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2024 STAIRS Cost Report Training

**State of Texas Automated Information & Reporting
System (STAIRS)**

HHSC PFD LTSS Center for Information and Training



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Nursing Facility (NF)

2023 and 2024 Accountability Reports

How to Download Training Materials

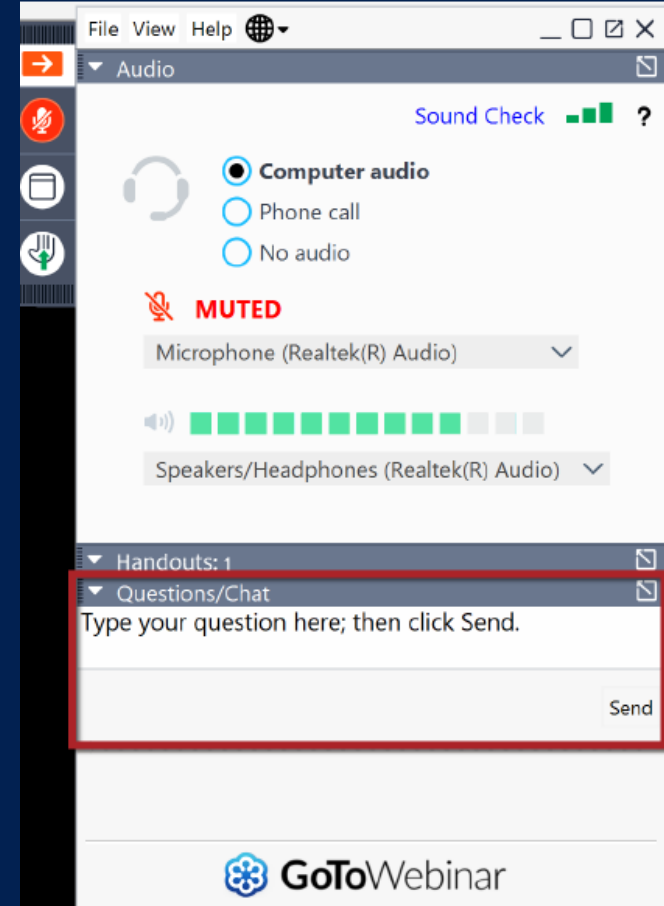
- Visit the Health and Human Services Commission (HHSC) Provider Finance Department (PFD) website at:
<https://pfd.hhs.texas.gov/long-term-services-supports/cost-report-training>
- Click on Program Instructions, PowerPoint, or Other Resources.
- Download the resource.



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How to Ask a Question

1. Click on **Questions**.
2. Type your question in the Questions box.
3. Click **Send**.



Training Completion

You must register and attend the full duration of the webinar to receive credit and be able to complete the Cost or Accountability Report.

Credit will be given approximately 10 days following this training.

If credit has not been assigned after 10 days, please contact
CostInformationPFD@hhs.Texas.gov.



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Objective

**To complete a STAIRS Cost or
Accountability Report**

What's New

- Step 6.a. General Information
 - ▶ Added a question regarding whether the provider is a large employer for the Affordable Care Act.



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Supporting Documentation (1 of 3)

As in prior years, providers may be required to submit support documentation (e.g., trial balances, allocation summary, etc.) to support the information in the Report.

The state acknowledges providers may be required to submit reports to local or federal jurisdictions based on funds received (e.g., PRF, PPP, etc.). **Do not** provide the State with a copy of these reports and or any applicable support documentation for these reports.



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Supporting Documentation (2 of 3)

- To ensure reliable and accurate reporting, supporting documentation should be system-generated and include the following information in a spreadsheet:
 - ▶ Provider Name
 - ▶ Accounting Basis
 - ▶ Report Date Range
 - ▶ Detail Account Descriptions
 - ▶ Vendor Names
 - ▶ Amounts



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Supporting Documentation (3 of 3)

Regardless of whether the supporting documentation is system-generated, it must always be in a spreadsheet (i.e., Excel).

PDFs and images are not acceptable forms of documentation.



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STAIRS (1 of 3)

The Entity Contact (Primary) is the contracted provider that received access to STAIRS.

Fairbanks will send a notification of access, login, and password to the email address we have on file for the provider.

If you have not received notification of access, please contact CostInformationPFD@hhs.texas.gov



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STAIRS (2 of 3)

Before You Begin

- Review your ledger for unallowable costs and costs that require allocation.
- Adjust for accruals.
- Prepare the reconciliation worksheet and allocation summaries.
- Gather information on your depreciable assets.
- Gather information on Related Parties



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STAIRS (3 of 3)

Organization of the Cost Report

Reporting Categories

- Combined Entity and Provider Information
- Units of Service and Revenue
- Wages and Compensation
- Payroll Taxes and Workers' Compensation
- Facility and Operations
- Verification Summary and Certifications
- Agree/Disagree and Informal Review



Roles and Definitions (1 of 2)

Combined Entity – one or more commonly owned corporations or limited partnerships where the general partner is controlled by the same identical persons as the commonly owned corporation(s). May involve an additional *CONTROLLING ENTITY* which owns all members of the combined entity.

Contracting Entity – The contract with which Medicaid contracts for the provision of the Medicaid services included in this report.



Roles and Definitions (2 of 2)

Entity Contact can set up all other user types and additional Entity Contacts, review the cost report, and must sign the Cost Report Certification.

Financial Contact can set up Preparers and other Financial Contacts, review the cost report, and sign and upload the Cost Report Certification.

Preparer can set up other Preparers. This is the only role that can make entries into the cost report. They must sign the Methodology Certification and can not sign the Cost Report Certification.



User Interface - Dashboard

STATE OF TEXAS AUTOMATED INFORMATION REPORTING SYSTEM (STAIRS)

Entity List

[Dashboard](#) [Cost Reporting](#) [Manage](#)

[Reference Materials](#)

[Edit My Info](#) | [Add Role](#)

Important Information
04/01/2020 View the new [Certification Page – Digital Signature Policy Guidance](#) from Provider Finance.

