

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>

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:

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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:

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General Information Page 1 Certified Home Health Agency		
		9001
Part I		
Name of Facility	001	ABLE HEALTH CARE SERV INC
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	

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	Misc
Title	004	Accountant
Phone	005	[999] 999-9999
Part V - Operator or Chief Administrative Officer		
Name	020	
E-mail Address	021	
Telephone Number	022	

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	

General Reimbursement Information Page 2		Amount
		0101
Accessibility, Quality and Efficiency Revenue (3614 - 11)	101	
Certified Home Health Agency Expense		
Funded by Accessibility, Quality and Efficiency Revenue:		
Compensation:		
Personnel with direct patient care responsibility	102	
Contracted/Purchase Services	103	
Fringe Benefits:		
Insurance Life/Health	104	
Pension & Retirement	105	
Vacation Accrual	106	
Fringe - Other	107	
Other:		
	108	
	109	
	110	
	111	
	112	
Total	120	

Schedule S-1 Program Statistics		MEDICARE TITLE XVIII		MEDICAID TITLE XIX		OTHER		TOTAL	
		Patients	Visits/Hours	Patients	Visits/Hours	Patients	Visits/Hours	Patients	Visits/Hours
		0001	0002	0003	0004	0005	0006	0007	0008
Nursing - General	001								
Physical Therapy	002								
Speech Pathology	003								
Occupational Therapy	004								
Home Health Aide Visits	005								
Medical Social Service	006								
Other	007								
Totals (Lines 001-007)	008								
Home Health Aide Hours	009								
AIDS Nursing Services	660								
HHA Shared Aide (1)	135								

(1) Number of 15 min. shared aide units billed in report period.

Schedule S-2 Telehealth Program Statistics		Medicare	Medicaid	Other	Total
		0041	0042	0043	0044
Number of Patients served during report period	700				
Number of Patient-Months of service provided during report period	705				
Number of Home installations completed during report period	710				
Number of Encounters during report period (see instructions)	715				
Number of Patients enrolled on last day of report period:					
Tier I Service	720				
Tier II Service	725				
Tier III Service	730				
Total	735				
Depreciation expense for Telehealth equipment (dollars) (include on Schedule A-8)	740				
Rental expense for Telehealth equipment (dollars) (include on Schedule A-8)	745				

Schedule A-4 Reclassifications		INCREASE			DECREASE			
		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.

Schedule A-5 Adjustment to Expenses				Expense Class. on Sch A.	
		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				

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				
	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	024				
Travel Expenses & Reimbursement	025				
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					
Medical/Nursing Supplies & Drugs - General	039				
Professional Fees	040				
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 & Drugs	615				
TOTAL Lines 002-060 & 615	100				

Schedule B-1 Cost Allocation Statistical Basis		Cost Building & Fixtures (Square Feet)	Capital Related Cost Moveable 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					

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							

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	
Speech Pathology	414	
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	
Excess (Deficiency) of Operating Revenues over Expenses (Line 411 minus 425)	430	
NONOPERATING REVENUE:		
Income from Investments:		
	431	
	432	
	433	
Total NonOperating Revenue (Lines 431 thru 433)	440	
NONOPERATING EXPENSES:		
Federal, State and Local Taxes	441	
	442	
	443	
Total Nonoperating Expenses (Lines 441 thru 443)	450	
Excess (Deficiency) of NonOperating Revenues over NonOperating Expenses (Lines 440 - 450)	460	
Excess of Total Revenue over Total Expenses (Expenses over Revenues) before Extraordinary Gain (loss) (Lines 430 + 460)	470	
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	

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")		
Owned	027	
Rented	028	
Leased	029	
If Owned:		
Term of Mortgage	030	
Interest Rate	031	
Real Estate Taxes Paid	032	
If Rented or Leased:		
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		
AIDS patients? (1 = Yes, 2 = No)	036	

If multiple sites use Notepad to List.

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	Y		
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				

