

Oklahoma Healthcare Authority- Nursing Home Facility Cost Report-State Fiscal Year June 30,2020

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	SFY2020 COST PER DAY
170	BILLINGS FAIRCHILD CENTER	ICF/MR	-	50,376	-	50,376	56,210	89.62%	\$ 2,982,860.00	\$ 270,221.00	\$ 566,546.00	\$ 17,524.00	\$ 179,110.00	\$ 109,080.00	\$ 636,433.00	\$ 143,801.00	\$ 137,458.25	\$ 215,245.00	\$ 422,024.00	\$ 5,680,302.25	\$ 112.76
296	CENTER OF FAMILY LOVE	ICF/MR	-	7,773	169	7,942	11,712	67.81%	\$ 608,506.00	\$ 14,036.00	\$ 87,103.00	\$ 537.00	\$ 22,853.00	\$ 16,234.00	\$ 105,773.00	\$ 21,632.00	\$ 119,256.00	\$ -	\$ 274,301.00	\$ 1,270,231.00	\$ 159.94
56	HAYS HOUSE	ICF/MR	-	17,496	-	17,496	40,992	42.68%	\$ 1,097,598.00	\$ 93,198.00	\$ 186,048.00	\$ -	\$ 92,952.00	\$ -	\$ 233,371.00	\$ 40,984.00	\$ 144,916.00	\$ 111,000.00	\$ 145,763.00	\$ 2,145,830.00	\$ 122.65
197	LAKE DRIVE CARE & REHABILITATION	ICF/MR	-	21,243	-	21,243	21,960	96.73%	\$ 1,240,796.00	\$ 53,927.00	\$ 194,170.00	\$ 5,839.00	\$ 124,204.00	\$ 77,011.00	\$ 220,422.00	\$ 31,037.00	\$ 191,386.00	\$ 111,997.00	\$ 161,094.00	\$ 2,411,883.00	\$ 113.54
370	OAKRIDGE HOME INC	ICF/MR	-	38,837	210	39,047	58,560	66.68%	\$ 2,105,938.00	\$ 156,769.00	\$ 359,933.00	\$ -	\$ 169,935.00	\$ -	\$ 536,152.00	\$ 66,571.00	\$ 307,924.00	\$ 153,000.00	\$ 308,141.00	\$ 4,164,363.00	\$ 106.65
1	OKMULGEE TERRACE LLC	ICF/MR	-	16,852	122	16,974	23,058	73.61%	\$ 838,662.00	\$ 101,908.00	\$ 149,436.00	\$ -	\$ 66,069.00	\$ -	\$ 222,440.00	\$ 37,543.00	\$ 145,616.00	\$ 111,000.00	\$ 134,179.00	\$ 1,806,853.00	\$ 106.45
120	RELIANT LIVING CENTER	ICF/MR	-	22,695	-	22,695	24,888	91.19%	\$ 1,835,438.07	\$ 222,567.72	\$ 282,930.71	\$ 84.00	\$ 86,312.61	\$ 26,059.38	\$ 320,757.83	\$ 90,239.11	\$ 55,162.69	\$ -	\$ 172,247.92	\$ 3,091,800.04	\$ 136.23
115	WESTVIEW LIVING CENTER	ICF/MR	-	21,485	5	21,490	25,986	82.70%	\$ 1,504,069.00	\$ 335,905.00	\$ 270,070.00	\$ 14,056.00	\$ 117,480.00	\$ 42,851.00	\$ 256,362.00	\$ 51,813.00	\$ 119,863.55	\$ -	\$ 164,320.00	\$ 2,876,789.55	\$ 133.87
175	WOODLAND PARK HOME	ICF/MR	-	13,398	-	13,398	36,865	36.34%	\$ 1,170,964.46	\$ 88,214.87	\$ 132,429.50	\$ 35,162.50	\$ 81,271.00	\$ 46,267.75	\$ 129,279.00	\$ 8,287.00	\$ 2,173.13	\$ 20,534.72	\$ 114,458.00	\$ 1,829,041.93	\$ 136.52
	<b>REGULAR ICF/IID TOTAL'S</b>		-	<b>210,155</b>	<b>506</b>	<b>210,661</b>	<b>300,231</b>	<b>70.17%</b>	<b>\$ 13,384,831.53</b>	<b>\$ 1,336,746.59</b>	<b>\$ 2,228,666.21</b>	<b>\$ 73,202.50</b>	<b>\$ 940,186.61</b>	<b>\$ 317,503.13</b>	<b>\$ 2,660,989.83</b>	<b>\$ 491,907.11</b>	<b>\$ 1,223,755.62</b>	<b>\$ 722,776.72</b>	<b>\$ 1,896,527.92</b>	<b>\$ 25,277,093.77</b>	<b>\$ 119.99</b>

**State of Oklahoma**  
**Oklahoma Health Care Authority**  
**Nursing Home Facility Cost Report Summary**  
**Regular ICF/IID Facilities SFY 08 thru SFY 20 Cost Comparison**

3/2/2021	SFY 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
Available Patient Days:	300,231	299,665	299,665	300,030	299,156	296,345	298,710	298,282	305,364	304,911	304,775	332,949	336,024
Total Patient Days:	210,661	210,959	211,190	214,650	212,589	213,984	217,722	218,724	225,124	223,163	219,830	231,416	235,837
Medicaid Days:	210,155	210,390	210,858	214,365	212,223	213,375	217,275	218,312	224,605	222,078	219,308	229,938	230,361
Medicare Days:	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Days:	506	569	332	285	366	609	447	412	519	1,085	522	1,478	5,476
Occupancy %:	70.17%	70.40%	70.48%	71.54%	71.06%	72.21%	72.89%	73.33%	73.72%	73.19%	72.13%	69.50%	70.18%
% of Medicaid:	99.76%	99.73%	99.84%	99.87%	99.83%	99.72%	99.79%	99.81%	99.77%	99.51%	99.76%	99.36%	97.68%
Description:	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day
Salaries & Wages:	\$ 63.54	\$ 60.25	\$ 60.51	\$ 59.61	\$ 62.65	\$ 61.78	\$ 63.36	\$ 62.49	\$ 62.79	\$ 61.38	\$ 65.60	\$ 64.91	\$ 62.04
Outside Professional Fees:	\$ 6.35	\$ 5.70	\$ 4.24	\$ 4.40	\$ 4.98	\$ 3.62	\$ 3.03	\$ 2.63	\$ 2.45	\$ 2.27	\$ 2.24	\$ 3.20	\$ 2.47
Employee Expenses:	\$ 10.58	\$ 9.81	\$ 10.01	\$ 10.75	\$ 11.40	\$ 11.56	\$ 10.53	\$ 10.82	\$ 11.33	\$ 10.77	\$ 10.48	\$ 10.56	\$ 10.96
Taxes (Non-Payroll):	\$ 0.35	\$ 0.31	\$ 0.17	\$ 0.36	\$ 0.30	\$ 0.27	\$ 0.46	\$ 0.54	\$ 0.47	\$ 0.51	\$ 0.49	\$ 0.46	\$ 0.49
Office Expenses:	\$ 4.46	\$ 4.36	\$ 4.68	\$ 4.52	\$ 4.42	\$ 4.49	\$ 5.05	\$ 4.57	\$ 4.62	\$ 4.54	\$ 4.31	\$ 4.70	\$ 4.58
Insurance:	\$ 1.51	\$ 1.26	\$ 1.29	\$ 1.49	\$ 1.43	\$ 1.52	\$ 1.35	\$ 1.39	\$ 1.34	\$ 1.37	\$ 1.27	\$ 1.40	\$ 1.34
General Expenses:	\$ 12.63	\$ 11.72	\$ 11.78	\$ 12.50	\$ 13.34	\$ 13.60	\$ 14.05	\$ 13.45	\$ 13.35	\$ 11.99	\$ 12.49	\$ 12.52	\$ 12.13
Drugs & Medical Supplies:	\$ 2.34	\$ 2.24	\$ 2.26	\$ 2.65	\$ 2.71	\$ 2.63	\$ 2.55	\$ 2.30	\$ 2.50	\$ 2.29	\$ 2.12	\$ 2.04	\$ 1.91
Capital Related Cost:	\$ 5.81	\$ 4.91	\$ 4.93	\$ 4.87	\$ 4.80	\$ 4.93	\$ 4.28	\$ 4.63	\$ 5.24	\$ 5.34	\$ 7.10	\$ 7.07	\$ 6.70
Administrative Services:	\$ 3.43	\$ 3.41	\$ 3.51	\$ 3.24	\$ 3.53	\$ 3.63	\$ 4.28	\$ 4.67	\$ 5.12	\$ 5.20	\$ 5.43	\$ 5.05	\$ 5.03
Other Expenses:	\$ 9.00	\$ 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>	<b>\$ 119.99</b>	<b>\$ 113.06</b>	<b>\$ 112.46</b>	<b>\$ 113.61</b>	<b>\$ 118.74</b>	<b>\$ 117.17</b>	<b>\$ 117.26</b>	<b>\$ 115.51</b>	<b>\$ 117.04</b>	<b>\$ 113.68</b>	<b>\$ 119.38</b>	<b>\$ 119.92</b>	<b>\$ 116.34</b>

**State of Oklahoma  
Oklahoma Health Care Authority**

**3/2/2021                      Nursing Home Facility Cost Report Summary  
Regular ICF/IID Facilities                      State Fiscal Year June 30, 2020**

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Summary  
SFY 20

Available Patient Days:	300,231
Total Patient Days:	210,661
Medicaid Days:	210,155
Medicare Days:	-
Other Days:	506
 Occupancy %:	 70.17%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Salaries & Wages:	\$ 13,384,831.53	\$ 63.54
Outside Professional Fees:	\$ 1,336,746.59	\$ 6.35
Employee Expenses:	\$ 2,228,666.21	\$ 10.58
Taxes (Non-Payroll):	\$ 73,202.50	\$ 0.35
Office Expenses:	\$ 940,186.61	\$ 4.46
Insurance:	\$ 317,503.13	\$ 1.51
General Expenses:	\$ 2,660,989.83	\$ 12.63
Drugs & Medical Supplies:	\$ 491,907.11	\$ 2.34
Capital Related Cost:	\$ 1,223,755.62	\$ 5.81
Administrative Services:	\$ 722,776.72	\$ 3.43
Other Expenses:	\$ 1,896,527.92	\$ 9.00
<b>Total:</b>	<b>\$ 25,277,093.77</b>	<b>\$ 119.99</b>

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Salaries and Wages

SFY 20

Available Patient Days:	300,231
Total Patient Days:	210,661
Medicaid Days:	210,155
Medicare Days:	-
Other Days:	506

Occupancy %:	70.17%
% of Medicaid:	99.76%

<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:	\$ 189,296.25	5,044	\$ 0.90	0.02	\$ 37.53
Licensed Practical Nurses:	\$ 1,737,965.01	77,374	\$ 8.25	0.37	\$ 22.46
Director of Nursing:	\$ 473,674.19	16,843	\$ 2.25	0.08	\$ 28.12
Nurse Aides:	\$ 4,713,851.58	429,514	\$ 22.38	2.04	\$ 10.97
CMA Aides:	\$ 1,496,745.18	128,095	\$ 7.10	0.61	\$ 11.68
QMRP'S (ICF-MR Only):	\$ 683,430.22	43,046	\$ 3.24	0.20	\$ 15.88
Medical Director:	\$ -	-	\$ -	-	\$ -
Physical Therapist:	\$ -	-	\$ -	-	\$ -
Occupational Therapist:	\$ -	-	\$ -	-	\$ -
Respiratory Therapist:	\$ -	-	\$ -	-	\$ -
Speech Therapist:	\$ -	-	\$ -	-	\$ -
Therapy Aide/Assistant:	\$ -	-	\$ -	-	\$ -
Administrator:	\$ 433,170.05	11,822	\$ 2.06	0.06	\$ 36.64
Assistant Administrator:	\$ 69,342.00	4,636	\$ 0.33	0.02	\$ 14.96
Accountant/Bookkeeper:	\$ 54,893.00	1,847	\$ 0.26	0.01	\$ 29.72
Other Office Staff:	\$ 333,925.31	20,026	\$ 1.59	0.10	\$ 16.67
Soc Serv Dir/Soc Worker:	\$ 124,339.00	3,985	\$ 0.59	0.02	\$ 31.20
Other Soc Serv Staff:	\$ 525,582.00	43,341	\$ 2.49	0.21	\$ 12.13
Activities Director:	\$ 12,266.00	704	\$ 0.06	0.00	\$ 17.42
Other Activities Staff:	\$ 134.00	12	\$ 0.00	0.00	\$ 11.17
Comb Soc Serv/Activities:	\$ -	-	\$ -	-	\$ -
Dietician:	\$ 86,528.44	5,640	\$ 0.41	0.03	\$ 15.34
Other Dietary Staff:	\$ 1,097,673.27	111,351	\$ 5.21	0.53	\$ 9.86