DON

Important Upcoming Dates

Upcoming Training Dates
[Register for Cost Report Training \(excluding MEI\)](#)
[Register for MEI Cost Report Training](#)
[Register for SHARS cost report training](#)

[Access the Trained Preparers List](#)

Your Roles

General Reference Material

- [Helpful Information for Contacts and Preparers](#)
- [How to Import Depreciable Assets Instructions](#)
- [STAIRS - Managing Contacts - Procedures](#)
- [Uploading File Instructions](#)
- [2015 STAIRS General Announcement](#)

Program Specific Reference Material

- [Program Specific Reference Materials](#)

- Manage Contact Information
- View Preparers List
- Register for Trainings
- Reference Materials



User Interface - Cost Reporting



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STATE OF TEXAS AUTOMATED INFORMATION REPORTING SYSTEM (STAIRS) Welcome, Rate Analysis test (Logout)

Entity List

Dashboard **Cost Reporting** Manage

Print Reference Materials Upload Center Help

Show 10 entries First Previous Next Last

Entity Name	Year	Type	Code	Site Type	Status	Steps Complete
ZZZ RAD 24RCC	2020	24RCC	100007001	SSCC-123456601	⊖	5c on 09/02/2021
ZZZ RAD 24RCC	2020	24RCC	100007002	ES-123456602	⊖	3 on 09/02/2021
ZZZ RAD 24RCC	2020	24RCC	100007003	CPA-123456603	⊖	3 on 09/02/2021
ZZZ RAD 24RCC	2020	24RCC	100007004	GRO/RTC-123456604	⊖	3 on 09/02/2021
ZZZ RAD 24RCC	2020	24RCC	100007005	GRO/RTC-IPTP-123456605	⊖	3 on 09/02/2021
ZZZ RAD ASSPP LLC	2020	ASSPP	100020001	ASSPP-123456789	⊖	1a on 02/02/2021
ZZZ RAD ASSPP LLC	2020	ASSPP	100022001	ASSPP-123456789	⊖	1a on 02/01/2021
ZZZ RAD ASSPP LLC	2020	ASSPP	100023001	ASSPP-123456789	⊖	1a on 02/01/2021
ZZZ RAD ASSPP LLC	2020	ASSPP	100021001	ASSPP-123456789	⊖	10a on 01/28/2022
ZZZ RAD ASSPP LLC	2020	ASSPP	100024001	ASSPP-123456789	⊖	1a on 02/01/2021

First Previous Next Last

General Reference Material Program Specific Reference Material

[Helpful Information for Contacts and Preparers](#) [Program Specific Reference Materials](#)
[How to Import Depreciable Assets Instructions](#)
[STAIRS - Managing Contacts - Procedures](#)
[Uploading File Instructions](#)
[2015 STAIRS General Announcement](#)

- Select the report to work by filtering on the headings in this table.
- Click on the Code link to open that particular report.

User Interface – Manage (1 of 4)

STATE OF TEXAS AUTOMATED INFORMATION REPORTING SYSTEM (STAIRS)

Entity List

Dashboard Cost Reporting **Manage**

[Manage Contacts](#) | [Upload Center](#)

[Add a new contact](#) [Add Preparer](#) [Reference Materials](#)

[Edit My Info](#) | [Add Role](#)

CPA	Roles	Actions
		Manage Preparer Permissions Add Non-Preparer Role

Phone:
Fax:

Your Roles

Financial Consultant	Roles	Actions
		Manage Preparer Permissions Add Non-Preparer Role

- Edit My Info
- Add Role
- Add a Contact
- Add a Preparer
- Upload Center



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User Interface – Manage (2 of 4)



Edit my Info

From the Manage link, select Edit My Info. Complete this form with your information and click Save to finish.

The screenshot shows a web application interface for editing a contact profile. At the top, there are navigation tabs for "Dashboard" and "Cost Reporting". Below these are links for "Manage Contacts" and "Upload Center". The main heading is "Edit Contact Profile". A red warning banner at the top of the form reads: "Please review your contact information below and update it if necessary." Below the banner is a link for "Change Password". The form contains several input fields: "Prefix" (Mrs.), "First Name *" (Rate Analysis), "Last Name *" (Test), "Job Title *" (Preparer Test Account), "Email *" (Pamela.Minton@hhsc.state.t), "Street 1 *" (For State Use Only), "Street 2" (empty), "City *" (Austin), "State *" (Texas), "Postal Code *" (78758), "Phone *" (123456789), and "Fax" (empty). At the bottom of the form are "Save" and "Cancel" buttons.

User Interface – Manage (3 of 4)



Add Role

From the Manage link, select Add Role.

- Add Component Code
- Add Role as "Primary" or "Financial Contact"

Complete this form with your information and click Save to finish.

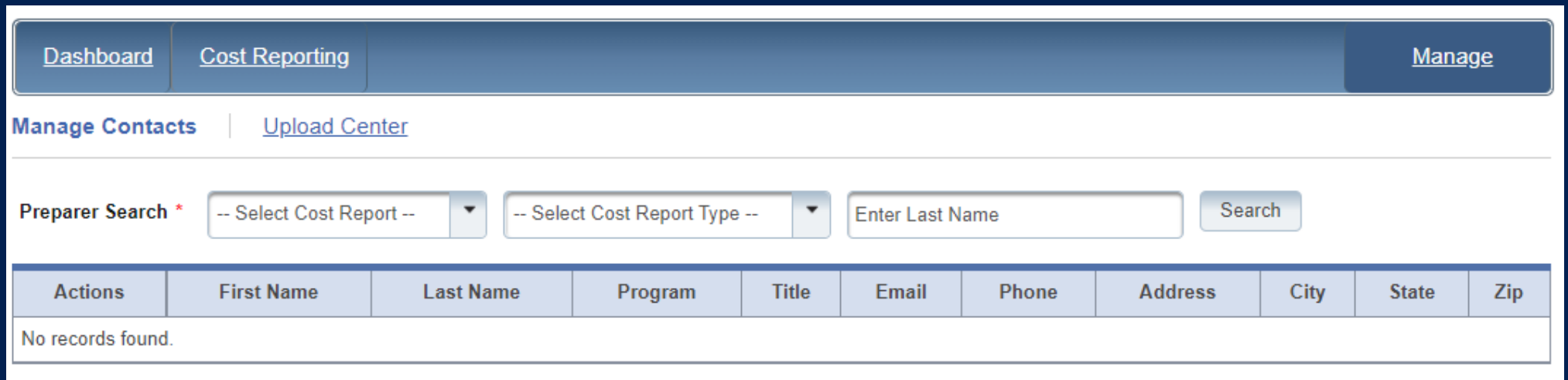
The screenshot shows a web form titled "Add Contact Role". Below the title is the text "Rate Analysis test". The form contains three fields: "Component Code *" with a dropdown menu showing "Select One"; "Role *" with a dropdown menu showing "Select One"; and "Primary Contact" with a checkbox. At the bottom of the form are two buttons: "Save" and "Cancel".

User Interface – Manage (4 of 4)

Add Preparer

From the Manage link, select Add Preparer.

Complete this form with your information and click Save to finish.



