

OSHDP Office of Statewide Health Planning and Development



Accounting and Reporting Systems Section
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To: Long-term Care Facility Financial Personnel
and Other Interested Parties

Re: Long-term Care Facility Tips and Reporting Reminders No. 1

This is the 1st in a series of Long-term Care Facility Tips and Reporting Reminders developed by the Office of Statewide Health Planning and Development (OSHDP or Office) regarding our uniform accounting and reporting system requirements for California long-term care facilities. The purpose of these letters is to provide timely information to assist you in meeting the requirements set forth in the *Accounting and Reporting Manual for California Long-term Care Facilities*.

System for Integrated Electronic Reporting and Auditing (SIERA) - Users can now make corrections to annual reports after initial submission

We have added a new function to SIERA that will allow SIERA users to make corrections to an annual report after it's been submitted to OSHDP. This function will allow the user to make corrections directly to the report that was submitted, as opposed to sending corrections to the Office on a separate spreadsheet. After making revisions, the user can then run the revised file through our entire set of edits. This can be done as many times as necessary before submitting revisions to the Office for approval.

Long-term care facilities (aside from Congregate Living Health Facilities) will still continue to use third-party vendor software to prepare annual financial reports to be uploaded to SIERA.

For detailed instructions on how to submit corrections to an annual report after initial submission please use the following link from SIERA:

<https://siera.oshpd.ca.gov/HelpTopic.aspx?id=94>

If you are not already a user in our system, you may ask someone who is already a user to add you via the "Add a User" page in SIERA, or contact the SIERA Help Desk at (916) 326-3899 or siera@oshpd.ca.gov for assistance.

Quality and Accountability Supplemental Program (QASP)

The QASP, is administered through the California Departments of Health Care Services and Public Health. Through this program, a predetermined amount is withheld from original Medi-Cal payments which then go to fund the QASP fund. These funds are then paid out to Skilled Nursing Facilities that meet certain quality measures. On the

Long-Term Care Disclosure and Medi-Cal Cost Report, these payments received must be reported as a credit to (reduction of) Medi-Cal contractual adjustments on Page 4.1, Column 1, Line 220 (any quality assurance fees paid must be reported as an Administrative expense on Page 10.1, Column 3, Line 165).

Reporting for Changes at Health Facilities

Per Section 97007 of the California Code of Regulations (CCR), each licensee of a health facility must notify the Office in writing within 30 (thirty) days whenever there is a change in any one of the following:

- Fiscal Year
- Licensee
- Name, telephone number, or street and mailing address of the health facility
- Person in charge of day-to-day operations at the health facility
- Owners having a 5% or more interest in the health facility, in the chair and members of the governing body

In addition, each licensee must notify the Office in writing within 30 (thirty) days of any health facility closure or license put in suspense.

Per Section 97008 of the CCR, each licensee of a health facility beginning operations, whether a newly constructed facility or in an existing facility, pursuant to a new license or a license previously in suspense, shall notify the Office within 7 (seven) days after the effective date of the license.

More details on both above-referenced CCR Sections can be found in the *Accounting and Reporting Manual for California Long-term Care Facilities* located on the Office's website: <http://oshpd.ca.gov/HID/Products/LTC/Manual/apndxf.pdf>

Labor Turnover Guidelines and Reminders

During our review, we have noticed that many facilities have not been correctly reporting Labor Turnover data on page 12.2. In an effort to assist in the reporting of this item, we have compiled the following:

For completing Page 12.2, Lines 605-630, include all permanent and part-time employees. Do not include registry nurses or other employees whose compensation is not reported as salaries and wages. For facilities providing Residential Care, include all employees whose duties are in any way related to Health Care activities. Exclude only employees whose duties are related solely to Residential Care.

Line 605 – “Number of employees at beginning of period”

Beginning employees should be the same as the prior year ending employees (line 610).

If this is the first report that the facility is submitting to OSHPD, beginning employees will be the number of employees on payroll at the beginning of the report period.

Line 615 – Average number of employees”

Average number of employees should not be calculated by taking the beginning employees plus ending employees divided by 2. This figure should be calculated by adding together the number of health care employees paid each payroll period and then dividing the sum by the total number of pay periods.

Line 620 – “Total number of people employed during the period”

Total employees should be equal to or greater than beginning employees plus ending employees minus continuous employees.

This figure counts individual persons hired. For example, if someone is employed at the facility, leaves and then is re-hired during the report period, count this employee only once.

The number of W2's issued during a report period that is a calendar year would be the source document for the total number of people employed during the period.

Line 630 – “Number of employees with continuous service for entire reporting period”

Continuous employees should be those employees on payroll the beginning of the reporting period and still on payroll the end of the period. This number should not be greater the smaller of the beginning employees (Line 605) and ending employees (Line 610).

Column 2 – “Direct Nursing Employees”

Employees that should be included in column 2 are those that provide Direct Nursing Care to patients. Including, but not limited to, Registered Nurses, Licensed Vocational Nurses, Certified Nursing Assistants, Physical Therapists, Occupational Therapists, Speech Therapists, and Respiratory Therapists. Another way of looking at it is to include only employees with hours reported on Page 12.1, column 1, lines 10 through 60, lines 75 through 125, lines 145 through 175, lines 191 through 198 and lines 205 through 225.

ANNUAL FINANCIAL DISCLOSURE REPORTING in 2015-16

The reporting requirements for the 39th year Long-term Care Annual Disclosure and Medi-Cal Cost Report (ADR) cycle, which includes reporting periods ended December 31, 2015 through December 30, 2016, are the same as the previous year. These reports are due 4 (four) months after the end of the health facility's fiscal year.

All vendors listed below have been approved to distribute ADR reporting software (Version 39A):

Health Financial Systems

Becky Dolin
(888) 216-6041
becky.dolan@hfssoft.com

CDL Data Solutions, Inc.

Lanny Hawkinson
(714) 525-1907
lanny.hawkinson@sbcglobal.net

KPMG

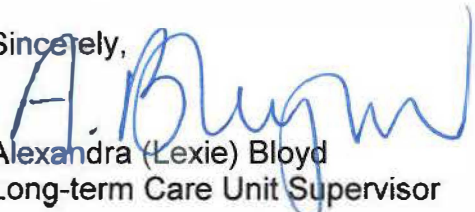
Joseph Quinn
(800) 243-7507-ex2
jwquinn@kpmg.com

ADR Extension Policy: Long-term Care Facilities may request up to 90 days of extension. A SIERA user may complete the extension request via the "Request Extension" tab in SIERA. If you are not a user and need an extension, please contact the SIERA Help Desk at (916) 326-3899 or siera@oshpd.ca.gov for assistance.

If you have any accounting or reporting questions, please contact me at (916) 326-3833 or lexie.boyd@oshpd.ca.gov.

You may also visit our website at <http://oshpd.ca.gov/HID/DataFlow/LTCMain.html>.

Sincerely,



Alexandra (Lexie) Boyd
Long-term Care Unit Supervisor