

<b>Part I - General Information</b>		
<b>Agency Information</b>		
		00000
<b>1. Name and Address of Agency</b>		
<b>Name of Agency</b>	0010	Blank
<b>Contract County</b>	0050	ALBANY
<b>MMIS ID Number</b>	0001	11111111
<b>Mailing Address:</b>		
Organization Name	0011	
Address Line 1	0012	
Address Line 2	0013	
City	0014	
State	0015	
Zip	0016	
<b>Contact Person:</b>		
Name	0090	
Title	0091	
Telephone Number	0092	
Fax Number	0093	
E-Mail address	0094	
<b>Operator (Proprietary Agency) or</b>		
Chief Administrative Officer - Name	0095	
Chief Administrative Officer - E-Mail address	0017	
Agency Type - Proprietary, Voluntary, or Public	0096	
<b>Voluntary Only - Does Agency have an</b>		
Endowment Fund?	0097	
<b>Did Agency receive a rate add-on adjustment</b>		
for Worker Recruitment and Retention?	0098	Yes
<b>Did Agency perform Criminal Background Checks</b>		
during this cost report period?	0101	
<b>Number of Criminal Background Checks</b>		
in accordance with Title 10 Section 400.23	0099	
<b>Total Cost of Criminal Record Background</b>		
Checks requested for employees in line 099	0100	
<b>Total Cost of Non-Reimbursable</b>		
NYS Gross Receipts Assessment	0105	

Part I - General Information Public Fee Schedule		Established Charge to the General Public Yes/No	Current Charge to the General Public	Effective Date (MM/DD/YY)
		00001	00002	00005
Level I	0010			
Level II	0020			
Level II-Hard to Serve	0030			
Live-In	0040			
Shared Aide I	0050			
Shared Aide II	0060			
Nursing Supervision	0070			
Nursing Assessment	0080			
Consumer Directed	0090			
Consumer Directed Enhanced	0100			
Consumer Directed Live-In	0101			

<b>Part I - General Information</b>		
<b>Related Party Interest</b>		
		00003
<b>Amount Included This Report</b>	<b>0001</b>	
<b>Reported on Schedule A (or C) line</b>	<b>0002</b>	
<b>Related Party Interest Paid to</b>	<b>0003</b>	
<b>Relationship (Relative/Fiscal Control)</b>	<b>0004</b>	
<b>Purpose of Loan</b>	<b>0005</b>	
<b>Date Loan Originated</b>	<b>0006</b>	
<b>Evidenced by a Loan Document (Yes or No)</b>	<b>0007</b>	
<b>Original Loan Amount</b>	<b>0008</b>	
<b>Interest Rate</b>	<b>0009</b>	
<b>Balance at end of Reporting Year</b>	<b>0010</b>	

Part I - General Reimbursement Information		Amount	Schedule A Location of Expense Offset (LineNumber)
		00004	00006
Worker Recruitment and Retention Revenue (SSL Section 367 Q) (1)	0001		
Personal Care Program Expense			
Funded by Worker Recruitment and Retention Revenue:			
Compensation:			
Persons Providing Personal Care Services	0002		0040
Contracted/Purchase Services	0003		0030
Fringe Benefits:			
Insurance Life/Health	0004		0090
Pension & Retirement	0005		0100
Vacation Accrual	0006		0130
Fringe - Other	0007		0140
Other:			
	0008		
	0009		
	0010		
	0011		
	0012		
Total	0020		

(1) All revenue received through the rate from the " Worker Recruitment and Retention Add-On"

Part II Statistics			Medicaid	Other	Total	Actual / Estimated (Budgeted)
		00100	00101	00102	00103	00104
Level I	0010	Hours				
Level II	0020	Hours				
Level II - Hard To Serve	0030	Hours				
Live-In	0040	Days				
Shared Aide I	0050	Hours				
Shared Aide II	0060	Hours				
Nursing Supervision	0070	Visits				
Nursing Assessment	0080	Visits				
Consumer Directed	0090	Hours				
Consumer Directed Enhanced	0100	Hours				
Consumer Directed Live-In	0101	Days				





Personal Care Provider Cost Report

Schedule B Summary of Costs and Calculation of Personal Care Costs	Expense from Schedule A (Actual) or Schedule C (Budgeted)	Personal Care Program Administration	Personal Care Program Aide (Direct)	Personal Care Program RN Supervision/ Assessment (Direct)	Personal Care Program Staff Training	Total Costs	Number of Hours, Visits, or Days	Total Cost per Hour, Visit, or Day
	00302	00303	00304	00305	00306	00307	00308	00310
Level I	0010							Hours .00
Level II	0020							Hours .00
Level II - Hard To Serve	0030							Hours .00
Live-In	0040							Days .00
Shared Aide I	0050							Hours .00
Shared Aide II	0060							Hours .00
Nursing Supervision	0070							Weeks .00
Nursing Assessment	0080							Weeks .00
Consumer Directed	0090							Hours .00
Consumer Directed Enhanced	0100							Hours .00
Consumer Directed Live-In	0101							Hours .00
Total from Schedule A	0110							Days .00
Total from Schedule C	0120							
Allocation Basis	0130							







Schedule D Balance Sheet General Operating Fund			
		00501	00502
<b>A. Current Assets</b>			
Cash	0101		
Investments	0102		
Patient Accounts Receivable	0103		
Less: Allowance for Uncollectable Accounts	0104		
Other Accounts Receivable	0105		
Less: Allowance for Other Uncollectable Accounts	0106		
Accrued Interest Receivable	0107		
Inventories	0108		
Prepaid Expenses	0109		
Due From Other Funds (Voluntary only)	0110		
	0111		
	0112		
	0113		
	0114		
<b>TOTAL CURRENT ASSETS</b>	<b>0115</b>		
<b>B. Plant, Property, and Equipment</b>			
Land	0201		
Land Improvements	0202		
Less: Accumulated Depreciation	0203		
Buildings and Building Improvements	0204		
Less: Accumulated Depreciation	0205		
Non-Moveable Equipment	0206		
Less: Accumulated Depreciation	0207		
Moveable Equipment - Motor Vehicles	0208		
Less: Accumulated Depreciation	0209		
Moveable Equipment - Other Than Motor Vehicles	0210		
Less: Accumulated Depreciation	0211		
Minor Equipment (Non-Depreciable)	0212		
	0213		
	0214		
	0215		
	0216		
<b>TOTAL PLANT, PROPERTY AND EQUIPMENT</b>	<b>0217</b>		
<b>C. Other Assets</b>			
Organizational Expense	0301		
Less: Accumulated Amortization	0302		
Mortgage Expense	0303		
Less: Accumulated Amortization	0304		
Leasehold Improvements	0305		
Less: Accumulated Amortization	0306		
Long-Term Investments	0307		
Loans to Owners or Related Parties (Proprietary only)	0308		
	0309		
	0310		
	0311		
	0312		
<b>TOTAL OTHER ASSETS</b>	<b>0313</b>		
<b>D. TOTAL ASSETS</b>	<b>0400</b>		

Schedule D Balance Sheet General Operating Fund (continued)		
		00502
<b>E. Current Liabilities</b>		
Salaries, Wages, and Fees Payable	0501	
Withholding and Social Security Taxes Payable	0502	
Accounts Payable	0503	
Notes and Loans Payable	0504	
Accrued Expenses Payable	0505	
Deferred Revenue	0506	
Due to Other Funds (Voluntary only)	0507	
	0508	
	0509	
	0510	
	0511	
<b>TOTAL CURRENT LIABILITIES</b>	<b>0512</b>	
<b>F. Other Liabilities</b>		
Mortgage Payable	0601	
Loans Payable	0602	
Loans From Owners or Related Parties (Proprietary only)	0603	
	0604	
	0605	
	0606	
	0607	
<b>TOTAL OTHER LIABILITIES</b>	<b>0608</b>	
<b>G. TOTAL LIABILITIES</b>	<b>0700</b>	
<b>H. General Operating Fund Balance (Voluntary only)</b>	<b>0800</b>	
<b>I. Equity</b>		
Owners Capital (Proprietary only)	0901	
Paid-In Capital (Proprietary only)	0902	
Retained Earnings (Proprietary only)	0903	
Total Equity (Proprietary only)	0904	
<b>J. Total * or ** (see below)</b>	<b>1000</b>	
* Total Liabilities and General Operating Fund Balance (Voluntary)		
** Total Liabilities and Equity (Proprietary)		

