

Oklahoma Healthcare Authority- Nursing Home Facility Cost Report-State Fiscal Year June 30, 2019

FAC ID	FACILITY NAME	FACILITY TYPE	MEDICARE DAYS	MEDICAID DAYS	OTHER DAYS	TOTAL DAYS	AVAILABLE DAYS	OCCUPANCY RATE	SALARIES & WAGES	OUTSIDE PROFESSIONAL FEES	EMPLOYEE EXPENSES	TAXES (NON-PAYROLL)	OFFICE EXPENSES	INSURANCE EXPENSES	GENERAL EXPENSES	DRUGS & MEDICAL SUPPLIES	CAPITAL RELATED EXPENSES	ADMINISTRATIVE SERVICES	OTHER EXPENSES	TOTAL EXPENSES	SFY2019 COST PER DAY
296	CENTER OF FAMILY LOVE	ICF/MR	-	8,764	-	8,764	11,680	75.03%	\$ 624,068.00	\$ 13,975.00	\$ 96,676.00	\$ 232.00	\$ 30,044.00	\$ 14,239.00	\$ 109,533.00	\$ 21,086.00	\$ 112,905.00	\$ -	\$ 199,814.00	\$ 1,222,572.00	\$ 139.50
56	HAYS HOUSE	ICF/MR	-	17,632	-	17,632	40,880	43.13%	\$ 1,056,069.00	\$ 50,293.00	\$ 141,777.00	\$ -	\$ 99,791.00	\$ -	\$ 261,422.00	\$ 37,200.00	\$ 111,652.00	\$ 108,000.00	\$ 149,779.00	\$ 2,015,983.00	\$ 114.34
197	LAKE DRIVE HEALTH CARE	ICF/MR	-	21,144	-	21,144	21,900	96.55%	\$ 1,184,280.00	\$ 53,170.00	\$ 172,654.00	\$ 2,611.00	\$ 118,499.00	\$ 62,446.00	\$ 210,374.00	\$ 26,587.00	\$ 185,276.00	\$ 142,008.00	\$ 169,556.00	\$ 2,327,461.00	\$ 110.08
370	OAKRIDGE HOME	ICF/MR	-	38,304	242	38,546	58,400	66.00%	\$ 2,040,330.00	\$ 201,497.00	\$ 330,596.00	\$ -	\$ 179,105.00	\$ -	\$ 482,675.00	\$ 67,406.00	\$ 270,428.00	\$ 141,000.00	\$ 385,924.00	\$ 4,098,961.00	\$ 106.34
1	OKMULGEE TERRACE	ICF/MR	-	16,719	327	17,046	22,995	74.13%	\$ 896,137.00	\$ 106,794.00	\$ 139,813.00	\$ -	\$ 70,913.00	\$ -	\$ 218,385.00	\$ 33,080.00	\$ 124,390.00	\$ 108,000.00	\$ 152,435.00	\$ 1,849,947.00	\$ 108.53
120	RELIANT LIVING CENTER	ICF/MR	-	22,980	-	22,980	24,820	92.59%	\$ 1,813,312.85	\$ 81,369.23	\$ 295,620.63	\$ 944.65	\$ 82,990.74	\$ 24,111.96	\$ 257,096.81	\$ 92,730.14	\$ 68,017.11	\$ -	\$ 185,035.84	\$ 2,901,229.96	\$ 126.25
115	WESTVIEW LIVING CENTER	ICF/MR	-	21,967	-	21,967	25,915	84.77%	\$ 1,361,194.00	\$ 368,535.00	\$ 285,692.00	\$ 11,991.00	\$ 103,582.00	\$ 37,357.00	\$ 228,737.00	\$ 43,499.00	\$ 11,642.00	\$ -	\$ 161,970.00	\$ 2,614,199.00	\$ 119.01
175	WOODLAND PARK HOME	ICF/MR	-	14,838	-	14,838	36,865	40.25%	\$ 1,063,441.00	\$ 65,175.00	\$ 132,386.00	\$ 34,983.00	\$ 82,755.00	\$ 29,864.00	\$ 152,230.00	\$ 10,378.00	\$ 4,120.00	\$ 5,000.00	\$ 104,284.00	\$ 1,684,616.00	\$ 113.53
170	BILLINGS FAIRCHILD CENTER	ICF/MR	-	48,042	-	48,042	56,210	85.47%	\$ 2,671,381.84	\$ 262,078.00	\$ 474,022.00	\$ 15,424.00	\$ 151,706.00	\$ 97,410.00	\$ 552,431.00	\$ 140,814.00	\$ 148,072.42	\$ 215,028.00	\$ 407,531.00	\$ 5,135,898.26	\$ 106.90
	<b>REGULAR ICF/IID TOTAL'S</b>		-	<b>210,390</b>	<b>569</b>	<b>210,959</b>	<b>299,665</b>	<b>70.40%</b>	<b>\$ 12,710,213.69</b>	<b>\$ 1,202,886.23</b>	<b>\$ 2,069,236.63</b>	<b>\$ 66,185.65</b>	<b>\$ 919,385.74</b>	<b>\$ 265,427.96</b>	<b>\$ 2,472,883.81</b>	<b>\$ 472,780.14</b>	<b>\$ 1,036,502.53</b>	<b>\$ 719,036.00</b>	<b>\$ 1,916,328.84</b>	<b>\$ 23,850,867.22</b>	<b>\$ 113.06</b>

