

Bulletin: MSA 06-10

Distribution: Nursing Facilities (Provider Type 60)
County Medical Care Facilities (Provider Type 61)
Hospital Long Term Care Units (Provider Type 62)
Hospital Swing Beds (Provider Type 63)
Ventilator Dependent Units (Provider Type 63)
Nursing Facilities for the Mentally Ill (Provider Type 72)

Issued: February 27, 2006

Subject: Electronic Home Office Cost Statement

Effective: March 29, 2006

Programs Affected: Medicaid

The purpose of this bulletin is to provide nursing facilities with a new electronic Medicaid Nursing Facilities Home Office Cost Statement, form MSA-1578 (copy attached). The form implements changes in reporting requirements which are described below.

Effective for Home Office cost report periods ending after March 29, 2006, the home office cost statement must be submitted using the MSA-1578, and in accordance with cost allocation policies and practices as outlined in this bulletin.

HOME OFFICE COST REPORTING

Nursing facilities that have costs applicable to services, facilities, and supplies furnished to the provider by organizations or entities related to the nursing facility by common ownership or control may include the costs in the nursing facility cost report. These costs may arise from arrangements involving a home office of a chain organization, or services provided to the nursing facility or purchased by the nursing facility from related party organizations.

For facilities that are operated as part of a chain organization, home office costs claimed on the individual nursing facility's cost report must be reported using the MSA-1578.

For nursing facilities reporting costs of services provided by a related party organization, the MSA-1578 must be used for reporting costs.

When the fiscal year for the home office or related party organization coincides with the nursing facility's fiscal year, the due date for the home office or related party organization cost report must coincide with the nursing facility's annual cost report due date. In cases where the fiscal years do not coincide, the nursing facility must submit the cost report of the home office or related party organization for the most recently completed fiscal year of that entity. If the report was previously submitted to the Reimbursement and Rate Setting Section (RARSS), it must be re-submitted by the same due date as the nursing facility's cost report. (Refer to the Related or Chain Organization Cost Allocations subsection of the Nursing Facility Cost Reporting & Reimbursement Appendix of the Medicaid Provider Manual for additional information.)

If the facility does not provide the above-referenced documentation to support home office or related party organization costs, the facility must remove the costs from the nursing facility's cost report. The nursing facility's cost report will not be accepted if the provider does not remove the unsupported costs.

HOME OFFICE COSTS - CHAIN ORGANIZATION

For Medicaid purposes, a chain organization consists of a group of two or more nursing facilities, or at least one nursing facility and any other business or entity owned or operated and controlled by one organization.

For Medicaid policy regarding allowable costs, refer to the Cost Classifications and Cost Finding Section of the Nursing Facility Cost Reporting & Reimbursement Appendix of the Medicaid Provider Manual.

RELATED PARTY ORGANIZATION BUSINESS TRANSACTIONS

The operating costs of a related ownership organization are allocated to the individual nursing facility as a purchased service. This cost must be identified within the appropriate cost center in the Medicaid cost report. The identification of the type of service determines if the costs qualify to be apportioned between base and support costs using the industry-wide base and support costs percentages. If the service does not qualify to be apportioned by this method, the allocated costs are classified as support costs for the individual nursing facility.

Related party organization cost reporting is required for the specific related party organization business entity in the following cases:

- If the dollar amount of routine nursing care costs to the individual nursing facility exceeds \$10,000 in aggregate, regardless of the number or type of services provided.
- If the sum (total dollar amount) of routine nursing care costs to multiple nursing facilities exceeds \$50,000 in aggregate, regardless of the number or type of services provided and number of nursing facilities served.

These dollar limits apply to related party organization business transactions whether they are routine or ancillary nursing services.

Facility lease arrangements between related parties must be separately reported in the cost report as described in the Allowable and Non-Allowable Costs Section of the Nursing Facility Cost Reporting & Reimbursement Appendix of the Medicaid Provider Manual.

SOFTWARE ACCESS

The RARSS will provide the software and instructions for the completion of the Home Office Cost Statement (MSA-1578). RARSS will distribute the information to providers on a CD at least 60 days prior to the provider's deadline for submission. Providers will be able to access the instructions and the Home Office Cost Statement on the MDCH website by July 1, 2006.

The MSA-1578 attached to this bulletin is in reporting view and is not the input view.

If you have questions about the new Home Office Cost Statement, please contact RARSS at (517) 335-5356 or send an e-mail to DARS@michigan.gov.

