

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CONDITIONAL	LOW SUFFIX	HIGH SUFFIX	DESCRIPTION
10000		A	N/A	N/A	1	0	A	R			Cost Report Type
10010		A	N/A	N/A	30	0	A	R			Provider Name
10020		A	N/A	N/A	7	0	A	R			Medicaid Provider Number
10030		A	N/A	N/A	7	0	A	R			Medicare Provider Number
10040		A	N/A	N/A	30	0	A	R			Facility Address Line #1
10050		A	N/A	N/A	30	0	A	O			Facility Address Line #2
10060		A	N/A	N/A	18	0	A	R			Facility City
10080		A	N/A	N/A	9	0	A	R			Facility Zip Code (Zip +4 - No Hyphen)
10090		A	N/A	N/A	9	0	A	R			Facility Federal Tax Identification Number
10100		A	N/A	N/A	9	0	A	R			Odh Id Number
10110		A	N/A	N/A	2	0	A	R			Facility County
10130		A	N/A	N/A	30	0	A	O			Name Of Proprietary For-Profit Corporation
10140		A	N/A	N/A	30	0	A	O			For-Profit Corporation Address Line # 1
10150		A	N/A	N/A	30	0	A	O			For-Profit Corporation Address Line # 2
10160		A	N/A	N/A	18	0	A	O			For-Profit Corporation City
10170		A	N/A	N/A	2	0	A	O			For-Profit Corporation State Code
10180		A	N/A	N/A	9	0	A	O			For-Profit Corporation Zip Code (Zip +4 - No Hyphen)
10190		A	N/A	N/A	35	0	A	O			Other For-Profit Controlling Entity
10210		A	N/A	N/A	35	0	A	C			Other Non-Federal Governmental Controlling Agency
10220		A	N/A	N/A	30	0	A	R			Name Of The Owner Of The Real Estate
10230		A	N/A	N/A	30	0	A	R			Address Line #1 Of Real Estate Owner
10240		A	N/A	N/A	30	0	A	O			Address Line #2 Of Real Estate Owner
10250		A	N/A	N/A	18	0	A	R			City Of The Real Estate Owner
10260		A	N/A	N/A	2	0	A	R			State Of The Real Estate Owner
10270		A	N/A	N/A	9	0	A	R			Zip Code Of The Real Estate Owner(Zip +4 - No Hyphen)
10370		A	N/A	N/A	6	0	D	R			Beginning Date Of The Period Covered By The Cost Report
10380		A	N/A	N/A	6	0	D	R			End Date Of The Period Covered By The Cost Report
10390		A	1	1	8	0	N	R			Licensed Medicaid Certified Beds At The Beginning Of The
10400		A	1	2	8	0	N	R			Total Facility Licensed Beds At The Beginning Of The Cost
10410		A	2	1	8	0	N	R			Licensed Medicaid Certified Beds At The End Of The Cost
10420		A	2	2	8	0	N	R			Total Facility Licensed Beds At The End Of The Cost Report
10430		A	3	1	8	0	N	R			Total Certified Medicaid Bed Days Available
10440		A	3	2	8	0	N	C			Total Facility Licensed Bed Days Available
10450		A	4	1	8	1	N	C			Total Facility Medicaid Certified Inpatient Days
10460		A	4	2	8	1	N	R			Total Facility Licensed Inpatient Days
10470		A	N/A	N/A	6	0	D	C	A	C	Date Of A Change In The Number Of Medicaid Certified Beds, If They Change During The Cost Report
10480		A	N/A	N/A	4	0	N	C	A	C	Number Of Medicaid Certified Beds That Changed During Cost
10490		A	N/A	N/A	6	0	D	R			Date Of The Signature On The Cost Report
10500		A	N/A	N/A	20	0	A	R			Owner's Last Name Or Last Name Of Representative

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10510		A	N/A	N/A	20	0	A	R			Owner's First Name Or First Name Of Representative
10520		A	N/A	N/A	1	0	A	O			Owner's Middle Initial Or Middle Initial Of Representative
10530		A	N/A	N/A	30	0	A	R			Owner's Title Or Title Of Representative
10540		A	N/A	N/A	14	0	A	R			Owner's Telephone Number
10550		A	N/A	N/A	14	0	A	O			Owner's Fax Number
10560		A	N/A	N/A	30	0	A	O			Company That Prepared The Cost Report
10570		A	N/A	N/A	20	0	A	O			Last Name Of The Individual Preparing The Cost Report
10580		A	N/A	N/A	20	0	A	O			First Name Of The Individual Preparing The Cost Report
10590		A	N/A	N/A	1	0	A	O			Middle Initial Of The Individual Preparing The Cost Report
10600		A	N/A	N/A	30	0	A	O			Title Of The Individual Preparing The Cost Report
10610		A	N/A	N/A	30	0	A	R			Report Preparer's Address Line #1
10620		A	N/A	N/A	30	0	A	O			Report Preparer's Address Line #2
10630		A	N/A	N/A	18	0	A	R			Report Preparer's City
10640		A	N/A	N/A	2	0	A	R			Report Preparer's State
10650		A	N/A	N/A	9	0	A	R			Report Preparer's Zip Code Zip +4 - No Hyphen)
10660		A	N/A	N/A	14	0	A	R			Report Preparer's Telephone Number
10670		A	N/A	N/A	14	0	A	O			Report Preparer's Fax Number
10680		A	N/A	N/A	30	0	A	R			Address Line One Of The Location Of The Records Or Probable Audit Site
10690		A	N/A	N/A	30	0	A	O			Address Line Two Of The Location Of The Records Or Probable Audit Site
10700		A	N/A	N/A	18	0	A	R			City Of The Location Of The Records Or Probable Audit Site
10710		A	N/A	N/A	2	0	A	R			State Of The Location Of The Records Or Probable Audit Site
10720		A	N/A	N/A	9	0	A	R			Zip Code Of The Location Of The Records Or Probable Audit
10730		A	N/A	N/A	14	0	A	R			Audit Contact's Telephone Number
10740		A	N/A	N/A	2	0	A	R			County Code Of The County Of The Records Location Or
10830		A	N/A	N/A	10	0	N	O			National Provider Id
10840		A	N/A	N/A	3	0	A	O			Location Of Entity
10850		A	N/A	N/A	25	0	A	O			Location Of Entity: Foreign Location Description
10860		A	N/A	N/A	25	0	A	O			Non Profit: Foreign Non Profit Corporation: Location
10870		A	N/A	N/A	35	0	A	O			Non Profit: Other (Non Defined "Non Profit" Entity): Specify
10880		A	N/A	N/A	1	0	A	O			Care Setting: A Rehab Based
10890		A	N/A	N/A	1	0	A	O			Care Setting: B General/Acute Hospital Based
10900		A	N/A	N/A	1	0	A	O			Care Setting: C Home For Aging
10910		A	N/A	N/A	1	0	A	O			Care Setting: D Continuing Care Retirement Center
10920		A	N/A	N/A	1	0	A	O			Care Setting: E Other Assisted Living/Nursing Home Combo
10930		A	N/A	N/A	1	0	A	O			Care Setting: F Religious Non-Medical Health Care Institution
10940		A	N/A	N/A	1	0	A	O			Care Setting: G Free Standing
10950		A	N/A	N/A	1	0	A	O			Care Setting: H Combined With <lcf-Mr> <Nf> And Or/Outlier
10960		A	N/A	N/A	1	0	A	O			Care Setting: I Other (Specify)

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10970		A	N/A	N/A	25	0	A	O			Care Setting: Specify Description
11080		A	N/A	N/A	1	0	A	O			Chain Home Office: Check If Applies
11090		A	N/A	N/A	1	0	A	O			Chain Home Office: Change
11100		A	N/A	N/A	6	0	D	O			Chain Home Office: Effective Date
11110		A	N/A	N/A	30	0	A	O			Chain Home Office: Name Of Home Office
11120		A	N/A	N/A	25	0	A	O			Chain Home Office: Business Street Address Line 1
11130		A	N/A	N/A	25	0	A	O			Chain Home Office: Business Street Address Line 2
11140		A	N/A	N/A	18	0	A	O			Chain Home Office: City
11150		A	N/A	N/A	2	0	A	O			Chain Home Office: State
11160		A	N/A	N/A	9	0	A	O			Chain Home Office: Zip Code
11170		A	N/A	N/A	9	0	N	O			Chain Home Office: Federal Tax Id
11180		A	N/A	N/A	1	0	A	O			Chain Home Office: Affiliation To Chain Home Office - Change
11190		A	N/A	N/A	6	0	D	O			Chain Home Office: Affiliation To Chain Home Office - Change Effective Date
11200		A	N/A	N/A	1	0	A	O			Chain Home Office: Appropriate Job
11210		A	N/A	N/A	25	0	A	O			Chain Home Office: Other Description
11220		A	N/A	N/A	5	0	A	R			Type Of Control Of The Facility
12000		A1	1	1	10	0	N	O			January - Number Of Medicaid Certified Beds
12010		A1	1	2	10	0	N	O			January - Authorized Days
12020		A1	1	3	8	1	N	O			January - Hospital Leave Days
12030		A1	1	4	8	1	N	O			January - Therapeutic Leave Days
12040		A1	1	6	10	0	N	O			January - Private Days
12050		A1	1	7	10	0	N	O			January - Medicare Days
12060		A1	1	8	10	0	N	O			January - Veterans And Other Days
12070		A1	2	1	10	0	N	O			February - Number Of Medicaid Certified Beds
12080		A1	2	2	10	0	N	O			February - Authorized Days
12090		A1	2	3	8	1	N	O			February - Hospital Leave Days
12100		A1	2	4	8	1	N	O			February - Therapeutic Leave Days
12110		A1	2	6	10	0	N	O			February - Private Days
12120		A1	2	7	10	0	N	O			February - Medicare Days
12130		A1	2	8	10	0	N	O			February - Veterans And Other Days
12140		A1	3	1	10	0	N	O			March - Number Of Medicaid Certified Beds
12150		A1	3	2	10	0	N	O			March - Authorized Days
12160		A1	3	3	8	1	N	O			March - Hospital Leave Days
12170		A1	3	4	8	1	N	O			March - Therapeutic Leave Days
12180		A1	3	6	10	0	N	O			March - Private Days
12190		A1	3	7	10	0	N	O			March - Medicare Days
12200		A1	3	8	10	0	N	O			March - Veterans And Other Days
12210		A1	4	1	10	0	N	O			April - Number Of Medicaid Certified Beds
12220		A1	4	2	10	0	N	O			April - Authorized Days

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12230		A1	4	3	8	1	N	O			April - Hospital Leave Days
12240		A1	4	4	8	1	N	O			April - Therapeutic Leave Days
12250		A1	4	6	10	0	N	O			April - Private Days
12260		A1	4	7	10	0	N	O			April - Medicare Days
12270		A1	4	8	10	0	N	O			April - Veterans And Other Days
12280		A1	5	1	10	0	N	O			May - Number Of Medicaid Certified Beds
12290		A1	5	2	10	0	N	O			May - Authorized Days
12300		A1	5	3	8	1	N	O			May - Hospital Leave Days
12310		A1	5	4	8	1	N	O			May - Therapeutic Leave Days
12320		A1	5	6	10	0	N	O			May - Private Days
12330		A1	5	7	10	0	N	O			May - Medicare Days
12340		A1	5	8	10	0	N	O			May - Veterans And Other Days
12350		A1	6	1	10	0	N	O			June - Number Of Medicaid Certified Beds
12360		A1	6	2	10	0	N	O			June - Authorized Days
12370		A1	6	3	8	1	N	O			June - Hospital Leave Days
12380		A1	6	4	8	1	N	O			June - Therapeutic Leave Days
12390		A1	6	6	10	0	N	O			June - Private Days
12400		A1	6	7	10	0	N	O			June - Medicare Days
12410		A1	6	8	10	0	N	O			June - Veterans And Other Days
12420		A1	7	1	10	0	N	O			July - Number Of Medicaid Certified Beds
12430		A1	7	2	10	0	N	O			July - Authorized Days
12440		A1	7	3	8	1	N	O			July - Hospital Leave Days
12450		A1	7	4	8	1	N	O			July - Therapeutic Leave Days
12460		A1	7	6	10	0	N	O			July - Private Days
12470		A1	7	7	10	0	N	O			July - Medicare Days
12480		A1	7	8	10	0	N	O			July - Veterans And Other Days
12490		A1	8	1	10	0	N	O			August - Number Of Medicaid Certified Beds
12500		A1	8	2	10	0	N	O			August - Authorized Days
12510		A1	8	3	8	1	N	O			August - Hospital Leave Days
12520		A1	8	4	8	1	N	O			August - Therapeutic Leave Days
12530		A1	8	6	10	0	N	O			August - Private Days
12540		A1	8	7	10	0	N	O			August - Medicare Days
12550		A1	8	8	10	0	N	O			August - Veterans And Other Days
12560		A1	9	1	10	0	N	O			September - Number Of Medicaid Certified Beds
12570		A1	9	2	10	0	N	O			September - Authorized Days
12580		A1	9	3	8	1	N	O			September - Hospital Leave Days
12590		A1	9	4	8	1	N	O			September - Therapeutic Leave Days
12600		A1	9	6	10	0	N	O			September - Private Days
12610		A1	9	7	10	0	N	O			September - Medicare Days
12620		A1	9	8	10	0	N	O			September - Veterans And Other Days

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12630		A1	10	1	10	0	N	O			October - Number Of Medicaid Certified Beds
12640		A1	10	2	10	0	N	O			October - Authorized Days
12650		A1	10	3	8	1	N	O			October - Hospital Leave Days
12660		A1	10	4	8	1	N	O			October - Therapeutic Leave Days
12670		A1	10	6	10	0	N	O			October - Private Days
12680		A1	10	7	10	0	N	O			October - Medicare Days
12690		A1	10	8	10	0	N	O			October - Veterans And Other Days
12700		A1	11	1	10	0	N	O			November - Number Of Medicaid Certified Beds
12710		A1	11	2	10	0	N	O			November - Authorized Days
12720		A1	11	3	8	1	N	O			November - Hospital Leave Days
12730		A1	11	4	8	1	N	O			November - Therapeutic Leave Days
12740		A1	11	6	10	0	N	O			November - Private Days
12750		A1	11	7	10	0	N	O			November - Medicare Days
12760		A1	11	8	10	0	N	O			November - Veterans And Other Days
12770		A1	12	1	10	0	N	O			December - Number Of Medicaid Certified Beds
12780		A1	12	2	10	0	N	O			December - Authorized Days
12790		A1	12	3	8	1	N	O			December - Hospital Leave Days
12800		A1	12	4	8	1	N	O			December - Therapeutic Leave Days
12810		A1	12	6	10	0	N	O			December - Private Days
12820		A1	12	7	10	0	N	O			December - Medicare Days
12830		A1	12	8	10	0	N	O			December - Veterans And Other Days
18000	6000	B1	1	2	10	0	N	O			Medical Supplies - Medicare Billable - Other/Contract Wages
18010	6000	B1	1	4	10	0	N	O			Medical Supplies - Medicare Billable - Adjustments Increases (Decreases)
18020	6000	B1	1	6	5	4	N	O			Medical Supplies - Medicare Billable - Alloc.
18030	6001	B1	2	2	10	0	N	O			Medical Supplies - Medicare Non-Billable - Other/Contract
18040	6001	B1	2	4	10	0	N	O			Medical Supplies - Medicare Non-Billable - Adjustments Increases (Decreases)
18050	6001	B1	2	6	5	4	N	O			Medical Supplies - Medicare Non-Billable - Alloc.
18060	6003	B1	3	2	10	0	N	O			Oxygen - Emergency Stand-By - Other/Contract Wages
18070	6003	B1	3	4	10	0	N	O			Oxygen - Emergency Stand-By - Adjustments Increases
18080	6003	B1	3	6	5	4	N	O			Oxygen - Emergency Stand-By - Alloc.
18090	6005	B1	4	2	10	0	N	O			Medical Minor Equip. - Medicare Billable - Other/Contract
18100	6005	B1	4	4	10	0	N	O			Medical Minor Equip. - Medicare Billable - Adjustments Increases (Decreases)
18110	6005	B1	4	6	5	4	N	O			Medical Minor Equip. - Medicare Billable - Alloc.
18120	6006	B1	5	2	10	0	N	O			Medical Minor Equip. - Medicare Non-Billable - Other/Contract
18130	6006	B1	5	4	10	0	N	O			Medical Minor Equip. - Medicare Non-Billable - Adjustments Increases (Decreases)
18140	6006	B1	5	6	5	4	N	O			Medical Minor Equip. - Medicare Non-Billable - Alloc.

