# Adult Care Cost Report Training

**By Susan Kesler**

**Office of the Controller**

# Overview

# I. Some Basics
## Why Are We Here?

\* **In Session Law 2016-94, section 12G.2 significant changes were made to the adult care home cost reporting requirements set forth in GS 131D-4.2.**

* **Report now due every two years**
* **Due date requirement taken out**
* **Reporting date requirements taken out**

# I. Some Basics

* **Cost reports are due on odd numbered years: 2023, 2025, 2027 etc.**

* **The due date is September 30th of that odd number year**

* **Cost report should be based on facilities most recently closed fiscal/accounting year end**

* **For homes with 7 beds or more, Agreed Upon Procedures (AUPs) will be required whenever a cost report is due (2023, 2025, 2027 etc.)**

# I. Some Basics

* **Yes, Mental Health homes under Chapter 122C with 6 beds or less are still required to file a cost report or exemption when it is due.**
  * **Not required to send audited reports**

* **Yes, dually licensed Nursing Homes also still required to file a cost report or exemption when it is due**

* **IF facility <u>ONLY</u> provides PCS and <u>DOES NOT</u> receive any State/County Special Assistance funds, <u>an Exemption form still must be submitted!!!!!!!!!</u>**

# I. Some Basics

\*      **Family Care Homes, licensed as FCL-000-000, by the Division of Health Service Regulations <u>ARE NOT</u> required to do this cost report. FCL-000-000 is not be an allowable license to get into the cost report program**

# II. Chart of Accounts

* **Reporting Period**

    * **Nursing Homes – use the same reporting period as their most recently completed Medicare cost report.**

    * **All other homes – the most recently completed fiscal/accounting year end. A few examples:**
        * **Oct 1, 2021 through Sep 30, 2022**
        * **Jan 1 through Dec 31, 2022**
        * **Apr 1, 2022 through Mar 31, 2023**
        * **Jul 1, 2022 through Jun 30, 2023**

# II. Chart of Accounts

* **Can be found on the DHHS Office of the Controller's web site.**

* **It contains all the line item expenses in the cost report and gives examples of the expenses that go on each line**

* **Homes with both HA and SCU beds need to capture revenue & expenses separately**
  * **Not required for nursing homes with both HA and SCU beds**

# II. Chart of Accounts

* **For any employee working in more than one cost center (example dietary & housekeeping) a timesheet could be used. Or a percentage could be used to split out time between cost centers. Reminder salary, taxes and benefits would also need to be split between both cost centers.**

* **Need to keep up with contract hours too. Contract with a service to do housekeeping? How many hrs. of work did the contract cover?**

* **No change for PCS expenses, a one-line total on the Miscellaneous Line of the cost center is all that can be entered**

# III. Cost Report Program

1. Web based program is almost ready and must be use. Paper cost report are no longer accepted. Paper exemption forms are no longer accepted.

2. On the Office of the Controller's webpage
   a) www.ncdhhs.gov/about/administrative-offices/office-controller/adult-care-facilities
   b) Click '2022-2023 Cost Report-AUPs' link
   c) When the live program is ready, hoping around 7/27, Click 'Adult Care Cost Report Program' link

# III. Cost Report Program

**Here is the log in page. The Username will be the license give to the facility by the Division of Health Service Regulation: MHL-000-000; HAL-000-000; NH0000**

**The Password for this _first time only_ will be the license plus #FirstLogin1 (example HAL-000-000#FirstLogin1)**

NC DEPARTMENT OF
**HEALTH AND HUMAN SERVICES**

Adult Care Web App

## Login

Username

| Username |

Password

| Password |

☐ **Remember My Login**

Forgot Password

[Login]  Cancel

# III. Cost Report Program

**Next the program will ask the user to change the password**

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

**Adult Care Web App**

## Change Password

•

UserName

HAL-015-002

Current Password

New Password

Confirm Password

Update

# III. Cost Report Program

**The password must be 10 characters. It must include upper- and lower-case letters, a number and a special character.**

**Click Update. It will take the user back to the main login screen. Use the new password created to log into the Adult Care Cost Report program.**

