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# 2024 STAIRS Cost Report Training

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

HHSC PFD LTSS



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# Single Source Continuum Contractors (SSCC)

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## 2024 Cost Report

# How to Download Training Materials

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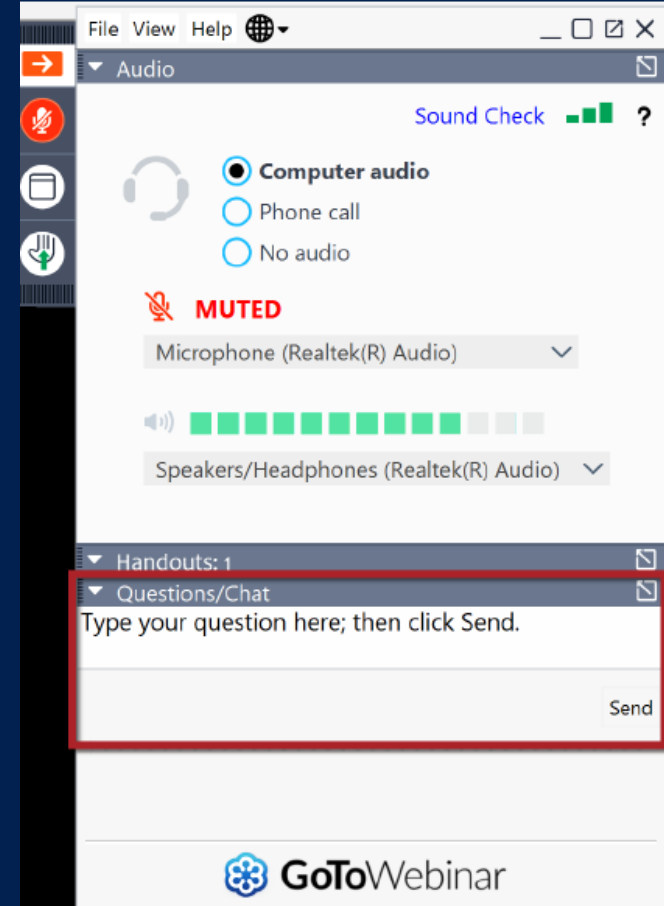
1. Visit the [Texas Health and Human Services Commission \(HHSC\) Provider Finance Department \(PFD\) website](https://pfd.hhs.texas.gov/long-term-services-supports/cost-and-accountability-report-training) (https://pfd.hhs.texas.gov/long-term-services-supports/cost-and-accountability-report-training).
2. Click on the program specific Cost and Accountability Report Instructions, Report Webinar Presentation, or Other Resources.
3. Download the resource.



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# How to Ask a Question

1. Click on **Questions/Chat.**
2. Type your question in the Questions/Chat pane.
3. Click **Send.**



# Training Completion

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You must register and attend the full duration of the webinar to receive the credit required to complete the Cost Report.

Credit will be given approximately 10 days following this training.

If credit has not been awarded after 10 days, please contact [PFD Cost Information](mailto:costinformationpfd@hhs.texas.gov) (costinformationpfd@hhs.texas.gov).



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# Objective

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**To complete a STAIRS Cost Report**

# Local Funds (1 of 2)

According to Title 1 of the Texas Administrative Code (TAC) Section 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.....



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## Local Funds (2 of 2)

Please refer to Step 5 on the instructions for more information about the treatment of local funds and federal or state grants for cost report purposes. Generally, public grants are required to be offset before reporting on the Cost Report. However, private grants should not be offset. The Department of Family Protective Services (DFPS) grants are typically an exception to this rule for SSCC.



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# Supporting Documentation (1 of 3)

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

The state acknowledges providers may be required to submit reports to local or federal jurisdictions. **Do not** provide the State with a copy of these reports or any applicable supporting documentation for these reports.



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# Support Documentation (2 of 3)

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



## Supporting Documentation (3 of 3)

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

**Portable Document Format (PDFs) and images are not acceptable forms of documentation.**



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## STAIRS (1 of 3)

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

Fairbanks will send a notification of access, login, and password to the email address PFD has on file.

If you have not received notification of access, please contact [PFD Cost Information](#) (CostInformationPFD@hhs.texas.gov).



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## STAIRS (2 of 3) – Before you Begin

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



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# STAIRS (3 of 3) – Organization of the Cost Report

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## Reporting Categories

- Combined Entity and Provider Information
- Placement Days, Revenue, and Subcontractor and Purchased Client Services Expenses
- Wages and Compensation
- Payroll Taxes and Workers' Compensation
- Facility and Operations
- Verification Summary and Certifications
- Agree/Disagree and Informal Review



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# User Interface - Dashboard



A screenshot of the STAIRS (State of Texas Automated Information Reporting System) user interface. The page title is "Entity List" and the user is logged in as "DON". The dashboard includes a navigation menu with "Dashboard" (highlighted with a red box), "Cost Reporting", and "Manage". A "Reference Materials" link is visible in the top right. The main content area is divided into several sections: "Important Information" with a date of 04/01/2020 and a link to a certification page; "Important Upcoming Dates"; "Upcoming Training Dates" with links to register for cost report training (excluding MEI), MEI cost report training, and SHARS cost report training; and "Access the Trained Preparers List". At the bottom, there are two columns of "General Reference Material" and "Program Specific Reference Material", each containing several links to helpful information, instructions, and announcements.

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

# User Interface - Cost Reporting

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

Entity List

Dashboard **Cost Reporting** Manage

Print Reference Materials Upload Center Help

Show 10 entries First Previous Next Last

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

First Previous Next Last

General Reference Material Program Specific Reference Material

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

[Program Specific Reference Materials](#)

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



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# User Interface – Manage (1 of 5)



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STATE OF TEXAS AUTOMATED INFORMATION REPORTING SYSTEM (STAIRS)

## Entity List

Dashboard | Cost Reporting | **Manage**

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

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

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

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

Phone:  
Fax:

Your Roles

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

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

# User Interface – Manage (2 of 5)



## Edit My Info

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

The screenshot shows a web application interface for editing a contact profile. At the top, there are navigation tabs for "Dashboard" and "Cost Reporting". Below these are links for "Manage Contacts" and "Upload Center". The main heading is "Edit Contact Profile". A red warning banner at the top of the form reads: "Please review your contact information below and update it if necessary." Below the banner is a link for "Change Password". The form contains several input fields:

- Prefix: Mrs.
- First Name \*: Rate Analysis
- Last Name \*: Test
- Job Title \*: Preparer Test Account
- Email \*: Pamela.Minton@hhsc.state.t
- Street 1 \*: For State Use Only
- Street 2: (empty)
- City \*: Austin
- State \*: Texas (dropdown menu)
- Postal Code \*: 78758
- Phone \*: 123456789
- Fax: (empty)

At the bottom of the form are two buttons: "Save" and "Cancel".

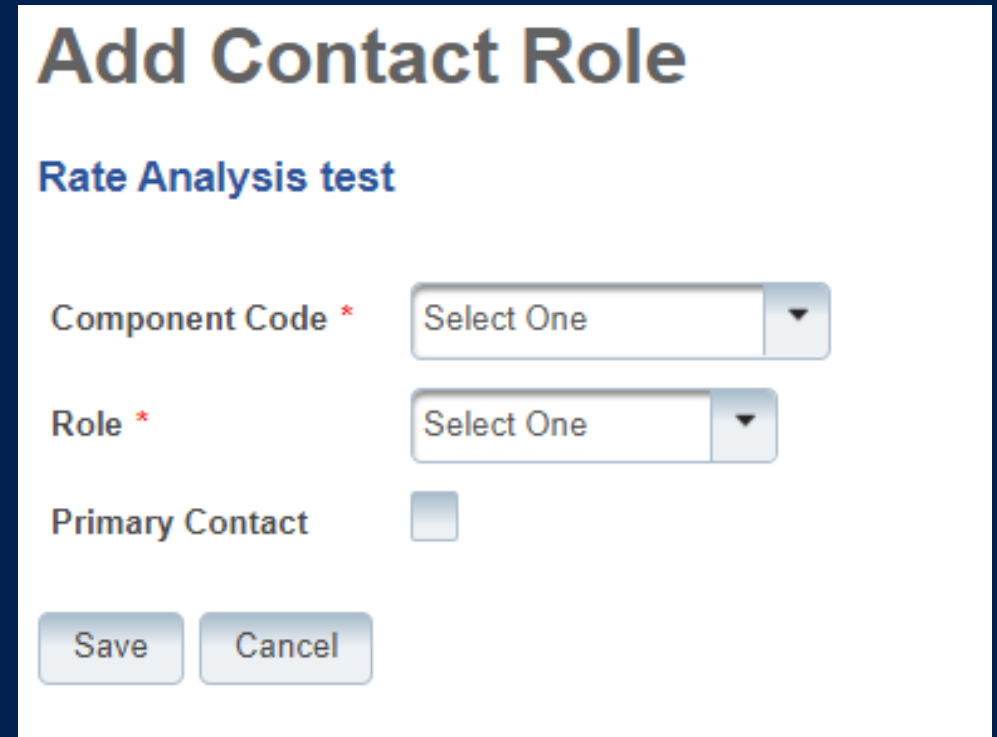
# User Interface – Manage (3 of 5)

## Add Role

From the Manage link, select Add Role.