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18180	6020	B1	7	2	10	0	N	O			Heat, Light, Power - Other/Contract Wages
18190	6020	B1	7	4	10	0	N	O			Heat, Light, Power - Adjustments Increases (Decreases)
18200	6020	B1	7	6	5	4	N	O			Heat, Light, Power - Alloc.
18210	6030	B1	8	1	10	0	N	O			Water And Sewage - Salary Facility Employed
18220	6030	B1	8	2	10	0	N	O			Water And Sewage - Other/Contract Wages
18230	6030	B1	8	4	10	0	N	O			Water And Sewage - Adjustments Increases (Decreases)
18240	6030	B1	8	6	5	4	N	O			Water And Sewage - Alloc.
18250	6040	B1	9	2	10	0	N	O			Trash And Refuse Removal - Other/Contract Wages
18260	6040	B1	9	4	10	0	N	O			Trash And Refuse Removal - Adjustments Increases
18270	6040	B1	9	6	5	4	N	O			Trash And Refuse Removal - Alloc.
18280	6050	B1	10	2	10	0	N	O			Hazardous Medical Waste Collection - Other/Contract Wages
18290	6050	B1	10	4	10	0	N	O			Hazardous Medical Waste Collection - Adjustments Increases (Decreases)
18300	6050	B1	10	6	5	4	N	O			Hazardous Medical Waste Collection - Alloc.
18310	6060	B1	12	2	10	0	N	O			Real Estate Taxes - Other/Contract Wages
18320	6060	B1	12	4	10	0	N	O			Real Estate Taxes - Adjustments Increases (Decreases)
18330	6060	B1	12	6	5	4	N	O			Real Estate Taxes - Alloc.
18340	6070	B1	13	2	10	0	N	O			Personal Property Taxes - Other/Contract Wages
18350	6070	B1	13	4	10	0	N	O			Personal Property Taxes - Adjustments Increases (Decreases)
18360	6070	B1	13	6	5	4	N	O			Personal Property Taxes - Alloc.
18370	6080	B1	14	2	10	0	N	O			Franchise Tax (Attach Ft 1120) - Other/Contract Wages
18380	6080	B1	14	4	10	0	N	O			Franchise Tax (Attach Ft 1120) - Adjustments Increases
18390	6080	B1	14	6	5	4	N	O			Franchise Tax (Attach Ft 1120) - Alloc.
18430	6095	B1	18	2	10	0	N	O			Home Office Costs/Other Protected ** - Other/Contract Wages
18440	6095	B1	18	4	10	0	N	O			Home Office Costs/Other Protected ** - Adjustments Increases (Decreases)
18450	6095	B1	18	6	5	4	N	O			Home Office Costs/Other Protected ** - Alloc.
18460	6091	B1	17	2	10	0	N	O			Franchise Permit Fees - Other/Contract Wages
18470	6091	B1	17	4	10	0	N	O			Franchise Permit Fees - Adjustments Increases (Decreases)
18480	6091	B1	17	6	5	4	N	O			Franchise Permit Fees - Alloc.
18490	6054	B1	19	2	10	0	N	O			Payroll Taxes - Other Protected - Other/Contract Wages
18500	6054	B1	19	4	10	0	N	O			Payroll Taxes - Other Protected - Adjustments Increases
18510	6054	B1	19	6	5	4	N	O			Payroll Taxes - Other Protected - Alloc.
18520	6055	B1	20	2	10	0	N	O			Workers Compensation - Other Protected - Other/Contract
18530	6055	B1	20	4	10	0	N	O			Workers Compensation - Other Protected - Adjustments Increases (Decreases)
18540	6055	B1	20	6	5	4	N	O			Workers Compensation - Other Protected - Alloc.
18550	6056	B1	21	2	10	0	N	O			Employee Fringe Benefits - Other Protected - Other/Contract
18560	6056	B1	21	4	10	0	N	O			Employee Fringe Benefits - Other Protected - Adjustments Increases (Decreases)

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18570	6056	B1	21	6	5	4	N	O			Employee Fringe Benefits - Other Protected - Alloc.
18580	6057	B1	22	1	10	0	N	O			Eap Administrator - Other Protected - Salary Facility Employed
18590	6057	B1	22	2	10	0	N	O			Eap Administrator - Other Protected - Other/Contract Wages
18600	6057	B1	22	4	10	0	N	O			Eap Administrator - Other Protected - Adjustments Increases (Decreases)
18610	6057	B1	22	6	5	4	N	O			Eap Administrator - Other Protected - Alloc.
18620	6058	B1	23	1	10	0	N	O			Self Funded Programs Adm. - Other Protected - Salary Facility Employed
18630	6058	B1	23	2	10	0	N	O			Self Funded Programs Adm. - Other Protected - Other/Contract
18640	6058	B1	23	4	10	0	N	O			Self Funded Programs Adm. - Other Protected - Adjustments Increases (Decreases)
18650	6058	B1	23	6	5	4	N	O			Self Funded Programs Adm. - Other Protected - Alloc.
18660	6059	B1	24	1	10	0	N	O			Staff Development - Other Protected - Salary Facility Employed
18670	6059	B1	24	2	10	0	N	O			Staff Development - Other Protected - Other/Contract Wages
18680	6059	B1	24	4	10	0	N	O			Staff Development - Other Protected - Adjustments Increases (Decreases)
18690	6059	B1	24	6	5	4	N	O			Staff Development - Other Protected - Alloc.
19000	6085	B1	15	2	10	0	N	O			Commercial Activity Tax (Cat) - Other/Contract Wages
19010	6085	B1	15	4	10	0	N	O			Commercial Activity Tax (Cat) - Adjustments Increases
19020	6085	B1	15	6	5	4	N	O			Commercial Activity Tax (Cat) - Alloc.
20000	6100	B2	1	1	10	0	N	O			Medical Director - Salary Facility Employed
20010	6100	B2	1	2	10	0	N	O			Medical Director - Other/Contract Wages
20020	6100	B2	1	4	10	0	N	O			Medical Director - Adjustments Increases (Decreases)
20030	6100	B2	1	6	5	4	N	O			Medical Director - Alloc.
20040	6105	B2	2	1	10	0	N	O			Director Of Nursing - Salary Facility Employed
20050	6105	B2	2	2	10	0	N	O			Director Of Nursing - Other/Contract Wages
20060	6105	B2	2	4	10	0	N	O			Director Of Nursing - Adjustments Increases (Decreases)
20070	6105	B2	2	6	5	4	N	O			Director Of Nursing - Alloc.
20080	6110	B2	3	1	10	0	N	O			Rn Charge Nurse - Salary Facility Employed
20090	6110	B2	3	2	10	0	N	O			Rn Charge Nurse - Other/Contract Wages
20100	6110	B2	3	4	10	0	N	O			Rn Charge Nurse - Adjustments Increases (Decreases)
20110	6110	B2	3	6	5	4	N	O			Rn Charge Nurse - Alloc.
20120	6115	B2	4	1	10	0	N	O			Lpn Charge Nurse - Salary Facility Employed
20130	6115	B2	4	2	10	0	N	O			Lpn Charge Nurse - Other/Contract Wages
20140	6115	B2	4	4	10	0	N	O			Lpn Charge Nurse - Adjustments Increases (Decreases)
20150	6115	B2	4	6	5	4	N	O			Lpn Charge Nurse - Alloc.
20160	6120	B2	5	1	10	0	N	O			Registered Nurse - Salary Facility Employed
20170	6120	B2	5	2	10	0	N	O			Registered Nurse - Other/Contract Wages
20180	6120	B2	5	4	10	0	N	O			Registered Nurse - Adjustments Increases (Decreases)
20190	6120	B2	5	6	5	4	N	O			Registered Nurse - Alloc.

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DITIONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
20200	6125	B2	6	1	10	0	N	O			Licensed Practical Nurse - Salary Facility Employed
20210	6125	B2	6	2	10	0	N	O			Licensed Practical Nurse - Other/Contract Wages
20220	6125	B2	6	4	10	0	N	O			Licensed Practical Nurse - Adjustments Increases (Decreases)
20230	6125	B2	6	6	5	4	N	O			Licensed Practical Nurse - Alloc.
20240	6130	B2	7	1	10	0	N	O			Nurse Aides - Salary Facility Employed
20250	6130	B2	7	4	10	0	N	O			Nurse Aides - Adjustments Increases (Decreases)
20260	6130	B2	7	6	5	4	N	O			Nurse Aides - Alloc.
20270	6135	B2	8	1	10	0	N	O			Activity Director - Salary Facility Employed
20280	6135	B2	8	2	10	0	N	O			Activity Director - Other/Contract Wages
20290	6135	B2	8	4	10	0	N	O			Activity Director - Adjustments Increases (Decreases)
20300	6135	B2	8	6	5	4	N	O			Activity Director - Alloc.
20310	6140	B2	9	1	10	0	N	O			Activity Staff - Salary Facility Employed
20320	6140	B2	9	2	10	0	N	O			Activity Staff - Other/Contract Wages
20330	6140	B2	9	4	10	0	N	O			Activity Staff - Adjustments Increases (Decreases)
20340	6140	B2	9	6	5	4	N	O			Activity Staff - Alloc.
20390	6150	B2	10	1	10	0	N	O			Program Specialist - Salary Facility Employed
20400	6150	B2	10	2	10	0	N	O			Program Specialist - Other/Contract Wages
20410	6150	B2	10	4	10	0	N	O			Program Specialist - Adjustments Increases (Decreases)
20420	6150	B2	10	6	5	4	N	O			Program Specialist - Alloc.
20430	6155	B2	11	1	10	0	N	O			Program Director - Salary Facility Employed
20440	6155	B2	11	2	10	0	N	O			Program Director - Other/Contract Wages
20450	6155	B2	11	4	10	0	N	O			Program Director - Adjustments Increases (Decreases)
20460	6155	B2	11	6	5	4	N	O			Program Director - Alloc.
20510	6165	B2	12	1	10	0	N	O			Habilitation Supervisor - Salary Facility Employed
20520	6165	B2	12	2	10	0	N	O			Habilitation Supervisor - Other/Contract Wages
20530	6165	B2	12	4	10	0	N	O			Habilitation Supervisor - Adjustments Increases (Decreases)
20540	6165	B2	12	6	5	4	N	O			Habilitation Supervisor - Alloc.
20550	6170	B2	13	1	10	0	N	O			Habilitation Staff - Salary Facility Employed
20560	6170	B2	13	2	10	0	N	O			Habilitation Staff - Other/Contract Wages
20570	6170	B2	13	4	10	0	N	O			Habilitation Staff - Adjustments Increases (Decreases)
20580	6170	B2	13	6	5	4	N	O			Habilitation Staff - Alloc.
20590	6175	B2	14	1	10	0	N	O			Psychologist - Salary Facility Employed
20600	6175	B2	14	2	10	0	N	O			Psychologist - Other/Contract Wages
20610	6175	B2	14	4	10	0	N	O			Psychologist - Adjustments Increases (Decreases)
20620	6175	B2	14	6	5	4	N	O			Psychologist - Alloc.
20630	6180	B2	15	1	10	0	N	O			Psychology Assistant - Salary Facility Employed
20640	6180	B2	15	2	10	0	N	O			Psychology Assistant - Other/Contract Wages
20650	6180	B2	15	4	10	0	N	O			Psychology Assistant - Adjustments Increases (Decreases)
20660	6180	B2	15	6	5	4	N	O			Psychology Assistant - Alloc.
20670	6185	B2	16	1	10	0	N	O			Respiratory Therapist - Salary Facility Employed

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DITIONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
20680	6185	B2	16	2	10	0	N	O			Respiratory Therapist - Other/Contract Wages
20690	6185	B2	16	4	10	0	N	O			Respiratory Therapist - Adjustments Increases (Decreases)
20700	6185	B2	16	6	5	4	N	O			Respiratory Therapist - Alloc.
20710	6190	B2	17	1	10	0	N	O			Social Work/Counseling - Salary Facility Employed
20720	6190	B2	17	2	10	0	N	O			Social Work/Counseling - Other/Contract Wages
20730	6190	B2	17	4	10	0	N	O			Social Work/Counseling - Adjustments Increases (Decreases)
20740	6190	B2	17	6	5	4	N	O			Social Work/Counseling - Alloc.
20750	6195	B2	18	1	10	0	N	O			Social Services/Pastoral Care - Salary Facility Employed
20760	6195	B2	18	2	10	0	N	O			Social Services/Pastoral Care - Other/Contract Wages
20770	6195	B2	18	4	10	0	N	O			Social Services/Pastoral Care - Adjustments Increases
20780	6195	B2	18	6	5	4	N	O			Social Services/Pastoral Care - Alloc.
20790	6200	B2	19	1	10	0	N	O			Qualified Mental Retardation Professional - Salary Facility
20800	6200	B2	19	2	10	0	N	O			Qualified Mental Retardation Professional - Other/Contract
20810	6200	B2	19	4	10	0	N	O			Qualified Mental Retardation Professional - Adjustments Increases (Decreases)
20820	6200	B2	19	6	5	4	N	O			Qualified Mental Retardation Professional - Alloc.
20830	6205	B2	20	1	10	0	N	O			Quality Assurance - Salary Facility Employed
20840	6205	B2	20	2	10	0	N	O			Quality Assurance - Other/Contract Wages
20850	6205	B2	20	4	10	0	N	O			Quality Assurance - Adjustments Increases (Decreases)
20860	6205	B2	20	6	5	4	N	O			Quality Assurance - Alloc.
20870	6210	B2	21	2	10	0	N	O			Consulting And Management Fees-Direct Care - Other/Contract
20880	6210	B2	21	4	10	0	N	O			Consulting And Management Fees-Direct Care - Adjustments Increases (Decreases)
20890	6210	B2	21	6	5	4	N	O			Consulting And Management Fees-Direct Care - Alloc.
20900	6220	B2	22	1	10	0	N	O			Other Direct Care - Specify Below - Salary Facility Employed
20910	6220	B2	22	2	10	0	N	O			Other Direct Care - Specify Below - Other/Contract Wages
20920	6220	B2	22	4	10	0	N	O			Other Direct Care - Specify Below - Adjustments Increases
20930	6220	B2	22	6	5	4	N	O			Other Direct Care - Specify Below - Alloc.
20940	6220	B2	22	aa	30	0	A	C	A	D	Other Direct Care - Specify Below - Account Title
20960	6230	B2	23	1	10	0	N	O			Home Office Costs/Direct Care - Salary Facility Employed
20970	6230	B2	23	2	10	0	N	O			Home Office Costs/Direct Care - Other/Contract Wages
20980	6230	B2	23	4	10	0	N	O			Home Office Costs/Direct Care - Adjustments Increases
20990	6230	B2	23	6	5	4	N	O			Home Office Costs/Direct Care - Alloc.
21000	6300	B2	25	2	10	0	N	O			Registered Nurse - Purchased Nursing - Other/Contract Wages
21010	6300	B2	25	4	10	0	N	O			Registered Nurse - Purchased Nursing - Adjustments Increases (Decreases)
21020	6300	B2	25	6	5	4	N	O			Registered Nurse - Purchased Nursing - Alloc.
21030	6310	B2	26	2	10	0	N	O			Licensed Practical Nurse - Purchased Nursing - Other/Contract
21040	6310	B2	26	4	10	0	N	O			Licensed Practical Nurse - Purchased Nursing - Adjustments Increases (Decreases)

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CONDITIONAL	LOW SUFFIX	HIGH SUFFIX	DESCRIPTION
21050	6310	B2	26	6	5	4	N	O			Licensed Practical Nurse - Purchased Nursing - Alloc.
21060	6320	B2	27	2	10	0	N	O			Nurse Aides - Purchased Nursing - Other/Contract Wages
21070	6320	B2	27	4	10	0	N	O			Nurse Aides - Purchased Nursing - Adjustments Increases
21080	6320	B2	27	6	5	4	N	O			Nurse Aides - Purchased Nursing - Alloc.
21400	6600	B2	29	1	10	0	N	C			Physical Therapist - Salary Facility Employed
21410	6600	B2	29	2	10	0	N	C			Physical Therapist - Other/Contract Wages
21420	6600	B2	29	4	10	0	N	C			Physical Therapist - Adjustments Increases (Decreases)
21430	6600	B2	29	6	5	4	N	C			Physical Therapist - Alloc.
21440	6605	B2	30	1	10	0	N	C			Physical Therapy Assistant - Salary Facility Employed
21450	6605	B2	30	2	10	0	N	C			Physical Therapy Assistant - Other/Contract Wages
21460	6605	B2	30	4	10	0	N	C			Physical Therapy Assistant - Adjustments Increases
21470	6605	B2	30	6	5	4	N	C			Physical Therapy Assistant - Alloc.
21480	6610	B2	31	1	10	0	N	C			Occupational Therapist - Salary Facility Employed
21490	6610	B2	31	2	10	0	N	C			Occupational Therapist - Other/Contract Wages
21500	6610	B2	31	4	10	0	N	C			Occupational Therapist - Adjustments Increases (Decreases)
21510	6610	B2	31	6	5	4	N	C			Occupational Therapist - Alloc.
21520	6615	B2	32	1	10	0	N	C			Occupational Therapy Assistant - Salary Facility Employed
21530	6615	B2	32	2	10	0	N	C			Occupational Therapy Assistant - Other/Contract Wages
21540	6615	B2	32	4	10	0	N	C			Occupational Therapy Assistant - Adjustments Increases
21550	6615	B2	32	6	5	4	N	C			Occupational Therapy Assistant - Alloc.
21560	6620	B2	33	1	10	0	N	C			Speech Therapist - Salary Facility Employed
21570	6620	B2	33	2	10	0	N	C			Speech Therapist - Other/Contract Wages
21580	6620	B2	33	4	10	0	N	C			Speech Therapist - Adjustments Increases (Decreases)
21590	6620	B2	33	6	5	4	N	C			Speech Therapist - Alloc.
21600	6630	B2	34	1	10	0	N	C			Audiologist - Salary Facility Employed
21610	6630	B2	34	2	10	0	N	C			Audiologist - Other/Contract Wages
21620	6630	B2	34	4	10	0	N	C			Audiologist - Adjustments Increases (Decreases)
21630	6630	B2	34	6	5	4	N	C			Audiologist - Alloc.
21640	6510	B2	36	2	10	0	N	O			Payroll Taxes - Direct Care - Other/Contract Wages
21650	6510	B2	36	4	10	0	N	O			Payroll Taxes - Direct Care - Adjustments Increases
21660	6510	B2	36	6	5	4	N	O			Payroll Taxes - Direct Care - Alloc.
21670	6520	B2	37	2	10	0	N	O			Workers' Compensation - Direct Care - Other/Contract Wages
21680	6520	B2	37	4	10	0	N	O			Workers' Compensation - Direct Care - Adjustments Increases (Decreases)
21690	6520	B2	37	6	5	4	N	O			Workers' Compensation - Direct Care - Alloc.
21700	6530	B2	38	2	10	0	N	O			Employee Fringe Benefits - Direct Care - Other/Contract Wages
21710	6530	B2	38	4	10	0	N	O			Employee Fringe Benefits - Direct Care - Adjustments Increases (Decreases)
21720	6530	B2	38	6	5	4	N	O			Employee Fringe Benefits - Direct Care - Alloc.
21730	6535	B2	39	1	10	0	N	O			Eap Administrator - Direct Care - Salary Facility Employed

