714.74	
71887	2	1	173,034.45	1,104	22,189.24	2,190	387,264.39	
71966	2	1	227,393.06	1,472	18,619.80	2,920	488,014.64	
71637	2	1	288,655.21	1,398	18,510.00	2,773	609,322.29	
12277	2	1	194,215.67	1,096	19,597.98	2,174	424,141.21	
71773	2	1	188,787.28	1,202	28,323.66	2,384	430,682.03	
71237	2	1	448,265.74	2,535	16,655.91	5,029	922,263.06	
71923	2	1	330,366.88	1,104	20,911.20	2,190	696,828.80	

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71723	2	1	154,644.80	920	3,414.00	1,825	313,540.55	
71673	2	1	240,207.20	1,288	26,652.04	2,555	529,367.51	
71337	2	1	177,899.58	1,101	13,558.27	2,184	379,794.10	
71687	2	1	175,862.19	982	11,544.00	1,948	371,756.84	
71580	2	1	185,334.90	1,104	12,899.02	2,190	393,235.77	
71394	2	1	150,662.94	1,051	18,833.20	2,085	336,228.76	
71880	2	1	135,792.38	1,073	40,842.53	2,129	350,389.90	
71930	2	1	171,143.50	1,101	18,533.00	2,184	376,260.45	
71830	2	1	147,469.25	920	4,548.00	1,825	301,555.96	
71937	2	1	218,031.20	1,400	21,968.30	2,777	476,085.96	
71787	2	1	195,724.30	1,035	1,352.85	2,053	390,941.09	
57040	2	1	174,162.61	949	7,492.91	1,883	360,349.27	
71423	2	1	161,506.62	1,090	16,100.96	2,162	352,319.38	
71037	2	1	263,580.93	1,472	6,924.49	2,920	536,600.43	
71380	2	1	144,403.37	1,014	20,628.96	2,011	327,373.92	
71537	2	1	197,669.45	1,252	14,176.66	2,484	420,238.21	
71973	2	1	172,362.25	1,104	22,967.90	2,190	387,475.57	
71569	2	1	164,308.24	1,104	16,483.68	2,190	358,636.15	
71935	2	1	155,369.08	982	9,935.28	1,948	327,913.54	
71786	2	1	231,557.66	1,104	305.15	2,190	459,945.25	
71318	2	1	150,466.69	920	12,455.38	1,825	323,187.80	
71582	2	1	148,471.11	1,104	30,107.91	2,190	354,246.43	
71833	2	1	173,935.92	1,104	17,440.48	2,190	379,632.53	
71633	2	1	135,401.03	874	19,111.92	1,734	306,506.67	
71735	2	1	179,407.14	1,104	13,590.02	2,190	382,847.63	
71803	2	1	161,334.85	1,091	14,664.08	2,164	349,128.31	
71335	2	1	239,756.19	1,104	27,991.00	2,190	531,128.94	

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71901	2	1	165,914.75	956	9,395.14	1,896	347,761.47	
45012	2	1	301,817.18	1,777	29,292.09	3,525	656,820.02	
71952	2	1	150,125.21	1,104	33,317.00	2,190	363,893.51	
71518	2	1	238,295.61	1,472	18,652.80	2,920	509,707.44	
71850	2	1	163,533.29	1,104	19,727.34	2,190	363,533.31	
71382	2	1	174,091.54	1,102	8,372.40	2,186	361,952.92	
71986	2	1	197,071.93	1,441	40,777.22	2,859	471,820.32	
12813	2	1	228,850.41	1,003	26,414.75	1,990	506,368.39	
71416	2	1	164,192.29	1,104	29,433.79	2,190	384,095.21	
37958	2	1	218,134.24	1,307	11,032.06	2,593	454,596.19	
71118	2	1	220,512.34	1,472	30,338.50	2,920	497,611.72	
71884	2	1	142,911.68	920	8,202.00	1,825	299,763.55	
30865	2	1	9,493,818.46	33,758	662,165.92	66,966	20,146,382.06	
71348	2	1	149,101.93	920	13,830.60	1,825	323,208.55	
71033	2	1	233,586.96	1,472	24,236.20	2,920	511,442.68	
71918	2	1	201,419.81	1,288	16,851.78	2,555	432,984.40	
71399	2	1	214,987.55	1,434	20,994.96	2,845	468,117.48	
12294	2	1	232,861.56	1,351	7,931.76	2,680	477,660.66	
71867	2	1	173,368.24	1,104	27,300.00	2,190	398,064.72	
71969	2	1	167,691.45	1,104	15,472.15	2,190	363,340.84	
71769	2	1	167,664.04	1,104	22,182.00	2,190	376,596.76	
71701	2	1	203,932.85	1,245	19,104.62	2,470	442,438.46	
10392	2	1	194,007.60	1,104	25,854.00	2,190	436,138.50	
71667	2	1	170,926.08	1,104	16,748.00	2,190	372,288.26	
71301	2	1	161,967.07	1,104	24,082.02	2,190	369,064.77	
2964	2	1	316,095.18	2,024	47,022.00	4,015	720,313.97	
71979	2	1	172,550.06	1,276	43,341.00	2,531	428,262.16	