- Add Cost Report Group Code
- Add Role as “Primary” or “Financial Contact”

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



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



# User Interface – Manage (4 of 5)

## Add a New Contact

From the Manage link, select Add a New Contact.

- Fill out the Contact Profile
- Add Role as “Primary” or “Financial Contact”

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



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The screenshot shows the 'Entity List' page in a web application. At the top, there are navigation tabs for 'Dashboard', 'Cost Reporting', and 'Manage'. Below the tabs, there are links for 'Manage Contacts' and 'Upload Center'. A red box highlights the 'Add a new contact' button. To its right is the 'Add Preparer' button, and further right is a link for 'Reference Materials'. The main content area displays two contact profiles:

Rj Alvarado		
<a href="#">rj_alvarado@westosoisd.net</a> 5050 Rockford Dr Corpus Christi, TX 78416 Phone: 3618065911	<b>Roles</b> 164900000 - SHARS 2021 Preparer (Primary)	<b>Actions</b> <a href="#">Manage Preparer Permissions</a> <a href="#">Add Non-Preparer Role</a>

Ian Doughty		
<a href="#">idoughty@fairbanksllc.com</a> TX	<b>Roles</b> 164800000 - SHARS Financial Contact (Secondary)	<b>Actions</b> <a href="#">Add Non-Preparer Role</a> <a href="#">edit</a> <a href="#">delete</a>

Below the contact profiles, there is a section for 'Your Roles' with a list of roles and checkboxes:

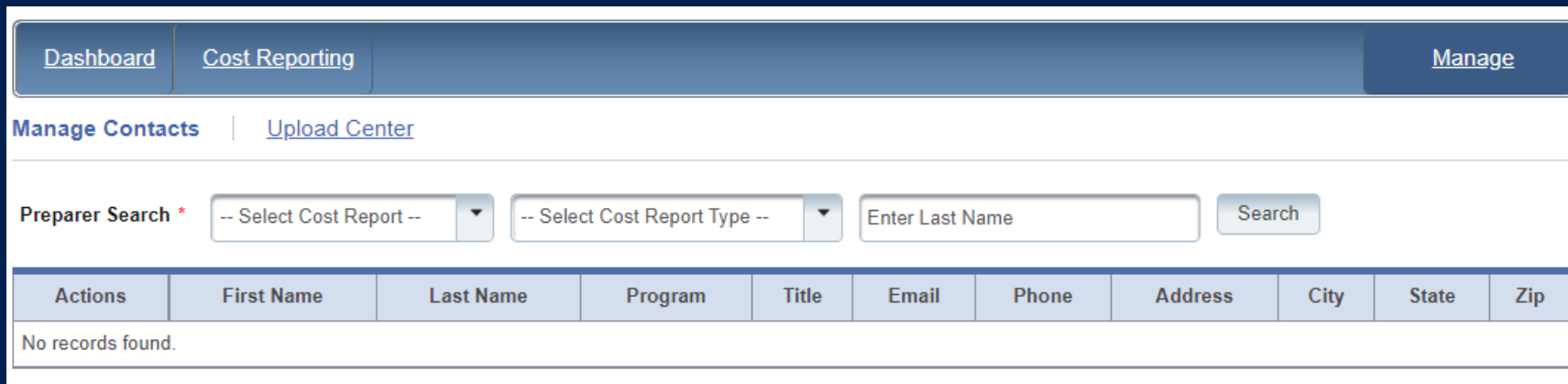
- 100001001 - CPC
- 100001002 - CPC
- 100001003 - CPC
- 100003001 - MEI

# User Interface – Manage (5 of 5)

## Add Preparer

From the Manage link, select Add Preparer.

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



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

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





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# STAIRS

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

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

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## Purpose

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

## How does HHSC PFD use the information?

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



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# Step 1 - Combined Entity Identification (2 of 2)

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



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### 1. Combined Entity Identification

Please enter and verify the information below

[Save](#) [Save and Return](#) [Cancel](#)

---

<b>Combined Entity Identification</b>	<b>Entity Contact Identification</b>
Phone: 512-424-6500 Fax: 877-447-2839 Street Address: 4900 N. Lamar Blvd. , Austin, TX 78751 Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751 <a href="#">View Information</a>	Name: HHSC RAD Job Title: HHSC RAD Entity Name: ZZZ SSSC Q4 Email: RateAnalysisDept@hhsc.state.tx.us Phone: 512-424-6500 Fax: Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751 <a href="#">View Information</a>
<b>Financial Contact</b>	<b>Report Preparer Identification</b>
Name: HHSC RAD Job Title: Entity Name: Email: RateAnalysisDept@hhsc.state.tx.us Phone: 512-424-6500 Fax: Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751 <a href="#">Edit Information</a>	Name: HHSC RAD Job Title: HHSC RAD Entity Name: HHSC Email: RateAnalysisDept@hhsc.state.tx.us Phone: 512-424-6500 Fax: Mailing Address: 4900 N. Lamar Blvd. , Austin, TX 78751 <a href="#">Edit Information</a>
<b>Location of Accounting Records that Support this Report</b>	
Primary Physical Address: 4900 N. Lamar Blvd. , Austin, TX 78751 <a href="#">Edit Information</a>	

[Save](#) [Save and Return](#) [Cancel](#)



# Step 2 – General Information

The purpose of Step 2 is to gather general information, including the Combined Entity's reporting period.



### 2. General Information

Please enter and verify the information below

**Warning:** The report period beginning and ending dates have been established by HHSC and cannot be edited by the cost report preparer. If provider has questions about these dates or believe they are not correct please contact the HHSC Provider Finance Department by email at [costinformationpfd@hhs.texas.gov](mailto:costinformationpfd@hhs.texas.gov).

Combined Entity Report Period Beginning (mm/dd/yyyy) *	09/01/2023
Combined Entity Report Period Ending (mm/dd/yyyy) *	08/31/2024

When reporting Facility and Operations expenses would the provider like to report depreciable assets on step 8e at the summary level? NOTE: By selecting Yes any previous year depreciable asset data will be deleted upon submission of the cost report. \*

Yes  No

## Step 3 – Contract Management

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### Purpose

Provide information about the combined entity's business components

### How does HHSC PFD use this information?

The information provided in Step 3 is used during the Cost Report examination process.





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# Step 3

There are three steps:


## 3. Contract Management


 Please enter and verify the information below

 [Return](#)

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

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

 [c. Verify Business Component Summary](#)

 [Return](#)



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# Step 3a – Verify Contracts (1 of 2)

Your SSCC contract and fee-for-service contracts are listed in Step 3a.

If any of your contracts are not listed correctly, contact us at: [PFD Cost Information](mailto:CostInformationPFD@hhs.texas.gov) (CostInformationPFD@hhs.texas.gov).