POLICY CHANGES

The process and requirements described in this bulletin impact policy contained in Section 4 - Cost Reporting of the Nursing Facility Cost Reporting & Reimbursement Appendix of the Medicaid Provider Manual.

Changes in reporting requirements on the new Nursing Facility Home Office Cost Statement, form (MSA-1578) include expanded cost reporting for Legal Fees, Contracted or Purchased Services, Advertising, and Membership and/or Affiliation Costs for Home Offices.

Nursing facility providers must utilize the MSA-1578 to submit Home Office Cost Statements.

The HCFA 287-92 is no longer accepted as a guide for Home Office Cost reporting.

Manual Maintenance

The provider should retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration

Michigan Department of Community Health

HOME OFFICE COST STATEMENT

Schedule A - Information, Certification, and Chain Components

Part 1 - General Information

Home Office

- | | |
|----------------------|--|
| 1. Name: | 10. Federal Employer ID: |
| 2. Legal Name: | 11. Date Chain Operations Started: |
| 3. Street Address 1: | 12. Cost Report Start Date: |
| 4. Street Address 2: | 13. Cost Report End Date: |
| 5. City: | 14. Audited Financial Data Used on Schedule B: |
| 6. State/Province: | 15. Type of Organization: |
| 7. Zip/Postal Code: | |
| 8. Telephone Number: | |
| 9. Extension: | |

Contact

- | | |
|-------------|-----------------------|
| 16. Name: | 19. Telephone Number: |
| 17. Title: | 20. Extension: |
| 18. E-mail: | |

Name Change

- | | |
|-----------|---------------------|
| 21. From: | 23. Effective Date: |
| 22. To: | |

Division or Subsidiary

- | | |
|-----------|--------------------------|
| 24. Name: | 25. Federal Employer ID: |
|-----------|--------------------------|

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Schedule A - Information, Certification, and Chain Components

Part 2 - Certification

HOME OFFICE CERTIFICATION STATEMENT

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying statement of allowable Home Office costs, the allocation thereof to the chain components, and the other supporting schedules for the period beginning _____ and ending _____. To the best of my knowledge and belief, they are true and correct statements from the books and records of the Home Office prepared with knowledge and consent of the undersigned and does not contain untrue, misleading, or deceptive information, under penalty of perjury. All supporting records for the expenses recorded have been retained as required by state law and will be made available to auditors upon request.

Signed: _____
(Home Office Officer)

_____ (Type or Print Individual's Name)

Date: _____

Title: _____

Preparer

1. Firm Name:

7. Telephone Number:

2. Street Address 1:

8. Extension:

3. Street Address 2:

9. E-mail:

4. City:

10. Preparer Name:

5. State/Province:

6. Zip/Postal Code:

11. Date Prepared:

Certifying Officer

12. Name:

14. Date Signed:

13. Title:

General

15. Health Care Facilities - Total Pooled Cost:

17. Under Protest:

16. Cost Report Type:

18. Validation Errors:

Authority: Title XIX of the Social Security Act.
Completion is voluntary but is required for continued program payment.

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Schedule A - Information, Certification, and Chain Components

Part 3 - Listing of Chain Components

1	2	3	4	5	6	7	8	9	10	11	
Component Name	County code / License No.	Michigan Medicaid No.	National Provider ID	Fiscal Period End	Date Acquired	Date Sold / Closed	State	Medicaid Long Term Care Provider	Healthcare Related	Bed Count	
											1
											2
											3
											4
											5
											6
											7
											8
											9
											10
											11
											12
											13
											14
											15
2. Total Bed Count											
3. Number of Chain Components											15

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Schedule A - Information, Certification, and Chain Components

Part 4 - Listing of Divisions and Subsidiaries

1	2	3	4	5	6	
Name	City	State	Costs Included In this Cost Statement	Separate Cost Statement	Service Provided	
						1
						2
						3
						4
						5
						6
						7
						8
						9
						10
						11
						12
						13
						14
						15

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Schedule B - Statement of Allowable Costs

	1	2	3	4	5	6	7	8
	Expense Category	Expenses Per Home Office Books (from Sch. B-2)	Reclassifications (from Sch. B-1)	Adjustments (from Sch. C, D, & I)	Net Allowable Expenses	Direct Allocations (from Sch. E)	Functional Allocations (from Sch. F)	Pooled Allocations (to Sch. G)
	Salaries and Benefits (see Schedule K)							
1.	Salaries	0	0	0	0	0	0	0
2.	Bonuses	0	0	0	0	0	0	0
3.	Employee Insurance	0	0	0	0	0	0	0
4.	Pension/Profit Sharing	0	0	0	0	0	0	0
5.	Payroll Taxes	0	0	0	0	0	0	0
6.	Other Salary Based Benefits	0	0	0	0	0	0	0
7.	Other Benefits	0	0	0	0	0	0	0
8.	Salary and Benefit Adjustments	0	0	0	0	0	0	0
	Plant Costs							
9.	Depreciation/Amortization	0	0	0	0	0	0	0
10.	Rental and Leasing	0	0	0	0	0	0	0
11.	Interest	0	0	0	0	0	0	0
12.	Utilities	0	0	0	0	0	0	0
13.	Communications	0	0	0	0	0	0	0
14.	Repairs and Maintenance	0	0	0	0	0	0	0
15.	Supplies and Equipment	0	0	0	0	0	0	0
16.	Insurance	0	0	0	0	0	0	0
17.	Property Taxes and Licenses	0	0	0	0	0	0	0
18.	Other Plant Costs	0	0	0	0	0	0	0
	General and Administrative							
19.	Accounting and Auditing Fees	0	0	0	0	0	0	0

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Schedule B - Statement of Allowable Costs

	1	2	3	4	5	6	7	8
	Expense Category	Expenses Per Home Office Books (from Sch. B-2)	Reclassifications (from Sch. B-1)	Adjustments (from Sch. C, D, & I)	Net Allowable Expenses	Direct Allocations (from Sch. E)	Functional Allocations (from Sch. F)	Pooled Allocations (to Sch. G)
20.	Advertising	0	0	0	0	0	0	0
21.	Bad Debts	0	0	0	0	0	0	0
22.	Computer Systems/IT	0	0	0	0	0	0	0
23.	Contracted Services	0	0	0	0	0	0	0
24.	Contributions	0	0	0	0	0	0	0
25.	Conventions/Education	0	0	0	0	0	0	0
26.	Corporate Development	0	0	0	0	0	0	0
27.	Directors' Fees	0	0	0	0	0	0	0
28.	Dues, Memberships, and Subscriptions	0	0	0	0	0	0	0
29.	Income Taxes	0	0	0	0	0	0	0
30.	Insurance	0	0	0	0	0	0	0
31.	Legal Fees	0	0	0	0	0	0	0
32.	Marketing	0	0	0	0	0	0	0
33.	Minor Equipment	0	0	0	0	0	0	0
34.	Miscellaneous	0	0	0	0	0	0	0
35.	Penalties, Late Fees, and Interest	0	0	0	0	0	0	0
36.	Public Relations	0	0	0	0	0	0	0
37.	Recruiting/Help Wanted Ads	0	0	0	0	0	0	0
38.	Supplies, Late Fees, and Interest	0	0	0	0	0	0	0
39.	Taxes and Licenses	0	0	0	0	0	0	0
40.	Transportation	0	0	0	0	0	0	0
41.	Travel/Entertainment	0	0	0	0	0	0	0

Michigan Department of Community Health

Schedule B - Statement of Allowable Costs

	1	2	3	4	5	6	7	8
	Expense Category	Expenses Per Home Office Books (from Sch. B-2)	Reclassifications (from Sch. B-1)	Adjustments (from Sch. C, D, & I)	Net Allowable Expenses	Direct Allocations (from Sch. E)	Functional Allocations (from Sch. F)	Pooled Allocations (to Sch. G)
42.	Unallowable Accounts	0	0	0	0	0	0	0
43.	Unallowable/Non-Allocable Departments	0	0	0	0	0	0	0
	Other (Fill in Description)							
44.	Other (specify)	0	0	0	0	0	0	0
45.	Totals	0	0	0	0	0	0	0

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Schedule B-1 - Reclassification of Home Office Expenses

1	2	3	4	5	6	
Explanation	Reclass Number	Increase		Decrease		
		Expense Category	Amount	Expense Category	Amount	
						1
						2
						3
						4
						5
						6
						7
						8
						9
						10
						11
						12
						13
						14
						15

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Schedule B-2 - Mapping of Books to Cost Report

1	2	3	4	
GL Account Number	GL Account Name	Amount	Expense Category	
				1
				2
				3
				4
				5
				6
				7
				8
				9
				10
				11
				12
				13
				14
				15

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Schedule C - Adjustments to Home Office Expenses

