

ANNUAL SUPPLEMENTAL COST INFORMATION

Service Category _____

Submitted by (Name of Provider): _____

FYE : _____

Date Submitted: _____

Prepared by (Staff Name/Title): _____

Instructions: One form must be completed for each different service category (i.e. Outpatient-Individual, Outpatient-Group, Intensive Outpatient, Residential, and Detox). If your program provides only substance abuse services, then column D would not apply and should be omitted. Please attach the method used to calculate the percent of administrative and support staff time attributable to substance abuse. Column F must include all substance abuse service units provided in this service category, regardless of payment source. Also, units of service provided need to be looked at in relation to available direct staff hours to determine that productivity is at least at the rate of 55%.

A. Expenditure Categories	B. Expenditure Amounts	C. Less Unallowable Costs (i.e. bad debt)	D. Portion of Mgmt. Costs Allocated to Substance Abuse	E. Allowable Service Category Cost	F. Total Units of Service Provided	G. Cost Per Unit of Service
Salaries						
Fringe Benefits						
Travel						
Supplies/Materials						
Contractual						
Other						
TOTAL						