**State of Oklahoma**  
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**Nursing Home Facility Cost Report Summary**  
**Regular ICF/IID Facilities SFY 08 thru SFY 19 Cost Comparison**

1/22/2020	SFY 2019	SFY 2018	SFY 2017	SFY 2016	SFY 2015	SFY 2014	SFY 2013	SFY 2012	SFY 2011	SFY 2010	SFY 2009	SFY 2008
<b>Available Patient Days:</b>	299,665	299,665	300,030	299,156	296,345	298,710	298,282	305,364	304,911	304,775	332,949	336,024
<b>Total Patient Days:</b>	210,959	211,190	214,650	212,589	213,984	217,722	218,724	225,124	223,163	219,830	231,416	235,837
<b>Medicaid Days:</b>	210,390	210,858	214,365	212,223	213,375	217,275	218,312	224,605	222,078	219,308	229,938	230,361
<b>Medicare Days:</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>Other Days:</b>	569	332	285	366	609	447	412	519	1,085	522	1,478	5,476
<b>Occupancy %:</b>	70.40%	70.48%	71.54%	71.06%	72.21%	72.89%	73.33%	73.72%	73.19%	72.13%	69.50%	70.18%
<b>% of Medicaid:</b>	99.73%	99.84%	99.87%	99.83%	99.72%	99.79%	99.81%	99.77%	99.51%	99.76%	99.36%	97.68%
<b>Description:</b>	<b>Total Per Day</b>	<b>Total Per Day</b>	<b>Total Per Day</b>	<b>Total Per Day</b>	<b>Total Per Day</b>	<b>Total Per Day</b>	<b>Total Per Day</b>	<b>Total Per Day</b>	<b>Total Per Day</b>	<b>Total Per Day</b>	<b>Total Per Day</b>	<b>Total Per Day</b>
<b>Salaries &amp; Wages:</b>	\$ 60.25	\$ 60.51	\$ 59.61	\$ 62.65	\$ 61.78	\$ 63.36	\$ 62.49	\$ 62.79	\$ 61.38	\$ 65.60	\$ 64.91	\$ 62.04
<b>Outside Professional Fees:</b>	\$ 5.70	\$ 4.24	\$ 4.40	\$ 4.98	\$ 3.62	\$ 3.03	\$ 2.63	\$ 2.45	\$ 2.27	\$ 2.24	\$ 3.20	\$ 2.47
<b>Employee Expenses:</b>	\$ 9.81	\$ 10.01	\$ 10.75	\$ 11.40	\$ 11.56	\$ 10.53	\$ 10.82	\$ 11.33	\$ 10.77	\$ 10.48	\$ 10.56	\$ 10.96
<b>Taxes (Non-Payroll):</b>	\$ 0.31	\$ 0.17	\$ 0.36	\$ 0.30	\$ 0.27	\$ 0.46	\$ 0.54	\$ 0.47	\$ 0.51	\$ 0.49	\$ 0.46	\$ 0.49
<b>Office Expenses:</b>	\$ 4.36	\$ 4.68	\$ 4.52	\$ 4.42	\$ 4.49	\$ 5.05	\$ 4.57	\$ 4.62	\$ 4.54	\$ 4.31	\$ 4.70	\$ 4.58