	1	2	3	4	5
	Description	Basis	Amount (to Sch. B, Col. 4)	Expense Category	Comments
1.	1. Income taxes, franchise tax or fees, penalties, and related interest			Income Taxes	
	2. Penalties and Late Fees			Penalties, Late Fees, and Interest	
	3. Donations Expense			Contributions	
	4. Bad debts			Bad Debts	
	5. Excess director's fees			Directors' Fees	
	6. Intercompany profits				
	7. Interest on loans from owners				
	8. Non-Reimbursable interest				
	9. Non-Reimbursable Life Insurance premiums				
	10. Stockholders servicing and meeting costs				
	11. Costs of corporate acquisitions of stock				
	12. Acquisition expenses				
	13. Development department costs				
	14. Abandoned construction in progress costs				
	15. Reorganization costs				
	16. Amortized startup costs				
	17. Non-patient care asset disposal expense				
	18. Non-health care projects and activities				
	19. Non-competition agreement expenses				
	20. Value of services of nonpaid workers				
	21. Promotions/Marketing				
	22. Fund raising expenses				
	23. Non-Reimbursable Travel and entertainment				

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Schedule C - Adjustments to Home Office Expenses

	1	2	3	4	5
	Description	Basis	Amount (to Sch. B, Col. 4)	Expense Category	Comments
1.	24. Compensation in Excess of Cap (from Schedule K)			Salary and Benefit Adjustments	
	25. Non-allowable Compensation (from Schedule K)	A		Salary and Benefit Adjustments	
	26. Non-Reimbursable legal fees (from Sch. S-1)	A		Legal Fees	
	27. Non-Reimbursable Contracts (from Sch. S-2)	A	0	Contracted Services	
	28. Non-Reimbursable advertising (from Sch. S-3)	A	0	Advertising	
	29. Non-Reimbursable Memberships, Dues, and Subscriptions (from Sch. S-4)	A		Dues, Memberships, and Subscriptions	
	30. Other (specify)				
2. Adjustments - Costs of Serv. from Related Orgs (from Sch. D)			0		
3. Income Offsets (from Sch. I)					
4. Total Adjustments			0		

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Schedule D - Costs of Services from Related Organizations

1. **Costs from related organizations?** Yes

1	2	3	4	5	6	7	8	
Name of Related Organization	Type of Business	Ownership or Control	Explanation of Relationship	Expense Category	Expense from Related Organization	Amount Allowable in Cost	Adjustment Amount (col. 6 minus col. 7)	
								1
								2
								3
								4
								5
								6
								7
								8
								9
								10
								11
								12
								13
								14
								15
3. Total Adjustment Amount (to Sch. C, Line 31)							0	

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Schedule E - Direct Allocation of Home Office Costs to Chain Components

	1	2	3	4	5	6	7	8	9		
1.	Description										
2.	Expense Category										
3.	Chain Component								Total (to Sch. H)		
											1
											2
											3
											4
											5
											6
											7
											8
											9
											10
											11
											12
											13
											14
											15
4. Total		0									

Michigan Department of Community Health

Schedule F - Functional Allocation of Home Office Costs to Chain Components

	1	2	3	4	5	6	7	8	9	
1.	Description								Total (to Sch. H)	
2.	Expense Category									
3.	Statistic									
4.	Statistic Changed									
5.	Amount to Allocate									
6.	Chain Component									
										1
										2
										3
										4
										5
										6
										7
										8
										9
										10
										11
										12
										13
										14
										15
7. Total		0								

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Schedule G - Allocation of pooled costs to chain components

allocation between healthcare facilities and other components

1.	statistic type	
2.	statistic changed	
3.	total pooled allocations (from sch. b)	
4.	healthcare facilities - total pooled allocations	
5.	healthcare facilities - ratio	
6.	non-healthcare facilities - total pooled allocations	
7.	non-healthcare facilities - ratio	

allocation to healthcare components

	1	2	
8.	statistic type		
9.	statistic change		
10.	chain component	pooled allocation (to sch. h)	
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
11. total			

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Schedule G - Allocation of Pooled Costs to Chain Components

Allocation to Non-Healthcare Components

1		2	
12.	Statistic Type		
13.	Statistic Change		
14.	Chain Component	Pooled Allocation (to Sch. H)	
			11
			12
			13
			14
			15
15.	Total		

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Schedule H - Summary of Allocated Costs by Chain Component

