CHHA Cost Report

DCN: (none) 02-Feb-18, 09:01 AM

### ATTACHMENT W - CHHA Cost Report

The Declaration for Electronic Filing 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/chhar/chhar.cgi

CHHA Cost Report

DCN: (none)

02-Feb-18, 09:01 AM

The Opinion of Independent Accountant Non-Governmental is to be completed online at the New York State Department of Health Provider Network (HPN) web site:

https://commerce.health.state.ny.us/hpn/cgi-bin/applinks/chhar/chhar.cgi

CHHA Cost Report

DCN: (none) 02-Feb-18, 09:01 AM

The Opinion of Independent Accountant for Governmental Agencies 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/chhar/chhar.cgi

General Information Page 1 Certified Home Health Agency		
		9001
Part I		
Name of Facility	_	ABLE HEALTH CARE SERVING
Address of Facility Line 1	002	
Address of Facility Line 2	003	
City	004	
State	005	
Zip	006	
Zip +4	007	
Mailing Address		
Mailing Address Line 1	008	
Mailing Address Line 2	009	
City	010	
State	011	
Zip	012	
Zip +4	013	
Part II		
Period Covered by Report		
Begin Date (MM/DD/YY)	015	01/01/16
End Date (MM/DD/YY)	016	12/31/16
Identify the Form number of the Medicare Cost		
Report your Agency filed for the period.	017	

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General Information Page 2 Certified Home Health Agency		
		0000
Part III - Agency Identification		
Type R = RHCF C = Community Based	011	C
Sponsorship - Proprietary, Voluntary, Public,	012	Voluntary
Facility Operating Certificate Number	001	2950601
Facility Name	002	ABLE HEALTH CARE SERV INC.
FOR DEPARTMENT INFO ONLY		
Facility Approved for Direct Cost Allocation by Medicare?	013	
Receive reimbursement for Health Recruitment or Child Care?	014	N
Consider in Calculation of Bad Debt & Charity Care?	015	N
Number of Criminal Background Checks in accordance with Title 10 Section 400.23	018	
Total Cost of Criminal Record Background		
Checks requested for employees in line 018	019	
Part IV - Contact Person		
Name	003	Missc
Title	004	Accountant
Phone	005	[999] (999-9999
Part V - Operator or Chief Administrative Officer		
Name	020	
E-mail Address	021	
Telephone Number	022	

Total

### CHHA Cost Report - 6 -

General Reimbursement Information Page 1		Amount
		0101
Worker Recruitment and Retention Revenue (3614-8)	001	
Worker Recruitment, Training, and Retention Revenue (3614 - 9)	002	
Certified Home Health Agency Expense		
Funded by the Worker Recruitment and Retention Revenue and		
Funded by the Worker Recruitment, Training and Retention Revenue:		
Compensation:		
Personnel with direct patient care responsibility	003	
Contracted/Purchase Services	004	
Fringe Benefits:		
Insurance Life/Health	005	
Pension & Retirement	006	
Vacation Accrual	007	
Fringe - Other	008	
Other:		
	009	
	010	
	011	
	012	
	013	
Total	020	
		•

Accessibility, Quality and Efficiency Revenue (3614 - 11)

Funded by Accessibility, Quality and Efficiency Revenue:

Personnel with direct patient care responsibility

General Reimbursement Information Page 2

Certified Home Health Agency Expense

Contracted/Purchase Services

Compensation:

Fringe Benefits: Insurance Life/Health

Pension & Retirement

Vacation Accrual

Fringe - Other

Other:

Total

#### CHHA Cost Report - 7 -

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120

CHHA Cost Report - 8 -

	MEDICARE	TITLE XVIII	MEDICAID	TITLE XIX	OTH	IER	TOTAL					
	Patients	Visits/Hours	Patients	Visits/Hours	Patients	Visits/Hours	Patients	Visits/Hours				
	0001	0002	0003	0004	0005	0006	0007	0008				
001												
002												
003												
004												
005												
900												
007												
008												
009												
660	·	·	·			·	·					
135												
	002 003 004 005 006 007 008 009 660	Patients  0001  001  002  003  004  005  006  007  008  009  660	0001 0002 001 002 003 004 005 006 007 008 009 660	Patients Visits/Hours Patients  0001 0002 0003  001 0002 0003  002 003 004 005 006 007 008 009 009 009 006  135	Patients         Visits/Hours         Patients         Visits/Hours           0001         0002         0003         0004           002         003         0004         000 <td< th=""><th>Patients         Visits/Hours         Patients         Visits/Hours         Patients           0001         0002         0003         0004         0005           001         002         003         0004         0009         00</th><th>Patients         Visits/Hours         Patients         Visits/Hours         Patients         Visits/Hours           0001         0002         0003         0004         0005         0006           002         003         004         005         006           004         005         006         007         008         009</th></td<> <th>Patients         Visits/Hours         Patients         Visits/Hours         Patients         Visits/Hours         Patients           0001         0002         0003         0004         0005         0006         0007           001         002         003         004         005         006         007           003         004         005         006         007         007         007         007         008         009         0</th>	Patients         Visits/Hours         Patients         Visits/Hours         Patients           0001         0002         0003         0004         0005           001         002         003         0004         0009         00	Patients         Visits/Hours         Patients         Visits/Hours         Patients         Visits/Hours           0001         0002         0003         0004         0005         0006           002         003         004         005         006           004         005         006         007         008         009	Patients         Visits/Hours         Patients         Visits/Hours         Patients         Visits/Hours         Patients           0001         0002         0003         0004         0005         0006         0007           001         002         003         004         005         006         007           003         004         005         006         007         007         007         007         008         009         0				

<sup>(1)</sup> Number of 15 min. shared aide units billed in report period.