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Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars	
71379	2	1	158,664.45	1,079	22,810.74	2,140	359,991.55	
2916	2	1	290,701.78	1,840	13,357.24	3,650	603,160.56	
71345	2	1	152,817.70	1,068	21,356.21	2,119	345,508.03	
71879	2	1	190,430.85	1,104	3,458.29	2,190	384,617.04	
71045	2	1	245,674.17	1,472	19,938.00	2,920	526,893.71	
71781	2	1	173,931.13	1,104	28,597.28	2,190	401,754.73	
71981	2	1	237,811.46	1,435	7,426.42	2,847	486,477.32	
71745	2	1	200,608.06	1,104	12,216.00	2,190	422,178.16	
71874	2	1	150,595.75	976	32,206.07	1,936	362,623.18	
71715	2	1	195,544.84	1,104	11,976.00	2,190	411,658.19	
71772	2	1	180,144.40	1,104	13,379.10	2,190	383,891.73	
71915	2	1	195,481.79	1,104	2,760.00	2,190	393,251.38	
71572	2	1	154,509.50	889	15,263.00	1,764	336,776.97	
71679	2	1	182,727.18	1,104	25,714.62	2,190	413,485.09	
71615	2	1	159,804.67	1,104	23,586.00	2,190	363,791.27	
71336	2	1	154,839.35	1,104	30,265.44	2,190	367,191.57	
71972	2	1	218,118.80	1,288	23,424.00	2,555	479,147.40	
12593	2	1	134,669.91	863	7,240.83	1,712	281,507.72	
71581	2	1	147,203.80	1,104	37,102.45	2,190	365,607.51	
13529	2	1	158,226.88	1,104	24,517.30	2,190	362,508.84	
71338	2	1	132,940.56	795	8,856.00	1,577	281,281.22	
71881	2	1	166,136.59	1,024	25,993.49	2,031	381,127.60	
35455	2	1	246,513.64	988	18,105.40	1,960	524,923.64	
71645	2	1	210,605.23	1,288	20,688.00	2,555	458,815.37	
71872	2	1	227,341.38	1,409	11,414.92	2,795	473,619.83	
71381	2	1	146,936.48	941	16,544.00	1,867	324,295.52	
71038	2	1	239,260.82	1,472	21,586.79	2,920	517,442.27	

Private ICF Revenue Information State Fiscal Year 2015 - Projected

Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars	
71974	2	1	380,030.59	1,467	28,002.00	2,910	809,412.47	
71938	2	1	155,948.42	1,073	24,206.30	2,129	357,372.13	
71302	2	1	208,351.36	1,104	18,828.00	2,190	450,654.71	
71681	2	1	158,029.96	1,104	26,667.18	2,190	366,382.91	
35621	2	1	167,525.55	1,028	14,344.05	2,039	360,773.93	
71774	2	1	168,329.45	985	20,862.00	1,954	375,298.26	
71043	2	1	217,822.36	1,458	27,172.11	2,892	485,994.46	
71698	2	1	176,568.01	1,159	16,302.00	2,299	382,595.40	
71648	2	1	112,734.22	736	7,496.76	1,460	238,501.67	
71555	2	1	170,951.29	1,104	13,265.70	2,190	365,430.44	
71855	2	1	216,184.46	1,288	12,417.36	2,555	453,476.44	
71605	2	1	161,658.97	1,104	18,768.30	2,190	357,912.79	
71548	2	1	165,131.96	1,104	19,326.04	2,190	365,908.53	
71662	2	1	166,275.10	1,104	25,074.00	2,190	379,578.38	
71948	2	1	154,633.39	1,066	26,488.56	2,115	359,290.82	
71805	2	1	166,402.16	1,104	21,131.76	2,190	372,010.22	
71512	2	1	858,949.19	5,023	24,986.92	9,964	1,753,460.22	
71998	2	1	231,158.35	1,472	23,290.38	2,920	504,748.84	
71762	2	1	160,203.50	1,104	32,078.68	2,190	381,429.32	
71419	2	1	209,043.02	1,023	24,909.24	2,029	464,090.08	
72498	2	1	170,876.82	1,074	12,899.13	2,130	364,555.55	
71612	2	1	168,989.14	1,104	23,526.00	2,190	381,891.45	
71655	2	1	361,360.55	2,484	49,415.87	4,928	814,855.40	
2942	2	1	433,565.12	2,484	23,541.71	4,928	906,760.83	
71405	2	1	215,718.10	1,336	10,647.05	2,650	449,039.56	
71369	2	1	161,239.14	1,104	28,363.86	2,190	376,114.65	
2835	2	1	250,419.17	1,443	25,860.87	2,862	548,055.51	

