Cost reports for the Developmental Disabilities Administration (DDA) are required in accordance with DDA Policy 6.04 for Residential Programs. The cost reports should be prepared in conformity with Generally Accepted Accounting Principles and Washington State laws, rules, and regulations. \**Please refer to* [*DDA Policy 6.04*](https://www.dshs.wa.gov/dda/policies-and-rules/policy-manual)*.*

This cost reporting information will be used to:

• Provide accountability and transparency for the use of public tax dollars;

• Provide program cost data to regional managers and residential providers;

• Provide information to reconcile payments and/or allocate appropriated funds;

• Determine settlement for ISS staff cost centers; and

• Provide information to department leadership, working with the legislature for budget development and policy decisions.

The cost report has been developed to provide standards for allocating administrative and non-staff costs to programs and to accumulate total operating costs incurred by each program. The cost report consists of a series of schedules designed to accumulate all direct and indirect expenses at the individual program level. Within each program, the report will summarize the total cost of operations for the reporting year. The cost report also includes schedules (E & F) used to gather data the department uses in support of legislative appropriation requests, requiring certification along with the other cost report schedules.

**General Guidelines:**

For 2024, the Administrator Regression table maximums have been increased 2.5% relative to the increase in the daily rate.

Covid funds have been reduced from 3.4% to 1.6%, effective January 1, 2024, and will be reduced to 0% effective July 1, 2024.

Schedule B, row 1 and 2 reporting instructions have been revised.

1. It is necessary that the cost report preparer refer to the cost report instructions, DDA Policy 6.04, PowerPoint presentation and template samples while completing their cost report.

Current covid reporting requirements are noted on the webpage located [here](https://www.dshs.wa.gov/dda/counties-and-providers/supported-living-rates-and-reimbursement-documents).

1. The completed cost report must be submitted in excel format using the 08/2023 revised cost report template. The cost report schedules (A, B, C, D, E, F, & G) are all in a single file. The completed cost report is to be emailed to both your resource manager and rate analyst. The department does not accept cost report templates from previous years. The current year cost report templates and related materials are available on the web. In addition, cost reports received in PDF or by mail cannot be accepted. Only the signed schedule A is to be scanned as PDF and attached to the email submitting the cost report. If scanning Schedule A is not possible, the signed form (Schedule A only) may be mailed or faxed to your regional resource manager. The resource manager will forward the signed Schedule A to the rates department if mailed or faxed. Schedule A will need to be recertified each time a cost report or revised cost report is submitted.
2. Providers are to fill out cells that are formatted white. Cells that are formatted in yellow or grey are locked and cannot be changed. Several places throughout the cost report, providers will select from a dropdown list instead of typing in their information. **Do not** copy and paste data on the cost report template.

Note: If you use a version of Excel older than 2007 the drop-down list may not work. If the drop-down lists do not work, please contact your cost analyst and they can email a cost report template with the drop-down lists already filled in.

1. **Do not** include client names, identification numbers, or employee identifying information in the cost report. If you use the optional form, Schedule H – Rate History, **do not** submit it with your cost report. This form, once complete, will list client names and identification numbers. The form is a separate file from the cost report template and providers have the option of using it to complete their cost report. Providers that choose to use this form will need to enter the necessary information throughout the year using their Exhibit C’s and COCA’s
2. On Schedule B, ISS Payroll Expenses, providers must report all payroll costs for staff and eligible Administrators (row 2-4) that work both contracted & non-contracted business in an ISS/direct care and/or administrative capacity to allocate employer paid taxes and benefits, and to determine the percentage of Administrator compensation that can be claimed as ISS, if eligible.
3. On Schedule C, non-ISS Expenses, agencies are no longer able to allocate expenses between contracted, non-contracted, and administrative expenses. Agencies that need to allocate non-ISS costs will need to do so outside of the cost report. Providers can use the optional Schedule I - Allocations, to allocate expenses that are no longer able to be done within the cost report.
4. Review the report before submitting to ensure all required information is both accurate and complete. It is also recommended to print preview before printing as some printers allow for different margins or use slightly different font sizes that may cause schedules to not fit as they were designed.
5. On Schedule A, please include your current contact information for both your agency and the cost report preparer, including email addresses. Be sure to list the Administrator, as well as the Federal ID Number(s).
6. Each schedule (A through G) is on a separate tab. Move from schedule to schedule by clicking on the appropriate tab. If additional tabs are needed for Schedule E – Residential Staffing, please contact your rate analyst. Optional Schedule H – Rate History and Schedule I – Non-ISS Expenses are for internal use only.
7. There are several places throughout the schedules where you will find a small red triangle in the upper right corner of a cell. As you pass the mouse cursor over the triangle, an explanation of the pertinent or required information will appear in a comment box.
8. If you have any trouble or have questions about using the spreadsheet or if you find any errors in logic, line or column references or anything else that requires attention please contact your rate analyst.
9. Calendar year 2024 cost reports are due March 31, 2025. Providers may request a 30-day extension if additional time is necessary by submitting a written request by email, fax, or the USPS. The service provider must submit a written request to the DDA Regional Administrator or designee and copy the Office of Rates Management. This request must be received by the Regional Administrator no later than March 15th, 2025. The notification must include an explanation of the circumstances that require the extension.

**DEFINITIONS**

**Accrual Basis** means revenues are reported in the period earned, regardless of when collected, and expenses are reported in the period incurred, regardless of when paid.

**Administration** means the DSHS Developmental Disabilities Administration and its employees.

**Administrative staff** means employees of the provider for whom the majority of their job functions are administrative and not directly related to providing an assessed level of support and instruction to a client. Administrative/non-ISS functions and costs are comprised of staff recruitment, payroll, marketing, administering employee benefits, maintenance of office space, and administrative wages and benefits.

**Allowable Costs** means a) Necessary and reasonable costs for proper and efficient administration of the contract; b) Authorized or not prohibited under State or local laws or regulations; c) Conform to limitations or exclusions set forth; d) Consistent with policies, regulations, and procedures that apply uniformly to both federally assisted and other activities; e) Be accorded consistent treatment through the application of GAAP to the circumstances; f) Not be allocable to or included as a cost to any other funding source in either current or prior year (period); and g) Be net of all applicable credits.

**Cash Basis** means revenue is recognized when cash is received, and expenses are recorded when they are paid.

**Client** means a person who has an intellectual or developmental disability and is:

1. Eligible under [Chapter 388-823 WAC](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-823); and

2. Authorized by DDA to receive residential services under Chapters [388-101](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101) and [388-101D](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101D) WAC.

**Contract** means an executed agreement between DDA and a service provider for certified community residential services under Chapters [388-101](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101) and [388-101D](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101D) WAC.

**Cost report** means the documentation of expenses that are ordinary, necessary, and related to the provision of client support, training, and other activities under Chapters [388-101](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101) and [388-101D](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101D) WAC, and a service provider’s DDA contract.

**Department** means the Department of Social and Health Services.

**Fringe benefits** means the employer’s expense for providing qualified employees benefits such as sick leave, health insurance, paid vacation, holiday pay, a retirement plan, and other benefits.

