

HOME HEALTH AGENCY COMPLEX IDENTIFICATION DATA	Provider CCN: 33-7165	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Date/Time Prepared: 5/31/2018 11:57 am
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	1.00	2.00	3.00	
Home Health Agency Complex Address:				
1.00	Street: 50 COMMUNITY LANE	P.O. Box: 590	Zip Code: 12754	1.00
1.01	City: LIBERTY	State: NY		1.01

	Component	Provider CCN	Date	
	1.00	2.00	3.00	

Home Health Agency Component Identification					
2.00	Home Health Agency	SULLIVAN COUNTY HOME HEALTH CARE	337165	01/01/1969	2.00
3.00	HHA-based CORF				3.00
3.50	HHA-based Hospice				3.50
4.00	HHA-based CMHC				4.00
5.00	HHA-based RHC				5.00
6.00	HHA-based FQHC				6.00

	From:	To:		
	1.00	2.00		
7.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2017	12/31/2017	7.00
			1.00	

8.00	Type of control (see instructions)		12	8.00
9.00	If this a low or no Medicare utilization cost report, enter "L" for Low or "N" for No Medicare Utilization.			9.00

Depreciation: Enter the amount of depreciation reported in this HHA for the methods indicated.				
10.00	Straight Line		113,826	10.00
11.00	Declining Balance		0	11.00
12.00	Sum of the Years' Digits		0	12.00
13.00	Sum of lines 10, 11 and 12		113,826	13.00
14.00	Were there any disposals of capital assets during this cost reporting period?		N	14.00
15.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period?		N	15.00
16.00	Was accelerated depreciation claimed on assets acquired on or after August 1, 1970 (See PRM 15-1, Chapter 1)?		N	16.00
17.00	If depreciation is funded, enter the balance at end of period.		0	17.00
18.00	Did the provider cease to participate in the Medicare program at the end of the period to which this cost report applies (See PRM 15-1, Chapter 1)?		N	18.00
19.00	Was there substantial decrease in health insurance proportion of allowable costs from prior cost reporting periods (See PRM 15-1, Chapter 1)?		N	19.00
20.00	Does the provider qualify as a small HHA (see 42 CFR 413.24(d))?		N	20.00
21.00	Does the HHA qualify as a nominal charge provider (see 42 CFR 409.3)?		N	21.00
22.00	Does the HHA contract with outside suppliers for physical therapy services?		Y	22.00
22.01	Does the HHA contract with outside suppliers for occupational therapy services?		Y	22.01
22.02	Does the HHA contract with outside suppliers for speech therapy services?		Y	22.02

		Part A	Part B	
		1.00	2.00	
If this facility contains a non-public provider that qualifies for an exemption from the application of the Lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption.				
23.00	HHA		Y	23.00
25.00	CMHC		N	25.00
			1.00	

26.00	If the HHA componentized (or fragmented) its administrative and general service costs, indicate whether option one or option two is being utilized. (See Section 3214) (Enter "1" for option one and "2" for option two)		0	26.00
27.00	List amounts of malpractice premiums and paid losses:			27.00
27.01	Premiums		11,524	27.01
27.02	Paid Losses		0	27.02
27.03	Self Insurance		0	27.03
28.00	Are malpractice premiums and/or paid losses reported in other than the Administrative and General cost center? If yes, submit a supporting schedule listing cost centers and amounts contained therein.		N	28.00
29.00	If you are part of a chain organization, enter "Y" for yes and enter the name and address of the home office, otherwise, enter "N" for no.		N	29.00

	1.00	2.00	3.00	
29.01	Home Office Name:	Home Office No.:	Contractor No.:	29.01
29.02	Street:	P.O. Box:	Contractor Name:	29.02
29.03	City:	State:	Zip Code:	29.03

		Y/N	Date	V/I
		1.00	2.00	3.00
General Instruction: For all column 1 responses, enter "Y" for YES or "N" for NO. Enter all dates in the format (mm/dd/yyyy)				
COMPLETED BY ALL HHAS				
Provider Organization and Operation				
1.00	Has the HHA changed ownership immediately prior to the beginning of the cost reporting period? If column 1 is yes, enter the date of the change in column 2. (see instructions)	N		1.00
2.00	Has the HHA terminated participation in the Medicare program? If column 1 is yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary. (see instructions)	N		2.00
3.00	Is the HHA involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: were the financial statements prepared by a Certified Public Accountant? Column 2: If column 1 is yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? Enter "Y" for yes or "N" for no in column 1. If yes, submit reconciliation.	N		5.00
				Y/N
				1.00
Bad Debts				
6.00	Is the HHA or HHA-based entities seeking reimbursement for bad debts? If yes, see instructions.			N
7.00	If line 6 is yes, did the HHA's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N
8.00	If line 6 is yes, were patient coinsurance amounts waived? If yes, see instructions.			N
		Description	Y/N	Date
		0	1.00	2.00
PS&R Report Data				
9.00	Was the cost report prepared using the PS&R Report only? If column 1 is yes, enter the paid-through date of the PS&R Report used in column 2. (see instructions)		Y	05/02/2018
10.00	Was the cost report prepared using the PS&R Report for totals and the HHA's records for allocation? If column 1 is yes, enter the paid-through date in column 2. (see instructions)		N	
11.00	If line 9 or 10 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.		N	
12.00	If line 9 or 10 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N	
13.00	If line 9 or 10 is yes, were adjustments made to PS&R Report data for other? Describe the other adjustments:		N	
14.00	Was the cost report prepared only using the HHA's records? If yes, see instructions.		N	
		1.00	2.00	3.00
Cost Report Preparer Contact Information				
15.00	First name: MARILYN	Last name: BONFIGLIO	Title: FISCAL ADMINISTRATIVE OFFICER	
16.00	Employer: SULLIVAN COUNTY PUBLIC HEALTH SERVICE			
17.00	Phone number: (845)292-5910 EXT 2247	E-mail Address: MARILYN.BONFIGLIO@CO.SULLIVAN.NY.US		

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Parts I - IV
Date/Time Prepared:
5/31/2018 11:57 am

Description	County	Title XVIII		Other		Total			
		Visits	Patients	Visits	Patients	Visits	Patients		
		1.00	2.00	3.00	4.00	5.00	6.00		
PART I - STATISTICAL DATA									
1.00		4,152	594	2,759	585	6,911	1,179	1.00	
2.00		3,372	450	1,164	197	4,536	647	2.00	
3.00		1,284	197	327	61	1,611	258	3.00	
4.00		287	41	233	21	520	62	4.00	
5.00		198	61	39	17	237	78	5.00	
6.00		1,455	128	303	35	1,758	163	6.00	
7.00				0	0	0	0	7.00	
8.00		10,748		4,825		15,573		8.00	
9.00		2,253		457		2,710		9.00	
10.00			597.00		586.00		1,183.00	10.00	
				Number of Hours in Normal work week	Staff	Contract	Total		
				0	1.00	2.00	3.00		
11.00				35.00	0.88	0.00	0.88	11.00	
12.00					0.62	0.00	0.62	12.00	
13.00					11.44	0.00	11.44	13.00	
14.00					12.47	0.00	12.47	14.00	
15.00					3.66	0.00	3.66	15.00	
16.00					0.00	1.80	1.80	16.00	
17.00					0.00	0.00	0.00	17.00	
18.00					0.00	0.50	0.50	18.00	
19.00					0.00	0.00	0.00	19.00	
20.00					0.00	0.17	0.17	20.00	
21.00					0.00	0.00	0.00	21.00	
22.00					0.63	0.01	0.64	22.00	
23.00					0.00	0.00	0.00	23.00	
24.00					2.49	0.00	2.49	24.00	
25.00					0.00	0.00	0.00	25.00	
26.00					3.94	0.00	3.94	26.00	
27.00					7.04	0.00	7.04	27.00	
						1.00	1.01		
28.00		Enter the total number of MSAs in column 1 and/or CBSAs in column 2 where Medicare covered services were provided during the cost reporting period.					0	1	28.00
						MSA Codes	CBSA Codes		
						1.00	1.01		
29.00		List all MSA and CBSA codes in which Medicare covered home health services were provided during the cost reporting period (line 29 contains the first code):					0	99933	29.00
		Full Episodes without Outliers	Full Episodes with Outliers	LUPA Episodes	PEP Only Episodes	SCIC within a PEP	SCIC Only Episodes	Totals	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
30.00		3,411	499	199	43	0	0	4,152	
31.00		596,925	87,325	34,825	7,525	0	0	726,600	
32.00		3,196	83	32	61	0	0	3,372	
33.00		399,500	10,375	4,000	7,625	0	0	421,500	
34.00		1,216	52	6	10	0	0	1,284	
35.00		152,000	6,500	750	1,250	0	0	160,500	
36.00		239	41	0	7	0	0	287	
37.00		29,875	5,125	0	875	0	0	35,875	
38.00		147	50	1	0	0	0	198	
39.00		18,331	6,250	125	0	0	0	24,706	
40.00		1,107	319	4	25	0	0	1,455	
41.00		73,444	25,850	138	1,487	0	0	100,919	
42.00		9,316	1,044	242	146	0	0	10,748	
43.00		0	0	0	0	0	0	0	
44.00		1,270,075	141,425	39,838	18,762	0	0	1,470,100	
45.00		552		99	12	0	0	663	

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Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Parts I - IV
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5/31/2018 11:57 am

		Full Episodes without Outliers	Full Episodes with Outliers	LUPA Episodes	PEP Only Episodes	SCIC within a PEP	SCIC Only Episodes	Totals	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
46.00	Total Number of Outlier Episodes		28		0	0	0	28	46.00
47.00	Total Non-Routine Medical Supply Charges	23,276	7,410	3,509	0	0	0	34,195	47.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/31/2018 11:57 am

		SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION (See Instructions)	CONTRACTED PURCHASED SERVICES	OTHER COSTS	TOTAL	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT			0		74,018	74,018	1.00
2.00	CAP REL COSTS-MVBLE EQUIP			0		14,649	14,649	2.00
3.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	107,568	107,568	3.00
4.00	TRANSPORTATION	0	0	0	0	0	0	4.00
5.00	ADMINISTRATIVE AND GENERAL	509,246	311,079	2,984	3,022	243,825	1,070,156	5.00
HHA REIMBURSABLE SERVICES								
6.00	SKILLED NURSING CARE	928,258	567,038	4,592	0	15,971	1,515,859	6.00
7.00	PHYSICAL THERAPY	0	0	0	349,997	0	349,997	7.00
8.00	OCCUPATIONAL THERAPY	0	0	0	121,618	0	121,618	8.00
9.00	SPEECH PATHOLOGY	0	0	0	46,956	0	46,956	9.00
10.00	MEDICAL SOCIAL SERVICES	38,734	23,661	2,725	655	0	65,775	10.00
11.00	HOME HEALTH AIDE	87,782	53,623	8,024	0	2,325	151,754	11.00
12.00	SUPPLIES	0	0	0	0	43,548	43,548	12.00
13.00	DRUGS	0	0	0	0	0	0	13.00
13.20	COST OF ADMINISTERING VACCINES	0	0	0	0	0	0	13.20
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	HOME DIALYSIS AIDE SERVICES	0	0	0	0	0	0	15.00
16.00	RESPIRATORY THERAPY	0	0	0	0	0	0	16.00
17.00	PRIVATE DUTY NURSING	0	0	0	0	0	0	17.00
18.00	CLINIC	8,898	5,436	549	6,423	24,293	45,599	18.00
19.00	HEALTH PROMOTION ACTIVITIES	478,594	292,355	2,323	0	9,718	782,990	19.00
20.00	DAY CARE PROGRAM	0	0	0	0	0	0	20.00
21.00	HOME DELIVERED MEALS PROGRAM	0	0	0	0	0	0	21.00
22.00	HOMEMAKER	0	0	0	0	0	0	22.00
23.00	OTHER	148,966	90,998	2,458	18,412	102,021	362,855	23.00
SPECIAL PURPOSE COST CENTERS								
24.00	CORF	0	0	0	0	0	0	24.00
25.00	HOSPICE	0	0	0	0	0	0	25.00
26.00	CMHC	0	0	0	0	0	0	26.00
27.00	RHC	0	0	0	0	0	0	27.00
28.00	FQHC	0	0	0	0	0	0	28.00
29.00	TOTAL	2,200,478	1,344,190	23,655	547,083	637,936	4,753,342	29.00
30.00	If you want the system to distribute your benefits based on salary, enter total benefits:	0						30.00
		RECLASSIFICATION (Fr. wks. A-4)	RECLASSIFIED TRIAL BALANCE (Cols. 6 + 7)	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION (Col. 8 + 9)			
		7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0	74,018	-258	73,760			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	14,649	-6,315	8,334			2.00
3.00	PLANT OPERATION & MAINTENANCE	0	107,568	0	107,568			3.00
4.00	TRANSPORTATION	0	0	0	0			4.00
5.00	ADMINISTRATIVE AND GENERAL	0	1,070,156	0	1,070,156			5.00
HHA REIMBURSABLE SERVICES								
6.00	SKILLED NURSING CARE	0	1,515,859	0	1,515,859			6.00
7.00	PHYSICAL THERAPY	0	349,997	0	349,997			7.00
8.00	OCCUPATIONAL THERAPY	0	121,618	0	121,618			8.00
9.00	SPEECH PATHOLOGY	0	46,956	0	46,956			9.00
10.00	MEDICAL SOCIAL SERVICES	0	65,775	0	65,775			10.00
11.00	HOME HEALTH AIDE	0	151,754	0	151,754			11.00
12.00	SUPPLIES	0	43,548	0	43,548			12.00
13.00	DRUGS	0	0	0	0			13.00
13.20	COST OF ADMINISTERING VACCINES	0	0	0	0			13.20
14.00	DME	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES								
15.00	HOME DIALYSIS AIDE SERVICES	0	0	0	0			15.00
16.00	RESPIRATORY THERAPY	0	0	0	0			16.00
17.00	PRIVATE DUTY NURSING	0	0	0	0			17.00
18.00	CLINIC	0	45,599	0	45,599			18.00
19.00	HEALTH PROMOTION ACTIVITIES	0	782,990	0	782,990			19.00
20.00	DAY CARE PROGRAM	0	0	0	0			20.00
21.00	HOME DELIVERED MEALS PROGRAM	0	0	0	0			21.00
22.00	HOMEMAKER	0	0	0	0			22.00
23.00	OTHER	0	362,855	0	362,855			23.00
SPECIAL PURPOSE COST CENTERS								
24.00	CORF	0	0	0	0			24.00
25.00	HOSPICE	0	0	0	0			25.00
26.00	CMHC	0	0	0	0			26.00

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/31/2018 11:57 am

		RECLASSIFICATION (Fr. wks. A-4)	RECLASSIFIED TRIAL BALANCE (Cols. 6 + 7)	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION (Col. 8 + 9)		
		7.00	8.00	9.00	10.00		
27.00	RHC	0	0	0	0	27.00	
28.00	FQHC	0	0	0	0	28.00	
29.00	TOTAL	0	4,753,342	-6,573	4,746,769	29.00	
30.00	If you want the system to distribute your benefits based on salary, enter total benefits:						30.00

Description (1)	(2) Basis/Code	Amount	Expense Classification on Worksheet A To/From Which The Amount is to be Adjusted		Line No.	
			3.00			4.00
			1.00	2.00		3.00
1.00 Excess funds generated from operations, other than net income	B	-6,315	CAP REL COSTS-MVBLE EQUIP	2.00	1.00	
2.00 Trade, quantity, time and other discounts on purchases (Chap. 8)	B	0		0.00	2.00	
3.00 Rebates and refunds of expenses (Chap. 8)	B	0		0.00	3.00	
4.00 Home office costs (Chap. 21)	A	0		0.00	4.00	
5.00 Adjustments resulting from transaction with related organization (Chap. 10)	From Wks A-6	0			5.00	
6.00 Sale of medical records and abstracts	B	0		0.00	6.00	
7.00 Income from imposition of interest, finance or penalty charges (Chap. 21)	B	-258	CAP REL COSTS-BLDG & FIXT	1.00	7.00	
8.00 Sale of medical and surgical supplies to other than patients	A	0		0.00	8.00	
9.00 Sale of Drugs to other than patients	A	0		0.00	9.00	
10.00 Physical therapy adjustment (Chap. 14)	From Wks A-8-3	0	PHYSICAL THERAPY	7.00	10.00	
10.01 Occupational therapy adjustment (Chap. 14)	From Wks A-8-3	0	OCCUPATIONAL THERAPY	8.00	10.01	
10.02 Speech pathology adjustment (Chap. 14)	From Wks A-8-3	0	SPEECH PATHOLOGY	9.00	10.02	
11.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	A	0		0.00	11.00	
12.00 Lobbying Activities	A	0		0.00	12.00	
13.00		0		0.00	13.00	
14.00		0		0.00	14.00	
15.00		0		0.00	15.00	
16.00		0		0.00	16.00	
17.00		0		0.00	17.00	
18.00		0		0.00	18.00	
19.00		0		0.00	19.00	
20.00		0		0.00	20.00	
21.00 TOTAL (Sum of lines 1-20)		-6,573			21.00	

(1) Description - All line references in this column pertain to the Provider Reimbursement Manual, Part I.

(2) Basis for adjustment (See Instructions)

A. Costs - if cost, including applicable overhead, can be determined

B. Amount Received - If cost cannot be determined

					1.00		
A. Are there any costs included on worksheet A which resulted from transactions with related organizations as defined in CMS Pub. 15-1, chapter 10? (If yes, complete Parts B and C)					YES		
Location And Amount Included On Worksheet A, Column 8							
	Line No.	Cost Center	Expense Items	Amount			
	1.00	2.00	3.00	4.00			
B. Costs incurred and adjustments required as a result of transactions with related organizations or claimed home office costs:							
1.00		3.00	PLANT OPERATION & MAINTENANCE	UTILITIES/ MAINTENANCE	107,568	1.00	
2.00		5.00	ADMINISTRATIVE AND GENERAL	INDIRECT COST ALLOCATION	241,062	2.00	
3.00		0.00			0	3.00	
4.00	TOTALS (Sum of lines 1-3)(Transfer col. 6, lines 1-3 to wkst A, col. 9, lines as appropriate) (Transfer col. 6, line 4 to wkst. A-5, col. 2, line 5)				348,630	4.00	
		Amount Allowable in Cost	Net Adjustments (col. 4 minus col. 5)				
		5.00	6.00				
B. Costs incurred and adjustments required as a result of transactions with related organizations or claimed home office costs:							
1.00		107,568	0			1.00	
2.00		241,062	0			2.00	
3.00		0	0			3.00	
4.00	TOTALS (Sum of lines 1-3)(Transfer col. 6, lines 1-3 to wkst A, col. 9, lines as appropriate) (Transfer col. 6, line 4 to wkst. A-5, col. 2, line 5)				348,630	0	4.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS		Provider CCN: 33-7165	Period: From 01/01/2017 To 12/31/2017	Worksheet A-6 Date/Time Prepared: 5/31/2018 11:57 am
Symbol (1)	Name	Address		Percent Owned by Provider
1.00	2.00	3.00		4.00

C. Interrelationship of provider to related organization(s):

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires the provider to furnish the information requested on Part C of this worksheet.

This information will be used by CMS and its intermediaries in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to the provider by common ownership or control, represent reasonable costs as determined under section 1861 of the Social Security Act. If the provider do not provide all or any part of the request information, the cost report will be considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	G	SULLIVAN COUNTY	MONTICELLO, NY	0.00	1.00
2.00				0.00	2.00
3.00				0.00	3.00
4.00				0.00	4.00
5.00				0.00	5.00
G. Other (financial or non-financial) specify:					

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

	Percent Ownership of Provider	Type of Business	
	5.00	6.00	

C. Interrelationship of provider to related organization(s):

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires the provider to furnish the information requested on Part C of this worksheet.

This information will be used by CMS and its intermediaries in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to the provider by common ownership or control, represent reasonable costs as determined under section 1861 of the Social Security Act. If the provider do not provide all or any part of the request information, the cost report will be considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

1.00	100.00	GOVERNMENT	1.00
2.00	0.00		2.00
3.00	0.00		3.00
4.00	0.00		4.00
5.00	0.00		5.00
G. Other (financial or non-financial) specify:			

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCE

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Date/Time Prepared:
5/31/2018 11:57 am

Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00	6.00	
ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCE							
1.00 Land	8,000	0	0	0	0	8,000	1.00
2.00 Land Improvements	0	0	0	0	0	0	2.00
3.00 Buildings and Fixtures	2,220,525	0	0	0	0	2,220,525	3.00
4.00 Building Improvements	20,538	0	0	0	0	20,538	4.00
5.00 Fixed Equipment	405,313	38,670	0	38,670	0	443,983	5.00
6.00 Movable Equipment	435,918	0	0	0	100,837	335,081	6.00
7.00 Total	3,090,294	38,670	0	38,670	100,837	3,028,127	7.00

COST ALLOCATION-GENERAL SERVICE COST

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet B

Date/Time Prepared:
5/31/2018 11:57 am

Cost Center Description	NET EXPENSES FOR COST ALLOCATION (FR. WKST A, COL 10)	CAPITAL RELATED COSTS		PLANT OPERATION & MAINTENANCE	TRANS-PORTATION	SUBTOTAL	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	73,760	73,760	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,334	0	8,334	0	0	2.00
3.00	PLANT OPERATION & MAINTENANCE	107,568	0	0	107,568	0	3.00
4.00	TRANSPORTATION	0	0	0	0	0	4.00
5.00	ADMINISTRATIVE AND GENERAL	1,070,156	26,238	2,984	38,266	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	SKILLED NURSING CARE	1,515,859	19,987	2,273	29,148	0	6.00
7.00	PHYSICAL THERAPY	349,997	0	0	0	0	7.00
8.00	OCCUPATIONAL THERAPY	121,618	0	0	0	0	8.00
9.00	SPEECH PATHOLOGY	46,956	0	0	0	0	9.00
10.00	MEDICAL SOCIAL SERVICES	65,775	0	0	0	0	10.00
11.00	HOME HEALTH AIDE	151,754	1,120	127	1,633	0	11.00
12.00	SUPPLIES	43,548	0	0	0	0	12.00
13.00	DRUGS	0	0	0	0	0	13.00
13.20	COST OF ADMINISTERING VACCINES	0	0	0	0	0	13.20
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	HOME DIALYSIS AIDE SERVICES	0	0	0	0	0	15.00
16.00	RESPIRATORY THERAPY	0	0	0	0	0	16.00
17.00	PRIVATE DUTY NURSING	0	0	0	0	0	17.00
18.00	CLINIC	45,599	0	0	0	0	18.00
19.00	HEALTH PROMOTION ACTIVITIES	782,990	13,342	1,517	19,457	0	19.00
20.00	DAY CARE PROGRAM	0	0	0	0	0	20.00
21.00	HOME DELIVERED MEALS PROGRAM	0	0	0	0	0	21.00
22.00	HOMEMAKER	0	0	0	0	0	22.00
23.00	OTHER	362,855	13,073	1,433	19,064	0	23.00
SPECIAL PURPOSE COST CENTERS							
24.00	CORF	0	0	0	0	0	24.00
25.00	HOSPICE	0	0	0	0	0	25.00
26.00	CMHC	0	0	0	0	0	26.00
27.00	RHC	0	0	0	0	0	27.00
28.00	FQHC	0	0	0	0	0	28.00
29.00	TOTAL	4,746,769	73,760	8,334	107,568	0	29.00

COST ALLOCATION-GENERAL SERVICE COST

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet B

Date/Time Prepared:
5/31/2018 11:57 am

Cost Center Description		ADMINISTRATIVE & GENERAL	TOTAL	
		5.00	6.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		2.00
3.00	PLANT OPERATION & MAINTENANCE	0		3.00
4.00	TRANSPORTATION	0		4.00
5.00	ADMINISTRATIVE AND GENERAL	1,137,644		5.00
HHA REIMBURSABLE SERVICES				
6.00	SKILLED NURSING CARE	494,024	2,061,291	6.00
7.00	PHYSICAL THERAPY	110,324	460,321	7.00
8.00	OCCUPATIONAL THERAPY	38,336	159,954	8.00
9.00	SPEECH PATHOLOGY	14,801	61,757	9.00
10.00	MEDICAL SOCIAL SERVICES	20,733	86,508	10.00
11.00	HOME HEALTH AIDE	48,743	203,377	11.00
12.00	SUPPLIES	13,727	57,275	12.00
13.00	DRUGS	0	0	13.00
13.20	COST OF ADMINISTERING VACCINES	0	0	13.20
14.00	DME	0	0	14.00
HHA NONREIMBURSABLE SERVICES				
15.00	HOME DIALYSIS AIDE SERVICES	0	0	15.00
16.00	RESPIRATORY THERAPY	0	0	16.00
17.00	PRIVATE DUTY NURSING	0	0	17.00
18.00	CLINIC	14,373	59,972	18.00
19.00	HEALTH PROMOTION ACTIVITIES	257,625	1,074,931	19.00
20.00	DAY CARE PROGRAM	0	0	20.00
21.00	HOME DELIVERED MEALS PROGRAM	0	0	21.00
22.00	HOMEMAKER	0	0	22.00
23.00	OTHER	124,958	521,383	23.00
SPECIAL PURPOSE COST CENTERS				
24.00	CORF	0	0	24.00
25.00	HOSPICE	0	0	25.00
26.00	CMHC	0	0	26.00
27.00	RHC	0	0	27.00
28.00	FQHC	0	0	28.00
29.00	TOTAL	1,137,644	4,746,769	29.00

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
 Date/Time Prepared:
5/31/2018 11:57 am

Cost Center Description	CAPITAL RELATED COSTS		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	TRANS- PORTATION (MILEAGE)	RECONCIL- IATION	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	7,115					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		7,070				2.00
3.00	PLANT OPERATION & MAINTENANCE	0	0	7,115			3.00
4.00	TRANSPORTATION	0	0	0	0		4.00
5.00	ADMINISTRATIVE AND GENERAL	2,531	2,531	2,531	0	-1,137,644	3,609,125 5.00
HHA REIMBURSABLE SERVICES							
6.00	SKILLED NURSING CARE	1,928	1,928	1,928	0	0	1,567,267 6.00
7.00	PHYSICAL THERAPY	0	0	0	0	0	349,997 7.00
8.00	OCCUPATIONAL THERAPY	0	0	0	0	0	121,618 8.00
9.00	SPEECH PATHOLOGY	0	0	0	0	0	46,956 9.00
10.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	65,775 10.00
11.00	HOME HEALTH AIDE	108	108	108	0	0	154,634 11.00
12.00	SUPPLIES	0	0	0	0	0	43,548 12.00
13.00	DRUGS	0	0	0	0	0	0 13.00
13.20	COST OF ADMINISTERING VACCINES	0	0	0	0	0	0 13.20
14.00	DME	0	0	0	0	0	0 14.00
HHA NONREIMBURSABLE SERVICES							
15.00	HOME DIALYSIS AIDE SERVICES	0	0	0	0	0	0 15.00
16.00	RESPIRATORY THERAPY	0	0	0	0	0	0 16.00
17.00	PRIVATE DUTY NURSING	0	0	0	0	0	0 17.00
18.00	CLINIC	0	0	0	0	0	45,599 18.00
19.00	HEALTH PROMOTION ACTIVITIES	1,287	1,287	1,287	0	0	817,306 19.00
20.00	DAY CARE PROGRAM	0	0	0	0	0	0 20.00
21.00	HOME DELIVERED MEALS PROGRAM	0	0	0	0	0	0 21.00
22.00	HOMEMAKER	0	0	0	0	0	0 22.00
23.00	OTHER	1,261	1,216	1,261	0	0	396,425 23.00
SPECIAL PURPOSE COST CENTERS							
24.00	CORF	0	0	0	0	0	0 24.00
25.00	HOSPICE	0	0	0	0	0	0 25.00
26.00	CMHC	0	0	0	0	0	0 26.00
27.00	RHC	0	0	0	0	0	0 27.00
28.00	FQHC	0	0	0	0	0	0 28.00
29.00	TOTAL	7,115	7,070	7,115	0	-1,137,644	3,609,125 29.00
30.00	Cost To Be Allocated (Per Wkst B)	73,760	8,334	107,568	0	0	1,137,644 30.00
31.00	Unit Cost Multiplier	10.366831	1.178784	15.118482	0.000000	0	0.315213 31.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Parts I - V
Date/Time Prepared:
5/31/2018 11:57 am

Cost Per Visit Computation - Patient Services	From wkst B, Col. 6, Line:	Total		Average Cost Per Visit (Cols 2 / 3) (1)		
		Cost	Visits			
		1.00	2.00			3.00
PART I - AGGREGATE AGENCY COST PER VISIT COMPUTATION						
1.00	Skilled Nursing	6.00	2,061,291	6,911	298.26	1.00
2.00	Physical Therapy	7.00	460,321	4,536	101.48	2.00
3.00	Occupational Therapy	8.00	159,954	1,611	99.29	3.00
4.00	Speech Pathology	9.00	61,757	520	118.76	4.00
5.00	Medical Social Services	10.00	86,508	237	365.01	5.00
6.00	Home Health Aide Services	11.00	203,377	1,758	115.69	6.00
7.00	Total (Sum of lines 1-6)		3,033,208	15,573		7.00

(1) Compute the average cost per visit one time for each discipline (column 4, lines 1 through 6) for the entire home health agency.

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Parts I - V
Date/Time Prepared:
5/31/2018 11:57 am

Total Medicare Patient Service Cost Computation - CBSA 99933		From Wkst. C, Part I, Col. 4, Line:	Average Cost Per Visit	Medicare Program Visits			Part A	Cost of Medicare Services
				Part A	Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		0	4.00	5.00	6.00	7.00	8.00	
PART II - COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)								
1.00	Skilled Nursing	1.00	298.26	0	4,152		0	1.00
2.00	Physical Therapy	2.00	101.48	0	3,372		0	2.00
3.00	Occupational Therapy	3.00	99.29	0	1,284		0	3.00
4.00	Speech Pathology	4.00	118.76	0	287		0	4.00
5.00	Medical Social Services	5.00	365.01	0	198		0	5.00
6.00	Home Health Aide Services	6.00	115.69	0	1,455		0	6.00
7.00	Total (Sum of lines 1-6)			0	10,748		0	7.00
Total Medicare Patient Service Cost Computation - CBSA 99933		Program Cost Limits	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	
		4.00	5.00	6.00	7.00	8.00	9.00	
Limitation								
8.00	Skilled Nursing							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide Services							13.00
14.00	Total (Sum of lines 8-13)							14.00

(2) Complete worksheet C, Part II once for each MSA/CBSA where Medicare covered services were furnished during the cost reporting period.

Total Medicare Patient Service Cost Computation - CBSA 99933		Cost of Medicare Services		Total (Sum of Cols 8 & 9)
		Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		9.00	10.00	11.00
PART II - COMPUTATION OF THE AGGREGATE MEDICARE COST AND THE AGGREGATE OF THE MEDICARE LIMITATION (2)				
1.00	Skilled Nursing	1,238,376		1,238,376
2.00	Physical Therapy	342,191		342,191
3.00	Occupational Therapy	127,488		127,488
4.00	Speech Pathology	34,084		34,084
5.00	Medical Social Services	72,272		72,272
6.00	Home Health Aide Services	168,329		168,329
7.00	Total (Sum of lines 1-6)	1,982,740		1,982,740
Total Medicare Patient Service Cost Computation - CBSA 99933		Subject to Deductibles & Coinsurance	Total (Sum of Cols 8 & 9)	
		10.00	11.00	
Limitation				
8.00	Skilled Nursing			8.00
9.00	Physical Therapy			9.00
10.00	Occupational Therapy			10.00
11.00	Speech Pathology			11.00
12.00	Medical Social Services			12.00
13.00	Home Health Aide Services			13.00
14.00	Total (Sum of lines 8-13)			14.00

(2) Complete worksheet C, Part II once for each MSA/CBSA where Medicare covered services were furnished during the cost reporting period.

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Parts I - V
Date/Time Prepared:
5/31/2018 11:57 am

Other Patient Services	From Wkst B, Col. 6, Line:	Total Cost	Total Charges from HHA Record	Ratio (Cols 2 / 3)	Medicare Covered Charges	
					Part A	Part B
					Not Subject to Deductibles & Coinsurance	
	1.00	2.00	3.00	4.00	5.00	6.00

PART III - SUPPLIES AND DRUGS COST COMPUTATION								
15.00	Cost of Medical Supplies	12.00	57,275	50,011	1.145248	0	34,195	15.00
16.00	Cost of Drugs	13.00	0	0	0.000000		0	16.00
16.20	Cost of Administrating Vaccines	13.20	0	0	0.000000			16.20

Cost of Medicare Services							
	MSA/CBSA Code (3)	Medicare Program Unduplicated Census Count For Each MSA/CBSA Pre 10/1/2000 (4)	Per Beneficiary Annual Limitation Per MSA/Non-MSA CBSA/Non-CBSA (From your Contractor)	Part A	Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	0	1.00	2.00	3.00	4.00	5.00	

PART IV - COMPARISON OF THE LESSER OF THE AGGREGATE MEDICARE COST, THE AGGREGATE OF THE MEDICARE COST PER VISIT LIMITATION AND THE AGGREGATE PER BENEFICIARY COST LIMITATION								
17.00	Total Cost of Medicare Services (Sum of the amounts from each Wkst. C, Pt. II, cols. 8, 9 & 11, respectively, lines 1-6 (exclusive of subscripts))				0	1,982,740		17.00
18.00	Cost of Medical Supplies (from Part III, columns 8 and 9, line 15 (exclusive of line 15.01))				0	39,162		18.00
19.00	Total (Sum of lines 17 and 18).				0	2,021,902		19.00
20.00	Total Cost Per Visit Limitation for Medicare Services (Sum of the amounts from each Wkst. C, Pt. II, cols. 8, 9 & 11, respectively, line 14)							20.00
21.00	Cost of Medical Supplies (From Part III, cols. 8 & 9, line 15)							21.00
22.00	Total (Sum of lines 20 and 21)							22.00
23.00	Per Beneficiary Cost Limitation for MSA/CBSA:							23.00
24.00	Aggregate Per Beneficiary Cost Limitation (Sum of lines 23 and subscripts thereof)							24.00

Part B - Subject to Deductibles and Coinsurance							
	From Wkst. C, Part I, Col. 4, Line:	Average Cost Per Visit	Medicare	Medicare	Medicare	Medicare	
			Program Visits for Services Before 1/1/1998	Program Costs for Services Before 1/1/1998	Program Visits for Services 1/1/1998 - 12/31/1998	Program Visits for Services 1/1/1999 - 9/30/2000	
	1.00	2.00	3.00	4.00	5.00	5.01	

PART V - OUTPATIENT THERAPY REDUCTION COMPUTATION								
25.00	Physical Therapy	2.00	101.48	0	0	0	0	25.00
26.00	Occupational Therapy	3.00	99.29	0	0	0	0	26.00
27.00	Speech Pathology	4.00	118.76	0	0	0	0	27.00
28.00	Total (Sum of lines 25-27)			0	0	0	0	28.00

(3) The MSA/CBSA codes flow from worksheet S-3, Part III, line 29 and subscripts as indicated.

(4) The sum of column 1, line 24 must equal worksheet S-3, Part I, column 2, line 10.01

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Parts I - V
Date/Time Prepared:
5/31/2018 11:57 am

Other Patient Services	Medicare Covered Charges	Cost of Services				
	Subject to Deductibles & Coinsurance	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			7.00	8.00		9.00
PART III - SUPPLIES AND DRUGS COST COMPUTATION						
15.00	Cost of Medical Supplies	0	0	39,162	0	15.00
16.00	Cost of Drugs	0		0	0	16.00
16.20	Cost of Administrating Vaccines	0		0	0	16.20
	Total (Sum of Cols 3 & 4)					
		6.00				
PART IV - COMPARISON OF THE LESSER OF THE AGGREGATE MEDICARE COST, THE AGGREGATE OF THE MEDICARE COST PER VISIT LIMITATION AND THE AGGREGATE PER BENEFICIARY COST LIMITATION						
17.00	Total Cost of Medicare Services (Sum of the amounts from each wkst. C, Pt. II, cols. 8, 9 & 11, respectively, lines 1-6 (exclusive of subscripts))	1,982,740				17.00
18.00	Cost of Medical Supplies (from Part III, columns 8 and 9, line 15 (exclusive of line 15.01))	39,162				18.00
19.00	Total (Sum of lines 17 and 18).	2,021,902				19.00
20.00	Total Cost Per Visit Limitation for Medicare Services (Sum of the amounts from each wkst. C, Pt. II, cols. 8, 9 & 11, respectively, line 14)					20.00
21.00	Cost of Medical Supplies (From Part III, cols. 8 & 9, line 15)					21.00
22.00	Total (Sum of lines 20 and 21)					22.00
23.00	Per Beneficiary Cost Limitation for MSA/CBSA:					23.00
24.00	Aggregate Per Beneficiary Cost Limitation (Sum of lines 23 and subscripts thereof)					24.00
Part B - Subject to Deductibles and Coinsurance						
		Medicare Program Visits for Services on or After 10/1/2000	Medicare Program Costs for Services 1/1/1998 - 12/31/1998	Application of the Reasonable Cost Reduction	Reasonable Costs Net of Adjustments	
		5.02	6.00	7.00	8.00	
PART V - OUTPATIENT THERAPY REDUCTION COMPUTATION						
25.00	Physical Therapy	0	0	0	0	25.00
26.00	Occupational Therapy	0	0	0	0	26.00
27.00	Speech Pathology	0	0	0	0	27.00
28.00	Total (Sum of lines 25-27)	0	0	0	0	28.00

(3) The MSA/CBSA codes flow from worksheet S-3, Part III, line 29 and subscripts as indicated.

(4) The sum of column 1, line 24 must equal worksheet S-3, Part I, column 2, line 10.01

CALCULATION OF REIMBURSEMENT SETTLEMENT - PART A AND PART B SERVICES

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet D

Date/Time Prepared:
5/31/2018 11:57 am

Description	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	1.00	2.00	3.00		
Part I - Computation of the Lesser of Reasonable Cost or Customary Charges					
Reasonable Cost of Title XVIII - Part A & B Services					
1.00	Reasonable Cost of Services (See Instructions)	0	0	0	1.00
2.00	Cost of Services, RHC & FQHC				2.00
3.00	Sum of Lines 1 and 2	0	0	0	3.00
4.00	Total charges for title XVIII - Part A and Part B Services - Pre 10/1/2000				4.00
4.01	Total charges for title XVIII - Part A and Part B Services - Post 9/30/2000		0	0	4.01
Customary Charges					
5.00	Amount actually collected from patients liable for payment for services on a charge basis (From your records)	0	0	0	5.00
6.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	6.00
7.00	Ratio of line 5 to line 6 (Not to exceed 1.000000)	1.000000	1.000000	1.000000	7.00
8.00	Total customary charges - title XVIII (Multiply line 7 by line 4 for column 1)(Multiply line 7 by the sum of lines 4 & 4.01 for columns 2 & 3, respectively)(See Instructions)	0	0	0	8.00
9.00	Excess of total customary charges over total reasonable cost (Complete only if line 8 exceeds line 3)	0	0	0	9.00
10.00	Excess of reasonable costs over customary charges (Complete only if line 3 exceeds line 8)	0	0	0	10.00
11.00	Primary Payer Amounts	0	0	0	11.00
Description		Part A Services	Part B Services		
		1.00	2.00		
Part II - Computation of Reimbursement Settlement					
12.00	Total reasonable cost (See Instructions)		0	0	12.00
12.01	Total PPS Payment - Full Episodes without Outliers		0	1,537,659	12.01
12.02	Total PPS Payment - Full Episodes with Outliers		0	68,296	12.02
12.03	Total PPS Payment - LUPA Episodes		0	36,592	12.03
12.04	Total PPS Payment - PEP only Episodes		0	10,358	12.04
12.05	Total PPS Payment - SCIC within a PEP Episode		0	0	12.05
12.06	Total PPS Payment - SCIC Only Episodes		0	0	12.06
12.07	Total PPS Outlier Payment - Full Episodes with Outliers		0	21,128	12.07
12.08	Total PPS Outlier Payment - PEP Only Episodes		0	0	12.08
12.09	Total PPS Outlier Payment - SCIC within a PEP Episode		0	0	12.09
12.10	Total PPS Outlier Payment - SCIC Only Episodes		0	0	12.10
12.11	Total Other Payments		0	0	12.11
12.12	DME Payments		0	0	12.12
12.13	Oxygen Payment		0	0	12.13
12.14	Prosthetics and Orthotics Payment		0	0	12.14
13.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	13.00
14.00	Subtotal (Sum of lines 12-12.14 minus line 13)		0	1,674,033	14.00
15.00	Excess reasonable cost (from line 10)		0	0	15.00
16.00	Subtotal (Line 14 minus line 15)		0	1,674,033	16.00
17.00	Coinsurance billed to Medicare patients (From your records)		0	0	17.00
18.00	Net cost (Line 16 minus line 17)		0	1,674,033	18.00
19.00	Reimbursable bad debts (From your records)		0	0	19.00
20.00	Pneumococcal Vaccine		0	0	20.00
21.00	Total Costs - Current cost reporting period (See Instructions)		0	1,674,033	21.00
22.00	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets		0	0	22.00
23.00	Recovery of excess depreciation resulting from agencies' termination or a decrease in Medicare utilization		0	0	23.00
24.00	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit		0	0	24.00
25.00	Total Cost before sequestration and other adjustments (line 21 plus/minus line 22 minus sum of lines 23 and 24)		0	1,674,033	25.00
25.50	OTHER ADJUSTMENTS (SPECIFY)		0	0	25.50
26.00	Sequestration Adjustment (See Instructions)		0	33,481	26.00
27.00	Amount reimbursable after sequestration and other adjustments (Line 25 plus line 25.50 minus line 26)		0	1,640,552	27.00
28.00	Total interim payments (From Worksheet D-1, line 4)		0	1,640,552	28.00
28.50	Tentative settlement (For contractor use only)		0	0	28.50
29.00	Balance due HHA/Medicare program (Line 27 minus line 28)(Indicate overpayments in brackets)		0	0	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pin. 15-2, section 115.2		0	0	30.00
31.00	Balance due HHA/Medicare Program (Line 29 minus line 30)(Indicate overpayments in brackets)		0	0	31.00

ANALYSIS OF PAYMENTS TO HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet D-1

