



State of Utah

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Governor

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Lieutenant Governor

**Utah Department of Health**

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*Deputy Director, Utah Department of Health*  
*Director, Division of Medicaid and Health Financing*

**Bureau of Financial Services**

ERIC GRANT  
*Director, Bureau of Financial Services*

July 7, 2016

Dear ICF/ID Administrator *and* FCP Preparer:

It is that time of year to prepare and submit your Facility Cost Profile (FCP). The FCP for the fiscal year ending June 30, 2016 **must arrive** in our offices on or before **Thursday, September 1, 2016 by 6:00 p.m.** **USE THE FORMS FOR FISCAL YEAR 2016.** The instructions and forms for fiscal year 2016 can be downloaded at the following address:

<http://www.health.utah.gov/medicaid/stplan/NursingHomes/NhFcpForms.htm>

If MISCELLANEOUS INCOME revenue category 12 "OTHER" or "MISCELLANEOUS" EXPENSES in any cost category exceed the limits stated on the form, you must provide a separate detail schedule of those revenues and/or expenses. This can be an Excel spreadsheet inserted amongst the FCP forms or a schedule sent separately.

Please e-mail your completed electronic version to [dmeadows@utah.gov](mailto:dmeadows@utah.gov). Also, send one, and only one, signed original set of the schedules and supporting documents to:

*(Via UPS or FedEx)*

David Meadows  
Utah Department of Health  
Division of Medicaid and Health  
Financing  
Bureau of Financial Services  
288 North 1460 West  
Salt Lake City, UT 84116

*(Via U.S. Post Office)*

David Meadows  
Utah Department of Health  
Division of Medicaid and Health Financing  
Bureau of Financial Services  
PO Box 143104  
Salt Lake City, UT 84114-3104



**Failure to submit the FCP on time will result in the withholding of Medicaid payments from your facility.** The Utah State Plan Attachment 4.19-D, Section 332 states (bold added):

The FCP is due two months after the end of the reporting period... The provider may request a 15-day extension for extenuating circumstances. The request must be made in writing prior to the due date. The State may grant a 15-day extension only when justified. **Failure to file timely FCPs can result in the withholding of payments** as described in Section 720.

If your facility needs to request a deadline extension, please submit your written request via e-mail to my e-mail address.

**It is imperative that you disclose all related companies and employees.** Schedule C-2 has been altered to allow easier entry of related party information.

From CMS Pub 15-1, Section 902.5 we read who is considered a related employee:

“...the following persons are considered ‘immediate relatives’: (1) husband and wife; (2) natural parent, child and sibling; (3) adopted child and adoptive parent; (4) stepparent, stepchild, stepbrother, and stepsister; (5) father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, and sister-in-law; (6) grandparent and grandchild.”

In addition, the *Code of Federal Regulations (CFR)* states the following:

42 CFR 455.101 Definitions:

“Person with an ownership or control interest means a person or corporation that--

- (a) Has an ownership interest totaling 5 percent or more in a disclosing entity;
- (b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
- (c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
- (d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- (e) Is an officer or director of a disclosing entity that is organized as a corporation; or
- (f) Is a partner in a disclosing entity that is organized as a partnership.”

42 CFR 455.104(d):

"Denial of Federal financial participation (FFP). FFP is not available in payments made to a provider or fiscal agent that fails to disclose ownership or control information as required by this section."

Note that rent paid by a provider to a related party lessor is not an allowable cost. Please refer to page 10 of the ICF/ID FCP Instructions (available on the website) for further details.



If you have any questions about related parties, or if you have general questions about the FCP forms, please contact me at [dmeadows@utah.gov](mailto:dmeadows@utah.gov) or (801) 538-6790.

Sincerely,



David Meadows  
Medicaid Auditor

cc: Travis Lansing, Dale Byrd, Steven Jones, Aaron Eliason



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