The screenshot shows a web interface with a navigation bar at the top containing 'Dashboard', 'Cost Reporting', and 'Manage'. Below the navigation bar are links for 'Manage Contacts' and 'Upload Center'. A search section titled 'Preparer Search *' includes two dropdown menus for 'Cost Report' and 'Cost Report Type', a text input field for 'Enter Last Name', and a 'Search' button. Below the search section is a table with columns: Actions, First Name, Last Name, Program, Title, Email, Phone, Address, City, State, and Zip. The table currently displays 'No records found.'

Actions	First Name	Last Name	Program	Title	Email	Phone	Address	City	State	Zip
No records found.										



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STAIRS

**There are 14 Steps to complete
a Cost Report.**

Step 1 – Combined Entity Identification (1 of 2)

Purpose

HHSC needs to collect contact information so that PFD can contact the provider or preparer during the review of the report.

How does HHSC PFD use the information?

This information is used by PFD to obtain information and documentation needed to address issues found in the report review.



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Step 1 – Combined Entity Identification (2 of 2)

Please confirm this report is the most current report from the prior year.



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2021 - Cost Report: 100001002 - CPC -- ZZZ RAD CPC

1. Combined Entity Identification

✓ Last Verified by Rate Analysis test on 01/12/2022 8:45 AM

Combined Entity Identification	Entity Contact Identification
Phone: 512-424-8500 Fax: 877-447-2839 Street Address: 4900 N. Lamar Blvd. , Austin, TX 78751 Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751 ✓ View Information	Name: Pam Mintonzzz Job Title: Test Job Title Entity Name: ZZZ RAD CPC Email: Pamela.Minton@hhsc.state.tx.us Phone: 512-424-8500 Fax: 877-447-2839 Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751 ✓ View Information
Financial Contact	Report Preparer Identification
Name: HHSC RAD Job Title: Entity Name: Email: RateAnalysisDept@hhsc.state.tx.us Phone: 512-424-8500 Fax: Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751 ✓ Edit Information	Name: test test Job Title: test Entity Name: test Email: test@hhs.texas.gov Phone: 123-456-7891 Fax: 123-456-7891 Mailing Address: 4800 gualalupe , Austin, TX 78751 ✓ Edit Information

Step 2 – General Information (1 of 2)

Purpose

The purpose of Step 2 is to give general information, including the Combined Entity's reporting period, and to determine if the Combined Entity wants to aggregate reporting expenses used to determine compliance in the Rate Enhancement Program.

How does HHSC PFD use the information?

If the provider chooses to aggregate their contracts by the program that participates in the Direct Care Staff Rate Enhancement program, then HHSC PFD will use combined expenses to determine compliance with spending requirements.



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Step 2 – General Information (2 of 2)

Verify the reporting period and ensure your program is selected in the right column.

Verify Aggregation.

Combined Entity Report Period Beginning (mm/dd/yyyy) *	01/01/2021
Combined Entity Report Period Ending (mm/dd/yyyy) *	12/31/2021
When reporting Facility and Operations expenses would you like to report depreciable assets on step 8e at the summary level? NOTE: By selecting Yes any previous year depreciable asset data will be deleted upon submission of the cost report. *	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
Do you request to aggregate by program those contracts held by this Combined Entity which participated in the Rate Enhancement for the purpose of determining compliance with spending requirements? Indicate below by applicable program. <u>If you only have one contract in a particular program or are only submitting one cost report for a program select "No" for aggregation.</u>	
CLASS DSA	
DAHS	
DBMD	
HCS/TxHmL	
ICF/IID	
NF *	Select One ▾
FHC	
RC	



Step 3 – Contract Management

Purpose

Provide information about the combined entity's business components.

How does HHSC PFD use the information?

PFD uses the information in Step 3 during the Report examination process.




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Step 3a – Verify Contracts

State-issued contracts are listed in Step 3A, such as HHSC contracts and STAR+PLUS.

Verify the Cost Report Group Code to make sure all your contracts are listed.

If all your contracts are not listed contact us at:
costinformationPFD@hhs.Texas.gov

Active Entire Report Period?	Cost Report Group Code	Contracting Entity Name	CR Type	Program	Site Type	Contract #	Contract Name	Enhancement Participation 	Note
<input type="radio"/> Yes <input type="radio"/> No	100006001	ZZZ RAD NF	NF	NF NF	n/a n/a	123456701 123456702	ZZZ RAD NF ZZZ RAD NF	NF NF	<input type="text"/>
<input type="radio"/> Yes <input type="radio"/> No	100006002	ZZZ RAD NF	NF	STAR+PLUS	n/a	123456709	ZZZ RAD NF	NF	<input type="text"/>



Step 3b – Enter Other Business Components

Other Contracts, Grants, or Business Relationships with the State of Texas or any other entity, or other funding sources.



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<input type="checkbox"/>	Active Entire Reporting Period	Contract Type	Service Type	Contracting Entity Name	Contract #/ Provider Identification	Added By	Note
<input type="checkbox"/>	Yes		Hospice		123456	HHSC RAD	
<input type="checkbox"/>	Yes		Other - provide explanation:Vitamin Shop		35-123456	HHSC RAD	Sells Vitamins to NF
<input type="checkbox"/>	Yes		Other - provide explanation:DME		1234567	HHSC RAD	Durable Medical Equipment company
<input type="checkbox"/>	Yes		Other - provide explanation:Market Firm		1234	HHSC RAD	Marketing Firm
<input type="checkbox"/>	Yes	HHSC	Personal Care Services		987654321	HHSC RAD	
<input type="checkbox"/>	Yes	Other	Other - provide explanation:Test Fire Department		xxx	Rate Analysis Test	

Step 3c - Summary

Verify Business Component Summary



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Contract Type	Report Group Code	Contracting Entity Name	CR Type	Site Type
Requested	100006001	ZZZ RAD NF	NF	
Requested	100006002	ZZZ RAD NF	NF	
DADS	123456		Hospice	
Other	35-123456		Other - provide explanation - Vitamin Shop	
Other	1234567		Other - provide explanation - DME	
Other	1234		Other - provide explanation - Market Firm	
HHSC	987654321		Personal Care Services	
Other	xxx		Other - provide explanation - Test Fire Department	

Step 4 – General Information (1 of 4)

Purpose

Collect general information about the contracted entity that delivered services during the reporting period.

How does HHSC PFD use this information?

PFD uses this information for a variety of purposes in the financial examination and report reconciliation processes. HHSC may also add questions to collect one-time information for events that impact provider costs.



