## ANNUAL COST STUDY REPORT FY \_\_\_\_\_

It is important that actual allowable expenditures and units of service are reported by service category/sub-service category. Narrative descriptions of methodologies and related source documentation are to be attached.
SUBCONTRACTOR:

Service Categories	Total Allowable Substance Abuse Expenditures	Total Units of Service	Cost Per Unit of Service
Outpatient-Individual		(Hours)	
Outpatient-Group		(Hours)	
Intensive Outpatient		(Days)	
Sub-acute Detoxification		(Days)	
Short-Term Residential		(Days)	
Long-Term Residential		(Days)	

For Outpatient Only:
$\Box$ We further certify that we have checked the staff records, and they do meet the 55% Utilization Rate.

DATE: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