Schedule D-1 Balance Sheet Specific Purpose Fund (Voluntary only)			
			00602
<b>A. Assets</b>			
Cash	0101		
Investments	0102		
Due From Other Funds	0103		
	0104		
	0105		
	0106		
	0107		
<b>TOTAL ASSETS</b>	<b>0108</b>		
<b>B. Liabilities</b>			
Due To Other Funds	0201		
	0202		
	0203		
	0204		
	0205		
<b>TOTAL LIABILITIES</b>	<b>0206</b>		
<b>C. SPECIFIC PURPOSE FUND BALANCE</b>	<b>0300</b>		
<b>D. TOTAL LIABILITIES AND SPECIFIC PURPOSE FUND BALANCE</b>	<b>0400</b>		

Schedule D-2 Balance Sheet Endowment Fund (Voluntary only)			
			00702
<b>A. Assets</b>			
Cash	0101		
Investments	0102		
Due From Other Funds	0103		
	0104		
	0105		
	0106		
	0107		
<b>TOTAL ASSETS</b>	<b>0108</b>		
<b>B. Liabilities</b>			
Due To Other Funds	0201		
	0202		
	0203		
	0204		
	0205		
<b>TOTAL LIABILITIES</b>	<b>0206</b>		
<b>C. ENDOWMENT FUND BALANCE</b>	<b>0300</b>		
<b>D. TOTAL LIABILITIES AND ENDOWMENT FUND BALANCE</b>	<b>0400</b>		

Schedule D-3 Balance Sheet Plant, Property and Equipment Fund (Voluntary only)		
		00802
<b>A. Assets</b>		
Cash	0101	
Investments	0102	
Due From Other Funds	0103	
	0104	
	0105	
	0106	
	0107	
<b>TOTAL ASSETS</b>	<b>0108</b>	
<b>B. Liabilities</b>		
Due To Other Funds	0201	
	0202	
	0203	
	0204	
	0205	
<b>TOTAL LIABILITIES</b>	<b>0206</b>	
<b>C. PLANT, PROPERTY AND EQUIPMENT FUND BALANCE</b>	<b>0300</b>	
<b>D. TOTAL LIABILITIES AND PLANT, PROPERTY AND EQUIPMENT FUND BALANCE</b>	<b>0400</b>	

Schedule D-4 Changes in Fund Balances & Total Equity		Voluntary Facilities Only				
		General Operating Fund	Specific Purpose Fund	Endowment Fund	Plant, Property & Equipment Fund	Proprietary Facilities Only
		00901	00902	00903	00904	00905
A. Balance at Beginning of Period	0100					
B. Additions:						
Excess of Revenue over Expenditures	0201					
Transfers from Other Funds	0202					
	0203					
	0204					
	0205					
	0206					
	0207					
	0208					
Total Additions	0209					
C. Deductions:						
Excess of Expenditures over Revenue	0301					
Transfers to Other Funds	0302					
	0303					
	0304					
	0305					
	0306					
	0307					
	0308					
Total Deductions	0309					
D. Balance at End of Period	0400					

The Certification of CEO is to be completed on-line at the New York State Department of Health Provider Network (HPN) web site:

<https://commerce.health.state.ny.us/hpn/cgi-bin/applinks/pcpcr/pcpcr.cgi>



The Report of Independent Accountants is to be completed on-line at the New York State Department of Health Provider Network (HPN) web site:

<https://commerce.health.state.ny.us/hpn/cgi-bin/applinks/pcpcr/pcpcr.cgi>

General Notepad: