

SUMMARY REPORT

DBMD - Cost Report for 2014

Prepared by
Provider Name
Date

Contract Number
Period Ended

OIG Number

Item No.	Description	Item No.	Value
	2014 COST REPORT (Version: 12/31/14)		
	DEAF-BLIND with MULTIPLE DISABILITIES (DB-MD)		
	GENERAL INFORMATION		
1	Is this report for an individual contract or a group of contracts? (0 = Individual, 1 = Group) If a group, complete Schedule E and list all contracts participating in this group.	1	
2	DADS 9-digit Contract Number (if report is for an individual contract)	2	
3	Group Number (if report is for a group of contracts)	3	
4	Texas County Code in Which Accounting Records are Located ("999" if outside Texas)	4	
5	Does this contract request to aggregate all of its DBMD contracts that participated in the Attendant Compensation Rate Enhancement for this ENTIRE reporting period (as reflected in items 6 and 7) for the purpose of determining compliance with spending requirement? (0 = No, 1 = Yes) If yes, complete Schedule E: Request for Aggregation and list all contracts participating in the aggregation.	5	
6	Reporting Period - Beginning Date (mm/dd/yy)	6	
7	Reporting Period - Ending Date (mm/dd/yy) If less than full year of 09/01/12 to 08/31/13, give reason in the explanation box.	7	
8	Has the preparer of this report attended the 2013 or 2014 DBMD Cost Report Training? (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, DAHS, 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 12 reserved for future use.		
	RELATED-PARTY INFORMATION		
13	Were any owner-employees or other related-party employee costs included in items 17 thru 123? (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.	13	
14	Were any contracted services included on this report provided by a related organization? (0=No, 1=Yes) (If Yes, complete Schedule B, Section 1A)	14	
15	Were any contracted services included on this report provided by a related individual? (0=No, 1=Yes) (If Yes, complete Schedule B, Section 1B)	15	
	ALLOCATION INFORMATION		
16	Were any expenses reported in items 17 thru 123 the result of the allocation of expenses? (0=No, 1=Yes) If Yes, attach a detail allocation summary showing allocatin of 100% of the shared expenses and enter the attachment number in the explanation box.	16	
	DAY HABILITATION SERVICES		
17	Habilitation Workers / Trainers: Paid Hours in item 17, Salaries & Wages in item 18	17	.
18		18	
19	Other Staff Providing Day Habilitation Services - Paid Hours in item 19 - Salaries & Wages in item 20	19	.
20		20	
21	Contracted Habilitation Workers/Trainers: Paid Hours in item 21, Compensation in item 22	21	.
22		22	
23	Payroll Taxes - FICA and Medicare	23	
24	Does item 23 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 23 does not equal 7.65% of the sum of items 18 and/or 20.	24	
25	State and Federal Unemployment If none, provide an explanation in the explanation box as to why the provider is exempt from unemployment taxes.	25	

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Item No.	Description	Item No.	Value
26	Workers' Compensation - Insurance Premiums	26	
27	Workers' Compensation - Paid Claims	27	
28	Employee Benefits - Health Insurance	28	
29	Employee Benefits - Life Insurance	29	
30	Employee Benefits - Other Benefits Provide a description in the explanation box of the types of benefits and the associated costs for each type of benefit.	30	
31	Mileage Reimbursement	31	
32	TOTAL Day Habilitation Services Costs (sum items 18, 20, 22, 23, and 25 thru 31)	32	
STATISTICS			
33	Number of Miles Reimbursed (relating to item 31)	33	.
Items 34 thru 39 reserved for future use.			
RESIDENTIAL HABILITATION SERVICES - LESS THAN 24 HOURS			
40	Habilitation Workers / Trainers: Paid Hours in item 40, Salaries & Wages in item 41	40	.
41		41	
42	Other Staff Providing Residential Habilitation Services: Paid Hours in item 42, Salaries & Wages in item 43	42	.
43		43	
44	Contracted Habilitation Workers/Trainers: Paid Hours in item 44, Compensation in item 45	44	.
45		45	
46	Payroll Taxes - FICA and Medicare	46	
47	Does item 46 equal 7.65% of the sum of items 41 and 43? (0=No, 1=Yes) If No, provide an explanation in the explanation box as to why item 46 does not equal 7.65% of the sum of items 41 and/or 43.	47	
48	State and Federal Unemployment If none, provide an explanation in the explanation box as to why the provider is exempt from unemployment taxes.	48	
49	Workers' Compensation - Insurance Premiums	49	
50	Workers' Compensation - Paid Claims	50	
51	Employee Benefits - Health Insurance	51	
52	Employee Benefits - Life Insurance	52	
53	Employee Benefits - Other Benefits Provide a description in the explanation box of the types of benefits and the associated costs for each type of benefit.	53	
54	Mileage Reimbursement	54	
55	TOTAL Residential Habilitation Services-Less Than 24 Hours (sum items 41, 43, 45, 46, & 48 thru 54)	55	
STATISTICS			
56	Number of Miles Reimbursed (relating to item 54)	56	.
Items 57 thru 59 reserved for future use.			
INTERVENER SERVICES			
60	Intervener Attendants: Paid Hours in item 60, Salaries & Wages in item 61	60	.
61		61	
62	Contracted Intervener Attendants: Paid Hours in item 62, Compensation in item 63	62	.
63		63	
64	Payroll Taxes - FICA and Medicare	64	
65	Does item 64 equal 7.65% of item 61? (0=No, 1=Yes) If No, provide an explanation in the explanation box as to why item 64 does not equal 7.65% of item 61.	65	
66	State and Federal Unemployment If none, provide an explanation in the explanation box as to why the provider is exempt from unemployment taxes.	66	
67	Workers' Compensation - Insurance Premiums	67	

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Item No.	Description	Item No.	Value
68	Workers' Compensation - Paid Claims	68	
69	Employee Benefits - Health Insurance	69	
70	Employee Benefits - Life Insurance	70	
71	Employee Benefits - Other Benefits Provide a description in the explanation box of the types of benefits and the associated costs for each type of benefit.	71	
72	Mileage Reimbursement	72	
73	TOTAL Intervener Services Costs (sum items 61, 63, 64, and 66 thru 72)	73	
STATISTICS			
74	Number of Miles Reimbursed (relating to item 72)	74	.
Items 75 thru 79 reserved for future use.			
CHORE SERVICES			
80	CHORE Attendants: Paid Hours in item 80, Salaries & Wages in item 81	80	.
81		81	.
82	Contracted CHORE Workers: Paid Hours in item 82, Compensation in item 83	82	.
83		83	.
84	Payroll Taxes - FICA and Medicare	84	
85	Does item 84 equal 7.65% of the sum of item 81? (0=No, 1=Yes) If No, provide an explanation in the explanation box as to why item 84 does not equal 7.65% of the sum of item 81.	85	
86	State and Federal Unemployment If none, provide an explanation in the explanation box as to why the provider is exempt from unemployment taxes.	86	
87	Workers' Compensation - Insurance Premiums	87	
88	Workers' Compensation - Paid Claims	88	
89	Employee Benefits - Health Insurance	89	
90	Employee Benefits - Life Insurance	90	
91	Employee Benefits - Other Benefits Provide a description in the explanation box of the types of benefits and the associated costs for each type of benefit.	91	
92	Mileage Reimbursement	92	
93	TOTAL CHORE Services Costs (sum items 81, 83, 84 and 86 thru 92)	93	
STATISTICS			
94	Number of Miles Reimbursed (relating to item 92)	94	.
EMPLOYMENT ASSISTANCE SERVICES			
95	Employment Assistance Service Attendants: Paid Hours in item 95, Salaries & Wages in item 96	95	.
96		96	.
97	Contracted Employment Assistance Attendants: Paid Hours in item 97, Compensation in item 98	97	.
98		98	.
99	Payroll Taxes - FICA and Medicare	99	
100	Does item 99 equal 7.65% of the sum of item 96? (0=No, 1=Yes) If No, provide an explanation in the explanation box as to why item 99 does not equal 7.65% of the sum of item 96.	100	
101	State and Federal Unemployment. If none, provide an explanation in the explanation box as to why the provider is exempt from unemployment taxes.	101	
102	Workers' Compensation - Insurance Premiums	102	
103	Workers' Compensation - Paid Claims	103	
104	Employee Benefits - Health Insurance	104	
105	Employee Benefits - Life Insurance	105	
106	Employee Benefits - Other Benefits. Provide a description in the explanation box of the types of benefits and the associated costs for each type of benefit.	106	
107	Mileage Reimbursement	107	

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108	TOTAL EMPLOYMENT ASSISTANCE Services Costs (sum items 96, 98, 99, 101 thru 107)		108	
	STATISTICS			
109	Number of Miles Reimbursed (relating to item 105)		109	.
	SUPPORTED EMPLOYMENT SERVICES			
110	Supported Employment Service Attendants Paid Hours in item 110, Salaries & Wages in item 111		110	.
111			111	.
112	Contracted Supported Employment Service Attendants Paid Hours in item 112; Compensation in item 113		112	.
113			113	.
114	Payroll Taxes - FICA and Medicare		114	.
115	Does item 114 equal 7.65% of the sum of item 109? (0=No, 1=Yes) If No, provide an explanation in the explanation box as to why item 114 does not equal 7.65% of the sum of item 111.		115	.
116	State and Federal Unemployment. If none, provide an explanation in the explanation box as to why the provider is exempt from unemployment taxes.		116	.
117	Workers' Compensation - Insurance Premiums		117	.
118	Workers' Compensation - Paid Claims		118	.
119	Employee Benefits - Health Insurance		119	.
120	Employee Benefits - Life Insurance		120	.
121	Employee Benefits - Other Benefits Provide a description in the explanation box of the types of benefits and the associated costs for each type of benefit.		121	.
122	Mileage Reimbursement		122	.
123	TOTAL SUPPORTED EMPLOYMENT ASSISTANCE Services Costs (sum items 111, 113, 114 and 116 thru 122)		123	.
	STATISTICS			
124	Number of Miles Reimbursed (relating to item 122)		124	.
	UNITS OF SERVICE			
	Habilitation Services - Day	09/01/13 thru 08/31/13		
125	Medicaid Units (include 2 decimals)		125	.
126	Private and Other Units (include 2 decimals)		126	.
127	Reserved for future use		127	.
128	Reserved for future use		128	.
	Habilitation Services - Less Than 24 Hours	09/01/13 thru 08/31/14		
129	Medicaid Units (include 2 decimals)		129	.
130	Private and Other Units (include 2 decimals)		130	.
131	Reserved for future use		131	.
132	Reserved for future use		132	.
	Intervener Services	09/01/13 thru 08/31/14		
133	Medicaid Units (include 2 decimals)		133	.
134	Private and Other Units (include 2 decimals)		134	.
135	Reserved for future use		135	.
136	Reserved for future use		136	.
	Chore Services	09/01/13 thru 08/31/14		
137	Medicaid Units (include 2 decimals)		137	.
138	Private and Other Units (include 2 decimals)		138	.
139	Reserved for future use		139	.
140	Reserved for future use		140	.

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Item No.	Description		Item No.	Value
	Employment Assistance	09/01/13 thru 08/31/14		
141	Medicaid Units (include 2 decimals)		141	.
142	Private and Other Units (include 2 decimals)		142	.
143	Reserved for future use		143	.
144	Reserved for future use		144	.
	Supported Employment	09/01/13 thru 08/31/14		
145	Medicaid Units (include 2 decimals)		145	.
146	Private and Other Units (include 2 decimals)		146	.
147	Reserved for future use		147	.
148	Reserved for future use		148	.