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

Schedule K(1)		Contract Effective Dates:											
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	101						Job Title:						
Address1	102						Report Year Contract Amt. [per unit]:						
Address2	103						Report Year Utilization (units):						
Name	104						Job Title:						
Address1	105						Report Year Contract Amt. [per unit]:						
Address2	106						Report Year Utilization (units):						
Name	107						Job Title:						
Address1	108						Report Year Contract Amt. [per unit]:						
Address2	109						Report Year Utilization (units):						
Name	110						Job Title:						
Address1	111						Report Year Contract Amt. [per unit]:						
Address2	112						Report Year Utilization (units):						
Name	113						Job Title:						
Address1	114						Report Year Contract Amt. [per unit]:						
Address2	115						Report Year Utilization (units):						
Name	116						Job Title:						
Address1	117						Report Year Contract Amt. [per unit]:						
Address2	118						Report Year Utilization (units):						
Name	119						Job Title:						
Address1	120						Report Year Contract Amt. [per unit]:						
Address2	121						Report Year Utilization (units):						
Name	122						Job Title:						
Address1	123						Report Year Contract Amt. [per unit]:						
Address2	124						Report Year Utilization (units):						
Name	125						Job Title:						
Address1	126						Report Year Contract Amt. [per unit]:						
Address2	127						Report Year Utilization (units):						
Name	128						Job Title:						
Address1	129						Report Year Contract Amt. [per unit]:						
Address2	130						Report Year Utilization (units):						
Name	131						Job Title:						
Address1	132						Report Year Contract Amt. [per unit]:						
Address2	133						Report Year Utilization (units):						
Name	134						Job Title:						
Address1	135						Report Year Contract Amt. [per unit]:						
Address2	136						Report Year Utilization (units):						
Name	137						Job Title:						
Address1	138						Report Year Contract Amt. [per unit]:						
Address2	139						Report Year Utilization (units):						
Name	140						Job Title:						
Address1	141						Report Year Contract Amt. [per unit]:						
Address2	142						Report Year Utilization (units):						
Name	143						Job Title:						
Address1	144						Report Year Contract Amt. [per unit]:						
Address2	145						Report Year Utilization (units):						
Name	146						Job Title:						
Address1	147						Report Year Contract Amt. [per unit]:						
Address2	148						Report Year Utilization (units):						

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

Schedule K(2) Summary of Contracted Personal Services	Contractor name and address	Non- Arms Length*	Unit: H=hour V=visit	Contract Effective Dates:		SERVICES:	Nursing	Physical Therapy	Speech Pathology	Occupational Therapy	Home Health Aides	Medical Social Services
				From MM/DD/YY	To MM/DD/YY							
	0201	0202	0203	0204	0205	0206	0207	0208	0209	0210	0211	0212
Name	201					Job Title:						
Address1	202					Report Year Contract Amt. [per unit]:						
Address2	203					Report Year Utilization (units):						
Name	204					Job Title:						
Address1	205					Report Year Contract Amt. [per unit]:						
Address2	206					Report Year Utilization (units):						
Name	207					Job Title:						
Address1	208					Report Year Contract Amt. [per unit]:						
Address2	209					Report Year Utilization (units):						
Name	210					Job Title:						
Address1	211					Report Year Contract Amt. [per unit]:						
Address2	212					Report Year Utilization (units):						
Name	213					Job Title:						
Address1	214					Report Year Contract Amt. [per unit]:						
Address2	215					Report Year Utilization (units):						
Name	216					Job Title:						
Address1	217					Report Year Contract Amt. [per unit]:						
Address2	218					Report Year Utilization (units):						
Name	219					Job Title:						
Address1	220					Report Year Contract Amt. [per unit]:						
Address2	221					Report Year Utilization (units):						
Name	222					Job Title:						
Address1	223					Report Year Contract Amt. [per unit]:						
Address2	224					Report Year Utilization (units):						
Name	225					Job Title:						
Address1	226					Report Year Contract Amt. [per unit]:						
Address2	227					Report Year Utilization (units):						
Name	228					Job Title:						
Address1	229					Report Year Contract Amt. [per unit]:						
Address2	230					Report Year Utilization (units):						
Name	231					Job Title:						
Address1	232					Report Year Contract Amt. [per unit]:						
Address2	233					Report Year Utilization (units):						
Name	234					Job Title:						
Address1	235					Report Year Contract Amt. [per unit]:						
Address2	236					Report Year Utilization (units):						
Name	237					Job Title:						
Address1	238					Report Year Contract Amt. [per unit]:						
Address2	239					Report Year Utilization (units):						
Name	240					Job Title:						
Address1	241					Report Year Contract Amt. [per unit]:						
Address2	242					Report Year Utilization (units):						
Name	243					Job Title:						
Address1	244					Report Year Contract Amt. [per unit]:						
Address2	245					Report Year Utilization (units):						
Name	246					Job Title:						
Address1	247					Report Year Contract Amt. [per unit]:						
Address2	248					Report Year Utilization (units):						

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

Schedule K(3) Summary of Contracted Personal Services	Contractor name and address	Non- Arms Length*	Unit: H=hour V=visit	Contract Effective Dates:		SERVICES:	Nursing	Physical Therapy	Speech Pathology	Occupational Therapy	Home Health Aides	Medical Social Services
				From MM/DD/YY	To MM/DD/YY							
	0201	0202	0203	0204	0205	0206	0207	0208	0209	0210	0211	0212
Name	301					Job Title:						
Address1	302					Report Year Contract Amt. [per unit]:						
Address2	303					Report Year Utilization (units):						
Name	304					Job Title:						
Address1	305					Report Year Contract Amt. [per unit]:						
Address2	306					Report Year Utilization (units):						
Name	307					Job Title:						
Address1	308					Report Year Contract Amt. [per unit]:						
Address2	309					Report Year Utilization (units):						
Name	310					Job Title:						
Address1	311					Report Year Contract Amt. [per unit]:						
Address2	312					Report Year Utilization (units):						
Name	313					Job Title:						
Address1	314					Report Year Contract Amt. [per unit]:						
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 Amt. [per unit]:						
Address2	321					Report Year Utilization (units):						
Name	322					Job Title:						
Address1	323					Report Year Contract Amt. [per unit]:						
Address2	324					Report Year Utilization (units):						
Name	325					Job Title:						
Address1	326					Report Year Contract Amt. [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 Amt. [per unit]:						
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:						
Address1	338					Report Year Contract Amt. [per unit]:						
Address2	339					Report Year Utilization (units):						
Name	340					Job Title:						
Address1	341					Report Year Contract Amt. [per unit]:						
Address2	342					Report Year Utilization (units):						
Name	343					Job Title:						
Address1	344					Report Year Contract Amt. [per unit]:						
Address2	345					Report Year Utilization (units):						
Name	346					Job Title:						
Address1	347					Report Year Contract Amt. [per unit]:						
Address2	348					Report Year Utilization (units):						