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Regular ICF/IID Facilities

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Salaries and Wages

SFY 20

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:	\$ 82,655.00	5,591	\$ 0.39	0.03	\$ 14.78
Housekeeping Staff:	\$ 603,822.97	66,606	\$ 2.87	0.32	\$ 9.07
Maintenance Supervisor:	\$ 144,108.22	7,716	\$ 0.68	0.04	\$ 18.68
Maintenance Staff:	\$ 303,423.00	22,673	\$ 1.44	0.11	\$ 13.38
Laundry Supervisor:	\$ -	-	\$ -	-	\$ -
Other Laundry Staff:	\$ 212,288.84	25,351	\$ 1.01	0.12	\$ 8.37
Medical Records:	\$ -	-	\$ -	-	\$ -
Other:	\$ 5,718.00	191	\$ 0.03	0.00	\$ 29.94
<b>Total Salaries &amp; Wages:</b>	<b>\$ 13,384,831.53</b>	<b>1,031,408</b>	<b>\$ 63.54</b>	<b>4.90</b>	<b>\$ 12.98</b>

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Outside Professional Fees

SFY20

Available Patient Days:	300,231
Total Patient Days:	210,661
Medicaid Days:	210,155
Medicare Days:	-
Other Days:	506
 Occupancy %:	 70.17%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Contract Registered Nurse:	\$ 15,560.00	\$ 0.07
Contract Lic. Practical Nurse:	\$ 132,261.00	\$ 0.63
Contract Nurse Aides:	\$ 159,587.00	\$ 0.76
Medical Director:	\$ 109,171.00	\$ 0.52
Therapists:	\$ 102,688.72	\$ 0.49
Consulting Social Worker:	\$ 27,887.00	\$ 0.13
Dietician:	\$ 44,049.00	\$ 0.21
Pharmacist:	\$ 52,439.00	\$ 0.25
Dentist:	\$ -	\$ -
Accountants:	\$ 274,894.00	\$ 1.30
Legal:	\$ 49,449.00	\$ 0.23
Housekeeping:	\$ -	\$ -
Maintenance:	\$ -	\$ -
Other:	\$ 235,100.87	\$ 1.12
Computer Programmer:	\$ 133,660.00	\$ 0.63
<b>Total O/S Professional:</b>	<b>\$ 1,336,746.59</b>	<b>\$ 6.35</b>

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Regular ICF/IID Facilities

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Employee Expenses

SFY 20

Available Patient Days:	300,231
Total Patient Days:	210,661
Medicaid Days:	210,155
Medicare Days:	-
Other Days:	506

Occupancy %:	70.17%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
<b><u>Employee Benefits and Payroll Related Expenses</u></b>		
Fica:	\$ 1,036,924.85	\$ 4.92
Unemployment Compensation Tax:	\$ 41,047.29	\$ 0.19
Workman's Compensation Insurance:	\$ 483,535.51	\$ 2.30
Group Health Dental Insurance:	\$ 433,336.56	\$ 2.06
Life Insurance:	\$ 394.00	\$ 0.00
Retirement and Pension:	\$ 10,099.00	\$ 0.05
Other Employee Benefits:	\$ 138,610.00	\$ 0.66
<b><u>Staff Development and Training</u></b>		
Nurse Aide Competency Evaluation:	\$ 27,842.00	\$ 0.13
Other Licensed Direct Care Training:	\$ 10,789.00	\$ 0.05
Other:	\$ 46,088.00	\$ 0.22
<b>Total</b>	<b>\$ 2,228,666.21</b>	<b>\$ 10.58</b>

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Regular ICF/IID Facilities

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Taxes Non-Payroll Related

SFY 20

Available Patient Days:	300,231
Total Patient Days:	210,661
Medicaid Days:	210,155
Medicare Days:	-
Other Days:	506
 Occupancy %:	 70.17%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Excise Tax:	\$ 828.00	\$ 0.00
Corporation License:	\$ 6,852.00	\$ 0.03
Ad Valorem:	\$ 61,982.00	\$ 0.29
Auto Tag/Registration:	\$ 615.50	\$ 0.00
Other:	\$ 2,925.00	\$ 0.01
<b>Total Taxes Non-Payroll</b>	<b>\$ 73,202.50</b>	<b>\$ 0.35</b>



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Office Expense

SFY20

Available Patient Days: 300,231

Total Patient Days: 210,661

Medicaid Days: 210,155

Medicare Days: -

Other Days: 506

Occupancy %: 70.17%

% of Medicaid: 99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Office Supplies:	\$ 170,409.31	\$ 0.81
Office Phone:	\$ 106,949.90	\$ 0.51
Office Utilities:	\$ 662,827.40	\$ 3.15
<b>Total Office Expense:</b>	<b>\$ 940,186.61</b>	<b>\$ 4.46</b>

