

Nursing Facility Cost Report

Instruction Manual

To be used in conjunction with the Nursing Facility Cost Report provided by the Office of Rates Management

Produced by: DSHS/ALTSA/MSD/ORM

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#

# GETTING STARTED

**The rulemaking process is currently underway. Facilities and Consultants should be careful to check the emergency rules associated with WAC. If following the rulemaking process is of interest, sign up for our rates LISTSERV at:** [**https://listserv.wa.gov/cgi-bin/wa?SUBED1=ALTSA-UPDATES&A=1**](https://listserv.wa.gov/cgi-bin/wa?SUBED1=ALTSA-UPDATES&A=1)**.**

# CHANGES TO THE COST REPORT

Due to the rate methodology change effective 7/1/16, there have been several changes to the Cost Report template. Following is an outline of those changes.

* Schedule B-4 has been removed.
* Schedule C no longer has a line for property, it is reported in unallowable.
* Schedule G:
	+ Additional backup documentation is required for Direct Care staffing hours reported on Schedule G.
	+ Some line items no longer require an attached schedule. Those that do, are indicated.
	+ The depreciation section has been removed.
		- Costs for unallowable depreciation is reported in account 6513.
		- Costs for unallowable interest is reported in account 6517.
		- Costs for unallowable allocated property is reported in account 6518.
	+ The Supplemental Building Information has been changed to report information for the Fair Market Rental calculation.
* Schedule G-2 HO and G-2 have been revised to include information formerly found on the JCAD. The JCAD is no longer required, however facilities may consult with the Department for review of an allocation methodology change prior to changing the methodology.
* Schedule G-7 has been revised as therapy units are no longer used.
* Schedule L is a separate document provided by the Department for Cost Year 2016.  However, in future years the Cost Report will include Schedule L.
* Schedule L-1 is the same except data only from January 1, 2016 through June 30, 2016 is to be used. Low wage worker add-on is not included in the new rate methodology effective 7/1/2016.
* Schedule M – the directions have changed in the note section at the bottom of the page.
* Schedule N has been revised to request less reporting starting with line 14. Also instructions on how to report class code 55 have changed. Refer to notes on the bottom of Schedule N.
* Schedule O – Preliminary Settlement has been revised to incorporate the new rate structure effective 7/1/16.

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# ITEMS TO SUBMIT WITH THE COST REPORT

The following items must be submitted with the Cost Report. The requirement for these items will be in effect until further notice and is in accordance with RCW 74.46.800. Facility Cost Reports submitted without these items will be returned to the Cost Report contact individual as incomplete Cost Reports.

* A facility organizational chart as of the end of the Cost Report period. The organizational chart must show the names of officers, board members, and key employees, including functions and responsibilities of each.
* While a Home Office Cost Report is not required, all documentation supporting Schedule G-2 HO allocations from the Home Office is required.
* A monthly census summary for each resident, which includes the days they were in the facility and the payment source (i. e., Welfare, Medicare Part A, Medicare Part B, Private, Hospice, VA, Insurance, etc.). Include a final reporting showing the reconciliation of the specific payer source on the facility census to the generic payer source on Schedule N by month.
* A list of all renovations that fall under Building, Building Improvements, Fixed Assets or Leasehold Improvements and copies of all invoices supporting renovations. Include a site plan showing additional square footage if improvements add square footage to the facility.

Please identify the title of each segment using only the titles identified below:

* Census
* Renovations
* Organizational Chart
* Home Office Reconciliation to Schedule G-2
* Trial balance with a crosswalk between facility account numbers and cost report account numbers.

PLEASE NOTE: All the above information must be submitted electronically.

During the examination process it may be necessary to contact you for additional information other than listed above. Facilities will be expected to comply with the analysts’ request for additional or substantive back up documentation to support the claimed cost within the requested time frame. Failure to comply with analysts’ requests for additional documentation may result in a disallowance of the claimed cost. If you have questions about the list of documentation needed or a specific item, please call the analyst assigned to your facility.

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# COST REPORT SPECIFICS

This manual is intended to assist users of the Cost Report designed by the Office of Rates Management for the preparation of the Nursing Facility Cost Report.

The Cost Report is formatted in Microsoft Excel 2003. The Cost Report must be completed using the accrual method of accounting per WAC 388-96-099.

The Cost Report worksheets have been protected. The cells which may have data input have been unlocked so that you may key data into them. You may use the “Tab” key to move throughout the Cost Report. Pressing “Tab” will move the cursor to the next unlocked cell on the Cost Report schedule. Worksheets Schedule F and Schedule G-5 are unprotected. Pressing “Tab” will move the cursor from cell to cell within these Cost Report schedules.

The purpose for these worksheets being prepared in a standard Excel format are as follows:

* To aid the facility in Cost Report preparation.
* To link interdependent schedules so that Cost Report schedules will be in agreement.
* To perform detailed and rudimentary mathematical functions for the Cost Report preparer.
* To create a standardized computer generated copy of schedules acceptable to DSHS for the Nursing Facility Cost Report.
* To eliminate math edit Cost Report errors at desk review.
* To save the Cost Report preparer and DSHS time.

Some special features of these worksheets include:

## Linking of Schedules

If a certain line item on one schedule must agree with a line item on another schedule, the Excel Cost Report checks this automatically every time an entry is made. If the cells do not agree, an error message will appear where the number should match on a cell by cell basis. Most lines on the Cost Report, if they are to agree with another line or schedule, are labeled as such. If an ERR message appears in a cell, check the formula in that cell and the formula in the cell that should correspond. Double check both items to see which is incorrect. If amounts should match, but for your circumstances they should not, please note on the Cost Report why they do not agree.

## Automatic Cell Fill-In

Some or all line items on a schedule may be filled in with data from other schedules. The Excel Cost Report will fill these in for the Cost Report preparer. For example, Schedule C is a summary of Schedule G. If Schedule G has been completed, then Schedule C will automatically fill-in when the worksheet is retrieved.

## Rounding

Amounts on all schedules are to be rounded to the nearest whole dollar or whole hour except for Schedule O. Certain items on Schedule O (weighted rate, cost per patient day, lesser of cost or weighted rate, shifting in or out, and settlement rate) are rounded to four places to the right of the decimal. Round all other amounts on Schedule O to whole dollars.

## Electronic Filing

All facilities are required to submit the Cost Report electronically. The Department has a Secure File Transfer account available for facilities / consultants to upload documents securely. If a username is needed, email NFRates@dshs.wa.gov and one will be set up.

A Cost Report is not considered received until a complete Cost Report AND notarized certification page has been uploaded to the designated secure file transfer (SFT) site. Please make sure the Cost Report file submitted is named VENDOR NUMBER\_16CSTRPT. For example 4000000\_16CSTRPT.

## Download the Cost Report

Download the Cost Report from the [ALTSA website](http://www.dshs.wa.gov/altsa/management-services-division/office-rates-management): http://www.dshs.wa.gov/altsa/management-services-division/office-rates-management. Under the Cost Report heading you will be able to find the 2016 Cost Report. The Cost Report file name is 16CSTRPT.XLS. Rename the fileVENDOR NUMBER\_16CSTRPT.

