

Oklahoma Healthcare Authority- Nursing Home Facility Cost Report-State Fiscal Year June 30,2015

FAC ID	FACILITY NAME	FACILITY TYPE	MEDICARE DAYS	MEDICAID DAYS	OTHER DAYS	TOTAL DAYS	AVAILABLE DAYS	OCCUPANCY RATE	SALARIES & WAGES	OUTSIDE PROFESSIONAL FEES	EMPLOYEE EXPENSES	TAXES (NON-PAYROLL)	OFFICE EXPENSES	INSURANCE EXPENSES	GENERAL EXPENSES	DRUGS & MEDICAL SUPPLIES	CAPITAL RELATED EXPENSES	ADMINISTRATIVE SERVICES	OTHER EXPENSES	TOTAL EXPENSES	SFY2015 COST PER DAY
170	BILLINGS FAIRCHILD CENTER	Regular ICF/IID	-	48,545	-	48,545	56,210	86.36%	\$ 2,865,976.00	\$ 155,519.00	\$ 582,077.00	\$ 8,913.00	\$ 152,681.00	\$ 140,931.00	\$ 602,135.00	\$ 172,876.00	\$ 64,224.00	\$ 194,180.00	\$ 385,823.00	\$ 5,325,335.00	\$ 109.70
296	CENTER OF FAMILY LOVE	Regular ICF/IID	-	9,494	-	9,494	9,855	96.34%	\$ 599,714.00	\$ 21,814.00	\$ 81,987.00	\$ 1,051.00	\$ 51,079.00	\$ 5,061.00	\$ 146,936.00	\$ 25,127.00	\$ 85,990.00	\$ -	\$ 371,837.00	\$ 1,390,596.00	\$ 146.47
56	HAYS HOUSE	Regular ICF/IID	-	20,375	-	20,375	40,880	49.84%	\$ 1,186,951.00	\$ 76,777.00	\$ 217,197.00	\$ -	\$ 94,967.00	\$ -	\$ 286,833.00	\$ 35,552.00	\$ 123,425.00	\$ 108,000.00	\$ 149,857.00	\$ 2,279,559.00	\$ 111.88
197	LAKE DRIVE CARE & REHABILITATION	Regular ICF/IID	-	19,178	309	19,487	21,900	88.98%	\$ 1,205,092.04	\$ 77,749.00	\$ 253,528.00	\$ 9,145.00	\$ 135,138.00	\$ 111,790.00	\$ 214,782.00	\$ 22,181.00	\$ 154,697.00	\$ 185,375.00	\$ 140,762.00	\$ 2,510,239.04	\$ 128.82
370	OAKRIDGE HOME INC	Regular ICF/IID	-	38,817	-	38,817	58,400	66.47%	\$ 2,152,004.00	\$ 150,226.00	\$ 424,365.00	\$ -	\$ 193,112.00	\$ -	\$ 610,400.00	\$ 86,227.00	\$ 253,854.00	\$ 132,000.00	\$ 295,604.00	\$ 4,297,792.00	\$ 110.72
1	OKMULGEE TERRACE LLC	Regular ICF/IID	-	17,734	-	17,734	22,995	77.12%	\$ 922,953.00	\$ 104,271.00	\$ 194,761.00	\$ -	\$ 67,391.00	\$ -	\$ 235,276.00	\$ 36,643.00	\$ 123,041.00	\$ 108,000.00	\$ 129,721.00	\$ 1,922,057.00	\$ 108.38
120	RELIANT LIVING CENTER	Regular ICF/IID	-	23,853	-	23,853	24,960	95.56%	\$ 1,904,878.00	\$ 32,088.00	\$ 330,485.00	\$ 860.00	\$ 96,964.00	\$ 18,918.00	\$ 283,658.00	\$ 76,017.00	\$ 58,005.72	\$ -	\$ 204,568.00	\$ 3,006,441.72	\$ 126.04
115	WESTVIEW LIVING CENTER	Regular ICF/IID	-	16,712	176	16,888	20,995	80.44%	\$ 1,270,561.52	\$ 46,690.00	\$ 204,884.00	\$ 2,000.00	\$ 96,623.00	\$ 8,000.00	\$ 329,984.00	\$ 65,033.00	\$ 5,000.00	\$ 50,000.00	\$ 126,295.00	\$ 2,205,070.52	\$ 130.57
175	WOODLAND PARK HOME	Regular ICF/IID	-	18,667	124	18,791	40,150	46.80%	\$ 1,111,512.86	\$ 108,514.53	\$ 184,346.47	\$ 35,352.00	\$ 72,203.00	\$ 39,561.00	\$ 199,662.00	\$ 42,114.29	\$ 186,641.58	\$ -	\$ 156,340.00	\$ 2,136,247.73	\$ 113.68
	REGULAR ICF/IID TOTAL'S		-	213,375	609	213,984	296,345	72.21%	\$ 13,219,642.42	\$ 773,648.53	\$ 2,473,630.47	\$ 57,321.00	\$ 960,158.00	\$ 324,261.00	\$ 2,909,666.00	\$ 561,770.29	\$ 1,054,878.30	\$ 777,555.00	\$ 1,960,807.00	\$ 25,073,338.01	\$ 117.17

