

IN-HOME RESPITE COST STATEMENT

DS 1897B (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 20 ◇ ◇ ◇

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

11. Direct Service Hours _____

VENDOR COSTS

12. Salaries and Wages _____

13. Fringe Benefits _____

14. Operating Expenses (from page 2, line 17) _____

15. Management Organization Costs (from page 3, line 2) _____

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

17. TOTAL COST \$ _____

18. VENDOR INCOME (from page 3, line 5) (_____)

19. NET COST \$ _____

20. 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 58020 through 58039.

Signature _____

Date _____

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 supplies _____
- 12. Rental and lease costs _____
- 13. Staff training costs _____
- 14. Staff travel costs _____
- 15. Utility costs _____
- 16. Vehicle depreciation _____
- 17. **TOTAL OPERATING COSTS** (to page 1, line 14) \$ _____

Vendor Name: _____

Vendor Number: _____

Service Code: _____ Subcode: _____

MANAGEMENT ORGANIZATION COST

1. Total Cost \$ _____

2. Amount allocated to this service \$ _____
(to page 1, line 15)

3. Method for allocating cost (check one)

Hours 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 18) \$ _____

INSTRUCTIONS

Form DS 1897B (6/94) - Page 1

<u>Line</u>	<u>Reference</u>
1. Enter the reporting period of this cost statement.	58031
2. Enter vendor name.	58033 (a)(1)
3. Enter vendor number, service code, and subcode.	58033 (a)(1)
4. Enter the address where the vendored service is located.	58033 (a)(2)
5. Enter the mailing address for the vendored service.	58033 (a)(2)
6. Enter the name of the management organization, if the service is affiliated with a management organization.	58033 (a)(1)
7. Enter the name of the service director and telephone number for the vendored service.	58033 (a)(3) 58033 (a)(2)
8. Enter the name of the vendoring regional center.	58033 (a)(4)
9. Excluding the vendoring regional center, enter the names of all regional centers for which you provide services.	58033 (a)(4)
10. If you are applying for a temporary payment rate, enter the date you began or intend to begin providing services.	58033 (c)(1)

VENDORS REQUESTING A TEMPORARY PAYMENT RATE, GO TO LINE 20

VENDORS REQUESTING A PERMANENT PAYMENT RATE, COMPLETE LINES 11 THROUGH 20

11. Enter the total actual number of direct service hours provided to clients during this reporting period and, for vendors reimbursed for absences, the number of direct service hours for which reimbursement was received.	58033 (b)
12. Enter the total gross salaries and wages, including overtime, for the vendored service.	58034 (a)(1)
13. Enter the cost of allowable fringe benefits associated with the salaries and wages on line 12 above.	58034 (a)(2)
14. Enter the total allowable operating expenses from page 2, line 17.	58034 (a)(3)
15. Enter the total allowable management organization costs from page 3, line 2.	58034 (b)(4)
16. Enter the amount from page 4, line 4.	
17. Enter the total of lines 12, 13, 14, 15, and 16.	58038
18. Enter the total allowable vendor income from page 3, line 5.	
19. Subtract line 18 from line 17.	58030 (a)
20. Sign and date Statement of Certification.	

TEMPORARY PAYMENT RATE VENDORS: INCLUDE WITH THE SIGNED COST STATEMENT, A COPY OF THE SERVICE DESIGN AND VENDOR APPROVAL LETTER. 58033 (a)(5)
58033 (c)(2)

PERMANENT PAYMENT RATE VENDORS: INCLUDE WITH THE SIGNED COST STATEMENT, A COPY OF THE SERVICE DESIGN. 58033 (a)(5)

INSTRUCTIONS

Page 2 - OPERATING EXPENSE DETAIL SHEET

<u>Line</u>	<u>Reference</u>
1. Enter the cost for accounting fees.	58034 (a)(3)(A)
2. Enter the cost for bank service fee.	58034 (a)(3)(B)
3. Enter the communication costs including telephone, telegraph, teletype, centrex, telepak, postage, message service, facsimiles and TDD.	58034 (a)(3)(C)
4. Enter the cost for contractual/consultant fees that do not have a specific cost category.	58034 (a)(3)(D)
5. Enter the depreciation cost excluding vehicle depreciation which is reported on line 16.	58034 (a)(3)(E)
6. Enter the cost for general expenses. See section referenced for items allowable under general expense.	58034 (a)(3)(F)
7. Enter the insurance costs.	58034 (a)(3)(G)
8. Enter the janitorial costs.	58034 (a)(3)(H)
9. Enter the cost for legal fees.	58034 (a)(3)(I)
10. Enter the maintenance costs. See section referenced for items allowable under maintenance costs.	58034 (a)(3)(J)
11. Enter the office supplies costs. See section referenced for allowable office supplies costs.	58034 (a)(3)(K)
12. Enter the rental and lease costs. See section referenced for items allowable under rental and lease costs.	58034 (a)(3)(L)
13. Enter the staff training costs.	58034 (a)(3)(M)
14. Enter the costs for staff travel.	58034 (a)(3)(N)
15. Enter the utilities costs.	58034 (a)(3)(O)
16. Enter the vehicle depreciation costs. See referenced section regarding depreciation methodology and useful life.	58034 (a)(3)(P)
17. Enter total of lines 1 through 16 here and on page 1, line 14.	

INSTRUCTIONS

Page 3 - 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.	58034 (a)(4)(C)2.
2. Enter the amount of management organization costs allocated to this service here and on page 1, line 15.	58034 (a)(4)(C)
3. Check the method of allocation used.	58034 (a)(4)(C)1.a. 58034 (a)(4)(C)1.b.

VENDOR INCOME

<u>Line</u>	<u>Reference</u>
4. Enter name of each source of vendor income, duration of funding and total income.	58038 (a)
5. Enter the total of all vendor income here and on page 1, line 18.	58038 (a)

INSTRUCTIONS

Page 4 - 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 actual units of service provided, and the difference between the two amounts	58039 (a) (1) 58039 (a) (2)
2. Enter the total amount of all actual regional center payments received, the total of all maximum amounts of regional center payments, and the total difference between the two amounts.	58039 (a) (1) 58039 (a) (2)
3. Enter the total amount of cost reductions implemented as a result of the negotiated level of payment.	58039 (b)
4. Enter the lesser of the amounts entered on line 2D or line 3 here and on page 1, line 16.	