STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
15th FLOOR, ANDREW JACKSON BUILDING
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-0675

MEMORANDUM

TO: Residential/DayPA Agencies

FROM: Fred Hix, Assistant Commissioner

RE: Uniform Cost Report at Reporting Period 7/1-12/31/2006

DATE: February 2, 2006

Enclosed please find the cost report agencies were emailed/mailed and trained on last year. The first mandatory submission is due April 1, 2006 for the above six months.

This is required in the Provider Agreement for agencies serving more than five consumers. It is intended to assist DMRS to review periodically its rate structure, according to the promulgated rates process and formula.

If you desire it electronically, email betty.chester@state.tn.us.

FH/bc

Enclosures

Email completed UCRI to: DMRS.UniformCostReport@state.tn.us

Provider Declaration

[01] Provider's Federal ID Number: [02] FYE for Tax Reporting (dd/mm/yyy): [03] Begining and Ending Dates Used for this Cost Report

Type of Provider: (Check One)

[04] Provider Billing Number [05] Services Provided: ☐ PA ☐ Day ☐ Residential

[06] Region ☐ East ☐ Middle ☐ West

[07] Please indicate the percentage of consumers you serve in each setting: Rural % Urban %

[08] Name of Provider Organization:

[09] Mailing Address: (Street or P.O. Box) [10] City [11] State [12] Zip [13] County

[14] Type of Control: (Check Only One)

Proprietary For-Profit
- Sole Proprietorship ☐
- Partnership ☐
- Corporation - Profit ☐
- Other ☐

Voluntary Non-Profit
- Corporation ☐
- Other ☐

Describe other:

Declaration by owner and preparer: I declare that I have examined this financial report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, complete, and in agreement with related books and federal income tax return except as explained in the reconciliation. I understand that this information is being submitted for the purpose of reviewing payment rates.

Authorized Person Information:

[15] First Name: [16] Last Name: [17] Title/Position: [18] Email Address:

[20] Date [21] Telephone:

Contact Person Information:

[22] First Name: [23] Last Name: [24] Title/Position: [25] Email Address:

[26] Mailing Address: (Street or P.O. Box) [27] City [28] State [29] Zip [30] Telephone:

Brian Dion
DMRS Central Office
Email: Brian.Dion@state.tn.us

Questions? Contact:
East: daytes@orangegrove.org
Middle: smills@progress-inc.org
West: jeffrie.bruton@srvs.org

SCHEDULE A - STATISTICAL DATA: SERVICES PROVIDED

Date Range: 1/0/00 to # 1/0/00 Provider's Fed ID#: 0

A.1 Residential Services:

Column A = # of Consumer Days - Column B = # of Leave Days

		HCBS Waiver-Funded						State Funded					
		Residential Habilitation		Supported Living		Family Model		Residential Habilitation		Supported Living		Family Model	
		A	B	A	B	A	B	A	B	A	B	A	B
Level 1	[101]							[109]					
Level 2	[102]							[110]					
Level 3	[103]							[111]					
Level 4	[104]							[112]					
Level 5 / Med Res	[105]							[113]					
Level 6	[106]							[114]					
Total Consumer/ Leave Days	[107]	0	0	0	0	0	0	[115]	0	0	0	0	0
# of Days with Vacancies	[108]							[116]					

A.2 Day Services: Facility Based Do not include follow-along consumer days in this section.

Column A = # of Consumer Days - Column B = # of Leave Days

		HCBS Waiver-Funded			State Funded		
		A	B			A	B
Level 1	[117]				[123]		
Level 2	[118]				[124]		
Level 3	[119]				[125]		
Level 4	[120]				[126]		
Level 6	[121]				[127]		
Total Consumer/Leave Days	[122]	0	0		[128]	0	0

A.3 Day Services: Community Based

Column A = # of Consumer Days - Column B = # of Leave Days

		HCBS Waiver-Funded			State Funded		
		A	B			A	B
Level 3	[129]				[133]		
Level 4	[130]				[134]		
Level 6	[131]				[135]		
Total Consumer/Leave Days	[132]	0	0		[136]	0	0

A.4 Day Services: Employment-Based Supports

Column A = # of Consumer Days - Column B = # of Leave Days

	HCBS Waiver-Funded	A	B	State Funded	A	B
Individual Emp. Level 1-3	[137]			[142]		
Level 4	[138]			[143]		
≥ 4 Individuals Levels 1-4	[139]			[144]		
Level 6	[140]			[145]		
Total Consumer Days/Leave Days	[141]	0	0	[146]	0	0

A.5 Employment Supports: Monthly Follow-Along

	HCBS Waiver-Funded		State Funded	
Total Consumer Months	[147]		[148]	

A.6 Personal Assistance Daily (24 hour support)

	HCBS Waiver-Funded *(# of Consumer Days)*		State Funded *(# of Consumer Days)*	
PA Day sleep staff	[149]		[152]	
PA Day awake staff	[150]		[153]	
Total Consumer Days	[151]	0	[154]	0

A.7 Personal Assistance Hourly

	HCBS Waiver-Funded *(# of Consumer Hours)*		State Funded *(# of Consumer Hours)*	
PA Hourly	[155]		[159]	
PA Enhanced, Level 4	[156]		[160]	
PA Hourly, 2 staff	[157]		[161]	
Total Consumer Hours	[158]	0	[162]	0

A.8 Respite: Daily

	HCBS Waiver-Funded *(# of Consumer Days)*		State Funded *(# of Consumer Days)*	
Level A	[163]		[168]	
Level B	[164]		[169]	
Level C	[165]		[170]	
Behavioral Respite	[166]		[171]	
Total Consumer Days	[167]	0	[172]	0

A.9 Respite: Hourly

		HCBS Waiver-Funded *(# of Consumer Hours)*		State Funded *(# of Consumer Hours)*
Hourly Rate D	[173]		[174]	

A.10 Semi-Independent Living: Monthly

		State Funded *(# of Consumer Months)*
Rate A	[175]	
Rate B	[176]	
Rate C	[177]	
Rate D	[178]	
Rate E	[179]	
Rate F	[180]	
Total Consumer Months	[181]	0

A.11 Special Individualized Rate

[182] Did you receive a Special Individualized Rate for any services provided during this cost report period? Yes ☐ No ☐

[183] If yes: Provide the Individualized Rate dollar amount(s), the number of consumers receiving each amount, and the total number of days

	Residential Services			Day Services			
	Identify Dollar Amount of Special Rate Level Used	Number of Consumers	Total Days	Identify Dollar Amount of Special Rate Level Used	Number of Consumers	Total Days	
[183 a.1]							[183 b.1]
[183 a.1]							[183 b.2]
[183 a.1]							[183 b.3]
[183 a.1]							[183 b.5]
[183 a.1]							[183 b.6]

A.12 Residential Services Special Needs Adjustment

For each level of service, provide the number of consumers and the total number of days for which Special Needs Adjustments were received. Column A = # of Consumers - Column B = # of Days.

	HCBS Waiver-Funded				State Funded				
	$20		$60		$20		$60		
	A	B	A	B	A	B	A	B	
[184] Level 1									Level 1 [191]
[185] Level 2									Level 2 [192]
[186] Level 3									Level 3 [193]
[187] Level 4									Level 4 [194]
[188] Level 5									Level 5 [195]
[189] Level 6									Level 6 [196]
[190] Total	0	0	0	0	0	0	0	0	Total [197]

Employer's Fed ID#: 0

SCHEDULE B - REVENUE STATEMENT

Date Range: 1/0/00 to 1/0/00

Per Books or Federal Tax Return

DMRS Waiver Revenue:

Residential Services HCBS	[200]	
Day Services HCBS	[201]	
Personal Assistance	[202]	
Ancillary-Clinical Services	[203]	
Individual Transportation	[204]	
Sub-Total	[205]	0

DMRS State General Funds:

Residential Services	[206]	
Day Services	[207]	
Personal Assistance	[208]	
Family Support Grant	[209]	
Ancillary-Clinical Services	[210]	
Individual Transportation	[211]	
Any Other Type of Transportation Funded	[211a]	
MR Housing	[212]	
Early Intervention Grants	[213]	
Sub-Total	[214]	0

Non-DMRS Revenue Sources:

Room/ Board (consumers' contributions, ie. SSI)	[215]	
Private Pay	[216]	
United Way/City/County Grants	[217]	
Interest	[218]	
Workshop Revenue	[219]	
Donations	[220]	
Other State Agencies	[221]	
ICF	[222]	
Other	[223]	
Sub-total	[224]	0
Total Revenues	[225]	0

Employer's Fed ID#: 0

SCHEDULE C - EXPENSE STATEMENT

Round all amounts to the nearest whole dollar. See Instruction Manual for detailed entry instructions..

Date Range: 1/0/1900 to 1/0/1900

C.300 Administration Cost Center

	1	2	3	4	5	6	7	8	9	10	11
	Total Hours	Per Financial Statement	Allocation Base Code	Residential Habilitation	Supported Living	Family Model	Respite	Day Services	Personal Assistance	Semi-Independent	Other
[301] Administrative Hours and Salaries				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[302] Administrative Employee Benefits/Taxes				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[303] Allocation of Home Office Costs				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[304] Office Supplies and Printing				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[305] Phone and Other Communication				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[306] Travel and Conference				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[307] Advertising/ Fundraising/ Public Relations				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[308] Professional Services				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[309] Licensure and Dues				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[310] Legal and Accounting Fees				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[311] Interest				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[312] Depreciation/Amoritization				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[313] Occupancy				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[314] General Liaibility Insurance				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[315] Equipment/ Administrative Vehicles				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[316] Total Administrative Hours/ Costs	0	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

C.400 Direct Service Cost Center

(Enter actual costs, allocation code 11.)

	1	2	3	4	5	6	7	8	9	10	11
	Total Hours	Per Financial Statement	Allocation Base Code	Residential Habilitation	Supported Living	Family Model	Respite	Day Services	Personal Assistance	Semi-Independent	Other
[401] Direct Service Staff Hours/ Wages				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[402] Direct Service Staff Overtime Hours/ Wages				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[403] Direct Service Staff Benefits/ Taxes				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[404] Direct Supervisor Hours/ Wages				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[405] Direct Supervision Overtime Hours/ Wages				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[406] Direct Supervision Benefits/Taxes				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[407] Contracted Direct Service/Temporary Staffing				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[408] Recruiting/Advertising				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[409] Drug Testing				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[410] Background Checks				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[411] Pre-Employment Medical Screening				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[412] Other				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[413] Total Direct Service Hours/ Costs	0	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

C.500 Indirect Program Cost Center

	1	2	3	4	5	6	7	8	9	10	11
	Total Hours	Per Financial Statement	Allocation Base Code	Residential Habilitation	Supported Living	Family Model	Respite	Day Services	Personal Assistance	Semi-Independent	Other
[501] Multi Site Supervisor Hours/ Salary				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[502] Multi Site Supervisor Benefits/Taxes				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[503] DMRS Required Training Costs				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[504] Off Site Computer File Storage				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[505] Depreciation/ Amoritization				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[506] Internal Monitoring				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[507 A] Agency Case Management				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[507 B] Agency Case Management - Benefits/Taxes				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[507 C] Agency Case Management - Overtime				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[508 A] Personal Funds Management				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[508 B] Personal Funds Management - Benefits/Taxes				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[508 C] Personal Funds Management - Overtime				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[509 A] Healthcare Oversight				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[509 B] Healthcare Oversight - Benefits/Taxes				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[509 C] Healthcare Oversight - Overtime				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[510] Specific Assistance to Individuals R&B				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[511] Specific Assistance to Individuals non R&B				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[512] Transportation of Individuals				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[513] Staff Travel				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[514] Facility Maintenance				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[515] Facility Supplies				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[516] Habilitation Costs				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[517] Total Indirect Program Costs	0	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

C.600 Other Expenses Cost Center

	2	3	4	5	6	7	8	9	10	11
	Per Financial Statement	Allocation Base Code	Residential Habilitation	Supported Living	Family Model	Respite	Day Services	Personal Assistance	Semi-Independent	Other
[601] Consumer Wages and Benefits			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[602] Work Activity Production Costs			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[603] Bad Debts			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[604] Provision for Income Taxes			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[606] Ancillary - Clinical Services			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[607] Reconcilication (see instruction manual)			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
[607] Total Other Expenses	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

C.300 to 600 Grand Total of All Cost Centers

[608] Cost Reporting Total* $ -

* Please insure that this total matches your total cost figure from the financial statement for this period.

SCHEDULE D - ALLOCATION OF STAFF HOURS TO SERVICE

D.1

Position/Title	Total Hours*	Allocation Base Code	4 Residential Habilitation	5 Supported Living	6 Family Model	7 Respite	8 Day Services	9 Personal Assistance	10 Semi-Semi-	11 Other	12 FTES
[701] Administrative Staff	0		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.00
[702] Direct Service Staff	0		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.00
[703] Indirect Program	0		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0.00
[705] Total	0		0	0	0	0	0	0	0	0	0.00

* The hours on this schedule should equal the hours reported on Schedule C, Column 1

SCHEDULE E - ALLOCATION BASIS

Round amounts to the nearest whole dollar.

