

### 3. Cost of Ownership

The cost of ownership component of the property payment will consist of interest, property taxes, and insurance (including professional liability and property) as identified on the facilities cost report. The limitation on allowable interest expense is addressed in the return on equity calculation described above.

### 4. Minor Equipment Purchases

The cost of purchases of minor equipment is not covered in the Fair Market Rental Payment. Minor equipment for the purposes of reimbursement is any equipment that has a unit cost of \$300.00 or less that would not have been included in the initial construction and furnishing of the facility. Minor equipment purchases are to be expensed in the cost area in which the equipment is normally used. Group purchases of minor equipment either in a single purchase or through periodic purchases throughout the reporting year costing over \$1,000.00 are no longer considered minor and reimbursement is considered to have been included in the providers Fair Market Rental Payment.

### 5. Renovations

The current asset value of a facility will be adjusted as a result of major renovations made to an existing facility. A major renovation is defined as renovations made to a facility where the total per bed cost of the renovation equals or exceeds ten percent (10 %) of the facility's current per bed value for the beds renovated or five (5%) for renovations to common areas. The actual cost of all additions or fundamental alterations to a facility that are required by state or federal laws or rules that take effect during the cost reporting period will be treated as an adjustment to the provider's aging index regardless of the percentage of current per bed value. The cost of renovation will be treated as an adjustment to the provider's aging index. A facility's aging index will be reduced by one percent (1%) for each percent of the current per bed value expended for renovations on a per bed basis. For facilities that have beds that have been placed in operation at different times or when renovations include only a portion of the beds in a facility, the determination that the renovation meets the criteria of major renovation and the reduction of the aging index will relate to only those beds that were included in the renovation. For renovations to common areas, the determination that the renovation meets the criteria of major renovation and the reduction of the aging index will be applied proportionally to all beds.

provisional rate will be retroactively adjusted to the per diem calculated in the following manner.

- A. The provider's direct care per diem rate will be calculated from the six month cost report using the inflation index adjusted ceiling for the applicable rate period. For cost reports that span two rate periods the applicable rate period will be considered the one that contains the majority of the days included in the six month report.
- B. The Indirect, Administrative, and Operating per diem will continue to be the class rate as established in the provisional rate.
- C. The amount identified as the sum of the components used in the original calculation (as adjusted for actual cost data if applicable) for the Fair Market Rental Payment will remain as established in the provisional rate. The actual per diem amount will be adjusted to reflect the greater of actual occupancy, or the minimum required occupancy for facilities that have changed ownership or fifty percent occupancy for new facilities. After the initial six-month reporting period the Fair Market Rental payment will be calculated using a minimum occupancy factor as required in 2-4 A.1. C., for both new facilities and facilities that have changed ownership.

If either the provisional rate or the actual rate calculated from the six month cost report extend from one rate period to another, appropriate adjustments will be made to the vendor payment. The inflation index will be applied to the direct care per diem. The administrative and operating per diem will be changed to the class rate for the latest rate period. The fair market rental per diem will be adjusted to reflect any change in the PBV for the latest rate period.

#### 4. Terminating Facilities

Facilities that withdraw from the Medicaid program either voluntarily or involuntarily will not be required to submit a final cost report. All payments made to a facility as interim or provisional will be considered as final. This provision does not apply to any fines or penalties that have been imposed on a facility.

#### 5. Inflation Index

For all inflation adjustments (unless stated otherwise in the specific area of the plan) the Department will use the Skilled Nursing Facility Market Basket – Without Capital index published by Standard & Poor's DRI published for the quarter ending June 30<sup>th</sup> of the cost reporting period. The Department will use the %MOVAVG figure identified for the final quarter of the rate period.

recipient care. In addition, the facility will make available immediately upon request adequate documentation to demonstrate that the costs satisfy the following criteria:

- a) The expense does not duplicate other expenses.
- b) The expense is not incurred for personal or other activities not specifically related to the provision of long term care.
- c) The expense does not exceed the amount that a prudent business operator seeking to contain costs would incur.

If at the time of the request, records are in active use or are located in a place which makes immediate access impossible or impractical, the facility must certify that fact in writing and deliver the records within 72 hours of the request.