**Group home program** means certified residential services under Chapters [388-101](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101) and [388-101D](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101D) WAC that are provided in a setting licensed as an Adult Family Home or Assisted Living Facility.

**Group training home** means a certified and non-profit residential program that meets requirements of [RCW 71A.22.020](http://app.leg.wa.gov/rcw/default.aspx?cite=71A.22.020) and Chapters [388-101](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101) and [388-101D](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101D) WAC.

**Indirect Costs** means costs incurred by a program that are not directly related to the delivery of the services but nevertheless are incurred by the organization. Such costs may include the operation and maintenance of buildings, payment of utilities costs or administrative salaries for the joint benefit of several programs.

**Instruction and support services (ISS)** means direct or indirect client services related to providing the assessed level of support and instruction to a client as required by Chapters [388-101](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101) and [388-101D](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101D) WAC and provided by ISS staff. ISS includes time ISS staff attend training and meetings where information about client services is exchanged. As described in policy, an administrator, or other administrative personnel (such as a bookkeeper, accountant, or maintenance worker) may provide ISS if the provision of ISS is included in their job description and the staff member meets the training and background requirements.

**Instruction and support services (ISS) staff** means employees of the provider, such as direct support professionals, other authorized professionals, and trainers. The majority of their job functions is the provision of instruction and support services to clients. ISS staff also includes employees of the provider whose primary job function is the supervision of ISS staff or providing indirect client support.

**ISS full-time equivalent (FTE)** means ISS hours or compensation that represents one full-time employee during a specific period – such as one month, one quarter, one year.

For schedule B, an ISS full-time equivalent (FTE) is an **automated** calculation used to produce the number of ISS full time employees. The number of FTE’s calculated will be significantly lower than actual FTEs employed. The number of FTE’s automatically calculated, percentage of wages reported as performing ISS, and the agencies urban designation are then used to determine the amount of compensation a supported living or combined program Administrator can claim towards settlement, providing ISS job duties are performed by the Administrator. See Schedule B and the Administrator ISS FTE’s & Regression Table sections for more information.

For schedules E and F, an ISS full-time equivalent (FTE) is the sum of hours worked by part-time employees to equal the hours worked by one full-time employee. For cost reporting, 2,080 ISS hours per calendar year is equivalent to one FTE.

**Live-in model** means an atypical service delivery model approved by DDA that includes nighttime support by agency-authorized staff. The staff sleep in the client’s home during the night and respond when needed. The supported living agency provides a bedroom for staff to stay in the client’s home and covers the cost of their accommodation.

**Metropolitan statistical area (MSA)** means a relatively freestanding metropolitan area that is not closely associated with other metropolitan areas. These areas are typically surrounded by non-metropolitan counties. An MSA includes at least:

1. One city with 50,000 or more inhabitants; or
2. A Census Bureau-defined urbanized area of at least 50,000 inhabitants and a total metropolitan population of at least 100,000.

King County is recognized as having unique characteristics relative to other MSA counties for purposes of determining reimbursement rates as stated in this policy.

DSHS currently recognizes the following counties as MSA’s in Washington: Asotin, Benton, Chelan, Clark, Cowlitz, Douglas, Franklin, Island, Kitsap, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Whatcom, and Yakima. DSHS makes final determinations for MSA designations. All other counties are considered non-MSA.

**Modified Cash Basis** means revenue is recognized when cash is received, and most expenses are recorded when they are paid. Property purchased with a service life of more than one year is expensed over its useful life. Expenses, such as rent and advertising, paid in advance are also regarded as assets and are expensed only in the period to which they apply.

**Program** means agency activity identified by function, contract, or geographical separation.

**Provider** means an entity contracted with DDA to provide certified community residential services under Chapters [388-101](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101) and [388-101D](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101D) WAC.

**Related organization** means an entity that is under common ownership of the provider, has control of the service provider, or is controlled by the provider. An entity "controls" another entity if:

1. One entity has a five percent or greater ownership interest in the other; or
2. One entity derives the capacity, exercised or not, from a financial or other relationship that directly or indirectly influences the activities of the other.

**Related party** means a spouse, natural parent, child, sibling, adopted child or adoptive parent, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, grandparent or grandchild, uncle, aunt, nephew, niece, or cousin of the service provider.

**Residential professional services** mean services provided by provider staff that are included as part of the daily residential rate. These professional habilitative services are part of the residential habilitation support that enhance the ability of a client to live an integrated and meaningful life. These services include residential chronic nursing supports, language translators, and habilitative dialectical behavioral therapy, and behavioral habilitation, and specialty programs. Reimbursement for professional services is at DSHS-established rates, or at a non-standard rate as determined by the Resource Manager Administrator. **Purchased** residential professional services are contracted outside of the agency, are not employees of the provider, and must have Resource Manager approval to be considered allowable ISS expenses.

**Service provider** means an entity contracted with DDA to provide certified community residential services under Chapters [388-101](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101) and [388-101D](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101D) WAC.

**Settlement** means a process that compares the allowable ISS staff costs incurred by the provider to the ISS reimbursements for the reporting period. A cost report triggers settlement when the total reimbursed dollars is greater than the total allowable ISS cost. The provider must pay the settlement amount.

**Staff lodging compensation** means an atypical, supported living service that provides the primary residence for a staff person as a part of their compensation package. For cost reporting purposes, staff lodging compensation may include the cost of the residence as an ISS cost. Staff lodging compensation does not include the cost of maintaining a residential unit for the use of overnight staff when it is not their primary residence. The reporting of staff lodging compensation must comply with Internal Revenue Service (IRS) rules for reporting employee lodging as employee income.

**Staff lodging provider expense** means the cost of a dwelling or portion of a dwelling used by staff when working a 24-hour or longer shift for the live-in model. Staff lodging provider expenses are an administrative cost incurred for housing; the provider must not report these expenses as ISS compensation.

**State** **Supplementary Payments (SSP)** means State fund payments made to eligible clients required to meet theMaintenance of Effort (MOE) requirements as a condition of participating in the Federal Medicaid program.

**Supported living** means a contracted and certified residential service under Chapters [388-101](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101) and [388-101D](http://app.leg.wa.gov/WAC/default.aspx?cite=388-101D) WAC.

**Supporting documents** means the source documents the service provider used to arrive at the expenses reported in the cost report. These documents provide evidence of the expenses.

**Tiered rate methodology** means the method used to derive the client’s daily rate.

**Total Cost** means the total allowable direct cost, plus allowable indirect costs.

**SCHEDULE A**

**GENERAL INFORMATION AND CERTIFICATION**

**PART A – PROVIDER IDENTIFYING INFORMATION**

This schedule is used to provide basic information about the agency and Cost Report contact information.

Not all information requested on Schedule A will apply to all providers. Complete only those sections that pertain to your specific program(s).

For item number 1 (Provider Name), providers will select from a drop-down list instead of entering the information. Be sure to select the correct agency name and region ID as some agencies are listed in two or more regions. If you are not sure which region number (1N, 1S, 2N, 2S, 3N, or 3S) pertains to your agency, please contact your resource manager or cost analyst. If the drop-down list does not work properly or the agency is listed incorrectly or missing, please contact your rate analyst for assistance.

For item number 2 (Provider One ID) no entry is necessary as the provider ID number will auto-fill once the correct agency has been selected in item 1.

For item number 6 (Administrator Name) please be sure to list the Administrator.

Item number 18 provides the templates reporting period.

For item number 19 (Federal ID Numbers) report all federal ID numbers related to the entity.

Schedule A is the only schedule that needs to be printed, signed, scanned, and emailed to your rate analyst.

**PART B – CERTIFICATION**

The service provider as authorized in [71A](https://apps.leg.wa.gov/RCW/default.aspx?Cite=71A)  RCW must certify under penalty of perjury that the cost report or an amendment to it is a true, correct, and complete representation of actual costs related to patient care prepared in accordance with applicable instructions provided by the department in its policy, identified through [388-825](https://app.leg.wa.gov/WAC/default.aspx?cite=388-825) WAC, and chapter [71A](https://apps.leg.wa.gov/RCW/default.aspx?Cite=71A)  RCW.

“Service Provider” means a person or entity contracted with DDA to provide certified community residential services under [Chapter 388-101 and 388-101D WAC](https://app.leg.wa.gov/WAC/default.aspx?cite=388-101).

1. If the service provider is a single individual owner, that person or the administrator must sign the cost report.
2. If the service provider is a legal entity:
   1. For a corporation, an officer of the corporation (i.e., CEO, CFO, or COO) must sign the report.
   2. For a partnership, one of the partners needs to sign.
   3. Not for profit entities must have the person who signs the federal tax return sign the report.
   4. If the provider is a wholly owned subsidiary of a larger corporation, an officer of the larger corporation may sign. The organization chart can help determine this.
3. Schedule A will need to be recertified each time a cost report is submitted.

**SCHEDULE B**

**ISS PAYROLL EXPENSES**

**ISS STAFF COMPENSATION**

Schedule B is used to report the agency’s ISS payroll expenses by employee type and duties performed. Payroll is reported on an accrual basis, meaning, payroll paid in 2025 for work performed in 2024 would be included. Conversely, payroll paid in 2024 for work performed in 2023 or prior would be deducted. On Schedule B, providers have the choice to record payroll on a monthly or quarterly basis.

Employees that **only** perform administrative duties are not reported on Schedule B, their payroll is reported on Schedule C, line 1. Please refer to Schedule C instructions for reporting Administrative/non-ISS **only** employee payroll data.

For employees that perform ISS and non-ISS (Administrative and/or non-contracted business) duties, the agency must report all compensation on Schedule B for allocation purposes. Paid time off, Other Compensation, Employer paid taxes and benefits are allocated based on the percentage of gross wages reported as ISS, Administrative, and/or non-contracted payroll expenses. Providers must also have available upon request, a job description outlining the ISS and non-ISS duties performed. Employees that **only** perform non-contracted work do not need to be reported anywhere on the cost report; it is only required if the employee also performs ISS duties.

Each year supporting documentation for Schedule B maybe requested by the department when the provider submits their cost report. For this purpose, providers must maintain payroll records by employee that can be easily tied to the monthly or quarterly payroll data reported. In cases where employees perform ISS and non-ISS duties the employee payroll records must clearly distinguish between ISS and non-ISS wages paid. Providers are also required to have a job description for all ISS employee positions.

Moreover, supporting documentation for employer paid payroll tax and fringe benefit expenses reported as ISS must also be retained for verification. Further verification may be required if a provider claim authorized purchased professional services on Schedule G, lines 20-22. Essentially, all ISS expenses claimed towards settlement are subject to review by the department.

For the calculations on Schedule B to work properly the correct provider’s name and region must be selected from the drop-down list on Schedule A, Line 1. On Schedule B, the provider must select from the drop-down list located above Column A header, the reporting period (Monthly or Quarterly) they wish to use. If quarterly is selected, payroll is entered in the March, June, September, and December sections (highlighted green under Column A).

For each reporting period there are four lines/rows for reporting employee ISS payroll expenses, described as follows:

**Line/Row 1** - ISS & Professional Services Staff (Contracted ISS Job Duties 51% or Greater)

* + - * Use to report payroll for employees that perform contracted ISS duties 51% of the time or greater.

**Line/Row 2** - ISS & Administrative or Non-contracted Staff (Staff performs contracted ISS duties 50% or less & also performs non-contracted and/or administrative work)

* + - * Use to report payroll for employees that perform ISS duties 50% of the time or less and also performs non-ISS duties.

*\*\* Report all compensation for employees that work ISS & non-ISS for allocation purposes*

*\*\* Non-ISS may include Administrative and/or Non-Contracted work*

**Line/Row 3** – GH/GTH Only - Administrator payroll

* + - * Use to report a group home or group training home Administrator’s ISS (if any), Administrative, and/or non-contracted salary and wages (single employee)

*\*\* If the Administrator does not perform ISS duties their payroll should be reported on Schedule C, line 1.*

**Line/Row 4** – Administrator ISS payroll for SL or Combined SL/GH/GTH agencies with 20 or fewer ISS FTE’s (Full-Time Equivalent)

* + - * Use to report the Administrator’s ISS, Administrative, and/or non-contracted salary and wages (single employee).
      * The maximum allowable amount of Administrator’s compensation that can be claimed as ISS is automatically determined using the ISS FTE’s (col C) and the regression table.
      * Eligibility is determined each reporting period (monthly/quarterly).

For each payroll reporting period (Monthly or Quarterly) enter the following on Schedule B:

Col. D ISS PAYROLL FOR STAFF (REGULAR TIME)

Col. E ISS PAYROLL FOR STAFF (OVERTIME)

Col. G ADMINISTRATIVE/ NON-ISS PAYROLL FOR STAFF (REGULAR TIME)

*(Does not apply to Line/Row 1)*

Col. H ADMINISTRATIVE/ NON-ISS PAYROLL FOR STAFF (OVERTIME)

*(Does not apply to Line/Row 1)*

Col. J PAYROLL FOR NON-CONTRACTED BUSINESS (REGULAR & OT)

*(Does not apply to Line/Row 1)*

Col. L PAYROLL FOR PAID TIME OFF (HOLIDAYS, VACATION &/OR SICK LEAVE)

Col. M PAYROLL OTHER COMPENSATION

Col. O TOTAL EMPLOYER PAID PAYROLL TAXES (SOCIAL SECURITY & MEDICARE, FUTA, SUTA, L&I, etc.) PLUS B&O TAX ON ISS PORTION OF REVENUE

Col. P TOTAL EMPLOYER PAID TAXABLE & NON-TAXABLE FRINGE BENEFITS (AS DESCRIBED BY THE IRS)

***\*Do not split employee payroll between rows on Schedule B and do not split payroll between Schedules B and C.***

***\*\*Note: Schedule B does not need to be submitted each month or quarter, it is submitted when the annual cost report is due in March. If Schedule B is not properly filled out the analyst will return the cost report for correction.***

# Administrator ISS FTE’s and the Regression Table

The Administrator Regression Table is used to calculate the maximum allowable ISS payroll costs a SL or Combined SL/GH/GTH Administrator can claim towards settlement. Programs with 20 or fewer FTE’s are eligible to claim their Administrator's compensation or a portion thereof as ISS based on regression table maximums, urban designation and the percentage of total compensation spent performing ISS duties. If an Administrator does not perform ISS duties their payroll should be entered on Schedule C, line 1 as non-ISS Administrative payroll costs, including employer paid payroll taxes and benefits.