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DITIONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
21740	6535	B2	39	2	10	0	N	O			Eap Administrator - Direct Care - Other/Contract Wages
21750	6535	B2	39	4	10	0	N	O			Eap Administrator - Direct Care - Adjustments Increases
21760	6535	B2	39	6	5	4	N	O			Eap Administrator - Direct Care - Alloc.
21770	6540	B2	40	1	10	0	N	O			Self Funded Programs Admin. - Direct Care - Salary Facility
21780	6540	B2	40	2	10	0	N	O			Self Funded Programs Admin. - Direct Care - Other/Contract
21790	6540	B2	40	4	10	0	N	O			Self Funded Programs Admin. - Direct Care - Adjustments Increases (Decreases)
21800	6540	B2	40	6	5	4	N	O			Self Funded Programs Admin. - Direct Care - Alloc.
21810	6550	B2	41	1	10	0	N	O			Staff Development - Direct Care - Salary Facility Employed
21820	6550	B2	41	2	10	0	N	O			Staff Development - Direct Care - Other/Contract Wages
21830	6550	B2	41	4	10	0	N	O			Staff Development - Direct Care - Adjustments Increases
21840	6550	B2	41	6	5	4	N	O			Staff Development - Direct Care - Alloc.
21850	6220	B2	22	ab	10	0	N	O	A	D	Other Direct Care - Specify Below - Salary Column 1
21860	6220	B2	22	ac	10	0	N	O	A	D	Other Direct Care - Specify Below - Other Column 2
23000	7000	C	1	1	10	0	N	O			Dietitian - Salary Facility Employed
23010	7000	C	1	2	10	0	N	O			Dietitian - Other/Contract Wages
23020	7000	C	1	4	10	0	N	O			Dietitian - Adjustments Increases (Decreases)
23030	7000	C	1	6	5	4	N	O			Dietitian - Alloc.
23040	7005	C	2	1	10	0	N	O			Food Service Supervisor - Salary Facility Employed
23050	7005	C	2	2	10	0	N	O			Food Service Supervisor - Other/Contract Wages
23060	7005	C	2	4	10	0	N	O			Food Service Supervisor - Adjustments Increases (Decreases)
23070	7005	C	2	6	5	4	N	O			Food Service Supervisor - Alloc.
23080	7015	C	3	1	10	0	N	O			Dietary Personnel - Salary Facility Employed
23090	7015	C	3	2	10	0	N	O			Dietary Personnel - Other/Contract Wages
23100	7015	C	3	4	10	0	N	O			Dietary Personnel - Adjustments Increases (Decreases)
23110	7015	C	3	6	5	4	N	O			Dietary Personnel - Alloc.
23120	7025	C	4	2	10	0	N	O			Dietary Supplies And Expenses - Other/Contract Wages
23130	7025	C	4	4	10	0	N	O			Dietary Supplies And Expenses - Adjustments Increases
23140	7025	C	4	6	5	4	N	O			Dietary Supplies And Expenses - Alloc.
23150	7030	C	5	2	10	0	N	O			Dietary Minor Equipment - Other/Contract Wages
23160	7030	C	5	4	10	0	N	O			Dietary Minor Equipment - Adjustments Increases (Decreases)
23170	7030	C	5	6	5	4	N	O			Dietary Minor Equipment - Alloc.
23180	7035	C	6	2	10	0	N	O			Dietary Maintenance And Repair - Other/Contract Wages
23190	7035	C	6	4	10	0	N	O			Dietary Maintenance And Repair - Adjustments Increases
23200	7035	C	6	6	5	4	N	O			Dietary Maintenance And Repair - Alloc.
23210	7040	C	7	2	10	0	N	O			Food In-Facility - Other/Contract Wages
23220	7040	C	7	4	10	0	N	O			Food In-Facility - Adjustments Increases (Decreases)
23230	7040	C	7	6	5	4	N	O			Food In-Facility - Alloc.
23280	7045	C	8	2	10	0	N	O			Employee Meals - Other/Contract Wages
23290	7045	C	8	4	10	0	N	O			Employee Meals - Adjustments Increases (Decreases)

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DIT I ONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
23300	7045	C	8	6	5	4	N	O			Employee Meals - Alloc.
23310	7050	C	9	2	10	0	N	O			Contract Meals/Contract Meals Personnel - Other/Contract
23320	7050	C	9	4	10	0	N	O			Contract Meals/Contract Meals Personnel - Adjustments Increases (Decreases)
23330	7050	C	9	6	5	4	N	O			Contract Meals/Contract Meals Personnel - Alloc.
23340	7055	C	10	2	10	0	N	O			Enterals: Medicare Billable - Other/Contract Wages
23350	7055	C	10	4	10	0	N	O			Enterals: Medicare Billable - Adjustments Increases
23360	7055	C	10	6	5	4	N	O			Enterals: Medicare Billable - Alloc.
23370	7060	C	12	2	10	0	N	O			Payroll Taxes - Dietary - Other/Contract Wages
23380	7060	C	12	4	10	0	N	O			Payroll Taxes - Dietary - Adjustments Increases (Decreases)
23390	7060	C	12	6	5	4	N	O			Payroll Taxes - Dietary - Alloc.
23400	7065	C	13	2	10	0	N	O			Workers'Compensation - Dietary - Other/Contract Wages
23410	7065	C	13	4	10	0	N	O			Workers'Compensation - Dietary - Adjustments Increases
23420	7065	C	13	6	5	4	N	O			Workers'Compensation - Dietary - Alloc.
23430	7070	C	14	2	10	0	N	O			Employee Fringe Benefits - Dietary - Other/Contract Wages
23440	7070	C	14	4	10	0	N	O			Employee Fringe Benefits - Dietary - Adjustments Increases (Decreases)
23450	7070	C	14	6	5	4	N	O			Employee Fringe Benefits - Dietary - Alloc.
23460	7075	C	15	1	10	0	N	O			Eap Administrator - Dietary - Salary Facility Employed
23470	7075	C	15	2	10	0	N	O			Eap Administrator - Dietary - Other/Contract Wages
23480	7075	C	15	4	10	0	N	O			Eap Administrator - Dietary - Adjustments Increases
23490	7075	C	15	6	5	4	N	O			Eap Administrator - Dietary - Alloc.
23500	7080	C	16	1	10	0	N	O			Self Funded Programs Admin. - Dietary - Salary Facility
23510	7080	C	16	2	10	0	N	O			Self Funded Programs Admin. - Dietary - Other/Contract Wages
23520	7080	C	16	4	10	0	N	O			Self Funded Programs Admin. - Dietary - Adjustments Increases (Decreases)
23530	7080	C	16	6	5	4	N	O			Self Funded Programs Admin. - Dietary - Alloc.
23540	7090	C	17	1	10	0	N	O			Staff Development - Dietary - Salary Facility Employed
23550	7090	C	17	2	10	0	N	O			Staff Development - Dietary - Other/Contract Wages
23560	7090	C	17	4	10	0	N	O			Staff Development - Dietary - Adjustments Increases
23570	7090	C	17	6	5	4	N	O			Staff Development - Dietary - Alloc.
23580	7100	C	19	2	10	0	N	O			Habilitation Supplies - Other/Contract Wages
23590	7100	C	19	4	10	0	N	O			Habilitation Supplies - Adjustments Increases (Decreases)
23600	7100	C	19	6	5	4	N	O			Habilitation Supplies - Alloc.
23610	7105	C	20	1	10	0	N	O			Medical/Habilitation Records - Salary Facility Employed
23620	7105	C	20	2	10	0	N	O			Medical/Habilitation Records - Other/Contract Wages
23630	7105	C	20	4	10	0	N	O			Medical/Habilitation Records - Adjustments Increases
23640	7105	C	20	6	5	4	N	O			Medical/Habilitation Records - Alloc.
23650	7110	C	21	1	10	0	N	O			Pharmaceutical Consultant - Salary Facility Employed
23660	7110	C	21	2	10	0	N	O			Pharmaceutical Consultant - Other/Contract Wages

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DIT I ONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
23670	7110	C	21	4	10	0	N	O			Pharmaceutical Consultant - Adjustments Increases
23680	7110	C	21	6	5	4	N	O			Pharmaceutical Consultant - Alloc.
23690	7115	C	22	2	10	0	N	O			Incontinence Supplies - Other/Contract Wages
23700	7115	C	22	4	10	0	N	O			Incontinence Supplies - Adjustments Increases (Decreases)
23710	7115	C	22	6	5	4	N	O			Incontinence Supplies - Alloc.
23720	7120	C	23	2	10	0	N	O			Personal Care - Supplies - Other/Contract Wages
23730	7120	C	23	4	10	0	N	O			Personal Care - Supplies - Adjustments Increases (Decreases)
23740	7120	C	23	6	5	4	N	O			Personal Care - Supplies - Alloc.
23750	7125	C	24	2	10	0	N	O			Program Supplies - Other/Contract Wages
23760	7125	C	24	4	10	0	N	O			Program Supplies - Adjustments Increases (Decreases)
23770	7125	C	24	6	5	4	N	O			Program Supplies - Alloc.
23780	7200	C	26	1	10	0	N	O			Administrator - Salary Facility Employed
23790	7200	C	26	2	10	0	N	O			Administrator - Other/Contract Wages
23800	7200	C	26	4	10	0	N	O			Administrator - Adjustments Increases (Decreases)
23810	7200	C	26	6	5	4	N	O			Administrator - Alloc.
23820	7210	C	27	1	10	0	N	O			Other Administrative Personnel - Salary Facility Employed
23830	7210	C	27	2	10	0	N	O			Other Administrative Personnel - Other/Contract Wages
23840	7210	C	27	4	10	0	N	O			Other Administrative Personnel - Adjustments Increases
23850	7210	C	27	6	5	4	N	O			Other Administrative Personnel - Alloc.
23860	7215	C	28	2	10	0	N	O			Consulting And Management Fees-Indirect - Other/Contract
23870	7215	C	28	4	10	0	N	O			Consulting And Management Fees-Indirect - Adjustments Increases (Decreases)
23880	7215	C	28	6	5	4	N	O			Consulting And Management Fees-Indirect - Alloc.
23890	7220	C	29	2	10	0	N	O			Office And Administrative Supplies - Other/Contract Wages
23900	7220	C	29	4	10	0	N	O			Office And Administrative Supplies - Adjustments Increases
23910	7220	C	29	6	5	4	N	O			Office And Administrative Supplies - Alloc.
23920	7225	C	30	2	10	0	N	O			Communications - Other/Contract Wages
23930	7225	C	30	4	10	0	N	O			Communications - Adjustments Increases (Decreases)
23940	7225	C	30	6	5	4	N	O			Communications - Alloc.
23950	7230	C	31	1	10	0	N	O			Security Services - Salary Facility Employed
23960	7230	C	31	2	10	0	N	O			Security Services - Other/Contract Wages
23970	7230	C	31	4	10	0	N	O			Security Services - Adjustments Increases (Decreases)
23980	7230	C	31	6	5	4	N	O			Security Services - Alloc.
23990	7235	C	32	2	10	0	N	O			Travel And Entertainment - Other/Contract Wages
24000	7235	C	32	4	10	0	N	O			Travel And Entertainment - Adjustments Increases (Decreases)
24010	7235	C	32	6	5	4	N	O			Travel And Entertainment - Alloc.
24020	7240	C	34	1	10	0	N	O			Laundry/Housekeeping Supervisor - Salary Facility Employed
24030	7240	C	34	2	10	0	N	O			Laundry/Housekeeping Supervisor - Other/Contract Wages
24040	7240	C	34	4	10	0	N	O			Laundry/Housekeeping Supervisor - Adjustments Increases
24050	7240	C	34	6	5	4	N	O			Laundry/Housekeeping Supervisor - Alloc.

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENG TH	PRECISION	TYPE	CON DITIONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
24060	7245	C	35	1	10	0	N	O			Housekeeping - Salary Facility Employed
24070	7245	C	35	2	10	0	N	O			Housekeeping - Other/Contract Wages
24080	7245	C	35	4	10	0	N	O			Housekeeping - Adjustments Increases (Decreases)
24090	7245	C	35	6	5	4	N	O			Housekeeping - Alloc.
24100	7250	C	36	1	10	0	N	O			Laundry And Linen - Salary Facility Employed
24110	7250	C	36	2	10	0	N	O			Laundry And Linen - Other/Contract Wages
24120	7250	C	36	4	10	0	N	O			Laundry And Linen - Adjustments Increases (Decreases)
24130	7250	C	36	6	5	4	N	O			Laundry And Linen - Alloc.
24140	7255	C	37	2	10	0	N	O			Universal Precaution Supplies - Other/Contract Wages
24150	7255	C	37	4	10	0	N	O			Universal Precaution Supplies - Adjustments Increases
24160	7255	C	37	6	5	4	N	O			Universal Precaution Supplies - Alloc.
24170	7260	C	38	2	10	0	N	O			Legal Services - Other/Contract Wages
24180	7260	C	38	4	10	0	N	O			Legal Services - Adjustments Increases (Decreases)
24190	7260	C	38	6	5	4	N	O			Legal Services - Alloc.
24200	7265	C	39	1	10	0	N	O			Accounting - Salary Facility Employed
24210	7265	C	39	2	10	0	N	O			Accounting - Other/Contract Wages
24220	7265	C	39	4	10	0	N	O			Accounting - Adjustments Increases (Decreases)
24230	7265	C	39	6	5	4	N	O			Accounting - Alloc.
24240	7270	C	40	2	10	0	N	O			Dues, Subscriptions And Licenses - Other/Contract Wages
24250	7270	C	40	4	10	0	N	O			Dues, Subscriptions And Licenses - Adjustments Increases
24260	7270	C	40	6	5	4	N	O			Dues, Subscriptions And Licenses - Alloc.
24270	7275	C	41	2	10	0	N	O			Interest - Other - Other/Contract Wages
24280	7275	C	41	4	10	0	N	O			Interest - Other - Adjustments Increases (Decreases)
24290	7275	C	41	6	5	4	N	O			Interest - Other - Alloc.
24300	7280	C	42	2	10	0	N	O			Insurance - Other/Contract Wages
24310	7280	C	42	4	10	0	N	O			Insurance - Adjustments Increases (Decreases)
24320	7280	C	42	6	5	4	N	O			Insurance - Alloc.
24330	7285	C	43	1	10	0	N	O			Data Services - Salary Facility Employed
24340	7285	C	43	2	10	0	N	O			Data Services - Other/Contract Wages
24350	7285	C	43	4	10	0	N	O			Data Services - Adjustments Increases (Decreases)
24360	7285	C	43	6	5	4	N	O			Data Services - Alloc.
24370	7290	C	44	2	10	0	N	O			Help Wanted/Informational Advertising - Other/Contract Wages
24380	7290	C	44	4	10	0	N	O			Help Wanted/Informational Advertising - Adjustments Increases (Decreases)
24390	7290	C	44	6	5	4	N	O			Help Wanted/Informational Advertising - Alloc.
24400	7295	C	45	2	10	0	N	O			Amortization Of Start-Up Costs - Other/Contract Wages
24410	7295	C	45	4	10	0	N	O			Amortization Of Start-Up Costs - Adjustments Increases
24420	7295	C	45	6	5	4	N	O			Amortization Of Start-Up Costs - Alloc.
24430	7300	C	46	2	10	0	N	O			Amortization Of Organizational Costs - Other/Contract Wages

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENG TH	PRECISION	TYPE	CON DITIONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
24440	7300	C	46	4	10	0	N	O			Amortization Of Organizational Costs - Adjustments Increases (Decreases)
24450	7300	C	46	6	5	4	N	O			Amortization Of Organizational Costs - Alloc.
24460	7305	C	47	1	10	0	N	O			Other Indirect Care - Specify Below - Salary Facility Employed
24470	7305	C	47	2	10	0	N	O			Other Indirect Care - Specify Below - Other/Contract Wages
24480	7305	C	47	4	10	0	N	O			Other Indirect Care - Specify Below - Adjustments Increases (Decreases)
24490	7305	C	47	6	5	4	N	O			Other Indirect Care - Specify Below - Alloc.
24500	7305	C	47	aa	30	0	A	C	A	C	Other Indirect Care - Specify Below - Account Title
24520	7310	C	48	1	10	0	N	O			Home Office Costs/Indirect Care ** - Salary Facility Employed
24530	7310	C	48	2	10	0	N	O			Home Office Costs/Indirect Care ** - Other/Contract Wages
24540	7310	C	48	4	10	0	N	O			Home Office Costs/Indirect Care ** - Adjustments Increases
24550	7310	C	48	6	5	4	N	O			Home Office Costs/Indirect Care ** - Alloc.
24560	7320	C	50	1	10	0	N	O			Plant Operations/Maintenance Supervisor - Salary Facility
24570	7320	C	50	2	10	0	N	O			Plant Operations/Maintenance Supervisor - Other/Contract
24580	7320	C	50	4	10	0	N	O			Plant Operations/Maintenance Supervisor - Adjustments Increases (Decreases)
24590	7320	C	50	6	5	4	N	O			Plant Operations/Maintenance Supervisor - Alloc.
24600	7330	C	51	1	10	0	N	O			Plant Operations And Maintenance - Salary Facility Employed
24610	7330	C	51	4	10	0	N	O			Plant Operations And Maintenance - Adjustments Increases (Decreases)
24620	7330	C	51	6	5	4	N	O			Plant Operations And Maintenance - Alloc.
24630	7340	C	52	2	10	0	N	O			Repair And Maintenance - Other/Contract Wages
24640	7340	C	52	4	10	0	N	O			Repair And Maintenance - Adjustments Increases (Decreases)
24650	7340	C	52	6	5	4	N	O			Repair And Maintenance - Alloc.
24660	7350	C	53	2	10	0	N	O			Minor Equipment - Other/Contract Wages
24670	7350	C	53	4	10	0	N	O			Minor Equipment - Adjustments Increases (Decreases)
24680	7350	C	53	6	5	4	N	O			Minor Equipment - Alloc.
24690	7400	C	54	2	10	0	N	O			Leased Equipment - Other/Contract Wages
24700	7400	C	54	4	10	0	N	O			Leased Equipment - Adjustments Increases (Decreases)
24710	7400	C	54	6	5	4	N	O			Leased Equipment - Alloc.
24720	7500	C	56	2	10	0	N	O			Payroll Taxes - Indirect Care - Other/Contract Wages
24730	7500	C	56	4	10	0	N	O			Payroll Taxes - Indirect Care - Adjustments Increases
24740	7500	C	56	6	5	4	N	O			Payroll Taxes - Indirect Care - Alloc.
24750	7510	C	57	2	10	0	N	O			Workers'Compensation - Indirect Care - Other/Contract Wages
24760	7510	C	57	4	10	0	N	O			Workers'Compensation - Indirect Care - Adjustments Increases (Decreases)
24770	7510	C	57	6	5	4	N	O			Workers'Compensation - Indirect Care - Alloc.
24780	7520	C	58	2	10	0	N	O			Employee Fringe Benefits - Indirect Care - Other/Contract

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CONDITIONAL	LOW SUFFIX	HIGH SUFFIX	DESCRIPTION
24790	7520	C	58	4	10	0	N	O			Employee Fringe Benefits - Indirect Care - Adjustments Increases (Decreases)
24800	7520	C	58	6	5	4	N	O			Employee Fringe Benefits - Indirect Care - Alloc.
24810	7525	C	59	1	10	0	N	O			Eap Administrator - Indirect Care - Salary Facility Employed
24820	7525	C	59	2	10	0	N	O			Eap Administrator - Indirect Care - Other/Contract Wages
24830	7525	C	59	4	10	0	N	O			Eap Administrator - Indirect Care - Adjustments Increases
24840	7525	C	59	6	5	4	N	O			Eap Administrator - Indirect Care - Alloc.
24850	7530	C	60	1	10	0	N	O			Self Funded Prog. Admin. - Indirect Care - Salary Facility
24860	7530	C	60	2	10	0	N	O			Self Funded Prog. Admin. - Indirect Care - Other/Contract
24870	7530	C	60	4	10	0	N	O			Self Funded Prog. Admin. - Indirect Care - Adjustments Increases (Decreases)
24880	7530	C	60	6	5	4	N	O			Self Funded Prog. Admin. - Indirect Care - Alloc.
24890	7535	C	61	1	10	0	N	O			Staff Development - Indirect Care - Salary Facility Employed
24900	7535	C	61	2	10	0	N	O			Staff Development - Indirect Care - Other/Contract Wages
24910	7535	C	61	4	10	0	N	O			Staff Development - Indirect Care - Adjustments Increases
24920	7535	C	61	6	5	4	N	O			Staff Development - Indirect Care - Alloc.
25380	9705	C	64	2	10	0	N	O			Legend Drugs - Other/Contract Wages
25390	9705	C	64	4	10	0	N	O			Legend Drugs - Adjustments Increases (Decreases)
25400	9705	C	64	6	5	4	N	O			Legend Drugs - Alloc.
25410	9710	C	65	2	10	0	N	O			Radiology - Other/Contract Wages
25420	9710	C	65	4	10	0	N	O			Radiology - Adjustments Increases (Decreases)
25430	9710	C	65	6	5	4	N	O			Radiology - Alloc.
25440	9715	C	66	2	10	0	N	O			Laboratory - Other/Contract Wages
25450	9715	C	66	4	10	0	N	O			Laboratory - Adjustments Increases (Decreases)
25460	9715	C	66	6	5	4	N	O			Laboratory - Alloc.
25470	9720	C	67	2	10	0	N	O			Oxygen - Other/Contract Wages
25480	9720	C	67	4	10	0	N	O			Oxygen - Adjustments Increases (Decreases)
25490	9720	C	67	6	5	4	N	O			Oxygen - Alloc.
25500	9725	C	68	1	10	0	N	O			Other Non-Reimbursable - Specify Below - Salary Facility
25510	9725	C	68	ac	10	0	N	O			Other Non-Reimbursable - Specify Below - Other Column 2
25520	9725	C	68	4	10	0	N	O			Other Non-Reimbursable - Specify Below - Adjustments Increases (Decreases)
25530	9725	C	68	6	5	4	N	O			Other Non-Reimbursable - Specify Below - Alloc.
25540	9725	C	68	aa	30	0	A	C	A	C	Other Non-Reimbursable - Specify Below - Account Title
25560	9730	C	69	2	10	0	N	O			Late Fees, Fines Or Penalties - Other/Contract Wages
25570	9730	C	69	4	10	0	N	O			Late Fees, Fines Or Penalties - Adjustments Increases
25580	9730	C	69	6	5	4	N	O			Late Fees, Fines Or Penalties - Alloc.
25590	9735	C	70	2	10	0	N	O			Federal Income Tax - Other/Contract Wages
25600	9735	C	70	4	10	0	N	O			Federal Income Tax - Adjustments Increases (Decreases)
25610	9735	C	70	6	5	4	N	O			Federal Income Tax - Alloc.