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

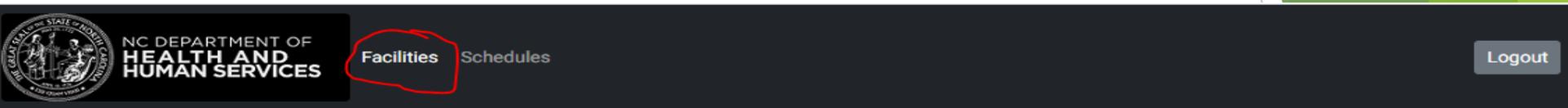Adult Care Web App

## Security Questions

UserName

HAL-051-047

--Select Security question--

**The first-time logging in the user will have to answer 5 security question. Use the drop-down arrow. Cannot use the same answer multiple times.**
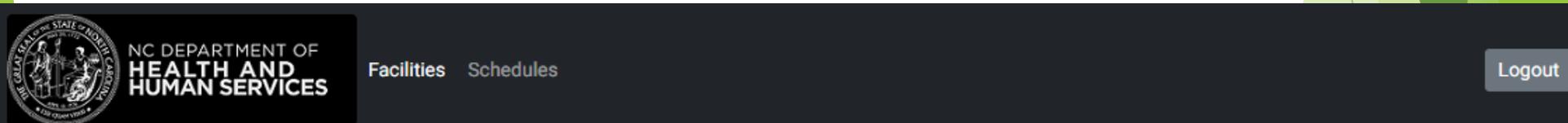
# III. Cost Report Program

**Now the user is in the program and the first screen will look like this. Click on Facilities.**

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**HEALTH AND HUMAN SERVICES**

Facilities    Schedules

Logout

Welcome to Adult Care Homes Web app!

**This shows the cost report year or years available. Prior year information (when shown) will be read only. To enter data or review prior year cost reports, click on the paper pencil to go to Schedule A.**

NC DEPARTMENT OF
**HEALTH AND HUMAN SERVICES**

Facilities    Schedules

Logout

Facilities

| License Id | Facility Id | Facility Name | Fiscal Year | Edit Facility |
|------------|-------------|---------------|-------------|---------------|
| HAL-001-001 | 05000 | Rose's Adult Care Home | 2022-2023 | ✎ |

# III. Cost Report Program

**To print out forms, whether there is or isn't data in the schedules.**

- Make sure to key the number of beds on line 13. That will bring up the correct schedules based on the size of the facility

- At the bottom of each screen click the Print button

- If facility has SCU beds, that button will need to be checked at the top of Schedule A



Bed Capacity Information

| | |
|---|---|
| 13. Licensed Bed Capacity | 0 |
| Bed Capacity Changed | ○Yes ●No |
| # of Beds before Changed | 0 |
| First date Changed | mm/dd/yyyy |
| Second Date Changed | mm/dd/yyyy |
| Total of Avilable Bed Days | 0 |
| Total Resident Days | 0 |
| Total State/County SA Days | 0 |

17. Total Available

Next Step | print

# IV. Completing the Cost Report

**Schedule A**

- **Contains basic information**
  - o **Mailing address, physical address of the home, phone number, contact person, Medicaid #, NPI #, etc. Most of this will be preloaded but please update any missing information (phone #, NPI #, etc.) Contact email address is a required field.**

  - o **Exemptions will now be submitted in the program. Paper copies will no longer be accepted.**
    - **The General Information section needs to be completed first, then**
    - **Click the Exempted box**

SCHEDULE A

To modify Exemption reason Click Here

| Year | FID | Facility | License |
|---|---|---|---|
| 2022-2023 | 05000 | Rose's Adult Care Home | HAL-001-001 |

| | | | |
|---|---|---|---|
| Special care unit : | ○Yes ●No | Reporting Basis : | ●Cash ○Accural |
| Consolidated Report | ○Yes ●No | ☑Comments ☑Schedules | ☐Exempted |
| #of homes | Page | of | Group ID# |
| 0 | 0 | 0 | |

# IV. Completing the Cost Report

## Schedule A

- That brings up the valid reasons for being exempt from submitting the cost report.  Choose 1.  _Only_ use the last reason if the owner has owned the facility for <u>less than</u> 6 months of the cost reporting period.

