

FINANCIAL AND STATISTICAL COST REPORT FOR PROVIDERS OF CONSOLIDATED & P/FDS WAIVER SERVICES

CERTIFICATION PAGE

1	Provider Name:	ABC Provider Agency
2	Address:	123 Main Street
3	City: Philadelphia	State: PA ZIP: 19134
4	Period of Report:	From: 07/01/2010 To: 06/30/2011
5	Officer or Administrator Name:	John Doe
6a	Primary Contact Person Regarding Questions about Cost Report:	Rob Smith
6b	Secondary Contact Person Regarding Questions about Cost Report:	Mary Jones

1a	MPI Number:	123456789
1b	IRS Tax ID Number:	98-7654321
2a	Date of Fiscal Year End:	06/30/2010
3a	Primary Contact Telephone Number:	(555) 123-4567
3b	Primary Contact Email Address:	robsmith@provider.com
4a	Secondary Contact Telephone Number:	(555) 765-4321
4b	Secondary Contact Email Address:	maryjones@provider.com

7	Was your Cost Report prepared on the accrual basis of accounting?	Yes	
8	Years in Business:	35.00	
9	Does Provider have an independent audit?	Yes For year ending: 06/30/2011	
10	Has an electronic copy of the FY 10/11 independent audit and reconciliation to the Cost Report been submitted to the ODP Website?	No	
11	11a: Does this Cost Report contain expenses for multiple MPIs?	No	
	11b: List each MPI number for which data is reported in a Cost Report.	11c: For each MPI in 11b, list the total number of unique service location codes.	11d: For each MPI in 11b, list the number of unique service location codes reported on <u>this</u> Cost Report.
	b1: 123456789	c1: 10	d1: 10
	b2: _____	c2: _____	d2: _____
	b3: _____	c3: _____	d3: _____
	b4: _____	c4: _____	d4: _____
	b5: _____	c5: _____	d5: _____
	b6: _____	c6: _____	d6: _____
	b7: _____	c7: _____	d7: _____
	b8: _____	c8: _____	d8: _____
	b9: _____	c9: _____	d9: _____
	b10: _____	c10: _____	d10: _____
	b11: _____	c11: _____	d11: _____
	b12: _____	c12: _____	d12: _____
	b13: _____	c13: _____	d13: _____
	b14: _____	c14: _____	d14: _____
	b15: _____	c15: _____	d15: _____
12	12a: Total number of Cost Reports submitted?	1	12b: This Cost Report represents Cost Report 1 of 1
13	Please indicate the type of file being submitted:	Initial Submission	

14 Form of Certification by Officer or Administrator of Provider:

I CERTIFY that I have examined the accompanying schedules of revenues and expenses and the calculations of cost-of-service prepared for this Provider and that, to the best of my knowledge and belief, they are true and correct. I also certify these schedules were prepared from the books and records of the Provider in accordance with instructions contained in this report and allowable cost of care excludes expenses that were not necessary or allowable to provide this care. I also certify that no modifications or changes have been made to the Cost Report protected cells or formulas. I understand that any false claims, statements, documents or concealment of material facts may be prosecuted under applicable federal and state law.

 John Doe
 (Officer or Administrator of Provider)

 Executive Director
 (Title)

15 Statement of Preparer (If Other Than Provider)

I have prepared this report and, to the best of my knowledge and belief, it represents true and accurate data of the Provider stated above.

 (Preparer Name)

CERTIFICATION PAGE – PROVIDER SERVICE LOCATIONS

A	B	C	D	E	F	G				I	J
						Only Applicable to Residential Service Location Codes					
MPI Number	Service Location Code During Historical Reporting Period	Service Location Code Change After June 30, 2011 (if applicable)	County of Service Location Code	Begin Date of Service	End Date of Service	Eligible Procedure Code with Capacity	Waiver Census as of June 30th or End Date of Service	Vacancy as of June 30th or End Date of Service	Average Weekly Direct Care Staff Hours		
1	123456789	0001	Philadelphia	07/01/2010		W6096 - Four-Individual Home	3	1	132.25		
2	123456789	0002	Philadelphia	07/01/2010	12/31/2010	W6096 - Four-Individual Home	4	0	174.50		
3	123456789	0004	Philadelphia	07/01/2010		W6096 - Four-Individual Home	4	0	134.25		
4	123456789	0010	Philadelphia	07/01/2010		W7291 - One-Individual Home	1	0	125.50		
5	123456789	0005	Philadelphia	07/01/2010		W6094 - Three-Individual Home	2	0	132.50		
6	123456789	0012	0013 Philadelphia	07/01/2010		W6094 - Three-Individual Home	3	0	141.00		
7	123456789	0007	Philadelphia	07/01/2010		W6094 - Three-Individual Home	3	0	155.75		
8	123456789	0008	Philadelphia	07/01/2010							
9	123456789	0016	Philadelphia	07/01/2010							
10	123456789	0003	Philadelphia	07/01/2010	12/31/2010						
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											

CERTIFICATION PAGE – PROVIDER SERVICE LOCATIONS

A MPI Number	B Service Location Code During Historical Reporting Period	C Service Location Code Change After June 30, 2011 (if applicable)	D County of Service Location Code	E Begin Date of Service	F End Date of Service	G Only Applicable to Residential Service Location Codes			
						H Eligible Procedure Code with Capacity	I Waiver Census as of June 30th or End Date of Service	J Vacancy as of June 30th or End Date of Service	K Average Weekly Direct Care Staff Hours
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
101									
102									
103									
104									
105									
106									
107									
108									
109									
110									
111									
112									
113									
114									
115									
116									
117									
118									
119									
120									

CERTIFICATION PAGE – PROVIDER SERVICE LOCATIONS

A MPI Number	B Service Location Code During Historical Reporting Period	C Service Location Code Change After June 30, 2011 (if applicable)	D County of Service Location Code	E Begin Date of Service	F End Date of Service	G Only Applicable to Residential Service Location Codes			
						H Eligible Procedure Code with Capacity	I Waiver Census as of June 30th or End Date of Service	J Vacancy as of June 30th or End Date of Service	K Average Weekly Direct Care Staff Hours
121									
122									
123									
124									
125									
126									
127									
128									
129									
130									
131									
132									
133									
134									
135									
136									
137									
138									
139									
140									
141									
142									
143									
144									
145									
146									
147									
148									
149									
150									
151									
152									
153									
154									
155									
156									
157									
158									
159									
160									
161									
162									
163									
164									
165									
166									
167									
168									
169									
170									
171									
172									
173									
174									
175									
176									
177									
178									
179									
180									

CERTIFICATION PAGE – PROVIDER SERVICE LOCATIONS

A MPI Number	B Service Location Code During Historical Reporting Period	C Service Location Code Change After June 30, 2011 (if applicable)	D County of Service Location Code	E Begin Date of Service	F End Date of Service	G Only Applicable to Residential Service Location Codes			
						H Eligible Procedure Code with Capacity	I Waiver Census as of June 30th or End Date of Service	J Vacancy as of June 30th or End Date of Service	K Average Weekly Direct Care Staff Hours
181									
182									
183									
184									
185									
186									
187									
188									
189									
190									
191									
192									
193									
194									
195									
196									
197									
198									
199									
200									
201									
202									
203									
204									
205									
206									
207									
208									
209									
210									
211									
212									
213									
214									
215									
216									
217									
218									
219									
220									
221									
222									
223									
224									
225									
226									
227									
228									
229									
230									
231									
232									
233									
234									
235									
236									
237									
238									
239									
240									

CERTIFICATION PAGE – PROVIDER SERVICE LOCATIONS

A MPI Number	B Service Location Code During Historical Reporting Period	C Service Location Code Change After June 30, 2011 (if applicable)	D County of Service Location Code	E Begin Date of Service	F End Date of Service	G Only Applicable to Residential Service Location Codes			
						H Eligible Procedure Code with Capacity	I Waiver Census as of June 30th or End Date of Service	J Vacancy as of June 30th or End Date of Service	K Average Weekly Direct Care Staff Hours
241									
242									
243									
244									
245									
246									
247									
248									
249									
250									
251									
252									
253									
254									
255									
256									
257									
258									
259									
260									
261									
262									
263									
264									
265									
266									
267									
268									
269									
270									
271									
272									
273									
274									
275									
276									
277									
278									
279									
280									
281									
282									
283									
284									
285									
286									
287									
288									
289									
290									
291									
292									
293									
294									
295									
296									
297									
298									
299									
300									

CERTIFICATION PAGE – SERVICE SELECTION

Note: Boxes should only be checked for services rendered at service locations indicated on the Certification Page - Provider Service Locations Schedule

	Service	Code	Description	Bill Unit	Check if service is provided
1	Unlicensed Home and Community Habilitation	W7057	Basic Staff Support	15 minutes	<input type="checkbox"/>
2	Unlicensed Home and Community Habilitation	W7058	Staff Support Level 1	15 minutes	<input type="checkbox"/>
3	Unlicensed Home and Community Habilitation	W7059	Staff Support Level 2	15 minutes	<input type="checkbox"/>
4	Unlicensed Home and Community Habilitation	W7060	Level 3	15 minutes	<input checked="" type="checkbox"/>
5	Unlicensed Home and Community Habilitation	W7061	Level 3 Enhanced	15 minutes	<input type="checkbox"/>
6	Unlicensed Home and Community Habilitation	W7068	Level 4	15 minutes	<input type="checkbox"/>
7	Unlicensed Home and Community Habilitation	W7069	Level 4 Enhanced	15 minutes	<input type="checkbox"/>
8	Unlicensed Residential Habilitation in Community Homes	W7078	One-Individual Home, Eligible	Day	<input type="checkbox"/>
9	Unlicensed Residential Habilitation in Community Homes	W7079	One-Individual Home, Ineligible	Day	<input type="checkbox"/>
10	Unlicensed Residential Habilitation in Community Homes	W7080	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
11	Unlicensed Residential Habilitation in Community Homes	W7081	Two-Individual Home, Ineligible	Day	<input type="checkbox"/>
12	Unlicensed Residential Habilitation in Community Homes	W7082	Three-Individual Home, Eligible	Day	<input type="checkbox"/>
13	Unlicensed Residential Habilitation in Community Homes	W7083	Three-Individual Home, Ineligible	Day	<input type="checkbox"/>
14	Unlicensed Residential Habilitation in Family Living Homes	W7037	One-Individual Home, Eligible	Day	<input type="checkbox"/>
15	Unlicensed Residential Habilitation in Family Living Homes	W7038	One-Individual Home, Ineligible	Day	<input type="checkbox"/>
16	Unlicensed Residential Habilitation in Family Living Homes	W7039	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
17	Unlicensed Residential Habilitation in Family Living Homes	W7040	Two-Individual Home, Ineligible	Day	<input type="checkbox"/>
18	Child Residential Services	W7010	One-Individual Home, Eligible	Day	<input type="checkbox"/>
19	Child Residential Services	W7010 TD	One-Individual Home, Eligible	Day	<input type="checkbox"/>
20	Child Residential Services	W7010 TE	One-Individual Home, Eligible	Day	<input type="checkbox"/>
21	Child Residential Services	W7011	One-Individual Home, Ineligible	Day	<input type="checkbox"/>
22	Child Residential Services	W7012	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
23	Child Residential Services	W7012 TD	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
24	Child Residential Services	W7012 TE	Two-Individual Home, Eligible	Day	<input type="checkbox"/>

CERTIFICATION PAGE – SERVICE SELECTION

Note: Boxes should only be checked for services rendered at service locations indicated on the Certification Page - Provider Service Locations Schedule

	Service	Code	Description	Bill Unit	Check if service is provided
25	Child Residential Services	W7013	Two-Individual Home, Ineligible	Day	<input type="checkbox"/>
26	Child Residential Services	W7014	Three-Individual Home, Eligible	Day	<input type="checkbox"/>
27	Child Residential Services	W7014 TD	Three-Individual Home, Eligible	Day	<input type="checkbox"/>
28	Child Residential Services	W7014 TE	Three-Individual Home, Eligible	Day	<input type="checkbox"/>
29	Child Residential Services	W7015	Three-Individual Home, Ineligible	Day	<input type="checkbox"/>
30	Child Residential Services	W7016	Four-Individual Home, Eligible	Day	<input type="checkbox"/>
31	Child Residential Services	W7016 TD	Four-Individual Home, Eligible	Day	<input type="checkbox"/>
32	Child Residential Services	W7016 TE	Four-Individual Home, Eligible	Day	<input type="checkbox"/>
33	Child Residential Services	W7017	Four-Individual Home, Ineligible	Day	<input type="checkbox"/>
34	Child Residential Services	W7018	Five-to-Ten-Individual Home, Eligible	Day	<input type="checkbox"/>
35	Child Residential Services	W7018 TD	Five-to-Ten-Individual Home, Eligible	Day	<input type="checkbox"/>
36	Child Residential Services	W7018 TE	Five-to-Ten-Individual Home, Eligible	Day	<input type="checkbox"/>
37	Child Residential Services	W7019	Five-to-Ten-Individual Home, Ineligible	Day	<input type="checkbox"/>
38	Community Residential Rehabilitation Services	W7020	One-Individual Home, Eligible	Day	<input type="checkbox"/>
39	Community Residential Rehabilitation Services	W7020 TD	One-Individual Home, Eligible	Day	<input type="checkbox"/>
40	Community Residential Rehabilitation Services	W7020 TE	One-Individual Home, Eligible	Day	<input type="checkbox"/>
41	Community Residential Rehabilitation Services	W7021	One-Individual Home, Ineligible	Day	<input type="checkbox"/>
42	Community Residential Rehabilitation Services	W7022	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
43	Community Residential Rehabilitation Services	W7022 TD	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
44	Community Residential Rehabilitation Services	W7022 TE	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
45	Community Residential Rehabilitation Services	W7023	Two-Individual Home, Ineligible	Day	<input type="checkbox"/>
46	Community Residential Rehabilitation Services	W7024	Three-Individual Home, Eligible	Day	<input type="checkbox"/>
47	Community Residential Rehabilitation Services	W7024 TD	Three-Individual Home, Eligible	Day	<input type="checkbox"/>
48	Community Residential Rehabilitation Services	W7024 TE	Three-Individual Home, Eligible	Day	<input type="checkbox"/>

CERTIFICATION PAGE – SERVICE SELECTION

Note: Boxes should only be checked for services rendered at service locations indicated on the Certification Page - Provider Service Locations Schedule

	Service	Code	Description	Bill Unit	Check if service is provided
49	Community Residential Rehabilitation Services	W7025	Three-Individual Home, Ineligible	Day	<input type="checkbox"/>
50	Community Residential Rehabilitation Services	W7026	Four-Individual Home, Eligible	Day	<input type="checkbox"/>
51	Community Residential Rehabilitation Services	W7026 TD	Four-Individual Home, Eligible	Day	<input type="checkbox"/>
52	Community Residential Rehabilitation Services	W7026 TE	Four-Individual Home, Eligible	Day	<input type="checkbox"/>
53	Community Residential Rehabilitation Services	W7027	Four-Individual Home, Ineligible	Day	<input type="checkbox"/>
54	Community Residential Rehabilitation Services	W7028	Five-to-Ten-Individual Home, Eligible	Day	<input type="checkbox"/>
55	Community Residential Rehabilitation Services	W7028 TD	Five-to-Ten-Individual Home, Eligible	Day	<input type="checkbox"/>
56	Community Residential Rehabilitation Services	W7028 TE	Five-to-Ten-Individual Home, Eligible	Day	<input type="checkbox"/>
57	Community Residential Rehabilitation Services	W7029	Five-to-Ten-Individual Home, Ineligible	Day	<input type="checkbox"/>
58	Licensed Adult Family Living Homes	W7291	One-Individual Home, Eligible	Day	<input checked="" type="checkbox"/>
59	Licensed Adult Family Living Homes	W7291 TD	One-Individual Home, Eligible	Day	<input type="checkbox"/>
60	Licensed Adult Family Living Homes	W7291 TE	One-Individual Home, Eligible	Day	<input type="checkbox"/>
61	Licensed Adult Family Living Homes	W7292	One-Individual Home, Ineligible	Day	<input checked="" type="checkbox"/>
62	Licensed Adult Family Living Homes	W7293	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
63	Licensed Adult Family Living Homes	W7293 TD	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
64	Licensed Adult Family Living Homes	W7293 TE	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
65	Licensed Adult Family Living Homes	W7294	Two-Individual Home, Ineligible	Day	<input type="checkbox"/>
66	Licensed Child Family Living Homes	W7295	One-Individual Home, Eligible	Day	<input type="checkbox"/>
67	Licensed Child Family Living Homes	W7295 TD	One-Individual Home, Eligible	Day	<input type="checkbox"/>
68	Licensed Child Family Living Homes	W7295 TE	One-Individual Home, Eligible	Day	<input type="checkbox"/>
69	Licensed Child Family Living Homes	W7296	One-Individual Home, Ineligible	Day	<input type="checkbox"/>
70	Licensed Child Family Living Homes	W7297	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
71	Licensed Child Family Living Homes	W7297 TD	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
72	Licensed Child Family Living Homes	W7297 TE	Two-Individual Home, Eligible	Day	<input type="checkbox"/>

CERTIFICATION PAGE – SERVICE SELECTION

Note: Boxes should only be checked for services rendered at service locations indicated on the Certification Page - Provider Service Locations Schedule

	Service	Code	Description	Bill Unit	Check if service is provided
73	Licensed Child Family Living Homes	W7298	Two-Individual Home, Ineligible	Day	<input type="checkbox"/>
74	Licensed Residential Habilitation Community Homes	W6090	One-Individual Home, Eligible	Day	<input type="checkbox"/>
75	Licensed Residential Habilitation Community Homes	W6090 TD	One-Individual Home, Eligible	Day	<input type="checkbox"/>
76	Licensed Residential Habilitation Community Homes	W6090 TE	One-Individual Home, Eligible	Day	<input type="checkbox"/>
77	Licensed Residential Habilitation Community Homes	W6090 UA	One-Individual Home, Eligible	Day	<input type="checkbox"/>
78	Licensed Residential Habilitation Community Homes	W6091	One-Individual Home, Ineligible	Day	<input type="checkbox"/>
79	Licensed Residential Habilitation Community Homes	W6092	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
80	Licensed Residential Habilitation Community Homes	W6092 TD	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
81	Licensed Residential Habilitation Community Homes	W6092 TE	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
82	Licensed Residential Habilitation Community Homes	W6092 UA	Two-Individual Home, Eligible	Day	<input type="checkbox"/>
83	Licensed Residential Habilitation Community Homes	W6093	Two-Individual Home, Ineligible	Day	<input type="checkbox"/>
84	Licensed Residential Habilitation Community Homes	W6094	Three-Individual Home, Eligible	Day	<input checked="" type="checkbox"/>
85	Licensed Residential Habilitation Community Homes	W6094 TD	Three-Individual Home, Eligible	Day	<input type="checkbox"/>
86	Licensed Residential Habilitation Community Homes	W6094 TE	Three-Individual Home, Eligible	Day	<input type="checkbox"/>
87	Licensed Residential Habilitation Community Homes	W6094 UA	Three-Individual Home, Eligible	Day	<input type="checkbox"/>
88	Licensed Residential Habilitation Community Homes	W6095	Three-Individual Home, Ineligible	Day	<input checked="" type="checkbox"/>
89	Licensed Residential Habilitation Community Homes	W6096	Four-Individual Home, Eligible	Day	<input checked="" type="checkbox"/>
90	Licensed Residential Habilitation Community Homes	W6096 TD	Four-Individual Home, Eligible	Day	<input type="checkbox"/>
91	Licensed Residential Habilitation Community Homes	W6096 TE	Four-Individual Home, Eligible	Day	<input type="checkbox"/>
92	Licensed Residential Habilitation Community Homes	W6096 UA	Four-Individual Home, Eligible	Day	<input type="checkbox"/>
93	Licensed Residential Habilitation Community Homes	W6097	Four-Individual Home, Ineligible	Day	<input checked="" type="checkbox"/>
94	Licensed Residential Habilitation Community Homes	W6098	Five-to-Ten-Individual Home, Eligible	Day	<input type="checkbox"/>
95	Licensed Residential Habilitation Community Homes	W6098 TD	Five-to-Ten-Individual Home, Eligible	Day	<input type="checkbox"/>
96	Licensed Residential Habilitation Community Homes	W6098 TE	Five-to-Ten-Individual Home, Eligible	Day	<input type="checkbox"/>

CERTIFICATION PAGE – SERVICE SELECTION

Note: Boxes should only be checked for services rendered at service locations indicated on the Certification Page - Provider Service Locations Schedule

	Service	Code	Description	Bill Unit	Check if service is provided
97	Licensed Residential Habilitation Community Homes	W6098 UA	Five-to-Ten-Individual Home, Eligible	Day	<input type="checkbox"/>
98	Licensed Residential Habilitation Community Homes	W6099	Five-to-Ten-Individual Home, Ineligible	Day	<input type="checkbox"/>
99	Licensed Day Services - Adult Training Facilities	W7072	Basic Staff Support	15 minutes	<input checked="" type="checkbox"/>
100	Licensed Day Services - Adult Training Facilities	W7073	Staff Support Level 1	15 minutes	<input type="checkbox"/>
101	Licensed Day Services - Adult Training Facilities	W7074	Staff Support Level 2	15 minutes	<input checked="" type="checkbox"/>
102	Licensed Day Services - Adult Training Facilities	W7075	Level 3	15 minutes	<input type="checkbox"/>
103	Licensed Day Services - Adult Training Facilities	W7076	Level 3 Enhanced	15 minutes	<input type="checkbox"/>
104	Licensed Day Services - Adult Training Facilities	W7035	Level 4	15 minutes	<input type="checkbox"/>
105	Licensed Day Services - Adult Training Facilities	W7036	Level 4 Enhanced	15 minutes	<input type="checkbox"/>
106	Prevocational Service	W7087	Basic Staff Support	15 minutes	<input type="checkbox"/>
107	Prevocational Service	W7088	Staff Support Level 1	15 minutes	<input type="checkbox"/>
108	Prevocational Service	W7089	Staff Support Level 2	15 minutes	<input type="checkbox"/>
109	Prevocational Service	W7090	Level 3	15 minutes	<input type="checkbox"/>
110	Prevocational Service	W7091	Level 3 Enhanced	15 minutes	<input type="checkbox"/>
111	Prevocational Service	W7092	Level 4	15 minutes	<input type="checkbox"/>
112	Prevocational Service	W7093	Level 4 Enhanced	15 minutes	<input type="checkbox"/>
113	Supported Employment	W7235	Supported Employment	15 minutes	<input checked="" type="checkbox"/>
114	Transitional Work Service	W7237	Basic Staff Support	15 minutes	<input type="checkbox"/>
115	Transitional Work Service	W7239	Staff Support Level 1	15 minutes	<input type="checkbox"/>
116	Transitional Work Service	W7241	Staff Support Level 2	15 minutes	<input type="checkbox"/>
117	Transitional Work Service	W7245	Level 3	15 minutes	<input type="checkbox"/>
118	In-Home Respite	W7247	Basic Staff Support	Day	<input type="checkbox"/>
119	In-Home Respite	W7248	Staff Support Level 1	Day	<input type="checkbox"/>
120	In-Home Respite	W7250	Staff Support Level 2	Day	<input type="checkbox"/>

CERTIFICATION PAGE – SERVICE SELECTION

Note: Boxes should only be checked for services rendered at service locations indicated on the Certification Page - Provider Service Locations Schedule

	Service	Code	Description	Bill Unit	Check if service is provided
121	In-Home Respite	W7251	Level 2 Enhanced	Day	<input type="checkbox"/>
122	In-Home Respite	W7252	Level 3	Day	<input type="checkbox"/>
123	In-Home Respite	W7253	Level 3 Enhanced	Day	<input type="checkbox"/>
124	In-Home Respite	W7255	Basic Staff Support	15 minutes	<input type="checkbox"/>
125	In-Home Respite	W7256	Staff Support Level 1	15 minutes	<input type="checkbox"/>
126	In-Home Respite	W7258	Staff Support Level 2	15 minutes	<input type="checkbox"/>
127	In-Home Respite	W7264	Level 2 Enhanced	15 minutes	<input type="checkbox"/>
128	In-Home Respite	W7265	Level 3	15 minutes	<input type="checkbox"/>
129	In-Home Respite	W7266	Level 3 Enhanced	15 minutes	<input type="checkbox"/>
130	Respite - Unlicensed Out of Home	W8000	Basic Staff Support	Day	<input type="checkbox"/>
131	Respite - Unlicensed Out of Home	W8001	Staff Support Level 1	Day	<input type="checkbox"/>
132	Respite - Unlicensed Out of Home	W8002	Staff Support Level 2	Day	<input type="checkbox"/>
133	Respite - Unlicensed Out of Home	W8003	Level 2 Enhanced	Day	<input type="checkbox"/>
134	Respite - Unlicensed Out of Home	W8004	Level 3	Day	<input type="checkbox"/>
135	Respite - Unlicensed Out of Home	W8005	Level 3 Enhanced	Day	<input type="checkbox"/>
136	Respite - Unlicensed Out of Home	W8010	Basic Staff Support	15 minutes	<input type="checkbox"/>
137	Respite - Unlicensed Out of Home	W8011	Staff Support Level 1	15 minutes	<input type="checkbox"/>
138	Respite - Unlicensed Out of Home	W8012	Staff Support Level 2	15 minutes	<input type="checkbox"/>
139	Respite - Unlicensed Out of Home	W8013	Level 2 Enhanced	15 minutes	<input type="checkbox"/>
140	Respite - Unlicensed Out of Home	W8014	Level 3	15 minutes	<input type="checkbox"/>
141	Respite - Unlicensed Out of Home	W8015	Level 3 Enhanced	15 minutes	<input type="checkbox"/>
142	Respite - Licensed Out of Home	W7259	Basic Staff Support	Day	<input type="checkbox"/>
143	Respite - Licensed Out of Home	W7260	Staff Support Level 1	Day	<input type="checkbox"/>
144	Respite - Licensed Out of Home	W7262	Staff Support Level 2	Day	<input type="checkbox"/>

CERTIFICATION PAGE – SERVICE SELECTION

Note: Boxes should only be checked for services rendered at service locations indicated on the Certification Page - Provider Service Locations Schedule

	Service	Code	Description	Bill Unit	Check if service is provided
145	Respite - Licensed Out of Home	W7263	Level 2 Enhanced	Day	<input type="checkbox"/>
146	Respite - Licensed Out of Home	W7299	Level 3	Day	<input type="checkbox"/>
147	Respite - Licensed Out of Home	W7300	Level 3 Enhanced	Day	<input type="checkbox"/>
148	Respite - Licensed Out of Home	W7267	Basic Staff Support	15 minutes	<input type="checkbox"/>
149	Respite - Licensed Out of Home	W7268	Staff Support Level 1	15 minutes	<input type="checkbox"/>
150	Respite - Licensed Out of Home	W7270	Staff Support Level 2	15 minutes	<input type="checkbox"/>
151	Respite - Licensed Out of Home	W7400	Level 2 Enhanced	15 minutes	<input type="checkbox"/>
152	Respite - Licensed Out of Home	W7401	Level 3	15 minutes	<input type="checkbox"/>
153	Respite - Licensed Out of Home	W7402	Level 3 Enhanced	15 minutes	<input type="checkbox"/>
154	Fee Schedule Services/Outcomes-based Services	FSS/OBS	Various	N/A	<input checked="" type="checkbox"/>

EXAM

SCHEDULE A – EXPENSE REPORT

Column Reference: A B C D E F

For these columns, expenses must be specific to the service location codes included on this Cost Report.

EXPENSES BY CATEGORY	Total Provider Expenses	Excluded Service Locations and Other LOB Expenses	Base Expenses	Fee Schedule and Outcomes-Based Service Expenses	Excluded Non-Allowable Waiver Expenses	Eligible and Ineligible Expenses for Waiver Participants
1 Program Direct Care Staff Salary/Wages (Schedule D)	\$ 1,202,937	\$ 358,373	\$ 40,798	\$ 19,055	\$ 9,150	\$ 775,561
2 Program Direct Care Staff ERE (Schedule D)	\$ 289,136	\$ 74,406	\$ 10,923	\$ 4,916	\$ 2,661	\$ 196,230
3 Other Program Staff Salary/Wages (Schedule D-1)	\$ 238,282	\$ 70,711	\$ 9,306	\$ -	\$ -	\$ 158,265
4 Other Program Staff ERE (Schedule D-1)	\$ 61,496	\$ 14,056	\$ 2,643	\$ -	\$ -	\$ 44,797
5 Contracted Staff (Schedule D-2)	\$ 290,089	\$ 84,426	\$ 3,869	\$ -	\$ -	\$ 201,794
6 Administrative Staff Salary/Wages (Schedule D-3)	\$ 223,408	\$ 71,765	\$ 6,922	\$ 3,110	\$ 3,472	\$ 138,139
7 Administrative Staff ERE (Schedule D-3)	\$ 56,914	\$ 16,520	\$ 1,253	\$ 1,302	\$ 885	\$ 36,953
8 Program Supplies (Schedule F)	\$ 12,000	\$ 7,626	\$ 89	\$ -	\$ -	\$ 4,285
9 Other Vehicle Expense (Schedule E-1)	\$ 1,897	\$ 506	\$ 32	\$ -	\$ -	\$ 1,359
10 Other Program Expense (Schedule F)	\$ 245,387	\$ 123,810	\$ 6,286	\$ 1,649	\$ 870	\$ 112,772
11 Transportation - Participant Motor Vehicle (Schedule E-1)	\$ 8,256	\$ -	\$ 640	\$ 1,716	\$ -	\$ 5,900
12 Transportation - Participant (Schedule I)	\$ 69,845	\$ 19,066	\$ 1,617	\$ 2,045	\$ -	\$ 47,117
13 Other Occupancy Expense (Schedule F-1)	\$ 99,979	\$ 79,994	\$ 15	\$ 329	\$ 35	\$ 19,606
14 Depreciation - Buildings (Schedule E)	\$ 20,239	\$ 1,942	\$ 517	\$ 152	\$ 103	\$ 17,525
15 Depreciation - Fixed Assets/Equipment (Schedule E-2)	\$ 2,900	\$ 817	\$ 23	\$ 14	\$ 10	\$ 2,037
16 TOTAL EXPENSES (EXCLUDING RESIDENTIAL OCCUPANCY)	\$ 2,822,766	\$ 924,018	\$ 84,933	\$ 34,288	\$ 17,186	\$ 1,762,340

17 CONTRIBUTIONS/REVENUE (EXPENSE OFFSET) (Schedule B)	\$ 155,264	\$ 140,155	\$ 420	\$ 3,735	\$ 2,281	\$ 8,673
---	-------------------	-------------------	---------------	-----------------	-----------------	-----------------

18 EXPENSES, NET OF CONTRIBUTIONS/REVENUE	\$ 2,667,502	\$ 783,864	\$ 84,513	\$ 30,553	\$ 14,905	\$ 1,753,667
--	---------------------	-------------------	------------------	------------------	------------------	---------------------

CAPACITY / UNITS OF SERVICE

19 Number of Units of Service (Licensed or Staffed) Available						
20 Type of Unit (15 Min., Daily, etc.)						
21 Total Number of Units of Service Provided						
22 Cost Per Unit of Service Available (Line 18 / Line 19)						
23 Cost Per Unit of Service Provided (Line 18 / Line 21)						

RESIDENTIAL OCCUPANCY

24 Residential Occupancy (Schedule J)	\$ 224,633	\$ 22,873			\$ 189	\$ 201,571
25 Cost Per Unit of Service Available (Line 24 / Line 19)						

26 TOTAL EXPENSE (Line 16 + Line 24)	\$ 3,047,399	\$ 946,891	\$ 84,933	\$ 34,288	\$ 17,375	\$ 1,963,911
---	---------------------	-------------------	------------------	------------------	------------------	---------------------

SCHEDULE A – EXPENSE REPORT

Column Reference: G H I J K L M

	Unlicensed Home and Community Habilitation W7060 Level 3 15 minutes	Licensed Adult Family Living Homes W7291 One-Individual Home, Eligible Day	Licensed Adult Family Living Homes W7292 One-Individual Home, Ineligible Day	Licensed Residential Habilitation Community Homes W6094 Three-Individual Home, Eligible Day	Licensed Residential Habilitation Community Homes W6095 Three-Individual Home, Ineligible Day	Licensed Residential Habilitation Community Homes W6096 Four-Individual Home, Eligible Day	Licensed Residential Habilitation Community Homes W6097 Four-Individual Home, Ineligible Day
EXPENSES BY CATEGORY							
1 Program Direct Care Staff Salary/Wages (Schedule D)	\$ 12,645	\$ 3,013	\$ -	\$ 324,569		\$ 362,842	
2 Program Direct Care Staff ERE (Schedule D)	\$ 3,160	\$ 1,025	\$ -	\$ 80,122		\$ 91,344	
3 Other Program Staff Salary/Wages (Schedule D-1)	\$ 2,329	\$ 1,236	\$ -	\$ 61,047		\$ 83,741	
4 Other Program Staff ERE (Schedule D-1)	\$ 756	\$ 456	\$ -	\$ 16,499		\$ 24,430	
5 Contracted Staff (Schedule D-2)	\$ -	\$ 12,000	\$ -	\$ 89,125		\$ 100,669	
6 Administrative Staff Salary/Wages (Schedule D-3)	\$ 2,222	\$ 2,018	\$ -	\$ 55,000		\$ 66,741	
7 Administrative Staff ERE (Schedule D-3)	\$ 566	\$ 765	\$ -	\$ 14,689		\$ 18,339	
8 Program Supplies (Schedule F)	\$ -	\$ -	\$ -				
9 Other Vehicle Expense (Schedule E-1)	\$ -	\$ -	\$ -	\$ 521		\$ 838	
10 Other Program Expense (Schedule F)	\$ 1,264	\$ 1,221	\$ -	\$ 45,000		\$ 55,315	
11 Transportation - Participant Motor Vehicle (Schedule E-1)	\$ -	\$ -	\$ -	\$ 1,000		\$ 4,900	
12 Transportation - Participant (Schedule I)	\$ -	\$ -	\$ -	\$ 22,156		\$ 24,961	
13 Other Occupancy Expense (Schedule F-1)	\$ 77	\$ 77	\$ -	\$ 4,801		\$ 9,348	
14 Depreciation - Buildings (Schedule E)	\$ 452	\$ 357	\$ -	\$ 3,450		\$ 3,280	
15 Depreciation - Fixed Assets/Equipment (Schedule E-2)	\$ 65	\$ 50	\$ -	\$ 300		\$ 268	
16 TOTAL EXPENSES (EXCLUDING RESIDENTIAL OCCUPANCY)	\$ 23,536	\$ 22,218	\$ -	\$ 718,279	\$ -	\$ 847,015	\$ -
17 CONTRIBUTIONS/REVENUE (EXPENSE OFFSET) (Schedule B)	\$ 136			\$ 1,710		\$ 199	
18 EXPENSES, NET OF CONTRIBUTIONS/REVENUE	\$ 23,400	\$ 22,218	\$ -	\$ 716,569	\$ -	\$ 846,815	\$ -
CAPACITY / UNITS OF SERVICE							
19 Number of Units of Service (Licensed or Staffed) Available	4,829	365	365	2,920	2,920	3,656	3,656
20 Type of Unit (15 Min., Daily, etc.)	15 minutes	Day	Day	Day	Day	Day	Day
21 Total Number of Units of Service Provided	3,863	362	362	2,800	2,800	3,300	3,300
22 Cost Per Unit of Service Available (Line 18 / Line 19)		\$ 60.87	\$ -	\$ 245.40	\$ -	\$ 231.62	\$ -
23 Cost Per Unit of Service Provided (Line 18 / Line 21)	\$ 6.06						
RESIDENTIAL OCCUPANCY							
24 Residential Occupancy (Schedule J)	\$ -	\$ -	\$ 6,000	\$ -	\$ 119,001	\$ -	\$ 76,570
25 Cost Per Unit of Service Available (Line 24 / Line 19)	\$ -	\$ -	\$ 16.44	\$ -	\$ 40.75	\$ -	\$ 20.94
26 TOTAL EXPENSE (Line 16 + Line 24)	\$ 23,536	\$ 22,218	\$ 6,000	\$ 718,279	\$ 119,001	\$ 847,015	\$ 76,570

SCHEDULE A – EXPENSE REPORT

Column Reference: N O P Q R S T

	Licensed Day Services - Adult Training Facilities W7072 Basic Staff Support 15 minutes	Licensed Day Services - Adult Training Facilities W7074 Staff Support Level 2 15 minutes	Supported Employment W7235 Supported Employment 15 minutes				
EXPENSES BY CATEGORY							
1	Program Direct Care Staff Salary/Wages (Schedule D)	\$ 32,012	\$ 24,000	\$ 16,480			
2	Program Direct Care Staff ERE (Schedule D)	\$ 9,659	\$ 8,228	\$ 2,692			
3	Other Program Staff Salary/Wages (Schedule D-1)	\$ 5,000	\$ 4,000	\$ 912			
4	Other Program Staff ERE (Schedule D-1)	\$ 1,260	\$ 1,104	\$ 292			
5	Contracted Staff (Schedule D-2)	\$ -	\$ -	\$ -			
6	Administrative Staff Salary/Wages (Schedule D-3)	\$ 5,689	\$ 4,578	\$ 1,891			
7	Administrative Staff ERE (Schedule D-3)	\$ 1,267	\$ 845	\$ 482			
8	Program Supplies (Schedule F)	\$ 2,835	\$ 1,450	\$ -			
9	Other Vehicle Expense (Schedule E-1)	\$ -	\$ -	\$ -			
10	Other Program Expense (Schedule F)	\$ 4,796	\$ 3,245	\$ 1,931			
11	Transportation - Participant Motor Vehicle (Schedule E-1)	\$ -	\$ -	\$ -			
12	Transportation - Participant (Schedule I)	\$ -	\$ -	\$ -			
13	Other Occupancy Expense (Schedule F-1)	\$ 2,568	\$ 2,216	\$ 519			
14	Depreciation - Buildings (Schedule E)	\$ 4,853	\$ 4,134	\$ 1,000			
15	Depreciation - Fixed Assets/Equipment (Schedule E-2)	\$ 728	\$ 620	\$ 6			
16	TOTAL EXPENSES (EXCLUDING RESIDENTIAL OCCUPANCY)	\$ 70,667	\$ 54,420	\$ 26,206	\$ -	\$ -	\$ -
17	CONTRIBUTIONS/REVENUE (EXPENSE OFFSET) (Schedule B)	\$ 83	\$ 84	\$ 6,461			
18	EXPENSES, NET OF CONTRIBUTIONS/REVENUE	\$ 70,584	\$ 54,336	\$ 19,745	\$ -	\$ -	\$ -
CAPACITY / UNITS OF SERVICE							
19	Number of Units of Service (Licensed or Staffed) Available	75,816	35,241	1,369			
20	Type of Unit (15 Min., Daily, etc.)	15 minutes	15 minutes	15 minutes			
21	Total Number of Units of Service Provided	38,462	20,166	954			
22	Cost Per Unit of Service Available (Line 18 / Line 19)				\$ -	\$ -	\$ -
23	Cost Per Unit of Service Provided (Line 18 / Line 21)	\$ 1.84	\$ 2.69	\$ 20.70	\$ -	\$ -	\$ -
RESIDENTIAL OCCUPANCY							
24	Residential Occupancy (Schedule J)	\$ -	\$ -	\$ -			
25	Cost Per Unit of Service Available (Line 24 / Line 19)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
26	TOTAL EXPENSE (Line 16 + Line 24)	\$ 70,667	\$ 54,420	\$ 26,206	\$ -	\$ -	\$ -

SCHEDULE B – INCOME STATEMENT

		A	B	C
		Total Provider Revenue/Expense	Total Waiver Eligible and Ineligible Revenue/Expense	Total Waiver Eligible and Ineligible Revenue/Expense for Service Locations Included in the Cost Report
REVENUES / CONTRIBUTIONS :				
1	Commonwealth of Pennsylvania:			
	1a. Waiver Revenue for Waiver Eligible Services	\$ 1,727,751	\$ 1,727,751	\$ 1,727,751
	1b. Waiver Revenue for Waiver Ineligible Services	\$ 85,641	\$ 85,641	\$ 85,641
	1c. Waiver Revenue for Fee Schedule and Outcomes-based Services	\$ 58,282	\$ 58,282	\$ 58,282
	1d. Other Revenue (includes Supports Coordination, AWC and other Commonwealth programs)			
2	County	\$ 628,992		
3	Private Clients	\$ 75,064		
4	United Way (service fees only)			
5	Commercial Sales/Contract Sales Revenue			
6	Participant Contribution to Residential Occupancy	\$ 135,727	\$ 130,635	\$ 130,635
7	Investment Income	\$ 5,838	\$ 3,352	\$ 3,352
8	Other (Attach an itemization in Comments tab if Other Revenue is greater than 5% of total revenue)	\$ 10,093		
9	United Way Contributions:			
	9a. Contributions not Restricted/Appropriated			
	9b. Contributions Restricted/Appropriated	\$ 67,457		
10	Other Contributions:			
	Contributions not Restricted/Appropriated (please list below and describe on Comments Page):			
	10a. Contribution 1 - see comments page	\$ 3,293	\$ 2,068	\$ 2,068
	10b. Contribution 2 - see comments page	\$ 2,513	\$ 1,088	\$ 1,088
	10c. Contribution 3 - see comments page	\$ 3,447	\$ 2,165	\$ 2,165
	Contributions Restricted/Appropriated (please list below and describe on Comments Page):			
	10d. Contribution 4 - see comments page	\$ 72,256		
	10e. Contribution 5 - see comments page	\$ 6,773		
	10f. Contribution 6 - see comments page	\$ 39,552		
11	Government Grants (please list below and describe on Comments Page):			
	11a. Grant 1 - see comments page	\$ 89,754		
	11b. Grant 2 - see comments page	\$ 9,540		
	11c. Grant 3 - see comments page	\$ 30,786		
12	TOTAL REVENUE	\$ 3,052,759	\$ 2,010,982	\$ 2,010,982
EXPENSES:				
13	Total Expenses (from Schedule A)	\$ 3,047,399	\$ 1,998,199	\$ 1,998,199
14	NET INCOME / (LOSS)	\$ 5,360	\$ 12,783	\$ 12,783
15	Beginning Equity or Fund Balance	\$ 1,781,636	\$ 1,184,788	\$ 1,184,788
16	Ending Equity or Fund Balance (Line 14 + Line 15)	\$ 1,786,996	\$ 1,197,571	\$ 1,197,571
17	TOTAL CONTRIBUTION/REVENUE (EXPENSE OFFSET) (Lines 7 + 8 + 9a + 10a + 10b + 10c + 11a + 11b + 11c)	\$ 155,264	\$ 8,673	\$ 8,673

PROVIDER NAME:	ABC Provider Agency
MPI NUMBER:	123456789
PERIOD OF REPORT:	07/01/2010 to 06/30/2011
COST REPORT:	1 of 1

SCHEDULE C – This schedule has been intentionally left blank.

EXAMPLE

SCHEDULE D – PROGRAM DIRECT CARE STAFF EXPENSES (WAIVER-RELATED)
 (Report expenses specific to the service locations on this Cost Report)

PROGRAM DIRECT CARE STAFF						PROGRAM DIRECT CARE STAFF (Cont.)					
	A	B	C	D	E		A	B	C	D	E
Position	Credentials, Licensure or Degree	Waiver Salary and Wages	Waiver Employee-Related Expenses (ERE)	Waiver Hours	Estimated Hourly Compensation	Position	Credentials, Licensure or Degree	Waiver Salary and Wages	Waiver Employee-Related Expenses (ERE)	Waiver Hours	Estimated Hourly Compensation
1	Direct Care Staff - ATFs	\$ 52,490	\$ 17,887	6,592	\$ 10.68	31	Other (Specify)				
2	Residential Direct Care Staff	\$ 652,295	\$ 156,929	57,125	\$ 14.17	32	Other (Specify)				
3	Job Coach	\$ 9,481	\$ 2,692	748	\$ 16.27	33	Other (Specify)				
4	Nurse	RN \$ 48,650	\$ 15,562	3,565	\$ 18.01	34	Other (Specify)				
5	Direct Care Staff - Habilitation	\$ 12,645	\$ 3,160	1,600	\$ 9.88	35	Other (Specify)				
6	Other (Specify)					36	Other (Specify)				
7	Other (Specify)					37	Other (Specify)				
8	Other (Specify)					38	Other (Specify)				
9	Other (Specify)					39	Other (Specify)				
10	Other (Specify)					40	Other (Specify)				
11	Other (Specify)					41	Other (Specify)				
12	Other (Specify)					42	Other (Specify)				
13	Other (Specify)					43	Other (Specify)				
14	Other (Specify)					44	Other (Specify)				
15	Other (Specify)					45	Other (Specify)				
16	Other (Specify)					46	Other (Specify)				
17	Other (Specify)					47	Other (Specify)				
18	Other (Specify)					48	Other (Specify)				
19	Other (Specify)					49	Other (Specify)				
20	Other (Specify)					50	Other (Specify)				
21	Other (Specify)					51	Other (Specify)				
22	Other (Specify)					52	Other (Specify)				
23	Other (Specify)					53	Other (Specify)				
24	Other (Specify)					54	Other (Specify)				
25	Other (Specify)					55	Other (Specify)				
26	Other (Specify)					56	Other (Specify)				
27	Other (Specify)					57	Other (Specify)				
28	Other (Specify)					58	Other (Specify)				
29	Other (Specify)					59	Other (Specify)				
30	SUBTOTAL (Lines 1-29)	\$ 775,561	\$ 196,230	69,630	\$ 13.96	60	SUBTOTAL (Lines 31-59)	\$ -	\$ -	-	\$ -
						61	TOTAL (Line 30 + Line 60)	\$ 775,561	\$ 196,230	69,630	\$ 13.96

SCHEDULE D-1 – OTHER PROGRAM STAFF EXPENSES (WAIVER-RELATED)
(Report expenses specific to the service locations on this Cost Report)

OTHER PROGRAM STAFF		A	B	C	D	E
Position	Credentials, Licensure or Degree	Waiver Salary and Wages	Waiver Employee-Related Expenses (ERE)	Waiver Hours	Estimated Hourly Compensation	
1	Program Coordinator I	BA	\$ 23,458	\$ 7,929	1,580	\$ 19.87
2	Program Specialist I	BA	\$ 41,757	\$ 14,266	3,299	\$ 16.98
3	Program Coordinator II	BA	\$ 34,785	\$ 9,445	1,615	\$ 27.39
4	Program Specialist II	BA	\$ 58,265	\$ 13,157	3,299	\$ 21.65
5	Other (Specify)					
6	Other (Specify)					
7	Other (Specify)					
8	Other (Specify)					
9	Other (Specify)					
10	Other (Specify)					
11	Other (Specify)					
12	Other (Specify)					
13	Other (Specify)					
14	Other (Specify)					
15	Other (Specify)					
16	Other (Specify)					
17	Other (Specify)					
18	Other (Specify)					
19	Other (Specify)					
20	Other (Specify)					
21	Other (Specify)					
22	Other (Specify)					
23	Other (Specify)					
24	Other (Specify)					
25	Other (Specify)					
26	Other (Specify)					
27	Other (Specify)					
28	Other (Specify)					
29	Other (Specify)					
30	SUBTOTAL (Lines 1-29)		\$ 158,265	\$ 44,797	9,793	\$ 20.74

OTHER PROGRAM STAFF (Cont.)		A	B	C	D	E
Position	Credentials, Licensure or Degree	Waiver Salary and Wages	Waiver Employee-Related Expenses (ERE)	Waiver Hours	Estimated Hourly Compensation	
31	Other (Specify)					
32	Other (Specify)					
33	Other (Specify)					
34	Other (Specify)					
35	Other (Specify)					
36	Other (Specify)					
37	Other (Specify)					
38	Other (Specify)					
39	Other (Specify)					
40	Other (Specify)					
41	Other (Specify)					
42	Other (Specify)					
43	Other (Specify)					
44	Other (Specify)					
45	Other (Specify)					
46	Other (Specify)					
47	Other (Specify)					
48	Other (Specify)					
49	Other (Specify)					
50	Other (Specify)					
51	Other (Specify)					
52	Other (Specify)					
53	Other (Specify)					
54	Other (Specify)					
55	Other (Specify)					
56	Other (Specify)					
57	Other (Specify)					
58	Other (Specify)					
59	Other (Specify)					
60	SUBTOTAL (Lines 31-59)		\$ -	\$ -		\$ -
61	Total (Line 30 + Line 60)		\$ 158,265	\$ 44,797	9,793	\$ 20.74

SCHEDULE D-2 – CONTRACTED STAFF EXPENSES (WAIVER-RELATED)
 (Report expenses specific to the service locations on this Cost Report)

CONTRACTED STAFF		A	B	C	D
Position		Credentials, Licensure or Degree	Waiver Contractor Fees	Waiver Hours	Estimated Hourly Compensation
1	Contracted Direct Care Staff	Bachelor	\$ 189,794	8,145	\$ 23.30
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30	Total (Lines 1 - 29)		\$ 189,794	8,145	\$ 23.30

FAMILY LIVING HOME STIPENDS		E	F	G
FLH Arrangement		Non-Room and Board Portion of Stipend	Room and Board Portion of Stipend	Total Stipend Amount
1	W7291 / W7292 - Licensed Adult One-Individual FLH	\$ 12,000	\$ 6,000	\$ 18,000
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -
10				\$ -
11				\$ -
12				\$ -
13				\$ -
14				\$ -
15				\$ -
16				\$ -
17				\$ -
18				\$ -
19				\$ -
20				\$ -
21				\$ -
22				\$ -
23				\$ -
24				\$ -
25				\$ -
26				\$ -
27				\$ -
28				\$ -
29				\$ -
30	Total (Lines 1 - 29)	\$ 12,000	\$ 6,000	\$ 18,000

SCHEDULE D-3 – ADMINISTRATIVE STAFF EXPENSES (WAIVER-RELATED)
 (Report expenses specific to the service locations on this Cost Report)

ADMINISTRATIVE STAFF				
	A	B	C	D
Position	Waiver Salary and Wages	Waiver Employee-Related Expenses (ERE)	Waiver Hours	Estimated Hourly Compensation
1	CEO	\$ 36,175	\$ 8,965	1,125 \$ 40.12
2	CFO	\$ 32,533	\$ 8,144	1,125 \$ 36.16
3	Accountant	\$ 18,256	\$ 6,125	1,040 \$ 23.44
4	HR Officer	\$ 21,580	\$ 5,900	1,125 \$ 24.43
5	Communications Officer	\$ 11,587	\$ 3,146	1,125 \$ 13.10
6	Secretary	\$ 5,123	\$ 1,211	600 \$ 10.56
7	Desk Clerk	\$ 10,650	\$ 2,950	1,125 \$ 12.09
8	Maintenance Staff	\$ 2,235	\$ 512	185 \$ 14.85
9	Other (Specify)			
10	Other (Specify)			
11	Other (Specify)			
12	Other (Specify)			
13	Other (Specify)			
14	Other (Specify)			
15	Other (Specify)			
16	Other (Specify)			
17	Other (Specify)			
18	Other (Specify)			
19	Other (Specify)			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			
23	Other (Specify)			
24	Other (Specify)			
25	Other (Specify)			
26	Other (Specify)			
27	Other (Specify)			
28	Other (Specify)			
29	Other (Specify)			
30	SUBTOTAL (Lines 1-29)	\$ 138,139	\$ 36,953	7,450 \$ 23.50

ADMINISTRATIVE STAFF (Cont.)				
	A	B	C	D
Position	Waiver Salary and Wages	Waiver Employee-Related Expenses (ERE)	Waiver Hours	Estimated Hourly Compensation
31	Other (Specify)			
32	Other (Specify)			
33	Other (Specify)			
34	Other (Specify)			
35	Other (Specify)			
36	Other (Specify)			
37	Other (Specify)			
38	Other (Specify)			
39	Other (Specify)			
40	Other (Specify)			
41	Other (Specify)			
42	Other (Specify)			
43	Other (Specify)			
44	Other (Specify)			
45	Other (Specify)			
46	Other (Specify)			
47	Other (Specify)			
48	Other (Specify)			
49	Other (Specify)			
50	Other (Specify)			
51	Other (Specify)			
52	Other (Specify)			
53	Other (Specify)			
54	Other (Specify)			
55	Other (Specify)			
56	Other (Specify)			
57	Other (Specify)			
58	Other (Specify)			
59	Other (Specify)			
60	SUBTOTAL (Lines 31-59)	\$ -	\$ -	\$ -
61	Total (Line 30 + Line 60)	\$ 138,139	\$ 36,953	7,450 \$ 23.50

**SCHEDULE E – PROVIDER DEPRECIATION AND AMORTIZATION EXPENSES
BUILDINGS**

	A	B	C	D	E	F	G
	Month & Year Acquired (MM/YYYY)	Original Cost	Depreciation/Loan Payments Recorded Prior Years	Depreciation Method	Annual Rate or Loan Term	Total Provider Use Allowance, Depreciation Expense, and/or Loan Payment	Waiver* Use Allowance, Depreciation Expense, and/or Loan Payment
BUILDINGS - NON-RESIDENTIAL							
Non-Residential Buildings							
1	123 Main Street	01/1984	\$ 788,260	\$ 522,222	SL	2.50%	\$ 19,707 \$ 17,105
2							
3							
4	SUBTOTAL	\$ 788,260	\$ 522,222			\$ 19,707	\$ 17,105
Additions (includes Capital Improvements and Building Renovations)							
5	123 Main Street	07/2005	\$ 15,950	\$ 2,659	SL	3.33%	\$ 532 \$ 420
6							
7							
8	SUBTOTAL	\$ 15,950	\$ 2,659			\$ 532	\$ 420
Leasehold Improvements							
9							
10							
11							
12	SUBTOTAL	\$ -	\$ -			\$ -	\$ -
Other							
13							
14							
15	SUBTOTAL	\$ -	\$ -			\$ -	\$ -
16	Total Non-Residential Buildings	\$ 804,210	\$ 524,881			\$ 20,239	\$ 17,525
BUILDINGS - RESIDENTIAL							
Residential Buildings							
17	111 First Street	07/1990	\$ 71,616	\$ 71,616	UA	5.00%	\$ 3,581 \$ 3,581
18	222 Second Street (Loan)	04/1999	\$ 89,731	\$ 73,920	GF	6.67%	\$ 6,720 \$ 6,720
19	333 Third Street	07/1985	\$ 68,000	\$ 68,000	UA	8.00%	\$ 5,440 \$ 3,560
20	SUBTOTAL	\$ 229,347	\$ 213,536			\$ 15,741	\$ 13,861
Additions (includes Capital Improvements and Building Renovations)							
21							
22							
23							
24	SUBTOTAL	\$ -	\$ -			\$ -	\$ -
Leasehold Improvements							
25							
26							
27							
28	SUBTOTAL	\$ -	\$ -			\$ -	\$ -
Other							
29							
30							
31	SUBTOTAL	\$ -	\$ -			\$ -	\$ -
32	Total Residential Buildings	\$ 229,347	\$ 213,536			\$ 15,741	\$ 13,861
33	TOTAL DEPRECIATION AND AMORTIZATION EXPENSES - BUILDINGS	\$ 1,033,557	\$ 738,417			\$ 35,980	\$ 31,386

* Waiver expenses reported in Column G should be specific to the service locations reported on this Cost Report.

**SCHEDULE E-1 – PROVIDER DEPRECIATION EXPENSES
MOTOR VEHICLES**

	A	B	C	D	E	F	G
	Month & Year Acquired (MM/YYYY)	Original Cost	Depreciation Recorded Prior Years	Depreciation Method	Annual Rate	Total Provider Use Allowance & Depreciation Expense	Waiver* Use Allowance & Depreciation Expense
MOTOR VEHICLES - PROGRAM-RELATED:							
Participant Expense:							
1	Passenger Van	06/2009	\$ 17,820	\$ 3,861	SL	20.0%	\$ 3,564 \$ 3,120
2	Van	04/2008	\$ 23,459	\$ 10,556	SL	20.0%	\$ 4,692 \$ 2,780
3							
4							
5	SUBTOTAL		\$ 41,279	\$ 14,417			\$ 8,256 \$ 5,900
Non-Residential - Other Motor Vehicle Expense:							
6	Van	06/2004	\$ 28,451	\$ 28,451	UA	6.7%	\$ 1,897 \$ 1,359
7							
8							
9	SUBTOTAL		\$ 28,451	\$ 28,451			\$ 1,897 \$ 1,359
10	TOTAL PROGRAM-RELATED MOTOR VEHICLE DEPRECIATION		\$ 69,730	\$ 42,868			\$ 10,153 \$ 7,259
MOTOR VEHICLES - RESIDENTIAL:							
Residential - Motor Vehicle Expense:							
11	Maintenance Truck	05/2003	\$ 30,465	\$ 30,465	UA	6.7%	\$ 2,031 \$ 1,864
12							
13							
14							
15	TOTAL RESIDENTIAL MOTOR VEHICLE DEPRECIATION		\$ 30,465	\$ 30,465			\$ 2,031 \$ 1,864
16	TOTAL DEPRECIATION - MOTOR VEHICLES		\$ 100,195	\$ 73,333			\$ 12,184 \$ 9,123

* Waiver expenses reported in Column G should be specific to the service locations reported on this Cost Report.

**SCHEDULE E-2 – PROVIDER DEPRECIATION EXPENSES
FIXED ASSETS/EQUIPMENT**

	A	B	C	D	E	F	G
	Month & Year Acquired (MM/YYYY)	Original Cost	Depreciation Recorded Prior Years	Depreciation Method	Annual Rate	Total Provider Use Allowance & Depreciation Expense	Waiver* Use Allowance & Depreciation Expense
FIXED ASSETS/EQUIPMENT - NON-RESIDENTIAL:							
Non-Residential Building Equipment							
1	Building Equipment	03/2006	\$ 13,000	\$ 5,633	SL	10.0%	\$ 1,300 \$ 851
2							
3							
4							
5							
6	SUBTOTAL		\$ 13,000	\$ 5,633		\$ 1,300	\$ 851
Non-Residential Departmental Equipment							
7							
8							
9							
10							
11							
12	SUBTOTAL		\$ -	\$ -		\$ -	\$ -
Non-Residential Office Furniture & Fixtures							
13	Phone System	07/2001	\$ 11,546	\$ 10,392	SL	10.0%	\$ 1,155 \$ 876
14	Office Furniture	01/2000	\$ 6,673	\$ 6,673	UA	6.7%	\$ 445 \$ 310
15							
16							
17							
18	SUBTOTAL		\$ 18,219	\$ 17,065		\$ 1,600	\$ 1,186
Non-Residential Other							
19							
20							
21							
22							
23							
24	SUBTOTAL		\$ -	\$ -		\$ -	\$ -
25	TOTAL NON-RESIDENTIAL FIXED ASSETS/EQUIPMENT		\$ 31,219	\$ 22,698		\$ 2,900	\$ 2,037
FIXED ASSETS/EQUIPMENT - RESIDENTIAL:							
Residential Building Equipment							
26	Furnace	01/2008	\$ 9,150	\$ 2,288	SL	10.0%	\$ 915 \$ 150
27							
28							
29							
30							
31							
32							
33	SUBTOTAL		\$ 9,150	\$ 2,288		\$ 915	\$ 150
Residential Other							
34							
35							
36							
37							
38							
39							
40	SUBTOTAL		\$ -	\$ -		\$ -	\$ -
41	TOTAL RESIDENTIAL FIXED ASSETS/EQUIPMENT		\$ 9,150	\$ 2,288		\$ 915	\$ 150
42	TOTAL DEPRECIATION - FIXED ASSETS/EQUIPMENT		\$ 40,369	\$ 24,986		\$ 3,815	\$ 2,187

* Waiver expenses reported in Column G should be specific to the service locations reported on this Cost Report.

SCHEDULE F – OTHER PROGRAM EXPENSES (WAIVER-RELATED)
 (Report expenses specific to the service locations on this Cost Report)

		A
		Waiver Expense
OTHER PROGRAM EXPENSES		
1	Management Fees*	\$ 8,698
2	Professional Services*	\$ 11,474
3	Advertising (for staff recruitment and outreach purposes)*	\$ 6,883
4	Telephone	\$ 14,492
5	Insurance	\$ 4,021
6	Interest - Short-term Borrowing (includes auto loans)	\$ -
7	Legal Fees*	\$ -
8	Accounting and Auditing	\$ 14,403
9	Office Supplies	\$ 9,771
10	Information Systems	\$ 25,995
11	Professional Dues	\$ 3,000
12	Staff Transportation	\$ 6,341
13	Staff Training/Development Expenses	\$ 3,242
14	Other*	\$ 4,452
15	SUBTOTAL	\$ 112,772
PROGRAM SUPPLIES		
16	Developmental and training supplies for Adult Training Facilities	\$ 3,805
17	Latex gloves	\$ 480
18		
19		
20	SUBTOTAL	\$ 4,285
21	TOTAL OTHER PROGRAM EXPENSES AND SUPPLIES	\$ 117,057

* For each of Lines 1, 2, 3, 7, and 14, provide an itemization in Comments tab if amount is greater than \$10,000 or 5% of Total Other Program Expenses on Line 15.

SCHEDULE F-1 – OTHER OCCUPANCY EXPENSES: ADMINISTRATIVE/PROGRAM BUILDINGS (WAIVER-RELATED)
 (Report expenses specific to the service locations on this Cost Report)

Other Occupancy Expenses: Administrative/Program Buildings		A
		Waiver Expense
1	Rent of Space	
2	Utilities & Maintenance	\$ 16,897
3	Interest Expense - Buildings	
4	Insurance and Property Tax	\$ 2,329
5	Other Occupancy (provide an itemization in Comments tab if greater than \$10,000 or 5% of Total Other Occupancy Expense on Line 6)	\$ 380
6	TOTAL OTHER OCCUPANCY EXPENSES: ADMINISTRATIVE/PROGRAM BUILDINGS	\$ 19,606

SCHEDULE G – RELATED PARTY TRANSACTIONS

1a. Is any property being leased from a party "related to provider" using the definitions in the Cost Report Instructions?

1b. If answer to 1a is yes, provide lessor's costs and additional required information in the table below.*

SCHEDULE OF LESSOR'S EXPENSES:	Property 1	Property 2	Property 3	Property 4	Property 5	Property 6	Property 7	Property 8
1 Depreciation on property	\$ 6,867	\$ 3,412						
2 Property taxes	\$ 2,403	\$ 1,836						
3 Mortgage interest on property	\$ 549	\$ 1,063						
4 Insurance								
5 Other (please provide detail on the Comments tab)								
6 TOTAL	\$ 9,819	\$ 6,311	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

1c. For all properties disclosed in 1b, provide the additional required information in the table below.

ADDITIONAL INFORMATION (REQUIRED)

1 Current rental expenses (rental expense paid to the lessor by the provider)	\$ 9,769	\$ 6,500						
2 Building type (administrative/program building or residential building)	Residential	Residential						
3 Schedule where rental expenses are reported (Schedule F-1 or Schedule J)	Schedule J	Schedule J						
4 The nature of the relationship(s) involved	Parent Company	Parent Company						
5 If "Other " is selected in Line 4 above, please describe								
6 Name of the related party	ABC Corp.	ABC Corp.						
Confirm current rental expenses for each property meet the following requirements:								
7 Expenses are the lesser of the actual expense of the property indicated in the Schedule of Lessor's Expenses or the amount paid to the related party by the provider	Reported Expenses are Lesser of	Reported Expenses are Lesser of						
8 Expenses are not in excess of the rental charge published for the general public for similar space in the geographic area	Not in Excess of	Not in Excess of						
9 If applicable, amounts in excess of the allowable rent expense are recorded on Schedule A, Column E, as a non-allowable expense	N/A	Excess Reported as Non-Allowable in Schedule A						

*If the provider has more than eight properties that are leased from a related party, the provider must submit a supplemental schedule listing each property separately. For each property on the supplemental schedule, the provider should include the same amount of information as required on this schedule.

SCHEDULE G – RELATED PARTY TRANSACTIONS

2a. Are there any related party transactions for management services, administrative services, professional services and/or other services? Yes

2b. If the answer to 2a is yes, please provide the required information for each applicable transaction below.**

RELATED PARTY TRANSACTION DETAILS:		Transaction 1	Transaction 2	Transaction 3	Transaction 4	Transaction 5	Transaction 6	Transaction 7	Transaction 8
1	Type of service performed by the related party	Professional	Management						
2	If "Other" is selected in Line 1 above, please describe								
3	The nature of the relationship(s) involved	Family Member	Parent Company						
4	If "Other " is selected in Line 3 above, please describe								
5	Name of the related party	XYZ Consulting	ABC Corp.						
6	Related party's actual cost for services provided during the cost reporting period	\$ 2,500	\$ 8,698						
7	Amount paid to the related party by the provider for services provided during the current cost reporting period	\$ 2,500	\$ 9,568						
8	Basis for allocation (if applicable)	N/A	Proportional to Waiver expenses						
9	If "Other " is selected in Line 8 above, please describe								
10	Schedule where applicable expenses are reported (Schedule D, Schedule D-1, Schedule D-2, Schedule D-3, Schedule F, Schedule I or Schedule J)	Schedule F	Schedule F						
Confirm current related party expenses for each transaction meet the following requirements:									
11	Allowable costs are limited to the lesser of the actual cost of the goods or services incurred by the related party or the amount paid to the related party by the provider	Reported Expenses are Lesser of	Reported Expenses are Lesser of						
12	If applicable, amounts in excess of the allowable expense are recorded on Schedule A, Column E, as a non-allowable expense	N/A	Excess Reported as Non-Allowable in Schedule A						

** If the provider has more than eight related party transactions for management, administrative, professional and/or other services, the provider must submit a supplemental schedule listing each transaction separately. For each transaction on the supplemental schedule, the provider should include the same amount of information as required on this schedule. Ongoing transactions throughout the cost reporting period such as professional services payments can be combined into one entry for each related party.

SCHEDULE G – RELATED PARTY TRANSACTIONS

2c. Use the space below to provide additional information, as needed, for properties and/or transactions disclosed in 1b and/or 2b above.***

Transaction 1: IT consulting services were provided by XYZ Consulting. XYZ Consulting is owned by a family member of one of the officers of the company. This contract went through a competitive bid process with 2 other firms to ensure the terms were reasonable.

*** Use the Comments tab or a supplemental schedule if additional space is needed to provide detail necessary to adequately describe any transactions disclosed in 1b and/or 2b above.

EXAMPLE

SCHEDULE H – PROGRAM EXPENSE ALLOCATION PROCEDURES

Any expense allocable to a particular service may not be shifted to other services to overcome funding deficiencies or to avoid other restrictions imposed by law or terms of an award or program. Please use comments tab if additional space is needed.

1. Allocation Methodology Across Procedure Codes Within Waiver Line of Business:

Please use the drop-down boxes in Column B to indicate which expenses are actual and which are allocated. For those categories that are allocated, please use the drop-down boxes in Column C to indicate the basis for allocation.

	A	B	C
	Expense Category	Allocated or Actual	Basis for Allocation
1	Program Direct Care Staff Salary/Wages (Schedule D)	Actual	
2	Program Direct Care Staff ERE (Schedule D)	Actual	
3	Other Program Staff Salary/Wages (Schedule D-1)	Allocated	Actual time spent or billed
4	Other Program Staff ERE (Schedule D-1)	Allocated	Direct charge
5	Contracted Staff (Schedule D-2)	Actual	
6	Administrative Staff Salary/Wages (Schedule D-3)	Allocated	Other
7	Administrative Staff ERE (Schedule D-3)	Allocated	Other
8	Program Supplies (Schedule F)	Actual	
9	Other Vehicle Expense (Schedule E-1)	Allocated	Mileage log
10	Other Program Expense (Schedule F)	Allocated	Other
11	Transportation - Participant Motor Vehicle (Schedule E-1)	Allocated	Mileage log
12	Transportation - Participant (Schedule I)	Allocated	Mileage log
13	Other Occupancy Expense (Schedule F-1)	Allocated	Square footage
14	Depreciation - Buildings (Schedule E)	Allocated	Square footage
15	Depreciation - Fixed Assets/Equipment (Schedule E-2)	Allocated	Other
16	Residential Occupancy Expense (Schedule J)	Allocated	Other

2. Description of Allocation Methodology for "Other" Allocation Basis:

If your response to Question 1 indicates "Other" as the basis for allocation, please explain the method used and how such method results in a fair and equitable distribution of expenses.

For administrative staff, staff kept logs of how they spent their time for approximately an 8 week period during the first 1/2 of the year and an 8 week period during the second 1/2 of the year. The result of that time study was used to allocate administrative staff time. Administrative ERE was allocated in the same way. Fixed assets, if directly attributable to the Waiver program, were assigned to the Waiver based upon actual depreciation charges. If not directly attributable, but still used in some way for Waiver, depreciation was charged based upon the percentage of square footage used for Waiver participants versus other programs. See comments tab for further explanation.

3. Allocation Methodology Across Lines of Business:

Please explain the methodology used to allocate total provider expenses across categories (Other LOB, Base, Fee Schedule and Outcomes-Based, Excluded Non-Allowable Waiver and Waiver) on Schedule A (Columns B through F) and describe how the method results in a fair and equitable distribution of expenses.

In addition to Waiver services and participants, our organization provides services to Base-funded individuals and some services that are contracted with other DPW agencies (e.g. OLTL). For cost categories that could not be directly attributed to one of our lines of business, costs were removed based upon the percent of Base-funded individuals to Waiver participants to determine excluded LOB expenses related to column B and C. Column D is based upon actual fee schedule billings for Waiver participants. Column E was either specifically identified and/or allocated using the methodology described in #2 (time studies).

4. Supporting Documentation Indication:

Has additional supporting documentation been uploaded or provided on the Comments tab?

YES or NO

Yes

5. Change in Methodology Indication:

Is your method of allocating program service expenses consistent from year to year? If "no", provide explanation on the Comments tab.

Yes

6. Allocation Reasonable in Proportion to Benefit:

Are expenses allocated to services reasonable in proportion to benefits received? If "no", provide explanation on the Comments tab.

Yes

SCHEDULE I – PARTICIPANT TRANSPORTATION EXPENSES (WAIVER-RELATED)

(Report expenses specific to the service locations and procedure codes included in the Cost Report. Expenses incurred on fee schedule transportation services should not be reported on this schedule.)

		A
		Waiver Expense
PARTICIPANT TRANSPORTATION EXPENSES:		
1	Lease/Loan Charge	
2	Fuel	\$ 21,701
3	Maintenance	\$ 4,700
4	Insurance	\$ 15,366
5	License/Registration/Taxes	\$ 1,600
6	Reimbursed Mileage	\$ 3,750
7	Other (provide an itemization in Comments tab if greater than \$10,000 or 5% of Total Participant Transportation Expense on Line 8)	
8	TOTAL PARTICIPANT TRANSPORTATION EXPENSE	\$ 47,117

SCHEDULE J - RESIDENTIAL OCCUPANCY EXPENSES
(Report expenses specific to the service locations on this Cost Report)

		A
RESIDENTIAL OCCUPANCY EXPENSES:		Expense for Waiver Participants
Personnel Expenses		
1	Wages and Salaries	\$ 7,246
2	Wages and Salaries - Food Preparation Worker	\$ 21,035
3	Employee Benefits	\$ 2,164
4	Employee Benefits - Food Preparation Worker	\$ 5,860
5	Purchased Personnel	
6	Other Personnel Costs (provide an itemization in Comments tab if Other Personnel Costs are greater than \$10,000 or 5% of the sum of Lines 1-6)	\$ 2,500
Depreciation		
7	This line has been intentionally left blank	
8	Buildings - Depreciation (from Schedule E, Column G, Line 32)	\$ 13,861
9	Motor Vehicles - Depreciation (from Schedule E-1, Column G, Line 15)	\$ 1,864
10	Equipment - Depreciation (from Schedule E-2, Column G, Line 41)	\$ 150
11	Residential Adaptation	
Operating Expenses		
12	Rent	\$ 50,874
13	Real Estate Taxes	\$ 7,673
14	Cable	\$ 4,521
15	Communication	\$ 6,433
16	Electric	\$ 11,915
17	Heating	\$ 8,728
18	Sewage	\$ 3,184
19	Water	\$ 5,296
20	Clothing	
21	Facility Maintenance	\$ 3,686
22	Insurance - Property	\$ 6,889
23	Insurance - Other (Specify)	
24	Minor Repairs & Renovations (Residential Facility)	
25	Equipment Repairs (Residential Facility)	\$ 2,539
26	Food	\$ 8,460
27	Household Goods	\$ 8,230
28	Housekeeping	\$ 9,249
29	Other (provide an itemization in Comments tab if Other Operating Expenses are greater than \$10,000 or 5% of Total Residential Occupancy Expenses on Line 31)	\$ 3,214
30	Room and Board Portion of Family Living Home Stipends (from Schedule D-2, Column F, Line 30)	\$ 6,000
31	TOTAL RESIDENTIAL OCCUPANCY EXPENSES	\$ 201,571

COMMENTS PAGE

Schedule	Comments:
Certification Page	
Cert Page - Serv Locations	
Cert Page - Service Selection	

EXAMPLE

COMMENTS PAGE

Schedule	Comments:
A - Exp Rpt	
B - Income Stmt	<p>Line 10a, 10b and 10c are contributions from a fundraiser. We have allocated about 63% of the contributions to the Waiver. This allocation is consistent with our allocation methodology described in Schedule H, question #3.</p> <p>Lines 10d, 10e, and 10f, represent contributions that were restricted by the donor for services that are not Waiver related or funded. A copy of the donation terms and conditions can be provided upon request. Line 11a, 11b, 11c are community grants also restricted by the grantees for programs that are not Waiver related.</p>
D - Direct Care Staff	

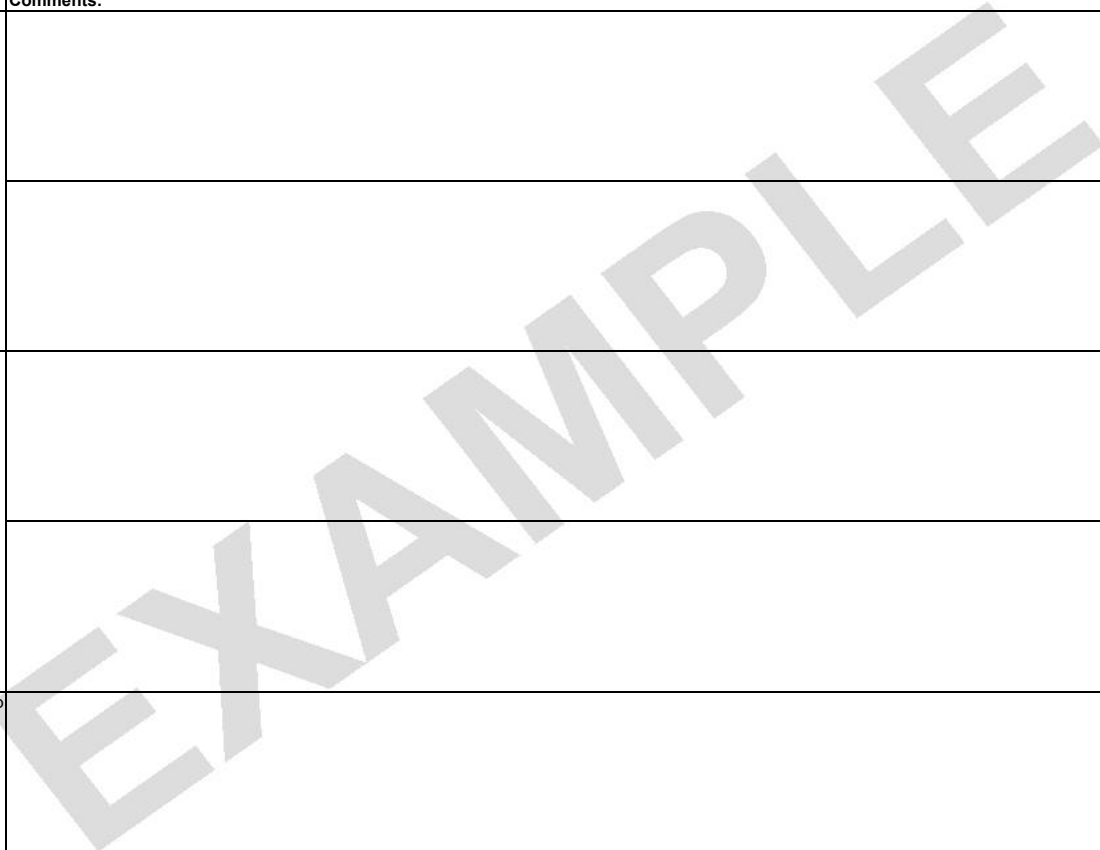
COMMENTS PAGE

Schedule	Comments:
D1 - Other Staff	
D2 - Contract Staff	
D3 - Admin Staff	

EXAMPLE

COMMENTS PAGE

Schedule	Comments:
E - Depr. Buildings	
E-1 - Depr. Motor Vehicles	
E-2-Depr Fixed Assets & Equip	



COMMENTS PAGE

Schedule	Comments:
F - Other Program Expenses	Refer to Supporting Schedule 1 of 2 for itemization of Line 1: Management Fees, Line 2: Professional Services, and Line 3: Advertising Fees that currently exceed thresholds from instructions.
F-1 - Admin-Program Occ Exp	
G - Related Party	The lessor expenses listed in Schedule G are the actual costs incurred by the owner of the property. We pay a lease payment of \$6,500. We have included the \$6,311 in the cost report on Schedule J, Line 12.

COMMENTS PAGE

Schedule	Comments:
H - Allocation Procedures	<p>Other program expense for management fees was allocated based upon the percentage of Waiver revenue as a percent of total revenue. Other program expense for the other line items was based on actual invoices. For schedule J, the wages for administrative staff on Line 6 were allocated based upon a time study, and the wages for other positions (food prep) were actual expenses.</p> <p>The remaining items on J are actual based upon invoices. See copy of audited cost allocation plan that has been uploaded as a supplemental schedule.</p>
I - Participant Transportation	<p>Refer to Supporting Schedule 2 of 2 for itemization of Line 6: Other Personnel Costs.</p>
J - Residential Occupancy	

Commonwealth of Pennsylvania
Office of Developmental Programs
Cost Report for the Consolidated & P/FDS Waiver Programs

PROVIDER NAME:	ABC Provider Agency
MPI NUMBER:	123456789
PERIOD OF REPORT:	07/01/2010 to 06/30/2011
COST REPORT:	1 of 1

PROVIDER USE PAGE

(Refer to Cost Report Instructions - Information reported on this tab will not be reviewed during Desk Review)

EXAMPLE