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

Schedule K(4) Summary of Contracted Personal Services	Contractor name and address	Non- Arms Length*	Unit: H=hour V=visit	Contract Effective Dates:		SERVICES:	Nursing	Physical Therapy	Speech Pathology	Occupational Therapy	Home Health Aides	Medical Social Services
				From MM/DD/YY	To MM/DD/YY							
	0201	0202	0203	0204	0205	0206	0207	0208	0209	0210	0211	0212
Name	401					Job Title:						
Address1	402					Report Year Contract Amt. [per unit]:						
Address2	403					Report Year Utilization (units):						
Name	404					Job Title:						
Address1	405					Report Year Contract Amt. [per unit]:						
Address2	406					Report Year Utilization (units):						
Name	407					Job Title:						
Address1	408					Report Year Contract Amt. [per unit]:						
Address2	409					Report Year Utilization (units):						
Name	410					Job Title:						
Address1	411					Report Year Contract Amt. [per unit]:						
Address2	412					Report Year Utilization (units):						
Name	413					Job Title:						
Address1	414					Report Year Contract Amt. [per unit]:						
Address2	415					Report Year Utilization (units):						
Name	416					Job Title:						
Address1	417					Report Year Contract Amt. [per unit]:						
Address2	418					Report Year Utilization (units):						
Name	419					Job Title:						
Address1	420					Report Year Contract Amt. [per unit]:						
Address2	421					Report Year Utilization (units):						
Name	422					Job Title:						
Address1	423					Report Year Contract Amt. [per unit]:						
Address2	424					Report Year Utilization (units):						
Name	425					Job Title:						
Address1	426					Report Year Contract Amt. [per unit]:						
Address2	427					Report Year Utilization (units):						
Name	428					Job Title:						
Address1	429					Report Year Contract Amt. [per unit]:						
Address2	430					Report Year Utilization (units):						
Name	431					Job Title:						
Address1	432					Report Year Contract Amt. [per unit]:						
Address2	433					Report Year Utilization (units):						
Name	434					Job Title:						
Address1	435					Report Year Contract Amt. [per unit]:						
Address2	436					Report Year Utilization (units):						
Name	437					Job Title:						
Address1	438					Report Year Contract Amt. [per unit]:						
Address2	439					Report Year Utilization (units):						
Name	440					Job Title:						
Address1	441					Report Year Contract Amt. [per unit]:						
Address2	442					Report Year Utilization (units):						
Name	443					Job Title:						
Address1	444					Report Year Contract Amt. [per unit]:						
Address2	445					Report Year Utilization (units):						
Name	446					Job Title:						
Address1	447					Report Year Contract Amt. [per unit]:						
Address2	448					Report Year Utilization (units):						

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

Schedule K(5) Summary of Contracted Personal Services	Contractor name and address	Non-Arms Length*	Unit: H=hour V=visit	Contract Effective Dates:		SERVICES:	Nursing	Physical Therapy	Speech Pathology	Occupational Therapy	Home Health Aides	Medical Social Services
				From MM/DD/YY	To MM/DD/YY							
	0201	0202	0203	0204	0205	0206	0207	0208	0209	0210	0211	0212
Name	501					Job Title:						
Address1	502					Report Year Contract Amt. (per unit):						
Address2	503					Report Year Utilization (units):						
Name	504					Job Title:						
Address1	505					Report Year Contract Amt. (per unit):						
Address2	506					Report Year Utilization (units):						
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):						
Name	522					Job Title:						
Address1	523					Report Year Contract Amt. (per unit):						
Address2	524					Report Year Utilization (units):						
Name	525					Job Title:						
Address1	526					Report Year Contract Amt. (per unit):						
Address2	527					Report Year Utilization (units):						
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):						
Name	537					Job Title:						
Address1	538					Report Year Contract Amt. (per unit):						
Address2	539					Report Year Utilization (units):						
Name	540					Job Title:						
Address1	541					Report Year Contract Amt. (per unit):						
Address2	542					Report Year Utilization (units):						
Name	543					Job Title:						
Address1	544					Report Year Contract Amt. (per unit):						
Address2	545					Report Year Utilization (units):						
Name	546					Job Title:						
Address1	547					Report Year Contract Amt. (per unit):						
Address2	548					Report Year Utilization (units):						

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

General Notepad: