



TEXAS
Health and Human
Services

2023 STAIRS Cost Report Training

**State of Texas Automated Information & Reporting
System**

HHSC PFD LTSS Center for Information and Training



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Deaf-Blind Multiple Disabilities (DBMD)

2022 and 2023 Accountability Report



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Objective

**To complete a STAIRS
Accountability Report**

COVID-19 Funding and Cost Reporting

Texas Health and Human Services Commission (HHSC) Provider Finance Department (PFD) has issued guidelines for how COVID-19 funds should be reported and offset on the report.

These guidelines are based on the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Texas Administrative Code requirements.



What is the Cares Act?

The CARES Act was passed by Congress and signed into law on March 27th, 2020.

The CARES Act provides relief for individuals and businesses that have been negatively impacted by the coronavirus outbreak.



What Does the Cares Act Require?

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....”**

In this case, Medicaid is considered an “Other Source” that is obligated to reimburse the expense of providing Medicaid services.



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What Does the TAC Require?

The TAC provides, “Grants and contracts from federal, state or local government...**should be offset, prior to reporting on the report,** against the particular cost or group of costs for which the grant was intended....”.

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 or the terms and conditions of the funds received.



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Provider Relief Funds (1 of 2)

Report Preparers **should offset** any provider relief funds (PRF) recognized as revenue by the provider not reimbursed by another source against any costs incurred in response to COVID-19.

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 report.



Provider Relief Funds (2 of 2)

PRF used for Lost Revenue:

PRF revenue recognized as a result of lost revenue should not reduce any expenses included on the unadjusted trial balance before those expenses being reported on the cost report because these lost revenue dollars are not associated with any specific expense.



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PPP Loans (1 of 2)

Salaries and Wages: report preparers **should offset** an amount equal to any staff wages reimbursed by PPP against any otherwise incurred salary, during the reporting period, prior to reporting.

Non-Payroll Expenses: report preparers **should offset** non-payroll related expense for the portion of the PPP loan utilized for those non-payroll items.



PPP Loans (2 of 2)

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 accountability report.



Local Funds (1 of 2)

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 report, against the particular cost or group of costs for which the grant was intended....”.



Local Funds (2 of 2)

If you have any questions about the treatment of local funds for purposes of the report, please contact the LTSS Center for Information and Training at PFD-LTSS@hhs.texas.gov.



Rate Enhancement

Providers enrolled in the Attendant Compensation Rate Enhancement program receive additional funds to provide increased wages and benefits for attendants and must demonstrate compliance with enhanced spending requirements.

Rate Enhancement recoupments are determined based on spending requirements associated with attendant compensation (such as wages, benefits, and mileage reimbursement).



Cares Act Offsets and Rate Enhancement

The offset of PRF and PPP revenues, previously mentioned, **should not impact the hours reported** for any department on the accountability report.

While the offset of some of the PRF and PPP revenues could reduce specific salaries reported on the report, the number of hours reported should agree with the actual hours related to the unadjusted salaries.

If you paid the salary using PRF or PPP dollars, the actual hours incurred will not change and do not reduce them on the accountability report.



Support Documentation

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

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



STAIRS (1 of 3)

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

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

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



STAIRS (2 of 3)

Before You Begin

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



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STAIRS (3 of 3)

Organization of the Cost Report

Reporting Categories

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



STAIRS Dashboard



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Entity List

Dashboard | Cost Reporting | Manage

Manage Contacts | Upload Center

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

Rate Analysis test
[Edit My Info](#) | [Add Role](#)

Preparer Test Account

Pamela Minton@hhsc.state.tx.us
For State Use Only
Austin, TX 78758
Phone: 123456789

Your Roles

- 100001001 - CPC
- 100001002 - CPC
- 100001003 - CPC
- 100003001 - MEI

Rj Alvarado		
Info	Roles	Actions
rj.alvarado@westosoid.net 5050 Rockford Dr Corpus Christi, TX 78416 Phone: 3618065911	<ul style="list-style-type: none">164900000 - SHARS2021 Preparer (Primary)	<ul style="list-style-type: none">Manage Preparer PermissionsAdd Non-Preparer Role

Ian Doughty		
Info	Roles	Actions
ldoughty@falchanksllc.com TX	<ul style="list-style-type: none">164800000 - SHARSFinancial Contact (Secondary) <p>edit delete</p>	<ul style="list-style-type: none">Add Non-Preparer Role

Dashboard

The **Entity Contact**

(Primary) logs into the system and sets up other users.