- 3. Adequate documentation consists of all materials necessary to demonstrate the relationship of personnel, supplies, and services to the provision of recipient care. These materials may include, but are not limited to, accounting records, invoices, organizational charts, functional job descriptions, other written statements, and direct interviews with staff, as deemed necessary by DHS auditors to perform required tests of allowability.
- 4. A ceiling is established for compensation of owners, partners or stockholders or employees related to owners, partners, or stockholders, employed by a company managing multiple facilities. That ceiling is calculated as follows: For the first two nursing facilities, the ceiling is set at 150 percent of the median wage for non-related administrators for nursing facilities having 150 or more certified beds as provided in Section 3-2 B. For the third facility, the allowable cost is raised by 20 percent of the ceiling for two facilities. For each of the fourth and fifth facilities, the allowable cost is raised by 10 percent of the ceiling for two facilities. Thereafter, for each additional facility, the allowable cost is raised by 5 percent of the ceiling for two facilities. The total allowable cost for an employee must not exceed 200 percent of the ceiling for two facilities.

- F. Cost to Provide routine services. Includes cost that will be incurred in all cost reporting categories. This section of the manual identifies items that are generally considered allowable cost and therefore must be furnished by the facility and does not address the proper category for cost reporting purposes. Please refer to the instructions for completing cost reports and the chart of accounts to assist in determining the classification of these items. (Items appearing in this listing that are required to be capitalized and depreciated as described in other sections of this Cost Manual should be treated accordingly. The cost of items that are rented or

leased must be reported on the cost report as equipment rental). Cost includes but is not limited to:

1. Urological, ostomy, and gastrostomy supplies not billable under Medicare Part B.
2. Intravenous (I.V.) or subcutaneous tray, connecting tubing and needles.
3. General medical supplies stocked on floor in gross supply and distributed in small quantities, including isopropyl alcohol, hydrogen peroxide, applicators, cotton balls, tongue depressors.
4. Items furnished routinely and relatively uniformly to all residents, such as water pitcher, glass and tray, wash basin, emesis basin, denture cups, bedpan, urinal, thermometer, and hospital type resident gowns.
5. First aid supplies, including small bandages, merthiolate, mercurochrome, hydrogen peroxide and ointments for minor cuts and abrasions, etc.
6. Enema supplies, including equipment, solutions and disposable enemas.
7. Douche supplies, including vaginal or perineal irrigation equipment, solutions and disposable douches.
8. Special dressings, including gauze, 4 x 4's ABD pads, surgical and micropore tape, telfa gauze, ace bandages, and cast materials.
9. Administration of oxygen, related equipment and medications including oxygen, oxygen concentrators, cannulas, mask, connecting tubing, IPPB, Pulmo-Aide, nebulizers, humidifiers and related respiratory therapy supplies and equipment.
10. Pressure relieving devices including, air or water mattresses or pads, fleece pads, foam pads and rings.
11. Disposable diapers and other incontinence items used as a means of caring for incontinent residents.
12. Special diets, salt and sugar substitutes, supplemental feedings, special dietary preparation, equipment required for preparing and dispensing tube and oral feedings, special feeding devices.
13. Daily hair grooming/shaving performed by a facility staff member. (Does not include service performed by licensed barber or beautician except as an employee of the facility).

14. Comb, brush, toothbrush, toothpaste, toothettes, lemon glycerin swabs, denture cream, razor, razor blades, soaps and breath fresheners, mouthwashes, deodorants, disposable facial tissues, sanitary napkins, and similar personal hygiene items. Residents who choose not to use the brand furnished by the facility must purchase their own items, and the costs of the items are not allowable costs.
15. Personal laundry services for residents (does not include dry cleaning).
16. Equipment required for dispensing medications, including needles, syringes, paper cups, medicine glasses.
17. Equipment required for simple tests and examinations, including sphygmomanometers, stethoscopes, clinitest, acetist, dextrostix, scales, glycometer.
18. Equipment required by the Arkansas Department of Human Services for licensure which is available for use by all residents. Includes trapeze bars and overhead frames, foot boards, bed rails, cradles, wheelchairs, geriatric chairs, foot stools, adjustable crutches, canes, walkers, bedside commode chairs, hot water bottles or heating pads, ice bags, sand bags, traction equipment.
19. Other equipment required to adequately care for residents including suction machines, connecting tubing, catheters, suture removal trays, airways, infusion arm boards, sun or heat lamps, chest or body restraints, slings.
20. Food and nonalcoholic beverages, dietary and food service supplies, and cooking utensils.
21. Housekeeping supplies, office supplies, and materials and supplies for the operation, maintenance, and repair of buildings, grounds, and equipment.
22. Equipment and supplies to meet the activity needs of residents as required by state and federal regulations including the needs of room bound residents.

