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KANSAS MEDICAID / MEDIKAN

CASE MIX SCHEDULE
1ST QRT 2000
PAGE 1

******* PROVIDER INFORMATION * ******

PROVIDER NO.....

FACILITY NAME.....
ADDRESS.....
CITY/STATE/ZIP....
ADMINISTRATOR.....

REPORT YEAR END... 12/31/1998
FISCAL YEAR END... 12/31/1998

INFLATION FACTOR.. 4.587

CMI..... 0.93

BEDS AVAILABLE	PRIOR	CURRENT	%CHG
NURSING FACILITY.....	59	59	0.0
NF-MENTAL HEALTH.....	0	0	0.0
TOTAL.....	59	59	0.0
ASSISTED LIVING BEDS...	0	5	100.0
OTHER.....	0	0	0.0
BED DAYS AVAILABLE.....	21,535	21,535	0.0
INPATIENT DAYS.....	17,521	18,214	4.0
OCCUPANCY RATE.....	81.4	84.6	3.9
MEDICAID DAYS.....	7,634	7,134	-6.5
CAL DAYS IF APPL.....	0	0	
RES DAYS USED IN DIV...	18,305	18,305	

* * * * * * RECAP OF RESIDENT RELATED EXPENSES AND RATE CALCULATION * * * * * *

	ADMIN	PLANT OPERATING	ROOM & BOARD	HEALTH CARE	TOTAL
RES RELATED EXP.....	182,638	125,256	335,968	873,465	1,517,327
COST PER RESIDENT DAY....	9.98	6.84	18.35	47.72	82.89
INFLATION.....	0.40	0.31	0.84	2.19	3.74
PPD COST BEFORE LIMITS...	10.38	7.15	19.49	49.91	86.63
PPD COST LIMITS.....NF	12.70	6.01	21.98	56.74	97.43
ALLOWED COST.....	10.38	6.01	19.19	49.91	85.49

		NF
ALLOWED COST.....		85.49
INCENTIVE FACTOR.....		0.40
REAL AND PERSONAL PROPERTY FEE.....		5.66
24-HR NURSING ADJUSTMENT.....		0.00
MINIMUM WAGE ADJUSTMENT.....		0.00
PER RESIDENT DAY RATE EFFECTIVE.....	07/01/1999	91.55
PRIVATE PAY RATE.....	10/01/1998	82.50

