

SUMMARY REPORT

HCS - Accountability Report for 2013

Prepared by
 Provider Name
 Date

Contract Number
 Period Ended

Item No.	Description	Item No.	Value
	2013 ACCOUNTABILITY REPORT - MULTIPURPOSE (ARM) (Version:12/31/12) HOME AND COMMUNITY-BASED SERVICES (HCS) / TEXAS HOME LIVING (TxHmL)		
	GENERAL INFORMATION		
1	DADS HCS/TxHmL 9-digit Contract Number Example: 0000H0123 (four zeros, H for HCS/TxHmL, zero, and component code)	1	
2	DADS 3-digit Component Code	2	
3	Reserved for future use	3	
4	Texas County Code in Which Accounting Records are Located (If located outside Texas, enter 999)	4	
5	Reporting Period - Beginning Date (mm/dd/yy)	5	
6	Reporting Period - Ending Date (mm/dd/yy)	6	
7	How many DADS HCS and/or TxHmL contracts are being reported on this report?	7	
8	Were any owner-employees or other related-party employees included in this report? (0 = No; 1 = Yes, Non-Day Habilitation services only; 2 = Yes, Day Habilitation services only; 3 = Yes, both Non-Day Habilitation services and Day Habilitation services)	8	
9	Were any contracted services included in this report provided by a related organization? (0 = No; 1 = Yes, Non-Day Habilitation services only; 2 = Yes, Day Habilitation services only; 3 = Yes, both Non-Day Habilitation services and Day Habilitation services)	9	
10	Were any contracted services included in this report provided by a related individual? (0 = No; 1 = Yes, Non-Day Habilitation services only; 2 = Yes, Day Habilitation services only; 3 = Yes, both Non-Day Habilitation services and Day Habilitation services)	10	
11	Is this component code participating in the Attendant Compensation Rate Enhancement only for NON-DAY HABILITATION SERVICES? (0 = No; 1 = Yes, as an individual component code; 2 = Yes, as part of a group of related component codes)	11	
12	Is this component code participating in the Attendant Compensation Rate Enhancement only for DAY HABILITATION SERVICES? (0 = No; 1 = Yes, as an individual component code; 2 = Yes, as part of a group of related component codes)	12	
13	Is this component code participating in the Attendant Compensation Rate Enhancement for both NON-DAY HABILITATION SERVICES and DAY HABILITATION SERVICES? (0 = No; 1 = Yes, as an individual component code; 2 = Yes, as part of a group of related component codes)	13	
14	Have copies been attached of the 2011, 2012, or 2013 On-Line General and HCS/TxHmL Cost Report Training Certificate(s) or a 2011, 2012, or 2013 Classroom-based First Time Attendee General and HCS/TxHmL Cost Report Training Certificate(s) for each preparer signing this cost report?(0 = No; 1 = Yes)	14	
15	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 first (cover) page of this cost report. (0 = Facility; 1 = Contracting Entity)	15	
16	Does this component code request to aggregate all its HCS/TxHmL component codes within its entire combined entity that participated in the Attendant Compensation Rate Enhancement for this ENTIRE reporting period (as reflected in items 9 and 10) for the purpose of determining compliance with spending requirements as a group? (0=No, 1=Yes)	16	
17	(Health and Human Services Use Only) Group Number	17	
	Items 18 thru 30 reserved for future use.		
	NON-DAY HABILITATION SERVICES		
	- Complete only if participating for NON-DAY HABILITATION SERVICES		
31	Were any expenses reported in this section (NON-DAY HABILITATION SERVICES) the result of the allocation of expenses? (0 = No; 1 = Yes)	31	

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Item No.	Description	Item No.	Value
	HCS Supervised Living / Residential Support Services (SL/RSS)		
32	Direct Care Worker 32 = Paid Hours; 33 = Salaries & Wages	32	.
33		33	.
34	Driver 34 = Paid Hours; 35 = Salaries & Wages	34	.
35		35	.
36	Medication Aide 36 = Paid Hours; 37 = Salaries & Wages	36	.
37		37	.
38	Contract - Direct Care Worker, Driver, Medication Aide 38 = Paid Hours; 39 = Compensation	38	.
39		39	.
	HCS Supported Home Living (SHL) & TxHmL Community Support Services (CSS)		
40	Direct Care Worker 40 = Paid Hours; 41 = Salaries & Wages	40	.
41		41	.
42	Contract - Direct Care Worker 42 = Paid Hours; 43 = Compensation	42	.
43		43	.
	HCS & TxHmL Respite		
44	Direct Care Worker 44 = Paid Hours; 45 = Salaries & Wages	44	.
45		45	.
46	Contract - Direct Care Worker 46 = Paid Hours; 47 = Compensation	46	.
47		47	.
	HCS & TxHmL Supported Employment (SE) and TxHmL Employment Assistance (EA)		
48	Direct Care Trainer/Job Coach 48 = Paid Hours; 49 = Salaries & Wages	48	.
49		49	.
50	Contract - Direct Care Trainer/Job Coach 50 = Paid Hours; 51 = Compensation	50	.
51		51	.
	Payroll Taxes, Benefits and Mileage Reimbursement		
52	FICA & Medicare Payroll Taxes	52	.
53	Does item 52 equal 7.65% of the sum of items 33, 35, 37, 41, 45, and 49? (0 = No; 1 = Yes)	53	.
54	State and Federal Unemployment	54	.
55	Mileage Reimbursement 55 = Mileage; 56 = Reimbursement	55	.
56		56	.
57	Employee Benefits / Insurance / Workers' Compensation	57	.
58	TOTAL Non-Day Habilitation Services Attendant Costs (sum items 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 52, 54, 56, and 57)	58	.

Items 59 thru 70 reserved for future use.

DAY HABILITATION SERVICES

- Complete only if participating for DAY HABILITATION SERVICES

As per 1 TAC §355.112(ff)(1) Job trainer and job coach compensation and hours must be reported on the required cost report items (e.g., hours, salaries and wages, payroll taxes, employee benefits/insurance/workers' compensation, contract labor costs, and personal vehicle mileage reimbursement). This requirement applies to providers who directly provide day habilitation "in-house", providers who contract with a related party to provide day habilitation and providers who contract with a non-related party to provide day habilitation. Day habilitation costs cannot be combined and reported in one cost report item.

Participating providers with contracted related-party OR contracted third-party day hab must capture and report properly-allocated attendant hours, salaries, wages, taxes and benefits as if the staff were

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	employees of the participating providers. Items 79 and 80 are only for capture of hours and costs related to individuals working for the participating provider as contract labor and should reflect only the attendant portion of any amounts paid to the individual.		
71	Were any expenses reported in this section (DAY HABILITATION SERVICES) the result of the allocation of expenses? (0 = No; 1 = Yes)	71	
72	Does this provider have contracted Day Habilitation providers? (0 = No; 1 = Yes, and no Day Hab provider is a related party; 2 = Yes, and at least one Day Hab provider is a related party)	72	
73	Direct Care Trainer 73 = Paid Hours; 74 = Salaries & Wages	73	.
74		74	
75	Reserved for future use.	75	.
76		76	
77	Driver 77 = Paid Hours; 78 = Salaries & Wages	77	.
78		78	
79	Contract - Direct Care Trainer Driver 79 = Paid Hours; 80 = Compensation	79	.
80		80	
81	FICA & Medicare Payroll Taxes	81	
82	Does item 81 equal 7.65% of the sum of items 74 and 78? (0 = No; 1 = Yes)	82	
83	State and Federal Unemployment	83	
84	Mileage Reimbursement 84 = Mileage; 85 = Reimbursement	84	
85		85	
86	Employee Benefits / Insurance / Workers' Compensation	86	
87	TOTAL Day Habilitation Costs (sum items 74, 78, 80, 81, 83, 85, and 86)	87	

Items 88 thru 120 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 5 AND 6.

UNITS OF SERVICE

- Complete whether participating for Non-Day Habilitation Services Only, Day Habilitation Services Only or both Non-Day Habilitation and Day Habilitation Services

UNITS OF SERVICE Provided from 01/01/12 thru 08/31/13

Supervised Living

121	HCS Supervised Living Intermittent (LON 1) Medicaid Units of Service	121	
122	HCS Supervised Living Limited (LON5) Medicaid Units of Service	122	
123	HCS Supervised Living Extensive (LON 8) Medicaid Units of Service	123	
124	HCS Supervised Living Pervasive (LON 6) Medicaid Units of Service	124	
125	HCS Supervised Living Pervasive + (LON 9) Medicaid Units of Service	125	
126	Subtotal HCS Supervised Living Medicaid Units of Service (sum items 121 thru 125)	126	
127	Non-Reimbursable Supervised Living Units of Service	127	
128	TOTAL Supervised Living Units of Service (sum items 126 and 127)	128	

Residential Support Services

129	HCS Residential Support Services Intermittent (LON 1) Medicaid Units of Service	129	
130	HCS Residential Support Services Limited (LON 5) Medicaid Units of Service	130	
131	HCS Residential Support Services Extensive (LON 8) Medicaid Units of Service	131	
132	HCS Residential Support Services Pervasive (LON 6) Medicaid Units of Service	132	
133	HCS Residential Support Services Pervasive + (LON 9) Medicaid Units of Service	133	
134	Subtotal HCS Residential Support Services Medicaid Units of Service (sum items 129 thru 133)	134	
135	Non-Reimbursable Residential Support Services	135	

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Item No.	Description	Item No.	Value
136	TOTAL Residential Support Service Units of Service (sum items 134 and 135)	136	
	Day Habilitation		
137	HCS Day Habilitation Intermittent (LON 1) Medicaid Units of Service	137	
138	HCS Day Habilitation Limited (LON 5) Medicaid Units of Service	138	
139	HCS Day Habilitation Extensive (LON 8) Medicaid Units of Service	139	
140	HCS Day Habilitation Pervasive (LON 6) Medicaid Units of Service	140	
141	HCS Day Habilitation Pervasive + (LON 9) Medicaid Units of Service	141	
142	TxHmL Day Habilitation Medicaid Units of Service	142	
143	Subtotal HCS & TxHmL Day Habilitation Medicaid Units of Service (sum items 137 thru 142)	143	
144	Non-Reimbursable Day Habilitation Units of Service	144	
145	TOTAL Day Habilitation Units of Service (sum items 143 and 144)	145	
	Supported Home Living		
146	HCS Supported Home Living Units of Service	146	
	Community Support Services		
147	TxHmL Community Support Services Units of Service	147	
	Respite		
148	HCS Respite Units of Service	148	
149	TxHmL Respite Units of Service	149	
	Supported Employment		
150	HCS Supported Employment Units of Service	150	
151	TxHmL Supported Employment Units of Service	151	
	Employment Assistance		
152	TxHmL Employment Assistance Units of Service	152	
	Items 153 thru 160 reserved for future use.		
	UNITS OF SERVICE Provided from 09/01/13 thru 12/31/13		
	Supervised Living		
161	HCS Supervised Living Intermittent (LON 1) Medicaid Units of Service	161	
162	HCS Supervised Living Limited (LON 5) Medicaid Units of Service	162	
163	HCS Supervised Living Extensive (LON 8) Medicaid Units of Service	163	
164	HCS Supervised Living Pervasive (LON 6) Medicaid Units of Service	164	
165	HCS Supervised Living Pervasive + (LON 9) Medicaid Units of Service	165	
166	Subtotal HCS Supervised Living Medicaid Units of Service (sum items 161 thru 165)	166	
167	Non-Reimbursable Supervised Living Units of Service	167	
168	TOTAL Supervised Living Units of Service (sum items 166 and 167)	168	
	Residential Support Services		
169	HCS Residential Support Services Intermittent (LON 1) Medicaid Units of Service	169	
170	HCS Residential Support Services Limited (LON 5) Medicaid Units of Service	170	
171	HCS Residential Support Services Extensive (LON 8) Medicaid Units of Service	171	
172	HCS Residential Support Services Pervasive (LON 6) Medicaid Units of Service	172	
173	HCS Residential Support Services Pervasive + (LON 9) Medicaid Units of Service	173	
174	Subtotal HCS Residential Support Services Medicaid Units of Service (sum items 169 thru 173)	174	

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Item No.	Description	Item No.	Value
175	Non-Reimbursable Residential Support Services Units of Service	175	
176	TOTAL Residential Support Service Units of Service (sum items 174 and 175)	176	
	Day Habilitation		
177	HCS Day Habilitation Intermittent (LON 1) Medicaid Units of Service	177	
178	HCS Day Habilitation Limited (LON 5) Medicaid Units of Service	178	
179	HCS Day Habilitation Extensive (LON 8) Medicaid Units of Service	179	
180	HCS Day Habilitation Pervasive (LON 6) Medicaid Units of Service	180	
181	HCS Day Habilitation Pervasive + (LON 9) Medicaid Units of Service	181	
182	TxHmL Day Habilitation Medicaid Units of Service	182	
183	Subtotal HCS & TxHmL Day Habilitation Medicaid Units of Service (sum items 177 thru 182)	183	
184	Non-Reimbursable Day Habilitation Units of Service	184	
185	TOTAL Day Habilitation Units of Service (sum items 183 and 184)	185	
	Supported Home Living		
186	HCS Supported Home Living Units of Service	186	
	Community Support Services		
187	TxHmL Community Support Services Units of Service	187	
	Respite		
188	HCS Respite Units of Service	188	
189	TxHmL Respite Units of Service	189	
	Supported Employment		
190	HCS Supported Employment Units of Service	190	
191	TxHmL Supported Employment Units of Service	191	
	Employment Assistance		
192	TxHmL Employment Assistance Units of Service	192	
	Items 193 thru 200 reserved for future use.		
	Reserved for future use.		
201	Reserved for future use.	201	
202	Reserved for future use.	202	
203	Reserved for future use.	203	
204	Reserved for future use.	204	
205	Reserved for future use.	205	
206	Reserved for future use.	206	
207	Reserved for future use.	207	
208	Reserved for future use.	208	
	Reserved for future use.		
209	Reserved for future use.	209	
210	Reserved for future use.	210	
211	Reserved for future use.	211	
212	Reserved for future use.	212	
213	Reserved for future use.	213	
214	Reserved for future use.	214	
215	Reserved for future use.	215	
216	Reserved for future use.	216	

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Date				
Item No.	Description		Item No.	Value
	Reserved for future use.			
217	Reserved for future use.		217	
218	Reserved for future use.		218	
219	Reserved for future use.		219	
220	Reserved for future use.		220	
221	Reserved for future use.		221	
222	Reserved for future use.		222	
223	Reserved for future use.		223	
224	Reserved for future use.		224	
225	Reserved for future use.		225	
	Reserved for future use.			
226	Reserved for future use.		226	
	Reserved for future use.			
227	Reserved for future use.		227	
	Reserved for future use.			
228	Reserved for future use.		228	
229	Reserved for future use.		229	
	Reserved for future use.			
230	Reserved for future use.		230	
231	Reserved for future use.		231	
	Reserved for future use.			
232	Reserved for future use.		232	