

Oklahoma Healthcare Authority- Nursing Home Facility Cost Report-State Fiscal Year June 30, 2024

FAC ID	FACILITY NAME	FACILITY TYPE	MEDICARE DAYS	MEDICAID DAYS	OTHER DAYS	TOTAL DAYS	AVAILABLE DAYS	OCCUPANCY RATE	SALARIES & WAGES	OUTSIDE PROFESSIONAL FEES	EMPLOYEE EXPENSES	TAXES (NON-PAYROLL)	OFFICE EXPENSES	INSURANCE EXPENSES	GENERAL EXPENSES	DRUGS & MEDICAL SUPPLIES	CAPITAL RELATED EXPENSES	ADMINISTRATIVE SERVICES	OTHER EXPENSES	TOTAL EXPENSES	SFY2024 COST PER DAY
170	BILLINGS FAIRCHILD CENTER	ICF/MR	-	47,998	-	47,998	56,364	85.16%	\$ 3,643,234.00	\$ 195,518.00	\$ 612,644.00	\$ 17,318.00	\$ 147,270.00	\$ 64,159.00	\$ 904,850.00	\$ 213,355.00	\$ 158,163.00	\$ 224,999.00	\$ 495,820.00	\$ 6,677,330.00	\$ 139.12
296	CENTER OF FAMILY LOVE	ICF/MR	-	8,039	360	8,399	11,712	71.71%	\$ 747,799.00	\$ 81,560.00	\$ 131,293.00	\$ 3,459.00	\$ 44,583.00	\$ 45,345.00	\$ 228,225.00	\$ 19,512.00	\$ 156,226.00	\$ -	\$ 143,189.00	\$ 1,601,191.00	\$ 190.64
56	HAYS HOUSE	ICF/MR	-	14,930	-	14,930	40,992	36.42%	\$ 1,434,866.00	\$ 83,846.00	\$ 181,741.00	\$ -	\$ 105,461.00	\$ -	\$ 297,721.00	\$ 47,046.00	\$ 146,975.00	\$ 120,000.00	\$ 156,782.00	\$ 2,574,438.00	\$ 172.43
197	LAKE DRIVE CARE AND REHABILITATION CENTER	ICF/MR	-	20,516	-	20,516	21,960	93.42%	\$ 1,449,720.00	\$ 321,169.00	\$ 174,883.00	\$ 7,146.00	\$ 138,091.00	\$ 98,581.00	\$ 263,610.00	\$ 70,512.00	\$ 164,282.00	\$ -	\$ 310,971.00	\$ 2,998,965.00	\$ 146.18
370	OAKRIDGE HOME	ICF/MR	-	28,697	-	28,697	58,560	49.00%	\$ 2,495,084.00	\$ 161,663.00	\$ 333,590.00	\$ -	\$ 223,886.00	\$ -	\$ 575,644.41	\$ 86,897.00	\$ 409,767.00	\$ 65,487.00	\$ 386,625.00	\$ 4,738,643.41	\$ 165.13
1	OKMULGEE TERRACE	ICF/MR	-	14,578	-	14,578	23,058	63.22%	\$ 1,063,958.00	\$ 117,637.00	\$ 150,916.00	\$ -	\$ 72,460.00	\$ -	\$ 243,922.00	\$ 38,073.00	\$ 148,988.00	\$ 120,000.00	\$ 175,815.00	\$ 2,131,769.00	\$ 146.23
120	RELIANT LIVING CENTER	ICF/MR	-	17,281	-	17,281	24,820	69.63%	\$ 2,025,194.00	\$ 104,599.00	\$ 292,058.00	\$ 4,748.00	\$ 123,675.00	\$ 32,230.00	\$ 191,460.00	\$ 85,395.00	\$ -	\$ -	\$ 141,947.00	\$ 3,001,306.00	\$ 173.68
<b>REGULAR ICF/HD TOTAL'S</b>			-	<b>152,039</b>	<b>360</b>	<b>152,399</b>	<b>237,466</b>	<b>64.18%</b>	<b>\$ 12,859,855.00</b>	<b>\$ 1,065,992.00</b>	<b>\$ 1,877,125.00</b>	<b>\$ 32,671.00</b>	<b>\$ 855,426.00</b>	<b>\$ 240,315.00</b>	<b>\$ 2,705,432.41</b>	<b>\$ 560,790.00</b>	<b>\$ 1,184,401.00</b>	<b>\$ 530,486.00</b>	<b>\$ 1,811,149.00</b>	<b>\$ 23,723,642.41</b>	<b>\$ 155.67</b>