STAIRS – Manage Contacts

Entity “Edit My Info” link is at the top of the page.



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Entity List

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Rj Alvarado		
	Roles	Actions
rj.alvarado@westosolsd.net 5050 Rockford Dr Corpus Christi, TX 78416 Phone: 3618055911	164900000 - SHARS 2021 Preparer (Primary)	Manage Preparer Permissions Add Non-Preparer Role

Ian Doughty		
	Roles	Actions
ldoughty@falcbankllc.com TX	164800000 - SHARS Financial Contact (Secondary) edit delete	Add Non-Preparer Role

STAIRS – Review and Edit Profile


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



Dashboard | Cost Reporting

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

Edit Contact Profile

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

[Change Password](#)

Prefix

First Name *

Last Name *

Job Title *

Email *

Street 1 *

Street 2

City *

State *

Postal Code *

Phone *

Fax

STAIRS – Add Role

Entity Add Role link is at the top of the page.



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Entity List

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

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- 100003001 - MEI

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rj.alvarado@westospisd.net 5050 Rockford Dr Corpus Christi, TX 78416 Phone: 3618065911	Roles <ul style="list-style-type: none">164900000 - SHARS2021 Preparer (Primary)	Actions <ul style="list-style-type: none">Manage Preparer PermissionsAdd Non-Preparer Role

Ian Doughty		
ldoughty@fairbankallic.com TX	Roles <ul style="list-style-type: none">164800000 - SHARSFinancial Contact (Secondary) edit delete	Actions <ul style="list-style-type: none">Add Non-Preparer Role

STAIRS – Add Contract Role



Add Contact Role

Rate Analysis test

Component Code *

Role *

Primary Contact

Add Contact Role

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

STAIRS – Add New Contact

Entity “Add New Contact” link is at the top of the page.



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Entity List

Dashboard Cost Reporting Manage

Manage Contacts Upload Center

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

Rate Analysis test

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

Preparer Test Account

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For State Use Only
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Your Roles

- 100001001 - CPC
- 100001002 - CPC
- 100001003 - CPC
- 100003001 - MEI

Rj Alvarado		
rjalvarado@westosotsd.net 5050 Rockford Dr Corpus Christi, TX 78416 Phone: 3618065911	Roles 164900000 - SHARS 2021 Preparer (Primary)	Actions Manage Preparer Permissions Add Non-Preparer Role

Ian Doughty		
ldoughty@falchanksllc.com TX	Roles 164800000 - SHARS Financial Contact (Secondary) edit delete	Actions Add Non-Preparer Role

STAIRS – Add Contact Profile



Entity List

Dashboard Cost Reporting

Manage Contacts Upload Center

Add Contact Profile

Prefix

First Name *

Last Name *

Job Title *

Email *

Street 1 *

Street 2

City *

State *

Postal Code *

Phone *

Fax

Component Code *

Role *

Primary Contact

Save Cancel

STAIRS – Manage Contacts (1 of 3)

Select “Add Preparer”.



