Intermediate Care Facilities for Individuals with Intellectual Disability or Related Conditions (ICF/IID)

2019 COST REPORT & 2020 ACCOUNTABILITY REPORT

– Optional Attendant Compensation Worksheet and Instructions –

NOTE: This worksheet is provided for your own information and should be retained in your files for future reference.
Do not return it to the Health and Human Services Commission

For assistance with the completion of this worksheet, contact the
Rate Analysis Customer Information Center: RAD-LTSS@hhsc.state.tx.us

OPTIONAL WORKSHEET

<div style="border:1px solid black;">

All monetary calculations should be carried out to two decimal places.

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PART 1 - All Participants

Step 1: Calculate Total Units of Service

STAIRS **Step 5** ICF/IID Small Facility Units of Service
Enter total Medicaid Units of Service for LON 1 for the applicable Period.
Enter total Medicaid Units of Service for LON 5 for the applicable Period.
Enter total Medicaid Units of Service for LON 8 for the applicable Period.
Enter total Medicaid Units of Service for LON 6 for the applicable Period.
Enter total Medicaid Units of Service for LON 9 for the applicable Period.
Enter total Non-Medicaid Units of Service for the applicable Period.

STAIRS **Step 5** ICF/IID Medium Facility Total Medicaid Units of Service
Enter total Medicaid Units of Service for LON 1 for the applicable Period.
Enter total Medicaid Units of Service for LON 5 for the applicable Period.
Enter total Medicaid Units of Service for LON 8 for the applicable Period.
Enter total Medicaid Units of Service for LON 6 for the applicable Period.
Enter total Medicaid Units of Service for LON 9 for the applicable Period.
Enter total Non-Medicaid Units of Service for the applicable Period.

STAIRS **Step 5** ICF/IID Large Facility Total Medicaid Units of Service.
Enter total Medicaid Units of Service for LON 1 for the applicable Period.
Enter total Medicaid Units of Service for LON 5 for the applicable Period.
Enter total Medicaid Units of Service for LON 8 for the applicable Period.
Enter total Medicaid Units of Service for LON 6 for the applicable Period.
Enter total Medicaid Units of Service for LON 9 for the applicable Period.
Enter total Non-Medicaid Units of Service for the applicable Period.

The Total ICF/IID Units of Service prepopulates from the sum of Boxes A - C.

Step 2: Enter all Attendant Staff Wages from STAIRS **Step 6.c.**

Sum columns C + G for Small Residential Attendant Wages. Enter the result in Box D.
Sum columns C + G for Small Day Habilitation Attendant Wages. Enter the result in Box E.
Sum columns C + G for Medium Residential Attendant Wages. Enter the result in box F.
Sum columns C + G for Medium Day Habilitation Attendant Wages. Enter the result in Box G.

Sum columns C + G for Large Residential Attendant Wages. Enter the result in Box H.
Sum columns C + G for Large Day Habilitation Attendant Wages. Enter the result in Box I.

The Total Attendant Staff Wages prepopulates in Box J from the sum of Boxes D - I.

From STAIRS **Step 7** Enter all Expenses for Attendants

Enter total FICA and Medicare Payroll Taxes for Attendants in Box K
Enter total State and Federal Unemployment Taxes for Attendants in Box L.
Enter Total Workers' Compensation Premiums for Attendants in Box M.
Enter Total Workers' Compensation Paid Claims for Attendants in Box N.

The Total Taxes and Workers' Compensation for Attendants prepopulates in Box O from the sum of Boxes K - N.

Enter from **Step 8.f.**, Contracted Day Hab- Non-related Party in Box M.

PART 2 - Day Habilitation Services

Step 1: The Day Habilitation Attendant Salaries & Wages prepopulate in box A.

The Day Habilitation Attendant Allocated Payroll Taxes & Workers' Compensation prepopulates in box B from [Box L * (Box AF / Box G)].

Employee Benefits Small
From STAIRS **Step 6.c.**, Day Hab Attendants data in Box C.

Employee Benefits - Medium
From STAIRS **Step 6.c.**, Day Hab Attendants enter data in Box D.

Employee Benefits - Large
From STAIRS **Step 6.c.**, Day Hab Attendants enter data in Box E.

Mileage Reimbursement - Small
From STAIRS **Step 6.c.**, Day Hab Attendants enter data in Box F.

Mileage Reimbursement - Medium
From STAIRS **Step 6.c.**, Day Hab Attendants enter data in Box G.

Mileage Reimbursement - Large
From STAIRS **Step 6.c.**, Day Hab Attendants enter data in Box H.

Day Habilitation Attendant Contract Labor - Small

From STAIRS **Step 6.c.**, Day Hab Attendants Column E + Column I enter data in Box I.

Day Habilitation Attendant Contract Labor - Medium
From STAIRS **Step 6.c.**, Day Hab Attendants Column E + Column I enter data in Box J.