G. Drugs.

1. All drugs furnished by a facility must be administered in conformity with a physician's written order or prescription.

2. Over-the-counter drugs (PRN or routine) not covered by the prescription drug program are allowable cost items. These include but are not limited to simple pain relievers, antacids, mouthwashes, simple laxatives and suppositories, simple cough syrups, antidiarrheal medications, insulin and insulin needles (regardless of frequency).
3. Herbal supplements and remedies are not allowable.

- a) Generally accepted accounting principles incorporating the straight-line method of depreciation must be used. Accelerated methods of depreciation are not acceptable. Facilities must follow American Hospital Association Guidelines for Depreciation as the basis for calculation of straight-line depreciation. Capitalization is not required for minor equipment costing less than \$300.00, but is required for group purchases or periodic purchases made throughout the cost reporting period for like items costing more than \$1,000.00 in total. It is not required to deduct salvage value from the cost of the asset for the purpose of calculating depreciation. Component depreciation for physical structures is not acceptable.

Depreciation expense for the year of acquisition and the year of disposal can be computed by using: (1) the half-year method; or (2) the actual time method.

- b) The method and procedure for computing depreciation must be applied from year-to-year on a consistent basis.
- c) The assets shall be recorded at cost. Cost during the construction of an asset, such as architectural, consulting and legal fees, interest, etc., must be capitalized as a part of the cost of the assets. When an asset is acquired by trade in, the cost of the new asset is the sum of the book value of the old asset and any cash or issuance of debt

Line 1-27, Over-the-Counter Drugs

Cost of over-the-counter drugs provided by the facility to its residents.

Line 1-28, Oxygen

Cost of oxygen and related supplies.

Line 1-29, Medical Supplies - Direct Care

Cost of providing direct medical care. Includes by illustration:

- Single use disposable items and consumable supplies that are used in the course of providing direct medical care to a resident, such as catheters, syringes, sterile dressings, prep supplies, alcohol pads, Betadine solution in bulk, tongue depressors, and cotton balls.
- Pressure relieving devices that cannot be used by more than a single resident or that would be classified as minor equipment.
- Minor medical equipment used in providing direct medical care such as thermometers, sphygmomanometers, stethoscopes, etc.
- Costs of supplies for which Medicare Part B revenue is received must be reclassified to Line 5-11 in Column 2 or removed in Column 5 per Form 5 revenue adjustments.

Line 1-30, Therapy Supplies

The cost of supplies used directly by the therapy staff for rendering therapeutic service to the residents of the facility. Costs of therapy supplies for which other third party income is received (Medicare Part A, Medicare Part B, etc.) must be reclassified to Line 5-11 in Column 2 or removed in Column 5 per Form 5 revenue adjustments.

Line 1-31, Raw Food

Cost of food products used to provide meals and snacks to residents.

Line 1-32, Food - Supplements

Cost of food products given in addition to normal meals and snacks under doctor's orders.

Line 1-33, Incontinence Supplies

Cost of incontinence supplies to include both disposable and linen diapers, and disposable underpads.



Line 1-34, Dental (Schedule)

Cost of dentist advisory services (not individual resident specific). All other dental expenses must be reclassified to Line 5-11 in Column 2. A schedule must be attached that details the amount on this line.

For Arkansas Health Center Nursing Facility (AHC), all dental services are allowable.

Line 1-35, Drugs Legend

Cost of prescription drugs are allowable only for AHC. Other nursing facilities must reclassify these costs to Line 5-11 in Column 2.

Line 1-36, Lab and X-Ray

Cost of lab and x-ray services are allowable only for AHC. Other nursing facilities must reclassify these costs to Line 5-11 in Column 2.

This line should also include cost of providing residents medical transportation to local “community” providers when the facility obtains this service from an outside source.

Line 2-33, Resident Activities

Cost of resident activities should include pastoral services, recreational activities and supplies.

