



# Personal Care Assistance (PCA) Cost Report

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**PROGRAM DESCRIPTION:** New Jersey Public Law 2009, Chapter 181 (A-3990) **requires that all New Jersey Health Care Service Firms who receive Medicaid reimbursement must complete and submit an Annual Cost Report to the Division of Disability Services in order to receive Medicaid payments.** The law requires that the first Cost Report cover the period of 1/1/2010 to 12/31/2010 and that an annual report be filed every year thereafter.

The Home Care Association of NJ has specifically designed this program to provide Health Care Service Firms with the necessary information and guidance to help ensure that the Cost Report is complete and accurate. Attendees will receive a comprehensive overview of the cost report, step by step guidance on completing each page and understand the data collection (financial and statistical) necessary to complete the forms.

## WORKSHOP DATE

November 10, 2010

## CHOOSE YOUR SESSION:

### Session 1:

Registration 8:30AM

Program 9:00AM- 12:00PM

### Session 2:

Registration 12:30PM

Program 1:00PM- 4:00PM

## LOCATION

Home Care Association of NJ  
485D Route 1 South, Suite 210  
Iselin, NJ 08830

## SPONSORED BY:



*The Catalyst for Excellence  
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## OBJECTIVES:

- Describe the purpose of the PCA Cost Report
- Identify necessary sources of information (financial/statistical/other) to complete the cost report worksheets
- Identify cost calculation methodologies
- Understand the step by step process to completing the Cost Report

**TARGET AUDIENCE:** Nursing Administrators, Executive Directors, CEOs, CFOs, COOs, and Finance Staff of home care agencies participating in the Personal Care Assistance (PCA) Program with the NJ Division of Disability Services.

## PRESENTERS:

### **Kevin Rogers, CPA**

Chief Financial Officer

Visiting Nurse Association of Central Jersey

### **Michael A. Serluco, CPA**

Partner

WithumSmith+Brown

## THIS PROGRAM QUALIFIES FOR:

**3 Nursing Continuing Education Credits**

**3 Continuing Professional Education (CPE) Credits**



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November 10, 2010

## PRESENTERS:

Kevin Rogers, CPA | Michael A. Serluco, CPA

## REGISTRATION FEES:

- Member of Home Care Assoc of NJ: \$125.00
- Non-Members: \$275.00

**Registration confirmation will be sent only to those providing a valid email address.** Registration fees will be refunded only if written cancellation is received by **October 27, 2010**. Cancellation requests should be emailed to [donna@homecarenj.org](mailto:donna@homecarenj.org). Registrants unable to attend may send an alternate if Home Care Association of NJ is notified in advance. In the event of a written cancellation, Home Care Association of NJ will retain 25% of the initial fee to cover administrative overhead. There will be a \$25 service charge on all returned checks. For more information or if you have a disability or require special accommodations please call 732-877-1100 or email [karen@homecarenj.org](mailto:karen@homecarenj.org). The sponsors reserve the right to cancel or modify any workshop listed herein for any reason without advanced notice. Make checks payable to: Home Care Association of NJ. **Registrations must be received in writing. Registration will not be accepted without payment for non-member agencies.**

## Session Choice: *(please check)*

AM Session (8:30am-12pm)

PM Session (12:30pm-4pm)

Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

E-mail Address (please print legibly): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## PAYMENT INFORMATION:

Total Amount Due: \$ \_\_\_\_\_

Check # \_\_\_\_\_ *(payable to: Home Care Association of NJ)*

Credit Card:

Visa

MasterCard

American Express

Credit Card Number: \_\_\_\_\_

CVV # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Address (of cardholder): \_\_\_\_\_

Signature (required): \_\_\_\_\_