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Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars	
69926	2	1	254,226.50	1,104	10,278.00	2,190	524,696.43	
71955	2	1	159,808.28	1,104	24,386.18	2,190	365,385.75	
71798	2	1	161,140.07	1,104	21,875.42	2,190	363,047.03	
71705	2	1	156,590.31	1,071	28,343.42	2,125	366,852.24	
33658	2	1	220,139.02	1,344	13,004.50	2,666	462,485.79	
45669	2	1	252,246.16	1,472	6,527.42	2,920	513,328.03	
71412	2	1	194,195.94	1,324	32,509.74	2,626	449,715.07	
71848	2	1	242,473.09	1,467	14,006.99	2,910	508,778.42	
71898	2	1	227,603.54	1,074	21,105.21	2,130	493,362.47	
71941	2	1	227,857.75	1,409	10,818.88	2,795	473,461.79	
71319	2	1	263,587.59	1,472	5,838.00	2,920	534,458.37	
71312	2	1	161,504.39	1,023	16,114.50	2,029	352,341.82	
71550	2	1	169,536.91	1,104	15,364.48	2,190	366,788.08	
71716	2	1	157,834.41	1,104	32,672.70	2,190	377,908.13	
71920	2	1	170,339.42	1,190	29,874.30	2,361	397,163.09	
71367	2	1	227,424.42	1,472	27,138.37	2,920	504,975.10	
71601	2	1	158,288.88	1,021	25,382.07	2,025	364,347.26	
71967	2	1	174,152.32	951	5,269.00	1,886	355,917.29	
71031	2	1	222,236.32	1,472	26,597.49	2,920	493,610.55	
71835	2	1	167,932.59	1,104	18,741.78	2,190	370,305.14	
71767	2	1	172,302.82	1,097	19,927.36	2,176	381,326.17	
71048	2	1	158,235.41	1,093	24,191.59	2,168	361,879.65	
71516	2	1	222,769.83	1,459	22,644.43	2,894	486,827.20	
12237	2	1	261,475.74	1,465	23,682.72	2,906	565,667.60	
71933	2	1	231,857.51	1,104	17,899.84	2,190	495,442.57	
71733	2	1	136,289.44	920	19,379.22	1,825	308,799.24	
10390	2	1	181,509.77	1,104	14,715.00	2,190	389,250.22	

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Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars	
10007	2	1	239,978.21	1,413	8,327.39	2,803	492,562.74	
71418	2	1	161,973.48	1,104	17,747.13	2,190	356,510.99	
71784	2	1	157,517.13	920	6,588.00	1,825	325,534.63	
2864	2	1	461,270.66	2,576	18,419.65	5,110	951,559.58	
71699	2	1	3,451,706.61	21,871	126,915.76	43,385	7,098,897.64	
71950	2	1	174,111.79	1,104	24,264.00	2,190	393,517.19	
3379	2	1	211,066.15	1,100	2,754.00	2,182	424,154.10	
71333	2	1	155,892.42	950	7,664.00	1,885	324,446.16	
45010	2	1	137,679.50	920	11,742.00	1,825	296,406.78	
71903	2	1	172,396.28	1,284	39,130.57	2,547	419,604.89	
71717	2	1	171,989.64	1,057	3,720.30	2,097	348,555.04	
71736	2	1	162,647.88	1,104	33,904.08	2,190	389,899.27	
71400	2	1	180,218.65	1,153	20,878.00	2,287	398,914.55	
71917	2	1	171,249.64	1,093	14,257.18	2,168	367,989.07	
71402	2	1	164,026.31	1,073	19,713.00	2,129	364,482.87	
71800	2	1	173,282.68	1,104	25,338.60	2,190	394,004.17	
71702	2	1	121,351.74	844	17,743.63	1,674	275,922.88	
71666	2	1	159,854.83	974	16,239.29	1,932	349,317.14	
9932	2	1	456,200.83	2,576	15,083.47	5,110	934,884.62	
71900	2	1	183,138.35	1,094	14,505.50	2,170	392,065.25	
71551	2	1	160,281.56	1,104	27,248.19	2,190	372,001.95	
71953	2	1	213,756.25	1,365	12,394.28	2,708	448,613.82	
45930	2	1	259,305.25	1,472	180.00	2,920	514,739.76	
71851	2	1	137,827.21	915	16,019.00	1,815	305,184.06	
71636	2	1	250,055.05	1,472	29,637.95	2,920	554,825.79	
80741	2	1	223,470.15	1,346	17,157.34	2,670	477,331.71	
11912	2	1	249,199.03	1,427	26,772.44	2,831	547,443.41	

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Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars	
71817	2	1	217,635.65	1,472	29,954.58	2,920	491,143.66	
71317	2	1	175,080.05	1,104	13,747.11	2,190	374,575.62	
71836	2	1	165,587.24	1,104	18,704.14	2,190	365,578.01	
45681	2	1	232,533.31	1,472	10,702.06	2,920	482,504.95	
71700	2	1	124,634.18	779	14,506.83	1,545	276,013.42	
57062	2	1	189,445.81	1,069	19,201.44	2,121	413,892.64	
71951	2	1	203,766.73	1,061	14,524.75	2,105	433,023.86	
71766	2	1	140,723.06	1,034	29,012.30	2,051	336,703.30	
71366	2	1	251,783.11	1,472	15,957.30	2,920	531,115.49	
71802	2	1	165,630.25	1,104	11,712.00	2,190	351,793.05	
71566	2	1	174,630.49	1,104	24,447.15	2,190	394,909.45	
71117	2	1	257,662.95	1,472	7,203.61	2,920	525,414.64	
71853	2	1	171,944.51	1,104	12,547.92	2,190	365,976.83	
57077	2	1	197,420.64	1,092	12,392.31	2,166	416,205.04	
71987	2	1	184,505.22	1,076	16,501.39	2,134	398,735.94	
72502	2	1	208,696.28	1,289	4,418.65	2,557	422,755.16	
71100	2	1	156,533.86	902	4,301.80	1,789	319,049.00	
71000	2	1	241,394.60	1,472	12,211.96	2,920	503,078.23	
71417	2	1	177,968.04	1,078	25,326.84	2,138	403,275.17	
71936	2	1	170,648.49	1,104	11,291.57	2,190	360,913.71	
71866	2	1	179,413.43	1,104	19,761.60	2,190	395,102.64	
71022	2	1	245,603.18	1,465	9,220.60	2,906	505,492.82	
71958	2	1	107,262.81	736	15,089.45	1,460	242,709.65	
12957	2	1	253,227.42	1,104	21,597.06	2,190	545,168.13	
9891	2	1	357,392.40	1,472	14,292.00	2,920	737,308.73	
71944	2	1	242,947.05	1,442	22,407.46	2,860	526,382.59	
71794	2	1	217,147.04	1,471	38,306.80	2,918	506,742.67	