Line 2-34, Care Related Supplies

Personal hygiene items such as soaps, deodorants, shampoos, toothbrush, toothpaste, razor, razor blades etc. Includes minor equipment provided by the facility that is not used in providing direct medical care such as water pitchers, wash basin, emesis basin, bedpan, urinal. hot water bottles, heating pads, crutches, walkers, etc. Includes nurse charting forms, admission forms, medication and treatment records, physician order forms.

Line 2-35, Accounting Fees

Fees incurred for the preparation of the cost report, audits of the financial records, bookkeeping services, tax return preparation of the nursing facility and other related services, excluding personal tax planning and personal tax return preparation.

Line 2-36, Advertising for Labor/Supplies

Allowable advertising expense.

Line 2-37, Amortization Expense - Non-Capital (Schedule)

Costs incurred for legal and other expenses when organizing a corporation should be amortized over a period of 60 months. Attach a detail amortization schedule for these costs. These costs are not to be included on the For 7 depreciation schedule.

Line 2-38, Bank Service Charges

Fees paid to banks for service charges, excluding penalties and insufficient funds charges.

Line 2-39, Criminal Records Checks

Cost of Criminal Records Checks for employees and job applicants.

Line 2-40, Data Processing Fees

Cost of purchased services for data processing systems and services.

Line 2-41, Dietary Supplies

Costs of consumable items such as soap, detergent, napkins, paper cups, straws, etc. used in the dietary department.

Line 2-42, Dues (Schedule)

A detailed schedule of dues must be included. The schedule should include the dates and purpose covered by the charge.

Line 2-43, Educational Seminars and Training

The cost of registration for attending non-direct care related educational seminars and training by employees of the facility and costs incurred in the provision of non-direct care related in-house training for facility staff. The cost of any travel incurred to attend an educational seminar will be included on Line 2-56, Travel.

Line 2-44, Governing Body (Schedule)

Costs incurred by members of the facility governing body to attend meetings. Attach a detail schedule of the members' names and costs incurred.

Line 2-45, Housekeeping Supplies

Cost of consumable housekeeping items including waxes, cleaners, soap, brooms and lavatory supplies.

Line 2-46, Laundry Supplies

Cost of consumable goods used in the laundry including soap, detergent, starch and bleach.

Line 2-47, Legal Fees (Schedule)

Fees paid to attorneys in accordance with other provisions of the State Plan. A schedule must be attached that details the amount on this line.

Line 2-48, Linen and Laundry Alternatives

Cost of mattress covers, sheets, blankets, pillows, and gowns.

Line 2-49, Miscellaneous (Schedule)

Costs incurred in providing nursing facility services that cannot be assigned to any other line item on Form 6. A schedule must be attached that details the amount on this line.

Line 2-50, Management Fees and Home Office Costs

The cost of purchased management services or home office costs incurred that are allocable to the provider. See Form 15 for calculation of allowable home office costs.

Line 2-51, Office Supplies and Subscriptions

Cost of consumable goods used in the business office such as pencils, paper, and computer supplies. Cost of printing forms and stationery including accounting and census forms, charge tickets, facility letterhead and billing forms. Cost of subscribing to newspapers, magazines and periodicals.

Line 2-52, Postage

Cost of postage, including stamps, metered postage, freight charges and courier services.

Line 2-53, Repairs and Maintenance

Supplies and services, including electricians, plumbers, extended service agreements, etc., used to repair the facility building, furniture, equipment, vehicles and vehicle insurance.

Line 2-54, Taxes - Other (Schedule)

The cost of property taxes on automobiles and other taxes paid that are not included on any other line on Form 6. A schedule must be attached to the cost report in order for the costs to be considered in the determination of allowable costs.

Line 2-55, Telephone and Communications

Cost of telephone services, WATS lines and FAX services.

Line 2-56, Travel (Schedule)

Cost of travel (airfare, lodging, meals, etc.) by Administrator and other authorized personnel to attend professional and continuing educational seminars and meetings related to their position within the facility. A detailed schedule must be submitted that agrees with the amount on this line. The schedule will include for each expenditure the date, destination, person traveling, purpose of the trip, expense description, and the cost.

Line 2-57, Utilities

Cost of water, sewer, gas, electric, and garbage collection services. Cost of television and cable services for common use areas in the facility.