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Step 4 – General Information (2 of 4)



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National Provider Identifier (NPI) #: Please contact HSCC at costinformation@texas.gov if you believe this is not your current NPI number.	N/A								
Facility Identification #: Please contact HSCC at costinformation@texas.gov if you believe this is not your current facility identification number.	N/A								
Type of Ownership of Contracting Entity	<table border="0"> <tr> <td>Proprietary (For Profit)</td> <td>Nonprofit Corporation</td> <td>Nonprofit Association</td> <td>Government</td> </tr> <tr> <td> <input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> S Corporation <input type="radio"/> Corporation </td> <td> <input type="radio"/> Owned or affiliated with religious organization <input type="radio"/> Not owned or affiliated with religious organization </td> <td> <input type="radio"/> Owned or affiliated with religious organization <input type="radio"/> Not owned or affiliated with religious organization </td> <td> <input type="radio"/> State <input type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> Special District <input type="radio"/> Federal </td> </tr> </table>	Proprietary (For Profit)	Nonprofit Corporation	Nonprofit Association	Government	<input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> S Corporation <input type="radio"/> Corporation	<input type="radio"/> Owned or affiliated with religious organization <input type="radio"/> Not owned or affiliated with religious organization	<input type="radio"/> Owned or affiliated with religious organization <input type="radio"/> Not owned or affiliated with religious organization	<input type="radio"/> State <input type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> Special District <input type="radio"/> Federal
Proprietary (For Profit)	Nonprofit Corporation	Nonprofit Association	Government						
<input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> S Corporation <input type="radio"/> Corporation	<input type="radio"/> Owned or affiliated with religious organization <input type="radio"/> Not owned or affiliated with religious organization	<input type="radio"/> Owned or affiliated with religious organization <input type="radio"/> Not owned or affiliated with religious organization	<input type="radio"/> State <input type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> Special District <input type="radio"/> Federal						
Contracted Provider Report Period Beginning (mm/dd/yyyy)	01/01/2021								
Contracted Provider Report Period Ending (mm/dd/yyyy)	12/31/2021								
Is provider a participant in Direct Care Staffing Rate Enhancement for the entire reporting period for this cost report group for NF services?	Yes								
Was an accrual method of accounting used for reporting all revenues, expenses, and statistical information on this report except for where the instructions require otherwise?	<input type="checkbox"/>								
Did the preparer(s) of this report review the most recently received audit adjustments and make the necessary revisions when preparing this report?	<input type="checkbox"/>								
Does the provider have work papers that clearly reconcile between the fiscal year trial balance and the amounts reported on this report? If No, please provide an explanation.	<input type="checkbox"/>								
Are you reporting Central Office expenses in this Cost Report?	<input type="checkbox"/>								
Are you reporting any allocated Non-Central Office Program Administration expenses?	<input type="checkbox"/>								
During the cost reporting period was the facility Medicaid-decertified for any period of time?	<input type="checkbox"/>								
Did you evacuate your facility due to a natural disaster that resulted in an issued state or federal emergency declaration (i.e. Hurricane)?	<input type="checkbox"/>								
Did you accept evacuees from a natural disaster that resulted in an issued state or federal emergency declaration (i.e. Hurricane) that did not become permanent residents in your facility?	<input type="checkbox"/>								
COVID Related Questions									
Did you experience a decrease in costs/utilization directly related to COVID-19?	<input type="checkbox"/>								

- Prepopulated National Provider Identifier Number
- Correctly identify the ownership of the contracting entity
- Rate Enhancement Participation questions prepopulated
- Questions regarding preparation to complete the report
- Upload an Organizational Chart

Step 4 – General Information (3 of 4)



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National Provider Identifier (NPI) #:
Please contact HHSC at
costinformationpfd@hhs.texas.gov if you
believe this is not your current NPI
number.

This information is used to verify Units of Service to confirm values entered into Step 5.

Step 4 – General Information (4 of 4)

Public Health Emergency (PHE) Related Questions

This section includes questions on how these PHE's affected the business.

This section is for informational purposes only.

Public Health Emergency Related Questions	
Did the provider experience a change in costs/utilization directly related to a public health crisis that resulted in an issued state or federal emergency declaration (i.e. COVID-19)?	<input type="text"/>
Did the provider incur an increase in costs directly related to a public health crisis that resulted in an issued state or federal emergency declaration, (i.e. COVID-19)? For example, some providers may have paid more for Personal Protective Equipment (PPE) – either because they had to purchase.	<input type="text"/>
Did the provider incur costs for a category(ies) that historically is not incurred when administrating/delivering this program/service?	<input type="text"/>
Did the provider receive local, state, or federal grants directly related to a public health crisis that resulted in an issued state or federal emergency declaration (i.e. COVID-19)?	<input type="text"/>



Step 5 – Units of Service & Revenue

Purpose

The purpose of Step 5 is to collect units of service information.

How does HHSC PFD use this information?

PFD uses this information to determine the contracted provider's revenue. Units of service are used in the report reconciliation process to determine compliance in the Rate Enhancement Program and during rate-setting calculations.



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Step 5 - Overview

Step 5.a. – Statistical Data

Step 5.b. – Bed Days

Step 5.c. – Other Revenues

Step 5.d. – Days of Service Summary



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Step 5a – Statistical Data

This report is for contracted and non-contracted beds.



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Did you have any Non-Medicaid Beds during the Reporting Period?	<input type="radio"/> Yes <input type="radio"/> No
Total Number of Licensed Beds at the end of the Reporting Period	<input type="text"/>
Did the number of Licensed Beds change during the Reporting Period?	<input type="radio"/> Yes <input type="radio"/> No
Total Number of Medicaid Contracted Beds at the End of the Reporting Period	<input type="text"/>
Did the number of Medicaid Contracted Beds change during the Reporting Period?	<input type="radio"/> Yes <input type="radio"/> No
Average number of Spend-down Beds per month (round up to nearest whole number)	<input type="text"/>

Step 5b – Bed Days

- There are four sections for Medicaid days of service. Fee for Service, Hospice, STAR+PLUS, and Dual Eligible Demonstration. Report the units per rate period as identified in the report.
- The lower section of this table reports non-Medicaid days in Medicaid contracted beds and days of service in Non-Medicaid contracted beds.

Fee-for-Service Days of Service in Medicaid Contracted Beds			
RUG	Rate Period 2 01/01/2021 - 08/31/2021	Rate Period 3 09/01/2021 - 12/31/2021	Total Days of Service
RUG RAD	<input type="text"/>	<input type="text"/>	0
RUG RAC	<input type="text"/>	<input type="text"/>	0
RUG RAB	<input type="text"/>	<input type="text"/>	0



Step 5c – Other Revenue

Report other revenues to support services that are not reported in Step 5.b.

