

COMMUNITY-BASED DAY PROGRAMS COST STATEMENT

DS 1897 (12/92)

1. Reporting Period _____, 19__ through _____, 19__

2. Vendor Name _____

3. Vendor Number	Service Code	Subcode
4. Business Address Street	City	State Zip
5. Mailing Address Street	City	State Zip
6. Management Organization Name (if applicable) _____		
7. Service Director	Telephone Number ()	

PROGRAM INFORMATION

8. Name of Vendoring Regional Center: _____

9. Name of User Regional Centers: _____

Temporary payment rate applicants only

10. Date service began or will begin: _____, 19__

◇ ◇ ◇ TEMPORARY PAYMENT RATE APPLICANTS STOP HERE AND SIGN LINE 21 ◇ ◇ ◇

◇ ◇ ◇ PERMANENT PAYMENT RATE APPLICANTS COMPLETE REMAINDER OF PAGE ◇ ◇ ◇

11. Actual client days _____

or

12. Actual client hours _____

VENDOR COSTS

13. Salaries and Wages \$ _____

13a. Average Salary and Wage and fringe benefit \$ _____

14. Fringe Benefits _____

15. Operating Expenses (from page 4, line 17) _____

16. Management Organization Costs (from page 5, line 2) _____

17. Negotiated Level of Payment Adjustment (from page 6, line 4) _____

18. TOTAL COST \$ _____

19. VENDOR INCOME (from page 5, line 5) (_____)

20. NET COST \$ _____

21. I hereby certify to the best of my knowledge and belief that this cost statement is true and correct, and complies with the requirements of Title 17, Sections 57422 through 57439.

Signature

Date

UNITS OF SERVICE AND STAFFING

**FOR ACTIVITY CENTERS, ADULT DEVELOPMENT CENTERS
AND BEHAVIOR MANAGEMENT PROGRAMS ONLY**

Vendor Name: _____

Vendor Number: _____

Service Code: _____ Subcode: _____

Number of direct service hours operated per-day: _____

Month	Year	1 Staff Hours for Direct Service	2 Service Days	3 Clients Enrolled	4 Client Days of Attendance
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					

UNITS OF SERVICE AND STAFFING

**FOR SOCIAL RECREATION, INDEPENDENT LIVING
 AND INFANT DEVELOPMENT PROGRAMS ONLY**

Vendor Name: _____

Vendor Number: _____

Service Code: _____ Subcode: _____

Month	Year	1 Staff Hours for Direct Service	2 Authorized Direct Service Hours	3 Authorized Number of Clients	4 Number of Clients Receiving Service	5 Actual Hours of Attendance
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						

Vendor Name: _____

Vendor Number: _____

Service Code: _____ Subcode: _____

OPERATING EXPENSE SHEET

- 1. Accounting fees _____
- 2. Bank service fees _____
- 3. Communication costs _____
- 4. Contractual/consultant fees _____
- 5. Depreciation costs _____
- 6. General expenses _____
- 7. Insurance costs _____
- 8. Janitorial fees _____
- 9. Legal fees _____
- 10. Maintenance costs _____
- 11. Office and program supplies _____
- 12. Rental and lease costs _____
- 13. Staff training costs _____
- 14. Travel costs _____
- 15. Utility costs _____
- 16. Vehicle depreciation _____
- 17. **TOTAL OPERATING COSTS** (to page 1, line 15) \$ _____

Vendor Name: _____

Vendor Number: _____

Service Code: _____ Subcode: _____

MANAGEMENT ORGANIZATION COST

1. Total allowed cost \$ _____

2. Amount allocated to this service \$ _____
(to page 1, line 16)

3. Method for allocating cost (check one)

Hours of attendance

Days of attendance

Total cost for each service

VENDOR INCOME

4. Name of Vendor Income Source	Duration of Funding	Total Income
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Total (to page 1, line 19) \$ _____

INSTRUCTIONS

Form DS 1897 (6/94) - Page 1

<u>Line</u>		<u>Reference</u>
1.	Enter the reporting period of this cost statement.	57431
2.	Enter vendor name.	57433 (a)(1)
3.	Enter vendor number, service code, and subcode.	57433 (a)(1)
4.	Enter the address where the vendored service is located.	57433 (a)(2)
5.	Enter the mailing address for the vendored service.	57433 (a)(2)
6.	Enter the name of the management organization, if the service is affiliated with a management organization.	57433 (a)(1)
7.	Enter the name of the service director and telephone number for the vendored service.	57433 (a)(3) 57433 (a)(2)
8.	Enter the name of the vendoring regional center.	57433 (a)(4)
9.	Excluding the vendoring regional center, enter the names of all regional centers for which you provide services.	57433 (a)(4)
10.	If you are applying for a temporary payment rate, enter the date you began or intend to begin providing services.	57433 (c)(1)

**VENDORS REQUESTING A TEMPORARY PAYMENT RATE, GO TO LINE 21
VENDORS REQUESTING A PERMANENT PAYMENT RATE, COMPLETE LINES 11 THROUGH 21**

11 & 12.	Enter the total actual number of client days or hours of attendance during this reporting period from page 2, column 4 or page 3, column 5.	57422 (a)(2)(A) or (B)
13.	Enter the total gross salaries and wages, including overtime, and staff relief time for the vendored service.	57434 (a)(1)(A)
13a.	Add the total salary and wage and fringe benefits for the direct service function. Divide this total by the total hours of employment for the direct service function. Enter this amount.	57434 (a)(1)(B)
14.	Enter the total allowable fringe benefits associated with the salaries and wages on line 13 above.	57434 (a)(2)
15.	Enter the total allowable operating expenses from page 4, line 17.	57434 (a)(3)
16.	Enter the total allowable management organization costs from page 5, line 2.	57434 (a)(4)
17.	Enter the amount from page 6, line 4.	57439 (b)
18.	Enter the total of lines 13, 14, 15, 16, and 17.	
19.	Enter the total allowable vendor income from page 5, line 5.	57438
20.	Subtract line 19 from line 18.	
21.	Sign and date Statement of Certification	57430 (a)

TEMPORARY PAYMENT RATE VENDORS: INCLUDE WITH THE SIGNED COST STATEMENT, A COPY OF THE PROGRAM DESIGN AND VENDOR APPROVAL LETTER. 57433 (a)(5)
57433 (c)(2)

PERMANENT PAYMENT RATE VENDORS: INCLUDE WITH THE SIGNED COST STATEMENT, A COPY OF THE PROGRAM DESIGN. 57433 (a)(5)

INSTRUCTIONS

Page 2 - UNITS OF SERVICE AND STAFFING

~~Page 2 applies to Activity Centers, Adult Development Centers and Behavior Management Programs only.~~

~~For Social Recreation, Independent Living and Infant Development Programs proceed to page 3.~~

~~This page is to report monthly data on the amount of staff hours used to perform the direct service function and the units of service provided. Unlike subsequent pages, data on this page is not transferred to page 1 but is used to verify the vendors annual staffing ratio per Section 57444.~~

Column

Reference

1. Enter the number of direct service hours actually provided to clients each month. Direct service hours are defined as the number of hours during which direct services were provided to clients by direct care staff and, for vendors reimbursed for absences, the number of direct service hours for which the vendor received reimbursement. 57433 (b)(1)
57210 (a)(3)

2. Enter the number of days in which the service was actually provided to clients each month, which shall include the number of days for which reimbursement for absences was received. 57433 (b)(2)(C)

3. Enter the maximum number of clients enrolled each month. 57433 (b)(2)(A)

4. Enter the actual number of days of attendance each month for all clients, which shall include the actual number of client days for which reimbursement for absences was received. 57433 (b)(2)(B)

INSTRUCTIONS

Page 3 - UNITS OF SERVICE AND STAFFING

Page 3 applies to Social Recreation, Independent Living, and Infant Development Programs only.

This page is to report monthly data on the amount of staff hours used to perform the direct service function and the units of service provided. Unlike subsequent pages, data on this page is not transferred to page 1 but is used to verify the vendors annual staffing ratio per Section 57444.

Column

Reference

- 1. Enter the number of direct service hours actually provided to clients. Direct service hours are defined as the number of hours during which direct services were provided to clients by direct care staff and, for vendors reimbursed for absences, the number of direct service hours for which the vendor received reimbursement.*

*57433 (b)(1)
57210 (a)(3)*
- 2. Enter the authorized number of direct service hours each month for all clients.*

57433 (b)(3)(A)
- 3. Enter the number of clients scheduled to receive services each month within the hours identified in column 2.*

57433 (b)(3)(B)
- 4. Enter the number of clients who actually received services each month within the hours identified in column 2, which shall include the number of clients for whom reimbursement for absences was received.*

57433 (b)(3)(C)
- 5. Enter the actual number of hours of attendance each month for all clients, which shall include the actual number of hours for which reimbursement for absences was received.*

574333 (b)(3)(D)

INSTRUCTIONS

Page 4 - OPERATING EXPENSE DETAIL SHEET

<u>Line</u>	<u>Reference</u>
1. Enter the cost for accounting fees.	57434 (a)(3)(A)
2. Enter the cost for bank service fees.	57434 (a)(3)(B)
3. Enter the communication costs including telephone, telegraph, teletype, centrex, telepak, postage, message service, facsimiles, and TDD.	57434 (a)(3)(C)
4. Enter the cost for contractual/consultant fees that do not have a specific cost category.	57434 (a)(3)(D)
5. Enter the depreciation cost excluding vehicle depreciation which is reported on line 16.	57434 (a)(3)(E)
6. Enter the cost for general expenses. See section referenced for items allowable under general expense.	57434 (a)(3)(F)
7. Enter the insurance costs.	57434 (a)(3)(G)
8. Enter the janitorial costs.	57434 (a)(3)(H)
9. Enter the cost for legal fees.	57434 (a)(3)(I)
10. Enter the maintenance costs. See section referenced for items allowable under maintenance costs.	57434 (a)(3)(J)
11. Enter the office and program supplies costs. See section referenced for allowable office and supplies costs.	57434 (a)(3)(K)
12. Enter the rental and lease costs. See section referenced for items allowable under rental and lease costs.	57434 (a)(3)(L)
13. Enter the staff training costs.	57434 (a)(3)(M)
14. Enter the travel costs.	57434 (a)(3)(N)
15. Enter the utilities costs.	57434 (a)(3)(O)
16. Enter the vehicle depreciation costs. See referenced section regarding depreciation methodology and useful life.	57434 (a)(3)(P)
17. Enter the total of lines 1 through 16 here and on page 1, line 15.	

INSTRUCTIONS

Page 5 - MANAGEMENT ORGANIZATION COST AND VENDOR INCOME DETAIL SHEET

MANAGEMENT ORGANIZATION COST

<u>Line</u>	<u>Reference</u>
1. Enter the total allowed cost of the management organization.	57434 (a)(4)(C)2.
2. Enter the amount of management organization costs allocated to this service here and on page 1, line 16.	57434 (a)(4)(C)
3. Check the method of allocation used.	57434 (a)(4)(C)1.a. 57434 (a)(4)(C)1.b.

VENDOR INCOME

4. Enter the name of each source of vendor income, duration of funding, and total income.	57438 (a)
5. Enter the total of all vendor income here and on page 1, line 19.	57439(a)

INSTRUCTIONS

Page 6 - REGIONAL CENTER PAYMENT INFORMATION DETAIL SHEET

APPLICABLE ONLY TO VENDORS WHO NEGOTIATED A LOWER LEVEL OF PAYMENT

Regional Center Payment Information

<u>Line</u>	<u>Reference</u>
1. Enter the name of each regional center, total amount of the actual regional center payment received from the regional center, maximum amount of the regional center payment which you would have received from the regional center based upon the established rate and the units of service actually provided, and the difference between the two amounts	57439 (a)(1) 57439 (a)(2)
2. Enter the total amount of all actual regional center payments received and the total of all maximum amounts of regional center payments, and the total difference between the two amounts.	57439 (a)(1) 57439 (a)(2)
3. Enter the total amount of cost reductions implemented as a result of the negotiated level of payment.	57439 (b)
4. Enter the lesser of the amounts entered on line 2D or line 3 here and on page 1, line 17.	