Date/Time Prepared:
5/31/2018 11:57 am

Description	Part A		Part B		
	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
	1.00	2.00	3.00	4.00	
1.00 Total interim payments paid to provider		0		1,640,552	1.00
2.00 Interim payments payable on individual bills either submitted or to be submitted to the contractor, for services rendered in the cost report period. If none, write "NONE" or enter a zero.		0		0	2.00
3.00 List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none write "NONE" or enter a zero. (1)					3.00
3.01 PROGRAM TO PROVIDER		0		0	3.01
3.02		0		0	3.02
3.03		0		0	3.03
3.04		0		0	3.04
3.05		0		0	3.05
3.50 PROVIDER TO PROGRAM		0		0	3.50
3.51		0		0	3.51
3.52		0		0	3.52
3.53		0		0	3.53
3.54		0		0	3.54
3.99 Subtotal (sum of lines 3.01-3.49, minus sum of lines 3.50-3.98)		0		0	3.99
4.00 TOTAL INTERIM PAYMENTS (Sum of lines 1, 2 and 3.99)(Transfer to wkst D, Part II, column as appropriate, line 28)		0		1,640,552	4.00
To be Completed by Contractor					
5.00 List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
5.01 PROGRAM TO PROVIDER		0		0	5.01
5.02		0		0	5.02
5.03		0		0	5.03
5.50 PROVIDER TO PROGRAM		0		0	5.50
5.51		0		0	5.51
5.52		0		0	5.52
5.99 SUBTOTAL (Sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00 Determine net settlement amount (balance due) based on the cost report (See Instructions)					6.00
6.01 SETTLEMENT TO PROVIDER		0		0	6.01
6.02 SETTLEMENT TO PROGRAM		0		0	6.02
7.00 Total Medicare Program Liability (See Instructions)		0		1,640,552	7.00
Description					
			Contractor Number	Date: Month, Day, Year	
			0	1.00 2.00	
8.00 Name of Contractor	National Government Services, Inc.		06001		8.00

Signature of Authorized Person: _____

(1) On lines 3, 5, and 6, where an amount is due "Provider to Program," show the amount and date on which the provider agrees to the amount of repayment, even though total repayment is not accomplished until a later date.

BALANCE SHEET (To be completed by all providers maintaining fund type accounting records. Nonproprietary providers not maintaining fund type accounting records, should complete the "General Fund" column only.)

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet F

Date/Time Prepared:
5/31/2018 11:57 am

ASSETS (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand and in banks	347,653	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes Receivable	0	0	0	0	3.00
4.00	Accounts Receivable	1,872,983	0	0	0	4.00
5.00	Other Receivables	579,464	0	0	0	5.00
6.00	Less: Allowance for uncollectible notes and accounts receivable	-126,774	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid Expenses	38,658	0	0	0	8.00
9.00	OTHER CURRENT ASSETS	41	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	2,712,025	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,000	0	0	0	12.00
13.00	Land Improvements	0	0	0	0	13.00
14.00	Less: Accumulated Depreciation	0	0	0	0	14.00
15.00	Buildings	2,220,525	0	0	0	15.00
16.00	Less: Accumulated Depreciation	-2,213,857	0	0	0	16.00
17.00	Leasehold Improvements	20,538	0	0	0	17.00
18.00	Less: Accumulated Depreciation	0	0	0	0	18.00
19.00	Fixed equipment	443,983	0	0	0	19.00
20.00	Less: Accumulated Depreciation	-389,245	0	0	0	20.00
21.00	Automobiles and trucks	335,081	0	0	0	21.00
22.00	Less: Accumulated Depreciation	-308,348	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Less: Accumulated Depreciation	0	0	0	0	24.00
25.00	Minor equipment nondepreciable	0	0	0	0	25.00
26.00	OTHER FIXED ASSETS	0	0	0	0	26.00
27.00	Total fixed assets (sum of lines 12-26)	116,677	0	0	0	27.00
OTHER ASSETS						
28.00	Investments	0	0	0	0	28.00
29.00	Deposits on leases	0	0	0	0	29.00
30.00	Due from owners/officers	0	0	0	0	30.00
31.00	OTHER ASSETS	0	0	0	0	31.00
32.00	Total other assets (sum of lines 28-31)	0	0	0	0	32.00
33.00	Total assets (sum of lines 11, 27, and 32)	2,828,702	0	0	0	33.00
LIABILITIES AND FUND BALANCE (Omit Cents)						
CURRENT LIABILITIES						
34.00	Accounts payable	461,289	0	0	0	34.00
35.00	Salaries, wages, & fees payable	921,868	0	0	0	35.00
36.00	Payroll taxes payable	0	0	0	0	36.00
37.00	Notes & loans payable (short term)	0	0	0	0	37.00
38.00	Deferred income	0	0	0	0	38.00
39.00	Accelerated payments	0	0	0	0	39.00
40.00	Due to other funds	0	0	0	0	40.00
41.00	OTHER (SPECIFY)	15,531,981	0	0	0	41.00
42.00	Total current liabilities (sum of lines 34-41)	16,915,138	0	0	0	42.00
LONG TERM LIABILITIES						
43.00	Mortgage payable	0	0	0	0	43.00
44.00	Notes payable	0	0	0	0	44.00
45.00	Unsecured loans	0	0	0	0	45.00
46.00	Loans from owners - prior to 7/1/66	0	0	0	0	46.00
47.00	Loans from owners - on or after 7/1/66	0	0	0	0	47.00
48.00	OTHER (SPECIFY)	0	0	0	0	48.00
49.00	Total long term liabilities (sum of lines 43-48)	0	0	0	0	49.00
50.00	Total liabilities (sum of lines 42 and 49)	16,915,138	0	0	0	50.00
CAPITAL ACCOUNTS						
51.00	General fund balance	-14,086,436				51.00
52.00	Specific purpose fund balance		0			52.00
53.00	Donor created - Endowment fund balance - restricted			0		53.00
54.00	Donor created - Endowment fund balance - unrestricted			0		54.00
55.00	Governing body created - Endowment fund balance			0		55.00
56.00	Plant fund balance - Invested in plant				0	56.00
57.00	Plant fund balance - Reserve for plant improvement, replacement and expansion				0	57.00
58.00	Total fund balances (sum of lines 51 thru 57)	-14,086,436	0	0	0	58.00
59.00	Total liabilities and fund balances (sum of lines 50 and 58)	2,828,702	0	0	0	59.00

STATEMENT OF REVENUE AND OPERATING EXPENSES

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet F-1

Date/Time Prepared:
5/31/2018 11:57 am

		1.00	2.00	
1.00	Total patient revenues	4,653,094		1.00
2.00	Less: Allowances and discounts on patients' accounts	0		2.00
3.00	Net patient revenues (Line 1 minus line 2)		4,653,094	3.00
4.00	Operating expenses (From worksheet A, column 6, line 29)	4,753,342		4.00
Additions to operating expenses (Specify)				
5.00		2,709,247		5.00
6.00		0		6.00
7.00		0		7.00
8.00		0		8.00
9.00		0		9.00
10.00		0		10.00
Subtractions to operating expenses (Specify)				
11.00		0		11.00
12.00		0		12.00
13.00		0		13.00
14.00		0		14.00
15.00		0		15.00
16.00		0		16.00
17.00	Less total operating expenses (net of lines 4-16)		7,462,589	17.00
18.00	Net income from service to patients (Line 3 minus line 17)		-2,809,495	18.00
Other Income:				
19.00	Contributions, donations, bequests, etc.	0		19.00
20.00	Income from investments	0		20.00
21.00	Purchase discounts	0		21.00
22.00	Rebates and refunds of expenses	0		22.00
23.00	Sale of Medical and Nursing Supplies to other than patients	0		23.00
24.00	Sale of durable medical equipment to other than patients	0		24.00
25.00	Sale of drugs to other than patients	0		25.00
26.00	Sale of medical records and abstracts	0		26.00
Other Revenues (Specify)				
27.00		0		27.00
28.00		0		28.00
29.00		0		29.00
30.00		0		30.00
31.00		0		31.00
32.00	Total Other Income (Sum of lines 19 thru 31)		0	32.00
33.00	Net Income or Loss for the period (Line 18 plus line 32)		-2,809,495	33.00

Provider CCN:
33-7165

Period:
From 01/01/2017
To 12/31/2017

Worksheet F-2
Date/Time Prepared:
5/31/2018 11:57 am

		General Fund		Special Purpose Fund		Endowment Fund		
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Fund balances at beginning of period		-11,276,941		0			1.00
2.00	Net income (loss) (from wkst. F-1, line 33)		-2,809,495					2.00
3.00	Total (sum of line 1 and line 2)		-14,086,436		0			3.00
Additions (Credit Adjustments)(Specify)								
4.00		0		0		0		4.00
5.00		0		0		0		5.00
6.00		0		0		0		6.00
7.00		0		0		0		7.00
8.00		0		0		0		8.00
9.00	Total Additions (sum of line 4-8)		0		0		0	9.00
10.00	Subtotal (line 3 plus line 9)		-14,086,436		0			10.00
Deductions (Debit Adjustments)(Specify)								
11.00		0		0		0		11.00
12.00		0		0		0		12.00
13.00		0		0		0		13.00
14.00		0		0		0		14.00
15.00		0		0		0		15.00
16.00	Total Deductions (sum of lines 11-15)		0		0		0	16.00
17.00	Fund balance at end of period per balance sheet (line 10 minus line 16)		-14,086,436		0			17.00
		Plant Fund						
		7.00	8.00					
1.00	Fund balances at beginning of period				0			1.00
2.00	Net income (loss) (from wkst. F-1, line 33)							2.00
3.00	Total (sum of line 1 and line 2)				0			3.00
Additions (Credit Adjustments)(Specify)								
4.00		0						4.00
5.00		0						5.00
6.00		0						6.00
7.00		0						7.00
8.00		0						8.00
9.00	Total Additions (sum of line 4-8)		0					9.00
10.00	Subtotal (line 3 plus line 9)				0			10.00
Deductions (Debit Adjustments)(Specify)								
11.00		0						11.00
12.00		0						12.00
13.00		0						13.00
14.00		0						14.00
15.00		0						15.00
16.00	Total Deductions (sum of lines 11-15)		0					16.00
17.00	Fund balance at end of period per balance sheet (line 10 minus line 16)				0			17.00

Sullivan County Public Health Nursing Service
 Trial Balance as of 12/31/17
 Medicare Provider ID # 33-7165

General Note: This Trial Balance does not include 2017 balances for the following accounts:

- Deferred Interest
- Bonds Payable (Current & L/T)
- Retirement Payable (L/T) (current portion is included in benefits payable totals for 2017)
- Loss on Refunding (if any)
- Assets, Payables, Revenue & Expenditures for Dept. A4059 - Early Intervention

Assets:

	<i>Account #</i>	Liquid Assets: <i>Account Title</i>	<i>Y/E Balance</i>
	00100	Bank of America Checking A/C as of 12/31/17 (statement ending balance as of 12/31/17)	12/31/17 \$347,652.66
		Net Revenue Receivables booked to G/L (i.e. net of allowances)	
	00150	A/R CHHA	\$1,715,375.00
	00160	A/R LTHHCP	\$29,300.00
	00170	A/R D&T	\$1,534.00
		Total Net Revenue Receivables	<u>\$1,746,209.00</u>
		Government Aid & Interagency Receivables	
	00206	Article 6 State Aid (GPHW, Jail Med. & Performance Incentive)	\$296,467.01
		BT Grant Receivable (Fed. Aid) - HRI PHEP	\$18,592.06
		BT Grant Receivable (Fed. Aid) - HRI Opioid O/D Prev.	\$14,706.70
		GTSC (Child Safety Seat Prog. funding)	\$1,753.20
		IAP State Aid Receivable	\$4,541.01
	00202	IAP Fed Aid Receivable	\$4,726.35
		Lead (State Aid) Receivable	\$9,306.17
	00203	Lead (Federal Aid) Receivable	\$3,116.28
		NYS OCFS (for Healthy Families Program)	\$85,142.74
		Rural Health Network Program	\$20,888.43
		WIC (State Aid) Receivable	\$65,724.84
	00205	WIC (Federal Aid) Receivable	\$54,499.33
		Total funding receivable	<u>\$579,464.12</u>
			Y/E Balance
	009	Prepaid Expenses & Other	12/31/17
	00250	Prepaid Medical/Nursing Supplies	\$15,823.21
	00300	Prepaid Insurance:	
		A4010-206 Agency Administration	\$1,445.50
		A4010-207 CORE Programs	\$1,933.75
		4010-33 - Main Unit/CHHA	\$16,915.50
		4010-34 - Long Term Home Health Care Prog.	\$957.25
		4050 - Diagnostic & Treatment Center	\$1,582.58
		4082 - WIC Program	\$0.00
	TOTAL	Total Prepaid Insurance	<u>\$22,834.58</u>
		Plus: Interest Receivable	\$41.44
		Total Prepaid Expenses	<u>\$38,699.23</u>

Y/E Balance

	Fixed Assets:	12/31/17
00310	Automobiles	\$335,081.42
00320	Furniture & Fixtures	\$443,982.84
00330	Leasehold Improvements	\$20,538.00
00340	Building	\$2,220,525.00
00350	Land	\$8,000.00
00360	Accumulated Depreciation	(\$2,911,449.52)
	Total Fixed Assets	<u>\$116,677.74</u>

Due from Sullivan County	\$0.00
Due from NYS Department of Health (FMAP W/H)	\$0.00
Due from Third Party (Medicare, Medicaid, Insurances)	\$0.00

Liabilities:		Y/E Balance
		12/31/17
	Wages Payable	
	A4010 Orgs excl. LTHHCP:	
	A4010-206 Agency Administration	\$29,044.27
	A4010-207 CORE Programs	\$9,999.63
	4010-33 Main Unit/CHHA	\$81,889.22
	A4010-34 Long Term Care Program	\$5,567.08
	4010-36 Healthy Families	\$16,837.99
	4010-44 Rural Health Network	\$2,143.40
	4050 Diagnostic & Treatment Center	\$23,302.43
	4082 WIC	\$14,213.98
	Total Wages Payable - year-end 2017	<u>\$182,998.00</u>

	Benefits Payable:	
	A4010 Orgs excl. LTHHCP:	
	A4010-206 Agency Administration	\$59,209.96
	A4010-207 CORE Programs	\$25,376.69
	4010-33 Main Unit/CHHA	\$234,786.92
	4010-34 Long Term Care Program	\$29,146.76
	4010-36 Healthy Families	\$42,627.98
	4010-44 Rural Health Network	\$6,937.76
	4050 Diagnostic & Treatment Center	\$63,680.36
	4082 WIC	\$43,377.43
	Total Benefits Payable - year-end 2017	<u>\$505,143.86</u>

		Y/E Balance
		12/31/17
	Compensated Balances (Time off Accruals) ++	
	A4010 Orgs excl. LTHHCP:	
	A4010-206 Agency Administration	\$39,861.10
	A4010-207 CORE Programs	\$13,695.45
	4010-33 Main Unit/CHHA	\$109,265.15
	4010-34 Long Term Care Program	\$4,441.37
	4010-36 Healthy Families	\$18,936.16
	4010-44 Rural Health Network	\$1,485.44
	4050 Diagnostic & Treatment Center	\$25,392.34
	4082 WIC	\$20,648.93
	Total Compensated Balances - year-end 2017	<u>\$233,725.95</u>

	Accounts Payables	
	A4010-206 Agency Administration	\$134,361.43
	A4010-207 CORE Programs	\$19,987.82
	A4010-33 Main Unit/CHHA	\$233,986.52
	4010-34 Long Term Care Program	\$19,913.49

A4010-35	Car Seat Program	\$1,429.20
A4010-36	Healthy Families Program	\$11,176.46
A4010-44	Rural Health Network	\$2,536.11
4046	Phys. Handicapped Children's Prog.	\$1,500.00
4050	Diagnostic & Treatment Center	\$24,347.39
4082	WIC	\$12,050.39
Total Accounts Payable - year-end 2017		<u>\$461,288.81</u>

Due to Sullivan County	
Due to NYS Department of Health	\$0.00
Due to Third Party (Medicare, Medicaid, Insurances)	\$0.00
	\$0.00

Department/Org. # & Org. Name:

A4010-206 - Agency Administration:

		Y/E Balance
		12/31/17
10	PERSONAL SERV	
10-1011	PERSONAL SERV REGULAR PAY	\$477,506.67
10-1012	PERSONAL SERV OVERTIME PAY	\$266.69
10-1013	PERSONAL SERV LONGEVITY	\$9,700.00
40-4013	CONTRACT CONTRACT OTHER	\$6,500.00
41-4103	Auto/Travel - Meals	\$18.00
41-4104	AUTO/TRAVEL MILEAGE/TOLLS	\$150.42
41-4105	AUTO/TRAVEL REGISTRATION FEES	\$474.00
41-4106	AUTO/TRAVEL REPAIRS/MAINTENANCE	(\$664.27)
42-4201	OFFICE Advertising	\$324.76
42-4203	OFFICE OFFICE SUPPLIES	\$200.85
42-4204	OFFICE POSTAGE	\$188.96
42-4205	OFFICE PRINTING	\$529.35
42-4206	Office - Publications	\$820.77
42-4207	Office - Furniture	\$707.99
43-4301	COMPUTER SUPPLIES	\$154.50
43-4308	COMPUTER MIS CHARGEBACKS	\$5,508.48
43-4311	Computer - Webinar & Related Expenses	\$99.00
44-4405	UTILITY PHONE LAND LINES	\$372.35
46-4603	MISC SERV/EXP EMPL UNIFORM ALLOWANCE	\$775.00
46-4607	MISC SERV/EXP ANSWERING SERVICE	\$468.00
46-4608	MISC SERV/EXP EMPL TUITION REFUNDS	\$1,000.00
46-4612	Misc. Serv/Exp. Employee Training	\$175.00
47-4703	DEPT DUES	\$2,346.95
47-4707	DEPT MAINTENANCE IN LIEU OF RENT	\$9,417.00
47-4708	DEPT INSURANCE	\$2,478.00
47-4732	DEPT BLDG/PROP ELECTRONIC MONITORING	\$30.00
47-4733	DEPT INDIRECT COST ALLOCATION	\$25,620.00
80-8001	EMPL BENFTS FICA AND MEDICARE	\$36,588.35
80-8002	EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE	\$175,882.82
80-8005	EMPL BENFTS RETIREMENT	\$64,066.54
80-8006	EMPL BENFTS WORKERS COMPENSATION	\$16,790.90
80-8007	EMPL BENFTS DISABILITY	\$656.00
Depreciation Expense		\$12,634.68
Total Costs - Dept A4010-206 - Agency Administration		<u>\$851,787.76</u>

R3401-R167	ST AID PUBLIC HEALTH DEPARTMENTAL AID	\$225,623.23
R4401-R167	FED AID PUBLIC HEALTH DEPARTMENTAL AID	\$15,854.90
Total Revenue - 206 - PH - AGENCY ADMIN		<u>\$241,478.13</u>

A4010-207 - CORE Programs:

Y/E Balance
12/31/17

10-1011	PERSONAL SERV REGULAR PAY	\$160,734.12
10-1012	PERSONAL SERV OVERTIME PAY	\$2,153.35
10-1013	PERSONAL SERV LONGEVITY	\$3,100.00
10-1014	PERSONAL SERV SHIFT DIFF.	\$95.55
10-1015	PERSONAL SERV OTHER PAY	\$3,240.40
41-4104	AUTO/TRAVEL MILEAGE/TOLLS	\$2.50
41-4105	Auto/Travel - Registration Fees	\$175.00
41-4106	AUTO/TRAVEL REPAIRS/MAINTENANCE	\$5,743.26
42-4203	OFFICE OFFICE SUPPLIES	\$196.63
42-4205	OFFICE PRINTING	\$529.35
43-4301	COMPUTER SUPPLIES	\$123.60
43-4308	COMPUTER MIS CHARGEBACKS	\$6,625.52
44-4405	UTILITY PHONE LAND LINES	\$141.08
45-4507	SPEC DEPT SUPPLY MEDICAL/CLINICAL	\$269.85
45-4543	SPEC DEPT SUPPLY FOOD	\$176.98
46-4603	MISC SERV/EXP EMPL UNIFORM ALLOWANCE	\$1,550.00
46-4607	MISC SERV/EXP ANSWERING SERVICE	\$624.00
47-4701	Dept - Rentals (Vehicles)	\$3,397.00
47-4707	DEPT MAINTENANCE IN LIEU OF RENT	\$4,402.00
47-4708	DEPT INSURANCE	\$3,315.00
47-4732	DEPT BLDG/PROP ELECTRONIC MONITORING	\$40.00
47-4733	DEPT INDIRECT COST ALLOCATION	\$33,819.00
80-8001	EMPL BENFTS FICA AND MEDICARE	\$13,542.94
80-8002	EMPL BENFTS HLTH INSUR ACTIVE EMPLOYEE	\$46,689.73
80-8004	EMPL BENFTS HLTH INSUR OPT OUT	\$6,000.00
80-8005	EMPL BENFTS RETIREMENT	\$29,846.39
80-8006	EMPL BENFTS WORKERS COMPENSATION	\$5,404.49
80-8007	EMPL BENFTS DISABILITY	\$96.00
	Depreciation Expense	\$4,598.57
	Total Costs - Dept A4010-207 - CORE Programs	<u>\$336,632.31</u>
R1610-R247	HOME NURSNG CHARGE MISC FEE/REIMBURSMNT	\$126,238.79
R3401-R167	ST AID PUBLIC HEALTH DEPARTMENTAL AID	<u>\$99,583.70</u>
	Total Revenue - 207 - PH - CORE PROGRAMS	<u>\$225,822.49</u>

