

ICF/MR COST STATEMENT

NAME ON LICENSE _____ PROVIDER NO. MS _____
 MAILING ADDRESS _____
 STREET ADDRESS _____ AFS BRANCH _____
 CITY, STATE, ZIP _____ PHONE _____

ACCOUNTING AND OTHER DATA

PERIOD OF THIS REPORT: FROM _____ THROUGH _____
 NUMBER OF DAYS IN ABOVE PERIOD _____ ENDING MONTH OF NORMAL/FISCAL YEAR _____

TYPE OF ORGANIZATION: INDIVIDUAL PARTNERSHIP PROPRIETARY CORPORATION

NON-PROFIT CORPORATION OTHER: _____
 NAME OF HOME OFFICE, IF ANY _____

ADDRESS _____ PHONE _____

ACCOUNTANT'S NAME AND/OR FIRM NAME _____

ADDRESS _____

THE BOOKS ARE KEPT AT: _____

DATE REC'D. PHONE 12/29/80	SUB. # 80-31 PO	D TETO D.C. 1/21/81
EFFECTIVE DATE 1/1/81	COMMENTS app 1/20/81	DATE TO STATE 1/21/81
PUBLIC BILLING RATES		DATE FILED 1/21/81

DURING THE TIME PERIOD COVERED BY THIS COST STATEMENT, THE RATES THAT WE CHARGED OUR PRIVATE RESIDENTS FOR ICF/MR SERVICES WERE:

INCLUSIVE DATES	CLASSIFICATION UNDER WHICH RATES WERE CHARGED*					
	#1	#2	#3	#4	#5	#6

*Submit an appropriate definition of each classification on a separate schedule and submit a copy with this cost report.

This cost statement has been prepared from information furnished without independent examination by me (us). Since my (our) procedures did not constitute an examination made in accordance with generally accepted auditing standards, I (we) do not express an opinion on these statements.

TITLE _____ DATE _____

Under penalties of law, I declare that I have examined this cost statement, including accompanying schedules and statements, and that this material is complete, accurate and true and prepared in accordance with the rules of the Adult and Family Services Division of the State of Oregon. I understand that any false statement, claim or document or concealment of material fact herein may be prosecuted under applicable federal or state law.

REVENUE

(1) + (2) + (3) = (4)

ACCOUNT #	ACCOUNT	FACILITY GROSS REVENUE	HOME OFFICE REVENUE	ADJ. & RECLASS.	NET PROVIDER REVENUE
<u>RESIDENT REVENUES</u>					
2120	Private Resident - ICF/MR				
2140	Private Resident-Other (Sch. A)				
2250	Other Governmental Supported Resident (Sch.A)				
2320	Medicaid Resident - ICF/MR				
2400	Physical Therapy				
2410	Speech Therapy				
2420	Occupational Therapy				
2500	Nursing Supplies				
2510	Prescription Drugs				
2520	Laboratory				
2530	X-Ray				
2600	Barber & Beauty Shop				
2610	Personal Purchase Income				
2700	Miscellaneous Resident Revenue (Sch. A)				
<u>OTHER REVENUE</u>					
2800	Grants				
2810	Donations				
2820	Interest Income				
2830	Rental Income - Facilities & Equip.				
2840	Staff & Guest Food Sales				
2850	Concession Income				
2900	Miscellaneous Revenue (Sch. A)				
TOTAL REVENUES					

Net Income per ICF/MR Cost Statement

Net Income per IRS Report

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Difference if any (Reconcile on Sch. A)

DATE REC'D. 12/29/80	SUB. # 80-31 P O	DATE TO D.C. 1/21/81
EFFECTIVE DATE 1/1/81		DATE TO STATE 1/21/81
COMMENTS app 1/30/81		DATE FILED 1/21/81

SCHEDULE OF BASE COSTS

ACCOUNT #	ACCOUNT	(1) FACILITY GROSS EXPENSE	(2) HOME OFFICE EXPENSE	(3) ADJUSTMENTS AND RECLASSIFICATION	(4) NET ALLOWABLE EXPENSES
<u>GENERAL & ADMINISTRATIVE</u>					
3310	Office Supplies & Printing				
3510	Legal & Accounting				
3520	Management Fees				
3530	Donated Services				
3610	Communications				
3711	Travel-Motor Vehicle-Medical				
3712	Travel-Motor Vehicle- Non-Medical				
3721	Travel-Other-Medical				
3722	Travel-Other-Non-Medical				
3809	Other Interest Expense				
3810	Advertising & Public Relations				
3820	Licenses & Dues				
3830	Bad Debts				
3840	Freight				
3910	Miscellaneous (Sch. A)				
	TOTAL GENERAL & ADMINISTRATIVE				