Complete all applicable schedules. Incomplete schedules will be returned to the Cost Report preparer the Cost Report will not be processed.

Check the "Not Applicable" box on schedules that are non-applicable.

DO NOT CREATE ADDITIONAL SUBTOTALS OR TOTALS IN THE COST REPORT.

ONLY WRITE IN ACCOUNT NUMBERS ON THE UNALLOWABLES PAGE. OTHERWISE DO NOT WRITE IN ACCOUNT NUMBERS THAT ARE NOT PREPRINTED IN THE FORM OR CHANGE ACCOUNT NUMBERS.

All footnotes, disclosures, and itemized listings required by Generally Accepted Accounting Principles and Cost Report instructions must be provided.

For all lines in the Cost Report titled "Other" (i. e., Schedule G, account 5111.19) include a schedule with a detailed breakdown of what is included on the line. When an amount reported in “Other” exceeds $1,000, additional detail must be provided. The additional detail must disclose all items included in "Other" categories and must equal the total entered on the schedule that required the itemization.

## Suggested Keying Order

Schedule A

Schedule B

Schedule M

Supplemental Schedule O-1

Schedule N

Schedules G-1 through G-7

Schedule G-8

Schedule G

Schedules C through F

Schedules L though L-1

Schedule O

Remaining Schedules (Schedule P and Supplemental Schedules A)

# COST REPORT DUE DATE

The due date for the Cost Report is March 31st every year for the prior year Cost Report. The Cost Report AND notarized certification page must be uploaded to the secure site by March 31, 2017 to be considered on time.

***WAC 388-96-022***

***Due dates for Cost Reports.***

*(1) The contractor shall submit annually a complete report of costs and financial conditions of the contractor prepared and presented in a standardized manner and in accordance with this chapter and chapter*[*74.46*](http://app.leg.wa.gov/RCW/default.aspx?cite=74.46)*RCW.*

*(2) Not later than March 31st of each year, each contractor shall submit to the department an annual Cost Report for the period from January 1st through December 31st of the preceding year.*

*(3) Not later than one hundred twenty days following the termination or assignment of a contract, the terminating or assigning contractor shall submit to the department a Cost Report for the period from January 1st through the date the contract was terminated or assigned.*

*(4) If the Cost Report is not properly completed or if it is not received by the due date established in subsection (2) or (3) of this section, all or part of any payments due under the contract may be withheld by the department until such time as required Cost Report is properly completed and received.*

*(5) The department may impose civil fines, or take adverse rate action against contractors and former contractors who do not submit properly completed Cost Reports by the applicable due date established in subsection (2) or (3) of this section.*

The department is bound by the due date established in the above rule.

# EXTENSION OF DUE DATE

The department cannot grant an extension to the due date unless there are circumstances that prevent the facility from completing the Cost Report.

***WAC 388-96-107***

***Requests for extensions.***

*(1) A contractor may request in writing an extension for submitting Cost Reports. Contractor requests shall:*

 *(a) Be addressed to the manager, residential rates program;*

 *(b) State the circumstances prohibiting compliance with the report due date; and*

 *(c) Be received by the department at least ten days prior to the due date of the report.*

*(2) The department may grant two extensions of up to thirty days each, only if the circumstances, stated clearly, indicate the due date cannot be met and the following conditions are present:*

 *(a) The circumstances were not foreseeable by the provider; and*

 *(b) The circumstances were not avoidable by advance planning.*

# FINES FOR LATE COST REPORTS

If a Cost Report is not received by March 31st and no extension of the due date has been approved, the facility will be fined as outlined below:

***WAC 388-96-217***

***Civil fines.***

*(1) The department may deny, suspend, or revoke a license or provisional license or, in lieu thereof or in addition thereto, assess monetary penalties of a civil nature not to exceed one thousand dollars per violation in any case in which it finds that the licensee, or any partner, officer, director, owner of five percent or more of the assets of the nursing home, or managing employee has failed or refused to comply with any requirement of chapters*[***74.46***](http://app.leg.wa.gov/RCW/default.aspx?cite=74.46)*RCW or*[***388-96***](http://apps.leg.wa.gov/wac/default.aspx?cite=388-96)*WAC.*

*(2) The department may fine a contractor or former contractor or any partner, officer, director, owner of five percent or more of the stock of a current or former corporate contractor, or managing agent for the following but not limited to the following:*

*(a) Failure to file a mathematically accurate and complete Cost Report, including a final Cost Report, on or prior to the applicable due date established by this chapter or authorized by extension granted in writing by the department;*

*(b) Failure to permit an audit authorized by this chapter or to grant access to all records and documents deemed necessary by the department to complete such an audit;*

*(c) Has knowingly or with reason to know made a false statement of a material fact in any record required by this chapter and/or chapter*[***74.46***](http://app.leg.wa.gov/RCW/default.aspx?cite=74.46)*RCW;*

*(d) Refused to allow representatives or agents of the department to inspect all books, records, and files required by this chapter to be maintained or any portion of the premises of the nursing home;*

*(e) Willfully prevented, interfered with, or attempted to impede in any way the work of any duly authorized representative of the department and the lawful enforcement of any provision of this chapter and/or chapter*[***74.46***](http://app.leg.wa.gov/RCW/default.aspx?cite=74.46)*RCW; or*

*(f) Willfully prevented or interfered with any representative of the department in the preservation of evidence of any violation of any of the provisions of this chapter or chapter*[***74.46***](http://app.leg.wa.gov/RCW/default.aspx?cite=74.46)*RCW.*

*(3) Every day of noncompliance with any requirement of subsection (1) and/or (2) of this section is a separate violation.*

*(4) The department shall send notice of a fine assessed under subsection (1) and/or (2) of this section by certified mail return receipt requested to the current contractor, administrator, or former contractor informing the addressee of the following:*

*(a) The fine shall become effective the date of receipt of the notice by the addressee; and*

*(b) If within two weeks of the date of receipt of the notice by the addressee, the addressee complies with the requirement(s) of subsection (1) and (2), the department may waive the fine.*

In accordance with WAC 388-96-217, the department will, by certified mail, notify all facilities having late Cost Reports that the fine is being assessed. Failure to pick up the certified letter from the post office or refusal to sign for/accept the letter will constitute delivery for the purpose of WAC 388-96-217.

# MATH EDITS

The Math edits sheet is to be used as a tool to find mistakes or missing data in the Cost Report. Only use the Math edits sheet when all data has been completed in the Cost Report workbook.

The first column will show “Correct”, “Error”, or some other error message. “Correct” means the math edit is OK and no further action is needed. Anything other than “Correct” in the first column means that data within the workbook is incorrect or needs to be verified.