A4010-33 - CHHA		Expenditures	Account # & Title	Y/E Balance 12/31/17
			10-1011 PERSONAL SERV - REGULAR PAY	\$1,499,806.81
			10-1012 PERSONAL SERV - OVERTIME PAY	\$31,953.65
			10-1013 PERSONAL SERV - LONGEVITY	\$26,973.88
			10-1015 PERSONAL SERV - OTHER PAY	\$23,359.88
			40-4014 CONTRACT - THERAPY	\$518,571.49
			40-4024 CONTRACT Personal Care	\$655.00
			41-4101 AUTO/TRAVEL - Gasoline	\$0.00
			41-4102 AUTO/TRAVEL - LODGING	\$338.00
			41-4103 AUTO/TRAVEL - Meals	\$36.00
			41-4104 AUTO/TRAVEL - MILEAGE/TOLLS	\$10,790.06
			41-4105 AUTO/TRAVEL - REGISTRATION FEES	\$1,956.00
			41-4106 AUTO/TRAVEL - REPAIRS/MAINT.	\$4,554.09
			42-4201 OFFICE - ADVERTISING	\$249.50
			42-4203 OFFICE - OFFICE SUPPLIES	\$1,253.90
			42-4204 OFFICE - POSTAGE	\$1,769.71
			42-4205 OFFICE - PRINTING	\$4,246.04
			42-4206 OFFICE - PUBLICATIONS	\$376.95
			42-4207 OFFICE - Furniture	\$917.00

42-4209 Office - Other	\$90.00
43-4301 COMPUTER - SUPPLIES	\$1,738.13
43-4308 COMPUTER - MIS CHARGEBACKS	\$82,931.74
43-4311 Computer - Webinars	\$197.00
44-4405 UTILITY - PHONE LAND LINES	\$2,463.34
45-4501 SPEC DEPT SUPPLY - MISC/OTHER	\$1,351.64
45-4507 SPEC DEPT SUPPLY - MEDICAL/CLINICAL	\$43,278.44
46-4603 MISC SERV/EXP - EMPL UNIFORM ALLOWANCE	\$14,686.25
46-4607 MISC SERV/EXP - ANSWERING SERVICE	\$3,367.00
46-4608 MISC SERV/EXP - EMPL TUITION REFUNDS	\$1,500.00
46-4612 MISC SERV/EXP - EMPL TRAINING	\$1,374.50
47-4701 DEPT - Rentals (Leased Vehicles)	\$22,009.95
47-4703 DEPT - DUES	\$1,700.00
47-4707 DEPT - MAINT. IN LIEU OF RENT	\$72,798.00
47-4708 DEPT - INSURANCE	\$28,998.00
47-4710 DEPT - MISC/OTHER	\$320.00
47-4732 DEPT - BLDG/PROP ELECTRONIC MONITORING	\$206.00
47-4733 DEPT - INDIRECT COST ALLOCATION	\$181,623.00
47-4767 DEPT - NYS REGLTORY FEES/FINES/ASSESS	\$10,367.00
80-8001 EMPL BENFTS - FICA AND MEDICARE	\$127,177.34
80-8002 EMPL BENFTS - HLTH INSUR ACTIVE EMPLOYEE	\$488,595.20
80-8004 EMPL BENFTS - HLTH INSUR OPT OUT	\$12,000.00
80-8005 EMPL BENFTS - RETIREMENT	\$302,964.48
80-8006 EMPL BENFTS - WORKERS COMPENSATION	\$54,330.00
80-8007 EMPL BENFTS - DISABILITY	\$960.00
Depreciation Expense	\$75,512.11
Interest Expense	\$0.00
Bad Debt Exp (doesn't include Free Care)	\$58,221.35
Total Costs - Dept A4010-33 Main Unit/CHHA	<u>\$3,718,568.43</u>
R1610-R247 HOME NURSNG CHARGE - MISC	\$2,128,581.01
Interest Income (not booked to PHS revenue accounts) +	\$257.82
Total Revenue	<u>\$2,128,838.83</u>

A4010-34 Long Term Home Health Care Program Expenditures

	Y/E Balance
	12/31/17
10-1011 PERSONAL SERV - REGULAR PAY	\$130,338.14
10-1012 PERSONAL SERV - OVERTIME PAY	\$0.00
10-1013 PERSONAL SERV - LONGEVITY	\$3,100.00
10-1014 PERSONAL SERV - SHIFT DIFFERENTIAL PAY	\$1,500.20
10-1015 PERSONAL SERV - OTHER PAY	\$0.00
40-4013 CONTRACT - OTHER (all MOWs)	\$14,981.25
41-4104 AUTO/TRAVEL - MILEAGE/TOLLS	\$681.57
41-4106 AUTO/TRAVEL - REPAIRS/MAINT.	\$1,456.36
42-4203 OFFICE - OFFICE SUPPLIES	\$37.16
42-4204 OFFICE - POSTAGE	\$57.94
43-4308 COMPUTER - MIS CHARGEBACKS	\$10,809.49
44-4405 UTILITY - PHONE LAND LINES	\$501.08
46-4603 MISC SERV/EXP - EMPL UNIFORM ALLOWANCE	\$775.00
47-4701 Dept - Rentals	\$0.00
47-4707 DEPT - MAINT. IN LIEU OF RENT	\$4,849.00
47-4708 DEPT - INSURANCE	\$1,641.00
47-4733 DEPT - INDIRECT COST ALLOCATION	\$54,285.00
47-4767 DEPT - NYS REGULATORY FEES/ FINES/ ASSESSMENTS	\$728.00
80-8001 EMPL BENFTS - FICA AND MEDICARE	\$10,656.44

80-8002 EMPL BENFTS - HLTH INSUR ACTIVE EMPLOYEE	\$40,143.52
80-8004 EMPL BENFTS - HLTH INSUR OPT OUT	\$1,500.00
80-8005 EMPL BENFTS - RETIREMENT	\$40,545.41
80-8006 EMPL BENFTS - WORKERS COMPENSATION	\$4,353.91
80-8007 EMPL BENFTS - DISABILITY	\$192.00
Add:	
Depreciation Expense	\$6,966.15
Interest Expense	\$0.00
Bad Debt Exp (S-b)	\$8,900.92
Total Costs - Dept A4010-34 LTHHCP	<u>\$338,999.54</u>

Revenue	R1610-R247 HOME NURSNG CHARGE - MISC	\$143,744.78
	Total Revenue - LTHHCP	<u>\$143,744.78</u>

A4010-35 Child Safety Seat Program Y/E Balance
Expenditures 12/31/17

42-4206 OFFICE - PUBLICATIONS	\$88.00
45-4501 SPEC DEPT SUPPLY - MISC/OTHER	\$3,886.82
45-4509 SPEC DEPT SUPPLY - PAT. EDUC. MATLS	\$129.50
45-4541 SPEC DEPT SUPP. -SM EQUIP, TOOLS, APPL., etc.	\$199.98
46-4609 MISC SERV/EXP SPECIAL SERV/OTHER	\$50.00
46-4610 MISC SERV/EXP EMPL NOTARY/CERTIFICATION	\$150.00
47-4707 Dept - MILOR	\$1,296.00
47-4733 DEPT - INDIRECT COST ALLOCATION	\$1,224.00
Total Costs - Dept A4010-35 Child Safety	<u>\$7,024.30</u>

Revenue	R3401-R167 ST AID PUBLIC HEALTH - DEPARTMENTAL AID	\$6,118.92
	Total Revenue	<u>\$6,118.92</u>

A4010-36 Healthy Beginnings Program Y/E Balance
Expenditures 12/31/17

10-1011 PERSONAL SERV - REGULAR PAY	\$267,299.00
10-1013 PERSONAL SERV - LONGEVITY	\$6,800.00
10-1015 PERSONAL SERV - OTHER PAY	\$3,000.40
41-4102 - AUTO/TRAVEL - LODGING	\$960.00
41-4103 AUTO/TRAVEL - MEALS	\$294.53
41-4104 AUTO/TRAVEL - MILEAGE/TOLLS	\$27.88
41-4105 AUTO/TRAVEL - REGISTRATION FEES	\$1,130.00
41-4109 AUTO/TRAVEL - CO FLEET CHARGEBACK	\$30,741.66
42-4203 OFFICE - OFFICE SUPPLIES	\$164.78
42-4204 OFFICE - POSTAGE	\$16.08
42-4205 OFFICE - PRINTING	\$2,117.38
42-4207 OFFICE FURNITURE	\$224.64
43-4301 COMPUTER - SUPPLIES	\$278.10
43-4308 COMPUTER - MIS CHARGEBACKS	\$8,190.48
44-4405 UTILITY - PHONE LAND LINES	\$368.79
44-4406 UTILITY - WIRELESS COMM.	\$2,789.40
45-4501 SPEC DEPT SUPPLY - MISC/OTHER	\$1,550.55
45-4509 SPEC DEPT SUPPLY - PAT. EDUC. MAT'LS	\$60.00
46-4611 MISC SERV/EXP EMPL SAFETY/PHYSICAL EXAMS	\$693.00
46-4612 MISC SERV/EXP. EMPL TRAINING	\$13,645.10
47-4703 DEPT - DUES	\$1,187.50
47-4707 DEPT - MAINTENANCE IN LIEU OF RENT	\$12,013.00
47-4733 DEPT - INDIRECT COST ALLOCATION	\$22,359.00
80-8001 EMPL BENFTS - FICA AND MEDICARE	\$20,857.61

80-8002 EMPL BENFTS - HLTH INSUR ACTIVE EMPLOYEE	\$111,049.06
80-8004 EMPL BENFTS - HLTH INSUR OPT OUT	\$750.00
80-8005 EMPL BENFTS - RETIREMENT	\$43,705.83
80-8006 EMPL BENFTS - WORKERS COMPENSATION	\$8,838.16
80-8007 EMPL BENFTS - DISABILITY	\$720.00
Total Costs - Dept A4010-36 Healthy Families	<u>\$561,831.93</u>

Revenue

R3401-R167 ST AID PUBLIC HEALTH - DEPARTMENTAL AID	\$352,944.92
R4401-R167 FED AID PUBLIC HEALTH - DEPARTMENTAL AID	\$332,034.88
Total Revenue - A4010-36	<u>\$684,979.80</u>

Note: funding for the Community Health Worker Program ended 9/30/13; the program ended on the same date.

