



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

MEMORANDUM

DATE: August 1, 2016
TO: Administrators of ADHC Facilities
FROM: Denis S. Beard, Medicaid Program Manager
SUBJECT: Submission of FYE 6-30-2016 ADHC Cost Reports

This letter is to remind you that annual cost reports (facility and central office) must be submitted by September 30, 2016. These reports cover the period of July 1, 2015 through June 30, 2016.

Attached are the ADHC payment system rate calculations. The Direct Care Component amount for Fiscal Year 2016 was \$1.27 per quarter hour increment. This will be needed to prepare the Direct Care cost settlement.

Please note that cost report software is available free of charge on the internet at <http://www.mslc.com/Louisiana/CaseMix.aspx>. On that page, select "Downloads". On the next page, select "ADHC Cost Report Template". Our contractors, Myers & Stauffer, LC, are available to answer your questions or assist you if software problems are encountered. The contractors can be reached at (800) 374-6858. We require that providers use this software for all cost reports. Cost report training is located on the DHH Rate Setting and Audit Section website at <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1573>. On that page, under "Related FILES", select: "ADHC Cost Report Training 8-13-2013 Entire Book".

If cost reports and all accompanying forms are not received by Myers & Stauffer, LC by September 30, 2016, a penalty may be assessed. A penalty of 5% of the total weekly payment for each week of non-compliance may be imposed until the completed cost report is received. The penalty may be increased an additional 5% each month until the completed cost report is submitted to **Myers and Stauffer**. **All penalties are non-refundable.**

Administrators of ADHC Facilities

August 1, 2016

Page 2

If the calculation of Direct Care Cost Settlement shows money due to the Department, do not remit payment with the cost report. The provider will be notified of the amount due after desk review or audit.

Attached are the maximum salary limits for the Administrator and Assistant Administrator for the fiscal year 2016.

Should you have any questions about submission of the cost report you can contact Denis S. Beard, Medicaid Program Manager at (225) 342-6116 or via e-mail at denis.beard@la.gov .

Attachments

DSB

c: Dan Brendel
Kirsten Clebert
Ron Johnson
Mary J. Mason
Missy Peroyea

Administrators of ADHC Facilities

August 1, 2016

Page 3

ADHC Rate components for Fiscal Year 2016

<i>Direct Care</i>	\$ 1.27	<i>per quarter hour</i>
<i>Care-Related</i>	\$ 0.19	<i>per quarter hour</i>
<i>Admin/OP</i>	\$ 0.82	<i>per quarter hour</i>
<i>Property</i>	\$ 0.12	<i>per quarter hour</i>
<i>Sub-total</i>	<u>\$ 2.40</u>	
<i>Transportation</i>	<u> </u>	<i>per quarter hour regardless if transportation provided</i>

**LA. CIVIL SERVICE SALARY MAXIMUMS
FISCAL YEAR 15/16**

Job Title		Pay Level	Annual Salary Maximum
MR/DD REGIONAL ADMINISTRATOR 1	(1)	SS419	\$93,517
MR/DD REGIONAL ADMINISTRATOR 2	(2)	SS420	\$100,069
MR/DD REGIONAL ASSOCIATE ADMINISTRATOR 1	(1)	SS416	\$76,336
MR/DD REGIONAL ASSOCIATE ADMINISTRATOR 2	(2)	SS418	\$87,402

(1) 1-100 BEDS

(2) 101-300 BEDS