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PROV NUM

****** EXPENSE STATEMENT ******

DESCRIPTION	LINE NO.	CURRENT YEAR REPORTED EXPENSE	PROVIDER ADJUSTMT	SRS ADJUSTMT	RESIDENT EXPENSE	PER DAY	PRIOR YEAR RESIDENT EXPENSE	PER DAY	% CHG	LINE NO.	REASON FOR SRS ADJUSTMENT
ADMINISTRATION											
SALARY-ADMIN	101	21,617	0	0	21,617	1.18	21,328	1.17	0.85	101	
SALARY-CO ADM	102	0	0	0	0	0.00	0	0.00	0.00	102	
OTHER ADM SAL	103	72,358	0	0	72,358	3.95	60,544	3.31	19.34	103	
EMP BENEFITS	104	188,331	-171,400	0	16,931	0.92	17,275	0.94	-2.13	104	
OFC SUP & PRINT	105	9,525	0	0	9,525	0.52	6,554	0.36	44.44	105	
MGT CONSULTING	106	262	0	0	262	0.01	0	0.00	100.00	106	
OWN/REL PTY CMP	107	0	0	0	0	0.00	0	0.00	0.00	107	
CENTRAL OFC	108	0	0	0	0	0.00	0	0.00	0.00	108	
PHONE & COMMUNI	109	4,137	0	0	4,137	0.23	4,410	0.24	-4.17	109	
TRAVEL	110	3,477	0	0	3,477	0.19	2,022	0.11	72.73	110	
ADVERTISING	111	2,106	0	0	2,106	0.12	1,188	0.06	100.00	111	
LICENSES & DUES	112	2,388	0	0	2,388	0.13	7,888	0.43	-69.77	112	
LEGAL/ACCTG DP	113	20,543	0	0	20,543	1.12	8,297	0.45	148.89	113	
INS EXCEPT LIFE	114	22,303	0	0	22,303	1.22	15,048	0.82	0.00	114	
INT EXCEPT R/E	115	0	0	0	0	0.00	0	0.00	0.00	115	
LEGAL	116	1,531	0	0	1,531	0.08	2,701	0.15	-46.67	116	
OTHER	117	0	0	0	0	0.00	47	0.00	0.00	117	
OTHER	118	5,460	0	0	5,460	0.30	1,201	0.07	328.57	118	
O/A LIMIT	119	0	0	0	0	0.00	0	0.00	0.00	119	
TOTAL ADMIN	120	354,038	-171,400	0	182,638	9.98	145,802	7.97	25.22	120	
PLANT OPERATING											
R/E & PP TAXES	121	0	0	0	0	0.00	0	0.00	0.00	121	
SALARIES	126	35,446	0	0	35,446	1.94	33,063	1.81	7.18	126	
EMP BENEFITS	127	0	6,384	0	6,384	0.35	5,349	0.29	20.69	127	
OWN/REL PTY CMP	128	0	0	0	0	0.00	0	0.00	0.00	128	
UTILITIES	129	50,477	0	0	50,477	2.76	44,809	2.45	12.65	129	
MAINT & REPAIR	130	22,856	0	0	22,856	1.25	16,572	0.91	37.36	130	
SUPPLIES	131	4,670	0	0	4,670	0.26	1,044	0.06	333.33	131	
SMALL EQUIPMENT	137	2,452	0	0	2,452	0.13	1,919	0.10	30.00	137	
OTHER	138	2,971	0	0	2,971	0.16	2,048	0.11	45.45	138	
TOTAL PLANT OP	139	118,872	6,384	0	125,256	6.84	104,804	5.73	19.37	139	
ROOM & BOARD											
EMP BENEFITS	141	0	38,664	0	38,664	2.11	30,892	1.69	24.85	141	
DIETARY-SAL	142	175,115	0	0	175,115	9.57	150,148	8.20	16.71	142	
OWN/REL PTY CMP	143	0	0	0	0	0.00	0	0.00	0.00	143	
CONSULTANT	144	0	0	0	0	0.00	7,264	0.40	0.00	144	
FOOD	145	62,630	0	0	62,630	3.42	66,588	3.64	-6.04	145	
SUPPLIES	146	11,163	0	0	11,163	0.61	11,446	0.63	-3.17	146	
OTHER	148	117	0	0	117	0.01	14	0.00	100.00	148	
LAUNDRY-LINEN-SAL	149	32,418	0	0	32,418	1.77	34,015	1.86	-4.84	149	
LINEN - BEDDING	150	3,872	0	0	3,872	0.21	4,207	0.23	-8.70	150	
SUPPLIES	151	3,814	0	0	3,814	0.21	55	0.00	100.00	151	
OTHER	153	0	0	0	0	0.00	0	0.00	0.00	153	
HOUSEKEEPING-SAL	154	7,222	0	0	7,222	0.39	6,785	0.37	5.41	154	
SUPPLIES	155	953	0	0	953	0.05	1,195	0.07	-28.57	155	
OTHER	158	0	0	0	0	0.00	0	0.00	0.00	158	
TOTAL RM & BOARD	159	297,304	38,664	0	335,968	18.35	312,609	17.08	7.44	159	

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****** EXPENSE STATEMENT ******

DESCRIPTION	LINE NO.	CURRENT YEAR REPORTED EXPENSE	PROVIDER ADJUSTMT	SRS ADJUSTMT	RESIDENT EXPENSE	PER DAY	PRIOR YEAR RESIDENT EXPENSE	PER DAY	% CHG	LINE NO.	REASON FOR SRS ADJUSTMENT
HEALTH CARE											
NURSING-RN	161	129,646	0	0	129,646	7.08	52,533	2.87	146.69	161	
LPN/LMHT	162a	148,729	0	0	148,729	8.13	161,665	8.83	-7.93	162a	
LPN/LMHT	162b	0	0	0	0	0.00	0	0.00	0.00	162b	
OTHER NURSING	163a	324,176	0	0	324,176	17.71	345,197	18.86	-6.10	163a	
OTHER NURSING	163b	0	0	0	0	0.00	0	0.00	0.00	163b	
OTHER NURSING	163c	14,747	0	0	14,747	0.81	26,694	1.46	-44.52	163c	
EMP BENEFITS	164	0	126,352	0	126,352	6.90	103,503	5.65	22.12	164	
OWN/REL PTY CMP	165	0	0	0	0	0.00	0	0.00	0.00	165	
CONSULTANTS	166	0	0	0	0	0.00	0	0.00	0.00	166	
PURCH SERVICES	167	21,846	0	0	21,846	1.19	0	0.00	100.00	167	
SUPPLIES	168	15,629	0	0	15,629	0.85	11,354	0.62	37.10	168	
OTHER	170	0	0	0	0	0.00	2,357	0.13	0.00	170	
THPY/OTHER SAL	171a	0	0	0	0	0.00	0	0.00	0.00	171a	
THPY/OTHER SAL	171b	0	0	0	0	0.00	0	0.00	0.00	171b	
THPY/OTHER SAL	171c	0	0	0	0	0.00	0	0.00	0.00	171c	
THPY/OTHER SAL	171d	0	0	0	0	0.00	0	0.00	0.00	171d	
THPY/OTHER SAL	171e	0	0	0	0	0.00	0	0.00	0.00	171e	
THPY/OTHER SAL	171f	0	0	0	0	0.00	0	0.00	0.00	171f	
OWN/REL PTY CMP	172	0	0	0	0	0.00	0	0.00	0.00	172	
PAT ACT/SOC WKR	173a	18,355	0	0	18,355	1.00	18,770	1.03	-2.91	173a	
PAT ACT/SOC WKR	173b	37,644	0	0	37,644	2.06	34,254	1.87	10.16	173b	
PAT ACT/SOC WKR	173c	25,013	0	0	25,013	1.37	24,907	1.36	0.74	173c	
PAT ACT/SOC WKR	173d	3,369	0	0	3,369	0.18	0	0.00	0.00	173d	
PAT ACT SUPPLS	174	152	0	0	152	0.01	249	0.01	0.00	174	
OCCUP THERAPY	175	0	0	0	0	0.00	0	0.00	0.00	175	
MED RECORDS-CON	176	0	0	0	0	0.00	155	0.01	0.00	176	
PHARM-CONSULTANTS	177	0	0	3,600	3,600	0.20	0	0.00	100.00	177	Note Attached
SPEECH THERAPY	178	0	0	0	0	0.00	0	0.00	0.00	178	
PHYSICAL THERAPY	179	0	0	0	0	0.00	0	0.00	0.00	179	
CONSULTANT	180	0	0	0	0	0.00	8	0.00	0.00	180	
NURSING TRNG	181a	2,569	0	0	2,569	0.14	1,497	0.08	75.00	181a	
NURSING TRNG	181b	795	0	0	795	0.04	231	0.01	300.00	181b	
RESIDENT TRANSP	182	0	0	0	0	0.00	0	0.00	0.00	182	
OTHER	183	3,600	0	-3,600	0	0.00	0	0.00	0.00	183	Note Attached
OTHER	188	843	0	0	843	0.05	0	0.00	100.00	188	
TOTAL HLTH CARE	189	747,113	126,352	0	873,465	47.72	783,374	42.80	11.50	189	
TOTAL ALLOWABLE	190	1,517,327	0	0	1,517,327	82.89	1,346,589	73.58	12.65	190	
OWNERSHIP											
INT-R/E MORTG	191	3,177	0	0	3,177	0.17	0	0.00	100.00	191	
RENT/LEASE	192	1,277	0	0	1,277	0.07	5,760	0.31	-77.42	192	
LEASEHOLD IMPRV	193	0	0	0	0	0.00	0	0.00	0.00	193	
DEPRECIATION	194	131,106	0	0	131,106	7.16	128,083	7.00	2.29	194	
TOTAL OWNERS	195	135,560	0	0	135,560	7.41	133,843	7.31	13.87		

REAL AND PERSONAL PROPERTY FEE COMPONENT

EFF DATE	RES DAYS	MTG INT	RENT/LEASE	AMORT	DEPR	TOTAL	PPD	PROP ALLOW	VALUE FACTOR	PROP FEE
09/01/1994	17,994	3,343	0	0	86,973	90,316	5.02	5.66	0.00	5.66

* * * * * * EXPENSE STATEMENT * * * * * *

DESCRIPTION	LINE NO.	CURRENT YEAR REPORTED EXPENSE	CURRENT YEAR PROVIDER ADJUSTMT	CURRENT YEAR SRS ADJUSTMT	CURRENT YEAR RESIDENT EXPENSE	CURRENT YEAR PER DAY	PRIOR YEAR RESIDENT EXPENSE	PRIOR YEAR PER DAY	% CHG	LINE NO.	REASON FOR SRS ADJUSTMENT
HEALTH CARE (CONTINUED)											
RESIDENT TRANSP	182	239	0	0	239	0.02	0	0.00	100.00	182	
OTHER	183	0	0	145	145	0.01	0	0.00	100.00	183	Transfer #1
OTHER	184	0	0	0	0	0.00	0	0.00	0.00	184	
OTHER	185	0	0	0	0	0.00	0	0.00	0.00	185	
OTHER	188	1,750	0	0	1,750	0.11	0	0.00	100.00	188	
TOTAL HLTH CARE	189	357,843	66,805	0	424,648	27.49	382,235	24.79	10.89	189	
TOTAL ALLOWABLE	190	849,295	1	-10,965	838,331	54.26	772,580	50.10	8.30	190	

Kansas Statutes Annotated 39-708c. Powers and duties of secretary of social and rehabilitation services; . . . centralized payment of welfare expenditures. (a) The secretary of social and rehabilitation services shall develop state plans, as provided under the federal social social security act, whereby the state cooperates with the federal government in its program of assisting the states financially in furnishing assistance and services to eligible individuals. The secretary shall undertake to cooperate with the federal government on any other federal program providing federal financial assistance and services in the field of social welfare not inconsistant with this act. The secretary is not required to develop a state plan for participation or cooperation in all federal social security programs or other federal programs that are available. The secretary shall also have the power, but is not required to develop a state plan in regard to assistance and services in which the federal government does not participate.

. . .

(k) All contracts shall be made in the name of "secretary of social and rehabilitation services," and in that name the secretary may sue and be sued on such contracts. The grant of authority under this subsection shall not be construed to be a waiver of any rights retained by the state under the 11th amendment to the United States constitution and shall be subject to and shall not supersede the provisions of any appropriations act of this state.

. . .

(x) The secretary shall establish payment schedules for each group of health care providers. Any payment schedules which are a part of the state medicaid plan shall conform to state and federal law. The secretary shall not be required to make any payments under the state medicaid plan which do not meet requirements for state and federal financial participation.

(1) The secretary shall consider budgetary constraints as a factor in establishing payment schedules so long as the result complies with state and federal law.

(2) The secretary shall establish payment schedules for providers of hospital and adult care home services under the medicaid plan that are reasonable and adequate to meet the costs

which must be incurred by efficiently and economically operated facilities in order to provide care and services in conformity with applicable state and federal laws, regulations, and quality and safety standards. The secretary shall not be required to establish rates for any such facility that are in excess of the minimum necessary to efficiently and economically meet those standards regardless of any excess costs incurred by any such facility.

. . .

PROVIDER NUMBER
0

SCHEDULE B — EXPENSE RECONCILIATION

	LN#	(1) BOOKS	(2) FED TAX RETURN	(3) COST REPORT
TOTAL EXPENSES PER BOOKS	231	$0		
TOTAL EXPENSES PER FEDERAL TAX RETURN	232		$0	
TOTAL EXPENSES PER COST REPORT (LINE 215, COLUMN 2)	233			$0
EXPENSES ON BOOKS OR FEDERAL TAX RETURN NOT ON COST REPORT				
SPECIFY	234	$0	$0	
SPECIFY	235	$0	$0	
EXPENSES ON COST REPORT NOT ON BOOKS OR FEDERAL TAX RETURN				
SPECIFY	237			$0
SPECIFY	238			$0
TOTAL (SHOULD BE EQUAL)	240	$0	$0	$0

SCHEDULE C — STATEMENT OF OWNERS AND RELATED PARTIES

LIST ALL OWNERS OF PROVIDERS WITH 5% OWNERSHIP INTEREST & ALL RELATED PARTIES.
SUMMARIZE THE AMOUNT AND NATURE OF TRANSACTIONS WITH ALL OWNERS & RELATED PARTIES.
FOR FURTHER CLARIFICATION SEE KAR 30-10-1a AND 30-10-24.

NAME, SSN, ADDRESS (CITY & STATE)	(1) % OWNERSHIP	(2) % TIME DEVOTED	(3) TOTAL AMT INCURRED	(4) TITLE, FUNCTION OR DESCRIPTION - TRANSACTION	(5) DISTRIBUTION AMOUNT	(5) DISTRIBUTION LINE#
					$0	
					$0	
					$0	
					$0	
					$0	
					$0	
					$0	
					$0	
					$0	
					$0	
					$0	
					$0	
					$0	
					$0	
TOTALS (SHOULD BE EQUAL)			$0		$0	

CALCULATIONS MUST EQUAL THE OWNER/RELATED PARTY LINES OF 107, 128, 143, 165, 172, & 202.

PROVIDER NUMBER
0

SCHEDULE D STATEMENT REALTED TO INTEREST ON ALL BONDS, LOANS, NOTES, AND MORTGAGES PAYABLE

	LENDER'S NAME	LENDER'S ADDRESS	ITEMS FINANCED	REPORTED ON LINE	ORIGINATION DATE (1a)	DURATION (months) (1b)	INTEREST RATE (2)	ORIGINAL LOAN AMOUNT (3)	UNPAID BALANCE (4)	TOTAL ANNUAL PAYMENTS (5)	INTEREST EXPENSE (6)
301											
302											
303											
304											
305											
306											
307											
308											
309											
310a											
310b											
310c											
310d											
310e											
310f											
310g											
311 TOTALS:											
	LINE 115								$0		$0
	LINE 191								$0		$0

TOTAL OF COLUMN 6 MUST AGREE WITH THE SUM OF LINES 115 & 191. ENTRIES IN COLUMN 4 MUST AGREE WITH THE BALANCE SHEET. ATTACH A COPY OF LOAN AGREEMENTS AND AMORTIZATION SCHEDULES FOR ALL LOANS OF $5,000 OR MORE IF NOT ALREADY SUBMITTED.

JUN 9 1999

PROVIDER NUMBER
0

CHEDULE E — BALANCE SHEET

ASSETS	LN#	BEGINNING OF PERIOD (1)	BEGINNING OF PERIOD (2)	END OF PERIOD (3)	END OF PERIOD (4)
CASH	351		$0		$0
ACCOUNTS RECEIVABLE	352	$0		$0	
LESS: ALLOWANCE FOR DOUBTFUL ACCOUNT	353	$0	$0	$0	$0
INVENTORIES & SUPPLIES	354		$0		$0
ALL LOANS TO OFFICERS, OWNERS, AND RELATED PARTIES	355		$0		$0
ALL ASSETS NOT RELATED - RESIDENT CARE	356		$0		$0
ASSETS HELD FOR INVESTMENT	357		$0		$0
NURSING HOME PLANT & EQUIPMENT:					
BUILDING	358	$0		$0	
LESS: ACCUMULATED DEPRECIATION	359	$0	$0	$0	$0
EQUIPMENT	360	$0		$0	
LESS: ACCUMULATED DEPRECIATION	361	$0	$0	$0	$0
LEASEHOLD IMPROVEMENTS	362	$0		$0	
SS: ACCUMULATED DEPRECIATION	363	$0	$0	$0	$0
LAND	364		$0		$0
OTHER	365		$0		$0
OTHER	366		$0		$0
TOTAL ASSETS	369		$0		$0
LIABILITIES & OWNER'S EQUITY					
ACCOUNTS PAYABLE	371		$0		$0
OTHER CURRENT LIABILITIES	372		$0		$0
ALL LOANS FROM OFFICERS, OWNERS AND RELATED PARTIES	373		$0		$0
MORTGAGE PAYABLE	374		$0		$0
OTHER LONG TERM LIABILITIES	375		$0		$0
OWNER'S EQUITY OR FUND BALANCE (LIST APPROPRIATE ACCOUNTS & AMOUNTS - SEE INSTRUCTIONS)					
	377		$0		$0
	378		$0		$0
	379		$0		$0
TOTAL LIABILITIES & OWNER'S EQUITY	380		$0		$0

PROVIDER NUMBER
0

SCHEDULE F BEGINNING & ENDING RESIDUAL BALANCES RECONCILIATION

BALANCE AT BEGINNING OF PERIOD - LINE 377, 378, & 379, COLUMN 2	401		$0
INCREASES:			
REVENUE PER LINE 449, COLUMN 1	402	$0	
INVESTMENT BY OWNER	403	$0	
TRANSFERS FROM CENTRAL OFFICE	404	$0	
COMMON STOCK SOLD	405	$0	
OTHER (SPECIFY)	406	$0	
OTHER (SPECIFY)	407	$0	
TOTAL INCREASES	408		$0
DECREASES:			
EXPENSES PER SCHEDULE A, LINE 215, COLUMN 2	411	$0	
WITHDRAWAL BY OWNERS NOT IN SCHEDULE A	412	$0	
TRANSFERS TO CENTRAL OFFICE	413	$0	
DIVIDENDS PAID TO STOCKHOLDERS	414	$0	
DEPRECIATION EXPENSE IN EXCESS OF STRAIGHT LINE	415	$0	
OTHER (SPECIFY)	416	$0	
OTHER (SPECIFY)	417	$0	
TOTAL DECREASES	418		$0
BALANCE AT END OF PERIOD - LINE 377, 378, & 379, COLUMN 4	419		$0