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Nursing Home Facility Cost Report Summary

Regular ICF/IID Facilities SFY 08 thru SFY 15 Cost Comparison

1/8/2016	SFY 2015	SFY 2014	SFY 2013	SFY 2012	SFY 2011	SFY 2010	SFY 2009	SFY 2008
Available Patient Days:	296,345	298,710	298,282	305,364	304,911	304,775	332,949	336,024
Total Patient Days:	213,984	217,722	218,724	225,124	223,163	219,830	231,416	235,837
Medicaid Days:	213,375	217,275	218,312	224,605	222,078	219,308	229,938	230,361
Medicare Days:	-	-	-	-	-	-	-	-
Other Days:	609	447	412	519	1,085	522	1,478	5,476
Occupancy %:	72.21%	72.89%	73.33%	73.72%	73.19%	72.13%	69.50%	70.18%
% of Medicaid:	99.72%	99.79%	99.81%	99.77%	99.51%	99.76%	99.36%	97.68%
Description:	Total Per Day							
Salaries & Wages:	\$ 61.78	\$ 63.36	\$ 62.49	\$ 62.79	\$ 61.38	\$ 65.60	\$ 64.91	\$ 62.04
Outside Professional Fees:	\$ 3.62	\$ 3.03	\$ 2.63	\$ 2.45	\$ 2.27	\$ 2.24	\$ 3.20	\$ 2.47
Employee Expenses:	\$ 11.56	\$ 10.53	\$ 10.82	\$ 11.33	\$ 10.77	\$ 10.48	\$ 10.56	\$ 10.96
Taxes (Non-Payroll):	\$ 0.27	\$ 0.46	\$ 0.54	\$ 0.47	\$ 0.51	\$ 0.49	\$ 0.46	\$ 0.49
Office Expenses:	\$ 4.49	\$ 5.05	\$ 4.57	\$ 4.62	\$ 4.54	\$ 4.31	\$ 4.70	\$ 4.58
Insurance:	\$ 1.52	\$ 1.35	\$ 1.39	\$ 1.34	\$ 1.37	\$ 1.27	\$ 1.40	\$ 1.34
General Expenses:	\$ 13.60	\$ 14.05	\$ 13.45	\$ 13.35	\$ 11.99	\$ 12.49	\$ 12.52	\$ 12.13
Drugs & Medical Supplies:	\$ 2.63	\$ 2.55	\$ 2.30	\$ 2.50	\$ 2.29	\$ 2.12	\$ 2.04	\$ 1.91
Capital Related Cost:	\$ 4.93	\$ 4.28	\$ 4.63	\$ 5.24	\$ 5.34	\$ 7.10	\$ 7.07	\$ 6.70
Administrative Services:	\$ 3.63	\$ 4.28	\$ 4.67	\$ 5.12	\$ 5.20	\$ 5.43	\$ 5.05	\$ 5.03
Other Expenses:	\$ 9.16	\$ 8.34	\$ 8.02	\$ 7.83	\$ 8.02	\$ 7.85	\$ 8.01	\$ 8.69
Total:	\$ 117.17	\$ 117.26	\$ 115.51	\$ 117.04	\$ 113.68	\$ 119.38	\$ 119.92	\$ 116.34