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DITIONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
25620	9740	C	71	2	10	0	N	O			State Income Tax - Other/Contract Wages
25630	9740	C	71	4	10	0	N	O			State Income Tax - Adjustments Increases (Decreases)
25640	9740	C	71	6	5	4	N	O			State Income Tax - Alloc.
25650	9745	C	72	2	10	0	N	O			Local Income Tax - Other/Contract Wages
25660	9745	C	72	4	10	0	N	O			Local Income Tax - Adjustments Increases (Decreases)
25670	9745	C	72	6	5	4	N	O			Local Income Tax - Alloc.
25680	9750	C	73	2	10	0	N	O			Insurance - Officer's Life - Other/Contract Wages
25690	9750	C	73	4	10	0	N	O			Insurance - Officer's Life - Adjustments Increases (Decreases)
25700	9750	C	73	6	5	4	N	O			Insurance - Officer's Life - Alloc.
25710	9755	C	74	1	10	0	N	O			Promotional Advertising And Marketing - Salary Facility
25720	9755	C	74	2	10	0	N	O			Promotional Advertising And Marketing - Other/Contract Wages
25730	9755	C	74	4	10	0	N	O			Promotional Advertising And Marketing - Adjustments Increases (Decreases)
25740	9755	C	74	6	5	4	N	O			Promotional Advertising And Marketing - Alloc.
25750	9760	C	75	2	10	0	N	O			Contributions And Donations - Other/Contract Wages
25760	9760	C	75	4	10	0	N	O			Contributions And Donations - Adjustments Increases
25770	9760	C	75	6	5	4	N	O			Contributions And Donations - Alloc.
25780	9765	C	76	2	10	0	N	O			Bad Debt - Other/Contract Wages
25790	9765	C	76	4	10	0	N	O			Bad Debt - Adjustments Increases (Decreases)
25800	9765	C	76	6	5	4	N	O			Bad Debt - Alloc.
25810	9770	C	77	2	10	0	N	O			Parenteral Nutrition Therapy - Other/Contract Wages
25820	9770	C	77	4	10	0	N	O			Parenteral Nutrition Therapy - Adjustments Increases
25830	9770	C	77	6	5	4	N	O			Parenteral Nutrition Therapy - Alloc.
25840	7056	C	11	2	10	0	N	O			Enterals: Medicare Non-Billable - Other/Contract Wages
25850	7056	C	11	4	10	0	N	O			Enterals: Medicare Non-Billable - Adjustments Increases
25860	7056	C	11	6	5	4	N	O			Enterals: Medicare Non-Billable - Alloc.
25870	7305	C	47	ab	10	0	N	O	A	C	Other Indirect Care - Specify Below - Salary Column 1
25880	7305	C	47	ac	10	0	N	O	A	C	Other Indirect Care - Specify Below - Other Column 2
25890	9725	C	68	ab	10	0	N	O	A	C	Other Non-Reimbursable - Specify Below - Salary Column 1
25900	9725	C	68	2	10	0	N	O	A	C	Other Non-Reimbursable - Specify Below - Other/Contract
26370	9775	C	78	1	10	0	N	O			Active Treatment Off-Site Day Programming Services - Icf-Mr - Salary Facility Employed
26380	9775	C	78	2	10	0	N	O			Active Treatment Off-Site Day Programming Services - Icf-Mr - Other/Contract Wages
26390	9775	C	78	4	10	0	N	O			Active Treatment Off-Site Day Programming Services - Icf-Mr - Adjustments Increases (Decreases)
26400	9775	C	78	6	10	0	N	O			Active Treatment Off-Site Day Programming Services - Icf-Mr -
27010		C1	N/A	N/A	9	0	A	C	A	Z	Administrator License Number
27020		C1	N/A	N/A	9	0	A	C	A	Z	Administrator's Social Security Number
27030		C1	N/A	N/A	1	0	A	C	A	Z	Is The Administrator Is An Owner Or Relative?

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CONDITIONAL	LOW SUFFIX	HIGH SUFFIX	DESCRIPTION
27040		C1	2	N/A	2	0	N	O	A	Z	Years Of Work Experience In Related Work Area, If Administrative, Must Be In Health Care Field - Times 4
27050		C1	3	N/A	2	0	N	C	A	Z	Years Of Formal Education Beyond High School - Time 5
27060		C1	3.1	N/A	1	0	A	C	A	Z	Was Baccalaureate Degree Obtained?
27070		C1	4a	N/A	1	0	A	O	A	Z	Duties Other Than Those Normally Performed By This Position Where A Salary Is Not Declared - Accounting
27080		C1	4b	N/A	1	0	A	O	A	Z	Duties Other Than Those Normally Performed By This Position Where A Salary Is Not Declared - Maintenance
27090		C1	4c	N/A	1	0	A	O	A	Z	Duties Other Than Those Normally Performed By This Position Where A Salary Is Not Declared - Housekeeping
27100		C1	4d	2	1	0	A	C	A	Z	Duties Other Than Those Normally Performed By This Position Where A Salary Is Not Declared - Other 1
27110		C1	4d	1	20	0	A	C	A	Z	Duties Other Than Those Normally Performed By This Position Where A Salary Is Not Declared - Other 1 Description
27120		C1	4e	2	1	0	A	C	A	Z	Duties Other Than Those Normally Performed By This Position Where A Salary Is Not Declared - Other 2
27130		C1	4e	1	20	0	A	C	A	Z	Duties Other Than Those Normally Performed By This Position Where A Salary Is Not Declared - Other 2 Description
27140		C1	N/A	1	6	0	D	C	AA	ZZ	This Administrator's Dates Of Employment During This Reporting Period - Beginning Date
27150		C1	N/A	2	6	0	D	C	AA	ZZ	This Administrator's Dates Of Employment During This Reporting Period - End Date
27160		C1	N/A	3	5	2	N	C	AA	ZZ	This Administrator's Dates Of Employment During This Reporting Period - Paid Weekly Hours
27170		C1	N/A	5	6	0	A	C	AA	ZZ	This Administrator's Dates Of Employment During This Reporting Period - Account Number
27180		C1	N/A	7	6	0	N	C	AA	ZZ	This Administrator's Dates Of Employment During This Reporting Period - Total Compensation - Amount
27190		C1	N/A	N/A	20	0	A	R	A	Z	Administrator's First Name
27200		C1	N/A	N/A	20	0	A	R	A	Z	Administrator's Last Name
29000		C2	N/A	1	25	0	A	O	AA	FZ	Individual's Name
29010		C2	N/A	2	9	0	A	C	AA	FZ	Social Security Number
29020		C2	N/A	3	5	0	A	C	AA	FZ	Position Number
29030		C2	N/A	4	30	0	A	O	AA	FZ	Relationship To Owner
29040		C2	N/A	5	2	0	N	C	AA	FZ	Years Of Experience
29050		C2	N/A	6	6	0	D	C	AA	FZ	Begin Date Of Employment
29060		C2	N/A	7	6	0	D	C	AA	FZ	End Date Of Employment
29070		C2	N/A	8	5	2	N	C	AA	FZ	Hours Worked Weekly
29080		C2	N/A	9	6	2	N	C	AA	FZ	Percent Worked Weekly
29090		C2	N/A	10	6	0	A	C	AA	FZ	Compensation Account Number

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CONDITIONAL	LOW SUFFIX	HIGH SUFFIX	DESCRIPTION
29100		C2	N/A	11	2	0	N	C	AA	FZ	Compensation Column Number
29110		C2	N/A	12	6	0	N	C	AA	FZ	Amount Compensation
29120		C2	N/A	1	20	0	A	O	AA	FZ	Individual's Name
29130		C2	N/A	2	9	0	A	C	AA	FZ	Social Security Number
29140		C2	N/A	3	25	0	A	C	AA	FZ	Facility Name
29150		C2	N/A	4	4	0	N	C	AA	FZ	Number Of Beds
29160		C2	N/A	5	7	0	A	C	AA	FZ	Medicaid Provider Number Of Other Facility
29170		C2	N/A	6	5	2	N	C	AA	FZ	Hours Worked Weekly
29180		C2	N/A	8	6	0	N	C	AA	FZ	Amount Of Compensation
31000		C3	1	N/A	1	0	A	R			Are Any Costs Included As A Result Of Transactions With A Related Organization?
31010		C3	2	N/A	1	0	A	C			Does Cost Report Include Payments To Related Parties In Excess Of Costs To Related Party?
31020		C3	N/A	1	30	0	A	C	A	Z	Name Of Owner
31030		C3	N/A	2	9	0	A	C	A	Z	Social Security Number
31040		C3	N/A	3	30	0	A	C	A	Z	Name Of Related Organization
31050		C3	N/A	4	9	0	A	C	A	Z	Federal Id Number
31060		C3	N/A	5	5	0	N	O	A	Z	Percent Ownership
31070		C3	N/A	6	6	0	A	C	A	Z	Account Number
31080		C3	N/A	7	18	0	A	O	A	Z	Detail Of Item
31090		C3	N/A	8	10	0	N	C	A	Z	Actual Cost Claimed This Cost Report
31100		C3	N/A	9	10	0	N	C	A	Z	Cost To Related Organization
31110		C3	3	1	25	0	A	O	A	Z	Holding Interest Owner Name
31150		C3	4	1	25	0	A	C	AA	BZ	Partner/Officer/Director Name
31160		C3	4	2	9	0	A	C	AA	BZ	Partner/Officer/Director Ssn
31170		C3	4	3	25	0	A	C	AA	BZ	Partner/Officer/Director Job Title
31180		C3	5	1	30	0	A	C	AA	DZ	Direct/Indirect Ownership Provider Name
31190		C3	5	2	7	0	A	C	AA	DZ	Direct/Indirect Ownership Provider Number
31200		C3	5	3	4	0	N	C	AA	DZ	Direct/Indirect Ownership Number Of Beds
31210		C3	6	N/A	1	0	A	R			Has Any Owner/Employee Having More Than 5% Ownership Interest Been Convicted Of Offense?
31220		C3	6	1	25	0	A	C	A	J	Name Of Ownership Owner/Employee With Conviction
31230		C3	6	2	9	0	A	C	A	J	Social Security Number Of Ownership Owner/Employee With
31240		C3	7	N/A	1	0	A	R			Has Individual Been Employed By State Of Ohio In Past 12
31250		C3	7	1	25	0	A	C	A	J	Name Of Owner/Employee Employed By State
31260		C3	7	2	9	0	A	C	A	J	Social Security Number Of Owner/Employee Employed By
31270		C3	8	1	40	0	A	O	A	Z	Contract For Services - Contractor Name
31280		C3	8	2	9	0	N	C	A	Z	Contract For Services - Contract Amount
31290		C3	8	3	79	0	A	C	A	Z	Contract For Services - Goods Or Services Provided
31300		C3	3	2	25	0	A	C	A	Z	Title/Position (If Applicable)

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DITIONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
31310		C3	3	3	6	2	N	R	A	Z	Percent Ownership
31320		C3	3	4	9	0	A	C	A	Z	Ssn Or Fed Id #
31330		C3	3	5	30	0	A	O	A	Z	Address
31340		C3	3	6	2	0	A	O	A	Z	State
31350		C3	3	7	9	0	A	O	A	Z	Zip Code
33000	8010	D	1	3	10	0	N	O			Depreciation - Building - Total
33010	8010	D	1	4	10	0	N	O			Depreciation - Building - Adjusted Increase (Decrease)
33020	8010	D	1	6	5	4	N	O			Depreciation - Building - Alloc. Ratio
33030	8020	D	2	3	10	0	N	O			Amortization - Land Improvements - Total
33040	8020	D	2	4	10	0	N	O			Amortization - Land Improvements - Adjusted Increase
33050	8020	D	2	6	5	4	N	O			Amortization - Land Improvements - Alloc. Ratio
33060	8030	D	3	3	10	0	N	O			Amortization - Leasehold Improve. - Total
33070	8030	D	3	4	10	0	N	O			Amortization - Leasehold Improve. - Adjusted Increase
33080	8030	D	3	6	5	4	N	O			Amortization - Leasehold Improve. - Alloc. Ratio
33090	8040	D	4	3	10	0	N	O			Depreciation - Equipment - Total
33100	8040	D	4	4	10	0	N	O			Depreciation - Equipment - Adjusted Increase (Decrease)
33110	8040	D	4	6	5	4	N	O			Depreciation - Equipment - Alloc. Ratio
33120	8050	D	5	3	10	0	N	O			Depreciation - Transportation Equip. - Total
33130	8050	D	5	4	10	0	N	O			Depreciation - Transportation Equip. - Adjusted Increase
33140	8050	D	5	6	5	4	N	O			Depreciation - Transportation Equip. - Alloc. Ratio
33150	8060	D	6	3	10	0	N	O			Lease And Rent - Building - Total
33160	8060	D	6	4	10	0	N	O			Lease And Rent - Building - Adjusted Increase (Decrease)
33170	8060	D	6	6	5	4	N	O			Lease And Rent - Building - Alloc. Ratio
33180	8065	D	7	3	10	0	N	O			Lease And Rent - Equipment - Total
33190	8065	D	7	4	10	0	N	O			Lease And Rent - Equipment - Adjusted Increase (Decrease)
33200	8065	D	7	6	5	4	N	O			Lease And Rent - Equipment - Alloc. Ratio
33210	8070	D	8	3	10	0	N	O			Interest Exp. - Prop., Plant & Equip. - Total
33220	8070	D	8	4	10	0	N	O			Interest Exp. - Prop., Plant & Equip. - Adjusted Increase
33230	8070	D	8	6	5	4	N	O			Interest Exp. - Prop., Plant & Equip. - Alloc. Ratio
33240	8080	D	9	3	10	0	N	O			Amortization Of Financing Costs - Total
33250	8080	D	9	4	10	0	N	O			Amortization Of Financing Costs - Adjusted Increase
33260	8080	D	9	6	5	4	N	O			Amortization Of Financing Costs - Alloc. Ratio
33270	8500	D	12	3	10	0	N	O			Depreciation/Amortization And Interest - Total
33280	8500	D	12	4	10	0	N	O			Depreciation/Amortization And Interest - Adjusted Increase
33290	8500	D	12	6	5	4	N	O			Depreciation/Amortization And Interest - Alloc. Ratio
34140	8090	D	10	3	10	0	N	O			Home Office Costs/Capital Cost ** - Total
34150	8090	D	10	4	10	0	N	O			Home Office Costs/Capital Cost ** - Adjusted Increase
34160	8090	D	10	6	5	4	N	O			Home Office Costs/Capital Cost ** - Alloc. Ratio
36000		D1	1	1	6	0	D	O			Assets Acquired - Land - Date Acquired
36010		D1	1	2	10	0	N	O			Assets Acquired - Land - Cost At Beginning Of Period