The regression table does not apply to GH/GTH only programs. GH/GTH only programs would enter their Administrator’s compensation online/row 3, providing the Administrator performs ISS duties. If the Administrator does not perform ISS duties, their payroll would be reported on Schedule C, line 1 as non-ISS Administrative payroll costs, including employer paid payroll taxes and benefits.

The number of ISS FTE’s is automatically calculated on Schedule B as payroll data is entered throughout the year. To determine the number of ISS FTE’s manually, divide the monthly or quarterly ISS gross regular pay for staff by the annual ISS FTE wages in the chart below. An administrator’s ISS eligibility is determined each reporting period, depending on which one is selected, monthly or quarterly.

Table

Description automatically generated

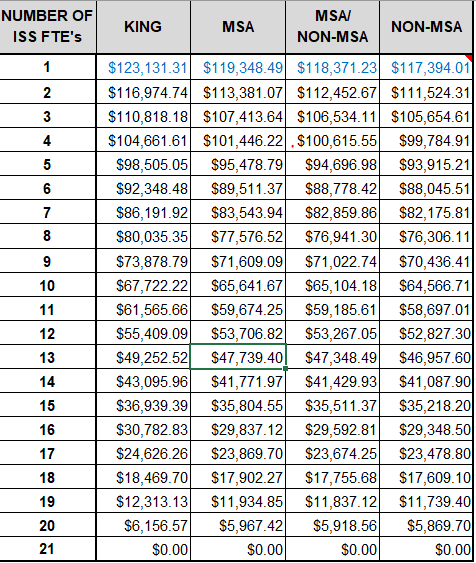
**\*Annual wages used for calculation purposes will increase at the same rate as the daily rate.**

Regression table maximums are reduced 5% for every ISS FTE until an agency reaches 21 ISS FTE’s, at which time the agency will no longer be eligible to claim Administrator payroll expenses as ISS for settlement purposes. Maximums are based on Administrators working in an ISS capacity full-time and are adjusted for Administrators that perform ISS duties less than full-time.

The allowable portion of an Administrator’s compensation is automatically calculated on Schedule B as payroll is entered throughout the year. The amount eligible to be claimed as ISS is based on the following:

1. Regression table parameters
   1. Number of ISS FTE’s automatically calculated on Schedule B, column C
   2. Urban designation (see definitions)
2. Percentage of total compensation spent working in an ISS capacity
   1. Maximum multiplied by the percentage in column F for each reporting period

For example, agency ABC has 13 ISS FTE’s and is designated as MSA (Sch B, April). Schedule B, column F lists 79.90% of the Administrator’s total compensation is paid for performing ISS duties. The maximum annual amount of the Administrator’s payroll expense this agency is eligible to claim as ISS is $38,143.78 = $47,739.40 x 79.90% or $3,178.65 per month ($38,143.78/12).



**\*Maximums will increase at the same rate as the daily rate.**

# SCHEDULE C

# 

# NON-ISS EXPENSES

**1. IS THE AGENCY A NON-PROFIT ORGANIZATION**

Select yes or no from the drop-down list.

**2. DOES THE AGENCY PAY B&O TAXES TO THE DEPARTMENT OF REVENUE**

Select yes or no from the drop-down list.

**3. DOES THE AGENCY PAY CITY B&O TAXES**

Select yes or no from the drop-down list.

If yes, select city from drop-down list.

**4. ARE ISS ACCRUALS CLAIMED ON SCHEDULE B**

Select yes or no from the drop-down list.

**5. ARE PROFESSIONAL SERVICES CONTRACTED OR PURCHASED**

Purchased or contracted professional services (i.e., non-staff RN, LPN, DBT, interpreter) by an agency to support clients must be authorized in the client assessment and approved by the resource manager.

Purchased or contracted professional services do not include services provided through resident medical care programs, including dental services for residents.

Authorized purchased professional services are reported on Schedule G, row 20-22, column C. *See Schedule G for further instruction and guidance.*

**6. ALLOCATION OF SHARED COSTS**

a. Indicate if your agency operates multiple programs

b. Indicate if you allocate program costs\*

c. Indicate the method used to allocate costs – if “Other Method” is selected describe the

method in the box provided

***\*Allocating Costs Notification:***

*Schedule C no longer provides a way to allocate costs among programs and or non-contracted business. If your agency needs to allocate expenses, it will need to be done outside of the cost report. Schedule I is an optional form that can be used for allocation purposes. See Schedule I for further instruction and guidance.*

**ADMINISTRATIVE & OPERATIONS COSTS (NON-ISS COSTS)**

Schedule C, columns A-C are used to report administrative, operating, and other non-ISS costs by program. Enter supported living non-ISS expenses in column A, Group Home non-ISS expenses in column B, and Group Training Home non-ISS expenses in column C. The costs reported on this schedule are not settled.

The expenses are divided between two categories, non-client related expenses and non-ISS client related expenses. Within each category there are 3-4 types of expenses that are outlined below.

***NON-CLIENT RELATED EXPENSES***

1) Administrative/Non-ISS Payroll Expenses

a. Administrator compensation for agencies with 21 or more FTE’s

b. Administrative/non-ISS staff compensation (including Administrator’s that do not perform ISS duties)

c. Employer-paid Administrative/non-ISS payroll taxes & fringe benefits

d. Administrative/non-ISS purchased/contracted professional services (i.e., CPA,

Janitorial Services, Lawn Services) & Management fees

*\*Do not split an employee’s payroll between Schedules B and C.*

*\*\*Do not include administrative payroll expenses reported on Schedule B, doing so will duplicate those expenses*

2) Program Operations Expenses

a. Administrative supplies

b. Administrative Transportation Expenses – Non-Client related transportation costs

(i.e., Travel, mileage, lodging, public transportation, fuel, maintenance, depreciation)

c. Advertising Expenses

d. Professional Liability Insurance

e. Other general administrative Expenses

3) Capital & Property Expenses

a. Depreciation – Land Improvements, Buildings, Building Improvements, Leasehold

Improvements, Furniture & Equipment

b. Communications Expense

c. Facility Insurance

d. Office Rent

e. Lease Payments

f. Utilities

g. Property Taxes

h. Minor Equipment

i. Other Property

4) Interest & Tax Expenses

a. Working Capital, Property, and Line of Credit debt interest expense

b. Business taxes

***NON-ISS CLIENT RELATED EXPENSES***

5) Maintenance/Laundry/Housekeeping/Dietary Expenses\*

a. Salaries and wages

b. Payroll taxes and fringe benefits

c. Supplies and Materials

d. Purchases Services

*\*Typically, this expense category only applies to GH’s and GTH’s. SL programs may have these expenses if the agency paid for maintenance or repair of client’s home and was not reimbursed by the department or the client.*

6) Transportation Expenses

a. Staff mileage reimbursements

b. Client transportation expenses (i.e., fuel, maintenance, depreciation, and public transportation, etc.)

7) Other Non-ISS Client Related Expenses

1. Overnight Staff Coverage Lodging Expenses (Housing provided for on-duty staff – not the primary dwelling for staff)
2. Education and in-service training and supplies
3. Activities and rehabilitative supplies and other expenses
4. Nursing supplies expense
5. Food Costs – Resident (primarily Group Homes and Group Training Homes)
6. Food Costs – Staff

***TOTAL NON-ISS PROGRAM EXPENSES (Auto-filled)***

Columns A-C in this row automatically calculates the total Administrative/non-ISS, non-settled expenses for each program reported. The total amount for each program should tie to the agencies expense records. Net profit is determined by subtracting Schedule C total Non-ISS expenses and Schedule B total Non-ISS payroll expenses from total Non-ISS/Administrative reimbursements received.

\**Refer to DDA Policy 6.04 for a complete understanding of each expense category.*

**SCHEDULE D**

**PROGRAM REVENUE**

Schedule D is used to report revenue earned during the reporting period for programs subject to settlement. For each category (Lines 1-3) enter the total amount of revenue earned for providing residential services for SL, GH, and GTH clients. Revenue is the total daily rate (ISS & non-ISS rate components).

***The Revenue for Services (Line 1) must be reported on an accrual basis,*** meaning the reported amounts must be earned during the reporting period regardless of when they were received. Revenues reported in the Other Operating Revenue (Line 2) and Non-Operating Revenue (Line 3) sections may be reported on either an accrual or cash basis.

**Lines (1-3) – Revenue Categories**

For each revenue category, list the revenue earned during the reporting period for each program listed in columns A-C.

1. Revenue for services provided includes (Line 1):

a. State payments/reimbursements for ISS/DSHS Clients (Total Daily Rate less covid revenue)

b. ISS/DSHS client participation

c. Prior year’s settlements deducted from state payments

2. Other Operating Revenue includes (Line 2):

a. Summer program payments

b. Client evaluation payments

c. Covid revenue

3. Non-Operating Revenue includes (Line 3):

a. Interest income

b. Cash donations and contributions

c. Non-cash donations and contributions

**Total Residential Services Revenue (Auto-filled)**

These cells auto-fill total revenues reported for each program listed in columns A-C.

*Refer to DDA policy 6.04 for a complete understanding of the revenue categories listed.*

**SCHEDULE E**

**COMMUNITY RESIDENTIAL STAFFING INFORMATION SCHEDULE**

Individual schedules are required to be filled out for each contract, program type, and service location. If you have multiple programs at the same location, for example a Group Home, Group Training Home and Supported Living program, fill out one schedule for each. If you have multiple programs located in different communities and/or counties, please fill out a separate schedule for each program by service location. Two are available on the cost report template, if additional copies are needed, please contact your rate analyst.

*\*The schedule(s) will be reviewed by the rate analyst to ensure the agency is reporting contracts, programs, and locations separately. Any cost reports found to be incomplete will be returned to the agency for correction.*

**Line 1** – Select the program type, program name, and county from the dropdown list and enter the city name

**Line 2** – Enter the contact information of the person to speak with if there is a question: name, title, telephone number, and email address.

**Line 3** – Enter the average monthly count of clients supported in this program.

**Line 4** – Indicate if the agency does or does not provide the benefits listed by selecting yes or no from the drop-down list: Medical Insurance, Dental Insurance, Retirement, Paid Sick Leave, Paid Vacation, Short-term Disability, Long-term Disability, Jury Duty Leave, Bereavement Leave, Vision Insurance, Employee Assistance Plan, and Life Insurance.

**Line 5** – Indicate by selecting an X from the drop-down list, the difference (harder, easier, much easier, or no difference) in recruiting new staff during the first half of the annual reporting period and again for the second half of the reporting period for the following positions: Entry Level, 1st Line Supervisor, Program Manager, Specialists, & Nurses.

**Line 6** –

**SECTION 1A Instructions:**

**Data reported for the following must be entered in whole numbers.**

**Column 1** – Enter the number of ISS staff employed by your agency on January 1, 20xx. This includes all staff: Full-time and Part-time staff, and authorized purchased ISS staff services.

**Column 2** – Enter the number of ISS staff employed by your agency on December 31, 20xx. This includes all staff: Full-time and Part-time staff, and authorized purchased ISS staff services.

**Column 3** – Enter the number of ISS staff needed to run your business (full employment), meaning no positions available.

**Column 4** –

4a. Enter the number of ISS staff hired, January 1, 20xx – June 30, 20xx.

4b. Enter the number of ISS staff hired, July 1, 20xx – December 31, 20xx.

**Column 5** –

5a. **(Auto-filled)** Column 6.1 + 6.4 – 6.2 = Number ISS staff who left or had their employment terminated during the calendar year ending December 31, 20xx.

5b. Enter the number of staff who left or had their employment terminated January 1, 20xx to June 30, 20xx.

5c. **(Auto-filled)** Column 6.5a – 6.5b = Number of ISS staff who left or had their employment terminated July1, 20xx to December 31, 20xx.

5d. **(Optional)** Number of ISS staff who left or had their employment terminated within 90 days of hiring date during the calendar year ending December 31, 20xx.

**Column 6** – **(Auto-filled)** Column 6.2 + 6.3 = Number of available ISS positions at year ending December 31, 20xx. An error message will result if the data in columns 6.2 and 6.3 results in a negative number.

**Column 7** – **(Auto-filled)**

6.7a. Column 6.5b / 6.1 = The ISS Staff Turnover percentage for the first half of the annual reporting period ending June 30, 20xx.

6.7b. Column 6.5c / 6.2 = The ISS Staff Turnover percentage for the second half of the annual reporting period ending December 31, 20xx.

6.7c. Column 6.5a / (6.1+6.2 / 2) = The ISS Staff Turnover percentage for the annual reporting period ending December 31, 20xx.

**Column 8** – Enter the average number of days it takes to fill vacant positions (Estimates are accepted if not readily known.

**SECTION 1B Instructions:**

**Data reported for the following must be a single wage.**

**1st Column –** Enter the starting wage for the position types listed for the first half of the annual reporting period ending June 30, 20xx (Entry Level, 1st Line Supervisors, Program Managers, Specialists, and Nurses).

**2nd Column –** Enter the average wage for these positions after 2 years of employment for the first half of the annual reporting period ending June 30, 20xx (Entry Level, 1st Line Supervisors, Program Managers, Specialists, and Nurses).

**3rd Column –** Enter the starting wage for the position types listed for the second half of the annual reporting period ending December 31, 20xx (Entry Level, 1st Line Supervisors, Program Managers, Specialists, and Nurses).

**4th Column –** Enter the average wage for these positions after 2 years of employment for the second half of the annual reporting period ending December 31, 20xx (Entry Level, 1st Line Supervisors, Program Managers, Specialists, and Nurses).

**SECTION 1C Instructions:**

**Data reported for the following must be entered in whole numbers.**

**1st Column:** Classify the total number of employees who worked for the agency during the calendar year ending December 31, 20xx by the length of time employed (less than 6 months, 6 months to 1 year, or over 1 year).

**2nd Column:** Classify by length of time employed, the total number of employees who left the agency during the calendar year ending December 31, 20xx. (Less than 6 months, 6 months to 1 year, or over 1 year).

*\*An error message results if the cells colored orange and green do not equal section 1A, Col 2 and or section 1A, Col 5a.*

*Use the comment box for additional information not noted elsewhere on this schedule.*

**SCHEDULE F**

**AFFORDABLE CARE ACT INFORMATION**

Schedule F is used to gather information about employee health care coverage provided by the agency.

**PROVIDER INFORMATION:**

Select the applicable program type(s): (Supported Living, Group Home, or Group Training Home, enter the Program name, number, City, and select the County from the drop-down list.

**CONTACT INFORMATION:**

Enter report contact information: Name, Title, Phone Number, and Email Address.

**HEALTH INFORMATION:**

**Line 1** – Total number of employees working for the agency.

*\* This cell turns yellow if the amount reported does not equal the sum of line 2 + 3 + 4, make necessary corrections to make them equal.*

**Line 2** – Total number of employees from #1 averaging 29 or less hours per week.

**Line 3** – Total number of employees from #1 averaging 30-39 hours per week.

**Line 4** – Total number of employees from #1 averaging 40 or more hours per week.

**Line 5** - Currently how many employees who work in Supported Living (SL), Group Home (GH), or Group Training Home (GTH) are on your company provided health insurance plan?

Please provide one number for all types of services - add them all together whether your company provides coverage for them separately or accounts for them separately.

***This is for health insurance*** - do not include dental or other services (such as an Employee Assistance Plan (EAP), life insurance, disability insurance etc.). Do not include coverage for employees who primarily work in other streams of revenue - private pay, home care, community access, supported employment etc.

**Line 6** - Currently how many ISS hours per week does an employee have to work to be eligible for your company provided health insurance?

**Line 7** - What is the average cost per employee (the premium per subscriber) of company provided health insurance? This is the cost to the company and does not include the participation by the employee.

For example, if your current premium is $100.00 per subscriber and the employee pays $20.00 towards the premium then you would enter $80.00.

**Line 8** - Currently how many of your employees work 30 or more hours per week, but are not eligible for company provided health insurance?

**Line 9** - Currently how many employees have waived your company provided health insurance, but will be required to take advantage of it in2025? (Not2024)

**Line 10** - Considering your answers to question #4, #7 and #8; how many employees do you estimate will be enrolled in your company provided health insurance plan in 2025 to ensure compliance with the ACA? What is the total amount of enrollees you anticipate will be on your plan. (Not2024)

**Line 11** - Over a five year period what has been the percentage per employee (per subscriber) premium increase on your company provided health insurance? Please select a consecutive five-year period, 2019 to 2023 or 2020 to2024. Please represent this number as a percentage based on a per employee/subscriber cost increase from the prior year. For example: In 2023 the premium per employee was $100 and then increased to $150 in2024; in 2024 you had a 50% increase in your per employee/subscriber premium costs.

**Line 12** - Over the same five-year period you included in question 9 above, did your company reduce benefits offered through your company provided health insurance plan to reduce the company costs per employee (per subscriber) because the proposed rate increase was too high? For example, did your company move to a less robust plan which provided less coverage for employees/subscribers and required higher co-pays and deductibles? Please answer with "Yes" or "No"

**Line 13** - How many clients does your company serve in SL, GH, and/or GTH?

Please add all numbers together and provide one number for all clients served in all programs.

**SCHEDULE G**

**ISS SETTLEMENT**

This schedule is used for determining settlement for SL, GH, GTH, or Combined programs that are subject to the settlement process as discussed in *Division Policy Directive 6.04*.

Settlement compares the total allowable ISS payroll and B&O tax costs incurred by the provider to total ISS reimbursements paid by DSHS for the reporting period. A settlement (Line 24) will result if (Line 17) total ISS reimbursements is greater than (line 23) total allowable ISS expenses paid by the provider.

***REIMBURSEMENT SUMMARY (Lines 1-16)***

This portion of Schedule G is used to report total ISS reimbursements paid by DSHS for clients during the reporting period. Reimbursements reported should be on an accrual basis, meaning reimbursements for services provided in 2024 are reported even if you didn’t receive payment until January 2025 or later. Conversely, reimbursements received in 2024 for services provided in 2023 or prior should not be included.

ISS reimbursements are divided into three sections: (1) Tiered ISS Reimbursements, (2) Nurse Delegation & Staff Add-On, and (3) Professional Services Reimbursements (i.e., RN, LPN, DBT, & Interpreter).

**Lines (1-3) – Tiered ISS Reimbursements**

Using lines 1-3, report the total ISS reimbursements paid by DSHS for client services by program type, including Cost of Care Adjustments (COCA). ISS reimbursements include the following ISS rate components: ISS Daily Tier Rate and ISS CRST Tier Rate. The source of this information is found on the optional **Schedule H - Rate History** (recommended) or billing and payment remittance documentation for SL, GH, and/or GTH services provided during the reporting period.

**\*\*Cost of Care Adjustment (COCA):** ISS reimbursements for COCA’s can be tracked for reporting purposes using optional Schedule H – Rate History *(recommended)*, optional Schedule I – Allocations (COCA Tracking tab), or the approved COCA form(s) received from the resource manager. Providers must only use one source for tracking ISS COCA’s to avoid reporting COCA’s multiple times. *See optional Schedule H and I for further instruction and guidance.*

Line 4 auto-fills the total tiered ISS reimbursements reported on lines 1-3.

*Note: Do not include* ***ISS Professional Services*** *reimbursements on lines 1-3; professional services are reported on lines 12-14.*

**Lines (5-10) – Nurse Delegation & Staff Add On**

Using lines 5-7, report the total **ISS Nurse Delegation\*** reimbursements received during the reporting period by program type (SL, GH, GTH). Nurse Delegation reimbursements are reimbursed under Provider One payment service codes SA452 and SA453.

*\*Note:* ***Nurse Delegation*** *is the 9 hour and 3 hour, 1-time training for staff that allows a nurse to delegate to the staff.*

Using lines 8-10, report the total **ISS Staff Add On\*** reimbursements received during the reporting period by program type (SL, GH, GTH). ISS Staff Add On reimbursements are reported under Provider One payment service codes SA719 and SA725.

**\*ISS Nurse Delegation and Staff Add**-**On:** ISS reimbursements can be tracked using Provider One payment reports, approval form(s) received from the resource manager, or billing and payment remittance documentation for SL, GH, or GTH services provided during the reporting period.

Line 11 auto-fills the total ISS nurse delegation and staff add-on reported on lines 5-10.

**Line (12-15) – Professional Services Reimbursed: (RN, LPN, DBT, Therapist, etc.)**

Using lines 12-14, report the total ISS professional services reimbursements received from DSHS. The source for this information is the optional **Schedule H – Rate History** (recommended) or billing and payment remittance documents for SL, GH, and GTH services provided during the reporting year.

*Note: Professional services purchased or contracted are reported on lines 20-22 and must be part of the client assessment and approved by the resource manager.*

Line 15 auto-fills the total ISS professional services reported on lines 12-14.

