

**NEW CHOICES WAIVER  
DRAFT FACILITY COST REPORT (FCP)  
INSTRUCTIONS**

The draft Facility Cost Report is a proposed tool that will be used to review the adult residential service rate for the New Choices waiver. Please complete the form using data from your most recently completed fiscal year. **The Facility Cost Report is due to State Medicaid Agency no later than August 31, 2010.**

**Please complete the following fields to the best of your ability.**

**Facility Name:** Enter your facility name  
**Medicaid Provider ID:** Enter your Medicaid ID number  
**Administrator Name:** Enter the name of the facility administrator  
**Facility Contact Name:** Enter the name of the FCP contact for the facility  
**Facility Contact Phone Number:** Enter the phone number of the FCP contact for the facility

**Reporting Date Range (your most recently completed fiscal year)**

**Start Date:** Enter the start date of the reporting year  
**End Date:** Enter the end date of the reporting year

**Clients**

**Total Number of New Choices Waiver Clients:**

Enter the total number of New Choices waiver clients that the facility served during the reporting period

**Total Number of Other Clients:**

Enter the total number of non-New Choices waiver clients that the facility served during the reporting period

**Total Number of Clients:**

This number will automatically calculate and is the sum of the New Choices clients and other clients

**Revenue**

**New Choices Waiver Residential Services:**

Enter the total residential service revenue received for New Choices waiver clients served during the reporting period

**New Choices Waiver Room and Board:**

Enter the total room and board revenue received from the New Choices waiver clients served during the reporting period

**New Choices Waiver Total:**

This number will automatically calculate and is the sum of the New Choices waiver residential services and room and board revenue

**Other Clients Total:**

Enter the total revenue received for non-New Choices waiver clients served during the reporting period

**Donations Total:**

Enter the total donations received during the reporting period

**Total Revenue:**

This number will automatically calculate and is the sum of all the revenue

**Facility Related Expenditures**

**Please breakdown your total expenditures into the following categories:**

Equipment: Depreciation

Equipment: Small items

Supplies: Laundry & Housekeeping

Food:

Dietary Supplies:

Insurance: Property

Rent/Lease:

Mortgage Interest:

Facility Depreciation:

Real Estate Taxes

Other Property Taxes

Facility Repairs and Maintenance:

Utilities (other than telephone):

Other: **There are several fields under other that have been left blank for your input**

**Program Related Expenditures**

**Please breakdown your total expenditures into the following categories:**

Staff Salaries/Wages and Benefits:

Insurance: Liability

Program Supplies

Vehicle Expense:

Other: **There are several fields under other that have been left blank for your input**

**Administration Related Expenditures**

**Please breakdown your total expenditures into the following categories:**

Office Salaries/Wages and Benefits:

Telephone:

Other: **There are several fields under other that have been left blank for your input**

**Total Expenditures:**

This number will automatically calculate and is the sum of all the expenditures

**Comments/Feedback/Suggestions (Optional)**

Please enter your comments, feedback, and/or suggestions in this area

Once the sections are completed, you may submit them using one of the methods below:

**Email**

To: [jasonstewart@utah.gov](mailto:jasonstewart@utah.gov)

Subject: Draft Facility Cost Report

**Via Fax**

Attention: Jason Stewart

(801) 323-1567

**Via Mail**

Jason Stewart

Utah Department of Health

Division of Health Care Financing

Bureau of Long Term Care

288 North 1460 West

PO Box 143101

Salt Lake City, UT 84131-9988

If you have any questions concerning the forms or instructions, please contact Jason Stewart at [jasonstewart@utah.gov](mailto:jasonstewart@utah.gov) or (801) 538-9144.