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Regular ICF/IID Facilities

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Summary

SFY 15

Available Patient Days: 296,345

Total Patient Days: 213,984

Medicaid Days: 213,375

Medicare Days: -

Other Days: 609

Occupancy %: 72.21%

% of Medicaid: 99.72%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Salaries & Wages:	\$ 13,219,642.42	\$ 61.78
Outside Professional Fees:	\$ 773,648.53	\$ 3.62
Employee Expenses:	\$ 2,473,630.47	\$ 11.56
Taxes (Non-Payroll):	\$ 57,321.00	\$ 0.27
Office Expenses:	\$ 960,158.00	\$ 4.49
Insurance:	\$ 324,261.00	\$ 1.52
General Expenses:	\$ 2,909,666.00	\$ 13.60
Drugs & Medical Supplies:	\$ 561,770.29	\$ 2.63
Capital Related Cost:	\$ 1,054,878.30	\$ 4.93
Administrative Services:	\$ 777,555.00	\$ 3.63
Other Expenses:	\$ 1,960,807.00	\$ 9.16
Total:	\$ 25,073,338.01	\$ 117.17

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Salaries and Wages
SFY 15

Available Patient Days: 296,345
Total Patient Days: 213,984
Medicaid Days: 213,375
Medicare Days: -
Other Days: 609

Occupancy %: 72.21%
% of Medicaid: 99.72%

<u>Description:</u>	<u>Total Cost</u>	<u>Total Hours</u>	<u>Cost Per Day</u>	<u>Hrs Per Day</u>	<u>Cost Per Hr</u>
Registered Nurses:	\$ 95,604.52	3,477	\$ 0.45	0.02	\$ 27.50
Licensed Practical Nurses:	\$ 1,866,292.89	92,791	\$ 8.72	0.43	\$ 20.11
Director of Nursing:	\$ 301,590.22	12,578	\$ 1.41	0.06	\$ 23.98
Nurse Aides:	\$ 4,673,716.43	498,972	\$ 21.84	2.33	\$ 9.37
CMA Aides:	\$ 1,421,964.82	136,505	\$ 6.65	0.64	\$ 10.42
QMRP'S (ICF-MR Only):	\$ 848,643.00	65,358	\$ 3.97	0.31	\$ 12.98
Medical Director:	\$ 12,000.00	1,040	\$ 0.06	0.00	\$ -
Physical Therapist:	\$ 415.00	9	\$ 0.00	0.00	\$ 46.11
Occupational Therapist:	\$ -	-	\$ -	-	\$ -
Respiratory Therapist:	\$ -	-	\$ -	-	\$ -
Speech Therapist:	\$ -	-	\$ -	-	\$ -
Therapy Aide/Assistant:	\$ -	-	\$ -	-	\$ -
Administrator:	\$ 489,059.52	15,455	\$ 2.66	0.09	\$ 31.64
Assistant Administrator:	\$ 81,656.00	2,029	\$ 0.20	0.01	\$ 40.24
Accountant/Bookkeeper:	\$ 48,351.00	2,189	\$ 0.22	0.01	\$ 22.09
Other Office Staff:	\$ 317,620.49	22,736	\$ 1.27	0.12	\$ 13.97
Soc Serv Dir/Soc Worker:	\$ 97,588.09	6,340	\$ 0.22	0.01	\$ 15.39
Other Soc Serv Staff:	\$ 223,806.00	16,387	\$ 0.75	0.05	\$ 13.66
Activities Director:	\$ 14,593.00	1,192	\$ 0.06	0.01	\$ 12.24
Other Activities Staff:	\$ 284.00	26	\$ 0.00	0.00	\$ 10.92
Comb Soc Serv/Activities:	\$ -	-	\$ 0.31	0.03	\$ -
Dietician:	\$ 34,359.86	3,064	\$ 0.11	0.01	\$ 11.21
Other Dietary Staff:	\$ 1,203,348.11	125,547	\$ 5.56	0.62	\$ 9.58

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Salaries and Wages

SFY 15

Available Patient Days: 296,345

Total Patient Days: 213,984

Medicaid Days: 213,375

Medicare Days: -

Other Days: 609

Occupancy %: 72.89%

% of Medicaid: 99.72%

<u>Description:</u>	<u>Total Cost</u>	<u>Total Hours</u>	<u>Cost Per Day</u>	<u>Hrs Per Day</u>	<u>Cost Per Hr</u>
Housekeeping Supervisor:	\$ 32,762.00	1,931	\$ 0.15	0.01	\$ 16.97
Housekeeping Staff:	\$ 735,286.75	83,475	\$ 3.44	0.39	\$ 8.81
Maintenance Supervisor:	\$ 99,205.00	4,208	\$ 0.46	0.02	\$ 23.58
Maintenance Staff:	\$ 376,849.55	26,793	\$ 1.76	0.13	\$ 14.07
Laundry Supervisor:	\$ -	-	\$ -	-	\$ -
Other Laundry Staff:	\$ 230,616.17	29,389	\$ 1.08	0.14	\$ 7.85
Medical Records:	\$ -	-	\$ -	-	\$ -
Other:	\$ 14,030.00	1,040	\$ 0.07	0.00	\$ 13.49
Total Salaries & Wages:	\$ 13,219,642.42	1,152,531	\$ 61.78	5.39	\$ 11.47

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Outside Professional Fees

SFY15

Available Patient Days:	296,345
Total Patient Days:	213,984
Medicaid Days:	213,375
Medicare Days:	-
Other Days:	609

Occupancy %:	72.21%
% of Medicaid:	99.72%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Contract Registered Nurse:	\$ 82,082.28	\$ 0.38
Contract Lic. Practical Nurse:	\$ 17,505.00	\$ 0.08
Contract Nurse Aides:	\$ 98,636.00	\$ 0.46
Medical Director:	\$ 90,302.00	\$ 0.42
Therapists:	\$ 83,124.77	\$ 0.39
Consulting Social Worker:	\$ 39,801.00	\$ 0.19
Dietician:	\$ 42,898.80	\$ 0.20
Pharmacist:	\$ 48,392.00	\$ 0.23
Dentist:	\$ 2,876.00	\$ 0.01
Accountants:	\$ 40,118.21	\$ 0.19
Legal:	\$ 23,074.00	\$ 0.11
Housekeeping:	\$ -	\$ -
Maintenance:	\$ 26,605.00	\$ 0.12
Other:	\$ 171,503.73	\$ 0.80
Computer Programmer:	\$ 6,729.74	\$ 0.03
Total O/S Professional:	\$ 773,648.53	\$ 3.62

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Employee Expenses

SFY 15

Available Patient Days: 296,345

Total Patient Days: 213,984

Medicaid Days: 213,375

Medicare Days: -

Other Days: 609

Occupancy %: 72.21%

% of Medicaid: 99.72%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
<u>Employee Benefits and Payroll Related Expenses</u>		
Fica:	\$ 1,018,784.72	\$ 4.76
Unemployment Compensation Tax:	\$ 100,446.00	\$ 0.47
Workman's Compensation Insurance:	\$ 768,093.65	\$ 3.59
Group Health Dental Insurance:	\$ 374,049.36	\$ 1.75
Life Insurance:	\$ 10,921.00	\$ 0.05
Retirement and Pension:	\$ 7,237.00	\$ 0.03
Other Employee Benefits:	\$ 114,497.29	\$ 0.54
<u>Staff Development and Training</u>		
Nurse Aide Competency Evaluation:	\$ 38,649.00	\$ 0.18
Other Licensed Direct Care Training:	\$ 23,522.45	\$ 0.11
Other:	\$ 17,430.00	\$ 0.08

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Total	\$ 2,473,630.47	\$ 11.56
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Taxes Non-Payroll Related

SFY 15

Available Patient Days:	296,345
Total Patient Days:	213,984
Medicaid Days:	213,375
Medicare Days:	-
Other Days:	609

Occupancy %:	72.21%
% of Medicaid:	99.72%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Excise Tax:	\$ -	\$ -
Corportation License:	\$ 2,921.00	\$ 0.01
Ad Valorem:	\$ 15,377.00	\$ 0.07
Auto Tag/Registration:	\$ 2,631.00	\$ 0.01
Other:	\$ 36,392.00	\$ 0.17
Total Taxes Non-Payroll	\$ 57,321.00	\$ 0.27

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Office Expense

SFY15

Available Patient Days: 296,345

Total Patient Days: 213,984

Medicaid Days: 213,375

Medicare Days: -

Other Days: 609

Occupancy %: 72.21%

% of Medicaid: 99.72%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Office Supplies:	\$ 184,613.00	\$ 0.86
Office Phone:	\$ 73,870.00	\$ 0.35
Office Utilities:	\$ 701,675.00	\$ 3.28
Total Office Expense:	\$ 960,158.00	\$ 4.49