* Column A: If “Correct” then ok. If “Error” then verify the data.
* Column B: “Schedule” indicates some of the cost report schedules that the math edit formula is referring to.
* Column C: “Line# or Description” indicates some of the cost report schedule line numbers that the math edit formula is referring to.
* Column D: “Line Description” indicates some of the cost report schedule line descriptions that the math edit formula is referring to.
* Column E: “Account Description” indicates some of the cost report schedule account descriptions that the math edit formula is referring to.
* Column F: “Account Number” indicates some of the cost report schedule account numbers that the math edit formula is referring to.

Process: After all data is entered into the Cost Report, verify that the math edit tab Column A indicates “Correct” for all math edits.  If not all are “Correct”, verify data and make necessary corrections to related Cost Report Schedule accounts.

# SCHEDULE A: CERTIFICATION PAGE

No schedules need to be completed before Schedule A.

All documentation (i.e., Cost Report schedules, Cost Report revisions, Home Office information, supporting schedules and Cost Report schedules) submitted for a Medicaid Cost Report must be accompanied by the department's certification page.

The certification page for Cost Reports is Schedule A. The certification page for revisions and amendments is the "Amendment Certification Page" found on the [Cost Report website](https://www.dshs.wa.gov/altsa/management-services-division/nursing-facility-cost-reports) https://www.dshs.wa.gov/altsa/management-services-division/nursing-facility-cost-reports. The contractor must sign the certification page in accordance with WAC 388-96-117 and the signature must be notarized.

Any information submitted without a properly completed certification page will be returned to the provider.

The vendor number and period ending date on this form will populate all other schedules in the workbook.

**Part A**: Input facility identifying information. Blocks 23, 24, and 25 are for e-mail addresses only. If there is not an e-mail address, one must be obtained. The information in Part C must correspond to the operator listed on the DSHS license. If Part C does not match the DSHS license, this schedule will be returned for correction. Ownership information on Schedule A must be completed in its entirety. Do not use "NA", "N/C", or "No Change."

**Part B**: Enter dates numerically or spell out (i.e. January 01, 2016 or 1/1/16).

**Part C**: OPERATOR(S) - This section asks who the operator is on the DSHS license, and lists six options from which to choose. When you determine the option that best fits the facility, simply type in the option picked in the space provided. If “Other” is chosen, then specify the meaning of “Other”.

You are now done with Schedule A and are ready to continue on to the next schedule. (See page 8 for the suggested keying order.)

# SCHEDULE B

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

Fill in the amounts in these columns as reported.

The edit check verifies that Total Assets equal Total Liabilities plus Owner’s Equity. If amounts do not agree, an ERR will appear. Make the needed corrections to Schedule B to make the ERR message go away.

# SCHEDULE C

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

The entire “CURRENT YEAR” column is completed from the information on Schedule G. The worksheet will total all items for you. The two blank lines on the top of the page (Private Bed-Hold Charge per Patient Day and Average Charge to Private Patients) must be manually entered. Show on Schedule F how the average charge to private pay patients was calculated.

# SCHEDULE F

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

Include a Schedule of Charges to Private Patients with Schedule F and include a schedule showing how the average private patient rate reported on Schedule C was calculated.

Facilities that require more than one page for Schedule F can add as many rows as needed. When additional pages are added, be sure to update the print area if a printed copy is needed.

# SCHEDULE G

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

## Adjustment Column – Column 7

A column called “Schedule G-5 Adjustment Numbers to Columns 3 and 4” has been included in Schedule B and Schedule G. Use this column to annotate the adjustment numbers from Schedule G-5 corresponding to the adjustments made in the Adjustments and Reclassifications columns. This column can also be used to reference notes on other Cost Report schedules.

## Admissions Coordinator

If the Admissions Coordinator is processing the business office paperwork for admitting residents, the expenses associated with this position should be reported as Operations in account:

* In-House – 5411.51
* Purchased Services – 5414.50
* Allocated – 5415.47

If the Admissions Coordinator’s function is more clinical in nature (such as doing initial evaluation for the minimum data sets), the expenses associated with this position should be reported as Direct Care in account:

* In-House – 5111.19
* Purchased Services – 5114.24
* Allocated – 5115.24

The expenses associated with the Admissions Coordinator can also be split between Operations and Direct Care if appropriate.

## Therapy Expenses

Therapy expenses on schedule G account 5111.10 are entered in columns 3 & 4. Column 5 on Schedule G, account 5111.10 must agree with Schedule G-7, Total Allowable Therapy Expense. If the two do not agree, an ERR will appear on Schedule G, account 5111.10 Column 5. Make corrections to either Schedule G or Schedule G-7.

## Bad Debts

An adjusting entry must be made to the Cost Report based on amounts derived from Schedule G-8 to move allowable bad debt costs to Schedule G, account 9905. Column 5 on Schedule G, account 9905 must agree with Schedule G-8, Total Allowable Bad Debt. If the two do not agree, an ERR will appear on Schedule G, account 9905, Column 5. Make corrections to either Schedule G or Schedule G-8 to correct the ERR.

## Nursing Pool

The information required on Schedule G, Page 10 includes any nursing pools used for the year. This information must include the company name, license number and corresponding costs. **The Licensing Type Must Be A Nursing Pool Agency, An In-Home Agency License Is Not Eligible For The Cost Report**.

## Certified Nurse Aide Training Expenses

Since these expenses are eligible for reimbursement outside of the Medicaid per diem rate they must be reported as unallowable expenses in accordance with WAC 388-96-585. Total claims from all 4 quarters of the cost report year are disallowed. Report the Direct Care costs portion (Part D, Line 1 from the Nursing Assistant Training and Testing Reimbursement form) on Schedule G, account 901021, and the Operations Care costs portion (Part D, Line 2 from the Nursing Assistant Training and Testing Reimbursement form) on Schedule G, account 902032. The total claim must be reported, not the difference between what the claim was and the reimbursed amount.

## Direct Care Hours

A direct care employee is a registered nurse, licensed practical nurse, certified nursing assistant, director of nursing, nurse with administrative duties, medication assistant, nursing assistant in training, or geriatric behavioral health worker. All except geriatric behavioral health worker are classified by CMS as federal tags F39-45, which are:

* F39 - RN Director of Nursing
* F40 - Nurses with Administrative Duties
* F41 - Registered Nurses
* F42 - Licensed Practical/Licensed Vocational Nurses
* F43 - Certified Nurse Aides
* F44 - Nurse Aides in Training
* F45 - Medication Aides/Technicians

If an employee is being reported to CMS in one of the above F tags it should be reported on the Cost Report in the appropriate account:

* RN Director of Nursing
	+ In-House – 5111.01
	+ Purchased Services – 5114.01
	+ Allocated – 5115.01
* RN
	+ In-House – 5111.02
	+ Purchased Services – 5114.02
	+ Allocated – 5115.02
* LPN
	+ In-House – 5111.03
	+ Purchased Services – 5114.03
	+ Allocated – 5115.03
* CNA, CNA in Training, Medication Aides/Technicians
	+ In-House – 5111.04
	+ Purchased Services – 5114.04
	+ Allocated – 5115.04
* Nurses with Administrative Duties
	+ In-House – 5111.04
	+ Purchased Services – 5114.04
	+ Allocated – 5115.04
* Geriatric behavioral health workers should be reported in accounts
	+ In-House – 5111.13
	+ Purchased Services – 5114.13
	+ Allocated – 5115.13

The staffing hours reported should be hours worked by employees in the job categories and not a detailed measure of the actual hours of direct care work performed by employees.