**State of Oklahoma**  
**Oklahoma Health Care Authority**  
**Nursing Home Facility Cost Report Summary**  
**Regular ICF/IID Facilities SFY 08 thru SFY 24 Cost Comparison**

2/25/2025	SFY 2024	SFY 2023	SFY 2022	SFY 2021	SFY 2020	SFY 2019	SFY 2018	SFY 2017	SFY 2016	SFY 2015	SFY 2014	SFY 2013	SFY 2012	SFY 2011	SFY 2010	SFY 2009	SFY 2008
Available Patient Days:	237,466	235,409	256,765	262,871	300,231	299,665	299,665	300,030	299,156	296,345	298,710	298,282	305,364	304,911	304,775	332,949	336,024
Total Patient Days:	152,399	162,275	168,030	191,356	210,661	210,959	211,190	214,650	212,589	213,984	217,722	218,724	225,124	223,163	219,830	231,416	235,837
Medicaid Days:	152,039	161,880	167,537	190,793	210,155	210,390	210,858	214,365	212,223	213,375	217,275	218,312	224,605	222,078	219,308	229,938	230,361
Medicare Days:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Days:	360	395	493	563	506	569	332	285	366	609	447	412	519	1,085	522	1,478	5,476
Occupancy %:	64.18%	68.93%	65.44%	72.79%	70.17%	70.40%	70.48%	71.54%	71.06%	72.21%	72.89%	73.33%	73.72%	73.19%	72.13%	69.50%	70.18%
% of Medicaid:	99.76%	99.76%	99.71%	99.71%	99.76%	99.73%	99.84%	99.87%	99.83%	99.72%	99.79%	99.81%	99.77%	99.51%	99.76%	99.36%	97.68%
Description:	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day
Salaries & Wages:	\$ 84.38	\$ 76.43	\$ 71.05	\$ 65.48	\$ 63.54	\$ 60.25	\$ 60.51	\$ 59.61	\$ 62.65	\$ 61.78	\$ 63.36	\$ 62.49	\$ 62.79	\$ 61.38	\$ 65.60	\$ 64.91	\$ 62.04
Outside Professional Fees:	\$ 6.99	\$ 13.15	\$ 10.20	\$ 5.45	\$ 6.35	\$ 5.70	\$ 4.24	\$ 4.40	\$ 4.98	\$ 3.62	\$ 3.03	\$ 2.63	\$ 2.45	\$ 2.27	\$ 2.24	\$ 3.20	\$ 2.47
Employee Expenses:	\$ 12.32	\$ 12.29	\$ 10.99	\$ 11.29	\$ 10.58	\$ 9.81	\$ 10.01	\$ 10.75	\$ 11.40	\$ 11.56	\$ 10.53	\$ 10.82	\$ 11.33	\$ 10.77	\$ 10.48	\$ 10.56	\$ 10.96
Taxes (Non-Payroll):	\$ 0.21	\$ 0.25	\$ 0.19	\$ 0.19	\$ 0.35	\$ 0.31	\$ 0.17	\$ 0.36	\$ 0.30	\$ 0.27	\$ 0.46	\$ 0.54	\$ 0.47	\$ 0.51	\$ 0.49	\$ 0.46	\$ 0.49
Office Expenses:	\$ 5.61	\$ 6.07	\$ 5.41	\$ 4.87	\$ 4.46	\$ 4.36	\$ 4.68	\$ 4.52	\$ 4.42	\$ 4.49	\$ 5.05	\$ 4.57	\$ 4.62	\$ 4.54	\$ 4.31	\$ 4.70	\$ 4.58
Insurance:	\$ 1.58	\$ 1.37	\$ 1.58	\$ 1.80	\$ 1.51	\$ 1.26	\$ 1.29	\$ 1.49	\$ 1.43	\$ 1.52	\$ 1.35	\$ 1.39	\$ 1.34	\$ 1.37	\$ 1.27	\$ 1.40	\$ 1.34
General Expenses:	\$ 17.75	\$ 16.99	\$ 15.34	\$ 12.98	\$ 12.63	\$ 11.72	\$ 11.78	\$ 12.50	\$ 13.34	\$ 13.60	\$ 14.05	\$ 13.45	\$ 13.35	\$ 11.99	\$ 12.49	\$ 12.52	\$ 12.13
Drugs & Medical Supplies:	\$ 3.68	\$ 2.96	\$ 3.13	\$ 3.54	\$ 2.34	\$ 2.24	\$ 2.26	\$ 2.65	\$ 2.71	\$ 2.63	\$ 2.55	\$ 2.30	\$ 2.50	\$ 2.29	\$ 2.12	\$ 2.04	\$ 1.91
Capital Related Cost:	\$ 7.77	\$ 7.70	\$ 7.48	\$ 6.75	\$ 5.81	\$ 4.91	\$ 4.93	\$ 4.87	\$ 4.80	\$ 4.93	\$ 4.28	\$ 4.63	\$ 5.24	\$ 5.34	\$ 7.10	\$ 7.07	\$ 6.70
Administrative Services:	\$ 3.48	\$ 4.18	\$ 4.36	\$ 4.42	\$ 3.43	\$ 3.41	\$ 3.51	\$ 3.24	\$ 3.53	\$ 3.63	\$ 4.28	\$ 4.67	\$ 5.12	\$ 5.20	\$ 5.43	\$ 5.05	\$ 5.03
Other Expenses:	\$ 11.88	\$ 10.63	\$ 10.40	\$ 10.18	\$ 9.00	\$ 9.08	\$ 9.07	\$ 9.21	\$ 9.19	\$ 9.16	\$ 8.34	\$ 8.02	\$ 7.83	\$ 8.02	\$ 7.85	\$ 8.01	\$ 8.69
<b>Total:</b>	<b>\$ 155.67</b>	<b>\$ 152.02</b>	<b>\$ 140.15</b>	<b>\$ 126.96</b>	<b>\$ 119.99</b>	<b>\$ 113.06</b>	<b>\$ 112.46</b>	<b>\$ 113.61</b>	<b>\$ 118.74</b>	<b>\$ 117.17</b>	<b>\$ 117.26</b>	<b>\$ 115.51</b>	<b>\$ 117.04</b>	<b>\$ 113.68</b>	<b>\$ 119.38</b>	<b>\$ 119.92</b>	<b>\$ 116.34</b>