A4010-37 Community Health Work Program Expenditures

80-8005 EMPL BENFTS - RETIREMENT	\$897.95
Total Costs - Dept A4010-37 Comm. Health Worker	<u>\$897.95</u>

Y/E Balance
12/31/17

Rural Health Network Program #A4010-44

10-1011 PERSONAL SERV - REGULAR PAY	\$40,128.48
10-1013 PERSONAL SERV - LONGEVITY	\$600.00
40-4036 - CONTRACT ADDICTION SERVICES	\$6,015.00
41-4102 AUTO/TRAVEL - LODGING	\$736.96
41-4103 AUTO/TRAVEL - MEALS	\$9.60
41-4104 AUTO/TRAVEL - MILEAGE/TOLLS	\$160.86
41-4105 AUTO/TRAVEL - REGISTRATION FEES	\$145.00
41-4109 AUTO/TRAVEL - CO FLEET CHARGEBACK	\$526.46
42-4203 OFFICE - OFFICE SUPPLIES	\$44.00
42-4204 OFFICE - POSTAGE	\$56.88
42-4205 OFFICE - PRINTING	\$1,015.35
43-4308 COMPUTER - MIS CHARGEBACKS	\$688.56
44-4405 UTILITY - PHONE LAND LINES	\$109.35
45-4501 SPEC DEPT SUPPLY - MISC/OTHER	\$6,703.52
45-4507 SPEC DEPT SUPPLY - MEDICAL/CLINICAL	\$1,985.88
45-4509 SPEC DEPT SUPPLY - PATIENT EDUC. MATL	\$1,954.83
45-4543 SPEC DEPT SUPPLY - FOOD	\$67.35
47-4703 DEPT - DUES	\$200.00
47-4707 DEPT - MAINTENANCE IN LIEU OF RENT	\$1,246.00
47-4733 DEPT - INDIRECT COST ALLOCATION	\$11,652.00
47-4774 DEPT - PUBLIC HEALTH EDUCATION	\$12,296.18
80-8001 EMPL BENFTS - FICA AND MEDICARE	\$2,862.42
80-8002 EMPL BENFTS - HLTH INSUR ACTIVE EMPLOYEE	\$23,474.15
80-8005 EMPL BENFTS - RETIREMENT	\$7,161.87
80-8006 EMPL BENFTS - WORKERS COMPENSATION	\$1,302.61
80-8007 EMPL BENFTS - DISABILITY	\$96.00
TI Costs - Dept A4010-44 Rural Health Network	<u>\$121,239.31</u>

Y/E Balance
12/31/17

Revenue

R3401-R167 ST AID PUBLIC HEALTH - DEPART. AID	\$107,289.03
Total Revenue - A4010-44	<u>\$107,289.03</u>

Y/E Balance
12/31/17

Physically Handicapped Children's Program #A4046 Expenditures

40-4017 CONTRACT - MEDICAL	\$1,500.00
42-4203 OFFICE - OFFICE SUPPLIES	\$97.92
47-4733 DEPT - INDIRECT COST ALLOCATION	\$1,140.00

		47-4742 DEPT - MEDICAL - DENTAL	\$0.00
		Depreciation Expense	\$193.50
		Total Costs - Dept A4046 PHCP	<u>\$2,931.42</u>
	Revenue	R4401-R140 FED AID PUBLIC HEALTH - CHILDRN W/SPEC CARE	\$128.41
		Total Revenue - A4046	<u>\$128.41</u>
			Y/E Balance
			12/31/17
Diagnostic &	Expenditures	10-1011 PERSONAL SERV - REGULAR PAY	\$421,403.58
		10-1012 PERSONAL SERV - OVERTIME PAY	\$1,157.91
		10-1013 PERSONAL SERV - LONGEVITY	\$5,800.00
		10-1014 PERSONAL SERV - SHIFT DIFFERENTIAL PAY	\$204.26
		10-1015 PERSONAL SERV - OTHER PAY	\$15,418.79
		40-4017 CONTRACT - MEDICAL	\$5,423.34
		41-4103 AUTO/TRAVEL - MEALS	\$72.00
		41-4104 AUTO/TRAVEL - MILEAGE/TOLLS	\$203.96
		41-4109 AUTO/TRAVEL -CO FLEET CHGBK	\$982.80
		42-4203 OFFICE - OFFICE SUPPLIES	\$1,433.10
		42-4204 OFFICE - POSTAGE	\$1,338.13
		42-4205 OFFICE - PRINTING	\$2,641.50
		42-4206 Office - Publications	\$2,116.46
		42-4207 OFFICE FURNITURE	\$718.00
		43-4301 COMPUTER - SUPPLIES	\$428.22
		43-4302 Computer Hardware - Purc/Leases	\$18.04
		43-4308 COMPUTER - MIS CHARGEBACKS	\$10,391.20
		44-4405 UTILITY - PHONE LAND LINES	\$904.92
		44-4406 UTILITY - WIRELESS COMM.	\$429.83
		45-4501 SPEC DEPT SUPPLY - MISC/OTHER	\$1,553.02
		45-4507 SPEC DEPT SUPPLY - MEDICAL/CLINICAL	\$79,421.56
		45-4509 SPEC DEPT SUPPLY - PATIENT EDUCATNL MATERIAL	\$177.00
		45-4543 SPEC. DEPT SUPPLY - FOOD	\$4,025.00
		46-4603 MISC SERV/EXP - EMPL UNIFORM ALLOWANCE	\$3,500.41
		46-4607 MISC SERV/EXP - ANSWERING SERVICE	\$1,053.00
		47-4707 DEPT - MAINTENANCE IN LIEU OF RENT	\$14,806.00
		47-4708 DEPT - INSURANCE	\$2,713.00
		47-4717 - DEPT BLDG/PROP/EQUIP REPAIRS & MAINT.	\$115.00
		47-4733 DEPT - INDIRECT COST ALLOCATION	\$35,725.00
		47-4740 DEPT - MEDICAL - OUTPATIENT SERVICES	\$1,869.06
		47-4752 DEPT MISC PROGRAM EXP	\$2,317.15
		47-4767 DEPT NYS/US REG. FEES/FINES/ASSESS	\$200.00
		47-4774 DEPT - PUBLIC HEALTH EDUCATION	\$16,626.83
		47-4777 DEPT - RABIES RELATED EXPENSES	\$2,490.26
		80-8001 EMPL BENFTS - FICA AND MEDICARE	\$33,697.20
		80-8002 EMPL BENFTS - HLTH INSUR ACTIVE EMPLOYEE	\$127,165.44
		80-8005 EMPL BENFTS - RETIREMENT	\$67,095.56
		80-8006 EMPL BENFTS - WORKERS COMPENSATION	\$14,067.86
		80-8007 EMPL BENFTS - DISABILITY	\$288.00
		Depreciation Expense	\$13,920.91
		Total Costs - Dept A4050 - D&T	<u>\$893,913.30</u>
	Revenue	R1610-R247 HOME NURSNG CHARGE - MISC	\$1,298.56
		R1689-R248 HEALTH DEPT INC. MISC LOCAL GRANTS	\$5,261.01
		R2705-R338 - GIFT/DONATION OTHER	\$7,839.08
		R3401-R167 ST AID PUBLIC HEALTH - DEPARTMENTAL AID	\$294,264.11
		R3401-R171 ST AID PUBLIC HEALTH - DIAGNOSTIC/TREATMNT	\$56,674.77

R4401-R167 FED AID PUBLIC HEALTH - DEPARTMENTAL AID	\$102,336.53
R4401-R233 FED AID PUBLIC HEALTH - LEAD	<u>\$8,209.97</u>
Total Revenue - A4050	<u><u>\$475,884.03</u></u>

WIC Program - A4082 Expenditures

10 PERSONAL SERV	12/31/17
10-1011 PERSONAL SERV - REGULAR PAY	\$312,829.16
10-1013 PERSONAL SERV - LONGEVITY	\$3,697.95
10-1014 PERSONAL SERV - SHIFT DIFFERENTIAL	\$926.64
10-1015 PERSONAL SERV - OTHER PAY	\$1,000.48
41-4101 AUTO/TRAVEL GASOLINE EXPENSE	\$10.00
41-4102 AUTO/TRAVEL - LODGING	\$644.16
41-4103 AUTO/TRAVEL - MEALS	\$449.55
41-4104 AUTO/TRAVEL - MILEAGE/TOLLS	\$1,452.15
41-4105 AUTO/TRAVEL - REGISTRATION FEES	\$256.98
41-4108 AUTO/TRAVEL - OTHER	\$380.30
41-4109 AUTO/TRAVEL CO FLEET CHARGEBACK	\$244.50
42-4201 Office - Advertising	\$257.47
42-4203 OFFICE - OFFICE SUPPLIES	\$475.83
42-4204 OFFICE - POSTAGE	\$344.98
42-4205 OFFICE - PRINTING	\$929.05
43-4308 COMPUTER - MIS CHARGEBACKS	\$6,501.12
44-4405 UTILITY - PHONE LAND LINES	\$608.25
44-4406 UTILITY - WIRELESS COMMUNICATIONS	\$1,704.49
45-4501 SPEC DEPT SUPPLY - MISC/OTHER	\$2,419.47
45-4507 SPEC DEPT SUPPLY - MEDICAL/CLINICAL	\$3,236.61
45-4541 SPEC DEPT SUPPLY SM EQUIP TOOLS APPLNCS, SM	\$545.76
47-4703 DEPT - DUES	\$300.00
47-4707 DEPT - MAINTENANCE IN LIEU OF RENT	\$20,809.00
47-4709 Interpreters Fees	\$14,516.00
47-4733 DEPT - INDIRECT COST ALLOCATION	\$47,740.00
47-4774 DEPT PUBLIC HEALTH EDUCATION	\$7,950.00
80-8001 EMPL BENFTS - FICA AND MEDICARE	\$23,358.71
80-8002 EMPL BENFTS - HLTH INSUR ACTIVE EMPLOYEE	\$116,646.49
80-8005 EMPL BENFTS - RETIREMENT	\$47,384.77
80-8006 EMPL BENFTS - WORKERS COMPENSATION	\$10,254.72
80-8007 EMPL BENFTS - DISABILITY	\$888.00
Subtotal Department: 4082 WIC	<u>\$628,762.59</u>
Total Costs - Dept A4082 WIC	<u><u>\$628,762.59</u></u>

Revenue

R3450-R167 ST AID OTHR PUBLIC HEALTH - DEPARTMENTAL	\$88,912.35
R4482-R167 FED AID WIC PROGRAM - DEPARTMENTAL AID	<u>\$549,897.64</u>
Total Revenue - A4082	<u><u>\$638,809.99</u></u>

Sullivan County Home Health Care
 (AKA: Sullivan County Public Health Services)
Crosswalk CMS 1728
Medicare Provider #33-7165
For FYE: 12/31/17

<u>PS&R</u>			<u>Worksheet C</u>
<u>Codes</u>	<u>Ancillary Service Cost Center</u>	<u>Amount</u>	<u>S-3 Code</u>
0550	Skilled Nursing Charges	\$ 726,600	31
0420	Physical Therapy Charges	\$ 421,500	33
0430	Occupational Therapy Charges	\$ 160,500	35
0440	Speech Therapy Charges	\$ 35,875	37
0560	Medical Social Services Charges	\$ 24,706	39
0570	Home Health Aide Charges	\$ 100,919	41
0270	Medical Supply Charges	<u>\$ 34,194</u>	47
	Grand total	<u><u>\$1,504,294</u></u>	

Attachment A