## Direct Care Supplies

Direct Care Supplies are those items that meet the general definition of “Supply” and are used routinely and relatively uniformly in the direct care of a resident by employees or contractors whose cost is part of direct care. This would include items purchased in bulk and distributed to patients in small quantities. This includes all personal care items (e.g. tooth brushes and lotions), over the counter medication (e.g. aspirin or vitamins), those items requiring a physician order (e.g. wound care supplies and catheters), and other nursing items (e.g. manual thermometers, bed mats, and chair pads).

Direct Care Supplies do not include those items reimbursed by HCA such as, prescription drugs, enteral nutrition, routine use of oxygen, durable equipment and other items listed under HCA.

## Drivers of Resident Vans

If the employee is hired strictly to drive resident vans, report the expenses associated with this employee in Operations Other Salaries:

* In-house – 5411.51
* Purchased Services – 5414.50
* Allocated – 5415.47

If the driver is a regular employee of the nursing home and occasionally drives residents, report the expenses associated with the driving in the account normally used to report this employee’s expenses.

## Employee Hours

The number of hours reported in Column 6 on Schedule G must correspond to the amount of salaries reported in Column 5, not the amounts in Column 2. Column 6 must be completed for all in-house employees and for all purchased and allocated salaries in Direct Care. "NA" or "Not Available" is not acceptable for any unshaded cell in Column 6 of Schedule G.

DO NOT ENTER CENTS OR PARTIAL HOURS ON THIS SCHEDULE;

**ONLY KEY IN WHOLE NUMBERS FOR HOURS.**

## Equipment

Rental or lease costs for equipment are allowable only if they are related to office equipment per WAC 388-96-585 (2) (ii) and WAC 388-96-580.

## Expanded Community Service

Effective August 1, 2009 all contracted Expanded Community Service providers payments increased to $80.00. The contracts specify that the provider is to pay for the mental health consultant. The expenses associated with this consultant should be reported as an unallowable expense in an unallowable expense account on the Cost Report.

## Fair Market Rental

The capital component of the rate is paid using a Fair Market Rental System starting July 1, 2016. The information found on Supplemental Building Information, Schedule G, Page 7 must be accurate. The initial age calculation and square footage to be reported on line 210, Structure Square Footage from Prior Year, of the cost report is to come from the Department examination adjustments to the prior cost reports. The Department reviewed facility square footage and age can be found at the [department website](file:///Q%3A%5CRATES%5CNURSING%20HOME%20RATES%5CCost%20Reports%5CWorking%20Copy%202016%20Cost%20Report%20Manual%20for%20Facilities.doc). https://www.dshs.wa.gov/altsa/management-services-division/nursing-facility-cost-reports.

Lines 211-214 are for any subsequent additions, remodels, or replacements per RCW 74.46.561(e) that occur during the designated property categories for the Cost Report year. The categories used to calculate renovations are:

* Building,
* Building Improvements,
* Fixed Assets and
* Leasehold Improvements

Reported dollar amounts and square footage amounts on lines 210-214 must add and agree with the dollar amounts and square footage amounts reported on lines 215 & 216. **Adding square footage requires a floorplan to be submitted showing the additional square footage. Renovation costs require copies of invoices to be submitted with the Cost Report.**

When reporting information for Fair Market Rental, refer to WAC 388-96-915 Capital component—Square footage and WAC 388-96-916 Capital component—Facility age. These WAC’s are part of the rule changes and can be found [here](https://www.dshs.wa.gov/altsa/management-services-division/rule-making). All reported square footage must be reasonable and necessary to run a Nursing Home. Shared space will continue to be allocated according to usage.

Examples of allowable square footage (not an exhaustive list):

* Hallways
* Lobby
* Storage spaces, if a room or area in the building
* CEO Offices, but must be allocated on schedule G-2.
* Shared space (e.g. dining, laundry, etc.), but must be allocated on schedule G-2.

Examples of non-allowable square footage (not an exhaustive list):

* Storage rentals
* Smoking Sheds
* Patios

## Hospice Days, Expenses and Revenues

Hospice days, expenses, and revenue should be included in the Medicaid Cost Report. However, do not include Hospice days, expenses, or revenues for Medicaid residents on the Medicaid lines in the Cost Report. Medicaid Hospice days are reported in the “Other” column on Schedule N. Medicaid Hospice Expenses are reported as an in-house, allocated or purchased service for “Other”: in accounts 5111.19 or 5114.24 and 5115.24. Medicaid Hospice Revenue should be reported in account number 4140 Other Routine Care. Hospice days, expenses, and revenues for non-Medicaid residents should be reported on the appropriate lines. Consistent use of these instructions will ensure that Hospice days are included in Total Patient days and the calculation of the minimum occupancy test.

## Incontinent Supplies

Disposable incontinent briefs, disposable pads, and all other disposable items performing this type of function should be reported in Direct Care Supplies (Schedule G, account 5118). Reusable, washable briefs, pads, and other items performing this type of function should be reported in Laundry Supplies (Schedule G, account 5453).

## Labor & Industries Refunds / Rebates

There are two parts included in the total rebate distribution; the rebate and the interest. The Washington Health Care Association Group Retro Distribution Summary is to be used to determine what parts make up the distribution. Any amounts called first, second, and final distributions (the actual rebate) on the Summary are offset and split, based on hours, to the appropriate cost centers. Any amounts called interest on the summary are reported as interest revenue and should not be offset against allowable costs. Any fees associated with participating in the Group Retro Rebate Program are reported in the Group Retro Expenses account (account 5436) on the Cost Report.

## Management Fees

Management fees are the fees paid for general management services in accordance with a management agreement. Management fees paid to an arm’s-length consultant or other unrelated management organization must be reported in account 5496 Schedule G. Allocated management fees belong on Schedule G-2 HO or Schedule G-2 and on Schedule G, account 5417. Facilities that report amounts on Schedule G, 5417 and/or 5496 must complete Schedule G-4, part B.

The allocated expenses (as reported on the appropriate Schedule G-2 HO or G-2 for general management services, including board of directors, are to be reported in account number 5495 and not in account number 5417.

## Schedule G Attached Schedules

The following accounts are required to include a detailed list supporting or defining the revenue or the cost booked in the accounts. The list needs to be within Schedule G on page 10 and 11 or attached behind Schedule G.

