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# 2025 STAIRS Cost Report Training

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

HHSC PFD LTSS Center for Information and Training



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## **Nursing Facility (NF)**

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**2024 Cost Report and 2025 Accountability  
Reports**

# How to Download Training Materials

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- 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 the icon with a question mark.
2. Type your question in the questions box.
3. Click **Send**.



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A screenshot of a meeting application's 'Questions' panel. The panel is titled 'Questions' and has a close button (X) in the top right corner. The main area is empty, displaying a large question mark icon and the text 'No questions yet' and 'Questions from your attendees will appear here.' At the bottom, there is a section titled 'Submit a question' with a dropdown arrow. Below this is a text input field with the placeholder text 'Enter your question'. At the bottom right of the input field is a 'Send' button. Below the input field, there is a small text note: 'Your question will be sent to the staff'.

# Training Completion

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To receive credit and complete the Cost or Accountability Report, you must register and attend the full duration of the webinar.

Credit will be given approximately ten business days following this training.

Preparers will only be granted access after the Provider (Entity or Financial Contact) assigns the Preparer in STAIRS.



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# Objective

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

## What's New (1 of 5)

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- Step 4 General Information
  - ▶ A question has been added if the facility is certified as a Unit for Persons with Alzheimer's Disease
- Step 5.a. Statistical Data
  - ▶ A question has been added to report the total number of Alzheimer's days



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## What's New (2 of 5)

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- Step 5.b. Bed Days
  - ▶ A question has been added to report the Non-Reimbursed Resident Days in Medicaid Contracted Beds
  - ▶ For the 2025 Accountability Report only – a new table has been added to report Patient-Driven Payment Model (PDPM) Units of Service effective September 1, 2025



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## What's New (3 of 5)

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- Step 6.a. General Information
  - ▶ Two questions have been added to upload an organization chart and timesheets (optional).
- Step 6.c. Direct Care Staff (cont.)
  - ▶ Providers have been reporting Regular, Overtime, and Bonuses and Incentives in one entry. The provider must now split these fields into Regular Hours, Overtime Hours, and Other Compensation.



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## What's New (4 of 5)

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- Step 6.c. Direct Care Staff (cont.)
  - ▶ Effective September 1, 2025, three new staff types will be added to Direct Care Staff
    - ▶ Certified Social Worker
    - ▶ Social Service Assistant
    - ▶ Other Direct Care Non-Professional
  - ▶ New Reimbursement Methodology coming.



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## What's New (5 of 5)

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- Step 8 Facility and Operations Costs
  - ▶ Questions have been added to upload the following:
    - ▶ Organizational chart
    - ▶ Supporting documentation for expenses
    - ▶ Management and lease agreements



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# Reporting Units of Service (1 of 2)



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- When reporting Units of Service, providers should report **paid** units of service according to the billing increment established by HHSC.
- Please follow the Crosswalk / Billing Reference with associated bill codes available on the HHSC Provider Finance website under ["Cost Report Crosswalk, Bill Codes, and Modifiers"](#).
- Units of service delivered and unpaid must be reported as non-reimbursed units.

# Reporting Units of Service (2 of 2)

- A record of Fee for Service (FFS) **paid** claims can be obtained at [the Texas Medicaid & Healthcare Partnership \(TMHP\)](#). For more information, refer to the LTC TexMed Connect User Guide.
- A record of STAR+PLUS **paid** claims can be obtained through their [Managed Care Organization \(MCO\)](#).



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# Patient-Driven Payment Model Long - Term Care



- Nursing Facilities are transitioning from Resource Utilization Group (RUG) III to the Payment-Driven Payment Model Long Term Care (PDPM LTC) effective September 1, 2025.
- HHSC adopted rates to implement the PDPM LTC rate methodology in accordance with the 2024-25 General Appropriations Act, Rider 25.
- For more information, visit our website under [Patient-Driven Payment Model for Long-Term Care Rate Setting Methodology for Nursing Facilities.](#)

# Spending Requirements

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Nursing Facilities are held accountable to two separate spending requirements. You will be subject to recoupment if you do not meet these requirements.

- ❖ The Direct Care Staff Compensation Rate Enhancement.
  - Title 1 of the Texas Administrative Code (TAC) Section 355.308.
- ❖ The Direct Care Staff Spending Requirement.
  - 1 TAC Section 355.304.





## Supporting Documentation (1 of 2)

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 that providers may be required to submit reports to local or federal jurisdictions based on funds received. **Do not** provide the State with a copy of these reports or any applicable support documentation for them.



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# Supporting Documentation (2 of 2)

- Supporting financial 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
- Items like organization charts and agreements can be uploaded in a Portable Document Format.



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## STAIRS (1 of 4)

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

New Entity Contacts will receive an email from Fairbanks LLC with the notification of access, login, and password to your address on file.

Fairbanks contact: [info@fairbanksllc.com](mailto:info@fairbanksllc.com)

For existing Entity Contacts, the login information remains the same.



