NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF HEALTH SYSTEMS MANAGEMENT
BUREAU OF LONG TERM CARE REIMBURSEMENT
2017 SCHEDULE VI - PROPERTY

Opcert:
DCN: COUNTY
Property Category: Proprietary Non Arms Length
Rate Set: 2017 Nursing Home Consolidated Capital

	COST ACCT LINE #	FAC REPORTED	REL CO REPORTED	ADJ FAC COST	ADJ REL CO COST	ARMS LENGTH CEILING	ALLOW CAPITAL	TRACE-BACK PERCENT	REIMBUR CAPITAL
BLDG/FIXED EQUIPMENT:									
1 DEPRECIATION	0	0	0	0	0	0	0	0.0000	0
2 INTEREST	0	0	0	0	0	0	0	0.0000	0
3 RENT	0	0	0	0	0	0	0	0.0000	0
4 INSURANCE	0	0	0	0	0	0	0	0.0000	0
5 RETURN ON EQUITY	0	0	0	0	0	0	0	0.0000	0
6 RETURN OF EQUITY	0	0	0	0	0	0	0	0.0000	0
7 OTHER	0	0	0	0	0	0	0	0.0000	0
LAND/LEASEHELD IMPR:									
8 AMORTIZATION	0	0	0	0	0	0	0	0.0000	0
9 INTEREST	0	0	0	0	0	0	0	0.0000	0
10 RENT	0	0	0	0	0	0	0	0.0000	0
11 OTHER	0	0	0	0	0	0	0	0.0000	0
MOVEABLE EQUIPMENT:									
12 DEPRECIATION	0	0	0	0	0	0	0	0.0000	0
13 INTEREST	0	0	0	0	0	0	0	0.0000	0
14 RENT A	0	0	0	0	0	0	0	0.0000	0
15 RENT B	0	0	0	0	0	0	0	0.0000	0
16 RENT C	0	0	0	0	0	0	0	0.0000	0
17 RENT D	0	0	0	0	0	0	0	0.0000	0
18 RENT E	0	0	0	0	0	0	0	0.0000	0
19 RENT F	0	0	0	0	0	0	0	0.0000	0
20 RENT G	0	0	0	0	0	0	0	0.0000	0
21 RENT H	0	0	0	0	0	0	0	0.0000	0
22 RENT I	0	0	0	0	0	0	0	0.0000	0
23 RENT J	0	0	0	0	0	0	0	0.0000	0
24 RENT K	0	0	0	0	0	0	0	0.0000	0
25 RENT L	0	0	0	0	0	0	0	0.0000	0
26 RENT M	0	0	0	0	0	0	0	0.0000	0
27 RENT N	0	0	0	0	0	0	0	0.0000	0
28 RENT O	0	0	0	0	0	0	0	0.0000	0
29 RENT P	0	0	0	0	0	0	0	0.0000	0
30 RENT Q	0	0	0	0	0	0	0	0.0000	0
31 RENT R	0	0	0	0	0	0	0	0.0000	0
32 RENT S	0	0	0	0	0	0	0	0.0000	0
33 RENT T	0	0	0	0	0	0	0	0.0000	0
34 RENT U	0	0	0	0	0	0	0	0.0000	0
35 RENT V	0	0	0	0	0	0	0	0.0000	0
50 INSURANCE	0	0	0	0	0	0	0	0.0000	0
51 RETURN ON EQUITY	0	0	0	0	0	0	0	0.0000	0
52 OTHER	0	0	0	0	0	0	0	0.0000	0
53 MORTGAGE AMORT	0	0	0	0	0	0	0	0.0000	0
54 MORTGAGE INS	0	0	0	0	0	0	0	0.0000	0
55 REP/CONT RES	0	0	0	0	0	0	0	0.0000	0
56 HEALTH AGENC FEE	0	0	0	0	0	0	0	0.0000	0
57 MORTG EXP AMORT	0	0	0	0	0	0	0	0.0000	0
NON-TRENDED ITEMS:									
58 ORGN/START-UP	0	0	0	0	0	0	0	0.0000	0
59 SALES TAX	0	0	0	0	0	0	0	0.0000	0
60 OTHER	1	0	0	0	0	0	0	0.0000	0
61 WCI EXPENSE	0	0	0	0	0	0	0	0.0000	0
INCOME OFFSET:									
62 OTHER INTEREST	0	0	0	0	0	0	0	0.0000	0
63 WCI	0	0	0	0	0	0	0	0.0000	0
64 OTHER	0	0	0	0	0	0	0	0.0000	0

TOTAL									0
PATIENT DAYS									33875
PER DIEM									x.xx