Entity List

Dashboard | Cost Reporting | **Manage**

Manage Contacts | Upload Center

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

Rate Analysis test

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

Preparer Test Account

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Austin, TX 78758

Phone: 123456789

Your Roles

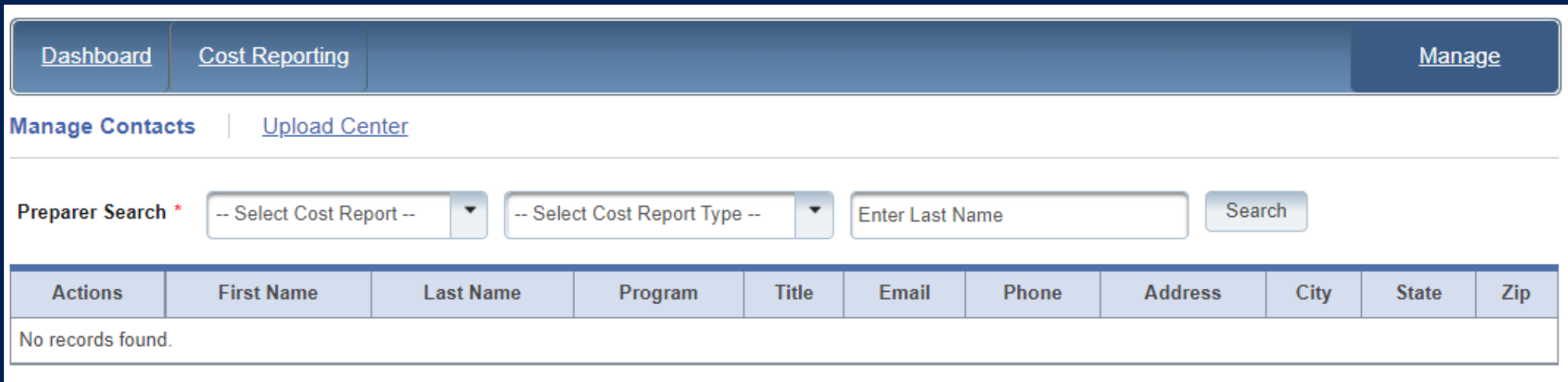
- 100001001 - CPC
- 100001002 - CPC
- 100001003 - CPC
- 100003001 - MEI

Rj Alvarado		
rj_alvarado@westosoisd.net 5050 Rockford Dr Corpus Christi, TX 78416 Phone: 3618065911	Roles <ul style="list-style-type: none">164900000 - SHARS2021 Preparer (Primary)	Actions <ul style="list-style-type: none">Manage Preparer PermissionsAdd Non-Preparer Role

Ian Doughty		
idoughty@fairbanksllc.com TX	Roles <ul style="list-style-type: none">164800000 - SHARSFinancial Contact (Secondary) edit delete	Actions <ul style="list-style-type: none">Add Non-Preparer Role

STAIRS – Manage Contacts (2 of 3)

Select a Preparer



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Manage Contacts | Upload Center

Preparer Search * -- Select Cost Report -- -- Select Cost Report Type -- Enter Last Name Search

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



STAIRS – Manage Contacts (3 of 3)

Report Preparer – determine who will be preparing your report.

Select Add preparer.

Search by name and check that the person is on the drop-down list to choose as the Preparer in STAIRS.



STAIRS – Roles (1 of 3)

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

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



STAIRS – Roles (2 of 3)

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

Detailed information can be found in the document titled “**Managing Contacts Processing Procedures**” in the Reference Materials section at the bottom of every page in STAIRS. A person can hold more than one role.



STAIRS – Roles (3 of 3)

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

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



STAIRS Entity List (1 of 2)



Entity Name	Year
ALL	2022
ALL	
ZZZ RAD CPC AR	
ZZZ RAD DAHS AR	
ZZZ RAD DBMD AR	2022
ZZZ RAD HCS AR	
ZZZ RAD ICF AR SMALL	
ZZZ RAD NF AR	
ZZZ RAD RC AR	2022
ZZZ RAD DBMD AR	2022
ZZZ RAD HCS AR	2022

Entity Name

- Open the Entity drop-down menu.
- Select your discipline from the menu.

STAIRS Entity List (2 of 2)



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Entity Name ▲	Year ▼	Type ⇅	Code ⇅	Site Type ⇅	Status ⇅	Steps Complete ⇅
ALL ▼	2022 ▼	DBMD-AR ▼	Search			
ZZZ RAD DBMD AR	2022	DBMD-AR	100011001	DBMD-1000110011	⊖	1 on 01/19/2022





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STAIRS

**There are 13 Steps to complete
an Accountability Report.**

Step 1 – Combined Entity Identification

Purpose

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

How does PFD use the information?