References to the facility Trial Balance or General Ledger accounts will not be accepted for the detail lists that are required for the following accounts:

Revenue Accounts:

* 4140 Other Routine Care
* 4280 Other Therapy
* 4340 Other Patient Revenue
* 4375 Supplementation
* 4490 Other Operating Revenue
* 4690 Other Non-Operating Revenue
* 4500 Revenue Deductions

Expense Accounts:

* 5111.05 Direct Care In-House Service - Other Nursing with Admin. Duties

 (includes old accounts 5111.16, 5111.17, 5111.18, 5111.21, 5111.22, and 5111.24)

* 5111.19 Direct Care Other Salaries (includes old accounts 5111.20 and 5111.23)
* 5114.05 Direct Care Purchased Services - Other Nursing with Admin. Duties (includes

old accounts 5114.16, 5114.17, 5114.18, 5114.20, 5114.21, and 5114.23)

* 5114.24 Direct Care Other – Purchased Svcs (includes old accounts 5114.19 and 5114.22)
* 5115.05 Direct Care Allocated Services - Other Nursing with Admin. Duties (includes

 old accounts 5115.16, 5115.17, 5115.18, 5115.20, 5115.21, and 5115.23)

* 5115.24 Direct Care Other – Allocated Services (includes old accounts 5115.19 and 5115.22)
* 5118 Direct Care Supplies
* 5119 Direct Care – Other Allocated Expenses
* 5120 Direct Care – Revenue Offset
* 5220 Support Services – Food Revenue Offset
* 9903 Support Services – Revenue Offset
* 5411.45 Operations – In-House Salaries Accounting/Bookkeeping. List costs

 associated with fair hearings and legal pursuits against the department.

* 5411.46 Operations – In-House Salaries Legal
* 5411.51 Operations – In-House Salaries Other
* 5414.45 Operations – Purchased Services Accounting/Bookkeeping. List costs

 associated with fair hearings and legal pursuits against the department.

* 5414.46 Operations – Purchased Services Legal
* 5414.50 Operations – Purchased Services Other
* 5415.45 Operations – Allocated Services Accounting/Bookkeeping. List costs

 associated with fair hearings and legal pursuits against the department.

* 5415.46 Operations – Allocated Services Legal
* 5415.47 Operations – Allocated Other
* 5419 Operations – Other Allocated Expenses
* 5422 Operations – Travel
* 5424 Operations – Dues & Subscriptions
* 5428 Operations – Miscellaneous Taxes
* 5429 Operations – Start Up / Organizational Costs
* 5431 Operations – Advertising
* 5437 Operations – Office Equipment Lease Payments
* 5438 Operations – Licenses
* 5439 Operations – Other
* 5487 Operations – Other Property Other
* 5488 Operations – Other Property Incidental Rentals
* 9904 Operations – Revenue Offset

Schedule **G-2** contains the detailed information for the following accounts:

|  |  |  |
| --- | --- | --- |
| Acct. 5115.15 | Acct. 5465 | Acct. 6226 |
| Acct. 5445 | Acct. 5468 | Acct. 6246 |
| Acct. 5448 | Acct. 5475 | Acct. 6286 |
| Acct. 5455 | Acct. 5478 | Acct. 6296 |
| Acct. 5458 | Acct. 5485 | Acct. 6325 |

The detail for Acct. **9905** comes from Schedule **G-8**

## Supplements

Oral food supplements, such as Ensure, taken orally by residents as snacks or with meals to increase or maintain weight are considered a food item and should be reported on the Food line in Support Services (Schedule G, account 5210). Sole source enteral nutrition supplies, including formula, feeding tubes, and pumps, are not allowable expenses on the Cost Report because the Health Care Administration (HCA) covers these items. Non-sole source enteral nutrition provided via enteral therapy are partially allowable costs for the Cost Report. The expense for formula for non-sole source enteral nutrition should be reported on the Food line in Support Services (Schedule G, Account 5210) and the feeding tubes should be reported on the Direct Care Supplies line in Direct Care (Schedule G, account 5118). The pumps are paid by HCA and are not allowable for Cost Report purposes.

## Supply Clerk

Costs related to an employee with responsibility for pricing, ordering, inventorying, and/or distributing supplies must be reported under the designation of “supply clerk.” These costs (e.g., salary, payroll taxes and employee benefits) must be reported under “Operations.” If supply clerk functions are performed by an employee not designated as such, and those functions account for 10% or more of that employee’s time, then the appropriate portion of costs related to that employee must be reported as related to supply clerk under “Operations”.

# SCHEDULE G-1

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

Schedule G-1 is informational in nature and does not contain information that can be taken from other worksheets. All information must be input into the cells that apply to the facility. If Schedule G-1 is not applicable, check the box to indicate such.

# SCHEDULE G-2 HO & SCHEDULE G-2

## Allocated Costs for Joint Facilities and Facilities with a Home Office

New to 2016 is the incorporation of the JCAD information into the Cost Report Schedule G-2 & G-2 HO.

Schedule G-2 HO (Home Office) is used to allocate costs when costs are associated with a home office. Nursing homes operated as a part of a chain organization, or as part of a larger entity, with a home office are considered joint facilities and must complete Schedule G-2 HO.

* Column 1 is for the description of the service or expense.
* Column 2 is for the methodology used for the allocation.
* Column 3 is for the cost report account number affiliated with the allocation.
* Column 4 is for the total cost to be allocated.
* Column 5 is for the total cost allocated to the facility.
* Column 6 is for the name of the servicing organization.

Schedule G-2 is used to allocate costs when a nursing facility is sharing central services within the same campus. Such as, in the case of a combination facility (i.e., combination hospital/nursing home, retirement home/nursing home, etc.) that operates with a common set of books, only those costs that cannot be directly assigned to the nursing home should be included on Schedule G-2.

* Column 1 is for the name of the servicing organization.
* Column 2 is for the description of the service or expense.
* Column 3 is for the methodology used for the allocation.
* Column 4 is for the cost report account number affiliated with the allocation.

All costs allocated to the facility must be included on either Schedule G-2 HO Schedule G-2.

When transferring the costs from Schedule G-2 HO or Schedule G-2 to Schedule G, the allocated costs for all joint costs must be reported in the “Allocated Services or Allocated Expenses” on Schedule G per the account number reported on schedule G-2 HO & G-2. If there is difference between what is reported per account on schedule G-2 HO and G-2 and what is transferred to Schedule G then the adjustment needs to be showed on schedule G-5.

Management fees are the fees paid for general management services in accordance with a management agreement. Management fees paid to an arm’s-length consultant or other unrelated management organization must be reported in account 5496 Schedule G. Allocated management fees belong on Schedule G-2 HO or Schedule G-2 and on Schedule G, account 5417. Facilities that report amounts on Schedule G, 5417 and/or 5496 must complete Schedule G-4, part B.

The allocated expenses (as reported on the appropriate Schedule G-2 HO or G-2 for general management services, including board of directors, are to be reported in account number 5495 and not in account number 5417.

Other Specific Services and the Related Overhead Costs – Cost of specific services are those expenses that are attributable to other specific nursing home services (such as accounting, dietary, etc.), excluding costs related to general management services. These costs are allowable if they are necessary, ordinary, reasonable, and related to patient care. These costs should be listed under other specific services including a brief description of the service provided. Space is provided for reporting the direct (i.e., salary, wages, and fringe benefits) and indirect or overhead expense associated with each specific service.