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Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars	
12035	2	1	173,478.04	1,104	11,048.82	2,190	366,045.13	
71309	2	1	266,532.75	1,472	17,686.31	2,920	563,804.11	
71744	2	1	207,131.08	1,247	21,283.00	2,474	453,104.02	
71609	2	1	164,679.06	1,052	14,042.15	2,087	354,528.49	
71808	2	1	168,848.95	968	14,525.23	1,920	363,758.56	
71123	2	1	262,822.55	1,472	15,084.00	2,920	551,282.01	
71694	2	1	166,074.65	1,104	19,326.48	2,190	367,779.42	
71844	2	1	224,088.80	1,442	21,776.62	2,860	487,722.16	
10984	2	1	219,594.82	1,330	16,557.09	2,638	468,453.52	
71373	2	1	179,224.80	1,101	14,607.66	2,184	384,504.61	
71608	2	1	241,185.21	1,385	16,106.45	2,747	510,388.35	
71409	2	1	223,076.78	1,444	13,432.00	2,864	469,161.44	
80097	2	1	253,397.11	1,440	7,781.50	2,857	518,098.87	
71594	2	1	176,363.28	1,104	22,762.81	2,190	395,005.56	
71895	2	1	222,932.08	1,419	17,433.02	2,815	476,811.20	
71408	2	1	261,455.61	1,443	4,992.00	2,862	528,550.97	
71959	2	1	184,163.88	1,104	32,720.92	2,190	430,233.43	
71459	2	1	385,157.16	2,206	29,968.69	4,376	823,483.34	
71359	2	1	174,548.12	1,095	17,720.80	2,172	381,403.02	
71909	2	1	160,552.18	1,104	26,912.88	2,190	371,873.62	
71358	2	1	171,234.70	920	11,574.00	1,825	362,636.82	
12707	2	1	197,038.01	1,104	4,650.00	2,190	400,087.63	
71859	2	1	244,197.04	1,104	5,660.71	2,190	495,641.73	
71894	2	1	254,878.72	1,472	14,244.00	2,920	533,857.57	
71945	2	1	189,890.65	1,220	24,992.74	2,420	426,263.25	
71949	2	1	209,927.95	1,379	22,416.45	2,736	460,900.58	
71847	2	1	233,437.53	1,441	21,280.00	2,859	505,282.06	

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Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars	
71670	2	1	157,704.81	1,104	29,898.32	2,190	372,147.51	
2857	2	1	283,404.64	1,472	1,512.00	2,920	565,187.90	
71370	2	1	81,821.32	501	4,653.65	994	171,540.02	
71540	2	1	165,670.94	1,104	26,706.61	2,190	381,618.51	
71947	2	1	168,825.20	920	4,716.00	1,825	344,252.92	
71313	2	1	176,855.58	1,104	3,012.00	2,190	356,802.54	
5029	2	1	247,375.38	1,472	30,201.01	2,920	550,627.08	
50721	2	1	422,775.67	2,548	48,518.49	5,054	934,904.18	
71513	2	1	85,728.11	518	5,932.19	1,028	181,826.14	
71647	2	1	218,312.80	1,288	20,418.00	2,555	473,569.25	
57000	2	1	272,513.45	1,472	14,180.00	2,920	568,712.55	
71604	2	1	234,049.90	1,104	32,575.08	2,190	528,902.81	
71304	2	1	163,488.71	1,086	34,005.78	2,154	391,768.96	
71406	2	1	156,274.50	996	6,901.71	1,976	323,691.94	
71940	2	1	236,119.68	1,472	22,232.71	2,920	512,492.51	
71706	2	1	188,961.19	1,094	5,374.01	2,170	385,501.89	
71606	2	1	122,135.35	920	29,831.40	1,825	301,455.78	
71306	2	1	155,493.12	1,050	19,083.42	2,083	346,306.72	
71913	2	1	221,516.79	1,468	19,565.46	2,912	478,233.81	
71840	2	1	149,069.87	947	8,930.20	1,879	313,424.05	
71547	2	1	157,685.07	1,104	20,572.94	2,190	353,609.64	
71747	2	1	137,748.67	929	11,174.91	1,843	295,419.06	
71413	2	1	345,601.60	1,104	540.00	2,190	686,639.59	
71404	2	1	131,585.30	812	4,435.22	1,611	269,823.31	
71849	2	1	188,610.38	1,104	13,036.92	2,190	400,006.87	
71906	2	1	160,046.37	1,104	26,989.68	2,190	371,022.60	
71770	2	1	154,447.61	920	16,818.00	1,825	339,738.85	

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Data Received from Molina for Date of Service 7/1/14 - 12/31/14							365/184	
CLP_Serv_Prov_Id	CLQ_Claim	CLC_Public_Priv	Payment	days	PLI	Projected Days	Projected Dollars	
71570	2	1	462,058.72	2,568	16,248.36	5,094	948,815.68	
71311	2	1	169,156.03	1,073	15,227.16	2,129	365,760.13	
71704	2	1	168,605.20	1,104	20,352.00	2,190	374,833.58	
			130,206,514.85	755,389	11,593,053.23	1,498,461	281,287,186.68	
Reconciliation								
						Per Cost Summary at Tab 6	1,374,635	245,223,214.29
						Per Error 1 schedule at Tab 8	123,826	36,063,972.39
							<u>1,498,461</u>	<u>281,287,186.68</u>