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



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Step 1

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



Combined Entity Identification <hr/> <p>Phone: 512-424-8500 Fax: 877-447-2839 Street Address: 4900 N. Lamar Blvd. , Austin, TX 78751 Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751</p> <p> View Information</p>	Entity Contact Identification <hr/> <p>Name: HHSC RAD Job Title: HHSC RAD Entity Name: Email: RateAnalysisDept@hhsc.state.tx.us Phone: 512-424-8500 Fax: Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751</p> <p> View Information</p>
Financial Contact <hr/> <p>Name: HHSC RAD Job Title: Entity Name: Email: RateAnalysisDept@hhsc.state.tx.us Phone: 512-424-8500 Fax: Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751</p> <p> View Information</p>	Report Preparer Identification <hr/> <p>Name: Ross Test Job Title: 111 Entity Name: Director Email: rtest@test.com Phone: 123-456-7890 Fax: Mailing Address: 99 S. Test Street , Austin, AL 78714</p> <p> View Information</p>
Location of Accounting Records that Support this Report <hr/> <p>Primary Physical Address: 4900 N. Lamar Blvd. , Austin, TX 78751</p> <p> View Information</p>	

Step 2 – General Information (1 of 2)

Purpose

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

How HHSC PFD uses the information?

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



Step 2 – General Information (1 of 2)

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

Verify Aggregation.

Combined Entity Report Period Beginning (mm/dd/yyyy) *	08/01/2021
Combined Entity Report Period Ending (mm/dd/yyyy) *	06/01/2022

Do you request to aggregate by program those contracts held by this Combined Entity which participated in the Rate Enhancement for the purpose of determining compliance with spending requirements? Indicate below by applicable program. If you only have one contract in a particular program or are only submitting one accountability report for a program select "No" for aggregation.

CLASS DSA	
DAHS	
DBMD *	Select One
HCS/TxHHL	
ICF/SD	
NF	
PHC	
RC	

Step 3 – Contract Management

Purpose

Provide information about the combined entity's business components

How PFD uses the information

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



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Step 3

Three steps:



[a. Verify Contracts for Requested Reports](#)

Last Verified by Rate Analysis test on 01/19/2022 8:12 AM



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

Last Verified by Rate Analysis test on 01/19/2022 8:12 AM



[c. Verify Business Component Summary](#)

Last Verified by Rate Analysis test on 01/19/2022 8:13 AM



Step 3a – Verify Contracts

State issue contracts are listed in Step 3A, such as HHSC contracts.

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


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

Active Entire Report Period?		Accountability Report Group Code	Contracting Entity Name	AR Type	Program	Site Type	Contract #	Contract Name	Enhancement Participation
<input checked="" type="radio"/> Yes	<input type="radio"/> No	100011001	ZZZ RAD DBMD AR	DBMD-AR	DBMD	n/a	1000110011	ZZZ RAD DBMD AR	DBMD



Step 3b – Enter Other Business Components

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

	Active Entire Reporting Period	Contract Type	Service Type	Contracting Entity Name	Contract #/ Provider Identification
	No		Other - provide explanation: Medicare		12345



Step 3c

Verify Business Component Summary



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Contract Type	Report Group Code	Contracting Entity Name	AR Type
Requested	100011001	ZZZ RAD DBMD AR	DBMD-AR
Medicare	12345		Other - provide explanation - Medicare

Are there any other contracts, grants, or business relationships with HHSC, the State of Texas, or with any other business entities not included in the summary table above?

Yes

No

Step 4 – General Information (1 of 3)

Purpose

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

How do we use this information?

