



## **2022 Accountability Report Instructions for HCS** *Home and Community-based Services*

### **For assistance with:**

#### **Report completion**

Provider Finance Customer Information Center

Phone: (737) 867-7817 or Email: [PFD-LTSS@hhs.texas.gov](mailto:PFD-LTSS@hhs.texas.gov)

#### **Receipt of the report**

Phone: (737) 867-7812 or Email: [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov)

#### **Report Groups assigned to provider's entity**

Phone: (737) 867-7812 or Email: [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov)

#### **Report Preparers or the list of trained Preparers**

Phone: (737) 867-7812 or Email: [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov)

#### **Adding Contacts or issues with your State of Texas Automated Information Reporting System (STAIRS) Login:**

Fairbanks, LLC. Phone: (877) 354-3831 or Email: [info@fairbanksllc.com](mailto:info@fairbanksllc.com)

February 2022  
Texas Health and Human Services Commission

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## Changes from prior reports

### **National Provider Identifier#:**

The National Provider Identifier number (NPI) will be prepopulated here. Contact HHSC at [CostinformationPFD@hhs.texas.gov](mailto:CostinformationPFD@hhs.texas.gov) if you believe this is not your current NPI.

## **Purpose**

The purpose of a Medicaid Accountability Report is to gather financial and statistical information for HHSC to use in developing reimbursement rates. Reports are also used in the determination of accountability under the Attendant Compensation Rate Enhancement program.

## **Who Must Complete this Report?**

As described in Title 1 of the Texas Administrative Code (TAC) 355.112(h)(2), contracts that were participating in Rate Enhancement may be required to submit an acceptable report in certain circumstances, such as a change of ownership, contract terminations, mid-year withdrawal from the Rate Enhancement, entering participation for a partial year or other reason specified by the Health and Human Services Commission (HHSC) Provider Finance Department (RAD). Providers are notified of the requirement to submit this report in an HHSC Provider Finance letter that specifically requests this report.

## **Cost Report Training**

All Texas Health and Human Services Commission (HHSC) sponsored cost report training will be offered via webinar. There will still be separate webinars for new preparers and for those who have taken cost report training in previous years for each program. Each webinar will include both the general and program-specific content for a program.

Upon completion of the appropriate webinar, preparers will be given the appropriate credit to be qualified to submit a cost report. Attendees of a Cost Report Training webinar will not receive a certificate as HHSC Provider Finance will track training attendance internally. Additionally, there will be NO Continuing Education Units (CEUs) or Continuing Professional Education (CPEs) credits for completing a cost report training webinar.

In order to be able to submit a 2022 accountability report, a preparer must attend the 2020 or 2021 Cost Report Training Webinar. Preparers without the proper training credit will not be able to access the STAIRS data entry application.

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

STAIRS is the web-based system for long-term care HHSC Medicaid and STAR+PLUS, cost reporting in the State of Texas. The system is in use for all long-term services and supports programs that are required to submit cost reports: the 24-hour Residential Child Care (24RCC) program; the Intermediate Care Facility for Individuals with an Intellectual Disability or Related Condition (ICF/IID) program; the Home and Community-based Services (HCS) and Texas Home Living (TxHmL) waiver programs; the Nursing Facilities (NF), Primary Home Care (PHC) and Community Living Assistance and Support Services (CLASS) programs (including both CLASS Case Management Agency (CLASS CMA) and Class Direct Service Agency (CLASS DSA) providers) via the CPC (CLASS/PHC) Cost Report; the Day Activity and Health Services (DAHS) program; and the Residential Care (RC) program.

It is very important that the preparer read these instructions carefully.

Login IDs and passwords do not change year-to-year. The provider's designated Primary Entity Contact can access STAIRS via the links given in the email notifying them of their login ID and password. If the provider is new for 2021, the provider's Primary Entity Contact should receive an e-mail with their login information. If the provider's Primary Entity Contact has not received an e-mail with their login information, they need to contact [CostInformationPFD@hhs.texas.gov](mailto:CostInformationPFD@hhs.texas.gov). Preparers can only access STAIRS if they have been designated as the Preparer by the Primary Entity Contact and have received an e-mail notifying them of their login ID and password for STAIRS.

## **Instructions for the 2020 Cost/Accountability Reports COVID Related Information and Updates**

The Health and Human Services Commission (HHSC) Provider Finance Department (PFD) has developed the below information to provide guidance and address questions pertaining to the 2020 Cost/Accountability Reports related to COVID-19. The following sections include guidance on COVID-19-related revenue providers may have received and instructs when to report or offset revenue against incurred expenses. Additionally, the 2020 Cost/Accountability Reports were updated to include questions designed to collect information on the initial impact of COVID-19 from providers. Those questions and instructions are below.

## **Instructions for the Cost/Accountability Reports**

### **COVID Related Information and Updates**

The Health and Human Services Commission (HHSC) Provider Finance Department (PFD) has developed the below information to provide guidance and address questions pertaining to the 2020 and 2021 Cost/2021 and 2022 Accountability Reports related to COVID-19. The following sections include guidance on COVID-19-related revenue providers may have received and instructs when to report or offset revenue against incurred expenses. Additionally, the Cost/Accountability Reports were updated to include questions designed to collect information on the initial impact of COVID-19 from providers. Those questions and instructions are below.

### **COVID-19 Funding Questions**

#### **CARES ACT**

The Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress and signed into law by President Trump on March 27th, 2020. The CARES Act provides that "...these funds may not be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse...."<sup>i</sup> In this case, Medicaid is considered an "Other Source" that is obligated to reimburse the expense of providing Medicaid services.

Furthermore, Title 1 of the Texas Administrative Code (TAC) §355.103(b)(18)(B), provides, "Grants and contracts from federal, state or local government, such as transportation grants, United States Department of Agriculture grants, education grants, Housing and Urban Development grants, and Community Service Block Grants, should be offset, prior to reporting on the cost report, against the particular cost or group of costs for which the grant was intended...." For purposes of the Cost/Accountability reports, the CARES Act Provider Relief Funds, the Paycheck Protection Program (PPP) and portions of the Economic Injury Disaster Loans are considered grants to the extent the funds are forgiven under the terms of the loan programs and/or the terms and conditions of the funds received.

## **CARES ACT - Provider Relief Funds**

Qualified providers of health care, services, and support may receive Provider Relief Fund payments for healthcare-related expenses or lost revenue due to COVID-19. These distributions do not need to be repaid to the US government, assuming providers comply with the terms and conditions.

For the Cost/Accountability Reports, providers and cost report preparers should offset any PRF recognized as revenue by the provider based on increased costs due to COVID-19 not reimbursed by another source against any cost or group of costs incurred to prepare for, prevent, or respond to coronavirus otherwise recorded on the provider unadjusted trial balance prior to reporting on the actual cost report. Providers can reflect the detail of this offset in the trial balance or allocation summary uploaded as supporting documentation and report the final adjusted expenses on the cost or accountability report. An example may include, but are not limited to:

- A facility experiences an increase in expenses related to COVID-19 of \$100,000. Assuming the \$100,000 of additional COVID-19 related cost was paid for using PRF funds, the \$100,000 would be offset against any expense incurred to prepare for, prevent, or respond to coronavirus prior to reporting on the cost report and can be reflected in the provider's trial balance or allocation summary.

PRF revenue recognized as a result of lost revenue should not reduce any expenses included on the unadjusted trial balance prior to those expenses being reported on the cost report because these lost revenue dollars are not associated with any specific expense. For Nursing Facility cost reports, this PRF revenue recognized as a result of lost revenue should instead be reported as "Gifts, Grants, Donations, Endowments and Trusts" on step 5 of the cost or accountability report as applicable and will have no impact on allowable expenses reported. For Community Care cost reports, this PRF revenue recognized as a result of lost revenue should instead be reported as "Grants and Contracts from Federal, State and Local Government Sources" on step 5 of the cost or accountability report as applicable and will have no impact on allowable expenses reported.

## **CARES ACT – Paycheck Protection Program**

The Cares Act also established the Paycheck Protection Program (PPP). PPP funds are forgivable per the terms and conditions of the program.

For the Cost/Accountability Reports, providers and cost report preparers should offset an amount equal to any staff wages reimbursed by PPP against any otherwise incurred salary, during the cost reporting period, prior to reporting. An offset should also be made to any other non-payroll related expense for the portion of the PPP loan utilized for those non payroll items. Providers can reflect the detail of this offset in the trial balance or allocation summary uploaded as supporting documentation and report the final adjusted expenses on the cost or accountability report. An example may include, but is not limited to:

- A facility received a PPP loan in the amount of \$10,000 and met the requirements for forgiveness prior to their fiscal year end. Assuming 60% of the loan amount was used for payroll related costs and 40% was used for non-payroll costs, an offset of \$6,000



would occur against any department(s) otherwise incurred payroll related expenses and \$4,000 would be offset against any non-payroll related expenses on the unadjusted trial balance prior to reporting the net wages on the cost or accountability report.

## **Temporary COVID-19 Add-On Rate Increases for Nursing Facilities and certain HCS Providers**

Nursing Facility (NF) and certain HCS providers received a temporary COVID-19 rate add-on effective April 1, 2020, that will conclude no later than the end of the federally-declared public health emergency (PHE).

The payment rate add-ons for the HCS waiver only apply to providers delivering in-home day habilitation services to persons with intellectual disabilities or related conditions residing in three or four-bed group homes and receiving Supervised Living or Residential Support Services. These rate increases will apply to the current day habilitation rates so that providers delivering services in group homes can maintain hourly direct care staff wages due to reduced client to staff ratios. NF providers may utilize the additional funding for COVID-related expenses, including direct care staff salary and wages, PPE, and dietary needs/supplies.

The costs compensated with these funds should be included on the cost report in the applicable section(s) and not be reduced by the amount of the temporary rate increase earned.

### **Rate Enhancement**

Providers enrolled in the Attendant Compensation/Direct Care Compensation Rate Enhancement program receive additional funds to provide increased wages and benefits for attendants or direct care staff and must demonstrate compliance with enhanced staffing or spending requirements. Spending requirements related to rate enhancement are only applicable to paid units reported on the cost/accountability reports. TAC §§355.308(j) and 355.112(s) outlines the determination of staffing requirements for rate enhancement participants. As it relates to staffing, which is based on direct care hours, the offset of PRF and PPP revenues described above should not impact the hours reported for any department on the cost or accountability report. While the offset of some of the PRF and PPP revenues could reduce certain salaries reported on the cost report the number of hours reported should agree to the actual hours related to the unadjusted salaries because even if the salary was paid for using PRF or PPP dollars the actual hours incurred did not change and should not be reduced on the cost or accountability report. In these instances, the provider may be required to provide an explanation and should reference the PRF or PPP offset.

### **Local Funds**

Pursuant to TAC §355.103(b)(18)(B), "Grants and contracts from federal, state or local government, such as transportation grants, United States Department of Agriculture grants, education grants, Housing and Urban Development grants, and Community Service Block Grants, should be offset, prior to reporting on the cost report, against the particular cost or group of costs for which the grant was intended....". If you have any questions about the treatment of local funds for purposes of the cost report, please contact the LTSS Center for Information and Training at [PFD-LTSS@hhs.texas.gov](mailto:PFD-LTSS@hhs.texas.gov).

## **Supporting Documentation**

As in prior years, providers may be required to submit support documenting (e.g., trial balances, allocation summary, etc.) to support the information reported in their Cost/Accountability Report.

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

[1 CARES Act, H.R. 748, 116th Cong.](#)

## General

This accountability report is governed by the following rules and instructions.

- Cost Determination Process rules at 1 TAC §§355.101-355.110;
- Attendant Compensation Rate Enhancement rules at 1 TAC §355.112;
- The Texas HCS/TxHmL Program-Specific Rules at 1 TAC §355.722;
- The *Instructions* for completion of the report;
- The 2020 /2021 general and program-specific Cost Report training materials.

As stated in 1 TAC §355.105(b)(1), federal tax laws and Internal Revenue Service (IRS) regulations do not necessarily apply in the preparation of Texas Medicaid Cost Reports. Except as otherwise specified in HHSC's Cost Determination Process Rules, cost reports must be prepared consistent with generally accepted accounting principles (GAAP). Where the Cost Determination Process Rules and/or program-specific rules conflict with IRS, GAAP or other authorities, the Cost Determination Process Rules and program-specific rules take precedence.

In order to properly complete this accountability report, the preparer must:

- Read and follow these instructions;
- Review the provider's most recently reviewed cost report and adjustment information, if applicable. The most recently received adjustments are likely those for the 2020 Cost Report (if adjustment information has not been received, call (737) 867-7812;
- First time preparers must attend an Initial Cost Report Training Webinar session and receive credit for the 2020 - 2021 Cost Report Training sponsored by HHSC. Preparers without the proper credit will not be able to access the STAIRS data entry application;
- Create a comprehensive reconciliation worksheet to serve as a crosswalk between the facility/contracted provider's accounting records and the accountability report; and
- Create worksheets to explain adjustments to year-end balances due to the application of Medicaid accountability reporting rules and instructions.

## Due Date and Submission

This report is due at HHSC Provider Finance Department as specified in the HHSC Provider Finance letter requesting the Accountability Report (AR).

All attachments as well as signed and notarized certification pages must be uploaded into STAIRS.

Reports will not be considered "received" until the online report has been finalized and all required supporting documents uploaded. See *Appendix A. Uploading Documents into*

*STAIRS*. Documentation mailed rather than uploaded into the system will not be accepted.

*1 TAC §355.105(c)*

## Reporting Period

The reporting period is any period between February 1, 2021 and December 31, 2022, during which the provider was a participant in the rate enhancement. The reporting period must not exceed twelve months. The beginning and ending dates are pre-populated. If provider believes the pre-populated dates are incorrect, it is extremely important to call (737) 867-7812 website before continuing with cost report preparation. Refer to the *Instructions*, **Step 2** for additional assistance.

## Website

The HHSC Provider Finance website contains program specific cost report instructions, cost report training information and materials, and payment rates. Additional information and features are added periodically. We encourage you to visit our website at the following link: <https://pfd.hhs.texas.gov/long-term-services-supports>

## Failure to File an Acceptable Accountability Report

According to 1 TAC §355.112(h)(4), failure to submit a timely Accountability Report, completed in accordance with instructions and rules, by the report due date may result in vendor hold.

## Extensions Granted Only for Good Cause

Extensions of accountability report due dates are limited to those requested for good cause. Good cause refers to extreme circumstances that are beyond the control of the contracted provider and for which adequate planning and organization would not have been of any assistance. HHSC Provider Finance must receive requests for extensions prior to the due date of the accountability report. The extension request must be sent to: [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov) by the provider (owner or authorized signor). The extension request must clearly explain the necessity for the extension and specify the extension due date being requested. Failure to file an acceptable accountability report by the original accountability report due date because of the denial of a due date extension request constitutes an administrative contract violation. In the case of an administrative contract violation, procedural guidelines and informal reconsideration and/or appeal processes are specified in §355.111.