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Insurance Non-Payroll

SFY 15

Available Patient Days: 296,345

Total Patient Days: 213,984

Medicaid Days: 213,375

Medicare Days: -

Other Days: 609

Occupancy %: 72.21%

% of Medicaid: 99.72%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Building Insurance:	\$ 112,654.00	\$ 0.53
Automobile Insurance:	\$ 25,990.00	\$ 0.12
Other Insurance:	\$ 185,617.00	\$ 0.87
Total Insurance Expense:	\$ 324,261.00	\$ 1.52

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Regular ICF/IID Facilities

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General Expenses

SFY 15

Available Patient Days:	296,345
Total Patient Days:	213,984
Medicaid Days:	213,375
Medicare Days:	-
Other Days:	609

Occupancy %:	72.21%
% of Medicaid:	99.72%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Dues and Publications:	\$ 28,563.00	\$ 0.13
Public Relations:	\$ 60,887.00	\$ 0.28
Automobile Expense:	\$ 119,330.00	\$ 0.56
Maintenance:	\$ 548,634.00	\$ 2.56
Laundry and Linen:	\$ 183,651.00	\$ 0.86
Housekeeping Supplies:	\$ 246,327.00	\$ 1.15
Food and Kitchen Supplies:	\$ 1,606,549.00	\$ 7.51
Social Services Supplies:	\$ 115,725.00	\$ 0.54
Total General Expenses:	\$ 2,909,666.00	\$ 13.60

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Drugs & Medical Supplies

SFY 15

Available Patient Days:	296,345
Total Patient Days:	213,984
Medicaid Days:	213,375
Medicare Days:	-
Other Days:	609

Occupancy %:	72.21%
% of Medicaid:	99.72%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Drugs and Medical Supplies:	\$ 369,235.40	\$ 1.73
Over-the-Counter Medication:	\$ 181,279.89	\$ 0.85
Special Adaptive Medical Equip:	\$ 11,255.00	\$ 0.05
Total Drugs & Medical:	\$ 561,770.29	\$ 2.63

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Regular ICF/MR Facilities

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Capital Related Cost

SFY 15

Available Patient Days:	296,345
Total Patient Days:	213,984
Medicaid Days:	213,375
Medicare Days:	-
Other Days:	609

Occupancy %:	72.21%
% of Medicaid:	99.72%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Equipment Rent/Lease:	\$ 47,237.30	\$ 0.22
Facility Rent/Lease:	\$ 806,285.00	\$ 3.77
Interest Expense:	\$ 9,003.00	\$ 0.04
<u>Depreciation Summary</u>		
Building & Improvements:	\$ 125,790.00	\$ 0.59
Local Improvements:	\$ -	\$ -
Leasehold & Improvements:	\$ 5,000.00	\$ 0.02
Equipment:	\$ 61,563.00	\$ 0.29
Total Depreciation:	\$ 192,353.00	\$ 0.90
Total Capital Related Costs:	\$ 1,054,878.30	\$ 4.93

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Administrative Services

SFY 15

Available Patient Days:	296,345
Total Patient Days:	213,984
Medicaid Days:	213,375
Medicare Days:	-
Other Days:	609

Occupancy %:	72.21%
% of Medicaid:	99.72%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Home Office Expense:	\$ 183,201.00	\$ 0.86
Owner's Non-Salary Compensation:	\$ 41,370.00	\$ 0.19
Owner's Salaries Paid:	\$ 142,588.00	\$ 0.67
Benefits on Owner's Salaries:	\$ 10,222.00	\$ 0.05
Director's Fees:	\$ -	\$ -
Management Fees Paid:	\$ 400,174.00	\$ 1.87
Total Administrative Services:	\$ 777,555.00	\$ 3.63

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Other Expenses

SFY 15

Available Patient Days:	296,345
Total Patient Days:	213,984
Medicaid Days:	213,375
Medicare Days:	-
Other Days:	609

Occupancy %: 72.21%

% of Medicaid: 99.72%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Hepatitis Vaccination Costs:	\$ 4,042.00	\$ 0.02
Provider Fees:	\$ 1,553,034.00	\$ 7.26
Other Costs:	\$ 403,731.00	\$ 1.89
Total Other Costs:	\$ 1,960,807.00	\$ 9.16