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## STAIRS (2 of 4)

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The Entity Contact will assign the Financial Contact and Preparer.

The Financial Contact can also assign the Preparer.

The Preparer will receive access to STAIRS once the Entity or Financial Contact has assigned a Preparer.

The Preparer is notified through email once an assignment has been made.



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# STAIRS (3 of 4)

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## 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 (4 of 4)

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## 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



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# Roles and Definitions (1 of 3)

**Provider** – The individual or legal business entity contractually responsible for providing Medicaid services (i.e., the business component with which Medicaid contracts for providing the services to be reported in this cost report). Also known as a contracted provider.

The Provider is also the individual(s) designated as the Entity and Financial Contact listed in Step 1 regarding the STAIRS report.



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## Roles and Definitions (2 of 3)

**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 individual or organization with which Medicaid contracts for the provision of services.



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# Roles and Definitions (3 of 3)

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

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

**Preparer.** 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.



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# 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**

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**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



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# User Interface - Cost Reporting

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	<a href="#">100007001</a>	SSCC-123456601	⊖	5c on 09/02/2021
ZZZ RAD 24RCC	2020	24RCC	<a href="#">100007002</a>	ES-123456602	⊖	3 on 09/02/2021
ZZZ RAD 24RCC	2020	24RCC	<a href="#">100007003</a>	CPA-123456603	⊖	3 on 09/02/2021
ZZZ RAD 24RCC	2020	24RCC	<a href="#">100007004</a>	GRO/RTC-123456604	⊖	3 on 09/02/2021
ZZZ RAD 24RCC	2020	24RCC	<a href="#">100007005</a>	GRO/RTC-IPTP-123456605	⊖	3 on 09/02/2021
ZZZ RAD ASSPP LLC	2020	ASSPP	<a href="#">100020001</a>	ASSPP-123456789	⊖	1a on 02/02/2021
ZZZ RAD ASSPP LLC	2020	ASSPP	<a href="#">100022001</a>	ASSPP-123456789	⊖	1a on 02/01/2021
ZZZ RAD ASSPP LLC	2020	ASSPP	<a href="#">100023001</a>	ASSPP-123456789	⊖	1a on 02/01/2021
ZZZ RAD ASSPP LLC	2020	ASSPP	<a href="#">100021001</a>	ASSPP-123456789	⊖	10a on 01/28/2022
ZZZ RAD ASSPP LLC	2020	ASSPP	<a href="#">100024001</a>	ASSPP-123456789	⊖	1a on 02/01/2021

First Previous Next Last

General Reference Material Program Specific Reference Material

[Helpful Information for Contacts and Producers](#) [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.



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# 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](#)

**DON**

Phone:  
Fax:

CPA	Roles	Actions
	1	<a href="#">Manage Preparer Permissions</a> <a href="#">Add Non-Preparer Role</a>

**Your Roles**

Financial Consultant	Roles	Actions
		<a href="#">Manage Preparer Permissions</a> <a href="#">Add Non-Preparer Role</a>

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

# 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.

A screenshot of a web application interface for editing contact information. The page has a blue header with 'Dashboard' and 'Cost Reporting' tabs. Below the header 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 says 'Please review your contact information below and update it if necessary.' Below this is a 'Change Password' link. 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 are 'Save' and 'Cancel' buttons.

Dashboard Cost Reporting

Manage Contacts Upload Center

### Edit Contact Profile

Please review your contact information below and update it if necessary.

[Change Password](#)

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

City \* Austin

State \* Texas

Postal Code \* 78758

Phone \* 123456789

Fax

Save Cancel

# 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". Under the heading "Rate Analysis test", there are three input 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".