	1	2	3	4	5	6	7	8	9	
1.	Chain Component	Direct Allocation (from Sch. E)	Functional Allocation (from Sch. F)	Pooled Allocation (from Sch. G)	Total Allocation	Non-Current Months	Non-Current Amount	Current Months	Current Amount	
										1
										2
										3
										4
										5
										6
										7
										8
										9
										10
										11
										12
										13
										14
										15
2.	Total Allocation Amounts									

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Schedule I - Statement of Income

	1	2	3	4
1.	Income Source	Income Amount	Offset to Expenses	Expense Category
	<i>Operating Income</i>			
1.	Management Fees			
2.	Other (specify)			
	<i>Other Income</i>			
3.	Income from investments (to Sch. M)			Interest
4.	Interest income (to Sch. M)			Interest
5.	Contributions and donations			
6.	Purchase discounts			
7.	Rebates and refunds			
8.	Parking Lot receipts			
9.	Rental income			
10.	Insurance Proceeds			
11.	Other (specify)			
2. Totals				

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Schedule J - Balance Sheet

	1	2
	Account	Amount
	<i>Current Assets</i>	
1.	Cash on hand and in bank	
2.	Current Investments	
	<i>Accounts and Notes Receivable:</i>	
3.	Employees and Owners	
4.	Intercompany	
5.	Trade Receivables	
6.	Other	
7.	Less: Allowance for Doubtful Accounts	
8.	Inventory	
9.	Prepaid Expenses	
10.	Other (specify)	
11.	Total Current Assets	
	<i>Fixed Assets</i>	
12.	Land	
13.	Land Improvements	
14.	Accumulated Depreciation	
	<i>Buildings and Improvements:</i>	
15.	Home Office	
16.	Nursing Facilities	
17.	Accumulated Depreciation	
18.	Leasehold Improvements	
19.	Accumulated Depreciation	
	<i>Fixed Equipment:</i>	

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Schedule J - Balance Sheet

	1	2
	Account	Amount
20.	Home Office	
21.	Nursing Facilities	
22.	Accumulated Depreciation	
23.	Transportation Equipment	
24.	Accumulated Depreciation	
25.	Moveable Equipment	
26.	Accumulated Depreciation	
27.	Capitalized Leases	
28.	Accumulated Depreciation	
29.	Other (specify)	
30.	Total Fixed Assets	
	<i>Noncurrent Assets</i>	
31.	Long-Term Investments	
32.	Investments in Subsidiaries	
33.	Deposits and Advances	
34.	Deferred Loan Costs and Finance Charges	
35.	Deferred Taxes	
36.	Organization Costs	
	<i>Long-Term Receivables:</i>	
37.	Due from Owners/Officers	
38.	Due from Related Organizations	
39.	Goodwill	
40.	Escrow Funds	
41.	Construction in Progress	

Michigan Department of Community Health

Schedule J - Balance Sheet

	1	2
	Account	Amount
42.	Long-Term Investments	
43.	Other (specify)	
44.	Total Noncurrent Assets	
45.	Total Assets	
	<i>Current Liabilities</i>	
	<i>Accounts and Notes Payable:</i>	
46.	Intercompany	
47.	Employee and Owners	
48.	Related Organizations	
49.	Trade	
50.	Other	
51.	Current Portion of Long-Term Debt	
52.	Accrued Salaries and Bonuses	
53.	Accrued Employee Benefits	
54.	Accrued Payroll and FICA Taxes	
55.	Accrued Income Taxes	
56.	Accrued Other Taxes	
57.	Accrued Interest Payable	
58.	Dividends Payable	
59.	Other (specify)	
60.	Total Current Liabilities	
	<i>Long-Term Liabilities</i>	
	<i>Mortgages Payable:</i>	
61.	On Home Office	

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Schedule J - Balance Sheet

	1	2
	Account	Amount
62.	On Nursing Facility Properties	
63.	Other	
64.	Notes Payable	
65.	Unsecured Loans	
66.	Loans from Owners	
67.	Other (specify)	
68.	Total Long-Term Liabilities	
	Equity	
69.	Capital Stock	
70.	Additional Paid In Capital	
71.	Retained Earnings	
72.	Results of Operations	
73.	Other (specify)	
74.	Total Equity	
75.	Total Liabilities and Equity	

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Schedule K - Key Personnel and Salaries