CHHA Cost Report - 9 -

	Medicare	Medicaid	Other	Total
	0041	0042	0043	0044
700				
705				
710				
715				
720				
725				
730				
735				
740				
745				
	705 710 715 720 725 730 735	700 705 710 715 715 720 725 730 735	700 705 710 715 720 725 730 740	700 705 710 715 720 725 730 735

CHHA Cost Report - 10 -

Schedule A-1 Compensation Analysis - Salary and Wages		Administrators	Directors	Consultants	Supervisors	Nurses	Therapists	Home Health Aides	All Other	Total
		0001	0002	0003	0004	0005	0006	0007	0008	0009
GENERAL SERVICE COST CENTERS										
Plant Operations & Maintenance	024									
Transportation	025									
Administration & General	026									
HHA REIMBURSABLE SERVICES										
Skilled Nursing - General	027									
Physical Therapy	028									
Occupational Therapy	029									
Speech Pathology	030									
Home Health Aide	031									
Medical Social Services	032									
DME & Supplies	033									
AIDS Nursing Service	605									
Telehealth Services	705									
OTHER NONREIMBURSABLE COSTS	034									
TOTALS	035				, and the second					·

#### CHHA Cost Report - 11 -

Schedule A-2 Compensation Analysis - Employee Benefits (Payroll Related)		Administrators	Directors	Consultants	Supervisors	Nurses	Therapists	Home Health Aides	All Other	Total
		0001	0002	0003	0004	0005	0006	0007	0008	0009
GENERAL SERVICE COST CENTERS										
Plant Operations & Maintenance	036									
Transportation	037									
Administration & General	038									
HHA REIMBURSABLE SERVICES										
Skilled Nursing - General	039									
Physical Therapy	040									
Occupational Therapy	041									
Speech Pathology	042									
Home Health Aide	043									
Medical Social Services	044									
DME & Supplies	045									
AIDS Nursing Service	610									
Telehealth Services	710									·
OTHER NONREIMBURSABLE COSTS	046									
TOTALS	047									

### CHHA Cost Report - 12 -

Schedule A-3 Compensation Analysis - Contracted and Purchased Services		Administrators	Directors	Consultants	Supervisors	Nurses	Therapists	Home Health Aides	All Other	Total
		0001	0002	0003	0004	0005	0006	0007	8000	0009
GENERAL SERVICE COST CENTERS										
Plant Operations & Maintenance	048	1								
Transportation	049									
Administration & General	050									
HHA REIMBURSABLE SERVICES										
Skilled Nursing - General	051									
Physical Therapy	052	!								
Occupational Therapy	053									
Speech Pathology	054	,								
Home Health Aide	055	i								
Medical Social Services	056									
DME & Supplies	057									
AIDS Nursing Service	620									
Telehealth Services	720									
OTHER NONREIMBURSABLE COSTS	058									
TOTALS	059									

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				INCRE	ASE		DECRE	ASE
Schedule A-4 Reclassifications			Cost Center	Line Number	Amount	Cost Center	Line Number	Amount
		0001	0002	0003	0004	0005	0006	0007
Explanation of Reclassifications								
	060							
	061							
	062							
	063							
	064							
	065							
	066							
	067							
	068							
	069							
	070							
	071							
	072							
	073							
	074							
	075							
	076							
*Total Reclassifications	077							

Sum of Col. 0004 must equal sum of Col. 0007.

					e Class. ch A.
Schedule A-5 Adjustment to Expenses		Basis for Adjustment	Amount	Cost Center	Line Number
		0001	0002	0003	0004
Excess Funds, Generated from Operations, other than Net Income	078				
Trade Quantity, Time & other Discounts on Purchases	079				
Rebates & Refunds of Expenses	080				
Home Office Costs	081				
Adjustments Resulting from Transaction with Related Organization	082				
Sale of Medical Records & Abstracts	083				
Income from Imposition of Interest, Finance or Penalty Charges	084				
Sale of Medical & Surgical Supplies to other than Patients	085				
Sale of Drugs to other than Patients	086				
Physical Therapy Adjustment	087				
Interest Expense on Medicare/Medicaid Overpayments					
& Borrowing to Repay Medicare/Medicaid Overpayments	088				
NYS Gross Receipts Assessment Expense	089				
	090				
	091				
	092				
	093				
	094				
	095				
	096				
	097				
	140				
	141				
	142				
	143				
	144				
	145				
	146				
	147				
	148				
Total	150				

### CHHA Cost Report - 15 -

Schedule A-6 Employment Data - Staff FTE's		Administrators	Directors	Consultants	Supervisors	Nurses	Therapists	Home Health Aides	All Other	Total
		0001	0002	0003	0004	0005	0006	0007	0008	0009
GENERAL SERVICE COST CENTERS										
Plant Operations & Maintenance	201									
Transportation	202									
Administration & General	203									
HHA REIMBURSABLE SERVICES										
Skilled Nursing - General	204									
Physical Therapy	205									
Occupational Therapy	206									
Speech Pathology	207									
Home Health Aide	208									
Medical Social Services	209									
DME & Supplies	210									
AIDS Nursing Service	625									
Telehealth Services	725									
OTHER NONREIMBURSABLE COSTS	211								·	
TOTAL	212									

### CHHA Cost Report - 16 -

Schedule A-7 Employment Data - Contract FTE's		Administrators	Directors	Consultants	Supervisors	Nurses	Therapists	Home Health Aides	All Other	Total
		0001	0002	0003	0004	0005	0006	0007	0008	0009
GENERAL SERVICE COST CENTERS										
Plant Operations & Maintenance	213									
Transportation	214									
Administration & General	215									
HHA REIMBURSABLE SERVICES										
Skilled Nursing - General	216									
Physical Therapy	217									
Occupational Therapy	218									
Speech Pathology	219									
Home Health Aide	220									
Medical Social Services	221									
DME & Supplies	222									
AIDS Nursing Service	630									
Telehealth Services	730									
OTHER NONREIMBURSABLE COSTS	223									
TOTALS	224									

Schedule A-8 Details of Costs Reported as Other (Schedule A CC 0005 LN 010-022)		Non Reimbursable Costs	Reimbursable Costs	Totals	Where Reported On Sch A CC/LN
		0028	0029	0023	0024
CAPITAL COSTS					
Depreciation - Building & Building Equipment	002				
Rent - Building & Building Equipment	003				
Depreciation - Movable Equipment	004				
Rent - Movable Equipment	005				
Amortization - Leashold Improvements	006				
Capital Interest	007				
Property Insurance	008				
Real Estate Taxes	009				
	010				
	011				
	012				
	012				
ADMINISTRATIVE A SENERAL COSTS	013				
ADMINISTRATIVE & GENERAL COSTS					
Office Supplies & Expenses	014				
Postage/Freight/Messenger Service	015				
Copying/Printing	016				
Advertising	017				
EDP/Computer Expenses	018				
Telephone Expenses	019				
Professional Fees	020				
A-87 Indirect Costs	021				
Training/Education/Recruitment	022				
Insurance (Non-Capital)	023				
Books/Dues/Subscriptions	023				
·	025				
Travel Expenses & Reimbursement					
Interest (Non-Capital)	026				
Utilities	027				
Plant Operations/Maintenance/Supplies	028				
	029				
	030				
	031				
	032				
	033				
	034				
	035				
	036				
	037				
	038				
HEALTH CARE & OTHER COSTS	030				
Medical/Nursing Supplies & Drugs - General	020				
	039 040				
Professional Fees					
Employee Physicals/Uniforms/Immunizations	041				
Durable Medical Equipment & Supplies	042				
Transportation	043				
	044				
	045				
	046				
	047				
	048				
	049				
	050				
	051				
	052				
	053				
	054				
	055				
	056				
	057				
	058				
	059				
	060				
AIDS Medical/Nursing Supplies * D	615				
AIDS Medical/Nursing Supplies & Drugs					
TOTAL Lines 002-060 & 615	100				

#### CHHA Cost Report - 18 -

Schedule A Reclassification and Adjustment of Trial Balance		Schedule A-1 Salaries	Schedule A-2 Employee Benefits	Transportation			Dooloosification	Schedule A-5 Adjustment To Expenses	Col 8 + 9 For Cost Allocation		
		0001	0002	0003	0004	0005	0006	0007	0008	0009	0010
GENERAL SERVICE COST CENTERS											
Capital Related-Building & Fixtures	010										
Capital Related-Moveable Equipment	011										
Plant Operations & Maintenance	012										
Transportation	013										
Administrative & General	014										
HHA REIMBURSABLE SERVICES											
Skilled Nursing - General	015										
Physical Therapy	016										
Occupational Therapy	017										
Speech Pathology	018										
Home Health Aide	019										
Medical Social Services	020										
DME & Supplies	021										
AIDS Nursing Service	600										
Telehealth Services	700										
OTHER NONREIMBURSABLE COSTS	022										
TOTAL	023			•						•	

Schedule B-1 Cost Allocation Statistical Basis		Cost Building & Fixtures (Square Feet)	Capital Related Cost Movable Equipment Square Feet Or \$ Value	Plant Operation Maintenance (Square Feet)	Transportation (Mileage)	Administrative & General (Net Cost)
		0001	0002	0003	0004	0005
COST CENTER						
GENERAL SERVICE COST CENTERS						
Capital Related-Building & Fixtures	112					
Capital Related-Moveable Equipment	113					
Plant Operations & Maintenance	114					
Transportation	115					
Administrative & General	116					
HHA REIMBURSABLE SERVICES						
Skilled Nursing - General	117					
Physical Therapy	118					
Occupational Therapy	119					
Speech Pathology	120					
Home Health Aide	121					
Medical Social Services	122					
DME & Supplies	123					
AIDS Nursing Service	640					
Telehealth Services	740					
OTHER NONREIMBURSABLE COSTS	124					
Cost to be Allocated	125	•				
Unit Cost Multiplier	126					

CHHA Cost Report - 20 -

Schedule B Cost Allocation General Services		Net Expenses For Cost Allocation	Capital Related Cost Building & Fixtures	Capital Related Cost Movable Equipment	Plant Operation Maintenance	Transportation	Administrative & General	Total
		0001	0002	0003	0004	0005	0006	0007
GENERAL SERVICE COST CENTERS								
Capital Related-Building & Fixtures	098							
Capital Related-Moveable Equipment	099							
Plant Operations & Maintenance	100							
Transportation	101							
Administrative & General	102							
HHA REIMBURSABLE SERVICES								
Skilled Nursing - General	103							
Physical Therapy	104							
Occupational Therapy	105							
Speech Pathology	106							
Home Health Aide	107							
Medical Social Services	108							
DME & Supplies	109							
AIDS Nursing Service	635							
Telehealth Services	735							
OTHER NONREIMBURSABLE COSTS	110							
Totals	111							

#### CHHA Cost Report - 21 -

DCN: (none) 02-Feb-18, 09:02 AM

Schedule C Cost per Visit Computation		Total Allowable Costs	Add-On Expenses*	Adjusted Allowable Costs	Total Units of Service	Average Cost Per Unit of Service	Total Hours	Average Cost Per Hour
		0001	0006	0007	0002	0003	0004	0005
PATIENT SERVICES								
Skilled Nursing - General (Visits)	127							
Physical Therapy (Visits)	128							
Occupational Therapy (Visits)	129							
Speech Pathology (Visits)	130							
Home Health Aide (Visits)	131							
Medical Social Services (Visits)	132							
AIDS Nursing Service (Visits)	645	·						
Telehealth	745							
Total	133							
Home Health Aide Hours	134							