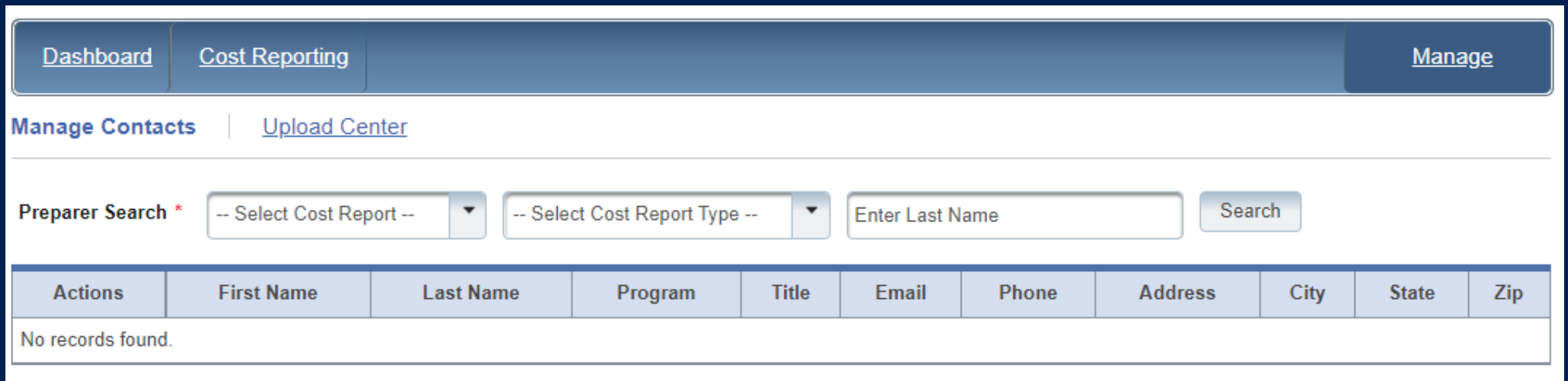


# User Interface – Manage (4 of 4)

## Add Preparer

From the Manage link, select Add Preparer.

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



The screenshot displays a web application interface for managing contacts. At the top, there is a navigation bar with three tabs: 'Dashboard', 'Cost Reporting', and 'Manage'. Below this, there are two links: 'Manage Contacts' and 'Upload Center'. The main section is titled 'Preparer Search \*' and contains three dropdown menus: '-- Select Cost Report --', '-- Select Cost Report Type --', and a text input field for 'Enter Last Name'. A 'Search' button is positioned to the right of the input field. Below the search form is a table with the following columns: 'Actions', 'First Name', 'Last Name', 'Program', 'Title', 'Email', 'Phone', 'Address', 'City', 'State', and 'Zip'. The table currently displays the message 'No records found.'



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# STAIRS

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

## **Step 1 – Combined Entity Identification (1 of 2)**

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### **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

Save Save and Return Cancel

<b>Combined Entity Identification</b>	<b>Entity Contact Identification</b>
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 ✓ <a href="#">View Information</a>	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 ✓ <a href="#">View Information</a>
<b>Financial Contact</b>	<b>Report Preparer Identification</b>
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 ✓ <a href="#">Edit Information</a>	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 ✓ <a href="#">Edit Information</a>

## Report Fairbanks or other HHSC Staff email as not Junk or Spam

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- Add the sender's email address to your Contacts by opening an email from them and clicking "Add to contacts."
- In Outlook.com, right-click a message from the email address you want to whitelist and choose "Never Block Sender."
- In Office 365, you can whitelist an email address using mail flow rules or editing the anti-spam policy.



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## Step 2 – General Information (1 of 2)

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### **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 participating 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) *	01/01/2024
Combined Entity Report Period Ending (mm/dd/yyyy) *	12/31/2024
When reporting Facility and Operations expenses would the provider like to report depreciable assets on step 8e at the summary level? NOTE: By selecting Yes any previous year	
Does the provider request to aggregate by program those contracts held by this Combined Entity for the purpose of determining compliance with all spending requirement? Indicate	
CLASS DSA	
DAHS	
DBMD	
HCS/TxHmL	
ICF/IID	
NF *	Select One ▼
PHC	
RC	





# Step 3 – Contract Management

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## 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](mailto: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.

<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)

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### **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 HHSC at <a href="mailto:costinformationpfd@hhs.texas.gov">costinformationpfd@hhs.texas.gov</a> if the provider believes this is not their current NPI number.	N/A
Facility Identification #: Please contact HHSC at <a href="mailto:costinformationpfd@hhs.texas.gov">costinformationpfd@hhs.texas.gov</a> if the provider believes this is not their current facility identification number.	1258, 1259, 1260
Type of Ownership of Contracting Entity	<b>Proprietary (For Profit)</b> <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
Contracted Provider Report Period Beginning (mm/dd/yyyy)	01/01/2024
Contracted Provider Report Period Ending (mm/dd/yyyy)	12/31/2024
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="text"/>
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="text"/>
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="text"/>
Is the provider reporting Central Office expenses in this Cost Report?	<input type="text"/>
Is the provider reporting any allocated Non-Central Office Program Administration expenses?	<input type="text"/>
During the cost reporting period was the facility Medicaid-decertified for any period of time?	<input type="text"/>
Upload an organizational chart. The organizational chart must include the employee name, position, related party information: Please attach the Organizational Chart	<input type="text"/> Select file or <a href="#">upload new file</a>
Did the provider evacuate a facility due to a natural disaster that resulted in an issued state or federal emergency declaration (i.e. Hurricane)?	<input type="text"/>
Did the provider 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 the facility?	<input type="text"/>
Did the facility have certification of a Type B Facility or Unit for Persons with Alzheimer's Disease and Related Disorders during the cost reporting period?	<input type="text"/>

- Prepopulated National Provider Identifier Number
- Correctly identify the ownership of the contracting entity
- Rate Enhancement Participation questions prepopulated
- Questions regarding the preparation to complete the report
- Upload Documents
- Verify Alzheimer Certification

## Step 4 – General Information (3 of 4)



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National Provider Identifier (NPI) #:  
Please contact HHSC at  
[costinformationpfd@hhs.texas.gov](mailto: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 in 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"/>



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# Step 5 – Units of Service & Revenue

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## 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 Revenue

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 the provider have any Non-Medicaid Beds during the Reporting Period?

Total Number of Licensed Beds at the end of the Reporting Period

Did the number of Licensed Beds change during the Reporting Period?

Total Number of Medicaid Contracted Beds at the End of the Reporting Period

Number of Alzheimer's days in Medicaid and Non-Medicaid Contracted Beds

Did the number of Medicaid Contracted Beds change during the Reporting Period?

Average number of Spend-down Beds per month (round up to nearest whole number)

## Step 5b – Bed Days (1 of 2)

- There are four sections for Medicaid days of service. Fee for Service, Hospice, STAR+PLUS, and Dual Eligible Demonstration. Report the **paid units** per rate period as identified in the report.
- The lower section of this table reports non-Medicaid days in Medicaid and 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 5b – Bed Days (2 of 2)

### **NEW for the 2025 Accountability Report only.**

- Nursing Facilities are transitioning from RUG to PDPM LTC, effective September 1, 2025.
- A new table for Step 5.b. has been added to report the PDPM LTC paid units of service beginning on or after September 1, 2025.



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# 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.

Type
Room and Bed Holds
Gifts, Grants, Donations, Endowments and Trusts
Appropriations from State and Local Government Sources
Interest - Funded Depreciation Account; Qualified Pension Fund; Debt Service Reserve Fund
Gain on Sale of Assets
Other - Excess of Other Revenues Over Direct Expenses
<b>Total Other Revenues</b>

Upload Data From Excel





# 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 - 08/31/2021	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
<b>Total Medicaid Days of Service in Medicaid Contracted Beds</b>	<b>0</b>	<b>0</b>	<b>0</b>
Non-Medicaid Days of Service in Medicaid Contracted Beds	0	0	0
<b>Total Days of Service in Medicaid Contracted Beds</b>	<b>0</b>	<b>0</b>	<b>0</b>
Days of Service in Non-Medicaid Contracted Beds	0	0	0
<b>Total Days of Service</b>	<b>0</b>	<b>0</b>	<b>0</b>

# 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 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 6a – General Information (1 of 2)

Questions include:

- Do you have any employee-related self-insurance expenses?
- Total number of staff employed at the end of the reporting period.
- Does the provider have any related Party Wages and Compensation?

Does the provider have any employee-related self-insurance expenses to report on this cost report? \*

Total number of central office staff employed by the controlling entity on the last day of the cost reporting period. \*

Total number of non-central office staff employed by the contracted provider on the last day of the cost reporting period. \*

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

Please upload timesheets and/or time study documentation. \*



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## Step 6a – General Information (2 of 2)

**The Staff Recruitment and Retention section** allows PFD to evaluate the difficulties providers are facing with staff recruitment and retention.

**Staff Recruiting** – Assess whether staff recruiting has become more difficult or less difficult for your agency.

**Retention**- Assists PFD in understanding the retention situation per staff type.

**Benefits** - Provides PFD with benefits information that your agency may offer.



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# 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)

Collects related-party information.

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

**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"/>											<input checked="" type="checkbox"/>





# 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

Business Component & Line Item Allocation

							Hours	Compensation
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="button" value="Add Line Item"/>								
TOTAL								
Attach Organization Chart 1		Attach Organization Chart 2 (Optional)			Attach Organization Chart 3 (Optional)			
<input type="text"/> Select file or upload new file		<input type="text"/> Select file or upload new file			<input type="text"/> Select file or upload new file			
Select Line Item Allocation Methodology				Attach Methodology				
<input type="text"/>				<input type="text"/> Select file or upload new file				
TOTAL								
Select Business Component Allocation Methodology							Attach Methodology	
<input type="text"/>							<input type="text"/> Select file or upload new file	



# Step 6c – Direct Care Staff

Report regular and contract Direct Care Staff Hours, Overtime Hours, Non-Hourly Compensation, and Benefits.



Non-Related Party									
Type	Staff Regular Hours	Staff Overtime Hours	Total Staff Hours	Staff Regular Wages	Staff Overtime Wages	Non-Hourly Compensation	Total Staff Wages	Total Contracted Hours	Total Contracted Payment
A			B				C	D	E
Registered Nurse (RN)	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>	<input type="text"/>
Licensed Vocational Nurse (LVN)	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>	<input type="text"/>
Medication Aides	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>	<input type="text"/>
Restorative Aides	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>	<input type="text"/>
Certified Nurse Aides	<input type="text"/>	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	<input type="text"/>	<input type="text"/>
TOTAL	0.00	0.00	0.00	\$0	\$0	\$0	\$0	0.00	\$0

Related Party									Related Party and Non-Related Party		
Staff Regular Hours	Staff Overtime Hours	Total Staff Hours	Staff Regular Wages	Staff Overtime Wages	Non-Hourly Compensation	Total Staff Wages	Total Contracted Hours	Total Contracted Payment	Total Compensation	Average Staff Rate	Average Contracted Rate
		F				G	H	I	J (C+E+G+I)	K [(C+G)/(B+F)]	L [(E+I)/(D+H)]

# Step 6d – Other Resident Care Staff

## Purpose

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

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	Total Staff Wages	Total Contracted Hours	Total Contracted Payment	Total Staff Hours	Total Staff Wages	Total Contracted Hours	Total Contracted Payment			
	A	B	C	D	E	F	G	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
<b>TOTAL</b>	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	\$0		

\* Amounts exclude Central Office Staff

# Step 6e – Administrative & Operations Personnel

## Purpose

To collect administrative and operations staff hours, wages, benefits, miles traveled, and mile reimbursement.



Type	Non-Related Party				Related Party				Total Compensation J (\$1*(C+H))	Average Staff Rate K (\$K/(C+H))	Average Contracted Rate L (\$L/(C+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			
Executive Administration									\$0	\$0.00	\$0.00
Administrative Directors and Administrative Coordinators									\$0	\$0.00	\$0.00
Executive and Administrative Assistants									\$0	\$0.00	\$0.00
Other Administrative Staff									\$0	\$0.00	\$0.00
Medical Records Staff									\$0	\$0.00	\$0.00
Resident Care Training Staff									\$0	\$0.00	\$0.00
Central Supply Staff									\$0	\$0.00	\$0.00
Laundry & Housekeeping Staff									\$0	\$0.00	\$0.00
Other Facility & Operations (including Maintenance and Transportation) Staff									\$0	\$0.00	\$0.00
Central Office Staff									\$0	\$0.00	\$0.00
Auxiliary In-hotel Medical-Only									\$0	\$0.00	\$0.00
TOTAL	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	\$0	\$0.00	\$0.00
Average exclude Central Office Staff											
Type	Non-Related & Related Party				TOTAL E (\$E)	Average Mileage Reimbursement per Mile F (\$F)					
	Employee Benefits/Insurance B	Miles Traveled C	Mileage Reimbursement D	TOTAL E (\$E)							
Central Office Staff (excluding auxiliary staff)				\$0	\$0.00						
Administrative and Operations Staff				\$0	\$0.00						
Auxiliary In-hotel Medical-Only (Benefits)				\$0	\$0.00						
TOTAL	\$0	0	\$0	\$0							

# 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
- Other Resident Care and Program Administration
- Central Office and Ancillary Indirect Medicaid

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?				
Is the provider a Texas Workforce Commission Reimbursing Employer (e.g., not required to pay quarterly taxes to the Texas Workforce Commission (TWC for unemployment coverage)?				
Taxes and Workers' Compensation	Direct Care	Other Resident Care and Program Admin	Central Office/ Ancillary Indirect Medicaid - Only	Total
FICA and Medicare Payroll Taxes			0	
State and Federal Unemployment Taxes			0	
Workers' Compensation Premiums			0	
Workers' Compensation Paid Claims			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 8 – Facility and Operations Costs

---

### **Purpose**

To collect expense information for the contracted provider and used directly or indirectly in providing contracted services.

### **How does HHSC PFD use this information?**

PFD uses this information for rate-setting calculations and legislative cost analysis.



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# Step 8

- Step 8.a. – General Information
- Step 8.b. – 8.d. - Related Party Transactions
- Step 8.e. – Assets and Depreciation
- Step 8.f. – Non-Related Party Facility Operations Cost
- Step 8.g. – Summary
- Step 8.h. – All Other Costs



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# Step 8a – General Information

To collect Facility and Operations costs. This information will lock or unlock certain sections in Step 8.



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Does the provider have any contracted management costs to report? Note: Related-party management expenses must be reported as central office expenses. *
Does the provider have any asset or operations-related self-insurance expenses to report on this cost report?
Were any supplies or non-depreciable equipment purchased or leased from a related party?
Were there any related-party loans?
Were there any related-party contracted services?
Was the nursing facility building leased during the cost-reporting period?
Was the central office building leased during the cost-reporting period?
Were there any Medicaid ancillary costs during the cost reporting period?
Is the nursing facility exempt from paying property taxes?
Does the provider have an appraisal from a local taxing authority or an independent appraisal?
Were capital improvements costing more than \$2,000 per licensed bed made to a facility since the last independent appraisal was completed?
Do the values shown on the taxable value statement or independent appraisal represent property solely devoted to nursing facility operations related to the beds licensed for nursing care reported in Step 5.a?

# Step 8b - Related-Party Non-depreciable Equipment and Supplies



Enter related-party non-depreciable equipment and supplies to create a new asset.

**Upload supporting documentation for expenses.** All uploaded documentation must be in a spreadsheet and system-generated.