E.1 Allocation Basis

Method of Allocation Used		Allocation Base Code	Total	4 Residential Habilitation	5 Supported Living	6 Family Model	7 Respite	8 Day Services	9 Personal Assistance	10 Semi-Independent	11 Other
Direct Cost	[701]	1	0	0	0	0	0	0	0	0	0
Consumer Days	[702]	2	0	0	0	0	0	0	0	0	0
Total Costs	[703]	3	0	0	0	0	0	0	0	0	0
Home Office Allocation	[704]	4	0	0	0	0	0	0	0	0	0
Total Personnel Costs	[705]	5	0	0	0	0	0	0	0	0	0
Administrative Hours	[706]	6	0	0	0	0	0	0	0	0	0
Direct Service Staff Hours	[707]	7	0	0	0	0	0	0	0	0	0
Direct Supervisor Hours	[708]	8	0	0	0	0	0	0	0	0	0
Number of Consumers	[709]	9	0	0	0	0	0	0	0	0	0
Other	[710]	10	0	0	0	0	0	0	0	0	0

E.2 Allocation Ratios, Calculated

Method of Allocation Used		Allocation Base Code	Total	4 Residential Habilitation	5 Supported Living	6 Family Model	7 Respite	8 Day Services	9 Personal Assistance	10 Semi-Independent	11 Other
Direct Cost	[701]	1	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Consumer Days	[702]	2	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Costs	[703]	3	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Home Office Allocation	[704]	4	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Personnel Costs	[705]	5	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Administrative Hours	[706]	6	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Direct Service Staff Hours	[707]	7	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Direct Supervisor Hours	[708]	8	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Number of Consumers	[709]	9	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Other	[710]	10	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Calculating Consumer days: Month to days = 243 days max, therefore, day equivalents would be 243/12= # days max/ months.
Follow-along: 1 month= 20 consumer days, Semi- independent living: 1 month= 30 days.

Employer's Fed ID#: 0

SCHEDULE F

F.1 Employee Health Insurance

[901] Report percent the agency pays for employees health insurance premium. %

[902] Did your employee health insurance expense increase? ☐ Yes ☐ No
[902a] If yes, by what percent? %

[903] What percent of wages is health insurance costing? %

Workman's Compensation Insurance
[904] Did your workman's compensation insurance increase for this reporting period? ☐ Yes ☐ No
[904a] If yes, by what percent? %

[905] Have any other significant expense items impacted your organization since the beginning of this reporting period? ☐ Yes ☐ No

[905a] If yes, please explain:

Did Internal Monitoring Costs increase this Fiscal Year? If yes, what and why (including QA, IM, Investigations, ICAP Assessments, High Risk)?
☐ Yes ☐ No

Did travel/transportation costs for individuals increase this Fiscal Year. If yes, what and why?

☐ Yes ☐ No

F.2 Staff Training Average

List the total number of hours of training received by each category staff during their first year of employment and then annually thereafter. Use the number of hours that was typical for each level of staff during the reporting period. Training include DMRS & Federal requirements and those required in an ISP only.

	First Year	Annual
[906] Administrative and Program staff		

Employer's Fed ID#: 0

SCHEDULE F

F.3 Staff Turnover

Please identify the actual number of employee headcount on the specified date. The employee headcount is the actual number of employees, not the number of positions/FTES. Employee terminations includes any event in which an employee vacated his/her position, including resignation, involuntary discharge, lay-off, promotion to a new position and transfer to a new position.

	# of Employees by 6/30 of Last Year	# of Employees by 6/30 of Current Year	Employee Terminations 7/1 - 6/30	Turnover Percent
[908] Multi Site Supervisor				#DIV/0!
[909] Home Manager				#DIV/0!
[910] Direct Service Staff				#DIV/0!

F.4 Staff Vacancies

List the number of staff positions and vacancies for the date 6/30 of the year listed. A staff vacancy is defined as a position that is budgeted but a person is not filling that position at the time. If other staff cover parts of the vacant position (i.e. assumes one of the administrative duties or covers shifts) and their time is already accounted for elsewhere, then the position is considered vacant.

	Current Year			Past Year			Two Years Ago		
	Positions	Vacancies	Rate	Positions	Vacancies	Rate	Positions	Vacancies	Rate
[911] Multi Site Supervisor			#DIV/0!			#DIV/0!			#DIV/0!
[912] Home Manager			#DIV/0!			#DIV/0!			#DIV/0!
[913] Direct Service Staff			#DIV/0!			#DIV/0!			#DIV/0!

F.5 Staff Wages

Part of this review is to review salary information. Please provide the starting salary, average (mean) salary, and salary range for each position listed. The information should be for the date of June 30.

	Starting Salary	Average Salary	Salary Range
[914] Multi Site Supervisor			
[915] Home Manager			
[916] Direct Service Staff			

Schedule G: Attachments and Explanations

Use this sheet to type in explanations you were instructed to furnish.