TAC §355.105(c)(3)

## Standards for an Acceptable Accountability Report

To be acceptable, an accountability report must:

- Be completed in accordance with the Cost Determination Process Rules, program-specific rules, accountability report instructions, and policy clarifications;
- Be completed for the correct cost-reporting period (Note that the accountability reporting period has been prepopulated. See **Step 4**. If provider believes that the dates are incorrect, contact HHSC Provider Finance at [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov) for assistance);
- Be completed using an accrual method of accounting (except for governmental entities required to operate on a cash basis);
- Be submitted online as a 2022 Accountability Report for the correct program through STAIRS;
- Include any necessary supporting documentation, as required, uploaded into STAIRS;
- Include signed, notarized, original certification pages (Accountability Certification and Methodology Certification) scanned and uploaded into STAIRS;
- Calculate all allocation percentages to at least two decimal places (i.e., 25.75%);
- If allocated costs are reported, include acceptable allocation summaries, uploaded into STAIRS.

## Return of Unacceptable Accountability Reports

Failure to complete accountability reports according to instructions and rules constitutes an administrative contract violation. In the case of an administrative contract violation, procedural guidelines and informal reconsideration and/or appeal processes are specified in §355.111. Accountability reports that are not completed in accordance with applicable rules and instructions will be returned for correction and resubmission. The return of the accountability report will consist of un-certifying the file originally submitted via STAIRS which will re-open the accountability report to allow additional work and resubmission by the contracted provider. Notification of the return will be sent via e-mail and certified mail. HHSC grants the provider a compliance period of no more than 15 calendar days to correct the contract violation. Failure to resubmit an **acceptable** corrected accountability report as well as new certification pages by the due date indicated in the return notification will result in recommendation of a vendor hold.

1 TAC §355.106(a)(2)

## Amended Accountability Reports

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: [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov). A 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.

1 TAC §355.105(d)(1)(A)



## Accounting Methods

All revenues, expenses, and statistical information submitted on accountability reports must be based upon an accrual method of accounting except where otherwise specified in the Cost Determination Process Rules or program-specific reimbursement methodology rules. Governmental entities may report on a cash basis or modified accrual basis. To be allowable on the accountability report, costs must have been accrued during the cost reporting period and paid within 180 days of the end of the cost reporting period unless the provider is under bankruptcy protection and has received a written waiver of the 180-day rule from HHSC Provider Finance.

1 TAC §355.105(b)(1)

## Accountability Report Certification

Contracted providers must certify the accuracy of the accountability report submitted to HHSC. Contracted providers may be liable for civil and/or criminal penalties if the accountability report is not completed according to HHSC requirements or if the information is misrepresented and/or falsified. Before signing the certification pages, carefully read the certification statements to ensure that the signers have complied with the accountability-reporting requirements. The Methodology Certification page advises preparers that they may lose the authority to prepare future accountability reports if accountability reports are not prepared in accordance with all applicable rules, instructions, and training materials. The contracted provider must review all reported data as well as the Methodology Certification, therefore the Entity Certification page may not be signed prior to the Methodology Certification page.

## Reporting Data/Statistics

Statistical data such as "Hours" must be reported to two decimal places. Please note that the two decimal places are NOT the same as the minutes but are stated as the percent of an hour. For example, when reporting the hours for Registered Nurses (RN), 150 hours and 30 minutes would be reported as 150.50 hours and 150 hours and 20 minutes would be reported as 150.33 hours.

## Direct Costing

Direct costing must be used whenever reasonably possible. Direct costing means that costs incurred for the benefit of, or directly attributable to, a specific business component must be charged directly to that particular business component.

## Split Payroll Periods

If a payroll period is split such that part of the payroll period falls within the accountability reporting period and part of the payroll period does not fall within the accountability reporting period, the provider has the option of direct costing or allocating the hours and salaries associated with the split payroll period.

For example, if the payroll period covered two weeks, with 6 days included in the accountability-reporting period and 8 days not included in the accountability-reporting period, the provider could either review their payroll information to properly direct cost the paid hours and salaries for only the 6 days included in the accountability-reporting period or the provider could allocate 6/14th of the payroll period's hours and salaries to the accountability report. The method chosen must be consistently applied each accountability-reporting period. Any change in the method of allocation used from one reporting period to the next must be fully disclosed as per 1 TAC §355.102(j)(1)(D).

## Cost Allocation Methods

Whenever direct costing of shared costs is not reasonable, it is necessary to allocate these costs either individually or as a pool of costs across those business components sharing in the benefits of the shared costs. The allocation method must be a reasonable reflection of the actual business operations of the provider. Contracted providers must use reasonable and acceptable methods of allocation and must be consistent in their use of allocation methods for cost-reporting purposes across all program areas and business components. Allocated costs are adjusted during the review verification process if the allocation method is unreasonable, is not one of the acceptable methods enumerated in the Cost Determination Process Rules or has not been approved in writing by HHSC Provider Finance. An indirect allocation method approved by another department, program, or governmental entity (including Medicare, other federal funding source or state agency) is not automatically approved by HHSC for cost-reporting purposes. See **Appendix B** for details on the types of approved allocation methodologies, when each can be used and when, and how to contact HHSC for approval to use an alternate method of allocation other than those approved.

If there is more than one business component, service delivery program, or Medicaid program within the entire related organization, the provider is considered to have central office functions, meaning that administration functions are more than likely shared across various business components, service delivery programs, or Medicaid contracts. Shared administration costs require allocation prior to being reported as central office

costs on the cost report. The allocation method(s) used must be disclosed as the allocated costs are entered into STAIRS and an allocation summary must be prepared and uploaded to support each allocation calculation.

An adequate allocation summary must include for each allocation calculation: a description of the numerator and denominator that is clear and understandable in words and in numbers, the resulting percentage to at least two decimal places, a listing of the various cost categories to be allocated, 100% of the provider's expenses by cost category, the application of the allocation percentage to each shared cost, the resulting allocated amount, and the cost report item on which each allocated amount is reported. The description of the numerator and denominator should document the various cost components of each.

For example, the "salaries" allocation method includes salaries/wages and contracted labor (excluding consultants). Therefore, the description of the numerator and the denominator needs to document that both salaries/wages and contracted labor costs were included in the allocation calculations. For the "labor cost" allocation method, the cost report preparer needs to provide documentation that salaries/wages, payroll taxes, employee benefits, workers' compensation costs, and contracted labor (excluding consultants) were included in the allocation calculations. For the "cost-to-cost" allocation method, the cost report preparer needs to provide documentation that all allowable facility and operating costs were included in the allocation calculations. For the "total-cost-less-facility-cost" allocation method, the cost report preparer needs to provide documentation that all facility costs were excluded.

Any allocation method used for cost-reporting purposes must be consistently applied across all contracted programs and business entities in which the contracted provider has an interest (i.e., the entire related organization). If the provider used different allocation methods for reporting to other funding agencies (e.g., USDA, Medicare, HUD), the cost report preparer must provide reconciliation worksheets to HHSC upon request. These reconciliation worksheets must show: 1) that costs have not been charged to more than one funding source; 2) how specific cost categories have been reported differently to each funding source and the reason(s) for such reporting differences; and 3) that the total amount of costs (allowable and unallowable) used for reporting is the same for each report.

Any change in allocation methods for the current year from that used in the previous year must be disclosed on the cost report and accompanied by a written explanation of the reasons for the change. Allocation methods based upon revenue or revenue streams are not acceptable.

A provider may have many costs shared between business components. For example, a RC provider that also provides Medicare Home Health, Medicaid Home Health, private

pay services and operates a durable medical equipment company might have shared attendant staff, shared nursing staff, shared clerical staff, shared administration costs, and other shared costs. Guidelines for allocation of various expenses will be provided in each Step of the *Specific Instructions* as appropriate.

*1 TAC §355.102(j) and §355.105(b)(2)(B)(v)*

## Recordkeeping

Providers must maintain records that are accurate and sufficiently detailed to support the legal, financial, and statistical information contained in the accountability report. These records must demonstrate the necessity, reasonableness, and relationship of the costs to the provision of resident care, or the relationship of the central office to the individual provider. These records include, but are not limited to, accounting ledgers, journals, invoices, purchase orders, vouchers, canceled checks, timecards, payrolls, mileage and flight logs, loan documents, insurance policies, asset records, inventory records, facility lease, organization charts, time studies, functional job descriptions, work papers used in the preparation of the accountability report, trial balances, cost allocation spreadsheets, and minutes of meetings of the board of directors. Adequate documentation for seminars/conferences includes a program brochure describing the seminar or a conference program with a description of the workshop attended. The documentation must provide a description clearly demonstrating that the seminar or workshop provided training pertaining to contracted-care-related services or quality assurance.

1 TAC §355.105(b)(2)(A) and §355.105(b)(2)(B)

## Recordkeeping for Owners and Related Parties

Regarding compensation of owners and related parties, providers must maintain the following documentation, at a minimum, for each owner or related party:

- A detailed written description of actual duties, functions, and responsibilities;
- Documentation substantiating that the services performed are not duplicative of services performed by other employees;
- Timesheets or other documentation verifying the hours and days worked; (*NOTE: this does not mean number of hours, but actual hours of the day*);
- The amount of total compensation paid for these duties, with a breakdown of regular salary, overtime, bonuses, benefits, and other payments;
- Documentation of regular, periodic payments and/or accruals of the compensation;
- Documentation that the compensation was subject to payroll or self-employment taxes; and
- A detailed allocation worksheet indicating how the total compensation was allocated across business components receiving the benefit of these duties.

1 TAC §355.105(b)(2)(B)(xi)

## Retention of Records

Each provider must maintain records according to the requirements stated in 40 TAC §49.307 (relating to how long contractors, subrecipients, and subcontractors must keep contract-related records).

- The rule states that records must be kept for a minimum of seven years after all issues that arise from any litigation, claim, negotiation, audit, open records request, administrative review, or other action involving the records are resolved.

If a contractor is terminating business operations, the contractor must ensure that:

- Records are stored and accessible; and
- Someone is responsible for adequately maintaining the records.

*1 TAC §355.105(b)(2)(A)*

## Failure to Maintain Records

Failure to maintain all work papers and any other records that support the information submitted on the accountability report relating to all revenue, expense, allocations, and statistical information constitutes an administrative contract violation. Procedural guidelines and informal reconsideration and/or appeal processes are specified in §355.111 of this title (relating to Administrative Contract Violations).

*1 TAC §355.105(b)(2)(A)(iv)*

## Access to Records

Each provider or its designated agent(s) must allow access to all records necessary to verify information submitted on the accountability report. This requirement includes records pertaining to related-party transactions and other business activities in which the contracted provider is engaged. Failure to allow access to any and all records necessary to verify information submitted to HHSC on accountability reports constitutes an administrative contract violation.

*1 TAC §355.106(f)(2) and 1 TAC §355.452(m)*

## Field Audits and Desk Reviews of Accountability Reports

Each Medicaid accountability report is subject to either a field audit or a desk review by HHSC Cost Report Review Unit (CRRU) staff to ensure the fiscal integrity of the program. Accountability report reviews are performed in a manner consistent with generally accepted auditing standards (GAAS), which are included in Government Auditing Standards: Standards for Audit of Governmental Organizations, Programs, Activities, and Functions. These standards are approved by the American Institute of Certified Public Accountants and are issued by the Comptroller General of the United States.

During the course of a field audit or a desk review, the provider must furnish any reasonable documentation requested by HHSC within ten (10) working days of the request or a later date as specified by the HHSC. If the provider does not present the requested material within the specified time, the audit or desk review is closed, and HHSC automatically disallows the costs in question, pursuant to 1 TAC §355.105(b)(2)(B)(xviii).

*1 TAC §355.105(f) and §355.106*

For desk reviews and field audits where the relevant records are located outside the state of Texas, the provider's financial records must be made available to HHSC's within fifteen (15) working days of field audit or desk review notification. Whenever possible, the provider's records should be made available within Texas. When records are not available within Texas, the provider must pay the actual costs for HHSC staff to travel to and review the records located out of state. HHSC must be reimbursed for these costs within 60 days of the request for payment in accordance with 1 TAC §355.105(f).

## Notification of Exclusions and Adjustments

HHSC notifies the provider by e-mail of any exclusions and/or adjustments to items on the accountability report. See **Step 12** and **Step 13**. Cost Report Review Unit (CRRU) furnishes providers with written reports of the results of field audits.

*1 TAC §355.107*

## Informal Review of Exclusions and Adjustments

A provider who disagrees with HHSC's adjustments has a right to request an informal review of the adjustments. Requests for informal reviews must be received by HHSC Provider Finance within 30 days of the date on the written notification of adjustments, must be signed by an individual legally responsible for the conduct of the interested party and must include a concise statement of the specific actions or determinations the provider disputes, the provider's recommended resolution, and any supporting documentation the provider deems relevant to the dispute. Failure to meet these requirements may result in the request for informal review being denied.

*1 TAC §355.110*

## Detailed Instructions

### General System Navigation

**Add Record:** Used to add lines to the current category. It may be used to add an initial entry to the category or to add Allocation detail to an initial entry. If more lines are needed than initially appear, enter the information for the initially appearing lines, Save, and click Add Record again for more lines.

**Edit Record:** Click the button beside the record to be edited before clicking this box. This will allow the user to change data previously added to this record.

**Delete Record:** Click the button beside the record to be deleted before clicking this box. This will delete the selected record.

**Save:** Used to save the current data. This will save the information in the current location and allow additional Add, Edit or Delete actions.

**Save and Return:** This saves the current data and returns to the prior level web page.

**Cancel:** Cancels all unsaved information on the current web page and returns user to the prior level web page.

**Stop Signs:** A stop sign appears when an action needs to be taken by the preparer in order to either continue or before finalizing the accountability report. They inform the preparer that an action must be taken prior to being able to "Save" information in the current web page, that an edit must be responded to before the report can be finalized, or that a required piece of information is needed on the current web page.



# User Interface and Dashboard

## Entity List

The screenshot displays the 'Entity List' page for a user named John Smith. At the top, there is a navigation bar with 'Dashboard', 'Cost Reporting', and 'Manage' tabs. Below this, the user's name 'John Smith' is shown, along with a 'Reference Materials' link. The page is organized into several sections: 'Important Information' containing a message from 01/15/2014; 'Important Upcoming Dates' and 'Upcoming Training Dates' with links for training registration; 'Your Roles' listing a role for HCS/TxHmL; 'General Reference Material' with links for contact information, asset instructions, and STAIRS manuals; and 'Program Specific Reference Material' with a link for program-specific materials.

The initial web page a STAIRS user will see upon logging into the system is the Dashboard. From there the user can see and edit their personal contact information to include e-mail, address, and telephone and fax numbers. Important information messages, listings of important dates, and upcoming training opportunities are included on the Dashboard page. Training registration can be accessed from this page.