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**2/25/2025                      Nursing Home Facility Cost Report Summary**  
**Regular ICF/IID Facilities                      State Fiscal Year June 30, 2024**

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Summary  
SFY 24**

<b>Available Patient Days:</b>	237,466
<b>Total Patient Days:</b>	152,399
<b>Medicaid Days:</b>	152,039
<b>Medicare Days:</b>	-
<b>Other Days:</b>	360
<b>Occupancy %:</b>	64.18%
<b>% of Medicaid:</b>	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
<b>Salaries &amp; Wages:</b>	\$ 12,859,855.00	\$ 84.38
<b>Outside Professional Fees:</b>	\$ 1,065,992.00	\$ 6.99
<b>Employee Expenses:</b>	\$ 1,877,125.00	\$ 12.32
<b>Taxes (Non-Payroll):</b>	\$ 32,671.00	\$ 0.21
<b>Office Expenses:</b>	\$ 855,426.00	\$ 5.61
<b>Insurance:</b>	\$ 240,315.00	\$ 1.58
<b>General Expenses:</b>	\$ 2,705,432.41	\$ 17.75
<b>Drugs &amp; Medical Supplies:</b>	\$ 560,790.00	\$ 3.68
<b>Capital Related Cost:</b>	\$ 1,184,401.00	\$ 7.77
<b>Administrative Services:</b>	\$ 530,486.00	\$ 3.48
<b>Other Expenses:</b>	\$ 1,811,149.00	\$ 11.88
<b>Total:</b>	<b>\$ 23,723,642.41</b>	<b>\$ 155.67</b>

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Salaries and Wages

SFY 24

Available Patient Days:	237,466
Total Patient Days:	152,399
Medicaid Days:	152,039
Medicare Days:	-
Other Days:	360

Occupancy %:	64.18%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Total Cost</u>	<u>Total Hours</u>	<u>Cost Per Day</u>	<u>Hrs Per Day</u>	<u>Cost Per Hr</u>
Registered Nurses:	\$ 78,046.00	2,637	\$ 0.51	0.02	\$ 29.60
Licensed Practical Nurses:	\$ 1,686,273.00	56,891	\$ 11.06	0.37	\$ 29.64
Director of Nursing:	\$ 498,022.00	14,224	\$ 3.27	0.09	\$ 35.01
Nurse Aides:	\$ 4,121,156.00	280,762	\$ 27.04	1.84	\$ 14.68
CMA Aides:	\$ 1,658,851.00	93,271	\$ 10.88	0.61	\$ 17.79
QMRP'S (ICF-MR Only):	\$ 458,763.00	16,195	\$ 3.01	0.11	\$ 28.33
Medical Director:	\$ -	-	\$ -	-	\$ -
Physical Therapist:	\$ 50.00	2	\$ 0.00	0.00	\$ 25.00
Occupational Therapist:	\$ -	-	\$ -	-	\$ -
Respiratory Therapist:	\$ -	-	\$ -	-	\$ -
Speech Therapist:	\$ -	-	\$ -	-	\$ -
Therapy Aide/Assistant:	\$ -	-	\$ -	-	\$ -
Administrator:	\$ 553,022.00	10,391	\$ 3.63	0.07	\$ 53.22
Assistant Administrator:	\$ 180,823.00	10,841	\$ 1.19	0.07	\$ 16.68
Accountant/Bookkeeper:	\$ 66,944.00	1,819	\$ 0.44	0.01	\$ 36.80
Other Office Staff:	\$ 372,649.00	20,001	\$ 2.45	0.13	\$ 18.63
Soc Serv Dir/Soc Worker:	\$ -	-	\$ -	-	\$ -
Other Soc Serv Staff:	\$ 205,542.00	10,219	\$ 1.35	0.07	\$ 20.11
Activities Director:	\$ -	-	\$ -	-	\$ -
Other Activities Staff:	\$ -	-	\$ -	-	\$ -
Comb Soc Serv/Activities:	\$ 67,910.00	4,127	\$ 0.45	0.03	\$ 16.46
Vocational Services Staff (ICF Only):	\$ 182,889.00	9,992	\$ 1.20	0.07	\$ 18.30
Day Services Staff (ICF Only):	\$ 49,495.00	2,859	\$ 0.32	0.02	\$ 17.31

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Salaries and Wages

SFY 24

Available Patient Days:	237,466
Total Patient Days:	152,399
Medicaid Days:	152,039
Medicare Days:	-
Other Days:	360

Occupancy %:	64.18%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Total Cost</u>	<u>Total Hours</u>	<u>Cost Per Day</u>	<u>Hrs Per Day</u>	<u>Cost Per Hr</u>
Dietician:	\$ -	-	\$ -	-	\$ -
Other Dietary Staff:	\$ 1,143,811.00	89,846	\$ 7.51	0.59	\$ 12.73
Housekeeping Supervisor:	\$ 41,930.00	1,594	\$ 0.28	0.01	\$ 26.30
Housekeeping Staff:	\$ 496,973.00	42,061	\$ 3.26	0.28	\$ 11.82
Maintenance Supervisor:	\$ 62,872.00	1,590	\$ 0.41	0.01	\$ 39.54
Maintenance Staff:	\$ 427,528.00	24,215	\$ 2.81	0.16	\$ 17.66
Laundry Supervisor:	\$ -	-	\$ -	-	\$ -
Other Laundry Staff:	\$ 185,353.00	18,142	\$ 1.22	0.12	\$ 10.22
Medical Records:	\$ -	-	\$ -	-	\$ -
Other:	\$ 320,953.00	33,408	\$ 2.11	0.22	\$ 9.61
<b>Total Salaries &amp; Wages:</b>	<b>\$ 12,859,855.00</b>	<b>745,087</b>	<b>\$ 84.38</b>	<b>4.89</b>	<b>\$ 17.26</b>

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Outside Professional Fees

SFY 24

Available Patient Days:	237,466
Total Patient Days:	152,399
Medicaid Days:	152,039
Medicare Days:	-
Other Days:	360

Occupancy %:	64.18%
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% of Medicaid:	99.76%
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<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Contract Registered Nurse:	\$ 36,955.00	\$ 0.24
Contract Lic. Practical Nurse:	\$ 144,742.00	\$ 0.95
Contract Nurse Aides:	\$ 134,620.00	\$ 0.88
Medical Director:	\$ 73,716.00	\$ 0.48
Therapists:	\$ 90,406.00	\$ 0.59
Consulting Social Worker:	\$ 17,160.00	\$ 0.11
Vocational Services Staff (ICF Only):	\$ -	\$ -
Day Services Staff (ICF Only):	\$ -	\$ -
Dietician:	\$ 36,392.00	\$ 0.24
Pharmacist:	\$ 41,916.00	\$ 0.28
Dentist:	\$ -	\$ -
Accountants:	\$ 296,236.00	\$ 1.94
Legal:	\$ 16,678.00	\$ 0.11
Housekeeping:	\$ -	\$ -
Maintenance:	\$ -	\$ -
Other:	\$ 64,205.00	\$ 0.42
Computer Programmer:	\$ 112,966.00	\$ 0.74
<b>Total O/S Professional:</b>	<b>\$ 1,065,992.00</b>	<b>\$ 6.99</b>

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Employee Expenses

SFY 24

Available Patient Days:	237,466
Total Patient Days:	152,399
Medicaid Days:	152,039
Medicare Days:	-
Other Days:	360
Occupancy %:	64.18%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
<b><u>Employee Benefits and Payroll Related Expenses</u></b>		
Fica:	\$ 992,623.00	\$ 6.51
Unemployment Compensation Tax:	\$ 88,314.00	\$ 0.58
Workman's Compensation Insurance:	\$ 267,631.00	\$ 1.76
Group Health Dental Insurance:	\$ 256,460.00	\$ 1.68
Life Insurance:	\$ 471.00	\$ 0.00
Retirement and Pension:	\$ 18,304.00	\$ 0.12
Other Employee Benefits:	\$ 106,318.00	\$ 0.70
<b><u>Staff Development and Training</u></b>		
Nurse Aide Competency Evaluation:	\$ 11,237.00	\$ 0.07
Other Licensed Direct Care Training:	\$ 72,678.00	\$ 0.48
Other:	\$ 63,089.00	\$ 0.41
<b>Total</b>	<b>\$ 1,877,125.00</b>	<b>\$ 12.32</b>

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Taxes Non-Payroll Related

SFY 24

Available Patient Days: 237,466

Total Patient Days: 152,399

Medicaid Days: 152,039

Medicare Days: -

Other Days: 360

Occupancy %: 64.18%

% of Medicaid: 99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Excise Tax:	\$ 1,914.00	\$ 0.01
Corporation License:	\$ 8,004.00	\$ 0.05
Ad Valorem:	\$ 21,170.00	\$ 0.14
Auto Tag/Registration:	\$ 1,583.00	\$ 0.01
Other:	\$ -	\$ -
<b>Total Taxes Non-Payroll</b>	<b>\$ 32,671.00</b>	<b>\$ 0.21</b>

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Office Expense

SFY 24

Available Patient Days: 237,466

Total Patient Days: 152,399

Medicaid Days: 152,039

Medicare Days: -

Other Days: 360

Occupancy %: 64.18%

% of Medicaid: 99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Office Supplies:	\$ 180,517.00	\$ 1.18
Office Phone:	\$ 103,775.00	\$ 0.68
Office Utilities:	\$ 571,134.00	\$ 3.75
<b>Total Office Expense:</b>	<b>\$ 855,426.00</b>	<b>\$ 5.61</b>

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Insurance Non-Payroll

SFY 24

Available Patient Days:	237,466
Total Patient Days:	152,399
Medicaid Days:	152,039
Medicare Days:	-
Other Days:	360
 Occupancy %:	 64.18%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Building Insurance:	\$ 150,751.00	\$ 0.99
Automobile Insurance:	\$ 42,112.00	\$ 0.28
Other Insurance:	\$ 47,452.00	\$ 0.31
<b>Total Insurance Expense:</b>	<b>\$ 240,315.00</b>	<b>\$ 1.58</b>

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General Expenses

SFY 24

Available Patient Days:	237,466
Total Patient Days:	152,399
Medicaid Days:	152,039
Medicare Days:	-
Other Days:	360
 Occupancy %:	 64.18%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Dues and Publications:	\$ 28,721.00	\$ 0.19
Public Relations:	\$ 14,344.00	\$ 0.09
Automobile Expense:	\$ 120,671.00	\$ 0.79
Maintenance:	\$ 498,161.00	\$ 3.27
Laundry and Linen:	\$ 73,790.00	\$ 0.48
Housekeeping Supplies:	\$ 169,711.00	\$ 1.11
Food and Kitchen Supplies:	\$ 1,506,083.41	\$ 9.88
Social Services Supplies:	\$ 22,813.00	\$ 0.15
Vocational Services Cost (ICF Only):	\$ 218,762.00	\$ 1.44
Day Services Cost (ICF Only):	\$ 52,376.00	\$ 0.34
<b>Total General Expenses:</b>	<b>\$ 2,705,432.41</b>	<b>\$ 17.75</b>

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Drugs & Medical Supplies

SFY 24

Available Patient Days:	237,466
Total Patient Days:	152,399
Medicaid Days:	152,039
Medicare Days:	-
Other Days:	360
 Occupancy %:	 64.18%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Drugs and Medical Supplies:	\$ 419,916.00	\$ 2.76
Oxygen and Oxygen Related Supplies	\$ 21,637.00	\$ 0.14
Over-the-Counter Medication:	\$ 97,730.00	\$ 0.64
Special Adaptive Medical Equip:	\$ 21,507.00	\$ 0.14
<b>Total Drugs &amp; Medical:</b>	<b>\$ 560,790.00</b>	<b>\$ 3.68</b>

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Capital Related Cost

SFY 24

Available Patient Days: 237,466

Total Patient Days: 152,399

Medicaid Days: 152,039

Medicare Days: -

Other Days: 360

Occupancy %: 64.18%

% of Medicaid: 99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Equipment Rent/Lease:	\$ 47,923.00	\$ 0.31
Facility Rent/Lease:	\$ 817,378.00	\$ 5.36
Interest Expense:	\$ 7,958.00	\$ 0.05
 <u>Depreciation Summary</u>		
Building & Improvements:	\$ 130,366.00	\$ 0.86
Local Improvements:	\$ -	\$ -
Leasehold & Improvements:	\$ 12,125.00	\$ 0.08
Equipment:	\$ 168,651.00	\$ 1.11
Total Depreciation:	\$ 311,142.00	\$ 2.04
<b>Total Capital Related Costs:</b>	<b>\$ 1,184,401.00</b>	<b>\$ 7.77</b>

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Administrative Services

SFY 24

Available Patient Days:	237,466
Total Patient Days:	152,399
Medicaid Days:	152,039
Medicare Days:	-
Other Days:	360
Occupancy %:	64.18%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Home Office Expense:	\$ -	\$ -
Owner's Non-Salary Compensation:	\$ 206,894.00	\$ 1.36
Owner's Salaries Paid:	\$ -	\$ -
Benefits on Owner's Salaries:	\$ 18,105.00	\$ 0.12
Director's Fees:	\$ -	\$ -
Management Fees Paid:	\$ 305,487.00	\$ 2.00
<b>Total Administrative Services:</b>	<b>\$ 530,486.00</b>	<b>\$ 3.48</b>

**State of Oklahoma**  
**Oklahoma Health Care Authority**  
**Nursing Home Facility Cost Report Summary**  
**State Fiscal Year June 30, 2024**

2/25/2025

Regular ICF/IID Facilities

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Other Expenses

SFY 24

Available Patient Days:	237,466
Total Patient Days:	152,399
Medicaid Days:	152,039
Medicare Days:	-
Other Days:	360
Occupancy %:	64.18%
% of Medicaid:	99.76%

<u>Description:</u>	<u>Totals</u>	<u>Cost Per Day</u>
Hepatitis Vaccination Costs:	\$ -	\$ -
Provider Fees:	\$ 1,444,867.00	\$ 9.48
Other Vocational Services Cost (ICF Only):	\$ 111,007.00	\$ 0.73
Other Day Services Cost (ICF Only):	\$ 10,672.00	\$ 0.07
Other Costs:	\$ 244,603.00	\$ 1.61
<b>Total Other Costs:</b>	<b>\$ 1,811,149.00</b>	<b>\$ 11.88</b>