

Annual Report of Long-Term Care Facility Cost Year 2009 Checklist

Facility Name

Before filing the 2009 cost report the following check list should be reviewed. **If you answer "No" to any of the following questions, provide an explanation with your submission.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

2. Are the methods of allocating costs consistent with cost year 2008? If not, please identify any circumstances that contributed to the change in reporting.

Explanation: _____

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, please provide the basis of your allocation.

Explanation: _____

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, please state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Accounting and legal fees reported on Page 7 must agree with Page 15, Lines 1d and 1e, respectively. If they do not agree, please indicate where the discrepancies are reported in the Annual Report.

Explanation: _____

6. During cost year 2009, all certified bed changes have been reported on Page 9 and the dates agree to the license issued by the Department of Health.

Explanation: _____

7. Have hours been reported for all expenses claimed on Page 13? If not, please provide basis for vendor billing. (i.e., contract, retainer, etc.).

Explanation: _____

8. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: _____

9. Has the resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

10. Have Purchased Services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

12. Has the personal use portion of automobile expense been properly disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: _____

13. Have all sprinkler system additions been clearly identified on Pages 23 and/or 24?

Explanation: _____

14. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2008?

Explanation: _____

15. Does the net book value of all assets reported on Pages 23 and 24 agree with the net books value reported on Pages 31 and 32?

Explanation: _____

16. Have all revenues on Page 30 been reported net of contractual allowances?

Explanation: _____

Yes No

17. If the automated cost report was used, were all discrepancies on the Error Page addressed? If they were not addressed, please state the reason why.

Explanation: _____

18. Have Pages 1 and 37 been signed? *Please note, cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: _____

19. Have detailed schedules been provided for all “other” line items, fixed asset and movable equipment additions? *Please note, if details are not provided, appropriate disallowances will be made.*

Explanation: _____

20. Have all costs associated with any non-nursing home business (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been properly disallowed on Pages 28 and/or 29 of the Annual Cost Report?

Explanation: _____

