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# 2007 Annual Services Report
# Service Annual Survey

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

## Residential Mental Health and Substance Abuse Facilities

FORM

**SA-623TE**

136 SAS_H

623220

**REPORT DUE**

Any questions call **1–800–772–7851**
M–F, 8:30 a.m. to 5:00 p.m. EST.
or
***Visit*** our web site:
www.census.gov/econhelp/sas

Please correct any error in the name, address, or ZIP Code.

## YOUR RESPONSE IS REQUIRED BY LAW

Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

## YOUR RESPONSE IS CONFIDENTIAL BY LAW

Title 13, U.S. Code, requires that your response may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. The law also provides that copies retained in your files are **immune from legal process.**

## YOUR RESPONSE IS IMPORTANT

The services industries account for nearly 70 percent of all economic activity. We conduct this survey to obtain timely, comprehensive and consistent measures needed by policy-makers, businesses, and the public to accurately assess domestic economic performance.

# Annual Services Report

- This report should be completed and returned on or before the due date in the preaddressed envelope provided.
- If filing within the required time frame will cause an undue burden and you would like an extension, or if you have any questions, please write to:

**U.S. CENSUS BUREAU**
**1201 East 10th Street**
**Jeffersonville, IN 47132-0001**

or call a Census Bureau Representative at 1–800–772–7851, weekdays from 8:30 a.m. to 5:00 p.m., Eastern Standard Time.

## 1 Report Coverage

This report covers all domestic locations that report payroll for the Federal Employer Identification Number (EIN) shown in the address label primarily engaged in providing residential care and treatment for patients with mental health and substance abuse illnesses. These locations provide room, board, supervision, and counseling services. Although medical services may be available, they are incidental to the counseling, mental rehabilitation, and support services offered. Locations generally provide a wide range of social services in addition to counseling.

**Does the above coverage describe this firm's business activity?**

0001
1 ☐ Yes – **Go to** 2
2 ☐ No – **Specify the firm's business activity and complete the report where applicable beginning with** 2 **.**

0002

## 2 Report Periods

**What periods of time will this data represent?**

- Report data for the 2007 calendar year if possible.
- For locations that were sold or acquired during the year, only report for the periods that this firm operated the locations.

0006
1 ☐ 2007 calendar year – Go to 3
2 ☐ Other than calendar year – **Enter the periods this report will cover.** . . . . . (e.g., fiscal years, periods with less than a full calendar year).

| | 2007 | | |
|---|---|---|---|
| | Month | Day | Year |
| 0007 **From** | | | |
| 0008 **To** | | | |

## 3 Revenue

**Report the total revenue for this firm's locations defined in 1 for the following categories.**

- Enter "0" where applicable.
- Estimates are acceptable.

**Exclude:**

- Transfers made within the company.

## 3A Net Revenue

### Patient Care Revenue

- Using net patient revenues, report your sources of funding in each of the following categories.

**2007 Revenue**

Bil. | Mil. | Thou. | Dol.

**1. Medicare** . . . . . 4001A $

**2. Medicaid – Include** funding from the State Children's Health Insurance Program (SCHIP). . . . . 4002A $

**3. Other government (Veterans, NIH, Indian Affairs, etc.) –** *Specify* . . . . . 4003A $

1501

**4. Worker's compensation** . . . . . 4004A $

**5. Private insurance**

**a. Private health insurance –** Medical service plans (Blue Cross/Blue Shield, group hospital plans, etc.). **Include** third party direct contract insurers, employer self-insured, and Medicare/Medicaid HMO payments. Report worker's compensation sources in line **4**. . . . . 4005A $

**b. Property/Casualty and auto insurance** . . . . . 4006A $

**6. Patient (out-of-pocket)**

**a. Payment from patients and their families** . . . . . 4071A $

**b. Patients' assigned Social Security benefits** . . . . . 4072A $

**7. All other patient care sources not elsewhere classified –** *Specify* . . . . . 4008A $

1502

## 3A Net Revenue – (Continued)

### Non-Patient Care Revenue

### Tax Status

Is this establishment operated on a **not-for-profit** basis?

0031 1 ☐ Yes – **Complete lines 8–11.**
2 ☐ No – **Complete lines 10 and 11.**

| | | 2007 Revenue Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|
| **8. Contributions, gifts, and grants received** | 1741 | $ | | | |
| **9. Investment and property income** | 1742 | $ | | | |
| **10. All other non-operating revenue – Include** philanthropy, gift shop, cafeteria sales, parking lot receipts, florist receipts, etc. – *Specify* 1504 | 1809 | $ | | | |
| **11. TOTAL NET REVENUE –** Sum of lines 1–10. | 1800 | $ | | | |
| **3B GROSS PATIENT REVENUE – Include** the full-established rates (charges) for all services rendered to inpatients and outpatients | 4012 | $ | | | |

## 4 Not Applicable

## 5 Operating Expenses

**Report operating expenses for this firm's locations as defined in 1 for the following categories.**

- Enter "0" where applicable.
- Estimates are acceptable.
- Do not combine data of two or more detail lines.

**Exclude:**

- Transfers made within the company
- Capitalized expenses
- Impairment
- Interest
- Bad debt
- Income tax

### Personnel Costs

**2007 Operating Expenses**

| | | Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|
| **1. Gross annual payroll –** Total annual Medicare salaries and wages for all employees, (including worksite employees of professional employer organizations) as reported on your firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period. | 1821 | $ | | | |
| **2. Employer's cost for fringe benefits –** Employer's cost for legally required programs and programs not required by law: | | | | | |
| **a. Health insurance –** Insurance premiums on hospital plans, medical plans, and single service plans such as dental, vision, prescription drugs plan. **Include** premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs). **Exclude** employee contributions. | 1841 | $ | | | |
| **b. Pension plans:** | | | | | |
| **1. Defined benefit pension plans –** Costs for both qualified and unqualified defined pension plans. Pension plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the employee's compensation and years of service and are not allocated to specific accounts maintained for employees. | 1842 | $ | | | |
| **2. Defined contribution plans –** Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity. Examples include profits sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs). | 1843 | $ | | | |
| **c. Other –** Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). | 1844 | $ | | | |
| **3. Temporary staff and leased employee expense –** Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. **Include** all charges for payroll, benefits and services. | 1823 | $ | | | |

### Expensed Materials, Parts and Supplies (not for resale)

| | | | | | |
|---|---|---|---|---|---|
| **4. Medical supplies –** Materials and supplies used in providing medical services to others. Report medical equipment in line **5**. | 4011 | $ | | | |
| **5. Expensed equipment –** Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, and monitors). Report packaged software in line **7.** Report leased and rented equipment in line **15**. | 1824 | $ | | | |
| **6. Expensed purchases of other materials, parts, and supplies –** Materials and supplies used in providing services to others; materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging materials; and motor fuels. | 1825 | $ | | | |

### Expensed Purchased Services

| | | | | | |
|---|---|---|---|---|---|
| **7. Expensed purchases of software –** Purchases of prepackaged, custom-coded, or vendor customized software. **Include** software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations. | 1826 | $ | | | |

## 5 Operating Expenses – (Continued)

**Report operating expenses for this firm's locations as defined in 1 for the following categories.**

- Enter "0" where applicable.
- Estimates are acceptable.
- Do not combine data of two or more detail lines.

**Exclude:**
- Transfers made within the company
- Capitalized expenses
- Impairment
- Interest
- Bad debt
- Income tax

### Expensed Purchased Services (Continued)

| | | 2007 Operating Expenses | | | |
|---|---|---|---|---|---|
| | | Bil. | Mil. | Thou. | Dol. |
| **8.** **Data processing and other purchased computer services – Include** web hosting, computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services, including training. **Exclude** expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone) | 1845 | $ | | | |
| **9.** **Purchased communication services –** Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online), and other wired and wireless communication services | 1846 | $ | | | |
| **10.** **Purchased repairs and maintenance to machinery and equipment –** Expensed repair and maintenance services to machinery, vehicles, equipment, and computer hardware. **Exclude** materials, parts, and supplies used for repairs and maintenance performed by this firm's employees. | 1848 | $ | | | |
| **11.** **Purchased repairs and maintenance to buildings, structures, and offices – Include** repair and maintenance to integral parts of buildings (e.g., elevators, heating systems). **Exclude** materials, parts, and supplies used for repairs and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line **22**. | 1849 | $ | | | |
| **12.** **Purchased electricity –** If the cost of electricity is included in lease or rental payments, report in line **16**. | 1850 | $ | | | |
| **13.** **Purchased fuels (except motor fuels) –** Fuel for heating, power or generating electricity (e.g., natural gas, propane, oil, coal). If the costs are included in lease or rental payments, report in line **16**. | 1851 | $ | | | |
| **14.** **Water, sewer, refuse removal, and other utility payments – Include** the cost of hazardous waste removal. If the costs of these utilities are included in a lease or rental payment, report in line **16**. | 1852 | $ | | | |
| **15.** **Lease and rental payments for machinery, equipment, and other tangible items – Include** lease and rental of transportation equipment without operators; and penalties incurred for broken leases. **Exclude** capital and financing lease agreements and licensing/leasing of software. | 1853 | $ | | | |
| **16.** **Lease and rental payments for land, buildings, structures, store spaces, and offices – Include** penalties incurred for broken leases | 1854 | $ | | | |
| **17.** **Purchased advertising and promotional services – Include** marketing and public relations services. | 1830 | $ | | | |
| **18.** **Purchased professional and technical services – Include** management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. **Exclude** salaries paid to your own employees for these services. | 1855 | $ | | | |
| **19.** **Professional liability insurance –** The cost of professional liability insurance. **Include** professional liability insurance premiums and amounts set aside for self-insurance. | 4010 | $ | | | |