Day Habilitation Attendant Contract Labor - Large
From STAIRS **Step 6.c.**, Day Hab Attendants Column E + Column I enter data in Box K.

Contracted Day Hab - Non-related party
From STAIRS Step **8.f.**, Non-Related Party Day Habilitation contract for participants in Rate Enhancement enter data in Box L.

The Total Day Habilitation Attendant Cost prepopulates in Box M from the sum of Boxes A - L.

Step 2: The Total Attendant Cost prepopulates from Box M and the Units of Service prepopulate from Total Units from Units tab. Box N prepopulates with the result.

Step 3: There are three reporting periods from Period 1, Period 2, and Period 3.

For Period 1, enter the Attendant Rate for the designated reporting period. Enter the Units of Service for this period for LON1, LON5, LON8, LON6, and LON9 for Small, Medium, and Large. The total will be calculated.

For Period 2, enter the Attendant Rate for the designated reporting period. Enter the Units of Service for this period for LON1, LON5, LON8, LON6, and LON9 for Small, Medium, and Large. The total will be calculated.

For Period 3, enter the Attendant Rate for the designated reporting period. Enter the Units of Service for this period for LON1, LON5, LON8, LON6, and LON9 for Small, Medium, and Large. The total will be calculated.

Divide the amount in Box O by the Medicaid Only Units. The result will be prepopulated in Box P as the Weighted Average Rate.

Step 4: Multiply the amount in Box P by 0.90 and enter the product in Box Q as the Spending Requirement.

Step 5: Subtract the amount from Box Q from the amount from Box N. Enter the result in Box R.
Multiply the amount from Box R by the Medicaid Only Units. Enter the product on Box S.

The value in Box S is your ***estimated recoupment per unit of service***.
Note that this estimate is based on the information reported in this Report.
If this information is not accurate, your estimated recoupment will not be
accurate.

PART 3 - Residential Services

Step 1: The Residential Attendant Salaries & Wages prepopulate in box A.

The Residential Attendant Allocated Payroll Taxes & Workers' Compensation
prepopulates in box B from [Box L * (Box AF / Box G)].

Employee Benefits Small
From STAIRS **Step 6.c.**, Residential Attendants data in Box C.

Employee Benefits - Medium
From STAIRS **Step 6.c.**, Residential Attendants enter data in Box D.

Employee Benefits - Large
From STAIRS **Step 6.c.**, Residential Attendants enter data in Box E.

Mileage Reimbursement - Small
From STAIRS **Step 6.c.**, Residential Attendants enter data in Box F.

Mileage Reimbursement - Medium
From STAIRS **Step 6.c.**, Residential Attendants enter data in Box G.

Mileage Reimbursement - Large
From STAIRS **Step 6.c.**, Residential Attendants enter data in Box H.

Residential Attendant Contract Labor - Small
From STAIRS **Step 6.c.**, Residential Attendants Column E + Column I enter
data in Box I.

Residential Attendant Contract Labor - Medium
From STAIRS **Step 6.c.**, Residential Attendants Column E + Column I enter
data in Box J.

Residential Attendant Contract Labor - Large
From STAIRS **Step 6.c.**, Residential Attendants Column E + Column I enter
data in Box K.

The Total Residential Attendant Cost prepopulates in Box L from the sum of
Boxes A - L.

Step 2: The Total Attendant Cost prepopulates from Box L and the Units of
Service prepopulate from Total Units from Units tab. Box M prepopulates with
the result.

Step 3: There are three reporting periods from Period 1, Period 2, and Period 3.

For Period 1, enter the Attendant Rate for the designated reporting period. Enter the Units of Service for this period for LON1, LON5, LON8, LON6, and LON9 for Small, Medium, and Large. The total will be calculated.

For Period 2, enter the Attendant Rate for the designated reporting period. Enter the Units of Service for this period for LON1, LON5, LON8, LON6, and LON9 for Small, Medium, and Large. The total will be calculated.

For Period 3, enter the Attendant Rate for the designated reporting period. Enter the Units of Service for this period for LON1, LON5, LON8, LON6, and LON9 for Small, Medium, and Large. The total will be calculated.

Divide the amount in Box O by the Medicaid Only Units. The result will be prepopulated in Box P as the Weighted Average Rate.

Step 4: Multiply the amount in Box O by 0.90 and enter the product in Box P as the Spending Requirement.

Step 5: Subtract the amount from Box P from the amount from Box M. Enter the result in Box Q.
Multiply the amount from Box Q by the Medicaid Only Units. Enter the product on Box R.

The value in Box R is your ***estimated recoupment per unit of service***. Note that this estimate is based on the information reported in this Report. If this information is not accurate, your estimated recoupment will not be accurate.

Check all calculations to ensure accuracy