<b>Insurance:</b>	\$ 1.26	\$ 1.29	\$ 1.49	\$ 1.43	\$ 1.52	\$ 1.35	\$ 1.39	\$ 1.34	\$ 1.37	\$ 1.27	\$ 1.40	\$ 1.34
<b>General Expenses:</b>	\$ 11.72	\$ 11.78	\$ 12.50	\$ 13.34	\$ 13.60	\$ 14.05	\$ 13.45	\$ 13.35	\$ 11.99	\$ 12.49	\$ 12.52	\$ 12.13
<b>Drugs &amp; Medical Supplies:</b>	\$ 2.24	\$ 2.26	\$ 2.65	\$ 2.71	\$ 2.63	\$ 2.55	\$ 2.30	\$ 2.50	\$ 2.29	\$ 2.12	\$ 2.04	\$ 1.91
<b>Capital Related Cost:</b>	\$ 4.91	\$ 4.93	\$ 4.87	\$ 4.80	\$ 4.93	\$ 4.28	\$ 4.63	\$ 5.24	\$ 5.34	\$ 7.10	\$ 7.07	\$ 6.70
<b>Administrative Services:</b>	\$ 3.41	\$ 3.51	\$ 3.24	\$ 3.53	\$ 3.63	\$ 4.28	\$ 4.67	\$ 5.12	\$ 5.20	\$ 5.43	\$ 5.05	\$ 5.03
<b>Other Expenses:</b>	\$ 9.08	\$ 9.07	\$ 9.21	\$ 9.19	\$ 9.16	\$ 8.34	\$ 8.02	\$ 7.83	\$ 8.02	\$ 7.85	\$ 8.01	\$ 8.69
<b>Total:</b>	\$ 113.06	\$ 112.46	\$ 113.61	\$ 118.74	\$ 117.17	\$ 117.26	\$ 115.51	\$ 117.04	\$ 113.68	\$ 119.38	\$ 119.92	\$ 116.34

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Summary

SFY 19

Available Patient Days:	299,665
Total Patient Days:	210,959
Medicaid Days:	210,390
Medicare Days:	-
Other Days:	569
 Occupancy %:	 70.40%
% of Medicaid:	99.73%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Salaries & Wages:	\$ 12,710,213.69	\$ 60.25
Outside Professional Fees:	\$ 1,202,886.23	\$ 5.70
Employee Expenses:	\$ 2,069,236.63	\$ 9.81
Taxes (Non-Payroll):	\$ 66,185.65	\$ 0.31
Office Expenses:	\$ 919,385.74	\$ 4.36
Insurance:	\$ 265,427.96	\$ 1.26
General Expenses:	\$ 2,472,883.81	\$ 11.72
Drugs & Medical Supplies:	\$ 472,780.14	\$ 2.24
Capital Related Cost:	\$ 1,036,502.53	\$ 4.91
Administrative Services:	\$ 719,036.00	\$ 3.41
Other Expenses:	\$ 1,916,328.84	\$ 9.08
<b>Total:</b>	<b>\$ 23,850,867.22</b>	<b>\$ 113.06</b>

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Salaries and Wages

SFY 19

Available Patient Days:	299,665
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Medicaid Days:	210,390
Medicare Days:	-
Other Days:	569