## 5 Operating Expenses – (Continued)

**Report operating expenses for this firm's locations as defined in 1 for the following categories.**

- Enter "0" where applicable.
- Estimates are acceptable.
- Do not combine data of two or more detail lines.

**Exclude:**

- Transfers made within the company
- Capitalized expenses
- Impairment
- Interest
- Bad debt
- Income tax

### Other Operating Expenses

**2007 Operating Expenses**

| | | Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|
| **20. Depreciation and amortization charges – Include** depreciation charges taken against tangible assets owned and used by your firm, tangible assets and improvements owned by your firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment. | 1831 | $ | | | |
| **21. Governmental taxes and license fees –** Payments to government agencies for taxes and licenses. **Include** business and property taxes. **Exclude** income taxes, and sales and excise taxes collected from customers. | 1832 | $ | | | |
| **22. All other operating expenses –** All other operating expenses not reported above, unless specifically excluded in the general instructions at the top of the page. **Include** office postage and package delivery. **Exclude** purchases of merchandise for resale and non-operating expenses. | 1859 | $ | | | |
| **23. TOTAL OPERATING EXPENSES –** Sum of lines **1–22** | 1900 | $ | | | |

## 6 Interest Expense

**Report interest expense for all this firm's locations as defined in 1 for the following category.**

- Enter "0" where applicable.
- Estimates are acceptable.

**Exclude:**

- Transfers made within the company
- Capitalized expenses
- Impairment
- Bad debt
- Income tax

**2007 Interest Expenses**

| | | Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|---|
| 1. **Interest expense –** Interest expenses incurred in the financing of operations and long lived assets used in continuing operations. . . . . | 1856 | $ | | | |

## 7 Not Applicable

## 8 E-Commerce Revenue

E-commerce includes sales, receipts, and contributions from any transaction completed over an Internet, extranet, EDI network, electronic mail or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods and services may or may not be made online.

**Did the revenue reported in 3 include any e-commerce revenue?**

**2007 E-Commerce Revenue**

| | Bil. | Mil. | Thou. | Dol. |
|---|---|---|---|---|
| 2000 | $ | | | |

0011
1 ☐ Yes – **What was this firm's e-commerce revenue?** . . . . . .
2 ☐ No – Go to 11

## 9 Not Applicable

## 10 Not Applicable

## 11 Change in Structure

**Did you have an Employer Identification Number (EIN) change in 2007?**

0013
1 ☐ Yes – **Enter the new EIN.** . . . . . EIN 0015 ☐☐ – ☐☐☐☐☐☐☐
2 ☐ No – **Continue**

**Was there a change in ownership or control?**

0018 Month ☐☐ Year ☐☐

0016
1 ☐ Yes – **Provide the date of the change and the firm's information.** . . . . . (for multiple mergers, provide each firm's information as an attachment to this report)

2 ☐ No – **Go to** 12

0017 Name of company acquired or merged with

Street address

City, State, ZIP Code

0019 EIN ☐☐ – ☐☐☐☐☐☐☐

**Specify the nature of this change here** →

0035

## 12 Remarks – Please provide an explanation for any inconsistent or incomplete data that would aid in understanding this report. For any separate correspondence pertaining to this report, please include the identification number shown in the address label area at the top of the first page.

0027

## 13 Certification – This report is substantially accurate and has been prepared in accordance with the instructions.

0020 Name of person completing this report – *Please print*

0024 Title

0025 Date

0021 Address (Street address, City, State, ZIP Code)

0022 Telephone number: Area code | Number | Extension

0023 Fax number: Area code | Number

0026 E-mail address

**Return Completed form to:**
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001

**or fax to:** 1–800–447–4613

Public reporting burden for this collection of information is estimated to average 4.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0422, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0422" as the subject. Please include form name and number in all correspondence. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.

**To see aggregate industry results of previous Service Annual Surveys, go to the following website:** www.census.gov/econ/www/servmenu.html