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



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Step 4 – General Information (2 of 3)



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National Provider Identifier (NPI) # Please contact HSCC at providerinformation@hsc.texas.gov if you believe this is not your current NPI number.	123			
Type of Ownership of Contracting Entity	Proprietary (For Profit) <input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> "S" Corporation <input type="radio"/> Corporation	Nonprofit Corporation <input type="radio"/> Owned or affiliated with religious organization <input type="radio"/> Not owned or affiliated with religious organization	Nonprofit Association <input type="radio"/> Owned or affiliated with religious organization <input type="radio"/> Not owned or affiliated with religious organization	Government <input type="radio"/> State <input type="radio"/> County <input type="radio"/> Municipality <input type="radio"/> Special District <input type="radio"/> Federal
Contracted Provider Report Period Beginning (mm/dd/yyyy)	08/01/2021			
Contracted Provider Report Period Ending (mm/dd/yyyy)	08/01/2022			
Is provider a participant in Rate Enhancement for the entire reporting period for this accountability report group for DBMD services?	Yes			
Was an accrual method of accounting used for reporting all revenues, expenses, and statistical information on this report except for where the instructions require otherwise?	<input type="checkbox"/>			
Does the provider have work papers that clearly reconcile between the fiscal year total balance and the amounts reported on this report? If no, please provide an explanation.	<input type="checkbox"/>			
Did you provide units of service during this cost reporting period?	<input type="checkbox"/>			

- Correctly identify the ownership of the contracting entity
- Dates and National Provider Identifier will prepopulate
- Rate Enhancement Participation questions prepopulated
- Questions regarding preparation to complete the report

Step 4 – General Information (3 of 3)

COVID-19 Related Questions

This section is questions on how COVID-19 affected your business.

This section is for informational purposes only.

Covid Related Questions	
Did you experience a decrease in costs/utilization directly related to COVID-19?	<input type="text" value="---"/> <input type="button" value="v"/>
Did you incur an increase in costs directly related to COVID-19? For example, some providers may have paid more for Personal Protective Equipment (PPE) – either because they had to purchase more PPE and/or it was more expensive.	<input type="text" value="---"/> <input type="button" value="v"/>
Did you incur costs for a category(ies) that historically is not incurred when administrating/delivering this program/service?	<input type="text" value="---"/> <input type="button" value="v"/>
Did you receive local, state or federal grants directly related to COVID-19?	<input type="text" value="---"/> <input type="button" value="v"/>



Step 5. Units of Service and Revenue

Purpose

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

How do we use this information?

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



Step 5

Step 5.a. – Attendant Units



Step 5 – Coming Soon

Day Habilitation Services will be replaced by Individualized Skills and Socialization (ISS)

01/01/23 – ISS begins

02/28/23 - Day Habilitation ends

03/01/23 – ISS can start billing

09/01/23 – ISS Rate Enhancement enrollment begins



Step 5a – Attendant Units

Enter Units of Service for:

- Day Habilitation
- Day Hab under 24 Hours
- Intervener
- Chore
- Supported Employment
- Employment Assistance
- Community First Choice



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Habilitation Services - Day				
Service	Rate Period 1 08/01/2021 - 08/31/2021	Rate Period 2 09/01/2021 - 05/01/2022	Total Units	Revenue
Medicaid Units	<input type="text"/>	<input type="text"/>	.00	
Private Pay	<input type="text"/>	<input type="text"/>	.00	\$ <input type="text"/>
Non-Reimbursed Service	<input type="text"/>	<input type="text"/>	.00	
TOTAL Hab - Day Units	.00	.00	.00	\$0

Habilitation Services - Less Than 24 Hours				
Service	Rate Period 1 08/01/2021 - 08/31/2021	Rate Period 2 09/01/2021 - 05/01/2022	Total Units	Revenue
Medicaid Units	<input type="text"/>	<input type="text"/>	.00	
Private Pay	<input type="text"/>	<input type="text"/>	.00	\$ <input type="text"/>
Non-Reimbursed Service	<input type="text"/>	<input type="text"/>	.00	
TOTAL Hab - Under 24 Units	.00	.00	.00	\$0