By clicking on “Manage” to the right on the top bar, the user can, depending on his or her permissions, add a contact, attach a person to a role or assign a preparer. This is also where contact information is kept updated. It is imperative to maintain correct / current contact information in order to receive necessary automated messages and deadlines regarding reports/contracts.

The document titled “Managing Contacts Processing Procedures” gives detailed instructions for managing contacts, including understanding roles and what can be done within the system by persons assigned to the various roles. This document is located in the Reference Materials section located at the bottom of all STAIRS pages.

- The Upload Center is also located under “Manage”.

Once the user is in the system, they can click on “Cost Reporting” on the top bar. If the user has access permission for only a single component code and program, for example Component Code 8zz for HCS/TxHmL, then there will only be one option to click on the initial Cost Reporting page. If the user has access permission for more than one component code and/or program, for example Component Code 8zz for HCS/TxHmL and Component Code 8zy for HCS/TxHmL and ICF/IID, then the user will need to choose the component code and report in which the user wishes to work.



# Combined Entity Data

## Step 1. Combined Entity Identification

### 1. Combined Entity Identification

The screenshot shows a web form titled "1. Combined Entity Identification" with four distinct sections, each containing a list of fields and a "Get Information" link:

- Combined Entity Identification:** Phone, Fax, Home Address, Mailing Address.
- Entity Contact Identification:** Name, Job Title, Entity Name, Email, Phone, Fax, Mailing Address.
- Financial Contact:** Name, Job Title, Entity Name, Email, Phone, Fax, Mailing Address.
- Location of Accounting Records that Support this Report:** Primary Physical Address.

At the bottom of the form, there are three buttons: "Save", "Save and Return", and "Cancel".

## Combined Entity Identification

In this section the provider may update telephone, e-mail and address information for the combined entity. If this is a single provider entity with no combined entities, this will be the information for the contracted provider as well.

## Entity Contact Identification

In this section, the provider may update the information on the contact person. The contact person must be an employee of the controlling entity, parent company, sole member, governmental body, or related-party management company (i.e., the entire related organization) who is designated to be contacted concerning information reported on the cost report. The contact person should be able to answer questions about the contents of the provider's cost report.

## Financial Contact Identification

A primary contact may designate a Financial Contact. This person can review the accountability report but may not make entries into the system. The Financial Contact must be an employee of the controlling entity, parent company, sole member, governmental body, or related-party management company, an external contracted preparer may not be listed as a provider's Financial Contact.

## Report Preparer Identification

In accordance with 1 TAC §355.102(d), it is the responsibility of each provider to ensure that each accountability report preparer who signs the Accountability Report Certification completes the required HHSC-sponsored accountability report training. The STAIRS accountability reporting application will identify whether the person designated as a preparer has completed the required training. A list of preparers who have completed the training may be accessed through the Provider Finance website (see the WEBSITE section of the General Instructions) by scrolling down to the "Training Information" heading and clicking on "Cost Reports", then "Mandatory Cost Report Training" and then "Preparer List."

Preparers must complete cost report training for every program for which a cost and/or an accountability report is submitted. Such training is required every other year for the odd-year cost and/or accountability report in order for the preparer to be qualified to complete both that odd-year cost report and the following even-year cost and or accountability report. To sign as preparer of a 2021 accountability report for a specific program, the preparer must have attended and received credit for the appropriate 2020 or 2021 Report.

Cost and/or Accountability report preparers may be employees of the provider or persons who have been contracted by the provider for the purpose of cost and/or accountability report preparation. Outside preparers may not be listed as either Entity or Financial contacts. NO EXEMPTIONS from the cost report training requirements will be granted

### **Location of Accounting Records that Support this Report**

Enter the address where the provider's accounting records and supporting documentation used to prepare the cost report are maintained. This should be the address at which a field audit of these records can be conducted. These records do not refer solely to the work papers used by the provider's CPA or other outside cost report preparer. All working papers used in the preparation of the cost report must be maintained in accordance with 1 TAC 355.105(b)(2)(ii). (See also the Recordkeeping section of the General Instructions.)

## Step 2. General Information

### 2. General Information

Combined Entity Report Period Beginning (mmmm/yyyy) *	8/1/2016
Combined Entity Report Period Ending (mmmm/yyyy) *	12/31/2016

When sending Facility and Certificate information, you will also be required to submit facility or (if not) to all the summary level. NOTE: By selecting "Yes" you are certifying that the information will be shared with the submission of the cost report.

Do you request to aggregate by program those contracts held by this Combined Entity that participate in the Rate Enhancement for the purpose of determining compliance with spending requirements? (If you are a combined entity, you must select "Yes" for aggregation.)

CLASS DPA	
DATE	
USAGE	
HOSPITAL?	Yes
ICD9?	Yes
NP	
PHC	
RE	

Save Save and Return Cancel

### Combined Entity Reporting Period Beginning and Ending Dates

These dates represent the beginning and ending dates for the combined entity's reporting period. If this is a single provider entity with no combined entities, the information for the contracted provider will be used as that of the combined entity. For a combined entity that submitted a cost report in a prior year, these dates will be based on the dates from the prior cost report. For a combined entity that is reporting for the first time this year, the dates are based on the contract beginning date and the assumption that the provider is on a calendar fiscal year, so has an ending date of 12/31 of the cost report year. If these dates are not correct, contact HHSC Provider Finance at [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov) for assistance. Failure to assure that the reporting period is correctly identified will result in the cost report being returned and all work previously done on the report being deleted from the system.

This reporting period for an Accountability Report will be specified by the Provider Finance Department when the report is requested. This date span must match HHSC records regarding the effective dates of the combined entity's current contract(s). If there is a discrepancy, the accountability report will be rejected as unacceptable and returned for proper completion.

### **Do you request to aggregate by program those contracts held by this Combined Entity that participate in the Rate Enhancement program for the purpose of determining compliance with spending requirements?**

If an entity operates two or more contracts that participate in the Attendant Compensation Rate Enhancement program, they may choose to have this group of contracts by program reviewed in the aggregate for the purposes of determining compliance with spending requirements. If there is only one contract or it is a single report then Not Applicable should be selected.

## Step 3 CONTRACT MANAGEMENT

### Step 3.a. Verify Contracts for Requested Reports

#### 3.a. Verify Contracts for Requested Reports

Active Entire Report Period?	Accountability Report Group Code	Contracting Entity Name	All Type	Program	Site Type	Contract #	Contract Name	Enhancement Participation #	Note
<input checked="" type="radio"/> Yes <input type="radio"/> No	18011001	ZZZ RAD HCS AR	HCS Training, AR	HCS Training, AR	AR	18011001	ZZZ RAD HCS AR		

This list carries over from year to year. It is a list of all IDD program component codes and, PHC and CLASS contracts operated by the provider’s combined entity. For each component code or contract, the preparer must indicate in the left-most column whether the component code/contract was active during the entire accountability report period. If the answer to this question for a specific component code/contract is “No”, then an explanation must be entered in the Note column.

If the preparer believes that one or more additional component codes should be added to the prepopulated list or that a component code/contract included in the prepopulated list should be deleted, contact HHSC Provider Finance at [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov) for assistance. Providers cannot add to or delete from this list independently. Failure to correctly verify this list may result in all STAIRS cost reports for the combined entity being returned as unacceptable.

### **Step 3.b. Enter Other Business Components (Other Contracts, Grants or Business Relationships with the State of Texas or any other entity, or other funding sources)**

This is a list of all Texas and out-of-state business relationships in which the combined entity is involved not already listed in **Step 3.a.** and must include all other contracts (i.e.: Medicare, CACFP, Hospice etc). For each contract, grant or business, the preparer must indicate in the left-most column whether the contract, grant or business was active during the entire accountability report period. If the answer to this question for a specific contract, grant or business relationship is “No”, then an explanation must be entered in the Note column.

A preparer can add, edit or delete items from this list. Clicking Add will lead to the Add Contracts web page where all the necessary information can be added. See graphic below. Any changes to this list will trigger changes to the cost report(s) for any other component code(s) controlled by the provider’s combined entity. If another preparer has verified steps involving allocation, then completed steps will need to be verified again. The other preparer will need to address those steps again prior to completing those reports.

**Note:** Do not add contracts in **Step 3.b.** that are already listed in **Step 3.a.**

3.b. Enter Other Business Components (Other Contracts, Grants or Business Relationships with the State of Texas or any other entity, or other funding sources)

Active Entry Reporting Period	Contract Type	Service Type	Contracting Entity Name	Contract # / Provider Identification	Added To	View
No records found						

Save Save and Return Cancel Add Record Edit Delete Record

Information necessary to add an additional contract includes

- A. Was the contract active during the entire accountability report period? – If “No” is chosen, provider will be required to enter an explanation in the Notes section.
- B. Contract Type – The contract type will drive available options in Service Type below. Contracts which are neither state nor Medicare, such as contracts with related Day Habilitation entities, will be designated as “Other”.
- C. Service Type – The service type menu is driven by the Contract Type above. If the service type is not listed, the preparer should choose “Other”. If the preparer chooses “Other”, a box will appear for entry of the type of other contract, such as Day Habilitation contract.
- D. Contract # / Provider Identification – The contract number or other identifying information regarding the contract. For contracts that don’t have state or federal contracting numbers, this may be the legal name of the related organization with which the provider is contracting.

To Edit or Delete a contract, select it by clicking the round button to the far left beside that contract. Then choose an action, either Edit Record or Delete Record.

## Step 4. General Information

From this point forward in the instructions, all requested information must be reported based only on the cost report group for which the cost report is being prepared.

National Provider Identifier (NPI) # Please contact HHSC at <a href="mailto:costinformationpfd@hhs.texas.gov">costinformationpfd@hhs.texas.gov</a> if you believe this is not your current NPI number.	N/A			
Facility Identification # Please contact HHSC at <a href="mailto:costinformationpfd@hhs.texas.gov">costinformationpfd@hhs.texas.gov</a> if you believe this is not your current facility identification number.	N/A			
Type of Ownership of Contracting Entity	<b>Proprietary (For Profit)</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S Corporation <input type="checkbox"/> Corporation	<b>Nonprofit Corporation</b> <input type="checkbox"/> Charitable or affiliated with religious organization <input type="checkbox"/> Not Charitable or affiliated with religious organization	<b>Nonprofit Association</b> <input type="checkbox"/> Charitable or affiliated with religious organization <input type="checkbox"/> Not Charitable or affiliated with religious organization	<b>Government</b> <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Special District <input type="checkbox"/> Federal
Contracted Provider Report Period Beginning (mm/yyyy)	01/01/2021			
Contracted Provider Report Period Ending (mm/yyyy)	12/31/2021			
Is provider a participant in Pass Enforcement for the entire reporting period for the cost report group by OAHB decision?	Yes			
Was an unusual method of accounting used for reporting all revenues, expenses, and statistical information on this report except for what the instructions require otherwise?	<input type="checkbox"/>			
Did the preparation of this report involve the most recently received audit adjustments and steps the necessary actions when preparing this report?	<input type="checkbox"/>			
Does the provider have any claims that clearly require to increase the fiscal year that balance sheet amounts reported on this report? If Yes, please provide an explanation.	<input type="checkbox"/>			
Are you reporting Central Office expenses in this Cost Report?	<input type="checkbox"/>			
Are you reporting any affiliated Non-Central Office Program Administration expenses?	<input type="checkbox"/>			
Please indicate an Organizational Chart	<input type="checkbox"/> Charitable or religious pass file			
Did you provide costs of services during this cost reporting period?	<input type="checkbox"/>			
Cost Report Submissions				
Did you experience a decrease in contribution directly related to COVID-19?	<input type="checkbox"/>			

### National Provider Identifier#:

The National Provider Identifier number (NPI) will be prepopulated here. Contact HHSC at [CostinformationPFD@hhs.texas.gov](mailto:CostinformationPFD@hhs.texas.gov) if you believe this is not your current NPI

### Type of Ownership of Contracting Entity:

Identify the type of ownership of the provider contracting entity from the list. Note: If the provider is a for-profit corporation or one segment of a for-profit corporation (e.g. a dba of a for-profit corporation), "Corporation" is the appropriate entry.

### Contracted Provider Reporting Period Beginning and Ending Dates:

These dates represent the beginning and ending dates for the contracted provider's reporting period. For a contracted provider that submitted an accountability report in a prior year, these dates will be based on the dates from the prior accountability report. For a contracted provider that is reporting for the first time this year, the dates are based on the beginning date of the first contract and on the assumption that the provider is on a calendar fiscal year, so has an ending date of 12/31 of the accountability report year. If these dates are not correct, contact HHSC Provider Finance at [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov) for assistance.

Beginning and Ending Dates When the Component Code Did Not Have At Least One Contract Active for the Provider's Entire Fiscal Year Ending in 2022:



In situations where the component code did not have at least one contract active for the provider's entire fiscal year ending in 2022, the reporting period must match with HHSC records regarding the effective dates of the provider's current contract(s).

If these dates are not correct, contact HHSC Provider Finance at [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov) for assistance. Failure to assure that the reporting period is correctly identified will result in the cost report being returned and all work previously done on the report being deleted from the system.

If the provider's reporting period is less than twelve months, the accountability report preparer must properly report only those statistics, revenues and expenses associated with the reporting period. For example, if the provider's reporting period was 2/1/19 through 12/31/19, it is unacceptable for the accountability report preparer to report 1/17 of the provider's annual days of service, annual revenues and annual expenses. Instead, the accountability report preparer should only report information related to the reporting period, meaning that units of service, revenues and costs related to the month of January 2019 are not to be included anywhere on the accountability report.

If the reporting period does not begin on the first day of a calendar month or end on the last day of a calendar month, it is imperative that the accountability report preparer properly report only those statistics (i.e., units of service), revenues, and costs associated with the actual cost-reporting period. If, for example, the provider's cost-reporting period was 8/15/19 through 12/31/19, it is unacceptable for the accountability report preparer to report 37.8% of the provider's total days of service, revenues and costs for the year. Rather, the accountability report preparer must report the days of service, revenues and costs associated only with the period 8/15/19 through 12/31/19. Since the month of August is partially reported (i.e., 8/15 - 8/31), the accountability report preparer will have to calculate 7/31 of various costs applicable to the month of August (e.g., building rent/depreciation, August utilities, and other such "monthly" costs) and include that with the actual costs for September - December. For questions regarding the appropriate method for reporting information for less than a full year, please contact Provider Finance Customer Information Center.