Offset revenue from Public Funds.

Do not offset revenue from Private Funds.

Do you have any other revenue not reported in the various Step 5 sub steps? Yes

Type	Revenue
Unrestricted Gifts, Grants, and Income from Endowments from Private Sources	<input type="text"/>
Grants and Contracts from Federal, State, and Local Government Sources	<input type="text"/>
TOTAL	0.00

Does any of your Federal, State, and Local Government revenue offset costs reported elsewhere in this report? --



Step 5d – Days of Service Summary

This table summarizes all days of service collected from Step 5.b., Bed Days.



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Summary - All Days of Service			
Type	Rate Period 2 01/01/2021 - 03/31/2021	Rate Period 3 09/01/2021 - 12/31/2021	Total
Fee-for-Service Days of Service in Medicaid Contracted Beds	0	0	0
Hospice Days of Service in Medicaid Contracted Beds	0	0	0
STAR+PLUS Days of Service in Medicaid Contracted Beds	0	0	0
Dual-Eligible Demonstration - Medicaid Days	0	0	0
Total Medicaid Days of Service in Medicaid Contracted Beds	0	0	0
Non-Medicaid Days of Service in Medicaid Contracted Beds	0	0	0
Total Days of Service in Medicaid Contracted Beds	0	0	0
Days of Service in Non-Medicaid Contracted Beds	0	0	0
Total Days of Service	0	0	0

Step 6 – Wages and Compensation

Purpose

PFD uses this step to collect wages, compensation, and benefits information for direct care, other resident care, administration, and central office staff.

How does HHSC PFD use this information?

PFD uses this information to determine the contracted provider's employee and contracted staff expenses. Staff expenses are used in the report reconciliation process to determine compliance with the Direct Care Staff Rate Enhancement Program and rate-setting calculations.



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Step 6 - Overview

Step 6a – General Information

Step 6b – Related Party

Step 6c – Direct Care Staff

Step 6d – Other Resident Care Staff

Step 6e – Administrative & Operations Personnel (cost report only)



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Step 6a – General Information

Questions include:

- Does the provider have any related party wages and compensation to report?
- If answered “No”, you will need to upload an organizational chart

6a. General Information

Please enter and verify the information below

Save Save and Return Cancel

Does the provider have any Related-Party Wages and Compensation (Employee or Contractor) included in the Accountability Report? *

Yes No

Save Save and Return Cancel

Related Parties

A Related Party is any person or organization related to the provider by:

- Parent, child, sibling (including stepchildren)
- Mother-in-law, Father-in-law
- Aunt, Uncle, Cousin
- Marriage
- Common ownership
- Significant Influence



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Step 6b – Related-Party (1 of 2)

Purpose

To collect related-party information.

To add each owner-employee, related-party employee, or related-party contract staff, select “Add record.”



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6b. Related-Party

	First Name	Middle Initial	Last Name	Suffix	Birth Date (mm/dd)	Relationship to Provider	Percentage Ownership (If no ownership, enter 0)	Total Hours Worked	Total Compensation	Hourly Wage Rate	Is Allocation Complete
<input type="radio"/>											

Step 6b – Related-Party (2 of 2)

Allocate or direct cost all hours reported for the individual under Total Hours Worked and Total Compensation.

Business components and line-item allocation are limited to the contracts listed in Step 3.

This is the same process for assigning related parties in Step 8.

6b. Related-Party

First Name	Middle Initial	Last Name	Suffix	Birth Date (mm/dd)	Relationship to Provider	Percentage Ownership (If no ownership, enter 0)	Total Hours Worked	Total Compensation	Hourly Wage Rate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Component & Line Item Allocation

Add Record

Line Item	Site Type	Job Title	Position Type	Description Of Duties	Employed/Contracted	Total Hours Worked	Compensation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TOTAL								

Attach Organization Chart 1: Select file or upload new file

Attach Organization Chart 2 (Optional): Select file or upload new file

Attach Organization Chart 3 (Optional): Select file or upload new file

Select Line Item Allocation Methodology:

Attach Methodology: Select file or upload new file

TOTAL

Select Business Component Allocation Methodology:

Attach Methodology: Select file or upload new file

Save Cancel



Step 6c – Direct Care Staff (1 of 2)

Report direct care expenses for registered nurses, licensed vocational nurses, and aides.



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Type	Non-Related Party				Related Party				Total Compensation J (C+E+G+I)	Average Staff Rate K [(C+G)/(B+F)]	Average Contracted Rate L [(E+I)/(D+H)]
	Total Staff Hours B	Total Staff Wages C	Total Contracted Hours D	Total Contracted Payment E	Total Staff Hours F	Total Staff Wages G	Total Contracted Hours H	Total Contracted Payment I			
Registered Nurse (RN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					\$0	\$0.00	\$0.00
Licensed Vocational Nurse (LVN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					\$0	\$0.00	\$0.00
Medication Aides	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					\$0	\$0.00	\$0.00
Restorative Aides	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					\$0	\$0.00	\$0.00
Certified Nurse Aides	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					\$0	\$0.00	\$0.00
TOTAL	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	\$0		

Type	Non-Related Party				Related Party				Total Compensation J (C+E+G+I)	Average Staff Rate K [(C+G)/(B+F)]	Average Contracted Rate L [(E+I)/(D+H)]
	Total Staff Hours B	Total Staff Wages C	Total Contracted Hours D	Total Contracted Payment E	Total Staff Hours F	Total Staff Wages G	Total Contracted Hours H	Total Contracted Payment I			
Registered Nurse (RN) - Non-Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					\$0	\$0.00	\$0.00
Licensed Vocational Nurse (LVN) - Non-Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					\$0	\$0.00	\$0.00
Medication Aides - Non-Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					\$0	\$0.00	\$0.00
Restorative Aides - Non-Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					\$0	\$0.00	\$0.00
Nurse Aides - Non-Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					\$0	\$0.00	\$0.00
TOTAL	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	\$0		

Step 6c – Direct Care Staff (2 of 2)

Benefits, Miles Traveled, and Mileage Reimbursement.

For all direct care staff, by service type, include:

- employee benefits
- insurance
- personal vehicle miles traveled
- mileage reimbursement

Type	Non-Related & Related Party				
	Employee Benefits/Insurance	Miles Traveled	Mileage Reimbursement	TOTAL	Average Mileage Reimbursement per Mile
	A	B	C	D	F (D/C)
Direct Care Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0.00
Direct Care Staff - Non-Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0.00
TOTAL	\$0	0	\$0	\$0	



Step 6d – Other Resident Care Staff

Purpose

To collect hours, wages, benefits, miles traveled, and mileage reimbursement.