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENG TH	PRECISION	TYPE	CON DITI ONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
36020		D1	1	3	10	0	N	O			Assets Acquired - Land - Additions Or Reductions
36030		D1	2	1	6	0	D	O			Assets Acquired - Buildings - Date Acquired
36040		D1	2	2	10	0	N	O			Assets Acquired - Buildings - Cost At Beginning Of Period
36050		D1	2	3	10	0	N	O			Assets Acquired - Buildings - Additions Or Reductions
36060		D1	2	5	10	0	N	O			Assets Acquired - Buildings - Accumulated Depreciation End Of
36070		D1	2	7	10	0	N	O			Assets Acquired - Buildings - Depreciation This Period
36080		D1	3	1	6	0	D	O			Assets Acquired - Land Improvements - Date Acquired
36090		D1	3	2	10	0	N	O			Assets Acquired - Land Improvements - Cost At Beginning Of
36100		D1	3	3	10	0	N	O			Assets Acquired - Land Improvements - Additions Of
36110		D1	3	5	10	0	N	O			Assets Acquired - Land Improvements - Accumulated Depreciation End Of Period
36120		D1	3	7	10	0	N	O			Assets Acquired - Land Improvements - Depreciation This
36130		D1	4	1	6	0	D	O			Assets Acquired - Leasehold Improvements - Date Acquired
36140		D1	4	2	10	0	N	O			Assets Acquired - Leasehold Improvements - Cost At Beginning Of Period
36150		D1	4	3	10	0	N	O			Assets Acquired - Leasehold Improvements - Additions Or
36160		D1	4	5	10	0	N	O			Assets Acquired - Leasehold Improvements - Accumulated Depreciation End Of Period
36170		D1	4	7	10	0	N	O			Assets Acquired - Leasehold Improvements - Depreciation This
36180		D1	5	1	6	0	D	O			Assets Acquired - Equipment - Date Acquired
36190		D1	5	2	10	0	N	O			Assets Acquired - Equipment - Cost At Beginning Of Period
36200		D1	5	3	10	0	N	O			Assets Acquired - Equipment - Additions Or Reductions
36210		D1	5	5	10	0	N	O			Assets Acquired - Equipment - Accumulated Depreciation End
36220		D1	5	7	10	0	N	O			Assets Acquired - Equipment - Depreciation This Period
36230		D1	6	1	6	0	D	O			Assets Acquired - Transportation - Date Acquired
36240		D1	6	2	10	0	N	O			Assets Acquired - Transportation - Cost At Beginning Of Period
36250		D1	6	3	10	0	N	O			Assets Acquired - Transportation - Additions Or Reductions
36260		D1	6	5	10	0	N	O			Assets Acquired - Transportation - Accumulated Depreciation End Of Period
36270		D1	6	7	10	0	N	O			Assets Acquired - Transportation - Depreciation This Period
36280		D1	7	1	6	0	D	O			Assets Acquired - Financing Costs - Date Acquired
36290		D1	7	2	10	0	N	O			Assets Acquired - Financing Costs - Cost At Beginning Of
36300		D1	7	3	10	0	N	O			Assets Acquired - Financing Costs - Addition Or Reductions
36310		D1	7	5	10	0	N	O			Assets Acquired - Financing Costs - Accumulated Depreciation End Of Period
36320		D1	7	7	10	0	N	O			Assets Acquired - Financing Costs - Depreciation This Period
36330		D1	N/A	N/A	1	0	A	O			Assets Acquired Through A Copa- Has There Been Any Change In The Original Historical Cost Of Capital Assets?
36350		D1	9	2	10	0	N	O			Renovations - Cost At Beginning Of Period
36360		D1	9	3	10	0	N	O			Renovations - Additions Or Reductions

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CONDITIONAL	LOW SUFFIX	HIGH SUFFIX	DESCRIPTION
36370		D1	9	5	10	0	N	O			Renovations - Accumulated Depreciation End Of Period
36380		D1	9	7	10	0	N	O			Renovations - Depreciation This Period
36390		D1	9	8	10	0	N	O			Renovations - Interest This Period
39000		D2	N/A	1	15	0	A	O	AA	EZ	Capital Additions And/Or Deletions - Asset Description
39010		D2	N/A	2	15	0	A	O	AA	EZ	Capital Additions And/Or Deletions - Asset Account Title
39020		D2	N/A	3	6	0	D	O	AA	EZ	Capital Additions And/Or Deletions - Date Acquired
39030		D2	N/A	4	6	0	D	O	AA	EZ	Capital Additions And/Or Deletions - Date Disposed
39040		D2	N/A	5	4	0	A	O	AA	EZ	Capital Additions And/Or Deletions - Method Of Depreciation
39050		D2	N/A	6	11	0	N	O	AA	EZ	Capital Additions And/Or Deletions - Acquisition Cost
39060		D2	N/A	7	2	0	N	O	AA	EZ	Capital Additions And/Or Deletions - Useful Life (In Years)
39070		D2	N/A	8	10	0	N	O	AA	EZ	Capital Additions And/Or Deletions - Annual Depreciation
39080		D2	N/A	9	10	0	N	O	AA	EZ	Capital Additions And/Or Deletions - Depreciation For Cost Report Period
39090		D2	N/A	10	11	0	N	O	AA	EZ	Capital Additions And/Or Deletions - Cost Report Period Ending Accumulated Depreciation
39100		D2	N/A	11	11	0	N	O	AA	EZ	Capital Additions And/Or Deletions - Net Book Value
39110		D2	N/A	12	11	0	N	O	AA	EZ	Capital Additions And/Or Deletions - Sales Price
39120		D2	N/A	13	11	0	N	O	AA	EZ	Capital Additions And/Or Deletions - Gain Or (Loss) On
41000	1001	E	1	1	10	0	N	O			Petty Cash - Beginning Of Period
41010	1001	E	1	2	10	0	N	O			Petty Cash - End Of Period
41020	1010	E	2	1	10	0	N	O			Cash In Banks - General Account - Beginning Of Period
41030	1010	E	2	2	10	0	N	O			Cash In Banks - General Account - End Of Period
41040	1030	E	3	1	10	0	N	O			Accounts Receivable - Beginning Of Period
41050	1030	E	3	2	10	0	N	O			Accounts Receivable - End Of Period
41060	1040	E	4	1	10	0	N	O			Allowance For Uncollectible Accounts - Beginning Of Period
41070	1040	E	4	2	10	0	N	O			Allowance For Uncollectible Accounts - End Of Period
41080	1050	E	5	1	10	0	N	O			Notes Receivable - Beginning Of Period
41090	1050	E	5	2	10	0	N	O			Notes Receivable - End Of Period
41100	1060	E	6	1	10	0	N	O			Allowance For Uncollectible Notes Receivable - Beginning Of
41110	1060	E	6	2	10	0	N	O			Allowance For Uncollectible Notes Receivable - End Of Period
41120	1070	E	7	1	10	0	N	O			Other Receivables - Beginning Of Period
41130	1070	E	7	2	10	0	N	O			Other Receivables - End Of Period
41140	1080	E	8	1	10	0	N	O			Cost Settlement - Beginning Of Period
41150	1080	E	8	2	10	0	N	O			Cost Settlement - End Of Period
41160	1090	E	9	1	10	0	N	O			Inventories - Beginning Of Period
41170	1090	E	9	2	10	0	N	O			Inventories - End Of Period
41180	1100	E	10	1	10	0	N	O			Prepaid Expenses - Beginning Of Period
41190	1100	E	10	2	10	0	N	O			Prepaid Expenses - End Of Period
41200	1110	E	11	1	10	0	N	O			Short-Term Investments - Beginning Of Period
41210	1110	E	11	2	10	0	N	O			Short-Term Investments - End Of Period

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CONDITIONAL	LOW SUFFIX	HIGH SUFFIX	DESCRIPTION
41220	1120	E	12	1	10	0	N	O			Special Expenses - Beginning Of Period
41230	1120	E	12	2	10	0	N	O			Special Expenses - End Of Period
41240	1200	E	14	1	10	0	N	O			Property, Plant And Equipment - Beginning Of Period
41250	1200	E	14	2	10	0	N	O			Property, Plant And Equipment - End Of Period
41260	1250	E	15	1	10	0	N	O			Accumulated Depreciation And Amortization - Beginning Of
41270	1250	E	15	2	10	0	N	O			Accumulated Depreciation And Amortization - End Of Period
41280	1300	E	16	1	10	0	N	O			Renovations - Beginning Of Period
41290	1300	E	16	2	10	0	N	O			Renovations - End Of Period
41300	1350	E	17	1	10	0	N	O			Accumulated Depreciation And Amortization - Renovations - Beginning Of Period
41310	1350	E	17	2	10	0	N	O			Accumulated Depreciation And Amortization - Renovations - End Of Period
41320	1400	E	19	1	10	0	N	O			Non-Current Investments - Beginning Of Period
41330	1400	E	19	2	10	0	N	O			Non-Current Investments - End Of Period
41340	1410	E	20	1	10	0	N	O			Deposits - Beginning Of Period
41350	1410	E	20	2	10	0	N	O			Deposits - End Of Period
41360	1420	E	21	1	10	0	N	O			Due From Owners/Officers - Beginning Of Period
41370	1420	E	21	2	10	0	N	O			Due From Owners/Officers - End Of Period
41380	1430	E	22	1	10	0	N	O			Deferred Charges And Other Assets - Beginning Of Period
41390	1430	E	22	2	10	0	N	O			Deferred Charges And Other Assets - End Of Period
41400	1440	E	23	1	10	0	N	O			Notes Receivable - Long-Term - Beginning Of Period
41410	1440	E	23	2	10	0	N	O			Notes Receivable - Long-Term - End Of Period
41420	2010	E	26	1	10	0	N	O			Accounts Payable - Beginning Of Period
41430	2010	E	26	2	10	0	N	O			Accounts Payable - End Of Period
41440	2020	E	27	1	10	0	N	O			Cost Settlements - Beginning Of Period
41450	2020	E	27	2	10	0	N	O			Cost Settlements - End Of Period
41460	2030	E	28	1	10	0	N	O			Notes Payable - Beginning Of Period
41470	2030	E	28	2	10	0	N	O			Notes Payable - End Of Period
41480	2040	E	29	1	10	0	N	O			Current Portion Of Long-Term Debt - Beginning Of Period
41490	2040	E	29	2	10	0	N	O			Current Portion Of Long-Term Debt - End Of Period
41500	2050	E	30	1	10	0	N	O			Accrued Compensation - Beginning Of Period
41510	2050	E	30	2	10	0	N	O			Accrued Compensation - End Of Period
41520	2060	E	31	1	10	0	N	O			Payroll Related Withholding And Liabilities - Beginning Of
41530	2060	E	31	2	10	0	N	O			Payroll Related Withholding And Liabilities - End Of Period
41540	2080	E	32	1	10	0	N	O			Taxes Payable - Beginning Of Period
41550	2080	E	32	2	10	0	N	O			Taxes Payable - End Of Period
41570	2090	E	33	1	10	0	N	C			Other Liabilities - Specify Below - Beginning Of Period
41580	2090	E	33	2	10	0	N	C			Other Liabilities - Specify Below - End Of Period
41590	2410	E	35	1	10	0	N	O			Long-Term Debt - Beginning Of Period
41600	2410	E	35	2	10	0	N	O			Long-Term Debt - End Of Period

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CONDITIONAL	LOW SUFFIX	HIGH SUFFIX	DESCRIPTION
41610	2420	E	36	1	10	0	N	O			Related Party Loans - Interest Allowable - Beginning Of Period
41620	2420	E	36	2	10	0	N	O			Related Party Loans - Interest Allowable - End Of Period
41630	2430	E	37	1	10	0	N	O			Related Party Loans - Interest Non-Allowable - Beginning Of
41640	2430	E	37	2	10	0	N	O			Related Party Loans - Interest Non-Allowable - End Of Period
41650	2440	E	38	1	10	0	N	O			Non-Interest Bearing Loans From Owners - Beginning Of
41660	2440	E	38	2	10	0	N	O			Non-Interest Bearing Loans From Owners - End Of Period
41670	2450	E	39	1	10	0	N	O			Deferred Liabilities - Beginning Of Period
41680	2450	E	39	2	10	0	N	O			Deferred Liabilities - End Of Period
41690	2090	E	33	aa	30	0	A	O	A	C	Other Liabilities - Account Title
41700	2090	E	33	ab	10	0	N	O	A	C	Other Liabilities - Beginning Of Period
41710	2090	E	33	ac	10	0	N	O	A	C	Other Liabilities - End Of Period
43000		E1	5	1	10	0	N	O			Reimbursable Equity - Equity In Assets Leased From Related Party - Beginning Of Period
43010		E1	5	2	10	0	N	O			Reimbursable Equity - Equity In Assets Leased From Related Party - End Of Period
43020		E1	6	1	10	0	N	O			Reimbursable Equity - Home Office Equity - Beginning Of
43030		E1	6	2	10	0	N	O			Reimbursable Equity - Home Office Equity - End Of Period
43040		E1	7	1	10	0	N	O			Reimbursable Equity - Cash Surrender Value Of Life Insurance Policy - Beginning Of Period
43050		E1	7	2	10	0	N	O			Reimbursable Equity - Cash Surrender Value Of Life Insurance Policy - End Of Period
43060		E1	8	N/A	30	0	A	O	A	N	Reimbursable Equity - Other Description
43070		E1	8	1	10	0	N	O	A	N	Reimbursable Equity - Other Beginning Of Period
43080		E1	8	2	10	0	N	O	A	N	Reimbursable Equity - Other End Of Period
43090		E1	23	2	10	0	N	O			January - Reimbursable Equity Beginning Period
43100		E1	23	3	10	0	N	O			January - Capital Investments During Period
43110		E1	23	4	10	0	N	O			January - Capital Investments During Period - Gain(Loss) On The Disposal Of Assets
43120		E1	23	5	10	0	N	O			January - Withdrawals, Or Dividend Distributions
43130		E1	23	6	10	0	N	O			January - Other Increases/(Decrease)
43140		E1	23	7	10	0	N	O			January - Other Increases/(Decrease) - Increases Or (Decreases) Due To Operations
43150		E1	24	2	10	0	N	O			February - Reimbursable Equity Beginning Period
43160		E1	24	3	10	0	N	O			February - Capital Investments During Period
43170		E1	24	4	10	0	N	O			February - Capital Investments During Period - Gain(Loss) On The Disposal Of Assets
43180		E1	24	5	10	0	N	O			February - Withdrawals, Or Dividend Distributions
43190		E1	24	6	10	0	N	O			February - Other Increases/(Decrease)
43200		E1	24	7	10	0	N	O			February - Other Increases/(Decrease) - Increases Or (Decreases) Due To Operations

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DIT I ONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
43210		E1	25	2	10	0	N	O			March - Reimbursable Equity Beginning Period
43220		E1	25	3	10	0	N	O			March - Capital Investments During Period
43230		E1	25	4	10	0	N	O			March - Capital Investments During Period - Gain(Loss) On The Disposal Of Assets
43240		E1	25	5	10	0	N	O			March - Withdrawals, Or Dividend Distributions
43250		E1	25	6	10	0	N	O			March - Other Increases/(Decrease)
43260		E1	25	7	10	0	N	O			March - Other Increases/(Decrease) - Increases Or (Decreases) Due To Operations
43270		E1	26	2	10	0	N	O			April - Reimbursable Equity Beginning Period
43280		E1	26	3	10	0	N	O			April - Capital Investments During Period
43290		E1	26	4	10	0	N	O			April - Capital Investments During Period - Gain(Loss) On The Disposal Of Assets
43300		E1	26	5	10	0	N	O			April - Withdrawals, Or Dividend Distributions
43310		E1	26	6	10	0	N	O			April - Other Increases/(Decrease)
43320		E1	26	7	10	0	N	O			April - Other Increases/(Decrease) - Increases Or (Decreases) Due To Operations
43330		E1	27	2	10	0	N	O			May - Reimbursable Equity Beginning Period
43340		E1	27	3	10	0	N	O			May - Capital Investments During Period
43350		E1	27	4	10	0	N	O			May - Capital Investments During Period - Gain(Loss) On The Disposal Of Assets
43360		E1	27	5	10	0	N	O			May - Withdrawals, Or Dividend Distributions
43370		E1	27	6	10	0	N	O			May - Other Increases/(Decrease)
43380		E1	27	7	10	0	N	O			May - Other Increases/(Decrease) - Increases Or (Decreases) Due To Operations
43390		E1	28	2	10	0	N	O			June - Reimbursable Equity Beginning Period
43400		E1	28	3	10	0	N	O			June - Capital Investments During Period
43410		E1	28	4	10	0	N	O			June - Capital Investments During Period - Gain(Loss) On The Disposal Of Assets
43420		E1	28	5	10	0	N	O			June - Withdrawals, Or Dividend Distributions
43430		E1	28	6	10	0	N	O			June - Other Increases/(Decrease)
43440		E1	28	7	10	0	N	O			June - Other Increases/(Decrease) - Increases Or (Decreases) Due To Operations
43450		E1	29	2	10	0	N	O			July - Reimbursable Equity Beginning Period
43460		E1	29	3	10	0	N	O			July - Capital Investments During Period
43470		E1	29	4	10	0	N	O			July - Capital Investments During Period - Gain(Loss) On The Disposal Of Assets
43480		E1	29	5	10	0	N	O			July - Withdrawals, Or Dividend Distributions
43490		E1	29	6	10	0	N	O			July - Other Increases/(Decrease)
43500		E1	29	7	10	0	N	O			July - Other Increases/(Decrease) - Increases Or (Decreases) Due To Operations

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DIT I ONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
43510		E1	30	2	10	0	N	O			August - Reimbursable Equity Beginning Period
43520		E1	30	3	10	0	N	O			August - Capital Investments During Period
43530		E1	30	4	10	0	N	O			August - Capital Investments During Period - Gain(Loss) On The Disposal Of Assets
43540		E1	30	5	10	0	N	O			August - Withdrawals, Or Dividend Distributions
43550		E1	30	6	10	0	N	O			August - Other Increases/(Decrease)
43560		E1	30	7	10	0	N	O			August - Other Increases/(Decrease) - Increases Or (Decreases) Due To Operations
43570		E1	31	2	10	0	N	O			September - Reimbursable Equity Beginning Period
43580		E1	31	3	10	0	N	O			September - Capital Investments During Period
43590		E1	31	4	10	0	N	O			September - Capital Investments During Period - Gain(Loss) On The Disposal Of Assets
43600		E1	31	5	10	0	N	O			September - Withdrawals, Or Dividend Distributions
43610		E1	31	6	10	0	N	O			September - Other Increases/(Decrease)
43620		E1	31	7	10	0	N	O			September - Other Increases/(Decrease) - Increases Or (Decreases) Due To Operations
43630		E1	32	2	10	0	N	O			October - Reimbursable Equity Beginning Period
43640		E1	32	3	10	0	N	O			October - Capital Investments During Period
43650		E1	32	4	10	0	N	O			October - Capital Investments During Period - Gain(Loss) On The Disposal Of Assets
43660		E1	32	5	10	0	N	O			October - Withdrawals, Or Dividend Distributions
43670		E1	32	6	10	0	N	O			October - Other Increases/(Decrease)
43680		E1	32	7	10	0	N	O			October - Other Increases/(Decrease) - Increases Or (Decreases) Due To Operations
43690		E1	33	2	10	0	N	O			November - Reimbursable Equity Beginning Period
43700		E1	33	3	10	0	N	O			November - Capital Investments During Period
43710		E1	33	4	10	0	N	O			November - Capital Investments During Period - Gain(Loss) On The Disposal Of Assets
43720		E1	33	5	10	0	N	O			November - Withdrawals, Or Dividend Distributions
43730		E1	33	6	10	0	N	O			November - Other Increases/(Decrease)
43740		E1	33	7	10	0	N	O			November - Other Increases/(Decrease) - Increases Or (Decreases) Due To Operations
43750		E1	34	2	10	0	N	O			December - Reimbursable Equity Beginning Period
43760		E1	34	3	10	0	N	O			December - Capital Investments During Period
43770		E1	34	4	10	0	N	O			December - Capital Investments During Period - Gain(Loss) On The Disposal Of Assets
43780		E1	34	5	10	0	N	O			December - Withdrawals, Or Dividend Distributions
43790		E1	34	6	10	0	N	O			December - Other Increases/(Decrease)
43800		E1	34	7	10	0	N	O			December - Other Increases/(Decrease) - Increases Or (Decreases) Due To Operations

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DIT I ONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
45000	5010	AT1	1	2	10	0	N	O			Routine Service - Room And Board - Private - Total
45010	5010	AT1	1	3	10	0	N	O			Routine Service - Room And Board - Private - Adjustments Increase (Decrease)
45020	5011	AT1	2	2	10	0	N	O			Routine Service - Room And Board - Medicare - Total
45030	5011	AT1	2	3	10	0	N	O			Routine Service - Room And Board - Medicare - Adjustments Increase (Decrease)
45040	5012	AT1	3	2	10	0	N	O			Routine Service - Room And Board - Medicaid - Total
45050	5012	AT1	3	3	10	0	N	O			Routine Service - Room And Board - Medicaid - Adjustments Increase (Decrease)
45060	5013	AT1	4	2	10	0	N	O			Routine Service - Room And Board - Veterans - Total
45070	5013	AT1	4	3	10	0	N	O			Routine Service - Room And Board - Veterans - Adjustments Increase (Decrease)
45080	5014	AT1	5	2	10	0	N	O			Routine Service - Room And Board - Other - Total
45090	5014	AT1	5	3	10	0	N	O			Routine Service - Room And Board - Other - Adjustments Increase (Decrease)
45100	5710	AT1	7	2	10	0	N	O			Deductions From Revenues - Contractual Allowance-Medicare - Total
45110	5710	AT1	7	3	10	0	N	O			Deductions From Revenues - Contractual Allowance-Medicare - Adjustments Increase (Decrease)
45120	5720	AT1	8	2	10	0	N	O			Deductions From Revenues - Contractual Allowance-Medicaid - Total
45130	5720	AT1	8	3	10	0	N	O			Deductions From Revenues - Contractual Allowance-Medicaid - Adjustments Increase (Decrease)
45140	5730	AT1	9	2	10	0	N	O			Deductions From Revenues - Contractual Allowance-Other - Total
45150	5730	AT1	9	3	10	0	N	O			Deductions From Revenues - Contractual Allowance-Other - Adjustments Increase (Decrease)
45160	5740	AT1	10	2	10	0	N	O			Deductions From Revenues - Charity Allowance - Total
45170	5740	AT1	10	3	10	0	N	O			Deductions From Revenues - Charity Allowance - Adjustments Increase (Decrease)
45180	5020	AT1	12	2	10	0	N	O			Therapy Services - Physical Therapy - Total
45190	5020	AT1	12	3	10	0	N	O			Therapy Services - Physical Therapy - Adjustments Increase
45200	5030	AT1	13	2	10	0	N	O			Therapy Services - Occupational Therapy - Total
45210	5030	AT1	13	3	10	0	N	O			Therapy Services - Occupational Therapy - Adjustments Increase (Decrease)
45220	5040	AT1	14	2	10	0	N	O			Therapy Services - Speech Therapy - Total
45230	5040	AT1	14	3	10	0	N	O			Therapy Services - Speech Therapy - Adjustments Increase
45240	5050	AT1	15	2	10	0	N	O			Therapy Services - Audiology Therapy - Total
45250	5050	AT1	15	3	10	0	N	O			Therapy Services - Audiology Therapy - Adjustments Increase (Decrease)
45260	5060	AT1	16	2	10	0	N	O			Therapy Services - Respiratory Therapy - Total
45270	5060	AT1	16	3	10	0	N	O			Therapy Services - Respiratory Therapy - Adjustments Increase (Decrease)

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DIT I ONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
45280	5070-1	AT1	18	2	10	0	N	O			Medical Supplies - Medicare B - Medicaid - Total
45290	5070-1	AT1	18	3	10	0	N	O			Medical Supplies - Medicare B - Medicaid - Adjustments Increase (Decrease)
45300	5070-2	AT1	19	2	10	0	N	O			Medical Supplies - Medicare B - Other - Total
45310	5070-2	AT1	19	3	10	0	N	O			Medical Supplies - Medicare B - Other - Adjustments Increase (Decrease)
45320	5070-3	AT1	20	2	10	0	N	O			Medical Supplies - Private - Total
45330	5070-3	AT1	20	3	10	0	N	O			Medical Supplies - Private - Adjustments Increase (Decrease)
45340	5070-4	AT1	21	2	10	0	N	O			Medical Supplies - Medicare A - Total
45350	5070-4	AT1	21	3	10	0	N	O			Medical Supplies - Medicare A - Adjustments Increase
45360	5070-5	AT1	22	2	10	0	N	O			Medical Supplies - Veterans - Total
45370	5070-5	AT1	22	3	10	0	N	O			Medical Supplies - Veterans - Adjustments Increase (Decrease)
45380	5070-6	AT1	23	2	10	0	N	O			Medical Supplies - Other - Total
45390	5070-6	AT1	23	3	10	0	N	O			Medical Supplies - Other - Adjustments Increase (Decrease)
45400	5070-7	AT1	24	2	10	0	N	O			Medical Supplies - Medicaid - Total
45410	5070-7	AT1	24	3	10	0	N	O			Medical Supplies - Medicaid - Adjustments Increase (Decrease)
45420	5080	AT1	25	2	10	0	N	O			Medical Supplies - Medical Supplies - Routine - Total
45430	5080	AT1	25	3	10	0	N	O			Medical Supplies - Medical Supplies - Routine - Adjustments Increase (Decrease)
45440	5090-1	AT1	27	2	10	0	N	O			Medical Minor Equipment - Medicare B - Medicaid - Total
45450	5090-1	AT1	27	3	10	0	N	O			Medical Minor Equipment - Medicare B - Medicaid - Adjustments Increase (Decrease)
45460	5090-2	AT1	28	2	10	0	N	O			Medical Minor Equipment - Medicare B - Other - Total
45470	5090-2	AT1	28	3	10	0	N	O			Medical Minor Equipment - Medicare B - Other - Adjustments Increase (Decrease)
45480	5090-3	AT1	29	2	10	0	N	O			Medical Minor Equipment - Private - Total
45490	5090-3	AT1	29	3	10	0	N	O			Medical Minor Equipment - Private - Adjustments Increase
45500	5090-4	AT1	30	2	10	0	N	O			Medical Minor Equipment - Medicare A - Total
45510	5090-4	AT1	30	3	10	0	N	O			Medical Minor Equipment - Medicare A - Adjustments Increase (Decrease)
45520	5090-5	AT1	31	2	10	0	N	O			Medical Minor Equipment - Veterans - Total
45530	5090-5	AT1	31	3	10	0	N	O			Medical Minor Equipment - Veterans - Adjustments Increase
45540	5090-6	AT1	32	2	10	0	N	O			Medical Minor Equipment - Other - Total
45550	5090-6	AT1	32	3	10	0	N	O			Medical Minor Equipment - Other - Adjustments Increase
45560	5090-7	AT1	33	2	10	0	N	O			Medical Minor Equipment - Medicaid - Total
45570	5090-7	AT1	33	3	10	0	N	O			Medical Minor Equipment - Medicaid - Adjustments Increase
45580	5100	AT1	34	2	10	0	N	O			Medical Minor Equipment - Medical Minor Equipment - Routine - Total
45590	5100	AT1	34	3	10	0	N	O			Medical Minor Equipment - Medical Minor Equipment - Routine - Adjustments Increase (Decrease)
45600	5110-1	AT1	36	2	10	0	N	O			Enteral Nutrition Therapy - Medicare B - Medicaid - Total

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENG TH	PRECISION	TYPE	CON DITI ONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
45610	5110-1	AT1	36	3	10	0	N	O			Enteral Nutrition Therapy - Medicare B - Medicaid - Adjustments Increase (Decrease)
45620	5110-2	AT1	37	2	10	0	N	O			Enteral Nutrition Therapy - Medicare B - Other - Total
45630	5110-2	AT1	37	3	10	0	N	O			Enteral Nutrition Therapy - Medicare B - Other - Adjustments Increase (Decrease)
45640	5110-3	AT1	38	2	10	0	N	O			Enteral Nutrition Therapy - Private - Total
45650	5110-3	AT1	38	3	10	0	N	O			Enteral Nutrition Therapy - Private - Adjustments Increase
45660	5110-4	AT1	39	2	10	0	N	O			Enteral Nutrition Therapy - Medicare A - Total
45670	5110-4	AT1	39	3	10	0	N	O			Enteral Nutrition Therapy - Medicare A - Adjustments Increase (Decrease)
45680	5110-5	AT1	40	2	10	0	N	O			Enteral Nutrition Therapy - Veterans - Total
45690	5110-5	AT1	40	3	10	0	N	O			Enteral Nutrition Therapy - Veterans - Adjustments Increase
45700	5110-6	AT1	41	2	10	0	N	O			Enteral Nutrition Therapy - Other - Total
45710	5110-6	AT1	41	3	10	0	N	O			Enteral Nutrition Therapy - Other - Adjustments Increase
45720	5110-7	AT1	42	2	10	0	N	O			Enteral Nutrition Therapy - Medicaid - Total
45730	5110-7	AT1	42	3	10	0	N	O			Enteral Nutrition Therapy - Medicaid - Adjustments Increase
45740	5120	AT1	43	2	10	0	N	O			Enteral Nutrition Therapy - Enteral Nutrition Therapy - Routine -
45750	5120	AT1	43	3	10	0	N	O			Enteral Nutrition Therapy - Enteral Nutrition Therapy - Routine - Adjustments Increase (Decrease)
45760	5130	AT1	45	2	10	0	N	O			Other Ancillary Service - Habilitation Supplies - Total
45770	5130	AT1	45	3	10	0	N	O			Other Ancillary Service - Habilitation Supplies - Adjustments Increase (Decrease)
45780	5140	AT1	46	2	10	0	N	O			Other Ancillary Service - Incontinence Supply - Total
45790	5140	AT1	46	3	10	0	N	O			Other Ancillary Service - Incontinence Supply - Adjustments Increase (Decrease)
45800	5150	AT1	47	2	10	0	N	O			Other Ancillary Service - Personal Care - Total
45810	5150	AT1	47	3	10	0	N	O			Other Ancillary Service - Personal Care - Adjustments Increase (Decrease)
45820	5160	AT1	48	2	10	0	N	O			Other Ancillary Service - Laundry Service - Routine - Total
45830	5160	AT1	48	3	10	0	N	O			Other Ancillary Service - Laundry Service - Routine - Adjustments Increase (Decrease)
45840	5310	AT1	50	2	10	0	N	O			Other Services - Dry Cleaning Service - Total
45850	5310	AT1	50	3	10	0	N	O			Other Services - Dry Cleaning Service - Adjustments Increase (Decrease)
45860	5320	AT1	51	2	10	0	N	O			Other Services - Communications - Total
45870	5320	AT1	51	3	10	0	N	O			Other Services - Communications - Adjustments Increase
45880	5330	AT1	52	2	10	0	N	O			Other Services - Meals - Total
45890	5330	AT1	52	3	10	0	N	O			Other Services - Meals - Adjustments Increase (Decrease)
45900	5340	AT1	53	2	10	0	N	O			Other Services - Barber And Beauty - Total
45910	5340	AT1	53	3	10	0	N	O			Other Services - Barber And Beauty - Adjustments Increase

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CONDITIONAL	LOW SUFFIX	HIGH SUFFIX	DESCRIPTION
45920	5350	AT1	54	2	10	0	N	O			Other Services - Personal Purchases - Residents - Total
45930	5350	AT1	54	3	10	0	N	O			Other Services - Personal Purchases - Residents - Adjustments Increase (Decrease)
45940	5360	AT1	55	2	10	0	N	O			Other Services - Radiology - Total
45950	5360	AT1	55	3	10	0	N	O			Other Services - Radiology - Adjustments Increase (Decrease)
45960	5370	AT1	56	2	10	0	N	O			Other Services - Laboratory - Total
45970	5370	AT1	56	3	10	0	N	O			Other Services - Laboratory - Adjustments Increase (Decrease)
45980	5380	AT1	57	2	10	0	N	O			Other Services - Oxygen - Total
45990	5380	AT1	57	3	10	0	N	O			Other Services - Oxygen - Adjustments Increase (Decrease)
46000	5390	AT1	58	2	10	0	N	O			Other Services - Legend Drugs - Total
46010	5390	AT1	58	3	10	0	N	O			Other Services - Legend Drugs - Adjustments Increase
46020	5400	AT1	59	2	10	0	N	O			Other Services - Other - Specify Below - Total
46030	5400	AT1	59	3	10	0	N	O			Other Services - Other - Specify Below - Adjustments Increase (Decrease)
46040	5400	AT1	59	aa	20	0	A	C	A	E	Other Services - Other - Specify Below - Account Title
46050	5400	AT1	59	ab	10	0	N	C	A	E	Other Services - Other - Specify Below - Amount
46060	5510	AT1	61	2	10	0	N	O			Non-Operating - Management Services - Total
46070	5510	AT1	61	3	10	0	N	O			Non-Operating - Management Services - Adjustments Increase (Decrease)
46080	5520	AT1	62	2	10	0	N	O			Non-Operating - Cash Discounts - Total
46090	5520	AT1	62	3	10	0	N	O			Non-Operating - Cash Discounts - Adjustments Increase
46100	5530	AT1	63	2	10	0	N	O			Non-Operating - Rebates And Refunds - Total
46110	5530	AT1	63	3	10	0	N	O			Non-Operating - Rebates And Refunds - Adjustments Increase (Decrease)
46120	5540	AT1	64	2	10	0	N	O			Non-Operating - Gift Shop - Total
46130	5540	AT1	64	3	10	0	N	O			Non-Operating - Gift Shop - Adjustments Increase (Decrease)
46140	5550	AT1	65	2	10	0	N	O			Non-Operating - Vending Machine Revenues - Total
46150	5550	AT1	65	3	10	0	N	O			Non-Operating - Vending Machine Revenues - Adjustments Increase (Decrease)
46160	5555	AT1	66	2	10	0	N	O			Non-Operating - Vending Machine Commissions - Total
46170	5555	AT1	66	3	10	0	N	O			Non-Operating - Vending Machine Commissions - Adjustments Increase (Decrease)
46180	5560	AT1	67	2	10	0	N	O			Non-Operating - Rental - Space - Total
46190	5560	AT1	67	3	10	0	N	O			Non-Operating - Rental - Space - Adjustments Increase
46200	5570	AT1	68	2	10	0	N	O			Non-Operating - Rental - Equipment - Total
46210	5570	AT1	68	3	10	0	N	O			Non-Operating - Rental - Equipment - Adjustments Increase
46220	5580	AT1	69	2	10	0	N	O			Non-Operating - Rental - Other - Total
46230	5580	AT1	69	3	10	0	N	O			Non-Operating - Rental - Other - Adjustments Increase
46240	5590	AT1	70	2	10	0	N	O			Non-Operating - Interest Income - Working Capital - Total

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DIT I ONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
46250	5590	AT1	70	3	10	0	N	O			Non-Operating - Interest Income - Working Capital - Adjustments Increase (Decrease)
46260	5600	AT1	71	2	10	0	N	O			Non-Operating - Interest Income - Restricted Funds - Total
46270	5600	AT1	71	3	10	0	N	O			Non-Operating - Interest Income - Restricted Funds - Adjustments Increase (Decrease)
46280	5610	AT1	72	2	10	0	N	O			Non-Operating - Interest Income - Funded Depreciation - Total
46290	5610	AT1	72	3	10	0	N	O			Non-Operating - Interest Income - Funded Depreciation - Adjustments Increase (Decrease)
46300	5620	AT1	73	2	10	0	N	O			Non-Operating - Interest Income - Related Party Revenue - Total
46310	5620	AT1	73	3	10	0	N	O			Non-Operating - Interest Income - Related Party Revenue - Adjustments Increase (Decrease)
46320	5625	AT1	74	2	10	0	N	O			Non-Operating - Interest Income - Contributions - Total
46330	5625	AT1	74	3	10	0	N	O			Non-Operating - Interest Income - Contributions - Adjustments Increase (Decrease)
46340	5630	AT1	75	2	10	0	N	O			Non-Operating - Endowments - Total
46350	5630	AT1	75	3	10	0	N	O			Non-Operating - Endowments - Adjustments Increase
46360	5640	AT1	76	2	10	0	N	O			Non-Operating - Gain/Loss On Disposal Of Assets - Total
46370	5640	AT1	76	3	10	0	N	O			Non-Operating - Gain/Loss On Disposal Of Assets - Adjustments Increase (Decrease)
46380	5650	AT1	77	2	10	0	N	O			Non-Operating - Gain/Loss On Sale Of Investments - Total
46390	5650	AT1	77	3	10	0	N	O			Non-Operating - Gain/Loss On Sale Of Investments - Adjustments Increase (Decrease)
46420	5670	AT1	78	2	10	0	N	O			Non-Operating - Contributions - Total
46430	5670	AT1	78	3	10	0	N	O			Non-Operating - Contributions - Adjustments Increase
48150		AT2	1	N/A	30	0	A	O	AA	JZ	Adjustment To Trial Balance - Description
48160		AT2	1	1	6	0	A	C	AA	JZ	Adjustment To Trial Balance - Revenue Chart Of Account
48170		AT2	1	2	10	0	N	C	AA	JZ	Adjustment To Trial Balance - Salary Increase(Decrease)
48180		AT2	1	3	10	0	N	C	AA	JZ	Adjustment To Trial Balance - Other Increase(Decrease)
48190		AT2	1	5	6	0	A	C	AA	JZ	Adjustment To Trial Balance - Expenses Chart Of Account
48200		AT2	1	6	3	0	N	C	AA	JZ	Adjustment To Trial Balance - Revenue Reference Attachment
50000		AT4	1	N/A	5	0	N	O			Paid Non-Medicaid Leave Days - January
50010		AT4	2	N/A	5	0	N	O			Paid Non-Medicaid Leave Days - February
50020		AT4	3	N/A	5	0	N	O			Paid Non-Medicaid Leave Days - March
50030		AT4	4	N/A	5	0	N	O			Paid Non-Medicaid Leave Days - April
50040		AT4	5	N/A	5	0	N	O			Paid Non-Medicaid Leave Days - May
50050		AT4	6	N/A	5	0	N	O			Paid Non-Medicaid Leave Days - June
50060		AT4	7	N/A	5	0	N	O			Paid Non-Medicaid Leave Days - July
50070		AT4	8	N/A	5	0	N	O			Paid Non-Medicaid Leave Days - August
50080		AT4	9	N/A	5	0	N	O			Paid Non-Medicaid Leave Days - September
50090		AT4	10	N/A	5	0	N	O			Paid Non-Medicaid Leave Days - October

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DIT I ONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
50100		AT4	11	N/A	5	0	N	O			Paid Non-Medicaid Leave Days - November
50110		AT4	12	N/A	5	0	N	O			Paid Non-Medicaid Leave Days - December
50120		AT4	N/A	N/A	5	2	N	O			Percentage Of Per Diem Rate Paid By Non-Medicaid Residents For Leave Days
54000	6030	AT6	1	D	10	0	N	O			Water And Sewage (Salary Only) - Owners Wages Paid
54010	6030	AT6	1	E	10	0	N	O			Water And Sewage (Salary Only) - Total Non-Owner Wages
54020	6030	AT6	1	G	10	0	N	O			Water And Sewage (Salary Only) - Owner Hours Paid
54030	6030	AT6	1	H	10	0	N	O			Water And Sewage (Salary Only) - Total Non-Owner Hours
54040	6100	AT6	2	D	10	0	N	O			Medical Director - Owners Wages Paid
54050	6100	AT6	2	E	10	0	N	O			Medical Director - Total Non-Owner Wages Paid
54060	6100	AT6	2	G	10	0	N	O			Medical Director - Owner Hours Paid
54070	6100	AT6	2	H	10	0	N	O			Medical Director - Total Non-Owner Hours Paid
54080	6105	AT6	3	D	10	0	N	O			Director Of Nursing - Owners Wages Paid
54090	6105	AT6	3	E	10	0	N	O			Director Of Nursing - Total Non-Owner Wages Paid
54100	6105	AT6	3	G	10	0	N	O			Director Of Nursing - Owner Hours Paid
54110	6105	AT6	3	H	10	0	N	O			Director Of Nursing - Total Non-Owner Hours Paid
54120	6110	AT6	4	D	10	0	N	O			Rn Charge Nurse - Owners Wages Paid
54130	6110	AT6	4	E	10	0	N	O			Rn Charge Nurse - Total Non-Owner Wages Paid
54140	6110	AT6	4	G	10	0	N	O			Rn Charge Nurse - Owner Hours Paid
54150	6110	AT6	4	H	10	0	N	O			Rn Charge Nurse - Total Non-Owner Hours Paid
54160	6115	AT6	5	D	10	0	N	O			Lpn Charge Nurse - Owners Wages Paid
54170	6115	AT6	5	E	10	0	N	O			Lpn Charge Nurse - Total Non-Owner Wages Paid
54180	6115	AT6	5	G	10	0	N	O			Lpn Charge Nurse - Owner Hours Paid
54190	6115	AT6	5	H	10	0	N	O			Lpn Charge Nurse - Total Non-Owner Hours Paid
54200	6120	AT6	6	D	10	0	N	O			Registered Nurse - Owners Wages Paid
54210	6120	AT6	6	E	10	0	N	O			Registered Nurse - Total Non-Owner Wages Paid
54220	6120	AT6	6	G	10	0	N	O			Registered Nurse - Owner Hours Paid
54230	6120	AT6	6	H	10	0	N	O			Registered Nurse - Total Non-Owner Hours Paid
54240	6125	AT6	7	D	10	0	N	O			Licensed Practical Nurse - Owners Wages Paid
54250	6125	AT6	7	E	10	0	N	O			Licensed Practical Nurse - Total Non-Owner Wages Paid
54260	6125	AT6	7	G	10	0	N	O			Licensed Practical Nurse - Owner Hours Paid
54270	6125	AT6	7	H	10	0	N	O			Licensed Practical Nurse - Total Non-Owner Hours Paid
54280	6130	AT6	8	D	10	0	N	O			Nurse Aides - Owners Wages Paid
54290	6130	AT6	8	E	10	0	N	O			Nurse Aides - Total Non-Owner Wages Paid
54300	6130	AT6	8	G	10	0	N	O			Nurse Aides - Owner Hours Paid
54310	6130	AT6	8	H	10	0	N	O			Nurse Aides - Total Non-Owner Hours Paid
54320	6135	AT6	9	D	10	0	N	O			Activity Director - Owners Wages Paid
54330	6135	AT6	9	E	10	0	N	O			Activity Director - Total Non-Owner Wages Paid
54340	6135	AT6	9	G	10	0	N	O			Activity Director - Owner Hours Paid
54350	6135	AT6	9	H	10	0	N	O			Activity Director - Total Non-Owner Hours Paid

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DIT ION A L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
54360	6140	AT6	10	D	10	0	N	O			Activity Staff - Owners Wages Paid
54370	6140	AT6	10	E	10	0	N	O			Activity Staff - Total Non-Owner Wages Paid
54380	6140	AT6	10	G	10	0	N	O			Activity Staff - Owner Hours Paid
54390	6140	AT6	10	H	10	0	N	O			Activity Staff - Total Non-Owner Hours Paid
54440	6150	AT6	11	D	10	0	N	O			Program Specialist - Owners Wages Paid
54450	6150	AT6	11	E	10	0	N	O			Program Specialist - Total Non-Owner Wages Paid
54460	6150	AT6	11	G	10	0	N	O			Program Specialist - Owner Hours Paid
54470	6150	AT6	11	H	10	0	N	O			Program Specialist - Total Non-Owner Hours Paid
54480	6155	AT6	12	D	10	0	N	O			Program Director - Owners Wages Paid
54490	6155	AT6	12	E	10	0	N	O			Program Director - Total Non-Owner Wages Paid
54500	6155	AT6	12	G	10	0	N	O			Program Director - Owner Hours Paid
54510	6155	AT6	12	H	10	0	N	O			Program Director - Total Non-Owner Hours Paid
54560	6165	AT6	13	D	10	0	N	O			Habilitation Supervisor - Owners Wages Paid
54570	6165	AT6	13	E	10	0	N	O			Habilitation Supervisor - Total Non-Owner Wages Paid
54580	6165	AT6	13	G	10	0	N	O			Habilitation Supervisor - Owner Hours Paid
54590	6165	AT6	13	H	10	0	N	O			Habilitation Supervisor - Total Non-Owner Hours Paid
54600	6170	AT6	14	D	10	0	N	O			Habilitation Staff - Owners Wages Paid
54610	6170	AT6	14	E	10	0	N	O			Habilitation Staff - Total Non-Owner Wages Paid
54620	6170	AT6	14	G	10	0	N	O			Habilitation Staff - Owner Hours Paid
54630	6170	AT6	14	H	10	0	N	O			Habilitation Staff - Total Non-Owner Hours Paid
54640	6175	AT6	15	D	10	0	N	O			Psychologist - Owners Wages Paid
54650	6175	AT6	15	E	10	0	N	O			Psychologist - Total Non-Owner Wages Paid
54660	6175	AT6	15	G	10	0	N	O			Psychologist - Owner Hours Paid
54670	6175	AT6	15	H	10	0	N	O			Psychologist - Total Non-Owner Hours Paid
54680	6180	AT6	16	D	10	0	N	O			Psychology Assistant - Owners Wages Paid
54690	6180	AT6	16	E	10	0	N	O			Psychology Assistant - Total Non-Owner Wages Paid
54700	6180	AT6	16	G	10	0	N	O			Psychology Assistant - Owner Hours Paid
54710	6180	AT6	16	H	10	0	N	O			Psychology Assistant - Total Non-Owner Hours Paid
54720	6185	AT6	17	D	10	0	N	O			Respiratory Therapist - Owners Wages Paid
54730	6185	AT6	17	E	10	0	N	O			Respiratory Therapist - Total Non-Owner Wages Paid
54740	6185	AT6	17	G	10	0	N	O			Respiratory Therapist - Owner Hours Paid
54750	6185	AT6	17	H	10	0	N	O			Respiratory Therapist - Total Non-Owner Hours Paid
54760	6190	AT6	18	D	10	0	N	O			Social Work/Counseling - Owners Wages Paid
54770	6190	AT6	18	E	10	0	N	O			Social Work/Counseling - Total Non-Owner Wages Paid
54780	6190	AT6	18	G	10	0	N	O			Social Work/Counseling - Owner Hours Paid
54790	6190	AT6	18	H	10	0	N	O			Social Work/Counseling - Total Non-Owner Hours Paid
54800	6195	AT6	19	D	10	0	N	O			Social Services/Pastoral Care - Owners Wages Paid
54810	6195	AT6	19	E	10	0	N	O			Social Services/Pastoral Care - Total Non-Owner Wages Paid
54820	6195	AT6	19	G	10	0	N	O			Social Services/Pastoral Care - Owner Hours Paid
54830	6195	AT6	19	H	10	0	N	O			Social Services/Pastoral Care - Total Non-Owner Hours Paid

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CON DIT I ONA L	LOW SUFF IX	HIGH SUFF IX	DESCRIPTION
54840	6200	AT6	20	D	10	0	N	O			Qualified Mental Retardation Professional - Owners Wages
54850	6200	AT6	20	E	10	0	N	O			Qualified Mental Retardation Professional - Total Non-Owner Wages Paid
54860	6200	AT6	20	G	10	0	N	O			Qualified Mental Retardation Professional - Owner Hours Paid
54870	6200	AT6	20	H	10	0	N	O			Qualified Mental Retardation Professional - Total Non-Owner
54880	6205	AT6	21	D	10	0	N	O			Quality Assurance - Owners Wages Paid
54890	6205	AT6	21	E	10	0	N	O			Quality Assurance - Total Non-Owner Wages Paid
54900	6205	AT6	21	G	10	0	N	O			Quality Assurance - Owner Hours Paid
54910	6205	AT6	21	H	10	0	N	O			Quality Assurance - Total Non-Owner Hours Paid
54920	6220	AT6	22	D	10	0	N	O			Other Direct Care (Salary) - Owners Wages Paid
54930	6220	AT6	22	E	10	0	N	O			Other Direct Care (Salary) - Total Non-Owner Wages Paid
54940	6220	AT6	22	G	10	0	N	O			Other Direct Care (Salary) - Owner Hours Paid
54950	6220	AT6	22	H	10	0	N	O			Other Direct Care (Salary) - Total Non-Owner Hours Paid
54960	6230	AT6	23	D	10	0	N	O			Home Office Costs/Direct Care (Salary) - Owners Wages Paid
54970	6230	AT6	23	E	10	0	N	O			Home Office Costs/Direct Care (Salary) - Total Non-Owner
54980	6230	AT6	23	G	10	0	N	O			Home Office Costs/Direct Care (Salary) - Owner Hours Paid
54990	6230	AT6	23	H	10	0	N	O			Home Office Costs/Direct Care (Salary) - Total Non-Owner
55120	6600	AT6	26	D	10	0	N	O			Physical Therapist - Owners Wages Paid
55130	6600	AT6	26	E	10	0	N	O			Physical Therapist - Total Non-Owner Wages Paid
55140	6600	AT6	26	G	10	0	N	O			Physical Therapist - Owner Hours Paid
55150	6600	AT6	26	H	10	0	N	O			Physical Therapist - Total Non-Owner Hours Paid
55160	6605	AT6	27	D	10	0	N	O			Physical Therapy Assistant - Owners Wages Paid
55170	6605	AT6	27	E	10	0	N	O			Physical Therapy Assistant - Total Non-Owner Wages Paid
55180	6605	AT6	27	G	10	0	N	O			Physical Therapy Assistant - Owner Hours Paid
55190	6605	AT6	27	H	10	0	N	O			Physical Therapy Assistant - Total Non-Owner Hours Paid
55200	6610	AT6	28	D	10	0	N	O			Occupational Therapist - Owners Wages Paid
55210	6610	AT6	28	E	10	0	N	O			Occupational Therapist - Total Non-Owner Wages Paid
55220	6610	AT6	28	G	10	0	N	O			Occupational Therapist - Owner Hours Paid
55230	6610	AT6	28	H	10	0	N	O			Occupational Therapist - Total Non-Owner Hours Paid
55240	6615	AT6	29	D	10	0	N	O			Occupational Therapy Assistant - Owners Wages Paid
55250	6615	AT6	29	E	10	0	N	O			Occupational Therapy Assistant - Total Non-Owner Wages Paid
55260	6615	AT6	29	G	10	0	N	O			Occupational Therapy Assistant - Owner Hours Paid
55270	6615	AT6	29	H	10	0	N	O			Occupational Therapy Assistant - Total Non-Owner Hours Paid
55280	6620	AT6	30	D	10	0	N	O			Speech Therapist - Owners Wages Paid
55290	6620	AT6	30	E	10	0	N	O			Speech Therapist - Total Non-Owner Wages Paid
55300	6620	AT6	30	G	10	0	N	O			Speech Therapist - Owner Hours Paid
55310	6620	AT6	30	H	10	0	N	O			Speech Therapist - Total Non-Owner Hours Paid
55320	6630	AT6	31	D	10	0	N	O			Audiologist - Owners Wages Paid
55330	6630	AT6	31	E	10	0	N	O			Audiologist - Total Non-Owner Wages Paid
55340	6630	AT6	31	G	10	0	N	O			Audiologist - Owner Hours Paid

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55350	6630	AT6	31	H	10	0	N	O			Audiologist - Total Non-Owner Hours Paid
55360	6535	AT6	33	D	10	0	N	O			Eap Administrator - Direct Care - Owners Wages Paid
55370	6535	AT6	33	E	10	0	N	O			Eap Administrator - Direct Care - Total Non-Owner Wages Paid
55380	6535	AT6	33	G	10	0	N	O			Eap Administrator - Direct Care - Owner Hours Paid
55390	6535	AT6	33	H	10	0	N	O			Eap Administrator - Direct Care - Total Non-Owner Hours Paid
55400	6540	AT6	34	D	10	0	N	O			Self Funded Programs Adm. - Direct Care - Owners Wages
55410	6540	AT6	34	E	10	0	N	O			Self Funded Programs Adm. - Direct Care - Total Non-Owner Wages Paid
55420	6540	AT6	34	G	10	0	N	O			Self Funded Programs Adm. - Direct Care - Owner Hours Paid
55430	6540	AT6	34	H	10	0	N	O			Self Funded Programs Adm. - Direct Care - Total Non-Owner
55440	6550	AT6	35	D	10	0	N	O			Staff Development - Direct Care - Owners Wages Paid
55450	6550	AT6	35	E	10	0	N	O			Staff Development - Direct Care - Total Non-Owner Wages
55460	6550	AT6	35	G	10	0	N	O			Staff Development - Direct Care - Owner Hours Paid
55470	6550	AT6	35	H	10	0	N	O			Staff Development - Direct Care - Total Non-Owner Hours Paid
55480	7000	AT6	37	D	10	0	N	O			Dietitian - Owners Wages Paid
55490	7000	AT6	37	E	10	0	N	O			Dietitian - Total Non-Owner Wages Paid
55500	7000	AT6	37	G	10	0	N	O			Dietitian - Owner Hours Paid
55510	7000	AT6	37	H	10	0	N	O			Dietitian - Total Non-Owner Hours Paid
55520	7005	AT6	38	D	10	0	N	O			Food Service Supervisor - Owners Wages Paid
55530	7005	AT6	38	E	10	0	N	O			Food Service Supervisor - Total Non-Owner Wages Paid
55540	7005	AT6	38	G	10	0	N	O			Food Service Supervisor - Owner Hours Paid
55550	7005	AT6	38	H	10	0	N	O			Food Service Supervisor - Total Non-Owner Hours Paid
55560	7015	AT6	39	D	10	0	N	O			Dietary Personnel - Owners Wages Paid
55570	7015	AT6	39	E	10	0	N	O			Dietary Personnel - Total Non-Owner Wages Paid
55580	7015	AT6	39	G	10	0	N	O			Dietary Personnel - Owner Hours Paid
55590	7015	AT6	39	H	10	0	N	O			Dietary Personnel - Total Non-Owner Hours Paid
55600	7075	AT6	40	D	10	0	N	O			Eap Administrator - Dietary - Owners Wages Paid
55610	7075	AT6	40	E	10	0	N	O			Eap Administrator - Dietary - Total Non-Owner Wages Paid
55620	7075	AT6	40	G	10	0	N	O			Eap Administrator - Dietary - Owner Hours Paid
55630	7075	AT6	40	H	10	0	N	O			Eap Administrator - Dietary - Total Non-Owner Hours Paid
55640	7080	AT6	41	D	10	0	N	O			Self Funded Programs Admin. - Dietary - Owners Wages Paid
55650	7080	AT6	41	E	10	0	N	O			Self Funded Programs Admin. - Dietary - Total Non-Owner
55660	7080	AT6	41	G	10	0	N	O			Self Funded Programs Admin. - Dietary - Owner Hours Paid
55670	7080	AT6	41	H	10	0	N	O			Self Funded Programs Admin. - Dietary - Total Non-Owner
55680	7090	AT6	42	D	10	0	N	O			Staff Development - Dietary - Owners Wages Paid
55690	7090	AT6	42	E	10	0	N	O			Staff Development - Dietary - Total Non-Owner Wages Paid
55700	7090	AT6	42	G	10	0	N	O			Staff Development - Dietary - Owner Hours Paid
55710	7090	AT6	42	H	10	0	N	O			Staff Development - Dietary - Total Non-Owner Hours Paid
55720	7105	AT6	44	D	10	0	N	O			Medical / Habilitation Records - Owners Wages Paid
55730	7105	AT6	44	E	10	0	N	O			Medical / Habilitation Records - Total Non-Owner Wages Paid