SHELTER

4310	Repair & Maintenance Supplies				
4510	Purchased Services				
4610	Real Estate & Personal Property Taxes				
4620	Rent				
4630	Lease				
4640	Insurance				
4710	Depreciation-Land Improvements				
4720	Depreciation-Building				
4730	Depreciation-Bldg. Equip.				
4740	Depreciation-Moveable Equip.				
4750	Depreciation-Leasehold Improvements				
4809	Interest				
4910	Miscellaneous (Sch. A)				
	TOTAL SHELTER				

UTILITIES

5610	Heating Oil				
5620	Gas				
5630	Electricity				
5640	Water, Sewage & Garbage				
	TOTAL UTILITIES				

DATE REC'D. 12/29/80	SUB. # 80-31 PO	D TETO DC. 11/1/80
EFFECTIVE DATE 11/1/80		DATE TO STATE 11/1/80
COMMENTS 447 1000		DATE FILED 11/1/80

SCHEDULE OF BASE COSTS

ACCOUNT #	ACCOUNT	(1) FACILITY GROSS EXPENSE	+	(2) HOME OFFICE EXPENSE	+	(3) ADJUSTMENTS AND RECLASSIFICATION	=	(4) NET ALLOWABLE EXPENSES
<u>LAUNDRY</u>								
6310	Laundry Supplies							
6315	Linen & Bedding							
6510	Purchased Laundry Services							
6910	Miscellaneous (Sch. A)							
	TOTAL LAUNDRY							
<u>HOUSEKEEPING</u>								
7310	Housekeeping Supplies							
7910	Miscellaneous (Sch. A)							
	TOTAL HOUSEKEEPING							
<u>DIETARY</u>								
8310	Dietary Supplies							
8410	Food							
8910	Miscellaneous (Sch. A)							
	TOTAL DIETARY							
<u>NURSING SUPPLIES & SERVICES</u>								
9310	Nursing Supplies							
9320	Drugs & Pharmaceuticals - Non-Prescription							
9330	Drugs & Pharmaceutical - Prescription Drugs							
9351	Pharmacy Services & Supplies							
9352	Lab Services & Supplies							
9353	X-Ray Services & Supplies							
9354	Recreational Supplies & Services							
9355	Rehabilitation Supplies & Services							
9510	Physician Fees							
9530	Day Treatment Supplies & Services (FSRTF Only)							
9950	Concession Supplies							
9955	Barber & Beauty Shop							
9960	Funeral & Cemetery							
9965	Personal Purchases							
9990	Miscellaneous (Sch. A)							
	TOTAL NURSING SUPPLIES & SERVICES							
	TOTAL BASE COSTS							

DATE R-C'D. <i>12/24/80</i>	SUB. # <i>80-31</i>	D. TO DC. <i>1/2/81</i>
EFFECTIVE DATE <i>1/1/81</i>	P O	LATE TO STATE <i>1/2/81</i>
COMMENTS		DATE FILED

ACCOUNT #	ACCOUNT	FACILITY GROSS EXPENSE	HOME OFFICE EXPENSE	ADJUSTMENTS AND RECLASSIFICATION	NET ALLOWABLE EXPENSES
<u>ADMINISTRATOR SALARIES</u>					
3110	Administrator Salary				
3231	Employee Benefits & Taxes				
	TOTAL				

OTHER ADMINISTRATIVE SALARIES

3120	Salary-Ass't Administrator				
3130	Salaries-Other Admin.				
3232	Employee Benefits & Taxes				
	TOTAL				

NURSING SALARIES

9110	Salaries-DNS				
9111	Salaries-RN				
9112	Salaries-LPN				
9291	Employee Benefits & Taxes				
	TOTAL				

DIRECT CARE SALARIES

9122	Salaries-Direct Care Staff				
9123	Salaries-Direct Care Supervisors				
9124	Salaries-Secure Ward Staff				
9125	Salaries-Secure Ward Supervisors				
9292	Employee Benefits & Taxes				
	TOTAL				

OTHER SALARIES

4110	Repair & Maintenance Salaries				
6110	Laundry Salaries				
7110	Housekeeping Salaries				
8110	Dietary Salaries				
9130	Salaries-Physician				
9131	Salaries-Pharmacy				
9132	Salaries-Laboratory				
9133	Salaries-X-Ray				
9134	Salaries-Activities (Occupational)				
9135	Salaries-Rehabilitation				
9140	Salaries-Religious				
9148	Salaries-Receiving Warehouse (FSRTF only)				
9149	Salaries-Other (Sch. A)				
9296	Employee Benefits & Taxes				
	TOTAL				

DATE REC'D. 12/29/80	SUB. # 80-31	DATE TO D.C. 1/21/81
EFFECTIVE DATE 1/1/81	P.O.	DATE TO STATE 1/21/81
COMMENTS 419 1/21/81		DATE FILED 1/21/81

SCHEDULE OF LABOR COSTS

ACCOUNT #	ACCOUNT	(1) FACILITY GROSS EXPENSE	(2) HOME OFFICE EXPENSE	(3) ADJUSTMENTS AND RECLASSIFICATION	(4) NET ALLOWABLE EXPENSES
<u>ACTIVE TREATMENT SERVICES</u>					
9150	Qualified Mental Retardation Professional				
9151	Registered Nurse Consultant (SRTF Only)				
9152	Psychologist				
9153	Social Worker				
9154	Speech Therapist				
9156	Occupational Therapist				
9157	Recreational Therapist				
9158	Physical Therapist				
9159	Dietitian				
9160	Dentist				
9161	Pharmacist				
9162	Skill Trainer/Program Coord.				
9170	Other Medical Consultants (Sch. A)				
9297	Employee Benefits & Taxes				
	TOTAL				

MEDICAL SERVICES (FSRTF only)

9180	Physician Services				
9181	Pharmacy Services				
9182	Laboratory Services				
9183	X-Ray Services				
9186	Nursing Services				
9187	Dental Services				
9188	Central Supply Services				
9298	Employee Benefits & Taxes				
	TOTAL				

DAY PROGRAM SERVICES (FSRTF only)

9190	Day Program Services				
9299	Employee Benefits & Taxes				
	TOTAL				
	TOTAL LABOR COSTS				
	TOTAL BASE & LABOR COSTS				

DATE R.C.D. <i>12/29/81</i>	SUB. # <i>80-31</i>	DATE TO STATE <i>1/1/82</i>
EFFECTIVE DATE <i>1/1/82</i>		DATE FILED <i>1/1/82</i>
COMMENTS <i>1009 - 1001</i>	FO	

SCHEDULE OF PAYROLL TAXES AND EMPLOYEE BENEFITS

ACCOUNT #	ACCOUNT	(1) FACILITY GROSS EXPENSE	+	(2) HOME OFFICE EXPENSE	+	(3) ADJUSTMENTS AND RECLASSIFICATION	=	(4) NET ALLOWABLE EXPENSES
3211	FICA							
3212	State Unemployment							
3213	Federal Unemployment							
3214	Worker's Compensation							
3215	Tri-Met							
3216	Other (Specify)							
3210	TOTAL PAYROLL TAXES							
3200	TOTAL EMPLOYEE BENEFITS & TAXES							

NOTE: The net allowable payroll taxes and employee benefits (column 4 above) are to be allocated to the appropriate sub-accounts in each "Labor Cost" category by actual cost, or by percentage of payroll category amount to the total facility payroll.

RETURN ON OWNER'S EQUITY CALCULATION

_____ Net Owner's Equity at Beginning of Period
 _____ Net Owner's Equity at End of Period
 _____ + 2 = _____ Average Owner's Equity
 X _____ Rate of Return
 = _____ Return on Owner's Equity

Note: The return on owner's equity is entered on Page 12, or, if an allocation is required, on Page 13.

DATE REC'D. 12/29/80
 EFFECTIVE DATE 1/1/81
 COMMENT: CAPP 1/20/81

SUB. # 80-31

DATE REC'D. 1/2/81
 EFFECTIVE DATE 1/1/81
 COMMENT: 1/2/81