# SCHEDULE G-4

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

Schedule G-4 is informational in nature and provides additional information to Schedule G-2 HO and G-2. Part A asks for the name and address of the organization providing allocated services, as well as the name and address of each officer or principal of the organization. Part B asks for the name and address of the organization or individual who provided management services and/or to whom management fees were paid. If management fees are involved in the Cost Report, you must answer the question at the bottom of Schedule G-4. If Schedule G-4 is not applicable to this facility, indicate if SCHEDULE G-4 is not applicable to this facility in the box provided.” Leave the remainder of the schedule blank.

# SCHEDULE G-5

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

Schedule G-5 documents adjusting entries made to Cost Report schedules. In order to help reviewers of your Cost Report, please number the adjustments made on this schedule and reference them in column 7 on Schedules B & G called “Schedule G-5 Adjustment Numbers for adjustments in Columns 3 and 4”. Use this column to annotate the adjustment numbers from Schedule G-5 corresponding to the adjustments made in the Adjustments and Reclassifications columns. This column can also be used to reference notes on other Cost Report schedules and allocations between Schedules G-2 HO and G2 to Schedule G.

Facilities that require more than one page for Schedule G-5 can add additional rows. As many rows can be added as are needed. When additional pages are added, be sure to redefine the print area if needed.

# SCHEDULE G-7

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

## THERAPIES

This worksheet will perform many of the rudimentary mathematical functions for the Cost Report preparer. The total derived from this worksheet will be used to check the reported allowable therapies on Schedule G. All data must be entered on the top section manually, except for the total column and total line. All allowable therapies which should be run through Schedule G-7 are listed on Lines 1 through 7. Only lines 13, Total One-On-One Therapy Expense and 19 Therapy Consultant Expense, need be completed for the lower section. The remainder of the worksheet will calculate automatically.

The following are definitions and instructions for completing the lines related to therapies.

RCW 74.46.020 (48) states "'Therapy care’ means those services required by a nursing facility resident's comprehensive assessment and plan of care, that are provided by qualified therapists, or support personnel under their supervision, including related costs as designated by the department."

RCW 74.46.020 (38) states "'Qualified therapist' means:

 (a) A mental health professional as defined by RCW 71.05;

 (b) An intellectual disabilities professional who is a therapist approved by the department who has had specialized training or one year's experience in treating or working with intellectual or developmental disabilities;

 (c) A speech pathologist who is eligible for a certificate of clinical competence in speech pathology or who has the equivalent education and clinical experience;

 (d) A physical therapist as defined by RCW 18.74;

 (e) An occupational therapist who is a graduate of a program in occupational therapy, or who has the equivalent of such education or training; and

 (f) A respiratory care practitioner certified under RCW 18.89."

Please note that Music Therapists are no longer included as qualified therapists.

 Qualified therapist costs include any related staff, supervised by the therapist, whether contracted or employees of the provider. This includes therapy assistants and therapy aides who perform one-on-one tasks.

Respiratory Therapy – Health Care Authority pays for respiratory therapy supplies, so this amount must not be included on the Cost Report. Respiratory therapy charges are reported on Schedule G-7.

Direct one-on-one therapy costs include:

* Contracted Therapy - The amounts a provider paid outside qualified therapists for one-on-one therapy treatments and evaluations. This payment includes travel time and any supplies provided by the outside therapist.
* Salaried In-House Therapy - The salaries, payroll taxes, fringe benefits, and reasonable vacation, holiday, and sick pay associated with the time qualified therapists spent on one-on-one therapy treatments and evaluations to patients.
* The "down time" or other direct costs of the therapy staff for scheduling and preparation time (including ordering supplies, etc.), clean up and documentation time, supervisory time, staff meetings, etc. The review of one-on-one therapy files or procedures by a therapy consultant whether contracted or an employee. Additional direct costs of one-on-one therapy include any costs included in the therapy cost centers on the Medicare Cost Report that may include supplies, expensed equipment, advertising (want ads for employment of therapy staff); in-service that therapy staff attended, and travel.
* The review of one-on-one therapy files or procedures by a therapy consultant whether contracted or an employee.

Therapy Consultant Expense (Schedule G-7) includes the following:

* The time required preparing and presenting in-services to non-therapy staff members.
* The time spent with staff setting up non-chargeable feeding programs or their equivalent.
* The time spent training non-chargeable routine restorative aides.
* The time spent by therapy staff when consulting with nursing with respect to nursing and restorative care and equipment needs of residents who are either in transition from, or not actively receiving one-on-one therapy treatments.

Therapy expenses on schedule G account 5111.10 are entered in columns 3 & 4. Column 5 on Schedule G, account 5111.10 must agree with Schedule G-7, Total Allowable Therapy Expense. If the two do not agree, an ERR will appear on Schedule G, account 5111.10 Column 5. Make corrections to either Schedule G or Schedule G-7.

# SCHEDULE G-8

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

This schedule calculates the Medicaid allowable bad debts and will perform rudimentary mathematical functions for the Cost Report preparer. The total derived from this worksheet will be used to check the reported allowable bad debts on Schedule G. Data must be entered to lines 1 through 4 manually. The remainder of the worksheet will calculate automatically.

The amount on Line 5, Current Year Projected Medicaid Bad Debt, is subject to the exam process. Supporting documentation is not required to be submitted with the Cost Report, however, supporting documentation must be available upon request. This documentation must include copies of award letters for Medicaid patients with bad debts, a bad debt schedule, copies of at least 3 letters indicating timely collection attempts, and information on when the debt was incurred.

An adjusting entry must be made to the Cost Report based on amounts derived from Schedule G-8 to move allowable bad debt costs to Schedule G, account 9905. Column 5 on Schedule G, account 9905 must agree with Schedule G-8, Total Allowable Bad Debt for Medicaid Cost Report. If the two do not agree, an ERR will appear. Make corrections to either Schedule G or Schedule G-8 to correct the ERR.

# SCHEDULE L

Schedule L for 2016 is a separate document from the Cost Report. In subsequent years, this schedule will be incorporated into the Cost Report as in years past. Because it’s a separate document, there is a separate certification page included with the schedule on a different tab. Please have this certification page completed when submitting Schedule L electronically.