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Insurance Non-Payroll

SFY 20

Available Patient Days:	300,231
Total Patient Days:	210,661
Medicaid Days:	210,155
Medicare Days:	-
Other Days:	506
 Occupancy %:	 70.17%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Building Insurance:	\$ 129,413.38	\$ 0.61
Automobile Insurance:	\$ 44,670.75	\$ 0.21
Other Insurance:	\$ 143,419.00	\$ 0.68
<b>Total Insurance Expense:</b>	<b>\$ 317,503.13</b>	<b>\$ 1.51</b>

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**General Expenses**

SFY 20

Available Patient Days:	300,231
Total Patient Days:	210,661
Medicaid Days:	210,155
Medicare Days:	-
Other Days:	506
 Occupancy %:	 70.17%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Dues and Publications:	\$ 28,273.78	\$ 0.13
Public Relations:	\$ 35,776.00	\$ 0.17
Automobile Expense:	\$ 72,221.07	\$ 0.34
Maintenance:	\$ 425,158.02	\$ 2.02
Laundry and Linen:	\$ 96,408.99	\$ 0.46
Housekeeping Supplies:	\$ 216,062.16	\$ 1.03
Food and Kitchen Supplies:	\$ 1,652,285.63	\$ 7.84
Social Services Supplies:	\$ 134,804.18	\$ 0.64
<b>Total General Expenses:</b>	<b>\$ 2,660,989.83</b>	<b>\$ 12.63</b>

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Drugs & Medical Supplies

SFY 20

Available Patient Days:	300,231
Total Patient Days:	210,661
Medicaid Days:	210,155
Medicare Days:	-
Other Days:	506

Occupancy %:	70.17%
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% of Medicaid:	99.76%
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<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Drugs and Medical Supplies:	\$ 350,137.53	\$ 1.66
Over-the-Counter Medication:	\$ 133,400.58	\$ 0.63
Special Adaptive Medical Equip:	\$ 8,369.00	\$ 0.04
<b>Total Drugs &amp; Medical:</b>	<b>\$ 491,907.11</b>	<b>\$ 2.34</b>

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Capital Related Cost

SFY 20

Available Patient Days:	300,231
Total Patient Days:	210,661
Medicaid Days:	210,155
Medicare Days:	-
Other Days:	506

Occupancy %: 70.17%

% of Medicaid: 99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Equipment Rent/Lease:	\$ 76,686.76	\$ 0.36
Facility Rent/Lease:	\$ 769,325.00	\$ 3.65
Interest Expense:	\$ 88,216.69	\$ 0.42
<u>Depreciation Summary</u>		
Building & Improvements:	\$ 149,049.69	\$ 0.71
Local Improvements:	\$ -	\$ -
Leasehold & Improvements:	\$ 15,277.00	\$ 0.07
Equipment:	\$ 125,200.48	\$ 0.59
Total Depreciation:	\$ 289,527.17	\$ 1.37
<b>Total Capital Related Costs:</b>	<b>\$ 1,223,755.62</b>	<b>\$ 5.81</b>

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Administrative Services

SFY 20

Available Patient Days: 300,231

Total Patient Days: 210,661

Medicaid Days: 210,155

Medicare Days: -

Other Days: 506

Occupancy %: 70.17%

% of Medicaid: 99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Home Office Expense:	\$ 111,997.00	\$ 0.53
Owner's Non-Salary Compensation:	\$ -	\$ -
Owner's Salaries Paid:	\$ 221,378.72	\$ 1.05
Benefits on Owner's Salaries:	\$ 14,401.00	\$ 0.07
Director's Fees:	\$ -	\$ -
Management Fees Paid:	\$ 375,000.00	\$ 1.78
<b>Total Administrative Services:</b>	<b>\$ 722,776.72</b>	<b>\$ 3.43</b>

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Other Expenses

SFY 20

Available Patient Days:	300,231
Total Patient Days:	210,661
Medicaid Days:	210,155
Medicare Days:	-
Other Days:	506
 Occupancy %:	 70.17%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Hepatitis Vaccination Costs:	\$ -	\$ -
Provider Fees:	\$ 1,614,481.92	\$ 7.66
Other Costs:	\$ 282,046.00	\$ 1.34
<b>Total Other Costs:</b>	<b>\$ 1,896,527.92</b>	<b>\$ 9.00</b>