Occupancy %:	70.40%
% of Medicaid:	99.73%

<u>Description:</u>	<u>Total Cost</u>	<u>Total Hours</u>	<u>Cost Per Day</u>	<u>Hrs Per Day</u>	<u>Cost Per Hr</u>
Registered Nurses:	\$ 139,918.84	4,034	\$ 0.66	0.02	\$ 34.68
Licensed Practical Nurses:	\$ 1,626,647.98	76,730	\$ 7.71	0.36	\$ 21.20
Director of Nursing:	\$ 449,886.63	16,951	\$ 2.13	0.08	\$ 26.54
Nurse Aides:	\$ 4,555,311.36	442,839	\$ 21.59	2.10	\$ 10.29
CMA Aides:	\$ 1,285,349.02	105,663	\$ 6.09	0.50	\$ 12.16
QMRP'S (ICF-MR Only):	\$ 636,259.12	26,295	\$ 3.02	0.12	\$ 24.20
Medical Director:	\$ -	-	\$ -	-	\$ -
Physical Therapist:	\$ -	-	\$ -	-	\$ -
Occupational Therapist:	\$ -	-	\$ -	-	\$ -
Respiratory Therapist:	\$ -	-	\$ -	-	\$ -
Speech Therapist:	\$ -	-	\$ -	-	\$ -
Therapy Aide/Assistant:	\$ -	-	\$ -	-	\$ -
Administrator:	\$ 492,198.84	15,713	\$ 2.33	0.07	\$ 31.32
Assistant Administrator:	\$ 18,837.00	1,010	\$ 0.09	0.00	\$ 18.65
Accountant/Bookkeeper:	\$ 56,056.00	2,504	\$ 0.27	0.01	\$ 22.39
Other Office Staff:	\$ 388,057.49	31,975	\$ 1.84	0.15	\$ 12.14
Soc Serv Dir/Soc Worker:	\$ 62,625.00	2,080	\$ 0.30	0.01	\$ 30.11
Other Soc Serv Staff:	\$ 246,795.00	15,980	\$ 1.17	0.08	\$ 15.44
Activities Director:	\$ 7,208.00	515	\$ 0.03	0.00	\$ 14.00
Other Activities Staff:	\$ 210,149.00	24,221	\$ 1.00	0.11	\$ 8.68
Comb Soc Serv/Activities:	\$ -	-	\$ -	-	\$ -
Dietician:	\$ 76,557.00	4,932	\$ 0.36	0.02	\$ 15.52
Other Dietary Staff:	\$ 1,058,742.37	111,633	\$ 5.02	0.53	\$ 9.48

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**Salaries and Wages**

SFY 19

Available Patient Days:	299,665
Total Patient Days:	210,959
Medicaid Days:	210,390
Medicare Days:	-
Other Days:	569

Occupancy %:	70.40%
% of Medicaid:	99.73%

<u>Description:</u>	<u>Total Cost</u>	<u>Total Hours</u>	<u>Cost Per Day</u>	<u>Hrs Per Day</u>	<u>Cost Per Hr</u>
Housekeeping Supervisor:	\$ 60,353.00	4,097	\$ 0.29	0.02	\$ 14.73
Housekeeping Staff:	\$ 575,278.87	64,432	\$ 2.73	0.31	\$ 8.93
Maintenance Supervisor:	\$ 183,449.00	10,095	\$ 0.87	0.05	\$ 18.17
Maintenance Staff:	\$ 240,894.36	16,737	\$ 1.14	0.08	\$ 14.39
Laundry Supervisor:	\$ -	-	\$ -	-	\$ -
Other Laundry Staff:	\$ 260,208.00	29,633	\$ 1.23	0.14	\$ 8.78
Medical Records:	\$ -	-	\$ -	-	\$ -
Other:	\$ 79,431.81	5,182	\$ 0.38	0.02	\$ 15.33
<b>Total Salaries &amp; Wages:</b>	<b>\$ 12,710,213.69</b>	<b>1,013,251</b>	<b>\$ 60.25</b>	<b>4.80</b>	<b>\$ 12.54</b>