- Click Save

- Hope the General Information on Sched A was completed first or information in this screen <u>will not be saved</u>.

- Scroll to the bottom on Schedule A and click Submit

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CONTROLLER
2021-2022 ADULT CARE COST REPORT
EXEMPTION FORM

×

The Exemption Reason is saved. Close to return to ScheduleA form.

Please check the appropriate statement below

◉ We are exempt from the 2021-2022 cost report requirement mandated by G.S. 131 D-4.1-4.3 because our facility did not receive any funds through the State/County Special Assistance for Adults Program.

○ We are exempt from the 2021-2022 Cost Report requirements mandated by G.S. 131 D-4.1-4.3 because our facility is refunding all funds received through the State/County Special Assistance for Adults Program.

○ We are exempt from the 2021-2022 Cost Reporting requirements mandated by G.S. 131 D-4.1-4.3
because the facility's current owner

on

mm/dd/yyyy

The facility's fiscal/accounting year began on:

mm/dd/yyyy

and ends on:

mm/dd/yyyy

.

Cancel    Save

# IV. Completing the Cost Report

**Schedule A**

- o **Click the appropriate type of organization under Tax Information**

- o **Enter the number of months and accounting/fiscal year**

- o **Line 13 -Input licensed bed capacity given by DHSR. If home has SCU beds indicate the # of SCU beds and the # of other beds**

- o **Give total # of Resident days and SA Days**

# IV. Completing the Cost Report

**Schedule A**

- **Most common errors:**

  - **Line 17 (Total Licensed Beds)– program calculated by taking the number of beds listed in Line 13 times 365 days of the year (example 3 x 365 = 1,095). It will also calculate the days based on the dates entered under Home Information.**

  - **Total Available Beds – 9 times out of 10 should be the same number as shown on line 17. Only should be different if a bed(s) was unusable.**

# IV. Completing the Cost Report

**Schedule A**

- **Most common errors:**

  - o **Total Resident Days – how many days were all the usable beds full? For home licensed for 3 beds, all three beds were full all year = 1,095 (3 x 365). Only 2 beds were full all year long = 730 (2 x 365).**

  - o **Difference between Total Available & Total Resident Days – For Available a bed couldn't be filled because of damage to a room/bed. For Resident, a bed was usable but was empty/not being used.**

# IV. Completing the Cost Report

**Schedule A**

- **Most common errors:**

  o **Total State/County SA Days– how many residents received SA? For a 3 bed home – all residents received SA 1,095... 2 residents received SA, 1 was private pay 730 (2 x 365).**

  **Summary**
  - ➤ **Total Licensed & Total Available = number of beds times 365.**
  - ➤ **Total Resident & Total SA = number of residents in the home all year times 365.**

# IV. Completing the Cost Report

- **Reminder**

  o **If the information given on bed days, resident days or SA days don't make sense, the cost report will be returned to the user to make corrections. The Office of the Controller can no longer make those corrections for the user!**

  o **Make sure contact name, phone # and email address information on Sched A is correct as that is who will be contacted to make corrections. The email address is a required field. Cannot leave Sched A until information is entered.**

# IV. Completing the Cost Report

**Schedule B**

- **Revenue Information**
  - o **Revenue related to Special Assistance (SA) residents**
  - o **Revenue related to private pay residents**
  - o **Revenue related to non-residents**

- **Net Profit or Loss**

# IV. Completing the Cost Report

**Schedule B**

- **Reminder:**
  - **11a – 100% Private Pay – funds received from non-SA residents to pay for residential services**

  - **The difference between Line 11 and 11a:**
    - **Line 11 should be used for insurance, SSI, social security payments**
    - **Line 11a should be used for any cash/check payments received, not related to insurance**

# IV. Completing the Cost Report

**Schedule B**
- **Reminder:**
  - ○ **15a – SA Financial Asst – the last of these payments ended on December 30, 2020.**