Expenses associated with the Worker Recruitment and Retention 3% add-on PHL 3614-8 Expenses associated with the Worker Recruitment, Training and Retention add-on PHL 3614-9 Expenses associated with the Accessibility, Quality and Efficiency add-on PHL 3614-11

,		
Schedule D Statement of Revenue and Expenses		Revenue/ Expenses
		0001
PATIENT SERVICE REVENUE:		
Total Patient Service Revenue (NET)	401	
OTHER OPERATING REVENUE:	402	
	403	
	404	
Total Other Operating Revenue (Lines 402 thru 404)	410	
Total Operating Revenue (Lines 401 + 410)	411	
OPERATING EXPENSES:		
Nursing - General	412	
Physical Therapy	413 414	
Speech Pathology  Occupational Therapy	415	
Medical Social Service	416	
Home Health Aide	417	
AIDS Nursing Service	418	
Telehealth Services	419	
	420	
	421	
	422 423	
	424	
Total Operating Expenses (Lines 412 thru 424)	425	
rotal opolating Emportory (Emov 112 tilla 121)	125	
Excess (Deficiency) of Operating Revenues		
over Expenses (Line 411 minus 425)	430	
NOVORER LEWIS DELIENCE		
NONOPERATING REVENUE: Income from Investments:		
income from investments:	431	
	432	
	433	
Total NonOperating Revenue (Lines 431 thru 433)	440	
NONOPERATING EXPENSES:		
Federal, State and Local Taxes	441	
	443	
Total Nonoperating Expenses (Lines 441 thru 443)	450	
Excess (Deficiency) of NonOperating Revenues		
over NonOperating Expenses (Lines 440 - 450)	460	
F (T.I.B T.I.F		
Excess of Total Revenue over Total Expenses  (Expenses over Revenues) before Extraordinary		
Gain (loss) (Lines 430 + 460)	470	
and the same and a same and a same and a same and a same a	113	
Extraordinary Gain (Loss) Specify on line below		
	475	
Excess of Total Revenue over Total Expenses		
(Expenses over Revenues) after Extraordinary  Gain (loss) (Lines 470 + 475)	480	
udiii (iuss) (Lilies 470 + 473)	1 400	

### CHHA Cost Report - 23 -

Schedule E Utilization/Revenue by Payor Source		Nursing Visits General	PT Visits	SP Visits	OT Visits	HHA Visits	Total Visits	HHA Hours	Net Patient Revenue	Aids Nursing Service Visits	Telehealth Service Months
		0001	0002	0003	0004	0005	0006	0007	0008	0009	0010
Medicare	167										
Medicaid	168										
Blue Cross	169										
Other Insurance	170										
Self-Pay - Full	171										
Self-Pay - Partial	172										
Free - 100%	173										
Bad Debt	174										
	175										
Total	176										

#### CHHA Cost Report - 24 -

			0-200% Pove	rty Threshold		Above 200% Poverty Threshold Totals					tals		
Schedule F Self-Pay and Free Visits Analysis		Self-Pay Units of Service	Free Units of Service	Total Free & SP Units of Service	Self-Pay Revenue	Self-Pay Units of Service	Free Units of Service	Total Free & SP Units of Service	Self-Pay Revenue	Total Self-Pay Units of Service	Total Free Units of Service	Total Free & SP Units of Service	Self-Pay Revenue
		0001	0002	0003	0004	0005	0006	0007	0008	0009	0010	0011	0012
Nursing - General (Visits)	177												
PT (Visits)	178												
SP (Visits)	179												
OT (Visits)	180												
HHA (Visits)	181												
AIDS Nursing (Visits)	655												
HHA (Hours)	183												
Telehealth (Months)	184	•	·										
Totals	190												

CHHA Cost Report - 25 -

Schedule G Grant, Contract and Entitlement Revenues		Amount of Revenues
		0013
Section A.		
Did your agency receive any grant, governmental contract or entitlement		
revenues which were obtained for the purpose of subsidizing Certified Home		
Health Agency general operating expenses? Enter 1 for Yes, 2 for No.	001	
Section B.		
If yes, provide source and details of contract or entitlement revenues below:		
NAME & DESCRIPTION		
NYSDOH - State Aid	002	
Medically Indigent Grant	003	
	004	
	005	
	006	
	007	
Total	010	

Schedule H Ownership Information		
		9018
A. Disclosure of Ownership		
1. Business Entity		
Name Line 1	001	
Name Line 2	002	
Address Line 1	003	
Address Line 2	004	
Type of Ownership: (Indicate with "X")		
Proprietary		
Individual	005	
Partnership	006	
Corporation	007	
Other		
Public	008	
Voluntary	009	
2. Individual Owners		
Name (Last)	011	
Name (First)	012	
Address Line 1	013	
Address Line 2	014	
Name (Last)	015	
Name (First)	016	
Address Line 1	017	
Address Line 2	018	
Name (Last)	019	
Name (First)	020	
Address Line 1	021	
Address Line 2	022	
Name (Last)	023	
Name (First)	024	
Address Line 1	025	
Address Line 2	026	
3. CHHA Premises are: (indicate with "X")	- OLO	
Owned	027	
Rented	028	
Leased	029	
If Owned:	- 020	
Term of Mortgage	030	
Interest Rate	031	
Real Estate Taxes Paid	032	
If Rented or Leased:	032	
Name & Address of Landlord	033	
Monthly Rent or Lease Cost	034	
Is Landlord related to facility operator? (Y/N)	035	
Does Agency provide Nursing Services to	033	
AIDS patients? (1 = Yes, 2 = No)	036	
AIDS patients: (1 - 16s, 2 = NU)	030	

If multiple sites use Notepad to List.

CHHA Cost Report - 27 -

Schedule I Report of Services and Charges		Provided by Agency (Y/N)	Charges per Unit of Service	Effective Date MM/DD/YY
		0025	0026	0027
SERVICE				
Nursing - General (Visit)	001			
Physical Therapy (Visit)	002			
Speech Pathology (Visit)	003			
Occupational Therapy (Visit)	004			
Medical Social Services (Visit)	005			
AIDS Nursing Service (Visit)	009	Υ		
Telehealth (Per Month)	010			
Home Health Aides (Visit)	006			
Home Health Aides (Hour)	007			
Billing Unit for Home Health Aides	008			
1 = Per Visit				
2 = Per Hour				

CHHA Cost Report - 28 -

Non-Aids Patients AIDS Patients Schedule J Patient Statistics Total Patients 0030 0031 0035 \*\*Lines 001 through 010 are as of the last day of report period\*\* PAYER 001 Medicare Medicaid 002 Private Pay 003 Other 004 Total 010 **Unduplicated Patient Count for Report Period** 011

#### CHHA Cost Report - 29 -

Second Control	Second   Common of Common and address   Second   Second													
Controlled   1	Part							ective Dates:	Contract Effe					
Seminal Services   Part	Seminary   Control of the control	Home Mer								Unit	Non-			Schedule K(1)
Company   Comp	Part	nai Health Soc				Nursina	SERVICES:		From	11 6		Contractor name and address		
March	Memory   10   10   10   10   10   10   10   1		I herapy	Pathology	I herapy			MM/DD/YY	MM/DD/YY	V=visit				
Moderal   10	Manifact   10													reisonal Services
March   10	Materiary   19	0211 02	U21U	0209	0208	0207			0204	0203	0202		404	
Marche   10	Makes   10	+	$\longrightarrow$											
Marie   Mari	Marcian   Marc		+											
Mathematical   15	Marcian   10						nepon rear Utilization (utilis):						103	AddressZ
Addendary 15	Madestard   15						lak Tilla:						104	Nama
March   19	Mane	-	<del></del>											
No.	Name		<del> </del>											
Maderal   100	Addersord   109						перистем опиганин (инна).						100	Addlessz
Addensign   100	Addensized   109						lob Tilla:					,	107	Name
Marcol   19	Mane		++											
Marcian   10	Name		<del> </del>											
Address   11	Addrest2 11						Thought and the state of the st						100	ridatove
Address   11	Addrest2 11	,					Job Titler						110	Name
Address   12	Name													
Mane	Name		<b>T</b>											
Addiest	Address1													
Addrest	Address						Job Tille:						113	Name
Marco	Address   115													
Address   117	Address   117											j	115	Address2
Address   117	Address   117			<u> </u>										
Mane	Name   119													
Name	Name													Address1
Address2 120 Name 122 Name 125 Name 126 Name 127 Name 127 Name 128 Name 129 Name 120	Addrest   120						Report Year Utilization (units):						118	Address2
Address2 120 Name 122 Name 125 Name 126 Name 127 Name 127 Name 127 Name 128 Name 129 Name 120 Name 121 Name 121 Name 122 Name 123 Name 124 Name 125 Name 126 Name 127 Name 127 Name 128 Name 129 Name 129 Name 130 Name 131 Name 132 Name 134 Name 136 Name 137 Name 138 Name 140	Address1   120													
Mane	Address2		$\perp$											
Name	Name   122													
Address   123	Address   123						Report Year Utilization (units):						121	Address2
Addrest   12	Address1 123													
Address	Address   124		-											
Mane	Name		+											
Address1   126	Address1         126         Image: Contract Ann. Special State of the Contract						nepon rear unization (units):						124	Addressz
Address1   126	Address1         126         Image: Contract Annol of the contract An						lah Tilla:						125	Name
Address2   127	Address2   127		+											
Name   128	Name   128		++											
Address1   129	Address1         123         Made (see 2)         130         Made (see 2)         Made						TAID HOLDER AND MEANING CHOICE							riddiooc
Address1   129	Address1         123         Made (see 2)         130         Made (see 2)         Made						Job Title:						128	Name
Address   130	Address2         130         Mane         131         Company of the company of th													
Name	Name													
Address   132	Address1         132         Mane         133         Report Year Contract Ant. [per unit]:         Mane         Mane <td></td>													
Address2   13	Address2         133         Report Year Utilization (units):         Common Name         134         Common Name         135         Common Name         135         Common Name         136         Report Year Contract Anni. [per unit):         Common Name         137         Common Name         137         Common Name         138         Common Name         138         Report Year Contract Anni. [per unit):         Common Name         138         Common Name         Report Year Contract Anni. [per unit):         Common Name         Report Year Utilization (units):         Common Name         Name         140         Common Name         Date of the Name         Date of the Name         Date of the Name         Report Year Contract Anni. [per unit]:         Common Name         Per units         Common Name         Per units         Common Name         Per units         Common Name         Common Name         Per units         Common Name         Common Name         Per units         Common Name						Job Title:						131	Name
Name	Name         134         Job Title:         Seport Year Contract Am! [per unit]:         Seport Year Contract Am! [per unit]:         Seport Year Utilization (units]:         Seport Year Contract Am! [per unit]:         Seport Year Contract Am! [per unit													
Address 135	Address1         135         Report Year Contract Ant. [per unit]:         Mode of the contract Ant. [per unit]:						Report Year Utilization (units):						133	Address2
Address 135	Address1         135         Report Year Contract Ant. [per unit]:         Mode of the contract Ant. [per unit]:		1											
Address2   136	Address2         136         Report Year Utilization (units):		$\perp$											
Name	Name         137         Job Title:         Seport Year Contract Amt. [per unit]:         Seport Year Unitization (units]:         Seport Year Contract Amt. [per unit]:         Seport Year Unitzation (units]:         Seport Year Contract Amt. [per unit]:         Seport													
Address   138	Address1       138       Report Year Contract Ant. [per unit]:						Report Year Utilization (units):					5	136	Address2
Address   138	Address1         138         Report Year Contract Ant. [per unit]:		4											
Address2   139   Report Year Utilization (units):	Address2         139         Report Year Utilization (units):         Image: Contract Ant. [per unit]:         Image: Contract Ant. [per													
Name	Name 140 Job Title: Seport Year Contract Ant. [per unit]: Seport Year		+											
Address1         141         Report Year Contract Amt. [per unit]:	Address1 141 Report Year Contract Aint. [per unit]:						Report Year Utilization (units):						139	Address2
Address1         141         Report Year Contract Amt. [per unit]:	Address1 141 Report Year Contract Ant. [per unit]:		4				1.6.7686						140	N
Address2			+											
Name	AULIESSZ 14Z REPORT TEAR UTBIZATION [URIS]:	+	+											
Address1         144         Report Year Contract Amt. [per unit]:							repot 188 vilization (units):						142	Auuless2
Address1         144         Report Year Contract Amt. [per unit]:	Name 142		4				lat Tilla					1	142	Namo
Address2         145         Report Year Unitation (units):         Image: Contract Am. (per unit):         Image: Contract A		+	+											
Name 146 Jab Title: September 147 Report Year Contract Amt. [per unit): September 147		+	+											
Address1 147 Report Year Contract Amt. [per unit):	Autics2 177 Report 188 UBZdRott (UBIS).						report reasonment (ums):						143	Mudlessz
Address1 147 Report Year Contract Amt.   per unit):	Name 146		+				Joh Tille						146	Name
		+	+											
	Address 2 148 Report Year Utilization (units):	+	+											

<sup>\*</sup> Enter 1 if vendor/contractor has a non-arms-length arrangement with the CHHA (see instructions).

#### CHHA Cost Report - 30 -

Seminal Seminal Contention													
Company   Comp							ective Dates:	Contract Effe					
Summer   Control Control Control   Control Control Control   Control Control Control   Control Control Control   Control Control Control Control Control   Control Control Control Control Control Control   Control Control Control Control Control Control Control Control Control   Control Contr	_, Home Medic								Unit	Non-			Schedule K(2)
Second Control	al Health Socia				Nursing	SERVICES:		From	H=hour		Contractor name and address		
Many	Aides Service	I herapy	Pathology	I herapy			MM/UU/YY	MM/UU/YY	V=visit				
Medical		0040	0000	0000	0007	0000	0005	0004	0000		0004		i eisoilai Jei fices
Materian   Materian	0211 0212	0210	0209	0208	0207			U2U4	0203	0202		201	
Maintenance		+											
Mame		+								_			
Address   20						neport rear violzanon (umis):						203	Addressz
Maders						Ioh Tilla:						204	Name
Maintain   Maintain		+											
Menome	+ + -	+ +								-			
Address						report real Othicalidit (Milita).						200	Addiessz
Address		-				Job Title:				4		207	Name
Mane													
Name													
Address												200	11441442
Address						Job Title:						210	Name
Address													
Name													
Address													
Name						Job Title:						213	Name
Name						Report Year Contract Ami(per unit):						214	Address1
Address   217						Report Year Utilization (units):						215	Address2
Address   217													
Address2													Name
Name													
Address1						Report Year Utilization (units):					3	218	Address2
Address1													
Address2													
Name   22													
Address1						Report Year Utilization (units):						221	Address2
Address1												222	
Address   224		+											
Name   25		+								_			
Address   226						перистем описани (ины).						224	Addlessz
Address   226						Job Title						225	Name
Address2   227		1											
Name													
Address1         229         Made sequence         Manage         M													
Address1         229         Made sequence         Manage         M						Job Title:						228	Name
Address2   230													
Address1         232         Report Year Contract Ant. [per unit]:         Mage of Year Utilization (units):         Mage of Year Utilization (units):<												230	Address2
Address1         232         Report Year Contract Ant. [per unit]:         Mage of Year Utilization (units):         Mage of Year Utilization (units):<			í										
Address2       233       Report Year Utilization (units):       Memory Year Utilization (units):       Memo						Job Title:						231	Name
Name 234						Report Year Contract Amt. (per unit):							Address1
Address 2 235						Report Year Utilization (units):						233	Address2
Address1         235         Report Year Contract Amt. [per unit]:         Section 1         Section 2         Section 3         Report Year Utilization (units):         Section 3         Section													
Address2         236         Company of the company of													
Name   237													
Address1         238         Report Year Contract Amt. [per unit]:						Report Year Utilization (units):						236	Address2
Address1         238         Report Year Contract Amt. [per unit]:						N. C. R. V.						207	N
Address2         239         Report Year Utilization (units):         Seport Year Utilization (u		+											
Name         240         Job Title:            Address1         241         Report Year Contract Amt. [per unit):            Address2         242         Report Year Unitzation (units):	+	+											
Address 1 241 Report Year Contract Amt. [per unit]: Address 2 242 Report Year Utilization (units]:						nepox rea viozaion (unis):						239	Audiess2
Address1 241 Report Year Contract Amt. [per unit]: Address2 242 Report Year Utilization (units]:						lah Tillar						240	Name
Address2 242 Report Year Utilization (units):	+ + -	+ + +											
	+	+								_			
						ाःकृत्यः । दक्षः धाष्ठायस्यायस्य (प्राप्तावः						242	Audic 882
Name 243						Job Title:						243	Name
Address 1 244 Report Year Contract Aint. [per unit]:	+ + -	+ +								_			
Address2 245 Report Year Utilization (units):	+ + + + + + + + + + + + + + + + + + + +	+ +											
Name 246 S S S S S S S S S S S S S S S S S S S						Jab Title:						246	Name
Address1 247 Report Year Contract Amt. (per unit):													
Address2 248 Report Year Utilization (units):													

<sup>\*</sup> Enter 1 if vendor/contractor has a non-arms-length arrangement with the CHHA (see instructions).

#### CHHA Cost Report - 31 -

DCN: (none) 02-Feb-18, 09:02 AM

							I						
Cahadula V(2)					Lontract Eff	ective Dates:							
Schedule K(3) Summary of Contracted Personal Services		Contractor name and address	Non- Arms Length*	Unit: H=hour V=visit	From MM/DD/YY	To MM/DD/YY	SERVICES:	Nursing	Physical Therapy	Speech Pathology	Occupational Therapy	Home Health Aides	Medical Social Services
		0201	0202	0203	0204	0205	0206	0207	0208	0209	0210	0211	0212
Name	301						Job Title:						
Address1 Address2	302 303						Report Year Contract Ami. [per unit]: Report Year Utilization (units):						<b></b>
Audiessz	303						nepor rea viozaiui juosj.						
Name	304						Jab Title:						
Address1	305						Report Year Contract Amt. [per unit]:						
Address2	306						Report Year Utilization (units):						
Name	307						Job Title:						
Address1	308						Report Year Contract Ant. (per unit):						<del></del>
Address2	303						Report Year Utilization (units):						
Name	310						Job Title:						
Address1	311						Report Year Contract Ami. [per unit]:						
Address2	312						Report Year Utilization (units):						
Name	313						Job Title:						
Address1	314						Report Year Contract Ant. [per unit]:						1
Address2	315						Report Year Utilization (units):						
Name	316						Job Title:						
Address1	317						Report Year Contract Amt. [per unit]:						
Address2	318						Report Year Utilization (units):						
Name	319						Job Title:						
Address1	320						Report Year Contract Aml. [per unit]:						<b></b>
Address2	321						Report Year Utilization (units):						
Name	322						Jab Title:						
Address1	323						Report Year Contract Amt. [per unit]:						
Address2	324						Report Year Utilization (units):						
Name	325						Job Title:						
Address1	326						Report Year Contract Ant. [per unit]:						
Address2	327						Report Year Utilization (units):						
Name	328						Job Title:						
Address1	329						Report Year Contract Amt. [per unit]:						
Address2	330						Report Year Utilization (units):						
Name	331						Job Title:						
Address1	332						Report Year Contract Ant. [per unit]:						1
Address2	333						Report Year Utilization (units):						
Name	334						Job Title:						
Address1	335						Report Year Contract Amt. [per unit]:						
Address2	336						Report Year Utilization (units):						
Name	337						Job Title:						<del></del>
Address1	338						Report Year Contract Aml. [per unit]:						<del></del>
Address2	333						Report Year Utilization (units):						
Name	340						Jab Title:						
Address1	341						Report Year Contract Aml. [per unit]:						
Address2	342						Report Year Utilization (units):						
Name	343						Job Title:						<del>                                     </del>
Address1	344 345						Report Year Contract Amt. (per unit):  Report Year Utilization (units):						<del></del>
Address2	340						vehnt resenterstov (quigi;						
Name	346						Job Title:						
Address1	347						Report Year Contract Ami. [per unit]:						
Address2	348						Report Year Utilization (units):						
										-		-	

\* Enter 1 if vendor/contractor has a non-arms-length arrangement with the CHHA (see instructions).

#### CHHA Cost Report - 32 -

Summary of Contracted Personal Services  Contractor name and address Arms Length*  Arms Length*  Arms Length*  V=visit  Arms Length*  V=visit  Arms Length*  V=visit  Nursing Prysical Speech Pathology  Therapy														
Part						Contract Effe	ective Dates:							
Part	Schedule K(4)													
Profession   Pro			Contractor name and address			From		GEDVICEG:	Muraina	Physical		Occupational		Medical Social
Company   Comp			Contractor name and address		V=rioui	MM/DD/YY	MM/DD/YY	SENVICES.	Nuising		Pathology	Therapy		Services
Monter   M	Personal Services			Longai	1 - Tiok								riidos	00111000
Address			0201	0202	0203	0204	0205	0206	0207	0208	0209	0210	0211	0212
March   Marc	Name	401						Job Title:						
The content of the	Address1	402						Report Year Contract Amt. [per unit]:						
Addensigned	Address2	403						Report Year Utilization (units):						
Addensigned														
March   Marc	Name	404						Job Title:						
March   Marc	Address1	405						Report Year Contract Amt. [per unit]:						
Marcia	Address2	406												
Addres														
Madera	Name	407						Job Title:						
March   Marc														
Mane														
Address														
Address	Name	410						Job Title:						
Maintenant   1														
Mance														
Adders1		""												
Adders1	Name	413						Joh Title:						
Mane														
Name														
Address	, iddiosec	113						a separate i sub-scribbini (dibio).						
Address	Name	416						Inh Title:						
Address														
Name														
Address2 42	Addiessz	410						перистан описания (опиа).						
Address 40	Name	410						lak Tilba						
Address														
Name														
Address	Addlessz	421						nepot rea viozaion juinsj.						
Address	N	422						Toward and the second s						
Mades   Marco   Marc														
Name   425														
Address1	Addressz	424						report rear villization (villis):						
Address1	N	425						That the state of						
Address2														
Name														
Address1	Addressz	421						report real vilization (vilis).						
Address1	N	420						Tours actives						
Address   430														
Name														
Address	Addressz	430						report real villization (villis):						
Address	N	421						Time acres.						
Address2         433           Report Year Utilization (units):														
Name														
Address   435	Mudiessz	453						ान्यकार १ स्टब्स एसस्टनस्था (प्रसार):						
Address   435	Mama	424						THE STREET						
Address2   436											-	1		
Name														
Address   438	Audressz	436						nepot rear unication (units):						
Address   438	N	427												
Address2   439   Report Year Utilization (units):														
Name														
Address1         441         Report Year Contract Ant. [per unit]:         Seport Year Utilization (units]:         Seport Year Contract Ant. [per unit]:         Seport Year Utilization (units]:         Seport Year Util	Audiessz	439						nepot rear unication (units):						
Address1	N	140												
Address2         442         Report Year Utilization (units):														
Name         443         444         445         445         446         447         447         448         449 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td>										-	-			
Address1         444         Report Year Contract Ant. [per unit]:	Address2	442						Report Year Utlization (units):						
Address1         444         Report Year Contract Ant. [per unit]:         Seport Year Utilization (units]:         Seport Year Contract Ant. [per unit]:         Seport Year Contract		ا ـ ـ ـ ـ ا						1						
Address2         445         Report Year Utilization (units):         Image: Contract Ant. [per unit]:         Image: Contract Ant. [per														
Name 446 Job Title: Seport Year Contract Ant. [per unit]: Seport Year										1				
Address1 447 Report Year Contract Ant. [per unit]:	Address2	445						Report Year Utilization (units):						
Address1 447 Report Year Contract Ann   per unit): See See See See See See See See See Se														
Address2 448 Report Year Utilization (units):										1				
	Address2	448						Report Year Utilization (units):						

<sup>\*</sup> Enter 1 if vendor/contractor has a non-arms-length arrangement with the CHHA (see instructions).

#### CHHA Cost Report - 33 -

DCN: (none) 02-Feb-18, 09:02 AM

					Contract Effe	ective Dates:							
Schedule K(5)			Non-	Unit:								Home	Medical
		Contractor name and address	Arms	H=hour	From	To	SERVICES:	Nursing	Physical	Speech	Occupational	Health	Social
Summary of Contracted Personal Services			Length*	V=visit	MM/DD/YY	MM/DD/YY			Therapy	Pathology	Therapy	Aides	Services
i eisoilai Jeitices		0004	0000	0000	0004	0005	0000	0007	0000	0000	0040	0044	0040
	F01	0201	0202	0203	0204	0205	0206	0207	0208	0209	0210	0211	0212
Name	501						Job Title:						
Address1 Address2	502 503						Report Year Contract Aml. [per unit]: Report Year Utilization (units):						
Addressz	203						nepon rear unization (units):						
Name	504						Job Title:						
Address1	505						Report Year Contract Amt. [per unit]:						
Address2	506						Report Year Utilization (units):						
Addicase	300						proping a selection of the selection of						
Name	507						Job Title:						
Address1	508						Report Year Contract Amt. (per unit):						
Address2	509						Report Year Utilization (units):						
Name	510						Job Title:						
Address1	511						Report Year Contract Amt. (per unit):						
Address2	512						Report Year Utilization (units):						
Name	513						Job Title:						
Address1	514						Report Year Contract Amt. (per unit):						
Address2	515						Report Year Utilization (units):						
Name	516						Job Title:						
Address1	517						Report Year Contract Amt. [per unit]:						
Address2	518						Report Year Utilization (units):						
Name	519						Job Title:						
Address1	520						Report Year Contract Amt. [per unit]:						
Address2	521						Report Year Utilization (units):						
	F00												
Name	522						Jab Title:						
Address1	523 524						Report Year Contract Amt. [per unit]:						
Address2	324						Report Year Utilization (units):						
Name	525						Jab Title:						
Address1	526						Report Year Contract Amt. (per unit):						
Address2	527						Report Year Utilization (units):						
11001000	92.						,						
Name	528						Job Title:						
Address1	529						Report Year Contract Amt. (per unit):						
Address2	530						Report Year Utilization (units):						
Name	531						Job Title:						
Address1	532						Report Year Contract Amt. (per unit):						
Address2	533						Report Year Utilization (units):						
Name	534						Job Title:						
Address1	535						Report Year Contract Amt. [per unit]:						
Address2	536						Report Year Utilization (units):						
	<b> </b>												
Name	537						Job Title:						
Address1	538						Report Year Contract Amt. [per unit]:						
Address2	539						Report Year Utilization (units):						
Nama	540												
Name Address1	541						Job Title: Report Year Contract Amt. (per unit):						
Address2	542						Report Year Utilization (units):				+		
Mudl C882	J42						rehnt 1 as 6:85 aist (nisis).						
Name	543						Job Title:						
Address1	544						Report Year Contract Amt. (per unit):						
Address2	545						Report Year Utilization (units):						
riuditote	343						AMPROX I MIO AMBIEMENINI (MIBIO).						
Name	546						Jab Title:						
Address1	547						Report Year Contract Amt. (per unit):						
Address2	548						Report Year Utilization (units):						
	340												

\* Enter 1 if vendor/contractor has a non-arms-length arrangement with the CHHA (see instructions).

CHHA Cost Report - 34 - DCN: (none) 02-Feb-18, 09:02 AM

**General Notepad:**