Active Entire Report Period?	Cost Report Group Code	Contracting Entity Name	CR Type	Program	Contract #	Contract Name	Note
<input type="radio"/> Yes <input type="radio"/> No	11111004Q4	ZZZ SSCC Q4	SSCC	SSCC	123456601	ZZZ RAD SSCC Q4	<input type="text"/>



## Step 3a – Verify Contracts (2 of 2)

For SSCCs, the reporting period will determine the last three digits of the Cost Report Group Code as follows:


- 001: September 1 – November 30
- 002: September 1 – February 28 (or 29)
- 003: September 1 – May 31
- 004: September 1 – August 31


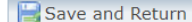
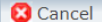

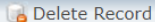


# Step 3b – Enter Other Business Components (1 of 2)


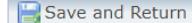
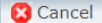

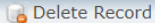
Other Contracts, Grants, or Business Relationships with the State of Texas or any other entity or other funding sources.

## 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)

 Please enter and verify the information below

 Save  Save and Return  Cancel  Add Record  Edit  Delete Record

<input type="checkbox"/>	Active Entire Reporting Period	Contract Type	Service Type	Contracting Entity Name	Contract #/ Provider Identification	Added By	Note
No records found.							

 Save  Save and Return  Cancel  Add Record  Edit  Delete Record



# Step 3b – Enter Other Business Components (2 of 2)



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## 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)

Please enter and verify the information below

Save and Return Cancel

Active Entire Cost Report Period	Contract Type	Service Type	Contract #/ Provider Identification	Note
<input type="radio"/> Yes <input type="radio"/> No	---	---		
<input type="radio"/> Yes <input type="radio"/> No	---	---		
<input type="radio"/> Yes <input type="radio"/> No	---	---		
<input type="radio"/> Yes <input type="radio"/> No	---	---		
<input type="radio"/> Yes <input type="radio"/> No	---	---		

Save and Return Cancel

# Step 3c - Summary

## Verify Business Component Summary



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### 3.c. Verify Business Component Summary

Please enter and verify the information below

Save Save and Return Cancel

Contract Type	Report Group Code	Contracting Entity Name	CR Type	Site Type
Requested	11111004Q4	ZZZ SSCC Q4	SSCC	

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

Save Save and Return Cancel



## Step 4 – General Information (1 of 5)

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### Purpose

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

### How does HHCS PFD use this information?

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



# Step 4 – General Information (2 of 5)

- Correctly identify the ownership of the contracting entity
- Dates will prepopulate
- Questions regarding the preparation to complete the report
- Catchment area



### 4. General Information

Please enter and verify the information below

Save Save and Return Cancel

	Proprietary (For Profit)	Nonprofit Corporation	Nonprofit Association	Government
Type of Ownership of Contracting Entity	<input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input type="radio"/> Limited Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> "S" Corporation <input type="radio"/> Corporation	<input type="radio"/> Owned or affiliated with religious organization <input type="radio"/> Not owned or affiliated with religious organization	<input type="radio"/> Owned or affiliated with religious organization <input type="radio"/> Not owned or affiliated with religious organization	<input type="radio"/> State <input type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> Special District <input type="radio"/> Federal
Contracted Provider Report Period Beginning (mm/dd/yyyy)	09/01/2023			
Contracted Provider Report Period Ending (mm/dd/yyyy)	08/31/2024			
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?	---			
Did the preparer(s) of this report review the most recently received audit adjustments and make the necessary revisions when preparing this report?	---			
Does the provider have work papers that clearly reconcile between the fiscal quarter trial balance and the amounts reported on this report? If No, please provide an explanation.	---			
Is the provider reporting Central Office expenses in this Cost Report?	---			
Is the provider reporting any allocated Non-Central Office Program Administration expenses?	---			

# Step 4 – General Information (3 of 5)



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What catchment area does the provider provide services for?	<p>Clear selection(s)</p> <ul style="list-style-type: none"><li>Catchment Area 1</li><li>Catchment Area 2</li><li>Catchment Area 3b</li><li>Catchment Area 8b</li></ul> <p>Catchments selected: 0</p>												
During the reporting period what is the number of unique children and young adults served?	<input type="text"/>												
What stage(s) of CBC transition was the provider in during the reporting period? (Enter date ranges for valid Stages provided during the reporting period)	<table border="1"><thead><tr><th></th><th>Select Begin Date</th><th>Select End Date</th></tr></thead><tbody><tr><td>Stage 1</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Stage 2</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Stage 3</td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>		Select Begin Date	Select End Date	Stage 1	<input type="text"/>	<input type="text"/>	Stage 2	<input type="text"/>	<input type="text"/>	Stage 3	<input type="text"/>	<input type="text"/>
	Select Begin Date	Select End Date											
Stage 1	<input type="text"/>	<input type="text"/>											
Stage 2	<input type="text"/>	<input type="text"/>											
Stage 3	<input type="text"/>	<input type="text"/>											
Total Days of Conservatorship Care	<input type="text"/>												
Total Days of Extended Foster Care	<input type="text"/>												
Total Paid Days of Care	<input type="text"/>												
Total Non-Paid Days of Care	<input type="text"/>												
Number of Unique Families Served	<input type="text"/>												

- Enter Catchment Area
- Enter the dates for stages of Community-Based Care (CBC) transition
- Enter census data

# Step 4 – General Information (4 of 5)



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Number of Unique Kinship Caregivers Served	<input type="text"/>
Number of Children and Young Adults Served Via Courtesy Supervision, Local Permanency Specialist, or ICPC	<input type="text"/>
Total Days of Care Via Courtesy Supervision, Local Permanency Specialist, or ICPC	<input type="text"/>
Total Days of Care Provided by 24RCC Entities Owned or Operated by Your Organization	<input type="text"/>
Upload an organizational chart. The organizational chart must include the number of employees, names of employees at or above the Director level, position titles, and any related party information.  Please attach the Organizational Chart	<input type="text" value="---"/> Select file or <a href="#">upload new file</a>

# Step 4 – General Information (5 of 5)



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## Public Health Emergency (PHE) Related Questions

This section includes questions on how these PHEs affected the business.

This section is for informational purposes only.

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

Save Save and Return Cancel

# Step 5 – Revenue & Other Expenses

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## Purpose

The purpose of Step 5 is to collect information about Placement Days.

## How does HHSC PFD use this information?

HHSC PFD uses this information to determine the contracted provider's revenue. Placement Days are used in the report reconciliation process during rate-setting calculations.



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# Step 5 – Overview



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## 5. Placement Days and Revenue

Please enter and verify the information below

Return

[a. Bed Hold Referral Days and Revenue](#)

[b. Placement Days and Revenue](#)

[c. SSCC's Subcontractor Payments and Purchased Client Services](#)

[d. Other Revenue](#)

Return

- Step 5.a. – Bed Hold Referral Days and Revenue
- Step 5.b. – Placement Days and Revenue
- Step 5.c. – SSCC's Subcontractor Payments and Purchased Client Services
- Step 5.d. – Other Revenue

# Step 5a – Bed Hold Days & Revenue

- Report the number of bed hold days and associated revenue.
- Report other revenues here.

**5.a. Bed Hold Referral Days and Revenue**

Please enter and verify the information below

Save Save and Return Cancel

Bed Hold Days		
Type	Bed Hold Days	Bed Hold Revenue
SSCC's Bed Hold Referrals and Revenue Paid to Subcontractors	<input type="text"/>	<input type="text"/>
Temporary Emergency Placement Days - Bed Hold ONLY	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<b>0</b>	<b>0.00</b>

Other Revenue	
Type	Revenue
Non-DFPS Revenue	<input type="text"/>
Resource Transfer Stage I	<input type="text"/>
Resource Transfer Stage II	<input type="text"/>
Additional Appropriation Resource Transfer	<input type="text"/>
Supplemental Overtime Payment – Stage I	<input type="text"/>
Supplemental Overtime Payment – Stage II	<input type="text"/>
Startup Stage II	<input type="text"/>
Quality & Utilization Management	<input type="text"/>
Child and Adolescent Needs and Strengths (CANS)	<input type="text"/>





# Step 5b – Placement Days & Revenue

Report Placement Day Revenues separated by rate periods.



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## 5.b. Placement Days and Revenue

Please enter and verify the information below

Save

Save and Return

Cancel

Placement Days and Revenue Rate Period 09/01/2023 - 08/31/2024

Referral Source	Total Days	Total Revenue
GRO	<input type="text"/>	\$ <input type="text"/>
CPA	<input type="text"/>	\$ <input type="text"/>
ES	<input type="text"/>	\$ <input type="text"/>
TEP	<input type="text"/>	\$ <input type="text"/>
DFPS Exceptional Care Referrals	<input type="text"/>	\$ <input type="text"/>
SIL	<input type="text"/>	\$ <input type="text"/>
IPSP	<input type="text"/>	\$ <input type="text"/>
Q RTP	<input type="text"/>	\$ <input type="text"/>
<b>TOTAL</b>	<b>0</b>	<b>\$0.00</b>

Save

Save and Return

Cancel

# Step 5c – Subcontractor Payments

Report expenses paid to Subcontractors (including for Bed Hold and Placement Days) in the first table of Step 5c.

**5.c. SSCC's Subcontractor Payments and Purchased Client Services**

Please enter and verify the information below

Save Save and Return Cancel

Subcontractor Payments								
Referral Type	Placement Days Purchased	Total Dollars Paid (Placement)	Average Dollars per Placement Day	Bed Hold Days Purchased	Total Dollars Paid (Bed Hold)	Average Dollars Paid (Bed Hold)	Incentives	Remedies
	A	B	C=B/A	D	E	F=E/D	G	H
GRO/RTC	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
CPA	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Eemergency Care Services	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Foster Family	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
IPTP	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Exceptional Care	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
TEP	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
SIL	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
IPSP	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
QRTP	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	0	0.00	0.00	0	0.00	0.00	0.00	0.00



# Step 5c – Purchased Client Services

Report Purchased Client Services expenses in the second table of Step 5c.



Purchased Client Services			
Service Code	Service Description	Total Units of Service	Total Dollars Paid
18A	PAL Health and Safety Training IV-E	<input type="text"/>	<input type="text"/>
18B	PAL Housing/Transport Training IV-E	<input type="text"/>	<input type="text"/>
18C	PAL Job Readiness Training IV-E	<input type="text"/>	<input type="text"/>
18D	PAL Financial Management Training IV-E	<input type="text"/>	<input type="text"/>
18E	PAL Life Decisions/Responsibilities Training IV-E	<input type="text"/>	<input type="text"/>
18F	PAL Personal/Social Relationships Training IV-E	<input type="text"/>	<input type="text"/>
18H	PAL Educational/Vocational Services IV-E	<input type="text"/>	<input type="text"/>
18I	PAL Auxiliary Services IV-E	<input type="text"/>	<input type="text"/>
18L	PAL Life Skills Training IV-E	<input type="text"/>	<input type="text"/>
18M	PAL IL Assessment	<input type="text"/>	<input type="text"/>
56W	Adoptive Home Study	<input type="text"/>	<input type="text"/>
71A	SSCC-Drug Testing-Urine Analysis	<input type="text"/>	<input type="text"/>
71B	SSCC-Drug Testing-Oral Fluids	<input type="text"/>	<input type="text"/>
71C	SSCC-Drug Testing-Hair Testing	<input type="text"/>	<input type="text"/>
71D	SSCC-Drug Testing-Confirm All Tests	<input type="text"/>	<input type="text"/>
71E	SSCC-Substance Abuse Assessment, Counseling, and Therapy	<input type="text"/>	<input type="text"/>
71F	SSCC-Assessment, Counseling and Therapy (Non-Substance Abuse)	<input type="text"/>	<input type="text"/>
71G	SSCC-Parent/Caregiver Training	<input type="text"/>	<input type="text"/>
71H	SSCC-Psychological/Psychiatric Evaluation/Assessment	<input type="text"/>	<input type="text"/>
71J	SSCC-Permanency Planning Meetings	<input type="text"/>	<input type="text"/>
71K	SSCC-Camping	<input type="text"/>	<input type="text"/>

# Step 5d – Other Revenue

Report other revenues to support services that are not reported in Step 5.a. through Step 5.c.





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## 5.d. Other Revenue

 Please enter and verify the information below

 Save


 Save and Return


 Cancel

Does the provider have any other types of revenue not reported in the various Step 5 sub steps?



 Save

 Save and Return

 Cancel

## Step 6 – Wages & Compensation (1 of 2)

---

### Purpose

HHSC PFD uses this step to collect wages, compensation, and benefits information for the contracted provider's non-administrative, administrative, and central office staff.

### How does HHSC PFD use this information?

HHSC PFD uses this information to determine the contracted provider's employee and contracted staff expenses.



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# Step 6 – Wages & Compensation (2 of 2)

Step 6a – General Information

Step 6b – Related Party Wages and Compensation

Step 6c – Non-Administrative and Operational Personnel: Legal Case Management Staff

Step 6d – Non-Administrative and Operational Personnel: Foster Care Support and Purchased Client Services Staff

Step 6e – Administrative & Operations Personnel



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# Step 6a (1 of 5)

Does the provider have any employee-related self-insurance expenses to report on this cost report? Click "Yes" or "No." Click "Yes" or "No" for each list item.



### 6a. General Information

Please enter and verify the information below

Does the provider have any employee-related self-insurance expenses to report on this cost report? *	<input type="radio"/> Yes <input type="radio"/> No
Total number of central office staff employed by the controlling entity on the last day of the cost reporting period. *	Number Employed * <input type="text"/>
Total number of non-central office staff employed by the contracted provider on the last day of the cost reporting period. *	Number Employed * <input type="text"/>
Does the provider have any Related-Party Wages and Compensation (Employee or Contractor) included in the Cost Report? *	<input type="radio"/> Yes <input type="radio"/> No
Was the provider considered an applicable large employer for the purposes of the Affordable Care Act during the reporting period in Step 4? *	<input type="radio"/> Yes <input type="radio"/> No
Please upload timesheets and/or time study documentation. *	<input type="text"/> Select file or <a href="#">upload new file</a>

# Step 6a (2 of 5)

Enter the total number of central office staff employed by the controlling entity on the last day of the cost-reporting period.

Enter the total number of non-central office staff employed by the controlling entity on the last day of the cost-reporting period.

**6a. General Information**

Please enter and verify the information below

Save Save and Return Cancel

Does the provider have any employee-related self-insurance expenses to report on this cost report? *	<input type="radio"/> Yes <input type="radio"/> No
Total number of central office staff employed by the controlling entity on the last day of the cost reporting period. *	Number Employed * <input type="text"/>
Total number of non-central office staff employed by the contracted provider on the last day of the cost reporting period. *	Number Employed * <input type="text"/>
Does the provider have any Related-Party Wages and Compensation (Employee or Contractor) included in the Cost Report? *	<input type="radio"/> Yes <input type="radio"/> No
Was the provider considered an applicable large employer for the purposes of the Affordable Care Act during the reporting period in Step 4? *	<input type="radio"/> Yes <input type="radio"/> No
Please upload timesheets and/or time study documentation. *	<input type="text"/> Select file or <a href="#">upload new file</a>

Save Save and Return Cancel





# Step 6a (3 of 5)

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

Click "Yes" or "No."

**6a. General Information**

Please enter and verify the information below

Save Save and Return Cancel

Does the provider have any employee-related self-insurance expenses to report on this cost report? *	<input type="radio"/> Yes <input type="radio"/> No
Total number of central office staff employed by the controlling entity on the last day of the cost reporting period. *	Number Employed * <input type="text"/>
Total number of non-central office staff employed by the contracted provider on the last day of the cost reporting period. *	Number Employed * <input type="text"/>
Does the provider have any Related-Party Wages and Compensation (Employee or Contractor) included in the Cost Report? *	<input type="radio"/> Yes <input type="radio"/> No
Was the provider considered an applicable large employer for the purposes of the Affordable Care Act during the reporting period in Step 4? *	<input type="radio"/> Yes <input type="radio"/> No
Please upload timesheets and/or time study documentation. *	<input type="text"/> Select file or <a href="#">upload new file</a>

Save Save and Return Cancel



# Step 6a (4 of 5)

Was the provider considered an applicable large employer for the purposes of the Affordable Care Act during the reporting period in Step 4?

Click "Yes" or "No."

**6a. General Information**

Please enter and verify the information below

Save Save and Return Cancel

Does the provider have any employee-related self-insurance expenses to report on this cost report? *	<input type="radio"/> Yes <input type="radio"/> No
Total number of central office staff employed by the controlling entity on the last day of the cost reporting period. *	Number Employed * <input type="text"/>
Total number of non-central office staff employed by the contracted provider on the last day of the cost reporting period. *	Number Employed * <input type="text"/>
Does the provider have any Related-Party Wages and Compensation (Employee or Contractor) included in the Cost Report? *	<input type="radio"/> Yes <input type="radio"/> No
Was the provider considered an applicable large employer for the purposes of the Affordable Care Act during the reporting period in Step 4? *	<input type="radio"/> Yes <input type="radio"/> No
Please upload timesheets and/or time study documentation. *	<input type="text"/> Select file or <a href="#">upload new file</a>

Save Save and Return Cancel



# Related Parties

A Related Party is any person or organization related to the provider. Examples include:

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



# Step 6a (5 of 5)

Upload timesheets and/or time study documentation.



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## 6a. General Information

Please enter and verify the information below

Save Save and Return Cancel

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

Yes  No

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

Number Employed \*

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

Number Employed \*

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

Yes  No

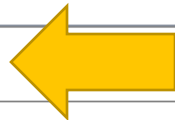
Was the provider considered an applicable large employer for the purposes of the Affordable Care Act during the reporting period in Step 4? \*

Yes  No

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

Select file or [upload new file](#)

Save Save and Return Cancel



# Time and Wage Reporting Requirements

- When reporting employee hours on the Cost Report, report exempt full-time equivalents at a maximum of 40 hours per week (2,080 hours per year). When reporting non-exempt full-time equivalents, report the actual hours worked including overtime.
- When uploading payroll records, ensure both hours *and* wages (including taxes and benefits) are included.



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# Step 6b – Related Party (1 of 2)

## Purpose

To collect related-party information.

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

**6b. Related-Party**

Please enter and verify the information below

Save Save and Return Cancel Add Record Edit Delete Record

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
No records found.										

Save Save and Return Cancel Add Record Edit Delete Record



# Step 6b – Related-Party (2 of 2)

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

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

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

**6b. Related-Party**

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

Business Component & Line Item Allocation

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 <a href="#">upload new file</a>			<input type="text"/> Select file or <a href="#">upload new file</a>			<input type="text"/> Select file or <a href="#">upload new file</a>		
Select Line Item Allocation Methodology					Attach Methodology			
<input type="text"/>					<input type="text"/> Select file or <a href="#">upload new file</a>			
TOTAL								
Select Business Component Allocation Methodology						Attach Methodology		
<input type="text"/>						<input type="text"/> Select file or <a href="#">upload new file</a>		



## Steps 6c, 6d, and 6e: Cost Areas (1 of 2)

- Legal Case Management (Step 6c)
- Foster Care Support (Step 6d)
- Purchased Client Services (Step 6d)
- Program Administration (Step 6e)
- Central Office (Step 6e)



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## Steps 6c, 6d, and 6e: Cost Areas (2 of 2)

### Non-Administrative and Operational Personnel Categories:

- Program Directors and Program Coordinators/Administrative Directors and Administrative Coordinators
- Legal Staff/Legal Support Staff
- Staff Development Trainer/Training Support Staff
- Transportation Staff/Facility Support Staff
- Purchased Client Services Staff/Contract Management Staff



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# Step 6c – Non-Administrative & Operational Personnel (1 of 4)

Report Legal Case Management Staff hours, wages, benefits, miles traveled, and mileage reimbursement.



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**6c. Non-Administrative and Operational Personnel: Legal Case Management Staff**

Please enter and verify the information below

Save Save and Return Cancel

Type	Non-Related Party				Related Party				Related Party and Non-Related Party			Total Compensation M (C+E+G+I+J+L)	Average Staff Rate N [(C+G)/(B+F)]	Average Contracted Rate O [(E+I)/(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				
Case Management Staff												\$0	\$0.00	\$0.00	\$0.00
Case Management Supervision												\$0	\$0.00	\$0.00	\$0.00
Legal Staff												\$0	\$0.00	\$0.00	\$0.00
Program Directors And Program Coordinators												\$0	\$0.00	\$0.00	\$0.00
Staff Development Trainer												\$0	\$0.00	\$0.00	\$0.00
Transportation Staff												\$0	\$0.00	\$0.00	\$0.00
Vocational Staff												\$0	\$0.00	\$0.00	\$0.00
SSCC Service Coordinator												\$0	\$0.00	\$0.00	\$0.00
Psychological Services Staff												\$0	\$0.00	\$0.00	\$0.00
Intake And Evaluation Staff												\$0	\$0.00	\$0.00	\$0.00
Intake And Evaluation Supervisors And Directors												\$0	\$0.00	\$0.00	\$0.00
Family Services Staff												\$0	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	\$0	0	\$0	\$0			

Save Save and Return Cancel

# Step 6d – Non-Administrative & Operational Personnel (2 of 4)

Report Foster Care Support Staff hours, wages, benefits, miles traveled, and mileage reimbursement.



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Type	Non-Related Party				Related Party				Related Party and Non-Related Party			Total Compensation M (C+E+G+I+J+L)	Average Staff Rate N [(C+G)/(B+F)]	Average Contracted Rate O [(E+I)/(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				
Registered Nurse (RN)												\$0	\$0.00	\$0.00	\$0.00
Licensed Vocational Nurse (LVN)												\$0	\$0.00	\$0.00	\$0.00
Physical Therapy (PT)												\$0	\$0.00	\$0.00	\$0.00
Occupational Therapy (OT)												\$0	\$0.00	\$0.00	\$0.00
Speech/Language Therapy (ST)												\$0	\$0.00	\$0.00	\$0.00
Cognitive Rehabilitation Therapy (CRT)												\$0	\$0.00	\$0.00	\$0.00
Community/Work Reintegration-CRT												\$0	\$0.00	\$0.00	\$0.00
Behavioral Support												\$0	\$0.00	\$0.00	\$0.00
Dietary Services												\$0	\$0.00	\$0.00	\$0.00
Auditory Enhancement Training												\$0	\$0.00	\$0.00	\$0.00
In-Home Respite (IHR)												\$0	\$0.00	\$0.00	\$0.00
CLASS Case Management												\$0	\$0.00	\$0.00	\$0.00
Out-of-Home Respite (OHR)												\$0	\$0.00	\$0.00	\$0.00
Specialized Therapies (ST) - Aquatic Therapy												\$0	\$0.00	\$0.00	\$0.00
ST - Hippotherapy - OT												\$0	\$0.00	\$0.00	\$0.00
ST - Hippotherapy - PT												\$0	\$0.00	\$0.00	\$0.00
ST - Hippotherapy - Certified Riding Instructor												\$0	\$0.00	\$0.00	\$0.00
ST - Massage Therapy												\$0	\$0.00	\$0.00	\$0.00
ST - Music Therapy												\$0	\$0.00	\$0.00	\$0.00
ST - Recreational Therapy												\$0	\$0.00	\$0.00	\$0.00
ST - Therapeutic Horseback Riding												\$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 6d – Non-Administrative & Operational Personnel (3 of 4)

Report Purchased Client Services Staff hours, wages, benefits, miles traveled, and mileage reimbursement.

Purchased Client Services Staff

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+I)/(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				
Purchased Client Services Staff	<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
Purchased Client Services Supervision	<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 6e – Administrative & Operations Personnel (4 of 4)

Report Administrative and Operations Personnel staff hours, wages, benefits, and mileage reimbursement.



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**6e. Administrative and Operations Personnel**

Please enter and verify the information below

Save Save and Return Cancel

Type	Non-Related Party				Related Party				Related Party and Non-Related Party			Total Compensation M [(C+E+G+I+J+L)]	Average Staff Rate N [(C+G)/(B+F)]	Average Contracted Rate O [(E+I)/(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				
Executive Administration												\$0	\$0.00	\$0.00	\$0.00
Administrative Directors and Administrative Coordinators												\$0	\$0.00	\$0.00	\$0.00
Executive and Administrative Assistants												\$0	\$0.00	\$0.00	\$0.00
Central Office Staff												\$0	\$0.00	\$0.00	\$0.00
Network Management Staff												\$0	\$0.00	\$0.00	\$0.00
Contract Management Staff												\$0	\$0.00	\$0.00	\$0.00
Community Engagement Staff												\$0	\$0.00	\$0.00	\$0.00
Quality Improvement/CQI and Utilization Review Staff												\$0	\$0.00	\$0.00	\$0.00
Information Technology Staff												\$0	\$0.00	\$0.00	\$0.00
Training Support Staff												\$0	\$0.00	\$0.00	\$0.00
Facility Support Staff												\$0	\$0.00	\$0.00	\$0.00
Data and Records Support Staff												\$0	\$0.00	\$0.00	\$0.00
Legal Support Staff												\$0	\$0.00	\$0.00	\$0.00
Consumer Affairs Staff												\$0	\$0.00	\$0.00	\$0.00
Other Administrative Staff												\$0	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	\$0	0	\$0	\$0			

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

---

## Purpose

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



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

Report Payroll and Unemployment Taxes and Workers’ Compensation Premiums and Paid Claims for all staff:

- Legal Case Management
- Foster Care Support
- Purchased Client Services
- Program Admin
- Central Office



**7. Payroll Taxes and Workers' Compensation**

Enter 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?  Yes  No

Is the provider a Texas Workforce Commission Reimbursing Employer (e.g., not required to pay quarterly taxes to the Texas Workforce Commission (TWC for unemployment coverage)?  Yes  No

Taxes and Workers' Compensation	Legal Case Management	Foster Care Support	Purchased Client Services	Program Admin	Central Office	Total
FICA and Medicare Payroll Taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
State and Federal Unemployment Taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Workers' Compensation Premiums	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Workers' Compensation Paid Claims	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

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



If payroll taxes (i.e., Federal Insurance Contributions Act (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.

Allocated costs should be consistent with the allocation for employee salaries in Step 6.



## Step 8 – Facility and Operations Costs

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### Purpose

To collect expense information for the contracted provider and use it directly or indirectly in the provision of contracted services.



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## Step 8 - Overview

- Step 8.a. – General Information
- Step 8.b. – 8.d. – Related Party Transactions
- Step 8.e. – Depreciation Expense and Related-Party Lease/Purchase of Depreciable Assets
- Step 8.f. – Non-Related Party Facility, Operations, Administrative, and Other Costs
- Step 8.g. – Facility, Operations, Administrative, and Costs Summary



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# Step 8a – General Information

These questions will lock or unlock certain sections in Step 8. You may also be required to upload supporting documentation for some items.



**8.a. General Information**

Please enter and verify the information below

Save Save and Return Cancel

Does the provider have any contracted management costs to report? Note: Related-party management expenses must be reported as central office expenses. *	<input type="radio"/> Yes - Non-Related Party <input type="radio"/> Yes - Related Party <input type="radio"/> Yes - Both Non-Related Party and Related Party <input type="radio"/> No
Does the provider have any asset or operations-related self-insurance expenses to report on this cost report?	<input type="radio"/> Yes <input type="radio"/> No
Were any supplies or non-depreciable equipment purchased or leased from a related party?	<input type="radio"/> Yes <input type="radio"/> No
Were there any related-party loans?	<input type="radio"/> Yes <input type="radio"/> No
Were there any related-party contracted services?	<input type="radio"/> Yes <input type="radio"/> No
Was the building where program services were provided leased during the cost-reporting period?	<input type="radio"/> Yes - Non-Related Party <input type="radio"/> Yes - Related Party <input type="radio"/> No
Was the central office building leased during the cost-reporting period?	<input type="radio"/> Yes - Non-Related Party <input type="radio"/> Yes - Related Party <input type="radio"/> No

**All Other Costs**

Please note that the information gathered by this item is self-reported, will not be audited, is for informational purposes only and will not be used in the rate determination process. Some costs included in this item may not be allowable in the current reporting period but will be reported as allowable in future quarters.


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


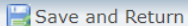

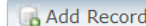


# Step 8b - Related-Party Non-depreciable Equipment and Supplies

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


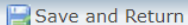

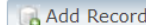


Upload supporting documentation for expenses. All uploaded documentation must be in a spreadsheet (i.e., Excel) and system-generated.

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

 Please enter and verify the information below

 Save  Save and Return  Cancel  Add Record  Edit  Delete Record

Name of Related-Party/Organization	Type	Description	Cost to Related-Party	Is Allocation Complete?
No records found.				

 Save  Save and Return  Cancel  Add Record  Edit  Delete Record



# Step 8c – Related-Party Loans

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

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



## 8.c. Related-Party Loans

Please enter and verify the information below

Save Save and Return Cancel Add Record Edit Delete Record

Name of Related-Party/Organization	Type	Description	Inception Date	Loan Amount	Term (months)	Interest	Is Allocation Complete?
No records found.							

Save Save and Return Cancel Add Record Edit Delete Record

# Step 8c – Business Component & Line-Item Allocation

Enter your Business Components and Line-Item Allocations in this table.

Business Components and Line-item Allocations are limited to the businesses and contracts entered in Step 3.

Business Component & Line Item Allocation

Add Record

		Interest
		<input type="text"/>
	Area	Interest
	<input type="text"/>	<input type="text"/>
Add Line Item		
TOTAL		
Select Line Item Allocation Methodology		Attach Methodology
<input type="text"/>		<input type="text"/> Select file or <a href="#">upload new file</a>
TOTAL		
Select Business Component Allocation Methodology		Attach Methodology
<input type="text"/>		<input type="text"/> Select file or <a href="#">upload new file</a>

Save Cancel



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

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

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

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

Please enter and verify the information below

Save Save and Return Cancel Add Record Edit Delete Record

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

No records found.

Save Save and Return Cancel Add Record Edit Delete Record



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

Upload supporting documentation for expenses once you have completed the allocations. All uploaded documentation must be in a spreadsheet (i.e., Excel) and system-generated.

8.d. Related-Party Contracted Services

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

Business Component & Line Item Allocation

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





# Step 8e - Depreciation Expenses and Related-Party Lease/Purchase of Depreciable Assets (1 of 2)

Report Depreciable Assets for Related-Party and Non-Related Parties. Depreciate property and assets owned by the contracted provider and improvements to the provider's owned, leased, or rented property that are valued at \$5,000 or more with an estimated useful life of more than one year at the time of purchase.

## 8.e. Depreciation Expense and Related-Party Lease/Purchase of Depreciable Assets

Please enter and verify the information below

Related-Party assets that do not have other costs entered will display a yellow warning icon.

Save Save and Return Cancel Add Record Edit Delete Record Import Data

Is this a shared asset?	Related-Party or Non-Related-Party	Asset	Code (optional)	Description of Asset	Asset in Service at end of period?	Month/Year Placed in Service (mm/yyyy)	Month/Year Removed from Service (mm/yyyy)	Years of Useful Life	Historical Costs	Salvage Value	Depreciation Basis	Prior Period Accumulated Depreciation	Depreciation for Reporting Period	Total Other Expenses	Total Expense for Reporting Period	Is Allocation Complete?
<input type="checkbox"/>	All Parties	All Assets	All Codes	All Descriptio	<input type="checkbox"/>	<input type="text"/> <input type="text"/> Show All	<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"/>

No records found.

Save Save and Return Cancel Add Record Edit Delete Record



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



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## 8.e. Depreciation Expense and Related-Party Lease/Purchase of Depreciable Assets

Please enter and verify the information below

Save Cancel

Is this a shared asset?	<input type="radio"/> Yes <input type="radio"/> No
Related-Party or Non-Related-Party	<input type="radio"/> Non-Related-Party <input type="radio"/> Related-Party
Asset	---
Code (optional)	
Description of Asset	---
Asset in Service at end of period?	<input type="radio"/> Yes <input type="radio"/> No
Month/Year Placed in Service (mm/yyyy)	
Years of Useful Life	
Historical Costs	
Salvage Value	
Depreciation Basis	\$0
Prior Period Accumulated Depreciation	\$0
Depreciation for Reporting Period	\$0
Total Expense for Reporting Period	\$0

# Step 8f – Non-Related Party Facility, Operations, Administrative, & Other Costs (1 of 2)

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

## 8.f. Non-Related-Party Facility, Operations, Administrative and Other Costs

Please enter and verify the information below

Save Save and Return Cancel

Type	Non-Related Party						Related Party						TOTAL	Notes (optional)
	Program Admin & Operation	Central Office	Legal Case Management	Foster Care Support	Purchased Client Services	Non-Related-Party Total	Program Admin & Operation	Central Office	Legal Case Management	Foster Care Support	Purchased Client Services	Related-Party Total		
Rent / Lease - Building and Building Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>
Rent / Lease - Departmental Equipment / Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>
Interest - Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>
Interest-Working Capital Loans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>
Insurance - Building and Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>
Taxes - Ad Valorem Real Estate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>
Utilities & Telecommunications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>
Automated Systems and Software	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>
Building / Equipment - Contracted Services and Maintenance and Repairs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>



# Step 8f – Non-Related Party Facility, Operations, Administrative, & Other Costs (2 of 2)



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Type	Non-Related Party						Related Party						TOTAL	Notes (optional)
	Program Admin & Operation	Central Office	Legal Case Management	Foster Care Support	Purchased Client Services	Non-Related-Party Total	Program Admin & Operation	Central Office	Legal Case Management	Foster Care Support	Purchased Client Services	Related-Party Total		
Depreciation - Building & Improvements, Building Fixed Equipment, Leasehold Improvements, Land Improvements, Other Amortization						0							0	<input type="text"/>
Depreciation - Departmental Equipment						0							0	<input type="text"/>
Other Non-Depreciable Equipment and Operations Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>
Depreciation - Transportation Equipment						0							0	<input type="text"/>
Rent / Lease - Transportation Equipment or Contracted Transportation Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>
Transportation - Maintenance, Repairs, Gas, Oil, Interest, Insurance, Taxes, Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>
Staff Training / Seminars	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0							0	<input type="text"/>

# Step 8g – Facility & Operations Costs Summary

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

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

**8.g. Facility, Operation, Administrative and Other Costs Summary**

Please enter and verify the information below

Save Save and Return Cancel

Related and Non-Related Party Summary						
Type	Program Admin & Operation	Central Office	Legal Case Management	Foster Care Support	Purchased Client Services	TOTAL
Rent / Lease - Building and Building Equipment						
Rent / Lease - Departmental Equipment / Other						
Interest - Mortgage						
Interest-Working Capital Loans						
Insurance - Building and Equipment						
Taxes - Ad Valorem Real Estate						
Utilities & Telecommunications						
Automated Systems and Software						
Building / Equipment - Contracted Services and Maintenance and Repairs						
Related and Non-Related Party Summary						
Type	Program Admin & Operation	Central Office	Legal Case Management	Foster Care Support	Purchased Client Services	TOTAL
Depreciation - Building & Improvements, Building Fixed Equipment, Leasehold Improvements, Land Improvements, Other Amortization						
Depreciation - Departmental Equipment						
Other Non-Depreciable Equipment and Operations Supplies						
Depreciation - Transportation Equipment						
Rent / Lease - Transportation Equipment or Contracted Transportation Services						
Transportation - Maintenance, Repairs, Gas, Oil, Interest, Insurance, Taxes, Other						
Staff Training / Seminars						



## **Step 9 – Preparer Verification Summary (1 of 2)**

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

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

This information is for verification purposes only.



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# Step 9 – Preparer Verification Summary (2 of 2)



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## 9. Preparer Verification Summary

Please enter and verify the information below

[Return to the Main Menu](#)

### Revenue Summary

Total Placement Day Revenue	\$28
Total Bed Hold Revenue	\$2.00
Total Subcontractor Remedies	\$0
Other Revenue (less Revenue Offsets)	\$25.00
<b>TOTAL REVENUE</b>	<b>\$55.00</b>

### Expense Summary

Total Purchased Client Services	\$0
Total SSCC Subcontractor Payments	\$0
Total Non-Administrative Wages, Benefits and Mileage: Legal Case Management	\$0
Total Non-Administrative Wages, Benefits and Mileage: Foster Care Support and Purchased Client Services	\$0
Total Administrative and Operations Wages, Benefits and Mileage (less Central Office)	\$0
Total Payroll Taxes & Workers' Compensation (Not including Central Office)	\$0
Total Facility and Operations Expenses (Not including Central Office)	\$0
Total Central Office Expenses	\$0
<b>TOTAL REPORTED EXPENSES</b>	<b>\$0.00</b>

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

I verify that the information entered is correct.

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 [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. For more information, see [TAC Rule §355.105\(d\)\(1\)\(A\)](#) or [TAC Rule §355.105\(d\)\(1\)\(B\)](#) for a cost report as specified in the above referenced rule.

If you need assistance, please contact the PFD Center for Information and Training at (737) 867-7817 or [PFD-LTSS@hhs.texas.gov](mailto:PFD-LTSS@hhs.texas.gov)

## **Step 10 – Preparer Certification (1 of 3)**

---

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

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

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



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# Step 10 – Preparer Certification (2 of 3)

## Preparer (Methodology) Certification

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

AS PREPARER OF THIS COST REPORT, I HEREBY CERTIFY THAT:	
<ul style="list-style-type: none"><li>• I have completed the state-sponsored cost report training for this cost report.</li><li>• I have read the note below, the cover letter and all the instructions applicable to this cost report.</li><li>• I have read the Cost Determination Process Rules (excluding 24-RCC), program rules, and reimbursement methodology applicable to this cost report, which define allowable and unallowable costs and provide guidance in proper cost reporting.</li><li>• I have reviewed the prior year's cost report audit adjustments, if any, and have made the necessary revisions to this period's cost report.</li><li>• To the best of my knowledge and belief, this cost report is true, correct and complete, and was prepared in accordance with the Cost Determination Process Rules (excluding 24 RCC), program rules, reimbursement methodology and all the instructions applicable to this cost report.</li><li>• This cost report was prepared from the books and records of the contracted provider and/or its controlling entity.</li></ul>	
<p><b>Note:</b> This PREPARER CERTIFICATION must be signed by the individual who prepared the cost report or who has the primary responsibility for the preparation of the cost report. If more than one person prepared the cost report, an executed PREPARER CERTIFICATION may be submitted by each preparer. Misrepresentation or falsification of any information contained in this cost report may be punishable by fine and/or imprisonment.</p> <p>The Preparer Certification must be uploaded by the Preparer, using his/her own login information.</p>	
PREPARER IDENTIFICATION	
Name of Contracted Provider: ZZZ SCCC Q1	
Printed/Typed Name of Signer: Rate Analysis test	Title of Signer: Preparer Test Account



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# Step 10 – Preparer Certification (3 of 3)

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

\_\_\_\_\_

SIGNATURE OF PREPARER

\_\_\_\_\_

DATE

Subscribed and sworn before me, a Notary public on the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

Day Month Year

\_\_\_\_\_

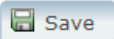
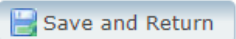
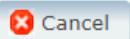
Notary Signature

\_\_\_\_\_

Notary Public, State of

\_\_\_\_\_

Commission Expires

 Save  Save and Return  Cancel



## Step 11 – Entity Contact Certification (1 of 4)

---

Once the Entity Contact information has been verified, the cost report is **locked** to any further changes.

If the Entity Contact realizes that something was omitted and needs to access the data again or upload an additional document, contact HHSC PFD Cost Information to assist with getting the report re-opened.



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# Step 11 – Entity Contact Certification (2 of 4)

Review the certification signer's requirements.



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

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

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

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

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

# Step 11 – Entity Contact Certification (3 of 4)

Signer must fill out the identification information.



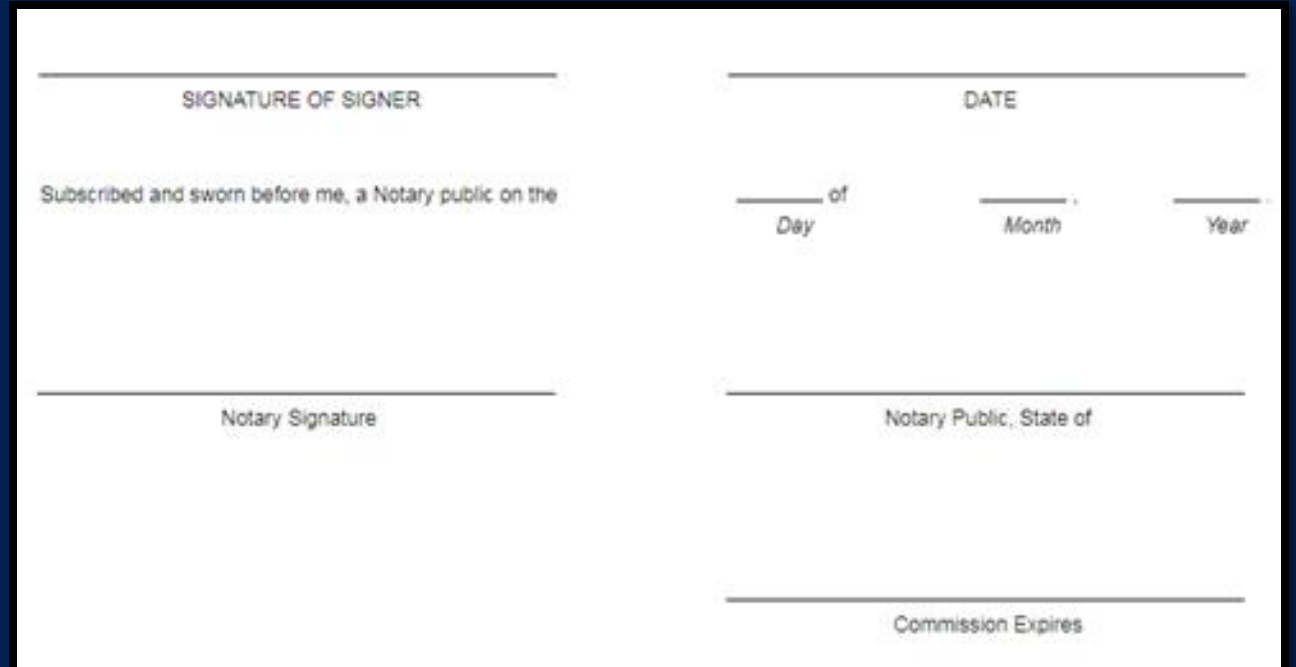
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SIGNER IDENTIFICATION	
Name of Contracted Provider: <input type="text"/>	
Printed/Typed Name of Signer: <input type="text"/>	Title of Signer: <input type="text"/>
Name of Business Entity: <input type="text"/>	
Address of Signer (street or P.O. Box, 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"/>	

# 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.
- DATE**: A horizontal line for the date.
- Subscribed and sworn before me, a Notary public on the**: Text followed by three horizontal lines for the day, month, and year.
- Day**, **Month**, **Year**: Labels for the date fields.
- Notary Signature**: A horizontal line for the notary's signature.
- Notary Public, State of**: A horizontal line for the notary's name and state.
- Commission Expires**: A horizontal line for the commission expiration date.



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# STAIRS – Digital Signatures

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

For more information regarding digital signature, please visit our website at [HHS Texas Digital Signature Policy](https://pfd.hhs.texas.gov/rate-analysis-digital-signature-policy) (https://pfd.hhs.texas.gov/rate-analysis-digital-signature-policy).

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





## Step 12 – Provider Adjustments Report (1 of 2)

---

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

- The provider has 30 days to review the findings.
- If you take no action, you will agree with the findings by default.





## Step 12 – Provider Adjustments Report (2 of 2)

The Report Shows:

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



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## Step 13 – Agree/Disagree (1 of 2)

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- The provider may request an informal review or agree or disagree with adjustments.
- HHSC uses this information to start the informal review process or set the report to complete.
- If the provider agrees with the adjustments, the report is set to complete.



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# Step 13 – Agree / Disagree (2 of 2)

Step 13 has two new options, and they are:

- I agree
- I disagree


## I Agree

By clicking "Agree" I agree with the items listed in the Step 12 – Adjustment / Reconciliation / Settlement Report and authorize the Texas Health and Human Services Commission (HHSC) to proceed with finalizing my cost report. I understand that once I have agreed I waive my right to dispute any 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 intend to dispute those items by requesting an informal review in accordance with Title 1 Texas Administrative Code (TAC) §355.110. After clicking the "Disagree" button, instructions will appear on the next screen detailing mandatory actions necessary to request an informal review. You must complete these mandatory actions prior to the review period expiration date of February 29, 2024. Failure to complete these actions will constitute a default and will result in agreement with the recoupment amount listed in Step 12.

 Return

 Save and Return



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## Step 13a – Request Informal Review (1 of 2)

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

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



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# Step 13a – Request Informal Review (2 of 2)



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## 13a. Disagree

Please enter and verify the information below

[Return](#) [Save and Return](#)

**Review Period Expires: February 29, 2024**

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) §355.110.

The information for the informal review must be uploaded into STAIRS by February 29, 2024 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 §355.110(c)(1)(A) and as submitted no later than three days before the due date. 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/uploaded by the stated deadline date will not be accepted.**

Yes  No

[Verify Extension](#)

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 §355.110(d), an administrative hearing regarding exclusions and adjustments made to the report are limited to the decisions reached in the informal review.

[Return](#) [Save and Return](#)

# Step 13c – Additional Information Requested

**Upload Additional Information. Any expense documentation must be in a spreadsheet and system-generated.**

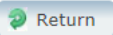
You will receive an email from Fairbanks if additional information is requested. The Provider will have 14 days to respond and upload additional information upon request. If the Provider does not respond, the report is completed by default.

A valid request must contain the following:

- A concise statement of specific actions or determinations made by HHSC since the initial certification of the report. Actions and determinations made by HHSC can be found in the Provider Adjustment Report located in Step 12.
- 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:**

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# Step 14 – Informal Review

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

Summary Table

Revenue Summary	Total as Submitted	Adjustments	Total After Adjustments
Total Placement Day Revenue	\$0.00	\$0.00	\$0.00
Total Bed Hold Revenue	\$0.00	\$0.00	\$0.00
Total Subcontractor Remedies	\$430.00	\$0.00	\$430.00
Other Revenue (less Revenue Offsets)	(\$500.00)	\$0.00	(\$500.00)
<b>Total</b>	<b>(\$70.00)</b>	<b>\$0.00</b>	<b>(\$70.00)</b>

Expense Summary	Total as Submitted	Adjustments	Total After Adjustments
Total Purchased Client Services	\$3,924.00	\$0.00	\$3,924.00
Total SSCC Subcontractor Payments	\$1,220.00	\$0.00	\$1,220.00
Total Non-Administrative Wages, Benefits and Mileage: Legal Case Management	\$55,044.00	\$0.00	\$55,044.00
Total Non-Administrative Wages, Benefits and Mileage: Foster Care Support and Purchased Client Services	\$4.00	\$0.00	\$4.00
Total Administrative and Operations Wages, Benefits and Mileage (less Central Office)	\$42,500.00	\$0.00	\$42,500.00
Total Payroll Taxes & Workers' Compensation (Not including Central Office)	\$16.00	\$0.00	\$16.00
Total Facility and Operations Expenses (Not including Central Office)	\$14,630.00	\$0.00	\$14,630.00
Total Central Office Expenses	\$12,625.00	\$0.00	\$12,625.00
<b>Total</b>	<b>\$129,963.00</b>	<b>\$0.00</b>	<b>\$129,963.00</b>

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# Opening and Due Dates



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- 1<sup>st</sup> Report: *Opens March 1<sup>st</sup>, due March 31<sup>st</sup>*
- 2<sup>nd</sup> Report: *Opens June 1<sup>st</sup>, due June 30<sup>th</sup>*
- 3<sup>rd</sup> Report: *Opens September 1<sup>st</sup>, due September 30<sup>th</sup>*
- 4<sup>th</sup> Report (Full Year): *Opens December 1<sup>st</sup>, due December 31<sup>st</sup>*



# PFD Contact Information



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## For Assistance With

## Telephone

## Email

Cost or accountability report completion, instructions, informal reviews, or general guidance

(737) 867-7817

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

Cost or accountability report excusals

(737) 867-7812

[CostinformationPFD@hhs.texas.gov](mailto:CostinformationPFD@hhs.texas.gov)

Cost report requests and submission or STAIRS technical assistance

(737) 867-7812

[CostinformationPFD@hhs.texas.gov](mailto:CostinformationPFD@hhs.texas.gov)

# Question and Answer (Q&A) Session



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Any Questions?



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# Thank you

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HHSC PFD LTSS