

SUMMARY REPORT

CLASS DSA - Accountability Report for 2013

| Prepared by | Contract Number | | |
|----------------------------------|---|----------|-------|
| Provider Name | Period Ended | | |
| Date | OIG Number | | |
| Item No. | Description | Item No. | Value |
| | 2013 ACCOUNTABILITY REPORT - MULTIPURPOSE (ARM) (Version: 12/31/12) | | |
| | COMMUNITY LIVING ASSISTANCE and SUPPORT SERVICES - DIRECT SERVICE AGENCY | | |
| GENERAL INFORMATION | | | |
| 1 | Is this report for an individual contract or for a group contracts? (0 = Individual, 1 = Group) If group, complete Schedule E and list all contracts in the group. | 1 | |
| 2 | DADS 9-digit Contract Number (if report is for an individual contract) | 2 | |
| 3 | Group Number (For Rate Analysis Department use only) | 3 | |
| 4 | Texas County Code in Which Accounting Records are Located ("999" if outside Texas) | 4 | |
| 5 | Reserved for future use. | 5 | |
| 6 | Reporting Period - Beginning Date (mm/dd/yy) | 6 | |
| 7 | Reporting Period - Ending Date (mm/dd/yy) | 7 | |
| 8 | Have copies been attached of the 2011, 2012, or 2013 On-Line General and CLASS-DSA Cost Report Training Certificate(s) or a 2011, 2012, or 2013 Classroom-based First Time Attendee CLASS-DSA Cost Report Training Certificate(s) for each preparer signing this cost report? If Yes, enter attachment number in the explanation box. (0=No, 1=Yes) | 8 | |
| 9 | Does the contracting entity hold any other contracts with the State of Texas that are participants in the Attendant Compensation Rate Enhancement (i.e., PHC, CBA, DAHS, RC, CBA AL/RC)? If Yes, enter the total number of contracts (including this contract) and list the 9-digit contract number(s) in the explanation box. | 9 | |
| 10 | Select the address to which all future correspondence concerning this report is to be mailed. These two choices correspond to the addresses indicated on the cover of this report. (0=contracted provider, 1=contracting entity) | 10 | |
| | Items 11 thru 13 reserved for future use. | | |
| 14 | Reserved for future use. | 14 | |
| RELATED PARTY INFORMATION | | | |
| 15 | Were any owner-employees or other related-party employee costs included in items 18 and/or 20? (0=No, 1=Yes) If Yes, complete Schedule C and attach an organizational chart indicating employee's position and name. Enter the attachment number in the explanation box. | 15 | |
| ATTENDANT INFORMATION | | | |
| 16 | Were any expenses reported on items 17 thru 30 the result of the allocation of expenses? (0=No, 1=Yes) If Yes, attach a detailed allocation summary showing allocation of 100% of the shared expenses and enter the attachment number in the explanation box. | 16 | |
| HABILITATION ATTENDANTS | | | |
| 17 | Habilitation Attendants 17 = Paid Hours; 18 = Salaries & Wages | 17 | |
| 18 | | 18 | |
| 19 | Other Staff Delivering Habilitation Attendant Services - Paid Hours in item 19; - Salaries & Wages in item 20 | 19 | |
| 20 | | 20 | |
| 21 | Payroll Taxes - FICA and Medicare | 21 | |
| 22 | Does item 21 equal 7.65% of the sum of items 18 and 20? (0=No, 1=Yes) If No, provide an explanation in the explanation box as to why item 21 does not equal 7.65% of the sum of items 18 and/or 20. | 22 | |
| 23 | State and Federal Unemployment If none, provide an explanation in the explanation box as to why the provider is exempt from unemployment taxes. | 23 | |
| 24 | Worker's Compensation - Insurance Premiums | 24 | |
| 25 | Worker's Compensation - Paid Claims | 25 | |

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| 26 | Employee Benefits - Health Insurance | 26 | |
| 27 | Employee Benefits - Life Insurance | 27 | |
| 28 | Employee Benefits - Other Benefits Provide description in explanation box of the types of benefits and the associated costs for each type of benefit. | 28 | |
| 29 | Mileage Reimbursement - Habilitation Attendants | 29 | |
| 30 | TOTAL Attendants Costs (sum items 18, 20, 21, and 23 thru 29) | 30 | |
| STATISTICS | | | |
| 31 | Number of Miles Reimbursed - Habilitation Attendants (relating to item 29) | 31 | . |
| SUPPORTED EMPLOYMENT ATTENDANTS | | | |
| 32 | Supported Employment Attendants 32 = Paid Hours; 33 = Salaries & Wages | 32 | . |
| 33 | | 33 | |
| 34 | Employee Benefits/Insurance - Supported Employment Attendants | 34 | |
| 35 | Payroll Taxes - FICA and Medicare | 35 | |
| 36 | Does item 35 equal 7.65% of item 33? (0 = No, 1 = Yes) | 36 | |
| 37 | State and Federal Unemployment | 37 | |
| 38 | Worker's Compensation - Insurance Premiums | 38 | |
| 39 | Worker's Compensation - Paid Claims | 39 | |
| 40 | Mileage Reimbursement - Supported Employment Attendants | 40 | |
| 41 | TOTAL Supported Employment Attendant Staff Costs (sum items 33, 34, 35, and 37 thru 40) | 41 | |
| STATISTICS | | | |
| 42 | Number of Miles Reimbursed - Supported Employment Attendants (relating to item 40) | 42 | . |
| Items 43 thru 52 Reserved for future use. | | | |
| This report can accommodate a date range of 24 months. | | | |
| ONLY COMPLETE THE UNITS OF SERVICE LINES FOR THE REPORTING PERIOD OF THIS COST REPORT AS ENTERED IN LINE ITEMS 6 AND 7. | | | |
| UNITS OF SERVICE | | 01/01/12 thru 08/31/12 | |
| 53 | Habilitation Services - Title XIX - CLASS-DSA Clients | 53 | . |
| 54 | Habilitation Services Private and Other | 54 | . |
| 55 | TOTAL Habilitation Services Units of Service (sum items 53 and 54) | 55 | . |
| 56 | Supported Employment - Title XIX - CLASS-DSA Clients | 56 | . |
| 57 | Supported Employment - Private and Other | 57 | . |
| 58 | TOTAL Supported Employment Units of Service (sum items 56 and 57) | 58 | . |
| UNITS OF SERVICE | | 09/01/12 thru 08/31/13 | |
| 59 | Habilitation Services - Title XIX - CLASS-DSA Clients | 59 | . |
| 60 | Habilitation Services Private and Other | 60 | . |
| 61 | TOTAL Habilitation Services Units of Service (sum items 59 and 60) | 61 | . |
| 62 | Supported Employment - Title XIX - CLASS-DSA Clients | 62 | . |
| 63 | Supported Employment - Private and Other | 63 | . |
| 64 | TOTAL Supported Employment Units of Service (sum items 62 and 63) | 64 | . |
| UNITS OF SERVICE | | 09/01/13 thru 12/31/13 | |
| 65 | Habilitation Services - Title XIX - CLASS-DSA Clients | 65 | . |

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| 66 | Habilitation Services Private and Other | 66 | . |
| 67 | TOTAL Habilitation Services Units of Service (sum items 65 and 66) | 67 | . |
| 68 | Supported Employment - Title XIX - CLASS-DSA Clients | 68 | . |
| 69 | Supported Employment - Private and Other | 69 | . |
| 70 | TOTAL Supported Employment Units of Service (sum items 62 and 63) | 70 | . |
| | UNITS OF SERVICE | | |
| 71 | Reserved for future use. | 71 | . |
| 72 | Reserved for future use. | 72 | . |
| 73 | Reserved for future use. | 73 | . |
| 74 | Reserved for future use. | 74 | . |
| 75 | Reserved for future use. | 75 | . |
| 76 | Reserved for future use. | 76 | . |
| 77 | TOTAL HABILITATION UNITS OF SERVICE (sum items 55, 61, and 67) | 77 | . |
| 78 | TOTAL SUPPORTED EMPLOYMENT UNITS OF SERVICE (sum items 58, 64, and 70) | 78 | . |