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Outside Professional Fees

SFY19

Available Patient Days:	299,665
Total Patient Days:	210,959
Medicaid Days:	210,390
Medicare Days:	-
Other Days:	569
 Occupancy %:	 70.40%
% of Medicaid:	99.73%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Contract Registered Nurse:	\$ 25,355.50	\$ 0.12
Contract Lic. Practical Nurse:	\$ 117,583.00	\$ 0.56
Contract Nurse Aides:	\$ 20,703.92	\$ 0.10
Medical Director:	\$ 101,792.00	\$ 0.48
Therapists:	\$ 61,660.37	\$ 0.29
Consulting Social Worker:	\$ 34,550.00	\$ 0.16
Dietician:	\$ 44,070.50	\$ 0.21
Pharmacist:	\$ 45,128.00	\$ 0.21
Dentist:	\$ 797.00	\$ 0.00
Accountants:	\$ 296,292.60	\$ 1.40
Legal:	\$ 51,324.00	\$ 0.24
Housekeeping:	\$ -	\$ -
Maintenance:	\$ 704.00	\$ 0.00
Other:	\$ 385,242.34	\$ 1.83
Computer Programmer:	\$ 17,683.00	\$ 0.08
<b>Total O/S Professional:</b>	<b>\$ 1,202,886.23</b>	<b>\$ 5.70</b>

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Employee Expenses

SFY 19

Available Patient Days:	299,665
Total Patient Days:	210,959
Medicaid Days:	210,390
Medicare Days:	-
Other Days:	569
 Occupancy %:	 70.40%
% of Medicaid:	99.73%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
<u>Employee Benefits and Payroll Related Expenses</u>		
Fica:	\$ 969,542.83	\$ 4.60
Unemployment Compensation Tax:	\$ 65,729.05	\$ 0.31
Workman's Compensation Insurance:	\$ 403,269.61	\$ 1.91
Group Health Dental Insurance:	\$ 372,891.96	\$ 1.77
Life Insurance:	\$ 210.00	\$ 0.00
Retirement and Pension:	\$ 9,112.00	\$ 0.04
Other Employee Benefits:	\$ 154,180.43	\$ 0.73
<u>Staff Development and Training</u>		
Nurse Aide Competency Evaluation:	\$ 31,079.00	\$ 0.15
Other Licensed Direct Care Training:	\$ 13,586.00	\$ 0.06
Other:	\$ 49,635.75	\$ 0.24
<b>Total</b>	<b>\$ 2,069,236.63</b>	<b>\$ 9.81</b>

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Taxes Non-Payroll Related

SFY 19

Available Patient Days: 299,665

Total Patient Days: 210,959

Medicaid Days: 210,390

Medicare Days: -

Other Days: 569

Occupancy %: 70.40%

% of Medicaid: 99.73%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Excise Tax:	\$ -	\$ -
Corporation License:	\$ 10,799.00	\$ 0.05
Ad Valorem:	\$ 51,944.00	\$ 0.25
Auto Tag/Registration:	\$ 212.00	\$ 0.00
Other:	\$ 3,230.65	\$ 0.02
<b>Total Taxes Non-Payroll</b>	<b>\$ 66,185.65</b>	<b>\$ 0.31</b>



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Office Expense

SFY19

Available Patient Days:	299,665
Total Patient Days:	210,959
Medicaid Days:	210,390
Medicare Days:	-
Other Days:	569
 Occupancy %:	 70.40%
% of Medicaid:	99.73%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Office Supplies:	\$ 165,701.46	\$ 0.79
Office Phone:	\$ 79,362.62	\$ 0.38
Office Utilities:	\$ 674,321.66	\$ 3.20
<b>Total Office Expense:</b>	<b>\$ 919,385.74</b>	<b>\$ 4.36</b>

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Insurance Non-Payroll

SFY 19

Available Patient Days: 299,665

Total Patient Days: 210,959

Medicaid Days: 210,390

Medicare Days: -

Other Days: 569

Occupancy %: 70.40%

% of Medicaid: 99.73%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Building Insurance:	\$ 96,487.96	\$ 0.46
Automobile Insurance:	\$ 29,862.00	\$ 0.14
Other Insurance:	\$ 139,078.00	\$ 0.66
<b>Total Insurance Expense:</b>	<b>\$ 265,427.96</b>	<b>\$ 1.26</b>