**Is provider a participant in Attendant Compensation Rate Enhancement for Day Habilitation Services?**

This answer will be prepopulated and based on whether the provider was a participant for the entire accountability reporting period. If the prepopulated answer appears to be incorrect, please contact Provider Finance at [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov)

**Is the provider a participant in Attendant Compensation Rate Enhancement for Non-Day Habilitation Services?**

This answer will be prepopulated and based on whether the provider was a participant for the entire accountability reporting period. If the prepopulated answer appears to be incorrect, please contact Provider Finance at [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov)

**Was an accrual method of accounting used for reporting all revenues, expenses and statistical information on this report, except for where instructions require otherwise?**

Click either "Yes" or "No". If "No", provide a reason in the Explanation Box. For the definition of the accrual method of accounting, see the **Definitions** section. An accrual method of accounting must be used in reporting information on Texas Medicaid cost reports in all areas except those in which instructions or cost-reporting rules specify otherwise. Accountability reports submitted using a method of accounting other than accrual will be returned to the provider, unless the provider is a governmental entity (i.e., Type of Ownership is in the Government column) using the cash method or modified accrual method. Refer to 1 TAC §355.105(b)(1) for additional information on accounting methods.

**Does the provider have work papers that clearly reconcile between the fiscal year trial balance and the amounts reported on this report?**

Click either "Yes" or "No". When provider clicks "Yes", then the work papers must be uploaded to the report. There should not be situations where a provider responds to this question with "no". Each provider must maintain reconciliation work papers and any additional supporting work papers (such as invoices, canceled checks, tax reporting forms, allocation spreadsheets, financial statements, bank statements, and any other documentation to support the existence, nature, and allowability of reported information) detailing allocation of costs to all contracts/grants/programs/business entities. In order to facilitate the audit process, it is thus required that the accountability report preparer attach a reconciliation worksheet, with its foundation being the provider's year-end trial balance. Refer to 1 TAC §355.105(b)(2)(A).

**Did you provide Units of Service during this cost reporting period?**

Click either "Yes" or "No". When a provider clicks "No", You may be eligible for a cost report excusal. If you have provided any services during the reporting period, change the answer to "Yes". If not, please contact the Provider Finance Department at [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov).

## Step 5.b. Attendant Units of Service and Revenue

Units of service are the unit for which a rate is established. This will be an hour for all the hourly services and a day for residential, Supervised Living, Facility based Day Hab, In-Home Day Hab, Supported Home Living, Community Support services, Respite both in SL, out-of-home and Host Home/Companion Care, Not by LON, Supported Employment and Employment assistance.. DO NOT report units of service based on billing increments of 15 minutes.

HCS Supervised Living (SL) Rate				
Service	Rate Period 1 08/01/2021 - 08/31/2021	Rate Period 2 09/01/2021 - 09/30/2021	Total	Non-Medicaid/Reimburse
Supervised Living/SL 1			0.00	
Supervised Living/SL 6			0.00	
Supervised Living/SL 9			0.00	
Supervised Living/SL 9			0.00	
Supervised Living/SL 9			0.00	
Supervised Living/Phase Pay			0.00	
Supervised Living/Non-Reimbursed Service			0.00	
<b>TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>00.00</b>

  

HCS Residential Support Services (SL) Rate				
Service	Rate Period 1 08/01/2021 - 08/31/2021	Rate Period 2 09/01/2021 - 09/30/2021	Total	Non-Medicaid/Reimburse
Residential Living/SL 1			0.00	
Residential Living/SL 6			0.00	
Residential Living/SL 9			0.00	
Residential Living/SL 9			0.00	
Residential Living/SL 9			0.00	
Residential Living/Phase Pay			0.00	
Residential Living/Non-Reimbursed Service			0.00	
<b>TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>00.00</b>

## Private Pay

Report any units of service and revenue for DAHS services that were paid by another payer source. This can include private pay and private insurance. Do not report: Veterans Administration and Qualified Medicare Beneficiary (QMB), STAR Kids, Medically Dependent Children’s Program (MDCP), Personal Care Services (PCS) or other forms of Medicaid services. Do not include Medicare or federal government services or other business components not listed.

## Non-Reimbursed Service

Report any units where an individual received services, but the unit was not reimbursed by any payer source. This can include individuals served who lost Medicaid eligibility that were not reimbursed and thus there is no associated revenue at the time.

A unit of service for Supervised Living, Residential Support Service and Host Home/Companion Care is one day. It cannot be provided as a fraction of a day.

A unit of service for Day Habilitation may be billed as a quarter, half, three-quarter or full day. See the HCS Billing Guidelines, found at <http://https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/long-term-care/hcs-billing-guidelines-june-2020.pdf> for how the time should be captured. The preparer may only report billed units to the quarter unit.

A unit of service for all other services is one hour. The HCS Billing Guidelines allow these services to be billed in quarter hours. Providers must report in STAIRS based on the unit. Example, the provider bills seven separate quarter hour units of RN Nursing service. Provider will report 1.75 units of service in STAIRS.

Non-Reimbursed Service units include services provided for which the provider was not entitled to reimbursement from the HCS or TxHmL Medicaid programs. The units may be non-reimbursable due to not having been properly documented, not having been properly billed before the billing cut-off, provided to a person who was not Medicaid eligible at the time of service provision or for some other reason. Non-Medicaid revenues include revenues received for Private Pay individuals. It should not include Room and Board revenue.

## Step 6. Wages and Compensation

### Step 6.a. General Information

#### 6a. General Information

Do you have any Related-Party Wages and Compensation (Employee or Contractor) included in the Accountability Report? *	<input type="radio"/> Yes <input type="radio"/> No
Do you have any Related-Party contracted Day Habilitation? *	<input type="radio"/> Yes <input type="radio"/> No
Do you have any Non-Related Party contracted Day Habilitation? *	<input type="radio"/> Yes <input type="radio"/> No
Have the attendants, whose data is reported in Step 6c, performed attendant functions at least 80% of their total time worked?	<input type="text"/>

Do you have any Related-Party Wages and Compensation (Employee or Contractor) included in the Accountability Report?

Click "Yes" or "No". See **Definitions**, *Related Party* to determine if provider must report a related party. Please note, this report is for Attendant compensation only, if the related party does not perform attendant services the expenses are not to be included on this report and answer should be "No". If the related party performs multiple functions, then an allocation summary must be submitted that indicates the breakdown of Attendant / non-Attendant wages. If the preparer clicks "Yes" then the Step on the main Wages and Compensation page called **Step 6.b.** will be activated for entry.

Do you have any Related-Party contracted Day Habilitation?

Click "Yes" or "No". See **Definitions**, *Related Party* to determine if provider must report a related party.

Do you have any Non-Related-Party contracted Day Habilitation?

Click "Yes" or "No". See **Definitions**, *Related Party* to determine if provider must report a related party.

Have the attendants, whose data is reported in Step 6.c., performed attendant functions at least 80% of their total time worked?

Click "Yes" or "No."

## Step 6.b. Related-Party

This Step will be disabled and the preparer will not be able to make entries if the answer was "No" to the question regarding Related Party Wages and Compensation on **Step 6.a.** above. If that question was erroneously answered "No", the preparer will need to return to that item and change the response to "Yes" to be able to enter data in this Step.

For each owner-employee, related-party employee and/or related-party contract staff that performs Attendant services:

1. Click "Add record"

### 6b. Related-Party

First Name	Middle Initial	Last Name	Suffix	Birth Date (mm/dd)	Relationship to Provider	Percentage Ownership (if an ownership issue is)	Total Hours Worked	Total Compensation	Hourly Wage Rate	is Allocation Complete
										<input type="checkbox"/>

Buttons: Save, Save and Return, Cancel, Add Record, Edit, Delete Record

- A. First Name
- B. Middle Initial
- C. Last Name
- D. Suffix – e.g. Jr., III, Sr.
- E. Birth Date – Format as mm/dd (e.g. 10/26 for October 26). Year is not requested.
- F. Relationship to Provider – This could be blood relationship (Father, Sister, Daughter, Aunt), marriage relationship (Wife, Mother-in-Law, Brother-in-Law), Ownership (in the case of a corporation or partnership), or control (membership in board of directors, membership in related board of directors, etc.)
- G. Percentage Ownership (in cases of corporation or partnership)
- H. Total Hours Worked – Total hours worked for all entities within the entire combined entity. If the related party was paid for a "day of service", then multiply that day by 8 to report hours.
- I. Total Compensation – Total compensation (wages, salary and/or contract payments) paid to the related party by all entities within the entire combined entity. It is expected that all individuals will have received some form of compensation from within the combined entity.
- J. Note: This must be actual compensation, without any adjustments based on related-party status. Any adjustments required by 1 TAC 355.105(i) will be made automatically in STAIRS during the audit process.
- K. Hourly Wage Rate – Calculated figure based on Total Compensation divided by Total Hours Worked.
- L. Note: If the preparer needs to delete a related-party after filling out the data fields for A through J listed above, preparer must zero out the Total Hours Worked

as well as the Hours listed on the grey bar. Click on the individual to delete and on Delete Record.



2. Click "Save" to enter Business Component and Line Item Allocation(s)

The available business components are limited to the businesses and contracts entered in **Step 3**. If a business component that should receive a portion of the allocated cost of the item(s) is not in the drop-down menu, then the preparer should return to **Step 3.b** and enter the missing business component data. Allocate or direct cost all hours reported for the individual under Total Hours Worked and Total Compensation to a business component before proceeding. The Hourly Wage Rate will automatically be calculated. If allocated, an allocation method must be chosen and an allocation summary uploaded when prompted.

6b. Related-Party

First Name	Middle Initial	Last Name	SSN	Birth Date (mm/dd/yyyy)	Relationship to Provider	Percentage Ownership (if no relationship, enter 0)	Total Hours Worked	Total Compensation	Hourly Wage Rate

Business Component & Line Item Allocation

Business Component		Hours	Compensation
TOTAL			
Select Business Component Allocation Methodology			Attach Methodology
<input type="text"/>		<input type="text"/>	<input type="text"/>

- A. Business Component – The drop-down menu includes all business components for the provider entity. If provider entity only has one business component, the drop down menu does not appear and the single business component is automatically entered under business component.
- B. Click "Add Record" – Generates additional lines to record Line Item information for each business component. Choose and Click "Add Record" until all business components to which this related party will be allocated have been added.

6b. Related-Party

First Name	Middle Initial	Last Name	SSN	Birth Date (mm/dd/yyyy)	Relationship to Provider	Percentage Ownership (if no relationship, enter 0)	Total Hours Worked	Total Compensation	Hourly Wage Rate

Business Component & Line Item Allocation

Line Item	Line Type	Job Title	Position Type	Description of Duties	Employee/Contractor	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"/>
<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"/>		<input type="text"/>			<input type="text"/>		
Select Line Item Allocation Methodology				Attach Methodology			
<input type="text"/>				<input type="text"/>			
TOTAL							
Select Business Component Allocation Methodology				Attach Methodology			
<input type="text"/>				<input type="text"/>			

- A. Hours – On the grey bar, enter hours allocated or direct costed to each business component. Compensation amount will be automatically calculated.
- B. Line Item – The drop-down menu includes all staff types reportable in this Accountability report. Attendant staff types may only be used for staff who meet the definition of attendant. See Definitions, *Attendant Care for Community*. Note both which staff can be classified as an attendant, and which cannot.
- C. Job Title – Related Party’s title within the specific business component
- D. Position Type - Identify the type of position (e.g., central office, management, administrative, direct care, nurse, or direct care supervisory) filled by the related individual.
- E. Description of Duties – Provide a description of the duties performed by the related individual as they relate to the specific Accountability report or upload a copy of the person's written job description, providing a summary of how those duties relate to the specific Accountability report, and reference that upload in this item.
- F. Employed/Contracted –Select either Contracted or Employed. If it happens that the related party is compensated during the year both as an employee and as a contractor for the same activity, then the hours for contracted would have to be entered separately from the hours for employed.
- G. Total Hours Worked – Enter hours allocated or direct costed to each area. Allocate or direct cost all hours reported for the individual for the business component to an area before proceeding. Compensation will automatically be calculated.
- H. Organizational chart – Upload an organizational chart or select from the drop-down menu of documents that have already been uploaded. The organizational chart must include both name and position of each related party.
- I. Line Item Allocation Methodology – If allocated to multiple line items, an allocation method must be chosen and an allocation summary uploaded. This will be required only if there were multiple line items entered.
- J. Business Component Allocation Methodology – After all business component line item allocations have been completed, reporting a related party in multiple business components will also require that a business component allocation method be chosen and an allocation summary uploaded.

## Step 6.c Attendant

### 6c. Attendant

Type	Non-Related Party				Related Party				Related Party and Non-Related Party				Total Compensation	Average Staff Rate	Average Contracted Rate	Average Staff Compensation per rate
	Total Staff Hours	Total Staff Wages	Total Contracted Hours	Total Contracted Payment	Total Staff Hours	Total Staff Wages	Total Contracted Hours	Total Contracted Payment	Employee Benefits/Insurance	Wages Payable	Wages Reimbursement					
A	B	C	D	E	F	G	H	I	J	K	L	M (C+E+G+I+J)	N (C+G+H+E)	O (E+H+I+J)	P (L/N)	
Supported Living (T/Service Residential Support Services (T/RS)) (HCD Only)-Attendant												\$0	\$0.00	\$0.00	\$0.00	
Supported Home Living (HCD) and Community Support Services (T/HH) and Supported Home Living (HCD) and Community Support Services (T/HH) Continually Paid Choice (CPC) -Attendant Only												\$0	\$0.00	\$0.00	\$0.00	
Supported Home Living (HCD) and Community Support Services (T/HH) Continually Paid Choice (CPC) -Attendant Only												\$0	\$0.00	\$0.00	\$0.00	
Day Habilitation (HCS & T/HH) - Attendant Only												\$0	\$0.00	\$0.00	\$0.00	
Respite (HCS & T/HH) - Attendant Only												\$0	\$0.00	\$0.00	\$0.00	
Supported Employment (HCS & T/HH) - Attendant Only												\$0	\$0.00	\$0.00	\$0.00	
Employment Assistance (HCS & T/HH) - Attendant Only												\$0	\$0.00	\$0.00	\$0.00	
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00	0.00	

**Columns B-E: Non-Related Party Total Staff Hours, Total Staff Wages, Total Contract Hours and Total Contract Payment:** These columns are for non-related party attendants **ONLY**. All related-party attendants must be entered through **Step 6.b.** above. For each attendant staff service type (SL & RSS, Supported Home Living, Day Habilitation, Respite, Supported Employment and Employment Assistance) enter hours, wages and contract compensation for non-related party employees and contract staff who meet the definition of an attendant. See **Definitions, Attendant Care**. Only employee and contracted staff who meet the definition of attendant may be reported in these cost items.

Total Staff and Contract Hours should include the total number of hours for which employees and contract labor attendants were compensated during the reporting period. This would include hours for both time worked and paid time off (sick leave, vacation, etc.).

### **Special Note Relating to Reporting of Contracted Day Habilitation**

If the provider has Attendant personnel who work in their Day Habilitation facility and are paid as an attendant on a contract basis, they may be reported here as Contracted Staff.

If the staff are paid the full Day Habilitation rate, and not just an attendant portion, then treat them either as if they are a 3rd-party Day Habilitation entity or as if they are a related-party Day Habilitation entity depending on the relationship.