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Type	Non-Related Party				Related Party				Total Compensation J (C+E+G+I)	Average Staff Rate K [(C+G)/(B+F)]	Average Contracted Rate L [(E+I)/(D+H)]
	Total Staff Hours B	Total Staff Wages C	Total Contracted Hours D	Total Contracted Payment E	Total Staff Hours F	Total Staff Wages G	Total Contracted Hours H	Total Contracted Payment I			
A	B	C	D	E	F	G	H	I	J (C+E+G+I)	K [(C+G)/(B+F)]	L [(E+I)/(D+H)]
Certified Social Worker									\$0	\$0.00	\$0.00
Social Service Assistants									\$0	\$0.00	\$0.00
Activity Director									\$0	\$0.00	\$0.00
Activity Services Assistants									\$0	\$0.00	\$0.00
Other Resident Care Staff - Professional									\$0	\$0.00	\$0.00
Other Resident Care Staff - Non-Professional									\$0	\$0.00	\$0.00
Ancillary Therapists									\$0	\$0.00	\$0.00
Ancillary Therapy Assistants									\$0	\$0.00	\$0.00
Other Ancillary Staff									\$0	\$0.00	\$0.00
Food Service Supervisory and Professional Staff									\$0	\$0.00	\$0.00
Other Food Service Staff									\$0	\$0.00	\$0.00
Contracted - Dietitian/Nutritionist									\$0	\$0.00	\$0.00
TOTAL	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	\$0		

* Average excludes Central Office Staff

Step 7 – Payroll Taxes & Workers' Compensation (1 of 3)

Purpose

To collect information for the facilities' Payroll Taxes and Workers' Compensation for the contracted provider's attendant, non-attendant and administrative, and central office staff.

How does HHSC PFD use this information?

Expenses are used in the report reconciliation process to determine spending compliance and rate-setting calculations.



Step 7 – Payroll Taxes & Workers’ Compensation (2 of 3)

Report expenses for:

- Direct Care staff
- Dietary staff (if mitigating recoupments due to failure to meet spending requirements)

Did the provider have a Section 125 or Cafeteria Plan that covers the employees for insurance premiums, unreimbursed medical expenses and/or dependent care costs?		<input type="radio"/> Yes	<input type="radio"/> No
Is your entity a Texas Workforce Commission Reimbursing Employer (e.g., not required to pay quarterly taxes to the Texas Workforce Commission (TWC for unemployment coverage)?		<input type="radio"/> Yes	<input type="radio"/> No
Taxes and Workers' Compensation	Direct Care	Dietary Care	Total
FICA and Medicare Payroll Taxes	<input type="text"/>	<input type="text"/>	0
State and Federal Unemployment Taxes	<input type="text"/>	<input type="text"/>	0
Workers' Compensation Premiums	<input type="text"/>	<input type="text"/>	0
Workers' Compensation Paid Claims	<input type="text"/>	<input type="text"/>	0



Step 7 – Payroll Taxes & Workers' Compensation (3 of 3)



If payroll taxes (i.e., FICA, Medicare, and state/federal unemployment) are allocated based upon percentage of salaries, the provider must disclose this functional allocation method. The use of percentage of salaries is not the salaries allocation method, since the salaries allocation method includes both salaries and contract labor.

Payroll Taxes are usually 7.65 percent of wages unless there is a Cafeteria Plan or Section 125, then the taxes would be lower.

Step 9 – Preparer Verification Summary

The summary verification table shows the Total Reported Revenues and Total Reported Expenses entered into STAIRS.

Revenue Summary	
Total STAR+PLUS Revenue	\$0
Total Child and Adult Food Care Program (CACFP) Revenue	\$0
Total Private and Other Revenue	\$0
TOTAL REVENUE	\$0.00

Expense Summary	
Total Attendant Wages, Benefits and Mileage	\$0
Total Non-Attendant Wages, Benefits and Mileage	\$0
Total Administrative and Operations Wages, Benefits and Mileage (less Central Office)	\$0
Total Payroll Taxes & Workers' Compensation (Not including Central Office)	\$0
Total Facility and Operations Expenses (Not including Central Office)	\$0
Total Central Office Expenses	\$0
TOTAL REPORTED EXPENSES	\$0.00



Step 10 – Preparer Certification (1 of 3)

The Preparer must certify the accuracy of the reports submitted to HHSC.

Providers may be liable for civil and criminal penalties if the cost report is not completely accurate.

HHSC uses this information to ensure that the report has been verified by the entity and preparer as per TAC rules.



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Step 10 – Preparer Certification (2 of 3)

Preparer (Methodology) Certification

The person identified in **Step 1** of the cost report as Preparer must sign this certificate.

AS PREPARER OF THIS COST REPORT, I HEREBY CERTIFY THAT:	
<ul style="list-style-type: none">• I have completed the state-sponsored cost report training for this cost report.• I have read the note below, the cover letter and all the instructions applicable to this cost report.• I have read the Cost Determination Process Rules (excluding 24-RCC), program rules, and reimbursement methodology applicable to this cost report, which define allowable and unallowable costs and provide guidance in proper cost reporting.• I have reviewed the prior year's cost report audit adjustments, if any, and have made the necessary revisions to this period's cost report.• To the best of my knowledge and belief, this cost report is true, correct and complete, and was prepared in accordance with the Cost Determination Process Rules (excluding 24 RCC), program rules, reimbursement methodology and all the instructions applicable to this cost report.• This cost report was prepared from the books and records of the contracted provider and/or its controlling entity.	
<p>Note: This PREPARER CERTIFICATION must be signed by the individual who prepared the cost report or who has the primary responsibility for the preparation of the cost report. If more than one person prepared the cost report, an executed PREPARER CERTIFICATION may be submitted by each preparer. Misrepresentation or falsification of any information contained in this cost report may be punishable by fine and/or imprisonment.</p> <p>The Preparer Certification must be uploaded by the Preparer, using his/her own login information.</p>	
PREPARER IDENTIFICATION	
Name of Contracted Provider: <input type="text"/>	
Printed/Typed Name of Signer: <input type="text"/>	Title of Signer: <input type="text"/>



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Step 10 – Preparer Certification (3 of 3)

Signing as a Preparer signifies that the preparer is knowledgeable of the applicable methodology rules or has been adequately supervised during the process.