# IV.  Completing the Cost Report

**Schedule B**

- **The line numbers on Sched B match up to the same numbers on the Access version of the program**
- **Click on the "Net Profit and Loss" button after Sched C information has been keyed to see the profit or loss**
- **Click "Print" to print Sched B**
- **Click "Go to previous step"  takes user back to Sched A**
- **Click "Go to next step" takes user on to Sched C1 or Sched C-Direct**

# IV. Completing the Cost Report

**Schedule C1 – for 6 beds or less**

- **PCS section is the first cost center: Personal Care Services**

- **The Miscellaneous line 13, is the only line where data can be keyed**

- **All other cost centers need to be completed with both hours paid, unpaid and total expenditures.**

  - **Line numbers here also match up to Access program line numbers**

# IV. Completing the Cost Report

**Schedule C-Direct and C-Ind/Oth – 7+ beds**

- PCS section is made up of 3 cost centers: Personal Care, Health Services, Initial/Orientation Aide Training

- Data can only be keyed on the Miscellaneous lines (59, 72 & 88)

- All other cost centers need to be completed with both hours paid, unpaid and total expenditures.

  - Line numbers here again match up to Access program line numbers.

# IV. Completing the Cost Report

**Schedule D**

- **Related Party Transactions**

  o **Nursing Homes are exempt from reporting**

  o **Related party – meaning the home is associated or affiliated with an organization or individual furnishing the services, facility or supplies.**

  o **The cost report expense line item where this happens needs to be listed on Sch D along with the expense.**
    - **If expense is related to PCS use the Miscellaneous line (13, 59, 72 or 88) as that is where the expense has been keyed**

# IV.  Completing the Cost Report

## Schedule D

- **Click on "Add Line Item" to add a related party expense and/or adjustment.**
- **New this year, for SCU facilities, if there is an adjustment, that adjustment amount can be shown between regular beds and SCU beds.**

Schedule D SCU

**Schedule D Related Party Transactions**

Add Line Item

| Line Item | Related Party Name | Relationship | Other | Expense Amount | SCU Expense Amount | Paid Hours | SCU Paid Hours | Line Item Description | Cost Center | Related Party Adjustments | SCU Related Party Adjustments |
|---|---|---|---|---|---|---|---|---|---|---|---|

Previous Step | Go to next step

# IV. Completing the Cost Report

**Schedule E**

- **Only used by homes with Special Care Unit (SCU) beds**

- **Allocation Method**
  - o **Explains how expense allocated between SCU beds and non SCU beds within the home**

  - o **Allocation basis are: Direct, Resident Days, Square Footage or Other. If other is used, an explanation is required**
    - ▪ **These are the only basis allowed**
    - ▪ **Other could mean a combination of Direct, Resident Days and/or Square Footage**

# IV. Completing the Cost Report

## Schedule E

Schedule E

Basis of allocation between Special care and Adult care Beds

| | | | |
|---|---|---|---|
| **Total square footage of Special Care Unit** | | **Total square footage of Adult care bed units** | |
| **Total Square foot of all others** | | **Total square footage of SNF/ICF bed unit** | | **Total Square footage of Facility** | |

| **SCU Sq ft:** | **Adult Care Sq ft:** | **SCU Res days** | **Adult Care Res days** |
|---|---|---|---|
| | | | |

**Add Line Item**

| Cost Center | Allocation | Comment |
|---|---|---|
| | | |

Previous Step | Go to next step

# V. Cost Modeling

- ☑ **A brief history**
  - ☑ **Department staff along with industry associations and provider groups produced a Cost Model methodology. It was approved and published in December 2004. The current SCU rate was set based on the committee findings.**
  - ☑ **Specific criteria also needs to be applied to facilities selected for the modeling process.**
  - ☑ **Cost Model Criteria**
    - ☑ **Geographical and Urban/rural representation**
    - ☑ **Mixture of both private pay & public funding**
    - ☑ **Occupancy rate at a minimum of 80%**
    - ☑ **Include SCUs within facilities and those that are stand-alone**

# V. Cost Modeling

- ☑ **Cost Model Criteria continued**

  - ☑ **Representation from the following size categories: 31-60 beds, 61-90 beds and 91+**

  - ☑ **Must have been in business (by the same owner) for at least a year**

  - ☑ **Minimum of 3 facilities per group**

  - ☑ **No disproportionately high indirect cost ratios comparted to direct cost**

  - ☑ **No history of penalties and fines**

  - ☑ **Facilities meeting above criteria are reviewed/approved by industry representatives as efficient and respected facilities with a good reputation for serving residents**

# V. Cost Modeling

☑ **Per letter dated Nov 21, 2016 by the Division of Aging and Adult Services, "Cost modeling will also be performed every two years." and "Facilities chosen for cost modeling will be required to submit addition information."**

☑ **The cost model is based off the cost report expenses except for labor. A small additional step of mapping out FTEs to specific position titles is needed. Then in the cost model, salary and benefit costs from the US Department of Labor are substituted in for the listed positions.**

☑ **Hoping to make things easier, the cost model step was added into the cost report program. Now ALL HAL licensed facilities with 31+ beds will participate.**
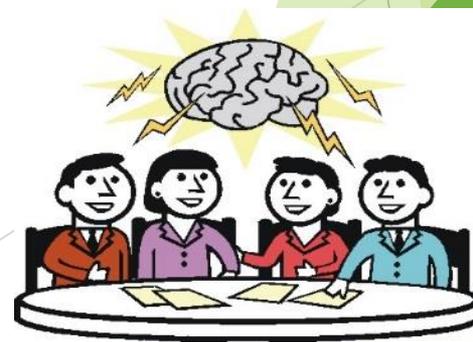
# V. Schedule F

☑ **Schedule F – Cost Modeling**

  ☑ **This schedule will only come up for those facilities with a HAL license <span style="color:red">AND</span> are licensed for <u>31 or more</u> beds.**

  ☑ **This schedule <u>will not</u> come up if the HAL facility is licensed for <u>30 beds or less</u>**

  ☑ **This schedule <u>will not</u> come up for facilities with a <u>MHL or NH</u> license!**

  ☑ **Schedule F should be filled out at the very, very end after Schedules A, B, C, D, and E (if applicable) are done.**

  ☑ **A procedure was added to the AUPs to validate the position titles listed on Schedule F against the job descriptions of the facility.**

# V. Schedule F

☑ **Schedule F – Cost Modeling**

    ☑ **On Sched C-Direct and C-Indirect the hours listed on "Salaries and Wages" and "Casual Labor" lines are in <u>total hours</u> for the whole cost center no matter what kind of job is being performed. Whether it be supervision, administrative, manual task, etc.**

    ☑ **On Sched F those total hours need to be broken down to the individual positions working in each cost center.**

    ☑ **A list of positions and their basic descriptions, per the US Dept. of Labor, can be found on the Office of the Controller's webpage. These descriptions need to be matched up to the positions within the facility as close as possible.**

# V. Schedule F

**Schedule F**



| | | | | | |
|---|---|---|---|---|---|
| SCHEDULE A | SCHEDULE BSCU | SCHEDULE C SCU | SCHEDULE C-IND SCU | SCHEDULE D SCU | SCHEDULE E | SCHEDULE F SCU |

Hello

**Add Line Item**

| Position | Cost Center | Adult Care Paid Hours | SCU Paid Hours | Adult Care Unpaid Hours | SCU Unpaid Hours |
|---|---|---|---|---|---|

Previous Step | Finish

**Click on "Add Line Item"**

## Add Schedule F ✕

Position

Cost Center

SCU Paid Hours

Paid Hours

Unpaid Hours

SCU Unpaid Hours

Cancel | Continue

# V. Schedule F

☑ **Completing - Schedule F – Cost Modeling**

☑ **Click on the "Position" down arrow to bring up the list of position names. Use the one that best fits the job(s) being performed within each cost center.**

☑ **Use the "Cost Center" drop-down arrow to pick the cost center where that job is being done.**

