



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

July 18, 2013

Administrators of ADHC facilities, Accounting Staff and CPA's

RE: Adult Day Health Care Facilities Cost Report Training

On behalf of DHH Rate & Audit, Postlethwaite & Netterville will present Adult Day Health Care Facilities Cost Report training on **August 13, 2013**, at the following location and time:

Department of Health and Hospitals: Bienville Building
Conference Room 118
628 N. 4th Street
Baton Rouge, Louisiana 70802
8:30 am – 12:00pm

You may also listen to the conference by phone:
Phone number: 1-888-278-0296
Access Code: 4106499

The following topics will be covered:

- (1) Louisiana ADHC Cost Report Form and instructions
- (2) Louisiana Medicaid Provider Manual for ADHC facilities as it relates to cost reports, allowable costs and attendance records
- (3) Recent DHH correspondence

Providers can submit questions on the above topics in advance of the training by emailing or faxing the questions to Diane Bridges at dbridges@pnepa.com or 225-408-4466 by August 5th.

Cost report preparers, controllers, bookkeepers, business office managers and others involved in cost report preparation and record keeping should attend. If you are not the person in your organization that actually prepares the cost report, please forward this notice to that party.

A registration form giving the details of the training session is attached and should be returned to Diane Bridges with Postlethwaite & Netterville by fax at 225-408-4466 or email at dbridges@pnepa.com by August 8, 2013. Also, you may call her at 225-922-4655. Everyone interested in attending must pre-register in order to receive the handout materials. Class size will be limited, so please register early.

There is no cost to attend the training. Parking for the session is available in the Galvez Garage near the DHH building. Print out the attached form, fill out the top portion and give to Mary J. Mason, DHH, at the training. She will get it validated and return it to you in the training room.

Sincerely,

Denis S. Beard
Rate and Audit Unit

REGISTRATION FORM

DHH ADHC FACILITIES PROVIDER COST REPORT TRAINING

NAME _____
ORGANIZATION _____
ADDRESS _____
PHONE NUMBER _____
FAX NUMBER _____
E-MAIL ADDRESS _____

LOCATION Department of Health and Hospitals: Bienville Building
Conference Room 118
628 N. 4th Street
Baton Rouge, Louisiana 70802

DATE August 13, 2013

TIME 8:00 am-8:30 am REGISTRATION
8:30am-12:00pm TRAINING SESSION

CONTACT PERSON DIANE BRIDGES, POSTLETHWAITE & NETTERVILLE
PHONE #: 225-922-4655
FAX #: 225-408-4466
EMAIL: dbridges@pncca.com

**PLEASE FAX OR EMAIL COMPLETED REGISTRATION FORM TO DIANE BRIDGES
AT 225-408-4466 OR dbridges@pncca.com BY AUGUST 8, 2013**

Please bring a sweater or jacket as meeting room temperature is often impossible to adjust for individual preferences.

Parking is available in the Galvez parking garage across North Street. Parking fees will be assessed.



Office of State Buildings

Welcome Center/Galvez Parking Garage Validation Form

To Be Completed by Requestor

Name of Garage Parked In Galvez Garage Welcome Center Garage

Building Visited Floor No.

Requestor Name (Printed)	<input type="text"/>			
Agency/Company Name	<input type="text"/>			
Tel No. (T) / Cell No. (C)	T	<input type="text"/>	C	<input type="text"/>
Name of Person Visited	<input type="text"/>			
Name of Agency Visited	<input type="text"/>			

Purpose of Visit

Requestor's Signature: _____ Date: _____

❖❖ NOTE: ALL THE ABOVE FIELDS MUST BE COMPLETED TO OBTAIN FREE PARKING ❖❖

To Be Completed by Authorized Validator

Authorized Validator Name	<input type="text"/>
Authorized Validator Signature	<input type="text"/>
Date of Authorization	<input type="text"/>
Time of Authorization	<input type="text"/>

Authorized Validator's Remarks