Line 1: Enter the total number of W2’s the facility generated for direct care staff in the following accounts:

* 5111.01 – Director of Nursing Services
* 5111.02 – RN
* 5111.03 – LPN
* 5111.04 – CNA
* 5111.05 – Other Nursing with Administrative Duties

Line 2: Enter the total number of W2’s the facility generated for direct care staff that **EXITED** the following accounts (terminated, quit, transferred out of direct care to another position)

* 5111.01 – Director of Nursing Services
* 5111.02 – RN
* 5111.03 – LPN
* 5111.04 – CNA
* 5111.05 – Other Nursing with Administrative Duties

#

# SCHEDULE L-1

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

## Low-Wage Worker Add-On Schedule L-1

ONLY VALID FROM **JANUARY 1, 2016** THROUGH **JUNE 30, 2016**

The operating budget included money to increase compensation for low-wage workers. This is a continuation of the Low-Wage Workers Add-On (LWW 2008) that commenced with the July 1, 2008 rate. The appropriation provided for an add-on payment of $1.57 per resident day. The add-on shall be used to increase wages, benefits, and/or staffing levels for certified nurse aides; or to increase wages and/or benefits for dietary aides, housekeepers, laundry aides, or other category of worker whose statewide average dollars-per-hour wage was less than $15 in calendar year 2008 as evidenced by 2008 Cost Report data. This add-on may also be used to address resulting wage compression for related job classes immediately affected by wage increases to low wage workers. The rate add-on applies only to in-house staff. Allocated, Home Office, and/or Purchased Services increases are prohibited under this program.

Starting July 1, 2014 the operating budget included money for an additional Low-Wage Worker Add-On (LWW 2012) per Medicaid resident day per facility of $2.53. The add-on shall be used to increase wages, benefits, and/or staffing levels for certified nurse aides; or to increase wages and/or benefits for dietary aides, housekeepers, laundry aides, or any other category of worker whose statewide average dollars-per-hour wage was less than $17 in calendar year 2012 as evidenced by 2012 Cost Report data. This add-on may also be used to address resulting wage compression for related job classes immediately affected by wage increases to low wage workers. The rate add-on applies only to in-house staff. Allocated, Home Office, and/or Purchased Services increases are prohibited under this program.

Further Explanation:

Wage Categories - These categories are eligible for both LWW 2008 and LWW 2012: certified nurse assistant; dietary aide; housekeeper; laundry aide; rehab aide; activities director and assistant; and supply/ward clerk. The following three categories are eligible only for LWW 2008 and not for LWW 2012: social worker; patient choice coordinator; and expanded community service worker. Wage categories other than those listed herein, but given an increase to reflect wage compression caused by increases to low-wage workers, must be reported in Column C and separately identified on the schedule.

Codes: (Note – a separate line will be completed for each code affected within each Wage Category. For example, if CNAs received both increased wages and increased hours, a line would be completed to reflect dollars spent for Code A and dollars spent for Code B)

* Increase Wages
* Increase Hours for CNAs
* Increase Wages due to resulting compression
* Paid out as Bonus
* Paid as additional Fringe Benefit
* Paid as additional Payroll Taxes

Compensation Reporting Dates - For LWW 2008 **January 1, 2016** or effective date, whichever is later through **June 30, 2016** for reporting the expenditures related to wage increase, bonus and/or benefit changes. For LWW 2012 **January 1, 2016** or effective date, whichever is later through **June 30, 2016** related to wage increase, bonus and/or benefit changes.

Report only the compensation increases, bonuses, or additional fringe benefits/payroll taxes made as a result of the LWW 2008 $1.57 PPD add-on and/or the LWW 2012 $2.53 add-on for **January 1, 2016 through June 30, 2016**.

STEP 1

* Lines 1 through 10
	+ Columns A and B are self-explanatory.
	+ Column C - use codes A through F as defined on the schedule.
	+ Column D - indicate the effective date of the increased compensation for the wage category listed in column A.
	+ Column E - disclose the dollars spent. (Hours x compensation increase).
	+ Column F - input 1 if related to LWW 2008 add-on or input 2 if related to LWW 2012 add-on.
	+ Column G - provide the estimated number of staff listed in column A by wage category receiving the increased compensation.
* Lines 11 through 16 fill automatically.
	+ Lines 11 and 12 are the totals for columns E and G on pages 1 and 2.

Lines 11 and 12 for column E respectively should be equal to or exceed the amount listed on lines 13 and 14, column J. If it does not, please provide explanation.

STEP 2

* Line 13 and 14 –
	+ Column H is a constant value of $1.57 and $2.53. (This is the amount of the rate add-on for all facilities receiving the add-on)
	+ Column I is filled automatically. (This is total Medicaid days taken from Schedule N for the period of January 1, 2016 through June 30, 2016.
	+ Column J is calculated automatically. (Column H x Column I).

STEP 3

* Lines 15 and 16
	+ Column K is calculated automatically. (This column compares the difference in dollars paid by calculating the dollars paid on line 13 and 14, Column J with dollars spent on line 11 and 12, Column E).

NOTE: Any dollar amount greater than zero on lines 15 and 16, column K will be recouped by the department during the preliminary settlement phase.

Enter the Wage Category in Column A. Next enter the Cost Report Account Number in Column B. Then enter the Code in Column C. Next enter the Effective Date in Column D. Then enter the Dollar Spent in Column E. Then enter the four digit year of the related LWW Add-On for “2008” or LWW Add-On for “2012” in Column F. Then enter the Estimated Number of Staff receiving the LWW Add-On in Column G. The rest of the cells add automatically.

# SCHEDULE M

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

There are formulas which will total lines across and columns down. Enter days into columns 1 and 2. Enter dollar amounts as whole numbers (no cents) in columns 4, 5, 6 and 7. Remember to include Swing Bed Revenue.

# SCHEDULE N

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

Schedule N - Medicaid patient days reported in column 1 & 2 include class codes 20, 45, 50, and 60 from the Medicaid Revenue and Census report and the facility census for unpaid Medicaid days. If a line is not applicable, do not leave it blank, put a "0" (a zero) on the line.

Items completed automatically:

* Column 1 – Medicaid Days Less Swing Bed Days, is completed from Schedule M automatically as well as Line 18, Swing Bed Days.
* Line 13 – Formulas will total these columns.
* Column 7 – Total Patient Days will total the lines across.
* Line 15 – Maximum Patient Days will calculate once Lines 13 and column 9 are completed. If the dates on Schedule A were for a partial year, the formula will take this into consideration. Otherwise, the formula assumes a full year Cost Report.
* Line 16 – Percent Occupancy will calculate automatically.

Items to be completed by the Cost Report Preparer:

* Column 2 through 6 are completed by the Cost Report preparer.
* Column 9 – If a change in licensed bed size occurred between the 1st and the 15th of a given month, then the bed size change is effective the first day of the month in which the licensed bed size changed. For a bed license change between the sixteenth and the last day of the month, the bed change is effective the first day of the following month. The cells for the bed license count by month (column 9) must be completed whether there was a bed license change or not. Do not include swing beds.
* Line 14 – Total Licensed Beds as of the ending of the report period and do not include swing beds.
* Line 17 – Hold Room Days – do not include these days on lines 1 through 13.
* Line 19 – Number of Swing Beds.

# SCHEDULE O

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

**The only thing the Cost Report preparer must complete is Part B Weighted Rates, lines 6 through 25.** If there are more than eight rates for Part B, please contact the department for instructions.

## Preliminary Settlement

Materiality - Preliminary settlements showing amounts of $100 or less on either Line 63 (due provider) or Line 64 (due DSHS) of Schedule O, Page 2 will be considered immaterial.