8.b. Related-Party Non-depreciable Equipment and Supplies

Name of Related-Party/Organization	Type	Description	Cost to Related-Party	Is Allocation Complete?
				✓

Save Save and Return Cancel Add Record Edit Delete Record

# Step 8c – Related-Party Loans

Enter any of your related-party loans from individuals or organizations.

**Upload supporting documentation for expenses.** All uploaded documentation must be in a spreadsheet and system-generated.

8.c. Related-Party Loans

	Name of Related-Party/Organization	Type	Description	Inception Date	Loan Amount	Term (months)	Interest	Is Allocation Complete?
<input type="checkbox"/>								<input checked="" type="checkbox"/>



# Step 8d - Related-Party Contracted Services (1 of 2)

Report the purchase of services, such as accounting, legal, and consulting services, from a related-party organization or an individual who is **NOT** an employee of the contracted provider.

As with other tables, select "Add record" to add more Contracted Service Providers.

**8.d. Related-Party Contracted Services**

Please enter and verify the information below

Save Cancel

Name of Related-Party/Organization	Type	Description	Cost to Related-Party
<input type="text"/>	---	<input type="text"/>	<input type="text"/>
<input type="text"/>	Fees - Management Contract	<input type="text"/>	<input type="text"/>
<input type="text"/>	Building / Equipment - Contracted Services and Maintenance and Repairs	<input type="text"/>	<input type="text"/>
<input type="text"/>	Fees - Contracted Administrative, Professional, Consulting and Training Services	<input type="text"/>	<input type="text"/>
<input type="text"/>	---	<input type="text"/>	<input type="text"/>
<input type="text"/>	---	<input type="text"/>	<input type="text"/>

Save Cancel



# Step 8d – Related Party Contracted Services (2 of 2)

Once you have completed the allocations, upload supporting documentation for expenses. All uploaded documentation must be in a spreadsheet and system-generated.



8.d. Related-Party Contracted Services

Name of Related-Party/Organization	Type	Description	Cost to Related-Party
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Component & Line Item Allocation

Business Component & Line Item Allocation		Cost to Related-Party
<input type="text"/>	<input type="text"/>	<input type="text"/>
Area	<input type="text"/>	Cost to Related-Party
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Add Line Item"/>		
TOTAL		
Select Line Item Allocation Methodology		Attach Methodology
<input type="text"/>		<input type="text"/> <input type="button" value="Select file or upload new file"/>
TOTAL		
Select Business Component Allocation Methodology		Attach Methodology
<input type="text"/>		<input type="text"/> <input type="button" value="Select file or upload new file"/>

# Step 8e - Depreciation Expenses & Related-Party Lease/Purchase of Depreciable Assets (1 of 3)

Report Depreciable Assets for Related-Party and Non-Related Parties.

Depreciate property and assets owned by the contracted provider and improvements to the provider's owned, leased, or rented property that is valued at \$5,000 or more with an estimated useful life of more than one year at the time of purchase.



# Step 8e - Depreciation Expense & Related-Party Lease/Purchase of Depreciable Assets (2 of 3)



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8.e. Depreciation Expense and Related-Party Lease/Purchase of Depreciable Assets	
Is this a shared asset?	<input type="radio"/> Yes <input type="radio"/> No
Related-Party or Non-Related-Party	<input type="radio"/> Non-Related-Party <input type="radio"/> Related-Party
Asset	-- ▾
Code (optional)	<input type="text"/>
Description of Asset	-- ▾
Asset in Service at end of period?	<input type="radio"/> Yes <input type="radio"/> No
Month/Year Placed in Service (mm/yyyy)	<input type="text"/>
Years of Useful Life	<input type="text"/>
Historical Costs	<input type="text"/>
Salvage Value	<input type="text"/>
Depreciation Basis	<input type="text"/>
Prior Period Accumulated Depreciation	<input type="text"/>
Depreciation for Reporting Period	<input type="text"/>
Total Expense for Reporting Period	<input type="text"/>





## Step 8e - Depreciation Expense & Related-Party Lease/Purchase of Depreciable Assets (3 of 3)

Once the assets have been entered, you will be instructed to upload the following:

- Schedule E, Contract Management Information
- Related Party Lease Agreement
- Supporting documentation for expenses

**All uploaded expense documentation must be in a spreadsheet and system-generated.**



# Step 8f – Non-Related Party Facility, Operations, Administrative, & Other Direct Care Costs

Collects all facility and operations costs for related parties and non-related parties.