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General Expenses

SFY 19

Available Patient Days:	299,665
Total Patient Days:	210,959
Medicaid Days:	210,390
Medicare Days:	-
Other Days:	569
 Occupancy %:	 70.40%
% of Medicaid:	99.73%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Dues and Publications:	\$ 27,706.80	\$ 0.13
Public Relations:	\$ 49,494.00	\$ 0.23
Automobile Expense:	\$ 93,770.51	\$ 0.44
Maintenance:	\$ 365,187.89	\$ 1.73
Laundry and Linen:	\$ 103,813.38	\$ 0.49
Housekeeping Supplies:	\$ 201,721.64	\$ 0.96
Food and Kitchen Supplies:	\$ 1,541,416.75	\$ 7.31
Social Services Supplies:	\$ 89,772.84	\$ 0.43
<b>Total General Expenses:</b>	<b>\$ 2,472,883.81</b>	<b>\$ 11.72</b>

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Drugs & Medical Supplies

SFY 19

Available Patient Days: 299,665

Total Patient Days: 210,959

Medicaid Days: 210,390

Medicare Days: -

Other Days: 569

Occupancy %: 70.40%

% of Medicaid: 99.73%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Drugs and Medical Supplies:	\$ 307,894.42	\$ 1.46
Over-the-Counter Medication:	\$ 130,955.03	\$ 0.62
Special Adaptive Medical Equip:	\$ 33,930.69	\$ 0.16
<b>Total Drugs &amp; Medical:</b>	<b>\$ 472,780.14</b>	<b>\$ 2.24</b>

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Capital Related Cost

SFY 19

Available Patient Days:	299,665
Total Patient Days:	210,959
Medicaid Days:	210,390
Medicare Days:	-
Other Days:	569

Occupancy %:	70.40%
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% of Medicaid:	99.73%
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<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Equipment Rent/Lease:	\$ 70,340.43	\$ 0.33
Facility Rent/Lease:	\$ 663,602.00	\$ 3.15
Interest Expense:	\$ 4,511.99	\$ 0.02
 <u>Depreciation Summary</u>		
Building & Improvements:	\$ 156,136.11	\$ 0.74
Local Improvements:	\$ -	\$ -
Leasehold & Improvements:	\$ 50,474.00	\$ 0.24
Equipment:	\$ 91,438.00	\$ 0.43
Total Depreciation:	\$ 298,048.11	\$ 1.41
<b>Total Capital Related Costs:</b>	<b>\$ 1,036,502.53</b>	<b>\$ 4.91</b>

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Administrative Services

SFY 19

Available Patient Days:	299,665
Total Patient Days:	210,959
Medicaid Days:	210,390
Medicare Days:	-
Other Days:	569
 Occupancy %:	 70.40%
% of Medicaid:	99.73%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Home Office Expense:	\$ 491,856.00	\$ 2.33
Owner's Non-Salary Compensation:	\$ -	\$ -
Owner's Salaries Paid:	\$ 205,835.00	\$ 0.98
Benefits on Owner's Salaries:	\$ 14,193.00	\$ 0.07
Director's Fees:	\$ -	\$ -
Management Fees Paid:	\$ 7,152.00	\$ 0.03
<b>Total Administrative Services:</b>	<b>\$ 719,036.00</b>	<b>\$ 3.41</b>

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Other Expenses

SFY 19

Available Patient Days:	299,665
Total Patient Days:	210,959
Medicaid Days:	210,390
Medicare Days:	-
Other Days:	569
Occupancy %:	70.40%
% of Medicaid:	99.73%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Hepatitis Vaccination Costs:	\$ -	\$ -
Provider Fees:	\$ 1,626,399.84	\$ 7.71
Other Costs:	\$ 289,929.00	\$ 1.37
<b>Total Other Costs:</b>	<b>\$ 1,916,328.84</b>	<b>\$ 9.08</b>