Do not change the way you complete Schedule O. When the department reviews the provider’s proposed preliminary settlement under WAC 388-96-218, those facilities affected by the materiality issue will be notified through the department’s preliminary settlement letter.

Please note that this materiality does not apply to final settlements.

Payment of amounts due - Do not send a check for any Preliminary Settlement amount due to the department with the Cost Report. The department will review the Preliminary Settlement report in accordance with WAC 388-96-211, and WAC 388-96-218 and then notify the contractor of the amount due.

Schedule O – Preliminary Settlement has been revised to incorporate the new rate structure effective July 1, 2016. Refer to RCW 74.46.561

* Part A does not include property any longer.
* There have been new rate components added to part B.
* Part C does not include shifting – part C only settles line 48 Direct Care.
* Part C line 48 includes the overall weighted rate in part B for direct care, acuity add on, direct care add on, therapy, therapy add on, support services, support services add on, plus any relevant percent of any stabilizer gain.
* Part C line 49 includes the overall weighted rate in part B for operations/indirect and any relevant percent of any stabilizer gain.
* Part C line 50 includes the overall weighted rate in part B property and fair market rental and any relevant percent of any stabilizer gain.
* Part C line 56 includes the overall weighted rate in part B for quality enhancement and any relevant percent of stabilizer gain.

No entry needs to be input in the stabilizer gain section of this schedule Part C, it will compute automatically.

#

# SCHEDULE P - PROSHARE

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

## ProShare

ProShare Revenue and Expenses – Schedule P, lines 1 through 22, records revenues and expenses associated with funds disbursed under chapter 518, Laws of 2005. This schedule applies only to Public Hospital District Nursing Homes participating in the ProShare program. ProShare revenues should be reported on Schedule G, account number 4690 – Other Non-Operating Revenue.

PART A – Identifying the Allocation and Use of ProShare Funds

Part A confirms the existence of ProShare activity.

Lines 2 and 3 – This is self-explanatory and must reconcile with department records.

Line 4 – This line is calculated automatically.

PART B – Total Public Hospital District Expenditures of ProShare Funds

Part B identifies the entity where the ProShare funds were expended.

Lines 7, 8, and 9 – Indicate the application of funds in the form of expenditures. Line 9 requires further explanation on the bottom of the schedule.

Line 10 - This line is calculated automatically.

PART C – Unspent ProShare Revenue

Part C identifies the amount of ProShare funds retained by the entity that remained unspent as of the end of the Cost Report period.

Line 13 records the unspent amount of the retained ProShare funds. Please provide a detailed explanation on the bottom of the schedule.

PART D - Total Nursing Home Expenditures of ProShare Funds

Part D identifies ProShare expenditures by rate component. Include amounts adjusted on Schedule G-5 for unallowable ProShare costs.

Lines 16 through 21 – List the ProShare expenditures by cost component. Please provide additional explanations at the bottom of this schedule.

Line 22 – This line is calculated automatically.

NOTES (OR DETAILS)

Place comments in this section as required. Detail may include, but is not limited to, account descriptions, account numbers, and explanations.

Report ProShare Revenue and Expenses. The purpose of this schedule is to report ProShare Revenue and Expenses. Key in amounts in lines 2 through 3, 7 through 9, 13, and 16 through 21.

# SUPPLEMENTAL SCHEDULE A

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

Part C - This section is to be completed if the operator on Schedule A is owned by others.

Part D - This schedule is to be completed if an organization owns, operates, or leases the nursing facility's Land, Building, and/or Equipment.

For each applicable section, complete the organization's name. When you determine the type of organization option that best fits the facility, type in the option picked in the space provided. Then, proceed to complete the information listed below (Name, Address, % Owned, and Acquisition Date of individuals who own a 5% or greater interest in the organization.).

# SUPPLEMENTAL SCHEDULE O-1

Refer to the Suggested Keying Order above for the most efficient order to complete the Cost Report.

Completing the report a simple process. Use the facility’s Medicaid Revenue Census Report received from the department. If the facility has any amounts under Class Codes 50 or 60, then you need to complete Supplemental Schedule O-1.

For example, assume a facility, upon reviewing the Revenue and Census Report from the department, discovers that there were 31 Community Home Project or Expanded Community Services Days in January (using Billed Days under Class Codes 50 or 60.).

* On Line 1, Column 2, the facility would key in their Medicaid Payment Rate for the month.
* In Column 3 on the same line, the facility would key in 31 (the number of Community Home Project or Expanded Community Services Billed Days under Class Codes 50 or 60 on the Revenue and Census Report for cost report year.).
* Column 4 calculates the Routine Care Revenue Portion of Community Home Project or Expanded Community Services by multiplying Column 2 by Column 3.
* In Column 5, the facility would type in the Community Home Project or Expanded Community Services Revenue using Billed Dollars under Class Code 50 or 60 on the Revenue and Census Report for cost report year.
* Column 6 would calculate the Community Home Project or Expanded Community Services Revenue over Routine Revenue by subtracting Column 4 from Column 5.
* Schedule O, line 63 takes the Total Community Home Project or Expanded Community Services Revenue over Routine Revenue from Line 13, Column 6.

If Schedule O-1 is not applicable to this facility, indicate this in the box provided and leave the remainder of the schedule blank.

# UN-ALLOWABLES

All expenses associated with unallowable services must be reported in the unallowable accounts. If the expenses are unidentifiable, then revenues must be offset against expense where required by WACs 388-96-502 and 505. Even though all revenue from unallowable services may be offset, if cost exceeds charges, the excess cost should be reported as unallowable. If revenue is not offset and unallowable expenses are not identified, explain your reasoning in a footnote.

The depreciation that used to be reported on schedule G is now unallowable due to the new methodology.

* Costs for unallowable depreciation is reported in account 6513.
* Costs for unallowable interest is reported in account 6517.
* Costs for unallowable allocated property is reported in account 6518.

Use Schedule B, Columns 4 and 5, to eliminate unallowable land, building, equipment, and related improvements. Unallowable items include fixed assets used for services not covered by the routine Medicaid rate, such as purchased barber and beauty services, vending machines, or pharmacy.

In addition, off-site home office fixed assets are unallowable. Other unallowable items may also exist and should be shown in Columns 4 and 5 of Schedule B.

# COST REPORT AMENDMENTS

Each year Cost Report revisions (or amendments) are received. When submitting a Cost Report revision or amendment, please refer to the following:

* Make necessary changes to the appropriate schedules on the copy of the Cost Report you have saved. Remember that other schedules may be affected by these changes.
* Upload a copy of the Cost Report to the secure site. This copy of the Cost Report will contain some schedules as originally filed and some schedules as revised.
* Upload a copy of the Amendment Certification Page indicating the schedules that were revised, to the Rates office. In accordance with WAC 388-96-117, the contractor MUST sign this page and the signature must be notarized. A copy of this page is on the department’s website.
* Revisions or amendments submitted without the certification page will not be processed.

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**YOU CANNOT USE THE PHYSICAL ADDRESS FOR U.S. MAIL; YOUR MAIL WILL BE RETURNED TO YOU.**