Intervener Services				
Service	Rate Period 1 08/01/2021 - 08/31/2021	Rate Period 2 09/01/2021 - 05/01/2022	Total Units	Revenue
Medicaid Units	<input type="text"/>	<input type="text"/>	.00	
Private Pay	<input type="text"/>	<input type="text"/>	.00	\$ <input type="text"/>
Non-Reimbursed Service	<input type="text"/>	<input type="text"/>	.00	
TOTAL Intervener Units	.00	.00	.00	\$0

Step 6 Wages & Compensation

Purpose

PFD uses this step is to collect wages, compensation, and benefits information for the contracted provider's attendant staff.

How do we use this information?

PFD uses this information to determine the contracted provider's employee and contracted staff expenses. Staff expenses are used in the report reconciliation process to determine spending compliance in the Attendant Compensation Rate Enhancement program and rate-setting calculations.



Step 6

Step 6a – General Information

Step 6b – Related Party

Step 6c – Attendant



Step 6a

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

Click "Yes" or "No."

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

Yes

No



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Related Parties

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

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



Step 6b – Related-Party (1 of 2)

Purpose

To collect related-party information.

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

6b. Related-Party

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

 Save  Save and Return  Cancel  Add Record  Edit  Delete Record

Step 6b – Related-Party (2 of 2)



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6b. Related-Party

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

Business Component & Line Item Allocation

							Hours	Compensation
							<input type="text"/>	<input type="text"/>
Line Item	Site Type	Job Title	Position Type	Description Of Duties	Employed/Contracted	Total Hours Worked	Compensation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="button" value="Add Line Item"/>								
TOTAL								
Attach Organization Chart 1			Attach Organization Chart 2 (Optional)			Attach Organization Chart 3 (Optional)		
<input type="text"/> Select file or upload new file			<input type="text"/> Select file or upload new file			<input type="text"/> Select file or upload new file		
Select Line Item Allocation Methodology					Attach Methodology			
<input type="text"/>					<input type="text"/> Select file or upload new file			
TOTAL								
Select Business Component Allocation Methodology						Attach Methodology		
<input type="text"/>						<input type="text"/> Select file or upload new file		

Step 6c – Attendant

Report attendant expenses.



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Type	Non-Related Party				Related Party				Related Party and Non-Related Party			Total Compensation M (C+E+G+H+J+L)	Average Staff Rate N [(C+G)/(B+F)]	Average Contracted Rate O [(E+H)/(D+H)]	Average Mileage Reimbursement per mile P (L/K)
	Total Staff Hours B	Total Staff Wages C	Total Contracted Hours D	Total Contracted Payment E	Total Staff Hours F	Total Staff Wages G	Total Contracted Hours H	Total Contracted Payment I	Employee Benefits/Insurance J	Miles Traveled K	Mileage Reimbursement L				
Habilitation Services - Day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0.00	\$0.00	\$0.00
Habilitation Services - Less than 24 Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0.00	\$0.00	\$0.00
Intervener Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0.00	\$0.00	\$0.00
Chore Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0.00	\$0.00	\$0.00
Supported Employment Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0.00	\$0.00	\$0.00
Employment Assistance Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0.00	\$0.00	\$0.00
Community First Choice (CFC) PAS/HAB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0	\$0.00	\$0.00	\$0.00
TOTAL	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	\$0	0	\$0	\$0			

Step 7 – Payroll Taxes & Workers' Compensation

Purpose

To collect information on your facilities' Payroll Taxes and Workers' Compensation for the contracted provider's attendants.



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Step 7 (1 of 2)

Report costs for all Attendant staff.



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

Step 7 (2 of 2)

If payroll taxes (i.e., FICA, Medicare, and state/federal unemployment) are allocated based on 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.

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



Step 9 – Preparer Verification Summary

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

Revenue Summary	
Total Private and Other Revenue	\$0
TOTAL REVENUE	\$0.00

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



Step 10 – Preparer Certification (1 of 3)

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

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

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



Step 10 – Preparer Certification (2 of 3)

Preparer (Methodology) Certification

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



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

Step 10 – Preparer Certification (3 of 3)



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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 _____

Step 11 – Entity Contact Certification (1 of 4)

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

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



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Step 11 – Entity Contact Certification (2 of 4)

Review the certification signer's requirements.



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

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

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

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

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

Step 11 – Entity Contact Certification (3 of 4)

Signer must fill out the identification information.

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

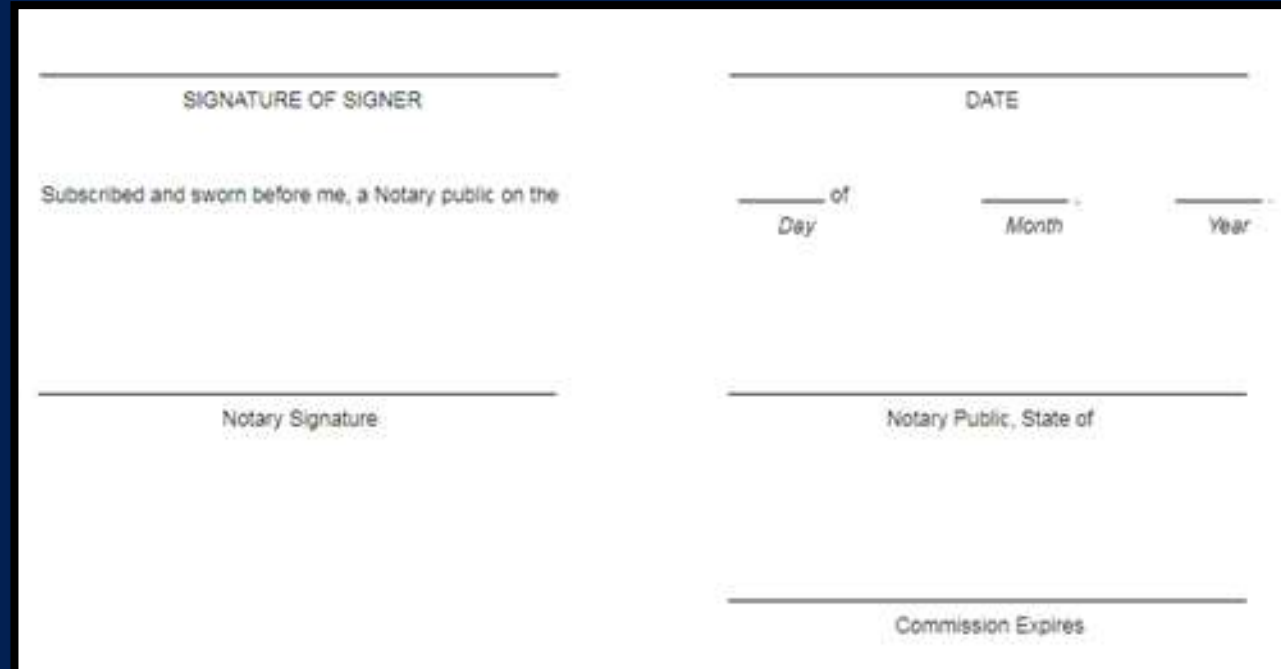


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Step 11 – Entity Contact Certification (4 of 4)

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

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



A notary public form for Entity Contact Certification. The form is white with black text and lines. It contains the following fields and text:

- SIGNATURE OF SIGNER**: A horizontal line for the signature of the individual responsible for the provider's conduct.
- DATE**: A horizontal line for the date, followed by "of", and three horizontal lines for "Day", "Month", and "Year".
- Subscribed and sworn before me, a Notary public on the**: A horizontal line for the date of the signing.
- Notary Signature**: A horizontal line for the notary's signature.
- Notary Public, State of**: A horizontal line for the state of the notary.
- Commission Expires**: A horizontal line for the expiration date of the notary's commission.



STAIRS – Digital Signatures

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



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

Step 12 – Provider Adjustments Report (1 of 3)

Purpose

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

The provider has 30 days to review the findings.