8.f. Non-Related-Party Facility, Operations, Administrative and Other Direct Care Costs - Entry								
Type	Non-Related Party			Related Party			TOTAL	Notes (optional)
	Program Admin & Operation	Central Office	Non-Related-Party Total	Program Admin & Operation	Central Office	Related-Party Total		
Rent / Lease - Building and Building Equipment	<input type="text"/>	<input type="text"/>						<input type="text"/>
Rent / Lease - Departmental Equipment / Other	<input type="text"/>	<input type="text"/>						<input type="text"/>
Interest - Mortgage	<input type="text"/>	<input type="text"/>						<input type="text"/>
Insurance - Building and Equipment	<input type="text"/>	<input type="text"/>						<input type="text"/>
Taxes - Ad Valorem Real Estate	<input type="text"/>	<input type="text"/>						<input type="text"/>
Utilities & Telecommunications	<input type="text"/>	<input type="text"/>						<input type="text"/>
Building / Equipment - Contracted Services and Maintenance and Repairs	<input type="text"/>	<input type="text"/>						<input type="text"/>
Type	Non-Related Party			Related Party			TOTAL	Notes (optional)
Type	Program Admin & Operation	Central Office	Non-Related-Party Total	Program Admin & Operation	Central Office	Related-Party Total		
Depreciation - Building & Improvements, Building Fixed Equipment, Leasehold Improvements, Land Improvements, Other Amortization								<input type="text"/>
Depreciation - Departmental Equipment								<input type="text"/>
Operations Supplies	<input type="text"/>	<input type="text"/>						<input type="text"/>
Depreciation - Transportation Equipment								<input type="text"/>
Rent / Lease - Transportation Equipment or Contracted Transportation Services	<input type="text"/>	<input type="text"/>						<input type="text"/>
Transportation - Maintenance, Repairs, Gas, Oil, Interest, Insurance, Taxes, Other	<input type="text"/>	<input type="text"/>						<input type="text"/>
Staff Training / Seminars - Non Admin Staff	<input type="text"/>	<input type="text"/>						<input type="text"/>
Staff Training / Seminars - Admin	<input type="text"/>	<input type="text"/>						<input type="text"/>

# Step 8g – Facility & Operations Costs Summary

This step provides a summary of the Related and Non-Related-Party Costs entered through **Steps 8.b. – 8.f.**

Review these totals against the report preparation workpapers to ensure all costs are correctly captured.



8.g. Facility and Operations Costs Summary			
Related and Non-Related Party Summary			
Type	Program Admin & Operation	Central Office	TOTAL
Rent / Lease - Building and Building Equipment			
Rent / Lease - Departmental Equipment / Other			
Interest - Mortgage			
Insurance - Building and Equipment			
Taxes - Ad Valorem Real Estate			
Utilities & Telecommunications			
Building / Equipment - Contracted Services and Maintenance and Repairs			
Related and Non-Related Party Summary			
Type	Program Admin & Operation	Central Office	TOTAL
Depreciation - Building & Improvements, Building Fixed Equipment, Leasehold Improvements, Land Improvements, Other Amortization			
Depreciation - Departmental Equipment			
Operations Supplies			
Depreciation - Transportation Equipment			
Rent / Lease - Transportation Equipment or Contracted Transportation Services			
Transportation - Maintenance, Repairs, Gas, Oil, Interest, Insurance, Taxes, Other			
Staff Training / Seminars - Non Admin Staff			
Staff Training / Seminars - Admin			
Related and Non-Related Party Summary			
	Program Admin		

## Step 8h – All Other Costs

Enter Total Unallowable Expenses for the contracts listed in Step 3.a. for this specific cost report

The information gathered by this item is self-reported, will not be audited, is for informational purposes only and will not be used in the rate determination process.

Enter Total Unallowable Expenses for the contracts listed in step 3a for this specific cost report



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# Step 9 – Preparer Verification Summary

The summary shows the Total Reported Revenues and Total Reported Expenses entered in STAIRS. This step allows the preparer to reconcile the supporting documentation.

Revenue Summary	
Total Days of Service Non-Medicaid Revenue	\$0
Total Other Revenue	\$0
<b>TOTAL REVENUE</b>	<b>\$0.00</b>

Expense Summary	
Total Direct Care Wages, Benefits and Mileage	\$0
Total Other Resident Care 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 Other Costs	\$0
<b>TOTAL REPORTED EXPENSES</b>	<b>\$0.00</b>



## **Step 10 – Preparer Certification (1 of 2)**

---

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

You may be liable for civil and criminal penalties if the cost report is inaccurate.

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



# Step 10 – Preparer Certification (2 of 2)

## 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"><li>• I have completed the state-sponsored cost report training for this cost report.</li><li>• I have read the note below, the cover letter and all the instructions applicable to this cost report.</li><li>• 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.</li><li>• 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.</li><li>• 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.</li><li>• This cost report was prepared from the books and records of the contracted provider and/or its controlling entity.</li></ul>	
<p><b>Note:</b> 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 11 – Entity Contact Certification (1 of 4)**

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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](mailto: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
<b>John Smith</b> 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> )	

## Financial Examination (1 of 3)

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- HHSC conducts financial examinations of certified reports, in accordance with 1 TAC 355.106, to ensure all financial and statistical information reported in the cost reports conforms to all applicable rules and instructions.
- HHSC may contact the entity contact, financial contact, and cost report preparer to request clarification or supporting documentation.



