



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

**MEMORANDUM**

**DATE:** August 15, 2017  
**TO:** Administrators of ADHC Facilities  
**FROM:** Denis S. Beard, Medicaid Program Manager  
**SUBJECT:** Submission of FYE 6-30-2017 ADHC Cost Reports

This letter is to remind you that annual cost reports (facility and central office) must be submitted by September 30, 2017. These reports cover the period of July 1, 2016 through June 30, 2017.

Attached are the ADHC payment system rate calculations. The Direct Care Component amount for Fiscal Year 2017 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 contractor, Myers & Stauffer, LC, is available to answer your questions or assist you if software problems are encountered. The contractor 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, 2017, 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.**

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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 2017.

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](mailto:denis.beard@la.gov) .

Attachments

DSB

c: Dan Brendel  
Kirsten Clebert  
Glenn Deimel  
Mary J. Mason  
Mary Norris  
Missy Peroyea

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*ADHC Rate components for Fiscal Year 2017*

<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 16/17**

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

(1) 1-100 BEDS

(2) 101-300 BEDS