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



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Step 12 – Provider Adjustments Report (2 of 3)

Report Shows:

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



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Step 12 – Provider Adjustments Report (3 of 3)

This report shows the Recoupment Summary



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Recoupment Summary

Program / Contract / Group	Level Awarded	Spending Requirement	Actual Spending	Per Unit Recoupment	Estimated Total Recoupment
DBMD		\$0.00	\$0.00	\$0.00	\$100.00
Total Recoupment		\$0.00	\$0.00	\$0.00	\$100.00

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

Unless you request an informal review in accordance with 1 TAC §355.110, adjustments to the provider's rates per unit for this reporting period will be sent to the 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.

Step 13 – Agree/Disagree (1 of 2)

Purpose

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

How do we use this information?

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

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Step 13 – Agree / Disagree (2 of 2)

Step 13 has three new options, and they are:

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

The screenshot shows a web form with three radio button options:

- I Agree**: By clicking "Agree" I agree with the items listed in the Step 12 – Adjustment / Reconciliation / Settlement Report and authorize the Texas Health and Human Services Commission to report the items listed in the Step 12 report.
- I Agree and Request a Payment Plan**: By clicking "Agree and Request a Payment Plan" I agree with the items listed in the Step 12 – Adjustment / Reconciliation / Settlement Report and authorize the Commission to report the items listed in the Step 12 report. I understand that once I have agreed I waive my right to dispute any items listed in the Step 12 report. I also understand that clicking "Agree and Request a Payment Plan" will initiate the process of requesting a payment plan for the items listed in the Step 12 report.
- I Disagree**: By clicking "Disagree" I acknowledge that I disagree with one or more of the items listed in the Step 12 – Adjustment / Reconciliation / Settlement Report and I understand that clicking "Disagree" button instructions will appear on the next screen detailing mandatory actions necessary to request an informal review. You must complete these actions before you can request an informal review with the resubmission amount listed in Step 12.

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

Step 13a – Request Informal Review

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

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

- Upload Formal Review
- Request 15-day Provider disagree extension

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

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

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

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

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

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

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

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

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

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

Step 13b – Agree with Payment Plan

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

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

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

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

Requirements:

The request letter must be:

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

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

Upload Formal Payment Plan Request Form: Select file or upload new file

Step 13c – Additional Information Requested

Upload additional information.



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A valid request must contain the following:

- A concise statement of specific actions or determinations made by HHSC since the initial certification of the report. Actions and determinations made by HHSC can be found in the Provider.
- Recommended resolutions to the disputed actions or determinations.
- Supporting documentation for the recommended resolution requested during the informal review. Documentation includes:
 - A trial balance or allocation summary,
 - Payroll summary records,
 - Legal agreements,
 - State or federal awards,
 - Grant or obligation letters, or
 - Any other documentation that substantiates the requested adjustment.

The request letter must be signed by an individual legally responsible for the conduct of the entity and submitted by the due date listed within STAIRS.

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

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

Step 14 – Informal Review (1 of 2)

Purpose

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



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Summary Table

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

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

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

In accordance with Title 1 of the Texas Administrative Code (TAC), §355.308(s) for nursing facilities, or §355.112(t) for all other programs, the below Recoupment Summary indicates whether or not the provider is subject to recoupment for failure to meet participation requirements.

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

Step 14 – Informal Review (2 of 2)



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Summary Table

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

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

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

In accordance with Title 1 of the Texas Administrative Code (TAC), §355.308(s) for nursing facilities, or §355.112(t) for all other programs, the below Recoupment Summary indicates whether or not the provider is subject to recoupment for failure to meet participation requirements.

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

Due Date



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



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PFD Contact Information

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



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Contact Information

Regular Mail:

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

Special Delivery:

Texas Health and Human Services Commission
Provider Finance Department, Mail Code H-400
4601 W. Guadalupe St.
Austin, TX 78751





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Thank you

HHSC PFD Center for Information and Training