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## Financial Examination (2 of 3)

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- Providers must furnish any reasonable documentation requested by HHSC within ten working days of the request or a later date as specified by HHSC, in accordance with 1 TAC 355.105.
- Adjustments during the financial examination process may either remove unallowable costs or include unreported or understated allowable costs based on supporting documentation or further provider clarification.



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## Financial Examination (3 of 3)

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- Reports may be deemed unacceptable or unauditabile, in accordance with 1 TAC 355.105.
- Providers are notified when this determination has been made and are granted 15 calendar days to correct the deficiencies and resubmit and certify the report.
- Failure to resubmit an acceptable corrected report by the due date is considered a contract violation and will result in the recommendation of a vendor hold.



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## Step 12 – Provider Adjustments Report (1 of 3)

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- Fairbanks emails the Provider an adjustment report. This allows the provider 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.
- Periodically check junk or spam emails from [fairbanksllc.com](mailto:fairbanksllc.com) or [hhs.Texas.gov](mailto:hhs.Texas.gov).





## 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

- The provider may request an informal review or agree or disagree with adjustments.
- HHSC uses this information to start the informal review process or set the report to “Complete.”
- If the Provider agrees with the adjustments, the report is set to complete.
- Failure to select “Agree” or “Disagree” within the 30-day review period will result in “Agreed by Default”.



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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.



# 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](mailto:PFD-LTSS@hhs.texas.gov).

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



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# Step 14 – Informal Review (IR)

## Purpose

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



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Summary Table

Revenue Summary	Total as Submitted	Adjustments	Total After Adjustments
Total Non-Medicaid	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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
<b>Total</b>	<b>\$1,114.00</b>	<b>\$0.00</b>	<b>\$1,114.00</b>

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), §355.308(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.



## Step 14 – IR Payment Plans (1 of 5)

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- HHSC PFD must receive your written request for a payment plan by hand delivery, U.S. mail, special mail delivery, or email (faxes will not be accepted).
- A payment plan request must be received before the "Review Period Expires" date.



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## Step 14 – IR Payment Plans (2 of 5)

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- A payment plan request not received by the deadline will not be accepted.
- A payment plan request post-marked before the stated deadline but received after the due date will not be accepted.



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## Step 14 – IR Payment Plans (3 of 5)

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The request letter must be:

- printed on the contracted provider's letterhead.
- signed by an individual legally responsible for the conduct of the contracted provider.
- scanned if emailing.



## Step 14 – IR Payment Plans (4 of 5)

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**Send written requests to:**

Texas Health and Human Services Commission  
Provider Finance Department  
MC H-400  
P.O. Box 149030  
Austin, TX 78714-9030



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## Step 14 – IR Payment Plans (5 of 5)

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### **Special Delivery:**

Texas Health and Human Services Commission  
Provider Finance Department  
MC H-400  
North Austin Complex Building  
4601 Guadalupe St.  
Austin, TX 78751

### **Email:**

[PFID-LTSS@hhs.texas.gov](mailto:PFID-LTSS@hhs.texas.gov)



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# Formal Appeal

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A provider that disagrees with the results of an informal review may file for a formal appeal within 15 days of the Informal Review Notification.

Mail to:

The HHSC Appeals Division

Mail Code W-613

P.O. Box 149030

Austin, TX 78714-9030

Rule 355.110 – Informal Reviews and Formal Appeals



# Communication Expectations

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- Communication between HHSC staff and entity contacts, financial contracts, and cost report preparers may occur at various steps within the cost report process.
- These communications can be difficult, often requiring technical and detailed information.
- HHSC does not condone written or verbal communication that is unprofessional, inappropriate, or aggressive.
- HHSC staff may not continue communications and may revoke permission to the cost reporting system.
- Providers should contact the HHSC staff member's immediate supervisor with concerns.



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# Due Date



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**All Reports are due **April 30<sup>th</sup>**  
unless indicated otherwise**



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# PFD Contact Information

For Assistance With	Telephone	E-mail
Report completion, instructions, informal reviews, or general guidance	(737) 867-7817	<a href="mailto:PFD-LTSS@hhs.texas.gov">PFD-LTSS@hhs.texas.gov</a>
Report Excusals	N/A	<a href="mailto:PFD-LTSS@hhs.texas.gov">PFD-LTSS@hhs.texas.gov</a>
Report Extensions	N/A	<a href="#">Provider Finance Department- LTSS Cost Report Extension Request Survey</a>
Report requests and submission or STAIRS technical assistance	N/A	<a href="mailto:CostInformationPFD@hhs.texas.gov">CostInformationPFD@hhs.texas.gov</a>





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# Thank you!

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Questions? Email

[PFD-LTSS@hhs.Texas.gov](mailto:PFD-LTSS@hhs.Texas.gov)