**Columns F-I: Related-Party Total Staff Hours, Total Staff Wages, Total Contract Hours and Total Contract Payment:** If there are related-party employee and/or contract attendant staff reported in **Step 6.b.** above, these columns are automatically populated after all nonrelated-party costs in Columns B-E have been entered.

Column J: Employee Benefits/Insurance: This column is for BOTH related and non-related party employee attendant staff. For all attendants, by service type, include the following benefits in this column. These benefits, with the exception of paid claims where the employer is self-insured, must be direct costed, not allocated.

- Accrued Vacation and Sick Leave\*
- Employer-Paid Health/Medical/Dental Premiums
- Employer-Paid Disability Insurance Premiums
- Employer-Paid Life Insurance Premiums
- Employer-Paid Contributions to acceptable retirement funds/pension plans
- Employer-Paid Contributions to acceptable deferred compensation funds
- Employer-Paid Child Day Care
- Employer-Paid Claims for Health/Medical/Dental Insurance when the provider is self-insured (may be allocated)

\* ACCRUED LEAVE. If the provider chooses to report accrued leave expenses not yet subject to payroll taxes, they must be reported as employee benefits. Providers must maintain adequate documentation to substantiate that costs reported one year as accrued benefits are not also reported, either the same or another year, as salaries and wages. See 1 TAC §355.103(b)(1)(A)(iii)(III)(-c-).

Columns K and L: Miles Traveled and Mileage Reimbursement: These columns are for BOTH related and non-related party employee attendant staff. For all attendants, by service type, include the personal vehicle miles traveled and the mileage reimbursement paid for allowable travel and transportation in the staff person's personal vehicle. Allowable travel and transportation includes mileage and reimbursements of attendant staff who transport individuals to/from HCS/TxHmL program services and activities in their personal vehicle, unless payroll taxes are withheld on the reimbursements, in which case they should be included as salaries and wages of the appropriate staff. Allowable travel and transportation also includes mileage and reimbursements of attendant staff for allowable training to which they traveled in their personal vehicle.

The maximum allowable mileage reimbursement is as follows:

1/1/20 - 12/31/20	57.5 cents per mile
1/1/21 - 12/31/21	56.0 cents per mile

Column M: Total Compensation: This column is the sum of Columns C, E, G, I, J and L and represents Total Attendant Compensation for that service type.

Column N: Average Staff Rate: This column is the result of Columns C + G divided by Columns B + F and represents the average hourly wage rate of all employee staff, both related party and non-related party.

Column O: Average Contract Rate: This column is the result of Columns E + I divided by Columns D + H and represents the average hourly contract rate of all contract staff, both related party and non-related party

Column P: Average Mileage Reimbursement per Mile: This column is the result of Column L divided by Column K. This amount should never be greater than the highest allowable mileage rate for the provider's fiscal year.

## Step 7. Payroll Taxes and Workers' Compensation

**Report costs for all staff in Step 7.** Report costs for attendant staff, non-attendant / program administration (non-central office) employees and central office employees separately.

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.

### 7. Payroll Taxes and Workers' Compensation

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 employer's taxes to the Texas Workforce Commission (TWFC) for unemployment coverage)?	<input type="radio"/> Yes <input type="radio"/> No
Taxes and Workers' Compensation	
FICA and Medicare Payroll Taxes	<input type="text"/>
State and Federal Unemployment Taxes	<input type="text"/>
Workers' Compensation Premiums	<input type="text"/>
Workers' Compensation Paid Costs	<input type="text"/>

**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?**

Click either "Yes" or "No".

**Is your entity a Texas Workforce Commission Reimbursing Employer?**

Click either "Yes" or "No". If "Yes" is clicked, provider must upload supporting documentation or select a file from the drop-down menu of documents that have already been uploaded.

For the following taxes, list separately, those for Non-Central Office and for Central Office staff:

### FICA & Medicare Payroll Taxes

Report the cost of the employer's portion of these taxes. Do not include the employee's share of the taxes. Unless the provider has indicated that they participate in a Section 125 or Cafeteria Plan that covers the employees for insurance premiums, unreimbursed medical expenses and/or dependent care costs or the provider has reported staff who are paid in excess of the FICA Wage Limit (\$147,000 for 2022), this amount must equal 7.65% of reported wages.

### State and Federal Unemployment Taxes

Report both federal (FUTA) and Texas state (SUTA) unemployment expenses.

## **Workers' Compensation Premiums**

If the contracted provider is a subscriber to the Workers' Compensation Act, report here the Worker's Compensation insurance premiums paid to the provider's commercial insurance carrier. If the effective period of the provider's Workers' Compensation insurance policy does not correspond to the provider's fiscal year, it will be necessary to prorate the premium costs from the two policy periods falling within the provider's reporting period to accurately reflect the costs associated with the cost-reporting period. Premium costs include the base rate, any discounts for lack of injuries, any refunds for prior period overpayments, any additional modifiers and surcharges for experiencing high numbers of injuries (such as being placed in a risk pool), and any audit adjustments made during the cost-reporting period. The Texas Workers' Compensation Commission audits traditional Workers' Compensation insurance policies yearly and annual adjustments must be properly applied to the cost-reporting period on a cash basis.

If the contracted provider is not a subscriber to the Workers' Compensation Act, there are alternate insurance premium costs that can be reported in this item. Acceptable alternate insurance policies include industrial accident policies and other similar types of coverage for employee on-the-job injuries. Disability insurance and health premiums are *not* considered alternate workers' compensation policies and those costs must be reported as employee benefits (if subject to payroll taxes, they must be reported as salaries). A general liability insurance policy, according to the Texas Department of Insurance, specifically excludes payment for employee on-the-job injuries; therefore, general liability premium costs must not be reported on this item.

If the provider's commercially purchased insurance policy does not provide total coverage and has a deductible and/or coinsurance clause, any deductibles and/or coinsurance payments made by the employer on behalf of the employee would be considered claims paid (i.e., self-insurance) and must be reported in the *Workers' Compensation Paid Claims* item below.

## **Workers' Compensation Paid Claims**

If the provider was not a subscriber to the Workers' Compensation Act (i.e., traditional workers' compensation insurance policy), and paid workers' compensation claims for employee on-the-job injuries, report the amount of claims paid. Also report the part of any workers' compensation litigation award or settlement that reimburses the injured employee for lost wages and medical bills here unless the provider is ordered to pay the award or settlement as back wages subject to payroll taxes and reporting on a W-2, in which case the cost should be reported in Step 6. Note that only the part of the litigation award or settlement that reimburses the injured employee for lost wages and medical bills is allowable on this Accountability report. If the provider maintained a separate bank account for the sole purpose of paying workers' compensation claims for employee on-the-job injuries (i.e., a nonsubscriber risk reserve account), the contributions made to this account are not allowable on the Accountability report. This type of arrangement requires that the contracted provider be responsible for payment of all its workers' compensation claims and is not an insurance-type account or arrangement. A nonsubscriber risk reserve account is not required to be managed by an independent agency or third party. It can be a separate checking account set aside by the contracted provider for payment of its workers' compensation claims. However, only the amount for any claims paid should be reported on the Accountability report, not the amount

contributed to any (reserve) account. There is a cost ceiling to be applied to allowable self-insurance workers' compensation costs or costs where the provider does not provide total coverage and that ceiling may limit the costs, which may be reported. See 1 TAC §355.103(b)(13)(B) and §355.105(b)(2)(B)(ix) and *Appendix E*.



# Online Verification and Submission

## Step 9. Preparer Verification Summary

### 9. Preparer Verification Summary

Revenue Summary	
Total STAIRS Plus Revenue	\$0
Total Residual Fee Revenue	\$0
Total Private and Other Revenue	\$0
<b>TOTAL REPORTED REVENUES</b>	<b>\$0.00</b>

  

Expense Summary	
Total Member Hopes, Benefits and Allowance	\$0
Total Payroll Taxes & Worker Compensation (not including Social Security)	\$0
<b>TOTAL REPORTED EXPENSES</b>	<b>\$0.00</b>

For more detailed information, click on the link to view the [Detailed Verification Detail](#)

I verify that the information entered is correct.

In accordance with Texas Administrative Code (TAC) Rule §201.101(c), an intended early-termination penalty for a contract provider may include an amendment to the original rule rule. Provider-related amendment requests can be sent to [compliance@stairsonline.com](mailto:compliance@stairsonline.com). Requests received prior to the effective date of the amendment will not be processed. Failure to submit the requested amendment to the cost report by the due date to complete a claim is considered a failure to complete a cost report as specified in the above referenced rule.

If you need assistance, please contact the RAD Customer Information Center at (817) 434-8607 or [rad@stairsonline.com](mailto:rad@stairsonline.com)



After all items for the accountability report have been completed, the report is ready for verification. The summary verification web page shows the Total Reported Revenues and Total Reported Expenses entered into STAIRS. These figures should be checked against the preparer’s work papers to assure that all intended non-Medicaid revenues and expenses have been entered.

A link to the Preparer Verification Detail Report is included at the bottom of the page. This provides the detail of all units of service and expenses entered.

Once the preparer has determined that everything is entered correctly and that all appropriate documentation has been uploaded, the report can be verified. The preparer will check the box beside the phrase “I verify that the information entered is correct.” Then click the Verify box at the bottom.

## Steps 10. Preparer Certification

Certification pages cannot be printed for signing and notarizing until the report has been verified. If the report is reopened for any reason, any previously uploaded certifications will be invalidated and must be completed again.

A preparer may print out both the Preparer and Entity Contact Certification pages at the same time. Once one of the Certification pages is printed, the Accountability report is completed and locked. If it is discovered that additional changes need to be made, the preparer must contact [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov) for assistance in getting the report(s) reopened.

Certification pages must contain original signatures and original notary stamps/seals when uploaded to STAIRS. These pages must be maintained in original form by the provider. If these pages are not properly completed, the Accountability report will not be processed until the provider uploads completed pages; if completed pages are not uploaded in a timely manner, the Accountability report will not be counted as received timely and may be returned. If a report is returned, it is unverified and new certifications, dated after the report has been re-verified will have to be uploaded.

## **Preparer (Methodology) Certification**

This page must be signed by the person identified in **Step 1** of this Accountability report as *Preparer*. This person must be the individual who actually prepared the Accountability report or who has primary responsibility for the preparation of the cost report for the provider. Signing as *Preparer* carries the responsibility for an accurate and complete Accountability report prepared in accordance with applicable methodology rules and instructions. Signing as *Preparer* signifies that the preparer is knowledgeable of the applicable methodology rules and instructions and that the preparer has either completed the Accountability report himself/herself in accordance with those rules and instructions or has adequately supervised and thoroughly instructed his/her employees in the proper completion of the Accountability report. Ultimate responsibility for the Accountability report lies with the person signing as *Preparer*. If more than one person prepared the Accountability report, an executed Preparer Certification page (with original signature and original notary stamp/seal) may be submitted by each preparer. All persons signing the methodology certification must have attended the required Accountability report training.

# 10. Preparer Certification

**AS PREPARER OF THIS COST REPORT, I HEREBY CERTIFY THAT:**

- 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.

**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.

The Preparer Certification must be uploaded by the Preparer, using his/her own login information.

**PREPARER IDENTIFICATION**

Name of Contracted Provider:

Printed/Typed Name of Signer:

Title of Signer:

\_\_\_\_\_  
SIGNATURE OF PREPARER

\_\_\_\_\_  
DATE

Subscribed and sworn before me, a Notary public on the

\_\_\_\_ of \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Public, State of

\_\_\_\_\_  
Commission Expires

### 10.a. Upload Preparer Certification

 The Preparer Certification must be uploaded by the Preparer using their own login information.

Upload Preparer Certification:

## Step 11. Entity Contact Certification

Certification pages must contain original signatures and original notary stamps/seals when uploaded to STAIRS. These pages must be maintained in original form by the provider. If these pages are not properly completed, the accountability report will not be processed until the provider uploads completed pages; if completed pages are not uploaded in a timely manner, the accountability report will not be counted as received timely and may be returned. If a report is returned, it is unverified and new certifications, dated after the report has been re-verified will have to be uploaded.

### Entity Contact Certification

This page must be completed and signed by an individual legally responsible for the conduct of the provider such as an owner, partner, Corporate Officer, Association Officer, Government official, or L.L.C. member. The HCS/TxHmL administrator may not sign this certification page unless he/she also holds one of those positions. The responsible party's signature must be notarized. The signature date must be the same or after the date the preparer signed the Preparer Certification page, since the accountability report certification indicates that the accountability report has been reviewed after preparation.

#### 11. Entity Contact Certification

AS SIGNER OF THE ACCOUNTABILITY REPORT, I HEREBY CERTIFY THAT:	
<ul style="list-style-type: none"> <li>I have read the note below, the cover letter and all the instructions applicable to this accountability report.</li> <li>I have read the Cost Determination Process Rules (including 24-RCC), program rules, and reimbursement methodology applicable to this accountability report, which define allowable and unallowable costs and provide guidance in proper accountability reporting.</li> <li>I have reviewed this accountability report after its preparation.</li> <li>To the best of my knowledge and belief, this accountability report is true, correct and complete, and was prepared in accordance with the Cost Determination Process Rules (including 24-RCC), program rules, reimbursement methodology and all the instructions applicable to this accountability report.</li> <li>This accountability report was prepared from the books and records of the contracted provider and/or its controlling entity.</li> </ul>	
<p><b>Note:</b> 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/contractor is authorized to sign only if he/she holds one of these positions. Misrepresentation or falsification of any information contained in this accountability report may be punishable by the auditor/instrument.</p> <p>In accordance with Texas Administrative Code (TAC) Rule §205.105(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: <a href="mailto:costreportamend@hcs.state.tx.us">costreportamend@hcs.state.tx.us</a>. 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.</p> <p>The Accountability Report Certification must be uploaded by the responsible party, using his/her own login information.</p>	
SIGNER IDENTIFICATION	
Name of Contracted Provider: _____	
Printed/Typed Name of Signer: _____	Title of Signer: _____
Name of Business Entity: _____	
Address of Signer (street or P.O. Box, city, state, 9-digit zip): _____	
Phone Number (including area code): _____	FAX Number (including area code): _____
Email: _____	

_____ 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



### 11.a. Upload Report Certification

The Cost Report certification must be provided to the appropriate party using their own sign-in information.

Upload Report Certification	Report ID: 10000000000000000000
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PDF | PDF | PDF

## Step 12. Provider Adjustment Report

This Step will not be visible until after the report has been reviewed and provider is notified of adjustments to or exclusions of information initially submitted. Providers will receive e-mail notification that their adjustment report is ready. Provider then has 30 days to review their adjustments, this entails clicking on step 12 and reviewing the adjustment report. Once you review Step 12 then Step 13 will be available to Agree or Disagree with the adjustments made. After the end of that 30-day period, the report will be set to the status of Agreed by Default.