Part 1 - Taxable Compensation

	1	2	3	4	5	6	7	8	9	10	11
	Employee	Position	Related Party	Hours Per Week	Months Employed	Total Compensation					
						Salary	Bonus	Total (col. 6 and 7)	Employee Benefits	Employee Benefits in Other Accts.	Total (col 8, 9, and 10)
1.	Allowable Employees										
	Non-Allowable Employees										
	Total of others not listed										
2.	Subtotal										
3.	Add - Accrual, end of period										
4.	Less - Accrual, beginning of period										
5.	Other Adjustment (Describe)										
6.	Other Adjustment (Describe)										
7.	Adjusted Salary and Bonus										
8.	Salary Cap										

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Schedule K - Key Personnel and Salaries

Part 2 - Limits and Non-Allowable Compensation

	1	2	11	12	13	14	15	16	17
	Employee	Position	Total (col 8, 9, and 10)	Application of Cap		Payroll Taxes		Non-Allow. Compensation	
				Comp. in Excess of Cap	Capped Comp.	Payroll Tax Expense	Allocable Comp.	Percent of Time	Non- Allowable Amount
1.	Allowable Employees								
	Non-Allowable Employees								
	Total of others not listed								
2.	Subtotal								

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Schedule M - Interest Income

1. Interest and Investment Income Net of Expenses Offset
(Schedule I, Lines 3 & 4)

Amounts Not Requiring Offset (Explain)

	1	2
2.	Explanation	Amount
.		
.		
.		
.		
.		
3.	Total	0

4. Net Interest Income Requiring Offset
(Line 1 minus Line 3) 0

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Schedule M - Interest Income

Interest Income Allocation

	1	2	3	4	
5.	Chain Component	Interest Expense	Ratio	Interest Income	
			0.00	0	1
			0.00	0	2
			0.00	0	3
			0.00	0	4
			0.00	0	5
			0.00	0	6
			0.00	0	7
			0.00	0	8
			0.00	0	9
			0.00	0	10
			0.00	0	11
			0.00	0	12
			0.00	0	13
			0.00	0	14
			0.00	0	15
6.	Total Interest Expense	0			

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Schedule N - Allocation Statistics per Chain Component

		1	2	3	4	5	6	7	8	9	10	11	
1.	Statistic Type												
2.	Component Name	Base	Ratio	Base	Ratio	Base	Ratio	Base	Ratio	Base	Ratio		
													1
													2
													3
													4
													5
													6
													7
													8
													9
													10
													11
													12
													13
													14
													15
3.	Total	0											

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Schedule S-1 - Legal Expenses

		1	2	3
1.	Description		Amount	Non-Allowable Amount
	1. Prosecution or defense related to Medicare or Medicaid reimbursement			
	2. Prosecution or defense pertaining to compliance with licensure or certification requirements			
	3. Defense of an owner or employee in a personal or criminal legal matter			
	4. Legal preparations resulting in the filing of an appeal			
	5. Collection of delinquent accounts			
	6. Corporate restructuring or reorganization			
	7. Potential purchase or sale of nursing facilities			
	8. Purchase or sale of nursing facilities			
	9. Actual or Potential Purchase or Sale of any Other Assets			
	10. Negotiations with suppliers			
	11. Income taxes, payroll taxes, benefit plans			
	12. Union related activities			
	13. Guardianship for Medicaid residents			
	14. Other (specify)			
2.	Total Non-Allowable Amount (to Sched. C, Line 26)			0

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Schedule S-2 - Contracted or Purchased Service Expenses

1	2	3	4	5	
1. Contractor	Description	Related Party	Amount	Non-Allowable Amount	
					1
					2
					3
					4
					5
					6
					7
					8
					9
					10
					11
					12
					13
					14
					15
2. Total Non-Allowable Amount					

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Schedule S-3 - Advertising Expenses

1	2	3	4	
1. Vendor	Description	Amount	Non-Allowable Amount	
				1
				2
				3
				4
				5
				6
				7
				8
				9
				10
				11
				12
				13
				14
				15
2. Total Non-Allowable Amount			-	

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Schedule S-4 - Memberships, Dues and Subscription Expenses

		1	2	3
1.		Description	Amount	Non-Allowable Amount
	1.	Trust Fees		
	2.	Licensing Fees		
	3.	Chamber of Commerce		
	4.	Civic Organizations		
	5.	Fraternal Organizations		
	6.	Country Club/Sport/Social Organizations		
	7.	Professional Associations		
	8.	Industry Periodicals		
	9.	Health Care Associations		
	10.	Political Action dues		
	11.	Other (specify)		
2. Total Non-Allowable Amount				0