Line 2-58, Depreciation – Vehicles and Software

Depreciation on the facility's vehicles and software. Column 6 of Line 2-58 must agree with Form 7, Page 3, Vehicle Depreciation line, Column 5 and Form 7, Page 3, Software Depreciation line, Column 5.

Line 2-59, Interest – Working Capital, Vehicles and Software

Interest paid on short term borrowing for facility operations. Also, interest paid or accrued on loans, the proceeds of which were used to purchase vehicles or software. The total of Line 2-59, Column 6, must agree with the Form 10, Page 3, Totals Column, Line 12.

Line 2-60, Total Indirect, Administrative and Operating Costs

Line 2-60 is the sum of Line 2-01 through Line 2-59.

Line 3-10, Rent - Furniture and Equipment  
Cost of leasing or renting the facility's furniture, equipment and vehicles.

Line 3-11, Total Property  
Line 3-11 is the sum of Line 3-01 through Line 3-10.

4. Form 6, Section 4      Quality Assurance Fee

Cost of the quality assurance fee paid monthly to the Department Human Services.

5. Form 6, Section 5      Non-Allowable Costs

Line 5-01, Advertising  
Costs of unallowable advertising.

Line 5-02, Bad Debts  
Accounts receivable written off as uncollectable.

Line 5-03, Barber and Beauty Expense  
The cost of barber and beauty services provided by non-facility personnel.

Line 5-04, Contributions  
Amounts donated to charitable or other organizations.

Line 5-05, Depreciation Over Straight Line  
Depreciation charged above straight line. Amounts posted to this line should result from reclassifications (Column 2) from Line 3-02. Column 1 should equal zero.

Line 5-06, Income Taxes - State and Federal  
Taxes on net income levied or expected to be levied by the Federal or State government.

Line 5-07, Insurance - Officers  
Cost of unallowable life insurance on officers and key employees of the facility per Section 3-3.T.

Line 5-08, Non-Working Officer's Salaries  
Salaries and other compensation paid to non-working officers.

Line 5-09 and 5-10, Nurse Aide Testing and Training  
Costs incurred in having nurse aides tested or trained in order to meet OBRA 1987 provisions. This includes both the Medicaid and

non-Medicaid portion of the expenses. Example - A nursing facility incurs

617.00	Other Fringe Benefits –Direct Care	Cost of other fringe benefits offered to direct care staff not specifically listed in the categories above. These must be included in the facility's benefits policy.
618.00	Contract – Aides	Cost of Certified Nurse Aides hired through contract that are not on the facility payroll.
619.00	Contract - LPN's	Cost of LPN's and graduate practical nurses hired through contract that are not on facility payroll.
620.00	Contract - RN's	Cost of RN's and graduate nurses hired through contract that are not on facility payroll.
621.00	Contract – Occupational Therapists	Cost of occupational therapists hired through contract that are not on the facility payroll.
622.00	Contract - Physical Therapists	Cost of physical therapists hired through contract that are not on facility payroll.
623.00	Contract - Speech Therapists	Cost of speech therapists hired through contract that are not on facility payroll.
624.00	Contract - Other Therapists	Cost of therapists other than occupational, physical, and speech therapists hired through contract that are not facility employees.
625.00	Consultant Fees – Nursing	Fees paid to nursing personnel, not on the facility payroll, for providing advisory and educational services to the facility.
626.00	Training – Direct Care	Cost of training related to resident care for RN's, LPN's and Certified Nurse Aides. Also includes travel costs associated with this training. Does not include training cost for Nurse Aide certification.
627.00	Over the Counter Drugs	Cost of over the counter drugs provided to its residents such as pain relievers, cough and cold medications, Rubbing Alcohol, aspirin.
628.00	Oxygen	Cost of oxygen and related supplies.
629.00	Medical Supplies - Direct Care	Cost of providing direct medical care, including single use disposable items and consumable supplies that are used in the course of providing direct medical care to a resident, such as catheters, syringes, sterile dressings, prep supplies, alcohol pads, Betadine solution in bulk, tongue depressors, and cotton balls. Includes minor medical equipment used in providing direct medical care such as thermometers, sphygmomanometers, stethoscopes, etc.
630.00	Therapy Supplies	Cost of supplies used directly by the therapy staff for rendering therapeutic services to the residents of the facility.
631.00	Raw Food	Cost of food products used to provide meals and snacks to residents.
632.00	Food Supplements	Cost of food products given in addition to normal meals and snacks under doctor's orders (Ensure, etc.).



633.00 Incontinence Supplies

Cost of incontinence supplies to include diapers and underpads.

634.00 Dental

Cost of dental services.

727.00	Consultant Fees – Medical Director	Fees paid to a medical doctor, not on the facility payroll, for providing advisory and educational services to the facility.
728.00	Consultant Fees – Pharmacy	Fees paid to a registered pharmacist, not on the facility payroll, for providing advisory and educational services to the facility.
729.00	Consultant Fees - Social Worker	Fees paid to a social worker, not on the facility payroll, for providing advisory and educational services to the facility.
730.00	Consultant Fees – Therapists	Fees paid to licensed therapists, not on the facility payroll, for providing advisory and educational services to the facility.
731.00	Barber & Beauty Expense – Allowable	The cost of barber and beauty services provided to residents by facility staff.
732.00	Medical Transportation	Cost of providing residents medical transportation to local community providers when the facility does not use facility vehicles.
732.10	Business Related Mileage	Amounts claimed (rate per mile) for facility owned or other vehicles used in providing residents medical transportation to local “community” providers or used for business related mileage.
733.00	Resident Activities	Cost of resident activities should include pastoral services, recreational activities and supplies (games, puzzles, art supplies).
733.10	Supplies - Care Related	Personal hygiene items. Soaps, deodorants, shampoos, toothbrush, toothpaste, razor, razor blades etc. Includes minor equipment provided by the facility that is not used in providing direct medical care such as water pitchers, wash basin, emesis basin, bedpan, urinal, hot water bottles, heating pads, crutches, walkers, etc. Includes nurse charting forms, admission forms, medication and treatment records, physician order forms.
735.00	Accounting Fees	Fees paid for the preparation of the cost report, audits of the financial records, bookkeeping services, tax return preparation of the nursing facility and other related services, excluding personal tax planning and personal tax return preparation.
735.10	Payroll Processing	Fees paid to banks, data processing companies, or accounting firms for preparing the facility payroll.
736.00	Advertising for Labor/Supplies	Advertising expense limited to classified advertisements for the purpose of procurement of resident care related labor or supplies. Advertisements, including yellow page listings, designed to promote the facility or to solicit residents are not allowable.

737.00	Amortization Exp. - Non-Capital	Costs incurred for legal and other expenses when organizing a corporation should be amortized over a period of 60 months.
738.00	Bank Service Charges	Fees paid to banks for service charges, excluding

755.00	Repairs & Maintenance	Cost of supplies and services used to repair the facility building, furniture and equipment (include light bulbs, nails, lumber, glass).
755.10	Vehicle Maintenance	Costs of maintaining facility vehicles including gas, oil, tires and auto insurance.
755.20	Painting	Supplies and services.
755.30	Gardening	Supplies and services for lawn care.
756.00	Taxes, Other	The cost of taxes paid that are not included in any other account.
757.00	Telephone & Communications	Cost the telephone services, WATTS lines and FAX services.
758.00	Travel	Cost of travel (airfare, mileage, lodging, meals, etc.) by Administrator and other authorized personnel to attend professional and continuing educational seminars and meetings related to their position within the facility.
759.00	Utilities	Cost of utility services not specified in other accounts such as cable TV for common areas. .
759.10	Utilities - Heating	Cost of gas, or other heating fuel services.
759.20	Utilities - Electricity	Cost of electric services.
759.30	Utilities - Water, Sewer & Garbage	Cost of water, sewer and garbage collection.
760.00	Depreciation – Vehicles	Depreciation on vehicles.
760.10	Depreciation – Software	Depreciation on software.
761.00	Interest – Vehicles	Interest paid or accrued on notes, mortgages, and other loans, the proceeds of which were used to purchase facility vehicles.

#### PROPERTY

801.00	Amortization Expense - Capital	Legal and other costs incurred when financing the facility which are amortized over the life of the mortgage.
802.10	Depreciation - Land Improvements	Depreciation on improvements having a limited life made to the land of the facility (paving, landscaping).
802.20	Depreciation - Building	Depreciation on the facility's building and attached assets.
802.30	Depreciation - Building Improvements	Depreciation on major additions or improvements to the facility. For example a new laundry or dining room.



802.40	Depreciation - Equipment	Depreciation on items of movable equipment costing \$300 or more such as beds, floor polishers, stoves, washing machines, computers, etc.
802.50	Depreciation - Leasehold	Depreciation on major additions or improvements

STATE OF ARKANSAS  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL SERVICES  
LONG-TERM CARE NURSING FACILITY PROVIDERS  
RENTAL OF PROPERTY, PLANT AND EQUIPMENT

Facility Name				
Vendor Number		Period: From		To
<b>I. RENTAL PAYMENTS INCLUDED ON FORM 6, LINE 3-09, RENT-BUILDING, COLUMN 1</b>				
Lessor	Description of Property Leased	Description of Lease Terms	Description of Purchase Option, If Any	Current Period Expense
<b>Total to Form 6, Line 3-09, Column 1</b>				
<b>II. RENTAL PAYMENTS INCLUDED ON FORM 6, LINE 3-10, RENT-FURNITURE &amp; EQUIPMENT, COLUMN 1</b>				
Lessor	Description of Property Leased	Description of Lease Terms	Description of Purchase Option, If Any	Current Period Expense
<b>Total to Form 6, Line 3-10, Column 1</b>				

**STATE OF ARKANSAS  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL SERVICES  
LONG-TERM CARE NURSING FACILITY PROVIDERS  
OWNERS' COMPENSATION**

Facility Name _____		
Vendor Number _____	Period: From _____	To _____
<b>NOTE: A FORM 13 MUST BE INCLUDED FOR EACH OWNER/PARTNER/STOCKHOLDER IDENTIFIED ON FORM 14</b>		
<b>Name of Owner/Partner/Stockholder</b>		
<b>I. Compensation Paid</b>	<b>Form 6 Line Number</b>	<b>Form 6, Column 6 Amount</b>
Facility-		
Salary		
Health Insurance		
Life Insurance		
*Other Compensation:		
Related Management Company/Home Office-		
Salary, Health Ins., Life Ins., Other Comp.	2-50	
Total Allowable Compensation - This Facility		
<p>*Includes but is not limited to the following:</p> <ol style="list-style-type: none"> <li>1. Supplies and services for personal use of the owner.</li> <li>2. Merchandise ordered from wholesalers for the owner's personal use.</li> <li>3. Personal use of a car, truck or other equipment owned by the facility.</li> <li>4. Personal insurance premium paid for the owner.</li> <li>5. Consultant fees.</li> <li>6. Director's fees.</li> </ol> <p>If the facility is a corporation, was the entire compensation paid within the cost reporting period or within 75 days of the close of the period?</p> <p>YES _____ NO _____</p>		
<b>II. Resident care function for which compensation is claimed: (Check One)</b>		
<input type="checkbox"/> Administrator		
<input type="checkbox"/> Assistant Administrator		
<input type="checkbox"/> Other (identify and give brief work description)		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<b>III. Specific Duties of Function checked above:</b>		
<input type="checkbox"/>		
<input type="checkbox"/>		



**Arkansas Department of Human Services  
Financial and Statistical Report Schedules For  
Skilled Nursing and Intermediate Care Facilities and Services  
Under the Medical Assistance Program**

Facility Name \_\_\_\_\_ Provider No. \_\_\_\_\_

Address \_\_\_\_\_  
Street Town Zip Code

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT  
MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared by \_\_\_\_\_ (Provider name(s) and number(s) for the cost report period beginning \_\_\_\_\_ and ending \_\_\_\_\_, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions, except as noted.

Signed \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

OPINION OF ACCOUNTING FIRM  
(If Applicable)

I have examined the balance sheet, income, and expense statements for the period ending \_\_\_\_\_ 19 \_\_\_\_\_. In my opinion the attached schedules have been prepared in accordance with generally accepted accounting principles applied in a manner consistent with preceding years, and present fairly the facility's operating costs for the accountable period.

(Signed) \_\_\_\_\_  
ACCOUNTANT DATE

\_\_\_\_\_  
NAME OF ACCOUNTING FIRM

MAIL TO: DHS - Division of Medical Services  
Provider Reimbursement  
P.O. Box 1437  
Slot S416  
Little Rock, AR 72203-8059