### Review Period Expires: **February 04, 20XX**

In accordance with Title 1 Texas Administrative Code (TAC) §355.107(a), the following report shows adjustments made to your cost report by the Texas Health and Human Services Commission (HHSC). This report shows changes made to values originally reported by the preparer and includes the original amount reported, the amount of adjustment, the amount after adjustment, and the reason for the adjustment. Please note that at the time your report was processed the reported units of service were reconciled to the most recently available, reliable units of service for the reporting period, as reflected in the State's Claim Management System (CMS).

Not shown are the calculated values that changed due to these adjustments. To better understand the overall impact of these adjustments on the total revenues and expenses, you are being provided a Summary Table at the bottom of the report.

It is important that you carefully review this information. You may obtain additional information concerning these adjustments by submitting a written request by United States (U.S.) Mail or special delivery to:

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

### General and Statistical

Step	Sub-Step	Item	Reported Amount	Reconciling Items	Adjusted Amount	Adjusted By	Co
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### Expenses

Step	Sub-Step	Item	Reported Amount	Reconciling Items	Adjusted Amount	Adjusted By	Co
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### Revenues

Step	Sub-Step	Item	Reported Amount	Reconciling Items	Adjusted Amount	Adjusted By	Co
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### Expenses



Step	Sub-Step	Item	Reported Amount	Reconciling Items	Adjusted Amount	Adjusted By	Co
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## Revenues

Step	Sub-Step	Item	Reported Amount	Reconciling Items	Adjusted Amount	Adjusted By	Co
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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(a) for nursing facilities, or §355.112(i) 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.

# Recoupment Summary

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Program / Contract / Group	Level Awarded	Spending Requirement	Actual Spending	Per Unit Recoupment	Estimated Total Recoupment
Day Habilitation Services		\$0.00	\$0.00	\$0.00	\$100.00
Residential Services		\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Recoupment</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$200.00</b>

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(a) or §355.112(i) 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 Health and Human Services Commission (HHSC) Provider Claims Services for processing after the "Review Period Expires" date shown above and below. Do not send checks or payments to HHSC unless specifically instructed by HHSC. The amount to be recouped will be subtracted from future billings.

### PAYMENT PLANS (For Recoupments Greater Than \$25,000)

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 that was granted no longer applies.

- If your recoupment is for a twelve-month period and is greater than \$25,000, you may request to have it collected over the span of 3 months.
- If your recoupment is for a twelve-month period and is greater than \$75,000, you may request to have it collected over the span of 6 months.
- If the reporting period report is less than a full year with a recoupment greater \$25,000, then HHSC may approve fewer than the requested number of payments in the payment plan.

HHSC Rate Analysis Department must receive your written request for a payment plan at one of the below addresses by hand delivery, U.S. mail or special mail delivery, or email (faxes will not be accepted). A payment plan request must be received no later than the "Review Period Expires" date shown above and below. A payment plan request not received by the stated deadline will not be accepted. A payment plan request post-marked prior to the stated deadline but received after the due date will not be accepted.

A written payment plan request must be submitted to the Director for Long Term Services and Supports at the below address.

Texas Health and Human Services Commission  
 Rate Analysis Department, MC H-405  
 P.O. Box 149030  
 Austin, TX 78714-5030

Special Mail Delivery:  
 Texas Health and Human Services Commission  
 Rate Analysis Department, MC H-405  
 Brown-Healy Building  
 4900 N. Lamar Blvd.  
 Austin, TX 78751-2316

### Email

You may also submit a request for a payment plan to the Rate Analysis Department via email to: [BAD.LTS@hhsc.state.tx.us](mailto:BAD.LTS@hhsc.state.tx.us). 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, such as the sole proprietor, a partner, a corporate officer, an association officer, a governmental official, or a limited liability company member; and
- scanned and emailed to the Rate Analysis Department using the above-referenced email address.

## Review Period Expires: **February 04, 20XX**

Important: Step 13 Agree/Disagree, must be completed no later than the review period expiration date stated above. Step 13 may only be completed 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. This individual must be designated in STAIRS with an "Entity Contact" or "Financial Contact" role.

A "Preparer Contact" is prohibited by STAIRS from completing Step 13. Only Preparer Contacts who also have been designated with the Entity Contact or Financial Contact roles may complete Step 13 and can do so by logging onto STAIRS using their Entity Contact or Financial Contact usernames and password.

If you choose to "Disagree" and intend to dispute one or more items you must do so by requesting an informal review in accordance with Title 1 Texas Administrative Code (TAC) § 355.110. After clicking the "Disagree" button, you will be provided with instructions of mandatory actions you must take. In accordance with the instructions contained in Step 13, if a request for informal review or request for 15 day extension is received by HHSC later than the review period expiration date stated above, it will not be accepted. Requests that are post-marked prior to this deadline date but received after the deadline date will not be accepted. If you do not request an informal review by this deadline date you will not be able to request a formal appeal regarding these exclusions or adjustments.



## Step 13. Agree/Disagree

### Disagreed by John Smith

If you disagree with an adjustment made to your Cost Report, you may request an informal review in accordance with Title 1 Texas Administrative Code (TAC) §355.110, in accordance with 1 TAC §355.110(c)(1)(A), the HHSC Rate Analysis must receive a written request for an informal review by hand delivery, United States (U.S.) Mail, or special mail delivery no later than 30 calendar days from the date of the written notification of the adjustments. Therefore, the Texas Health and Human Services Commission (HHSC) Rate Analysis Department must receive a written request no later than February 12, 2017. A request for an informal review that is not received by this deadline date will not be accepted. Requests that are postmarked prior to the deadline date but received after the 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 an administrative hearing regarding these exclusions or adjustments.

In accordance with 1 TAC §355.110(c)(1)(A), a 15 calendar day extension of the 30-day deadline to submit an informal review request will be granted if HHSC Rate Analysis receives a written request for the extension by hand delivery, U.S. mail, or special mail delivery no later than February 12, 2017. The extension gives 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 by the stated deadline date will not be accepted.

The informal review request must contain:

- 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;
- relate what the provider believes to be the correct value; and
- contain any supporting documentation that supports these values.

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.

An informal review must be 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. An informal review that is not signed by an individual legally responsible for the conduct of the contracted provider will not be accepted.

The subject matter of the informal review is limited to the adjustments and exclusions made to the cost report contained in the Step 12 – Adjustment / Reconciliation / Settlement Report. In accordance with 1 TAC §355.110(d), an administrative hearing regarding exclusions and adjustments made to the cost report are limited to the decisions reached in the informal review.

The written request for an informal review must be submitted to the Director, Rate Analysis Department at the below address:

Texas Health and Human Services Commission  
Rate Analysis Department, HC H-400  
P.O. Box 148838  
Austin, TX 78714-8838

Special Mail Delivery

Texas Health and Human Services Commission  
Rate Analysis Department, HC H-400  
Brown-Helwig Building  
4909 N. Lamar Blvd.  
Austin, TX 78751-2316

Legally responsible person

First Name: Ray  
Last Name: Wilson  
Job Title: Director  
Entity Name: ZZZ RAD IDD OPT-IN 1  
Email: ray.wilson@phac.state.tx.us

Phone (232-456-7899): 123456789  
Fax (232-456-7899): 123-456-7899

Phone Extension:  
Fax Extension:

Mailing Address

Street 1 or P.O. Box: 888 test  
Street 2:  
City: Austin  
State: TX  
Zip (Plus 4 Optional): 73421



This Step must be completed within the 30-day time frame from the date of the e-mail notifying the provider that **Steps 12 and 13** are available to the provider.

For providers with a recoupment amount above \$25,000, the option "I Agree and Request a Payment Plan" will be available during Step 13. This option finalizes the report and requests a payment plan for paying the recoupment.

If a provider's Accountability report has a recoupment amount below \$25,000, then the provider may still request a payment plan. The Provider Finance Department has a formula that it uses to determine if a provider is eligible for a payment plan. However, each payment plan request will be determined on a case by case basis that considers the specific circumstances of the provider and the Accountability report.

Letters for a Payment Plan Request may be emailed to the Director of Provider Finance for Long-Term Services and Supports at [OFD-LTSS@hhc.texas.gov](mailto:OFD-LTSS@hhc.texas.gov) and must follow these requirements:

- Is on the company letterhead
- Details what is being requested (a payment plan)
- Includes the Cost Report Group number or Contract number of the report
- Includes the year and type of report (Accountability Report 2022, for example)
- Is signed by the "an individual legally responsible for the conduct of the interested party, such as the sole proprietor, a partner, a corporate officer, an association officer, a governmental official, a limited liability company member, a person authorized by the applicable HHSC Enterprise or Texas Medicaid and Healthcare Partnership (TMHP) signature authority designation form for the interested party on file at the time of the request, or a legal representative for the interested party. The administrator or director of the facility or program is not authorized to sign the request unless the administrator or director holds one of these positions." Note that this is a person listed on HHSC Form 2031 and is not necessarily the entity contact in STAIRS.
- The request meets the deadline, which is 30 days from the Provider Notification date

A provider who disagrees with an adjustment is entitled to request an informal review of those adjustments with which the provider disagrees. A provider cannot request an informal review merely by signifying provider's Disagreement in **Step 13**. The request, or a request for a 15-day extension to make the request, must be in writing and received by HHSC no later than the review period expiration date. Additionally, the request must include all necessary elements as defined in 1 TAC 355.110(c)(1):

- A concise statement of the specific actions or determinations it disputes;
- Recommended resolution; and
- Any supporting documentation the interested party deems relevant to the dispute.

It is the responsibility of the interested party to render all pertinent information at the time of its request for an informal review. A request for an informal review that does not meet the requirements outlined above will not be accepted.

When a provider selects "Disagree" on Step 13, a new version of Step 13 appears with all the information necessary to file a request for an informal review.

The written request for the informal review or extension must be signed by the Legally Responsible Party indicated in Step 13 or their Legally-authorized representative. The mailing instructions for the informal review are also included in **Step 13**.

# Step 14. HHSC Informal Review

## General and Statistical

Step	Sub-Step	Item	Reported Amount	Reconciling Items	Adjusted Amount	Adjusted By	Co
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## Expenses

Step	Sub-Step	Item	Reported Amount	Reconciling Items	Adjusted Amount	Adjusted By	Co
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## Revenues

Step	Sub-Step	Item	Reported Amount	Reconciling Items	Adjusted Amount	Adjusted By	Co
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## Revenues

Step	Sub-Step	Item	Reported Amount	Reconciling Items	Adjusted Amount	Adjusted By	Co
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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), §355.300(s) for nursing facilities, or §355.112(f) 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.

## Recoupment Summary

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Program / Contract / Group	Level Awarded	Spending Requirement	Actual Spending	Per Unit Recoupment	Estimated Total Recoupment
Day Habilitation Services		\$0.00	\$0.00	\$0.00	\$300.00
Residential Services		\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Recoupment</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$600.00</b>

Unless you request a formal appeal in accordance with 1 TAC §355.110, adjustments to the provider's rates per unit for this reporting period will be sent to the Health and Human Services Commission (HHSC), Provider Claims Services for processing 15 - 30 days after the date on the Informal Review Decision Notification Letter. Do not send checks or payments to HHSC unless specifically instructed by HHSC. The amount to be recouped will be subtracted from future billings.

**PAYMENT PLANS (For Recoupments Greater Than \$25,000)**

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 that was granted no longer applies.

- If your recoupment is for a twelve-month period and is greater than \$25,000, you may request to have it collected over the span of 3 months.
- If your recoupment is for a twelve-month period and is greater than \$75,000, you may request to have it collected over the span of 5 months.
- If the reporting period report is less than a full year with a recoupment greater \$25,000, then HHSC may approve fewer than the requested number of payments in the payment plan.

HHSC Rate Analysis Department must receive your written request for a payment plan at one of the below addresses by hand delivery, U.S. mail, special mail delivery, or email (faxes will not be accepted). A payment plan request must be received no later than the "Review Period Expires" date shown above and below. A payment plan request not received by the stated deadline will not be accepted. A payment plan request post-marked prior to the stated deadline but received after the due date will not be accepted.

A written payment plan request must be submitted to the Director for Long Term Services and Supports, Rate Analysis Department at the below address.

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

Special Mail Delivery  
Texas Health and Human Services Commission  
Rate Analysis Department, MC H-400  
Brown-Heathly Building  
4900 N. Lamar Blvd.  
Austin, TX 78751-2316

**Email**

You may also submit a request for a payment plan to the Rate Analysis Department via email to: [RAD-LTSS@hsc.state.tx.us](mailto:RAD-LTSS@hsc.state.tx.us). 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, such as the sole proprietor, a partner, a corporate officer, an association officer, a governmental official, or a limited liability company member; and
- scanned and emailed to the Rate Analysis Department using the above-referenced email address.



This Step only appears if the provider submits a request for an informal review. It is used by HHSC to make adjustments during the informal review process. Provider will not be able to access this Step until HHSC notifies provider of that adjustments are ready to be viewed.

## **Appendix A. Uploading Documents into STAIRS**

Accountability reports submitted without the required documentation will be returned to the provider as unacceptable. See 1 TAC §355.102(j)(2) and §355.105(b)(2)(B)(v).

All instructions for uploading documents into STAIRS and managing and attaching those documents electronically can be found in the STAIRS program by clicking on the Uploading File Instructions file under General Reference Materials at the bottom right hand corner of any web page in STAIRS. The Upload Center itself can be located in STAIRS on the Dashboard through clicking on Manage, to the far right on the header.

## Appendix B. Allocation Methodologies

**Units of Service:** This allocation method can only be used for shared costs where the services have equivalent units of equivalent service and MUST be used where that is the case. An equivalent unit means the time of a service is important: a Nursing Facility (NF) and a DAHS facility both provide a "Day" of service, but one is a 24-hour "Day" while the other is not. An equivalent service means that the activities provided by staff are essentially the same.

**Cost-to-Cost:** If allocations based on units of service are not acceptable, and all of a provider's contracts are labor-intensive, or if all contracts have programmatic or residential building costs, the provider may choose to allocate their indirect shared costs on a cost-to-cost basis.

**Salaries:** If allocation based on Units of Service is not acceptable, and all of a provider's contracts are labor-intensive, or if all contracts have programmatic or residential building costs, the provider may choose to allocate their indirect shared costs on the basis of salaries. The two cost components of the salaries allocation method:

- Salaries/wages
- Contracted labor (excluding consultants)

In the cost component above, the term "salaries" does not include the following costs associated with the salaries/wages of employees:

- Payroll taxes
- Employee benefits/insurance
- Workers' compensation

**Labor Costs:** This allocation method can be used where all of a provider's contracts are labor intensive, or all contracts have a programmatic or residential-building cost, or contracts are mixed with some being labor intensive and others having a programmatic-building or residential-building component. It is calculated based upon the ratio of directly charged labor costs for each contract to the total directly charged labor costs for all contracts. The Five Cost Components of the Labor Costs Allocation Method:

- Salaries/Wages
- Payroll taxes
- Employee benefits/insurance
- Workers' compensation costs
- Contracted labor (excluding consultants)



**Total Costs Less Facility Costs:** The Total-Cost-Less-Facility-Cost allocation method can be used if a provider's contracts are mixed – some being labor-intensive and others having a programmatic or residential building component. This method can also be used for an organization that has multiple contracts all requiring a facility for service delivery. This method allocates costs based upon the ratio of each contract's total costs less that contract's facility or building costs to the provider's total costs less facility or building costs for all contracts.

If any of these allocation methods are used, the allocation summary must clearly show that all the cost components of the allocation method have been used in the allocation calculations. For example, when describing the numerator and denominator in numbers for the salaries method, the numerator and denominator each should clearly show the amount of costs for salaries/wages and for contracted labor (excluding consultants).

**Square footage:** This allocation method is the most reasonable for building and physical plant allocations.

**Functional:** If the provider has any doubt whether the functional method used is in accordance with applicable rules or requires prior written approval from the Provider Finance Department, send email to [RAD-LTSS@hsc.state.tx.us](mailto:RAD-LTSS@hsc.state.tx.us) prior to submitting the Accountability report.

**Time study:** The time study must be in compliance with 1 TAC §355.105(b)(2)(B)(i). If the time study is not in compliance with these rules, the provider must receive written approval from HHSC Provider Finance to use the results of the time study. According to the rules, a time study must cover, at a minimum, one randomly selected week per quarter throughout the reporting period. The allocation summary should include the dates and total hours covered by the time study, as well as a breakdown of the hours time-studied by function or business component, as applicable.

**Other allocation method approved by HHSC:** Requests for approval to change an allocation method or to use an allocation method other than an allocation method approved or allowed by HHSC must be received by HHSC's Provider Finance Department before the end of the provider's fiscal year, as described at 1 TAC §355.102(j)(1)(D). To request such approval from HHSC Provider Finance, submit to [RAD-LTSS@hsc.state.tx.us](mailto:RAD-LTSS@hsc.state.tx.us) a disclosure statement along with justification for the change and explain how the new allocation method is in compliance with the Cost Determination Process Rules and how the new allocation method presents a more reasonable representation of actual operations.

If using an alternate allocation method, upload a properly cross-referenced copy of the provider's original allocation method approval request and any subsequent approval letter from Provider Finance. If the provider's approval request included examples or a copy of the provider's general ledger, include those documents in the uploaded attachments for this item.

Table 1 below provides a summary of appropriate allocation methods for various situations. For questions regarding proper allocation of shared costs, please contact the Provider Finance Department's Customer Service Center at [PFD-LTSS@hhs.texas.gov](mailto:PFD-LTSS@hhs.texas.gov).

**TABLE 1. APPROPRIATE ALLOCATION METHODS FOR REPORTING SHARED ADMINISTRATIVE COSTS THAT CANNOT BE REASONABLY DIRECT COSTED**

Makeup of Controlling Entity's Business Components	Multiple Contracts of the Same (Equivalent) Type of Service	Various Business Components - All Labor-Intensive	Various Business Components - All with Programmatic - or Residential-Building Costs	Mixed Business Components - Some with Programmatic-or Residential-Building Costs and Some Labor-Intensive	Shared Administrative Personnel Performing Different Duties for Different Business Components (not in Direct Care)	Functional Methods
Allowable Allocation Methods	Units of Service	Cost-to-Cost Labor Costs Salaries	Cost-to-Cost Total-Cost-Less-Facility-Cost^ Labor Costs Salaries	Total-Cost-Less-Facility-Cost^ Labor Costs	Time Study*	Payroll Department - Number of payroll checks issued for each business component during the reporting period  Purchasing Department - Number of purchase orders processed during the reporting period for each business component

Providers may use any of the methods listed as appropriate for the makeup of their business organization. If one of the approved methods does not provide a reasonable reflection of the provider's actual operations, the provider must use a method that does. If none of the listed methods provides a reasonable reflection of the provider's actual operations, contact the Provider Finance Department's Customer Service Center at PFD-LTSS@hhs.texas.gov for further instructions.

- \* See 1 TAC §355.105(b)(2)(B)(i) for time study requirements.
- ^ When using the total-cost-less-facility-cost allocation method, the building (facility) costs to be removed from the cost calculation include Lease/Rental of Building/Facility/Building Equipment; Insurance for those items; Utilities, Maintenance and Contract Services of those items; Mortgage Interest; Ad Valorem Taxes; and Depreciation for Building/Facility/Building Equipment/Land/Leasehold Improvements

**Allocation Summary - UNITS of SERVICE**

**Adjusted Trial Balance - Sarah's CBA Corp  
As of 12/31/2009**

Expenses:	Total Costs	Disallowed	Austin Direct Costs	San Antonio Direct Costs	Shared Costs	Allocated Shared Costs	
						55.69% Austin	44.31% San Antonio
Salaries							
Administrative	125,347.28				125,347.28	69,805.90	55,541.38
RNs	45,288.47		25,361.54	19,926.93	-	-	-
Attendants	33,254.88		25,458.97	7,795.91	-	-	-
Physical Therapists	82,588.92		51,205.13	31,383.79	-	-	-
Contracted RN	65,000.00				65,000.00	36,198.50	28,801.50
FICA/Medicare	21,915.69		7,804.96	4,521.66	9,589.07	5,340.15	4,248.92
State & Federal Unemployment	5,156.63		1,270.51	554.46	3,331.66	1,855.40	1,476.26
Workers's Compensation	0.00		0.00	0.00	-	-	-
Employee Benefits/Insurance	4,847.25		1,254.01	889.47	2,703.77	1,505.73	1,198.04
Office Lease	9,000.00		2,400.00	2,100.00	4,500.00	2,506.05	1,993.95
Utilities	8,945.67		2,385.51	2,087.32	4,472.84	2,490.92	1,981.91
Telecommunications	3,008.16		401.68	333.75	2,272.73	1,265.68	1,007.05
Office Supplies	1,501.80				1,501.80	836.35	665.45
Medical Supplies	874.64				874.64	487.09	387.55
Insurance - General Liability	1,254.00				1,254.00	698.35	555.65
Insurance - Malpractice	1,050.87				1,050.87	585.23	465.64
Travel	387.98	237.65	54.36	35.74	60.23	33.54	26.69
Advertising	402.87	104.97			297.90	165.90	132.00
Miscellaneous	601.47	254.74			346.73	193.09	153.64
<b>Totals</b>	<b>410,426.58</b>	<b>597.36</b>	<b>117,596.68</b>	<b>69,629.03</b>	<b>222,603.51</b>	<b>123,967.90</b>	<b>98,635.62</b>

Units of Service Allocation Percentages:	Units of Service	Percentage
Austin	9,961.00	55.69%
San Antonio	7,924.00	44.31%
	<b>17,885.00</b>	<b>100.00%</b>

**Allocation Summary - COST-TO-COST**

**Adjusted Trial Balance - Healthy Care Provider, Inc.  
As of 12/31/20XX**

Expenses:	Total Costs	Disallowed	Direct Costs			Shared Costs	Allocated Shared Costs		
			CBA	CLASS	PHC		41.48% CBA	30.72% CLASS	27.80% PHC
Salaries									
Administrative	125,347.28					125,347.28	51,994.05	38,506.68	34,846.54
CBA Attendants	87,434.22		87,434.22			-	-	-	-
CLASS Habilitation Attendants	65,238.41			65,238.41		-	-	-	-
PHC Attendants	54,975.15				54,975.15	-	-	-	-
Supervisors	33,254.88		13,528.48	9,467.85	10,258.55	-	-	-	-
Speech Therapists	249.85		249.85			-	-	-	-
CPR Instructor	2,500.00					2,500.00	1,037.00	768.00	695.00
FICA/Medicare	28,018.12		7,723.65	5,715.03	5,009.49	9,569.95	3,969.62	2,939.89	2,660.45
State & Federal Unemployment	6,592.50		2,524.07	1,494.13	978.51	1,595.79	661.93	490.23	443.63
Employee Benefits/Insurance	4,847.25		1,254.01	889.47	1,358.41	1,345.36	558.06	413.29	374.01
Office Lease	9,000.00		2,400.00	2,100.00	2,500.00	2,000.00	829.60	614.40	556.00
Utilities	8,945.67		2,385.51	2,087.32	2,484.91	1,987.93	824.59	610.69	552.64
Telecommunications	3,008.16		401.68	333.75	554.37	1,718.36	712.78	527.88	477.70
Office Supplies	1,501.80					1,501.80	622.95	461.35	417.50
Medical Supplies	874.64				874.64	-	-	-	-
Insurance - General Liability	1,254.00					1,254.00	520.16	385.23	348.61
Insurance - Malpractice	1,050.87					1,050.87	435.90	322.83	292.14
Travel	387.98	204.65	54.36	35.74	84.97	8.26	3.43	2.54	2.30
Advertising	402.87	104.97				297.90	123.57	91.51	82.82
Miscellaneous	601.47	254.74				346.73	143.82	106.52	96.39
<b>Totals</b>	<b>435,485.12</b>	<b>564.36</b>	<b>117,955.83</b>	<b>87,361.70</b>	<b>79,079.00</b>	<b>150,524.23</b>	<b>62,437.45</b>	<b>46,241.04</b>	<b>41,845.74</b>
<b>Cost-to-Cost Allocation Percentages:</b>	<b>Total Costs</b>	<b>Percentage</b>							
Total Healthy Care CBA	117,955.83	41.48%							
Total Healthy Care CLASS	87,361.70	30.72%							
Total Healthy Care PHC	79,079.00	27.80%							
	284,396.53	100.00%							

**Allocation Summary - SALARIES METHOD**

**Adjusted Trial Balance - Home Health Corp  
As of 12/31/20XX**

Expenses:	Total Costs	Disallowed	Direct Costs			Shared Costs	Allocated Shared Costs		
			Austin	Dallas	San Antonio		22.87% Austin	50.59% Dallas	26.54% San Antonio
Salaries									
Administrative	125,347.28					125,347.28	28,666.92	63,413.19	33,267.17
Attendants	87,434.22					-	-	-	-
RNs	44,295.84	Salary	19,286.35	46,289.32	21,858.55	-	-	-	-
Therapists	54,975.15	Costs	10,352.45	22,576.36	11,367.03	-	-	-	-
Contracted RN	54,975.15		12,094.53	29,136.83	13,743.79	-	-	-	-
Dietitian	70,000.00		15,299.99	28,145.20	19,221.57	7,333.24	1,677.11	3,709.89	1,946.24
FICA/Medicare	2,400.00					2,400.00	548.88	1,214.16	636.96
State & Federal Unemployment	28,018.12		7,723.65	5,715.03	5,009.49	9,569.95	2,188.65	4,841.44	2,539.86
Employee Benefits/Insurance	6,592.50		2,524.07	1,494.13	978.51	1,595.79	364.96	807.31	423.52
Office Lease	4,847.25		1,254.01	889.47	1,358.41	1,345.36	307.68	680.62	357.06
Utilities	9,000.00		2,400.00	2,100.00	2,500.00	2,000.00	457.40	1,011.80	530.80
Telecommunications	8,945.67		2,385.51	2,087.32	2,484.91	1,987.93	454.64	1,005.69	527.60
Office Supplies	3,008.16		401.68	333.75	554.37	1,718.36	392.99	869.32	456.05
Medical Supplies	1,501.80				487.39	387.25	88.56	195.91	102.78
Insurance - General Liability	874.64					1,254.00	286.79	634.40	332.81
Insurance - Malpractice	1,254.00					1,050.87	240.33	531.64	278.90
Travel	1,050.87	204.65	54.36	35.74	84.97	8.26	1.89	4.18	2.19
Advertising	387.98	104.97				297.90	68.13	150.71	79.06
Miscellaneous	601.47	254.74				346.73	79.30	175.41	92.02
<b>Totals</b>	<b>450,937.82</b>	<b>564.36</b>	<b>73,776.60</b>	<b>138,803.15</b>	<b>79,648.99</b>	<b>158,144.72</b>	<b>36,167.70</b>	<b>80,005.41</b>	<b>41,971.61</b>
<b>Salary Method Allocation Percentages:</b>	<b>Salary Costs</b>	<b>Percentage</b>							
Total Austin	57,033.32	22.87%							
Total Dallas	126,147.71	50.59%							
Total San Antonio	66,190.94	26.54%							
	<u>249,371.97</u>	<u>100.00%</u>							

**Allocation Summary - LABOR COSTS METHOD**

**Adjusted Trial Balance - We Care  
As of 12/31/20XX**

Expenses:	Total Costs	Disallowed	CLASS	Direct Costs			Shared Costs	Allocated Shared Costs		
				PHC	DAHS			41.80%	21.85%	36.35%
							CLASS	PHC	DAHS	
Salaries										
Administration	125,347.28					125,347.28	52,395.16	27,388.38	45,563.74	
RNs	195,028.62		87,434.22	65,238.41	65,200.22	42,394.18	17,720.77	9,263.13	15,410.28	
Field Supervisors	65,238.41			65,238.41		-	-	-	-	
Facility Administrator	54,975.15				54,975.15	-	-	-	-	
Attendants	33,254.88		13,528.48	9,467.85	10,258.55	-	-	-	-	
Physical Therapists	45,572.08		45,572.08			-	-	-	-	
CPR Instructor	2,500.00	Labor Costs				2,500.00	1,045.00	546.25	908.75	
FICA/Medicare	28,018.12		8,073.41	5,715.03	4,990.38	9,239.30	3,862.03	2,018.79	3,358.49	
State & Federal Unemployment	6,592.50		2,524.07	1,494.13	978.51	1,595.79	667.04	348.68	580.07	
Employee Benefits/Insurance	4,847.25		1,254.01	889.47	1,358.41	1,345.36	562.36	293.96	489.04	
Workers' Compensation	0.00					-	-	-	-	
Office Lease	9,000.00		2,400.00	2,100.00	2,500.00	2,000.00	836.00	437.00	727.00	
Utilities	8,945.67		2,385.51	2,087.32	2,484.91	1,987.93	830.95	434.36	722.61	
Telecommunications	3,008.16		401.68	333.75	554.37	1,718.36	718.27	375.46	624.62	
Office Supplies	1,501.80					1,501.80	627.75	328.14	545.90	
Medical Supplies	874.64				487.39	387.25	161.87	84.61	140.77	
Insurance - Malpractice	1,050.87					1,050.87	439.26	229.62	381.99	
Travel	387.98	204.65	54.36	35.74	84.97	8.26	3.45	1.80	3.00	
Advertising	402.87	104.97				297.90	124.52	65.09	108.29	
Miscellaneous	601.47	254.74				346.73	144.93	75.76	126.04	
<b>Totals</b>	<b>587,147.75</b>	<b>564.36</b>	<b>163,627.82</b>	<b>87,361.70</b>	<b>143,872.86</b>	<b>191,721.01</b>	<b>80,139.38</b>	<b>41,891.04</b>	<b>69,690.59</b>	
<b>Labor Method Allocation Percentages:</b>			<b>Labor Costs</b>	<b>Percentage</b>						
	CLASS		158,386.27	41.80%						
	PHC		82,804.89	21.85%						
	DAHS		137,761.22	36.35%						
			<b>378,952.38</b>	<b>100.00%</b>						

**Allocation Summary - TOTAL COST LESS FACILITY COST**

**Adjusted Trial Balance - John's Company, Inc.  
As of 12/31/20XX**

Expenses:	Total Costs	Disallowed	Direct Costs		Shared Costs	Allocated Shared Costs	
			Home Health (PHC)	Adult Day Care (DAHS)		57.22% PHC	42.78% DAHS
Salaries							
Administrative	125,347.28				125,347.28	71,723.71	53,623.57
PHC Attendants	87,434.22		87,434.22		-	-	-
Adult Day Care Attendants	33,254.88			33,254.88	-	-	-
Adult Day Care Drivers	25,492.12			25,492.12	-	-	-
Contracted Nurse	9,482.66			9,482.66	-	-	-
FICA/Medicare	18,821.78		8,843.84	5,219.57	4,758.37	2,722.74	2,035.63
State & Federal Unemployment	4,428.65		2,822.33	665.10	941.23	538.57	402.66
Employee Benefits/Insurance	4,847.25		1,254.01	889.47	2,703.77	1,547.10	1,156.67
Office Lease	9,000.00		2,400.00	2,100.00	4,500.00	2,574.90	1,925.10
Utilities	8,945.67		2,385.51	2,087.32	4,472.84	2,559.36	1,913.48
Ad Valorem Taxes	3,256.88		842.64	1,834.64	579.60	331.65	247.95
Maintenance & Repairs	1,846.74		246.25	1,041.67	558.82	319.76	239.06
Telecommunications	3,008.16		401.68	333.75	2,272.73	1,300.46	972.27
Office Supplies	1,501.80				1,501.80	859.33	642.47
Medical Supplies	874.64				874.64	500.47	374.17
Insurance - General Liability	1,254.00				1,254.00	717.54	536.46
Insurance - Malpractice	1,050.87				1,050.87	601.31	449.56
Travel	387.98	237.65	54.36	35.74	60.23	34.46	25.77
Advertising	402.87	104.97			297.90	170.46	127.44
Miscellaneous	601.47	254.74			346.73	198.40	148.33
<b>Totals</b>	<b>341,239.93</b>	<b>597.36</b>	<b>106,684.84</b>	<b>82,436.92</b>	<b>151,520.81</b>	<b>86,700.21</b>	<b>64,820.60</b>
Total Costs-Less-Facility-Costs Allocation Percentages:							
			PHC	DAHS	Totals		
Total Costs			106,684.84	82,436.92	189,121.76		
Facility Costs			5,874.40	7,063.63	12,938.03		
Total Costs Less Facility Costs			100,810.44	75,373.29	176,183.73		
Allocation Percentages			57.22%	42.78%	100.00%		



**Appendix C – Reserved for Future Use**

## Definitions

**Accrual Accounting Method** - A method of accounting in which revenues are recorded in the period in which they are earned and expenses are recorded in the period in which they are incurred. If a facility operates on a cash basis, it will be necessary to convert from cash to accrual basis for cost-reporting purposes. Care must be taken to ensure that a proper cutoff of accounts receivable and accounts payable occurred both at the beginning and ending of the reporting period. Amounts earned although not actually received and amounts owed to employees and creditors but not paid should be included in the reporting period in which they were earned or incurred. Allowable expenses properly accrued during the cost-reporting period must be paid within 180 days after the fiscal year end in order to remain allowable costs for cost-reporting purposes, unless the provider is under bankruptcy protection and has obtained a written waiver from HHSC from the 180-day rule in accordance with 1 TAC §355.105(b)(1). If accrued expenses are not paid within 180 days after the fiscal year end and no written exception to the 180-day rule has been approved by HHSC, the cost is unallowable and should not be reported on the cost report. If the provider's cost report is submitted before 180 days after the provider's fiscal year end and the provider later determines that some of the accrued costs have not been paid within the required 180-day period, the cost report preparer should submit a revised cost report with the unpaid accrued costs removed.

1 TAC §355.105(b)(1)

**Administration Costs** - The share of allowable expenses necessary for the general overall operation of the contracted provider's business that is either directly chargeable or properly allocable to this program. Administration costs include office costs and central office costs (i.e., shared administrative costs properly allocated to this program), if applicable. Administration costs are not direct care costs.

**Allocation** - A method of distributing costs on a pro rate basis. For more information, see Cost Allocation Methods in the General Instructions section and the 2020 or 2021 Cost Report Training materials.

1 TAC §355.102(j)

**Allowable Costs** - Expenses that are reasonable and necessary to provide care to Medicaid recipients and are consistent with federal and state laws and regulations.

1 TAC §355.102(a) and §355.103(a)

**Amortization** - The periodic reduction of the value of an intangible asset over its useful life or the recovery of the intangible asset's cost over the useful life of the asset. May include amortization of deferred financing charges on the financing or refinancing of the purchase of the building, building improvements, building fixed equipment, leasehold improvements and/or land improvements. The amortization of goodwill is an unallowable cost.

1 TAC §355.103(b)(7)

**Applied Income** - The portion of the daily payment rate paid by the individual in residential programs. Texas Health and Human Services Commission (HHSC) determines how much the individual is to pay.

**Attendant Care for Community** - An attendant is the unlicensed caregiver providing direct assistance to the consumers with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). An attendant also includes:

A driver who is transporting consumers in the ICF/IID, DAHS, RC, and CBA AL/RC programs and the HCS Supervised Living/Residential Support Services (SL/RSS) and HCS and TxHmL Day Habilitation settings;

Medication aides in the ICF/IID, RC and CBA AL/RC programs and HCS SL/RSS setting; and

Direct care workers, direct care trainers and job coaches in the ICF/IID, HCS and TxHmL programs.

Attendants do not include the owner, director, administrator, assistant director, assistant administrator, clerical and secretarial staff, professional staff, other administrative staff, licensed staff, attendant supervisors, cooks and kitchen staff, maintenance and grounds keeping staff, activity director, Qualified Mental Retardation Professionals (QIDPs), assistant QIDPs, direct care worker supervisors, direct care trainer supervisors, job coach supervisors, host home providers, and laundry and housekeeping staff. See the TAC reference for additional details and exceptions.

1 TAC §355.112(b)

**Bad Debt** - Unrecoverable revenues due to uncollectible accounts receivable. Bad debts are not reported on the Medicaid accountability report.

1 TAC §355.103(b)(20)(M)

**Building (Facility) Costs** - Costs to be reported as Facility Costs. When allocating shared administrative costs (central office costs) based upon the total-cost-less-facility-cost allocation method, the building (facility) costs to be removed from the cost calculation include Lease/Rental of Building/Facility/Building Equipment; Insurance for those items; Utilities, Maintenance and Contract Services of those items; Mortgage Interest; Ad Valorem Taxes; and Depreciation for Building/Facility/Building Equipment/Land/Leasehold Improvements. Building costs must exclude any goodwill (see definition for *Goodwill*).

**Business Component** - A separate business entity; a state contract, program, or grant; or an operation separate from the contracted provider's contract that makes up part of the total group of entities related by common ownership or control (i.e., one part of the entire related organization such as Medicare, CACFP, etc.). Each separate contract with the state of Texas is usually considered a separate business component / entity. For the IID programs, each component code within a program is considered a separate business component. See also Central Office.

**Central Office** - Any contracted provider who provides administrative services shared by two or more business components is considered to have a central office. For cost-reporting purposes, a "central office" exists if there are shared administrative functions that require allocation across more than one business. Central office costs are also known as allocated shared administrative costs. The shared administrative functions could be provided by a separate corporation or partnership, or they could be a separate department or separate accounting entity within the contracted entity accounting system. The shared administrative functions could be provided in their own building or co-located with one of the entities for which they provide administrative services (e.g., the shared administrative functions could be provided from spare office space within a programmatic location).

If an organization consists of two or more contracted entities/business components/service delivery programs that are owned, leased or controlled through any arrangement by the same business entity, that organization probably has administrative costs that benefit more than one of the contracted entities/business components/service delivery programs, requiring that the shared administrative costs be properly allocated across the contracted entities/business components/service delivery programs benefiting from those administrative costs. Typical shared administrative costs may include costs related to the chief executive officer (CEO), chief financial officer (CFO), payroll department, personnel department and any other administrative function that benefits more than one business component. See also the Instructions for Central Office.

1 TAC §355.103(b)(7)

**Chain** - Contracted entities/business components/service delivery programs that have a common owner or sole member or are managed by a related-party management company are considered a chain. A chain may also include business organizations which are engaged in activities other than the provision of the Medicaid program services in the state of Texas. This means that the business components could:

- Be located within or outside of Texas;
- Provide services other than the Medicaid services covered by this accountability report, and
- Provide services which may or may not be delivered through contracts with the state of Texas.

**Charity Allowance** - A reduction in normal charges due to the indigence of the resident/participant. This allowance is not a cost since the costs of the services rendered are already included in the contracted provider's costs.

**Combined Entity** - One or more commonly owned corporations and/or one or more 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.

**Common Ownership** - Exists when an individual or individuals possess any ownership or equity in the contracted provider and the institution or organization

-serving the contracted provider. If a business entity provides goods or services to the provider and has common ownership with the provider, the business transactions between the two organizations are considered related-party transactions and must be properly disclosed. Administrative costs shared between entities that have common ownership must be properly allocated and reported as central office costs (i.e., shared administrative costs). See the definition for Related Party.

1 TAC §355.102(i)(1)

**Compensation of Employees** - Compensation includes both cash and non-cash forms of compensation subject to federal payroll tax regulations. Compensation includes wages and salaries (including bonuses); payroll taxes and insurance; and benefits. Payroll taxes and insurance include Federal Insurance Contributions Act (old age, survivors, and disability insurance (OASDI) and Medicare hospital insurance); Unemployment Compensation Insurance; and Workers' Compensation Insurance.

1 TAC §355.103(b)(1)

**Compensation of Owners and Related Parties** - Compensation includes both cash and non-cash forms of compensation subject to federal payroll tax regulations. Compensation includes withdrawals from an owner's capital account; wages and salaries (including bonuses); payroll taxes and insurance; and benefits. Payroll taxes and insurance include Federal Insurance Contributions Act (old age, survivors, and disability insurance (OASDI) and Medicare hospital insurance); Unemployment Compensation Insurance; and Workers' Compensation Insurance. Compensation must be made in regular periodic payments, must be subject to payroll or self-employment taxes, and must be verifiable by adequate documentation maintained by the contracted provider.

**Component Code** - Specific to IID programs, this is a three-digit code assigned by the HHSC CARE system that is specific to one contracted provider. It may cover one or multiple contracts held by that provider. This code is added to the end of a string that reads "0000H0xxx" for HCS and TxHmL and "0000I0xxx" for ICF/IID to identify the provider in certain HHSC Provider Finance communications.

**Contract Labor** - Labor provided by non-staff individuals. Non-staff refers to personnel who provide services to the contracted provider intermittently, whose remuneration (i.e., fee or compensation) is not subject to employer payroll tax contributions (e.g., FICA/Medicare, FUTA, or SUTA) and who perform tasks routinely performed by employees. Contract labor does not include consultants. Contract labor hours must be associated with allowable contract labor costs as defined in 1 TAC §355.103(b)(2)(C).

**Contracted Provider** - The individual or legal business entity that is contractually responsible for providing Medicaid services, i.e., the business component with which Medicaid contracts for the provision of the services to be reported in this accountability report. See definitions for *Component Code* and *Contracting Entity*.

**Contracting Entity** - The business component with which Medicaid contracts for the provision of the Medicaid services included on this accountability report.

**Control** - Exists if an individual or an organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of an organization or institution. Control includes any kind of control, whether or not it is legally enforceable and however it is exercised. It is the reality of the control which is decisive, not its form or the mode of its exercise. Organizations, whether proprietary or nonprofit, are related through control to their directors in common.

*1 TAC §355.102(i)(1) and 1 TAC §355.102(i)(3)*

**Controlling Entity** - The individual or organization that owns the contracting entity. Controlling entity does not refer to provider's contracted management organization.

**HCS Accountability Report** – A single accountability report that will collect cost data for the HCS programs.

**Mileage Reimbursement** - Reimbursement paid to the attendant for the use of his or her personal vehicle and which is not subject to payroll taxes.

**Related** - Related to a contracted provider means that the contracted provider to a significant extent is associated or affiliated with, has control of, or is controlled by the organization furnishing services, equipment, facilities, leases, or supplies. See the definitions of Common Ownership, Control and Related Party.

*1 TAC §355.102(i)(1)*

**Related Party** - A person or organization related to the contracted provider by blood/marriage, common ownership, or any association, which permits either entity to exert power or influence, either directly or indirectly, over the other. In determining whether a related-party relationship exists with the contracted provider, the tests of common ownership and control are applied separately. Control exists where an individual or organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of an organization or institution. If the elements of common ownership or control are not present in both organizations, the organizations are deemed not to be related to each other. The existence of an immediate family relationship will create an irrefutable presumption of relatedness through control or attribution of ownership or equity interests where the significance tests are met. The following persons are considered immediate family for cost-reporting purposes: (1) husband and wife; (2) natural parent, child and sibling; (3) adopted child and adoptive parent; (4) stepparent, stepchild, stepsister, and stepbrother; (5) father-in-law, mother-in-law, brother-in-law, son-in-law, sister-in-law, and daughter-in-law; (6) grandparent and grandchild; (7) uncles and aunts by blood or marriage; (8) first cousins, and (9) nephews and nieces by blood or marriage. Disclosure of related-party information is required for all allowable costs reported by the contracted provider. See also definitions of *Common Ownership, Control, Related, and Related-Party Transactions*. See also the Cost Report Training materials.

*1 TAC §355.102(i)*

**Related-Party Transactions** - The purchase/lease of buildings, facilities, services, equipment, goods or supplies from the contracted provider's central office, an individual related to the provider by common ownership or control, or an organization related to the provider by common ownership or control. Allowable expenses in related-party transactions are reported on the cost report at the cost to the related party. However, such costs must not exceed the price of comparable services, equipment, facilities, or supplies that could be purchased/leased elsewhere in an arm's-length transaction.

*1 TAC §355.102(i)*

**Workers' Compensation Costs** - For cost-reporting purposes, the costs accrued for workers' compensation coverage (such as commercial insurance premiums and/or the medical bills paid on behalf of an injured employee) are allowable. Costs to administer a safety program for the reduction/prevention of employee



injuries are not workers' compensation costs; rather, these costs should be reported as Administration Costs. See definition of *Safety Program*.



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