

BALANCE SHEET

(1) + (2) + (3) = (4)

ACCOUNT #	ACCOUNT	FACILITY	HOME OFFICE	ADJ. & RECLASS.	NET
1101	Cash on Hand				
1102	Cash in Bank				
1103	Cash in Savings				
1150	Accounts Receivable				
1160	Notes Receivable				
1169	Provision for Doubtful Accounts				
1170	Employee Advances				
1200	Inventory-Nursing Supplies				
1201	Inventory-Food				
1202	Inventory-Other				
1250	Prepaid Expenses (Sch. A)				
1270	Other Current Assets (Sch. A)				
1310	Land				
1321	Land Improvements				
1321	Accumulated Depreciation - Land Improvements				
1330	Buildings				
1331	Accumulated Depreciation-Bldg.				
1340	Equipment-Bldg. Fixed				
1341	Accumulated Depreciation-Equip. Bldg.				
1350	Equipment-Moveable				
1351	Accumulated Depreciation - Equip.-Moveable				
1370	Leasehold Improvements				
1371	Accumulated Amortization-Lease. Improvements				
1400	Investments (Sch. A)				
1470	Other L/T Assets (Sch. A)				
TOTAL ASSETS					

DATE REC'D. 12/29/80	SUB. # 80-31 P O	DATE TO D.C. 1/21/81
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COMMENTS 111 11. 11		DATE FILED

BALANCE SHEET

(1) + (2) + (3) = (4)

ACCOUNT #	ACCOUNT	FACILITY	HOME OFFICE	ADJ. & RECLASS.	NET
<u>LIABILITIES AND CAPITAL</u>					
1510	Accounts Payable				
1550	Notes Payable-Other				
1560	Notes Payable - Owners				
1570	Accrued Interest Payable				
1600	Payroll Payable				
1610	Payroll Taxes Payable				
1620	Other Payroll Deductions Payable				
1630	Deferred Income (Sch. A)				
1670	Other Current Liabilities (Sch. A)				
1810	Long-Term Mortgage Payable				
1850	Long-Term Notes Payable-Other				
1860	Long-Term Notes Payable-Owners				
1870	Other Long-Term Liabilities (Sch. A)				
	TOTAL LIABILITIES				
1910	Capital Stock				
1950	Retained Earnings				
1960	Capital Account - Proprietor or Partners				
1970	Drawing Account - Proprietor or Partners				
1980	Net Profit (loss) year to date				
	TOTAL CAPITAL				
	TOTAL LIABILITIES & CAPITAL				

DATE REC'D. <i>12/29/80</i>	SUB. # <i>1031</i>	DATE TO D.C. <i>1/21/81</i>
EFFECTIVE DATE <i>1/1/81</i>	<i>103</i>	DATE TO STATE <i>1/21/81</i>
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COST AREA ALLOCATIONS SCHEDULE FOR FACILITIES
WITH OTHER REVENUE PRODUCING PROGRAMS

#80-31
 4.19D, Att. B
 Part 2, Page 97.3/

If there is no revenue producing activity related to non-allowable costs which generates revenue in excess of 2% of the total gross expenses, check here , do not complete this page, and continue with the next page.

If a different allocation method is used, an explanation of the method and the reason for its use must be provided on page 4.

Each level-of-care column should contain the resident days or square feet related to that level-of-care as designated in each cost area.

For each cost area, the allocation base is the total of the level-of-care columns for that cost area.

The multiplier is the net cost area expense divided by the allocation base.

The product of the multiplier and the ICF/MR Level-of-Care column by cost area is entered on the "Allocated Costs" schedule on page 14.

COST AREA/ DESIGNATED ALLOCATION METHOD	Level-of-Care			Allocation Base	Net Cost Area Expense	Multiplier
	ICF/MR	Other (Specify)	Other (Specify)			
Gen. & Admin. Resident Days						
Shelter Square Footage						
Utilities Square Footage						
Laundry Resident Days						
Housekeeping Square Footage						
Dietary Resident Days						
Nursing Supplies & Services Resident Days						
Admin. Salaries Resident Days						
Other Admin. Salaries Resident Days						
Nursing Salaries Actual Payroll						
Direct Care Salaries Actual Payroll						
Other Salaries Actual Payroll						
Active Treatment Services Actual Payroll						
Medical Services Actual Payroll						
Day Program Services Actual Payroll						
Return on Equity Resident Days						

DATE R.C.D. 11/24/81	SUB. # 100	DATE TO D.C. 11/24/81
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ALLOCATED COSTS

Cost Areas	ICF/MR
<u>BASE COSTS</u>	
General & Administrative	
Shelter	
Utilities	
Laundry	
Housekeeping	
Dietary	
Nursing Supplies & Services	
TOTAL BASE COSTS	

LABOR COSTS

Administrator Salaries	
Other Administrative Salaries	
Nursing Salaries	
Direct Care Salaries	
Other Salaries	
Active Treatment Services	
Medical Services	
Day Program Services	
TOTAL LABOR COSTS	
<u>RETURN ON EQUITY</u>	
GRAND TOTAL	

GRAND TOTAL
 ICF/MR Resident Days = _____ ICF/MR Cost per Day

DATE REC'D. <i>12/29/80</i>	SUB. # <i>80-51</i> PO	DATE TO D.C. <i>3/4</i> <i>1/21/81</i>
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COMMENTS <i>APP 1/20/81</i>		DATE FILED <i>1/21/81</i>

Resident Classification Report
Resident Days By Classification and B Level-Of-Care

Month	ICF/MR										Other (Specify)	
	A		A-I-3		S		B		C			TOTAL
	AFS	Other	AFS	Other	AFS	Other	AFS	Other	AFS	Other		
January												
February												
March												
April												
May												
June												
July												
August												
Sept.												
October												
Nov.												
Dec.												
TOTAL												

Resident Days By Licensed Bed

Month	Designated ICF/MR Area			Other (Specify)	Other (Specify)
	AFS	Other	Total		
January					
February					
March					
April					
May					
June					
July					
August					
Sept.					
October					
Nov.					
Dec.					
TOTAL					

DATE REC'D. <u>12/29/80</u>	SUB. #	DATE TO DC. <u>1/21/81</u>
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COMMENTS <u>See 1/20/81</u>		DATE FILED <u>1/21/81</u>

Bed Capacity

	Designated ICF/MR Area			Other (Specify)			Other (Specify)		
	Beginning	Change	Change	Beginning	Change	Change	Beginning	Change	Change
Licensed Bed Capacity									
Certificate of Need Capacity									
Available Capacity									
Date Changed									

STAFFING RATIO REPORT
FOR DIRECT CARE STAFF*

MONTH	SHIFT											
	1st				2nd				3rd			
	No. of Direct Care		No. of Hrs. Worked		No. of Direct Care		No. of Hrs. Worked		No. of Direct Care		No. of Hr Worked	
	Staff	Sups.	Staff	Sup								
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												

*Direct Care Staff - See ICF/MR Provider Guide for Definition.

DATE R.C.D. 12/29/80
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 COMMENTS app. 1/2/81

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STAFFING RATIO REPORT
FOR SECURE WARD STAFF

	SHIFT											
	1st				2nd				3rd			
	No. of Secure Ward		No. of Hrs. Worked		No. of Secure Ward		No. of Hrs. Worked		No. of Secure Ward		No. of Hrs. Worked	
	Staff	Sups.										
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												

DATE REC'D 12/29/50 FILED 12/29/50 DATE TO DC. 1/1/51
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