_____ SIGNATURE OF PREPARER	_____ DATE
Subscribed and sworn before me, a Notary public on the	____ of _____ <i>Day Month Year</i>
	_____ Notary Signature
	_____ Notary Public, State of
	_____ Commission Expires



Step 11 – Entity Contact Certification (1 of 4)

Once you have verified your information, *the report is **locked** to any further changes.*

If you realize that something was omitted and you need to access your data again or upload an additional document, you will need to contact HHSC PFD Cost Information to assist with getting the report re-opened.



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Step 11 – Entity Contact Certification (2 of 4)

Review the certification signer's requirements.



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AS SIGNER OF THIS COST REPORT, I HEREBY CERTIFY THAT:

- I have read the note below, the cover letter and all the instructions applicable to this cost report.
- I have read the Cost Determination Process Rules (excluding 24-RCC), program rules, and reimbursement methodology applicable to this cost report, which define allowable and unallowable costs and provide guidance in proper cost reporting.
- I have reviewed this cost report after its preparation.
- To the best of my knowledge and belief, this cost report is true, correct and complete, and was prepared in accordance with the Cost Determination Process Rules (excluding 24 RCC), program rules, reimbursement methodology and all the instructions applicable to this cost report.
- This cost report was prepared from the books and records of the contracted provider and/or its controlling entity.

Note: This COST REPORT CERTIFICATION must be signed by the individual legally responsible for the conduct of the contracted provider, such as the Sole Proprietor, a Partner, a Corporate Officer, an Association Officer, or a Governmental Official. The administrator/director is authorized to sign only if he/she holds one of these positions. Misrepresentation or falsification of any information contained in this cost report may be punishable by fine and/or imprisonment.

In accordance with Texas Administrative Code (TAC) Rule §355.105(d)(1)(A), an interested party legally responsible for conduct of the contracted provider may initiate an amendment no later than 60 days after the original due date. Provider-initiated amendment requests can be sent to: costinformation@hhsc.state.tx.us. Request received that is not signed by an individual legally responsible for the conduct of the contracted provider, or received after the 60th day, will not be accepted. Failure to submit the requested amendment to the cost report by the due date is considered a failure to complete a cost report as specified in the above referenced rule.

The Cost Report Certification must be uploaded by the responsible party, using his/her own login information.

Step 11 – Entity Contact Certification (3 of 4)

Identification information is prepopulated from Entity in STAIRS.

SIGNER IDENTIFICATION	
Name of Contracted Provider: <input type="text"/>	
Printed/Typed Name of Signer: <input type="text"/>	Title of Signer: <input type="text"/>
Name of Business Entity: <input type="text"/>	
Address of Signer (street or P.O. Box, city, state, 9-digit zip): <input type="text"/>	
Phone Number (including area code): <input type="text"/>	FAX Number (including area code): <input type="text"/>
Email: <input type="text"/>	



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Step 11 – Entity Contact Certification (4 of 4)

An individual legally responsible for the conduct of the provider could be:

- Owner
- Partner
- Corporate Officer
- Association Officer
- Government official
- L.L.C. member

_____ SIGNATURE OF SIGNER	_____ DATE
Subscribed and sworn before me, a Notary public on the	____ of _____
	Day Month Year
_____ Notary Signature	_____ Notary Public, State of
	_____ Commission Expires



STAIRS – Digital Signatures

Digital Signature is an option for printing, notarizing, and uploading certification pages.

For more information regarding digital signatures, please visit our website at <https://pfd.hhs.texas.gov/provider-finance-department-digital-signature-policy>.



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Provider Signature	
Provider printed name: John Smith	Date: 11/23/2015
John Smith Digitally signed by John Smith DN: cn=John Smith, o=Nurses 123, ou, email=johnsmith@nurses123.com, c=US Date: 2015.11.23 21:14:51 -06'00'	
Provider Signature (<i>stamped signatures not accepted</i>)	

Step 12 – Provider Adjustments Report (1 of 3)

An adjustment report is emailed by Fairbanks to the Provider. This allows the provider an opportunity to review the report adjustments made during HHSC's financial examination.

The Provider has 30 days to review the findings.

If you take no action, you will agree with the findings by default.



Step 12 – Provider Adjustments Report (2 of 3)

Adjustment Report Shows:

- Changes made to original values
- Adjusted amount
- Reason for the adjustment



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Step 12 – Provider Adjustments Report (3 of 3)

The Recoupment Summary shows the Weighted Level Awarded, Level Achieved, Staffing Recoupment, Spending Recoupment and estimated Total Recoupment.

Recoupment Summary

[Edit Recoupment](#)

Program / Contract / Group	Weighted Level Awarded	Level Achieved	Staffing Recoupment	Spending Recoupment	Estimated Total Recoupment
		:			
		:			

Additional adjustments and recoupments (other than those identified above) may occur as a result of a subsequent informal review, audit, or desk review of your cost report. As per 1 TAC §355.308(s) or §355.112(t) and §355.107(a), if subsequent adjustments are made, you will be notified via e-mail to logon to STAIRS and view Step 14 of this cost report where those adjustments and any revised recoupment amount will be displayed.

Unless you request an informal review in accordance with 1 TAC §355.110, adjustments to the provider's rates per unit for this reporting period will be sent to the Texas Department of Aging and Disability Services (DADS), Provider Claims Services for processing after the "Review Period Expires" date shown above and below. Do not send checks or payments to DADS or HHSC unless specifically instructed by DADS. The amount to be recouped will be subtracted from future billings.



Step 13 – Agree/Disagree (1 of 2)

Purpose

The provider may request an informal review or agree or disagree with adjustments.

How does HHSC PFD use this information?

HHSC uses this information to start the informal review process or set the report to complete.



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Step 13 – Agree/Disagree (2 of 2)

Step 13 has three new options, and they are:

- I agree
- I agree and request a payment plan
- I disagree

I Agree
By clicking "Agree" I agree with the items listed in the Step 12 – Adjustment / Reconciliation / Settlement Report and authorize the Texas Health and Human Services Commission to collect the amount owed in the Step 12 report.

I Agree and Request a Payment Plan
By clicking "Agree and Request a Payment Plan" I agree with the items listed in the Step 12 – Adjustment / Reconciliation / Settlement Report and authorize the Commission to collect the amount owed. I understand that once I have agreed I waive my right to dispute any items listed in the Step 12 report. I also understand that clicking "Agree and Request a Payment Plan" will initiate the process of requesting a payment plan.

I Disagree
By clicking "Disagree" I acknowledge that I disagree with one or more of the items listed in the Step 12 – Adjustment / Reconciliation / Settlement Report and I understand that I will be required to complete a Request for Informal Review. I understand that clicking "Disagree" will initiate the process of requesting an informal review. You must complete these steps in order to request an informal review. I understand that I am not in agreement with the reconciliation amount listed in Step 12.

Return Save and Return



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Step 13a – Request Informal Review

A provider who disagrees with an adjustment is entitled to request an informal review of those adjustments with which the provider disagrees.

- Upload Informal Review
- **All uploaded expense documentation must be in a spreadsheet and system-generated (if possible)**
- Request a 15-day Provider disagreement extension

If you disagree with an adjustment or adjustments made to the Report, you may request an informal review in accordance with Title 1 Texas Administrative Code (TAC) §305.110.

The information for the informal review must be uploaded into STAIRS by June 17, 2022 and must contain the following information:

- a concise statement of the specific actions or determinations in dispute,
- the recommended solution,
- any supporting documentation relevant to the dispute.

If the provider is disputing an adjustment, the request must:

- indicate which adjustment is in dispute,
- state what the provider believes to be the correct value; and
- contain any supporting documentation that supports these values.

Upload Informal Request for Review Form: Select file or upload new file

A request for an informal review that is not received by this deadline date will not be accepted. If you do not request an informal review by the deadline date, you will not be able to request a formal appeal regarding these exclusions or adjustments.

Request Informal Review Extension: I am requesting a 15 calendar day extension of the 30 day deadline to submit an informal review request in accordance with 1 TAC §305.110(c)(1)(A) and as submitted no later than three days before the requestor a total of 45 calendar days to file the informal review request. A request for informal review or extension request that is not received/uploaded by the stated deadline date will not be accepted.

It is the provider's responsibility to submit, along with the informal review request, all pertinent information listed above to support the provider's position. An informal review request that does not contain this information will not be accepted.

The subject matter of the informal review is limited to the adjustments and exclusions made to the report contained in the Step 12 – Adjustment / Reconciliation / Settlement Report. In accordance with 1 TAC §305.110(d), an administrative hearing regarding informal review.



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Step 13b – Agree with Payment Plan

For providers with a recoupment amount above \$25,000, you have the option to choose **“I Agree and Request a Payment Plan.”**



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If your recoupment is greater than \$25,000 you may be eligible for a payment plan. Payment plans are not guaranteed and apply only to active contracts. If the contract terminates prior to the completion of the recoupment, any payment plan request will be void.

- If your recoupment is for a twelve-month period and is greater than \$25,000, you may request collection in 3 equal monthly payments.
- If your recoupment is for a twelve-month period and is greater than \$75,000, you may request collection in 6 equal monthly payments.

HHSC Provider Finance Department must receive your written request for a payment plan uploaded to STAIRS. A payment plan request must be received no later than the "Review Period Expires" date shown above and below. A payment plan request received by mail will not be accepted.

Requirements

The request letter must be:

- Printed on the contracted provider's letterhead.
- Payment plan type and length, if applicable.
- Signed by an individual legally responsible for the conduct of the contracted provider, such as the sole proprietor, a partner, a corporate officer, an association officer, a governmental official, or a limited liability company member.

Finalized payment plan request uploaded below before the due date listed within this step.

Upload Formal Payment Plan Request Form:

Select file or upload new file

Step 13c – Additional Information Requested

Upload additional information. **Any expense documentation must be in a spreadsheet and system-generated.**

You will receive an email from Fairbanks if additional information is requested. The Provider will have 14 days to respond and upload additional information upon request. If the Provider does not respond, the report is completed by default.

A valid request must contain the following:

- A concise statement of specific actions or determinations made by HHSC since the initial certification of the report. Actions and determinations made by HHSC can be found in the Provider's report.
- Recommended resolutions to the disputed actions or determinations.
- Supporting documentation for the recommended resolution requested during the informal review. Documentation includes:
 - A trial balance or allocation summary,
 - Payroll summary records,
 - Legal agreements,
 - State or federal awards,
 - Grant or obligation letters, or
 - Any other documentation that substantiates the requested adjustment.
- The request letter must be signed by an individual legally responsible for the conduct of the entity and submitted by the due date listed within STAIRS.

The reimbursement analyst assigned to your request may include additional information in the text box located within Step 13a.
If you have any questions about what is requested, please contact PFD by email at PFD-LTSS@hhs.texas.gov.

Upload Additional Information: Select file or [upload new file](#)



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Step 14 – Informal Review

Purpose

This step is to allow the providers a chance to review the informal review adjustments.

Summary Table

Revenue Summary	Total as Submitted	Adjustments	Total After Adjustments
Total Non-Medicaid	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Expense Summary	Total as Submitted	Adjustments	Total After Adjustments
Total Attendant Wages, Benefits and Mileage	\$0.00	\$0.00	\$0.00
Total Non-Attendant Wages, Benefits and Mileage	\$0.00	\$0.00	\$0.00
Total Administrative and Operations Wages, Benefits and Mileage (less Central Office)	\$1,111.00	\$0.00	\$1,111.00
Total Payroll Taxes & Workers' Compensation (Not including Central Office)	\$3.00	\$0.00	\$3.00
Total Facility and Operations Expenses (Not including Central Office)	\$0.00	\$0.00	\$0.00
Total Central Office Expenses	\$0.00	\$0.00	\$0.00
Total	\$1,114.00	\$0.00	\$1,114.00

Because this cost report indicates participation in rate enhancement in Step 4, your recoupment summary information is being provided below.

In accordance with Title 1 of the Texas Administrative Code (TAC), §355.300(s) for nursing facilities, or §355.112(t) for all other programs, the below Recoupment Summary indicates whether or not the provider is subject to recoupment for failure to meet participation requirements.

If you indicated on STEP 2 of this cost report that you requested to aggregate by program those contracts/component codes held by this Combined Entity which participated in the Attendant Compensation Rate Enhancement for the purpose of determining compliance with spending requirements, the recoupment summary information below represents the estimated total recoupment for all participating contracts/component codes on the cost reports indicated below. This same summary information is displayed on all cost reports affected by the aggregation.



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Due Date



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All Reports are due **April 30th
unless indicated otherwise**



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PFD Contact Information

For Assistance With	Telephone	E-mail
Cost or accountability report completion, instructions, informal reviews, or general guidance	(737) 867-7817	PFD-LTSS@hhs.texas.gov
Cost or accountability report excusals	(737) 867-7812	CostinformationPFD@hhs.texas.gov
Cost report requests and submission or STAIRS technical assistance	(737) 867-7812	CostinformationPFD@hhs.texas.gov



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Thank you!

Questions? Email

PFD-LTSS@hhs.Texas.gov