☑ **Based on the cost center picked, the program automatically pull up the total hours keyed on Sched C for that cost center. Change the hours (or leave the same) to fit the position chosen above.**

❑ **For example: in the Housekeeping Cost Center there are a total of 5 maids that work for the facility. Each individual maid does not need to be listed on Sched F. The total hours for all 5 maids need to be combined and listed on one line for "Maids & Housekeeping Cleaners".**

❑ **For facilities with SCU beds the paid hours and/or unpaid hours for each position needs to be broken out between the time working the regular ACH beds and time working the SCU beds**

# V. Schedule F

- ☑ **Completing - Schedule F – Cost Modeling**
  - ☑ **There can be more than one position that works in each cost center, so please list each position.**
    - ❑ **For example: in the Admin Cost Center there are 3 different positions working. There is a "Bookkeeping, Accounting & Auditing Clerks", "General & Operations Managers" and "Payroll & Timekeeping Clerk". Say the total hours keyed on Sched C-Indirect for the Admin Cost center was 4,050 hrs. Then 4,050 hours needs to broken up between the 3 positions.**
  - ☑ **Important Note: Sched F will not let you submit the cost report until all hours are allocated.**
    - ❑ **That's why it is best to do Sched F after Sched A, B, (specifically) Sched C-Direct and C-Indirect, D and E (if applicable) are done. I strongly encourage to have a printed copy of the cost report in front of you as you fill Sched F out.**
    - ❑ **An error message will come up saying the hours don't match.**

# VI. Agreed Upon Procedures (AUPs)

- Per GS 131D-4.2 adult care homes are required to submit audited reports.

- AUPs are used to satisfy the audit requirement and generally are less expensive
    - Because they only look at specific cost report related info and are not a full audit with an opinion

- AUPs must be done by an outside, independent accountant or CPA

# VI. Agreed Upon Procedures (AUPs)

- **Based on changes made to the General Statute – Homes with 7 beds or more need to submit AUPs every time a cost report is due.**

- **Homes with 6 beds or less are <u>not required</u> to submit AUP; cost report yes, AUPs no.**

- **AUP workpapers are available online at the Office of the Controller's website**

# VI. Agreed Upon Procedures (AUPs)

- AUPs remain consistent with those from prior reporting periods. Which includes the procedure concerning the Sched F for HAL facilities

- **ONLY** AUPs questions should be addressed via email to AUP.Questions@dhhs.nc.gov
  - Cost Report or program issues should be directed to me!  Never to the above email address

- If an alternative procedure is needed, it must be approved by DHHS. Please email the address listed above with the request

- Please submit AUP writeup, not procedure worksheet

# VII. Sending in Cost Report

- Depending on the size of the facility will depend on where the Submit to OoC button is.

  - 6 beds or less will see it on Sched D

  - 7 to 30 beds with SCU beds, it will be on Sched E. Without SCU beds, it will be on Sched D.

  - 31 + beds will see it on Sched F

- For any facility with 7+ beds where the AUP is required, once the Submit to OoC button is clicked, that is when you will see the screen to fill in the information for the Accountant/CPA who did the AUP.

- The list of CPAs and Accountants is current blank so for the first time click New to enter information. After information has been keyed once then it will show up in the list it was saved at.

This Facility is required to have agreed upon procedure this year                                    ✕

Prepared By ○ **Accountant** ○ **CPA** ○ **New1**

Select Accountant/CPA

[                              ▼ ]

Name

[                                ]

Street

[                                ]

City                State                Zip

[          ]      [          ]      [          ]

Phone

[                                ]

Email

[                                ]