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55740	7105	AT6	44	G	10	0	N	O			Medical / Habilitation Records - Owner Hours Paid
55750	7105	AT6	44	H	10	0	N	O			Medical / Habilitation Records - Total Non-Owner Hours Paid
55760	7110	AT6	45	D	10	0	N	O			Pharmaceutical Consultant - Owners Wages Paid
55770	7110	AT6	45	E	10	0	N	O			Pharmaceutical Consultant - Total Non-Owner Wages Paid
55780	7110	AT6	45	G	10	0	N	O			Pharmaceutical Consultant - Owner Hours Paid
55790	7110	AT6	45	H	10	0	N	O			Pharmaceutical Consultant - Total Non-Owner Hours Paid
55800	7200	AT6	48	D	10	0	N	O			Administrator - Owners Wages Paid
55810	7200	AT6	48	E	10	0	N	O			Administrator - Total Non-Owner Wages Paid
55820	7200	AT6	48	G	10	0	N	O			Administrator - Owner Hours Paid
55830	7200	AT6	48	H	10	0	N	O			Administrator - Total Non-Owner Hours Paid
55840	7210	AT6	49	D	10	0	N	O			Other Administrative Personnel - Owners Wages Paid
55850	7210	AT6	49	E	10	0	N	O			Other Administrative Personnel - Total Non-Owner Wages Paid
55860	7210	AT6	49	G	10	0	N	O			Other Administrative Personnel - Owner Hours Paid
55870	7210	AT6	49	H	10	0	N	O			Other Administrative Personnel - Total Non-Owner Hours Paid
55880	7230	AT6	50	D	10	0	N	O			Security Services (Salary Only) - Owners Wages Paid
55890	7230	AT6	50	E	10	0	N	O			Security Services (Salary Only) - Total Non-Owner Wages
55900	7230	AT6	50	G	10	0	N	O			Security Services (Salary Only) - Owner Hours Paid
55910	7230	AT6	50	H	10	0	N	O			Security Services (Salary Only) - Total Non-Owner Hours
55920	7240	AT6	51	D	10	0	N	O			Laundry/Housekeeping Supervisor - Owners Wages Paid
55930	7240	AT6	51	E	10	0	N	O			Laundry/Housekeeping Supervisor - Total Non-Owner Wages
55940	7240	AT6	51	G	10	0	N	O			Laundry/Housekeeping Supervisor - Owner Hours Paid
55950	7240	AT6	51	H	10	0	N	O			Laundry/Housekeeping Supervisor - Total Non-Owner Hours
55960	7245	AT6	52	D	10	0	N	O			Housekeeping - Owners Wages Paid
55970	7245	AT6	52	E	10	0	N	O			Housekeeping - Total Non-Owner Wages Paid
55980	7245	AT6	52	G	10	0	N	O			Housekeeping - Owner Hours Paid
55990	7245	AT6	52	H	10	0	N	O			Housekeeping - Total Non-Owner Hours Paid
56000	7250	AT6	53	D	10	0	N	O			Laundry And Linen - Owners Wages Paid
56010	7250	AT6	53	E	10	0	N	O			Laundry And Linen - Total Non-Owner Wages Paid
56020	7250	AT6	53	G	10	0	N	O			Laundry And Linen - Owner Hours Paid
56030	7250	AT6	53	H	10	0	N	O			Laundry And Linen - Total Non-Owner Hours Paid
56040	7265	AT6	54	D	10	0	N	O			Accounting - Owners Wages Paid
56050	7265	AT6	54	E	10	0	N	O			Accounting - Total Non-Owner Wages Paid
56060	7265	AT6	54	G	10	0	N	O			Accounting - Owner Hours Paid
56070	7265	AT6	54	H	10	0	N	O			Accounting - Total Non-Owner Hours Paid
56080	7285	AT6	55	D	10	0	N	O			Data Services (Salary Only) - Owners Wages Paid
56090	7285	AT6	55	E	10	0	N	O			Data Services (Salary Only) - Total Non-Owner Wages Paid
56100	7285	AT6	55	G	10	0	N	O			Data Services (Salary Only) - Owner Hours Paid
56110	7285	AT6	55	H	10	0	N	O			Data Services (Salary Only) - Total Non-Owner Hours Paid
56120	7305	AT6	56	D	10	0	N	O			Other Indirect Care (Salary Only) - Owners Wages Paid
56130	7305	AT6	56	E	10	0	N	O			Other Indirect Care (Salary Only) - Total Non-Owner Wages

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56140	7305	AT6	56	G	10	0	N	O			Other Indirect Care (Salary Only) - Owner Hours Paid
56150	7305	AT6	56	H	10	0	N	O			Other Indirect Care (Salary Only) - Total Non-Owner Hours
56160	7310	AT6	57	D	10	0	N	O			Home Office Costs/Indirect Care (Salary) - Owners Wages Paid
56170	7310	AT6	57	E	10	0	N	O			Home Office Costs/Indirect Care (Salary) - Total Non-Owner
56180	7310	AT6	57	G	10	0	N	O			Home Office Costs/Indirect Care (Salary) - Owner Hours Paid
56190	7310	AT6	57	H	10	0	N	O			Home Office Costs/Indirect Care (Salary) - Total Non-Owner
56200	7320	AT6	59	D	10	0	N	O			Plant Operations / Maintenance Sup. - Owners Wages Paid
56210	7320	AT6	59	E	10	0	N	O			Plant Operations / Maintenance Sup. - Total Non-Owner Wages
56220	7320	AT6	59	G	10	0	N	O			Plant Operations / Maintenance Sup. - Owner Hours Paid
56230	7320	AT6	59	H	10	0	N	O			Plant Operations / Maintenance Sup. - Total Non-Owner Hours
56240	7330	AT6	60	D	10	0	N	O			Plant Operations And Maintenance - Owners Wages Paid
56250	7330	AT6	60	E	10	0	N	O			Plant Operations And Maintenance - Total Non-Owner Wages
56260	7330	AT6	60	G	10	0	N	O			Plant Operations And Maintenance - Owner Hours Paid
56270	7330	AT6	60	H	10	0	N	O			Plant Operations And Maintenance - Total Non-Owner Hours
56280	7525	AT6	62	D	10	0	N	O			Eap Administrator - Indirect Care - Owners Wages Paid
56290	7525	AT6	62	E	10	0	N	O			Eap Administrator - Indirect Care - Total Non-Owner Wages
56300	7525	AT6	62	G	10	0	N	O			Eap Administrator - Indirect Care - Owner Hours Paid
56310	7525	AT6	62	H	10	0	N	O			Eap Administrator - Indirect Care - Total Non-Owner Hours Paid
56320	7530	AT6	63	D	10	0	N	O			Self Funded Prog. Admin.-Indirect Care - Owners Wages Paid
56330	7530	AT6	63	E	10	0	N	O			Self Funded Prog. Admin.-Indirect Care - Total Non-Owner
56340	7530	AT6	63	G	10	0	N	O			Self Funded Prog. Admin.-Indirect Care - Owner Hours Paid
56350	7530	AT6	63	H	10	0	N	O			Self Funded Prog. Admin.-Indirect Care - Total Non-Owner
56360	7535	AT6	64	D	10	0	N	O			Staff Development - Indirect Care - Owners Wages Paid
56370	7535	AT6	64	E	10	0	N	O			Staff Development - Indirect Care - Total Non-Owner Wages
56380	7535	AT6	64	G	10	0	N	O			Staff Development - Indirect Care - Owner Hours Paid
56390	7535	AT6	64	H	10	0	N	O			Staff Development - Indirect Care - Total Non-Owner Hours
56400	6057	AT6	1a	D	10	0	N	O			Eap Administrator - Other Protected - Owners Wages Paid
56410	6057	AT6	1a	E	10	0	N	O			Eap Administrator - Other Protected - Total Non-Owner Wages
56420	6057	AT6	1a	G	10	0	N	O			Eap Administrator - Other Protected - Owner Hours Paid
56430	6057	AT6	1a	H	10	0	N	O			Eap Administrator - Other Protected - Total Non-Owner Hours
56440	6058	AT6	1b	D	10	0	N	O			Self Funded Programs Adm. - Other Protected - Owners
56450	6058	AT6	1b	E	10	0	N	O			Self Funded Programs Adm. - Other Protected - Total Non-Owner Wages Paid
56460	6058	AT6	1b	G	10	0	N	O			Self Funded Programs Adm. - Other Protected - Owner Hours
56470	6058	AT6	1b	H	10	0	N	O			Self Funded Programs Adm. - Other Protected - Total Non-Owner Hours Paid
56480	6059	AT6	1c	D	10	0	N	O			Staff Development - Other Protected - Owners Wages Paid
56490	6059	AT6	1c	E	10	0	N	O			Staff Development - Other Protected - Total Non-Owner Wages
56500	6059	AT6	1c	G	10	0	N	O			Staff Development - Other Protected - Owner Hours Paid
56510	6059	AT6	1c	H	10	0	N	O			Staff Development - Other Protected - Total Non-Owner Hours

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CONDITIONAL	LOW SUFFIX	HIGH SUFFIX	DESCRIPTION
60000		AT7	1	N/A	20	0	A	O	A	D	Other Protected Costs - Current Cost Center Description
60010		AT7	1	N/A	6	0	A	O	A	D	Other Protected Costs - Chart Of Account Number
60020		AT7	1	1	10	0	N	O	A	D	Other Protected Costs - Salary Facility Employed
60030		AT7	1	2	10	0	N	O	A	D	Other Protected Costs - Other/Contract Wages
60040		AT7	1	3	10	0	N	O	A	D	Other Protected Costs - Adjusted/Allocated Total
60050		AT7	1	4	4	0	A	O	A	D	Other Protected Costs - Reclassified Schedule Number
60060		AT7	1	5	4	0	A	O	A	D	Other Protected Costs - Reclassified Line Number
60070		AT7	1	6	12	0	A	O	A	D	Other Protected Costs - Reason For Reclassification
60080		AT7	6	N/A	20	0	A	O	A	D	Direct Care Cost Center - Current Cost Center Description
60090		AT7	6	N/A	6	0	A	O	A	D	Direct Care Cost Center - Chart Of Account Number
60100		AT7	6	1	10	0	N	O	A	D	Direct Care Cost Center - Salary Facility Employed
60110		AT7	6	2	10	0	N	O	A	D	Direct Care Cost Center - Other/Contract Wages
60120		AT7	6	3	10	0	N	O	A	D	Direct Care Cost Center - Adjusted/Allocated Total
60130		AT7	6	4	4	0	A	O	A	D	Direct Care Cost Center - Reclassified Schedule Number
60140		AT7	6	5	4	0	A	O	A	D	Direct Care Cost Center - Reclassified Line Number
60150		AT7	6	6	12	0	A	O	A	D	Direct Care Cost Center - Reason For Reclassification
60160		AT7	11	N/A	20	0	A	O	A	D	Indirect Care Cost Center - Description Of Indirect Care Cost
60170		AT7	11	N/A	6	0	A	O	A	D	Indirect Care Cost Center - Chart Of Account Number
60180		AT7	11	1	10	0	N	O	A	D	Indirect Care Cost Center - Salary Facility Employed
60190		AT7	11	2	10	0	N	O	A	D	Indirect Care Cost Center - Other/Contract Wages
60200		AT7	11	3	10	0	N	O	A	D	Indirect Care Cost Center - Adjusted Allocated Total
60210		AT7	11	4	4	0	A	O	A	D	Indirect Care Cost Center - Reclassified Schedule Number
60220		AT7	11	5	4	0	A	O	A	D	Indirect Care Cost Center - Reclassified Line Number
60230		AT7	11	6	12	0	A	O	A	D	Indirect Care Cost Center - Reason For Reclassification
60240		AT7	16	N/A	20	0	A	O	A	D	Non-Reimbursable Expenses - Description Of Non-Reimbursable Expenses
60250		AT7	16	N/A	6	0	A	O	A	D	Non-Reimbursable Expenses - Chart Of Account Number
60260		AT7	16	1	10	0	N	O	A	D	Non-Reimbursable Expenses - Salary Facility Employed
60270		AT7	16	2	10	0	N	O	A	D	Non-Reimbursable Expenses - Other/Contract Wages
60280		AT7	16	3	10	0	N	O	A	D	Non-Reimbursable Expenses - Adjusted Allocated Total
60290		AT7	16	4	4	0	A	O	A	D	Non-Reimbursable Expenses - Reclassified Schedule Number
60300		AT7	16	5	4	0	A	O	A	D	Non-Reimbursable Expenses - Reclassified Line Number
60310		AT7	16	6	12	0	A	O	A	D	Non-Reimbursable Expenses - Reason For Reclassification
60320		AT7	21	N/A	20	0	A	O	A	D	Capital Cost Center - Description Of Capital Cost Center
60330		AT7	21	N/A	6	0	A	O	A	D	Capital Cost Center - Chart Of Account Number
60340		AT7	21	1	10	0	N	O	A	D	Capital Cost Center - Salary Facility Employed
60350		AT7	21	2	10	0	N	O	A	D	Capital Cost Center - Other/Contract Wages
60360		AT7	21	3	10	0	N	O	A	D	Capital Cost Center - Adjusted Allocated Total
60370		AT7	21	4	4	0	A	O	A	D	Capital Cost Center - Reclassified Schedule Number
60380		AT7	21	5	4	0	A	O	A	D	Capital Cost Center - Reclassified Line Number

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CONDITIONAL	LOW SUFFIX	HIGH SUFFIX	DESCRIPTION
60390		AT7	21	6	12	0	A	O	A	D	Capital Cost Center - Reason For Reclassification
60390		AT7	21	6	12	0	A	O	A	D	Capital Cost Center - Reason For Reclassification
56560	7840	AT6	61	D	10		N	O			Self Funded Prog. Admin.- Ancillary/Support - Owners Wages
56570	7840	AT6	61	E	10		N	O			Self Funded Prog. Admin.- Ancillary/Support - Total Non-Owner Wages Paid
56580	7840	AT6	61	G	10		N	O			Self Funded Prog. Admin.- Ancillary/Support - Owner Hours
56590	7840	AT6	61	H	10		N	O			Self Funded Prog. Admin.- Ancillary/Support - Total Non-Owner Hours Paid
56600	7850	AT6	62	D	10		N	O			Staff Development - Ancillary/Support - Owners Wages Paid
56610	7850	AT6	62	E	10		N	O			Staff Development - Ancillary/Support - Total Non-Owner
56620	7850	AT6	62	G	10		N	O			Staff Development - Ancillary/Support - Owner Hours Paid
56630	7850	AT6	62	H	10		N	O			Staff Development - Ancillary/Support - Total Non-Owner Hours
56760	6210	AT6	11	D	10		N	O			Consulting And Management Fees-Direct - Owners Wages
56770	6210	AT6	11	E	10		N	O			Consulting And Management Fees-Direct - Total Non-Owner Wages Paid
56780	6210	AT6	11	G	10		N	O			Consulting And Management Fees-Direct - Owner Hours Paid
56790	6210	AT6	11	H	10		N	O			Consulting And Management Fees-Direct - Total Non-Owner
60000		AT7	1	N/A	20		A	O	A	D	Tax Costs - Current Cost Center Description
60010		AT7	1	N/A	6		A	O	A	D	Tax Costs - Chart Of Account Number
60020		AT7	1	1	10		N	O	A	D	Tax Costs - Salary Facility Employed
60030		AT7	1	2	10		N	O	A	D	Tax Costs - Other/Contract Wages
60040		AT7	1	3	10		N	O	A	D	Tax Costs - Adjusted/Allocated Total
60050		AT7	1	4	4		A	O	A	D	Tax Costs - Reclassified Schedule Number
60060		AT7	1	5	4		A	O	A	D	Tax Costs - Reclassified Line Number
60070		AT7	1	6	12		A	O	A	D	Tax Costs - Reason For Reclassification
60080		AT7	6	N/A	20		A	O	A	D	Direct Care Cost Center - Current Cost Center Description
60090		AT7	6	N/A	6		A	O	A	D	Direct Care Cost Center - Chart Of Account Number
60100		AT7	6	1	10		N	O	A	D	Direct Care Cost Center - Salary Facility Employed
60110		AT7	6	2	10		N	O	A	D	Direct Care Cost Center - Other/Contract Wages
60120		AT7	6	3	10		N	O	A	D	Direct Care Cost Center - Adjusted/Allocated Total
60130		AT7	6	4	4		A	O	A	D	Direct Care Cost Center - Reclassified Schedule Number
60140		AT7	6	5	4		A	O	A	D	Direct Care Cost Center - Reclassified Line Number
60150		AT7	6	6	12		A	O	A	D	Direct Care Cost Center - Reason For Reclassification
60160		AT7	11	N/A	20		A	O	A	D	Ancillary/Support Costs - Description Of Indirect Care Cost
60170		AT7	11	N/A	6		A	O	A	D	Ancillary/Support Costs - Chart Of Account Number
60180		AT7	11	1	10		N	O	A	D	Ancillary/Support Costs - Salary Facility Employed
60190		AT7	11	2	10		N	O	A	D	Ancillary/Support Costs - Other/Contract Wages
60200		AT7	11	3	10		N	O	A	D	Ancillary/Support Costs - Adjusted Allocated Total
60210		AT7	11	4	4		A	O	A	D	Ancillary/Support Costs - Reclassified Schedule Number
60220		AT7	11	5	4		A	O	A	D	Ancillary/Support Costs - Reclassified Line Number

DATA ELEMENT NUMBER	CHART OF ACCT NUMBER	COST REPORT SCHED	COST REPORT LINE	COST REPORT COLUMN	LENGTH	PRECISION	TYPE	CONDITIONAL	LOW SUFFIX	HIGH SUFFIX	DESCRIPTION
60230		AT7	11	6	12		A	O	A	D	Ancillary/Support Costs - Reason For Reclassification
60240		AT7	16	N/A	20		A	O	A	D	Non-Reimbursable Expenses - Description Of Non-Reimbursable Expenses
60250		AT7	16	N/A	6		A	O	A	D	Non-Reimbursable Expenses - Chart Of Account Number
60260		AT7	16	1	10		N	O	A	D	Non-Reimbursable Expenses - Salary Facility Employed
60270		AT7	16	2	10		N	O	A	D	Non-Reimbursable Expenses - Other/Contract Wages
60280		AT7	16	3	10		N	O	A	D	Non-Reimbursable Expenses - Adjusted Allocated Total
60290		AT7	16	4	4		A	O	A	D	Non-Reimbursable Expenses - Reclassified Schedule Number
60300		AT7	16	5	4		A	O	A	D	Non-Reimbursable Expenses - Reclassified Line Number
60310		AT7	16	6	12		A	O	A	D	Non-Reimbursable Expenses - Reason For Reclassification
60320		AT7	21	N/A	20		A	O	A	D	Capital Costs - Description Of Capital Cost Center
60330		AT7	21	N/A	6		A	O	A	D	Capital Costs - Chart Of Account Number
60340		AT7	21	1	10		N	O	A	D	Capital Costs - Salary Facility Employed
60350		AT7	21	2	10		N	O	A	D	Capital Costs - Other/Contract Wages
60360		AT7	21	3	10		N	O	A	D	Capital Costs - Adjusted Allocated Total
60370		AT7	21	4	4		A	O	A	D	Capital Costs - Reclassified Schedule Number
60380		AT7	21	5	4		A	O	A	D	Capital Costs - Reclassified Line Number
60390		AT7	21	6	12		A	O	A	D	Capital Costs - Reason For Reclassification
62000		AT8	1	N/A	6		N	R			Employee Retention Rate - Number Of Ftes On First Full Payroll Ending Date Of The Cost Reporting Period
62010		AT8	2	N/A	6		N	R			Employee Retention Rate - Number Of Ftes On Last Payroll Ending Date Of The Cost Reporting Period Remaining From