**Line (16) – Total ISS Reimbursements (Auto-filled)** - Calculates total ISS reimbursements paid by the department for the reporting period (Line 4 + Line 11 + Line 15). This amount is carried forward to the settlement section of Schedule G, line 17.

***SETTLEMENT (Lines 17-24*)**

This portion of Schedule G calculates the settlement amount.

**Line (17) – Total ISS Reimbursed Dollars (Auto-filled)** - Total ISS reimbursements paid by DSHS for the reporting period. The amount is auto filled from Schedule G, line 16.

**Line (18-19) – Total Allowable ISS Payroll Costs (Auto-filled)** – This is the total allowable ISS payroll costs paid by the provider auto-filled from Schedule B.

Line 18 is auto filled from Schedule B, Column R, row 65 less Schedule B, Column E, row 65. Total allowable ISS payroll costs less overtime ISS payroll costs.

Line 19 is auto filled from Schedule B, Column E, row 65. Total overtime ISS payroll costs.

**Line (20-22) – Total Authorized Purchased or Contracted Professional Services**

Use lines 20-22 to report by program all professional service expenses that are not provided by staff but are purchased or contracted by the agency.

Purchased or contracted professional services must be authorized by DDA and reflected in the assessment. Billing invoices for purchased or contracted professional services must be made available if requested by the department.

*Note: Professional Services provided by staff is reported on Schedule B for each payroll reporting period.*

**Line (23) – Total Allowable ISS Costs Paid by the Provider (Auto-filled)** – Calculates the total allowable ISS costs paid by the provider (Line 18 + Line 19 + Line 20 + Line 21 + Line 22).

**Line (24) – Total Preliminary Net Settlement Amount (Auto-filled)** – If line 17 is greater than line 23 a settlement amount due will result on line 24.

**SCHEDULE H**

**RATE HISTORY**

*Optional Form used for Cost Reporting – Internal Use Only*

Schedule H – Rate History is a form used to track contracted rate history throughout a calendar year for each client supported. At the end of each year the data is used to complete the annual cost report Schedule G, lines 1-3 and 12-14.

Initial set up begins at the start of each calendar year.

The Exhibit C that has all the rates in effect January 1st of a particular year will be used to create Schedule H – Rate History. For example, for year beginning 1/1/2024 you would want the Exhibit C with rates in effect as of 1/1/24. Typically, this would be the last Exhibit C received in2023, unless the agency began providing services in 2024 or if a bulk update effective January 1, 2024, is processed. For a new agency it would be the first Exhibit received in2024.

*Note: For the beginning of a new year, the Schedule H – Rate History file can be created by manipulating the data from the previous year’s file. Please refer to the last section of these instructions for setting up a subsequent year.*

*Secondly, if the rate history template (Schedule H) has been modified, copy, and paste the columns of data from the old version to the new version and complete any missing data on the new version, if any. Do this process before entering any data for the subsequent year.*

**Initial Setup**

For each client listed on the Exhibit C, enter the following information on a blank Schedule H – Rate History file.

*Note: Letters in ( ) next to column titles (highlighted in green) on Schedule H – Rate History, row 3 correlates to letters at the top of each column on the Exhibit C.*

|  |  |
| --- | --- |
| **SCHEDULE H  RATE HISTORY** | **EXHIBIT C** |
| Client Name (Col A) | Column (b) |
| Client P1 ID (Col C) | Column (c) |
| P1 Service Code/RAC (Col D) | Column (v) |
| ISS Tier Level (Col L) | Column (e) |
| ISS Daily Tier Rate (Col M) | Column (f) |
| ISS Prof Services Rate (Col N) | Column (k) |
| ISS CRST Tier Rate (Col O) | Column (l) |
| Admin Tier Rate (Col Q) | Column (n) |
| Temp Rate Adjustment (Col R) | Column (o) |
| Admin CRST Tier Rate (Col S) | Column (p) |
| Admin Cert Rate (Col T) | Column (q) |
| Transport Rate (Col U) | Column (r) |
| Other Non-ISS Rates (Col V) | Column (s) |

Columns B, E, F, G, H, and I will need to be manually entered and periodically changed if/when necessary.

Column B – Used for documenting the COCA recipient paid on the behalf of another client who is out of the home

Column E – For each rate segment select one of the following program types from the dropdown list: SL Supported Living, GH Group Home, or GTH Group Training Home

*Note: For the spreadsheet formulas to work properly each rate segment needs to have the program type selected.*

Column F – Enter the Rate Effective Date for each client

*Note: The start date would be January 1, 20xx unless the client moved in after the year began, in that case, the effective date would be the 1st day of service. Exhibit C will have the effective date in column d.*

Column G – If a date is entered in this column it will override the date in Column F

*Note: This column will typically be blank unless the client’s start date changes or needs to be corrected.*

Column H – For each rate segment enter the Rate End Date for the reporting year (12/31/20xx)

*Note: The end date for the year is 12/31/20xx. However, each month the date can be changed to the end of the current month for all the current rate segments so that the data can be used for analysis and reconciliation purposes. The data can be used to reconcile reimbursements contracted with reimbursements received. When using the data for analysis or reconciliation purposes it is recommended that the file be copied before any changes are made so that the original data is left intact.*

Column I – If a date is entered in this column it will override the date in Column H

*Note: In this column, a date can be entered on all the current rate segments so that the data can be used for reconciliation and analysis purposes. When using data for analysis or reconciliation purposes it is recommended that the file be copied before any changes are made so that the original data is left intact.*

Initial set up is complete once all columns of data are entered. Columns G and I will initially be blank but may change throughout the year as new Exhibit C’s and COCA’s are received.

Column J – (Autofilled) Produces the number of days for that rate segment

Column P – (Autofilled) Produces the ISS daily rate

Column W – (Autofilled) Produces the Non-ISS daily rate

Column X – (Autofilled) Produces the total daily rate

Column AB – (Autofilled) Produces the annual ISS reimbursements

Column AI – (Autofilled) Produces the annual Non-ISS reimbursements

Column AJ – (Autofilled) Produces the annual total reimbursements

Column AK – (Autofilled) Produces the total annual reimbursements by client

Column AL – (Autofilled) Produces the total number of days paid by client

**Recording Changes**

Updates will need to be made to the file every time an amended Exhibit C or COCA (Cost of Care

Adjustment) is approved.