Cancel        Save as Accountant

Save as CPA

# VII. Sending in Cost Report

- ❑ **Submitting the Cost Report and Exemption Form**
    - ❑ **Must use web-based program, paper copies no longer accepted.**
    - ❑ **For home with 7 beds or more, a signed copy of their AUP must be submitted separately.  Prefer them to be sent by email.**
- ❑ **If you want verification the cost report has been received and processed, send an email.  It is easy to hit reply, type "processed" and hit send.  Faxed and AUPs sent through USPS do not get notifications back.**
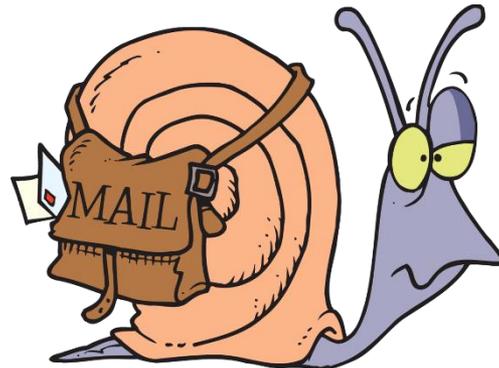


Email submittion is the preferred method

# VII. Sending in Cost Report

**Submitting the Cost Report**

❑    Whether the last schedule completed, depending on the size of the facility, is Sched D, E or F that is where the "Submit to OoC" button is to submit the cost report to the Office of the Controller (OOC).

❑    Once the "Submit" button has been pressed, the cost report file will change to read only.  No changes can be made at this point.

❑    Upon review, if an error is found that needs correcting, OOC will return (open) the report to the facility to make the correction.

# VII. Sending in Cost Report

**Submitting the Cost Report**

❑ The contact information on Sched A will be used, so please make sure the person, email address and phone number listed is correct.

❑ The user will need to log back into the program, make the correction and submit again.

❑ The OOC no longer has access to or able to make corrections for the user.

# VIII. Reminders

- Please call if you don't understand how to figure days for Schedule A.  You will get a call or email if these don't make sense.

- Cost Reports/Exemptions are due September 30, 2023

- Cost Report not considered complete until all required information has been received.

# VIII. Reminders

✓ **Strongly recommend AUPs be submitted electronically**

✓ **AUPs must be signed!**

# Final Reminders

✓ **Please check the web site often!**

✓ **The web site address is:**

[https://www.ncdhhs.gov/about/administrative-offices/office-controller/adult-care-facilities](https://www.ncdhhs.gov/about/administrative-offices/office-controller/adult-care-facilities)

**New information will be posted here as soon as it is available.**

# If required cost report is not submitted

- **Per GS 131D-4.2 (g) – if a facility fails to submit a cost report by the due date the Office of the Controller will notify DHSR and they will suspend admission to the facility**

- **If a facility continues to refuse to submit a cost report the statute also allows for licenses to be suspended or even revoked.**

- **As soon as the late cost report with all required documentation is received DHSR is notified and the suspend admissions is lifted.**

# Hot Button Issues

- **If information is missing our office will call or email to get the information**

- **Susan Kesler & Susan Sibbett… same person, me. Both emails will work and get your information to me. Susan.Kesler@dhhs.nc.gov or Susan.Sibbett@dhhs.nc.gov.  Please note: Kesler has 1 S and Sibbett has 2 B & 2 Ts.**

- **As soon as Cost Report information and program are released, cost reports can be submitted.  Why wait until 9/30?  Beat the rush, submit early.  Especially for facilities with 9/30 and 12/31 yearends.**

- **And again, if you want verification a cost report has been received and processed, send an email!**

- **My backup person is Yashaciqa Davis.  Her email address is Yashaciqa.Davis@dhhs.nc.gov**
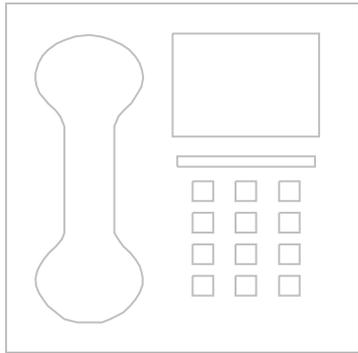
# Questions

# Contact Info

## Points of contact:

**Susan Kesler – 919.855.3680**
**susan.kesler@dhhs.nc.gov**

**Fax number is 919.715.3095**

**Yashaciqa Davis – 919.527.7175**
**Yashaciqa.davis@dhhs.nc.gov**

**https://www.ncdhhs.gov/about/administrative-offices/office-controller/adult-care-facilities**