***Received an amended Exhibit C:***

At the top of an amended Exhibit C is a revision number. This revision number will be listed in column w for any client that had changes since the prior exhibit. The following will need to be completed for every client that has had a change or been added to the Exhibit:

1. Locate on Schedule H the current rate for the client that had a change. Copy the current rate line and insert the copied line right below the line copied. If it is a new client copy a different client’s rate segment and insert the copied line in an appropriate location (by last name, ID number, etc.). For existing clients revise columns of data to match the revised Exhibit. For new clients review and revise all columns of data on Schedule H using the exhibit C and initial set up instructions noted above. Alternatively, a new client can be added to a blank row at the bottom of the spreadsheet and re-sorted alphabetically.
2. If the service code or RAC changed select the new/revised service code/RAC in column D (refer to Exhibit C, column v).
3. If the program type changed select the appropriate type form the dropdown list in column E.
4. Enter the effective date of the change (refer to Exhibit C, column d).
5. Enter the end date for the previous rate segment (line copied) in column H or I (Note: The end date will be the day before the new rate effective date).
6. If the ISS Tier Level changed enter the new tier level in column L (refer to Exhibit C, column e).
7. If the ISS Daily Tier Rate has changed enter the new rate in column M (refer to Exhibit C, column f).
8. If professional services have been changed or added enter the new rate in column N (refer to Exhibit C, column k).
9. If the ISS CRST Tier Rate changed enter the new rate in column O (refer to Exhibit C, column l).
10. If the Admin Tier Rate has changed enter the new rate in column Q (refer to Exhibit C, column n).
11. If the Temp Rate Adjustment has changed enter the new rate in column R (refer to Exhibit C, column o).
12. If the Admin CRST Tier Rate changed enter the new rate in column S (refer to Exhibit C, column p).
13. If the Admin Cert Rate changed enter the new rate in column T (refer to Exhibit C, column q).
14. If the transportation rate has changed enter the new rate in column U (refer to Exhibit C, column r).
15. If Other Non-ISS Rates changed enter the amount in column V (refer to Exhibit C, column s)
16. Lastly, determine any clients that have been removed from the amended Exhibit C due to client’s death or moving out of the agency by comparing the previous Exhibit C clients with the new Exhibit clients. For these clients you will need to know the date of death or the date the client moved. On the Schedule H enter the end date for these clients in column I on the most current rate segment.

Repeat this process anytime an amended Exhibit C is received. If an amended Exhibit C has incorrect data, please contact your resource manager to have the Exhibit corrected.

***Received a Cost of Care Adjustment (COCA):***

When a COCA is received, locate the client who is temporarily out of the residence on the Schedule H Rate History. Copy the client’s most current rate segment and insert the copied line below the line copied. Using section “Covered Costs” and “Review Comments” of the COCA form received, enter the following amounts and zero out all others on the copied rate segment:

1. Enter the client assigned for authorization in column B. This ensures COCA’s are easily spotted on Schedule H. The notation also tells the user which client the COCA was paid to, as well as the client it was paid for.
2. Select the appropriate COCA P1 Service Code/RAC (SA720 or SA726) from the drop-down list in column D
3. Enter the COCA payment start date in column F
4. Enter the COCA payment end date in column H
5. Enter the end date on the previous rate segment (line copied) in column H or I (Note: The end date is the day before the COCA effective date)
6. Enter the ISS Rate, if any in column M
7. Enter professional services, if any in column N
8. Enter the ISS CRST Rate, if any in column O
9. Enter the Admin Rate in column Q
10. Enter the Temp Rate Adjust in column R
11. Enter the Admin CRST Rate in column S
12. Enter the Admin Cert Rate, Transportation Rate, and or Other Non-ISS Rate, if any in columns T-V

Repeat this process anytime a COCA is received.

*Note: If there are temporary rate increases such as COVID the RCR worksheet can inform providers where to record the amounts on Schedule H*

At the end of the year and after all amended exhibits and COCA changes prior to 12/31/20xx have been entered the completed Schedule H Rate History can be used to complete Schedule G, lines 1-3 and 12-14.

**Setting Up a Subsequent Year Schedule H Rate History**

At the end of the year, after all amended Exhibit C and COCA’s have been entered for changes prior to 12/31/20xx, make a copy of Schedule H and save it as a separate file (i.e., Schedule H Rate History 20xx). Do the following steps to create a file for the new year

1. For each client with more than one rate segment delete all inactive/non-current rate segments, leaving only the active/current rate segment. *\*Result: the revised file should have only one current rate segment for each client supported by the agency.*
2. Remove all entries in column G (Actual Start Date) and I (Actual End Date)
3. Change the Rate Effective Date in column F to the 1st day of new calendar year for every client (i.e., 1/1/20xx)
4. Change the end date in column H to the last day of the new calendar year for every client (i.e., 12/31/20xx)

*Note: See notes in Initial Set Up section for Columns J-AL*

1. Verify all data matches the Exhibit in effect as of the 1st day of the New Year (1/1/20xx), making changes if necessary. Repeat the process of recording changes for the New Year (see instructions above).

**SCHEDULE I**

**ALLOCATION & COCA TRACKING**

*Optional Forms used for Cost Reporting – Internal Use Only*

Schedule I is tool that can be used to allocate shared costs over multiple programs. Agencies that operate a single program would not need to use Schedule I because they have no need to allocate costs.

The worksheet has allocated and non-allocated sections so that direct program costs can be included along with allocated shared costs. This allows the provider to include all their Admin/Non-ISS expenses whether shared or not to calculate total Administrative & Operating Costs for Schedule C cost reporting purposes.

**SCHEDULE I – NON-ISS EXPENSES**

Expenses are entered on the tab titled “SCHEDULE I – NON-ISS EXPENSES.” The tab titled “SCHEDULE I TOTALS TO SCHEDULE C” will automatically sum the allocated and non-allocated sections in a format that can be easily transferred to Schedule C, Lines 1-7. The agency will need to decide what basis to use for allocating shared costs, examples include Program Revenues and ISS hours worked or provided. The basis chosen must be described in the comment box on Schedule C, if “other” is selected from the drop-down list on Schedule C, question 6c and should be used in a consistent manner for cost reporting purposes.

***ALLOCATED SECTIONS***

For programs that need to be allocated, select the program type from the drop-down list in columns A-G. Using the allocation basis selected by your agency (i.e., revenues or ISS paid hours worked), enter the figures on Line 1, columns A-G. The amounts entered on line 1 will produce the percentages on line 2 that will be used to allocate costs entered in the “Expense Total” column for allocated sections (red font)

For “Allocated” sections, amounts entered in the “Expense Total” column will be allocated or distributed among the various programs listed on Line 1, Columns A-G, based on the allocation percentage calculated on Line 2, Columns A-G.

*\*\*Note: The costs reported in the allocated sections must apply to all the programs listed on Line 1 at the percentages listed on Line 2 otherwise use the non-allocated sections.*

***NON-ALLOCATED SECTIONS***

The “Non-allocated” sections (green font) are used to record program specific expenses to applicable programs listed in columns A-G. The costs reported to individual programs will be summed in the “Expense Total” column.

**SCHEDULE I TOTALS TO SCHEDULE C**

After all allocated and non-allocated expenses are entered use the “SCHEDULE I TOTALS TO SCHEDULD C” tab to easily transfer the non-ISS expenses to the annual cost report.

**COCA TRACKING**

Use this tab to track COCA reimbursements received if they are not included on Schedule H Rate History. For each COCA received enter the following:

Column 1) Enter the dates of service

Column 2) Select the program type from the drop-down list

Column 3) Enter the number of days

Column 4) Enter the ISS portion of the COCA

Column 5) Enter the non-ISS portion of the COCA

At yearend, filter each program type in column 2 and add the total ISS portion on Row 36, column 7 to Schedule G, Lines 1-3 as appropriate.