



STATEMENT OF ACTUAL COSTS - IN-HOME SERVICES
 ND DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES/HCBS
 SFN 55 (10-2006)

STATE OFFICE USE ONLY:

Rate

Effective Date

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Designated Services

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COST CATEGORIES (column a)	COST OF DELIVERING IN-HOME CARES			TOTAL across (column e)
	Direct Cost of Providing Care (column b)	Supervision & Other Costs of Providing Care (column c)	Administrative Cost to Agency (column d)	
01. Salaries				
02. Social Security				
03. Unemployment Insurance				
04. Worker's Compensation				
05. Medical Insurance				
06. Retirement Benefits				
07. Other Benefits				
Subtotal (Lines 1-7)				
08. Travel to/from Client's Home				
09. Vehicle Costs				
10. Travel, Other				
11. Recruit Direct Care Staff				
12. Employee Expenses				
13. Office Supplies				
14. Telephone				
15. Office Space				
16. Utilities				
17. Janitorial				
18. Accounting/Billing				
19. Bonding				
20. Liability Insurance				
Total Allowable Costs				
21. Other Costs				
22. Operating Margin		23. Hours of direct care provided by staff		

Complete Supplement on Back

Supplement to Statement of Actual Costs for In-Home Services

Line 01: Direct Care Staff : # Full time _____ at salary ranges \$ _____
Part time _____ at salary range \$ _____ , hours/month _____
Supervisor(s) _____ at salary \$ _____ If part-time, number hours/month _____

If optional benefits are reported on Line 05, Line 06, or Line 07, indicate what specific additional benefit(s) are provided, number of employees receiving, and how cost to in-home service operation was determined.

Line 08: Travel to/from Client's Home: Total number of miles and rate per mile paid to employees for travel.

Line 09: Vehicle Costs: Total vehicle miles and those miles for in-home care. Itemize reported vehicle costs.

Line 10: Travel, Other - Identify purpose of this travel, number of miles and staff.

Line 12: Employee Expenses - Show cost per items/category included in amount reported.

Line 13: Office Supplies - Show cost per items/category included in amount reported.

Line 15: Office Space - How was amount determined.

Line 16: Utilities - How was amount determined.

Line 17: Janitorial - How was amount determined.

Line 20: Liability Insurance - Name of company and level of coverage.

Line 21: Other Costs - Itemize costs not shown elsewhere on report.

HOURLY RATE CHARGED TO PRIVATE PAY: _____ PER HOUR PER SERVICES IN COST REPORT

I HEARBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE COSTS ARE A TRUE AND ACCURATE STATEMENT PREPARED IN ACCORDANCE WITH THE RATE SETTING INSTRUCTIONS FOR QUALIFIED SERVICE PROVIDERS (QSPs) OF IN-HOME SERVICES. THE DEPARTMENT OF HUMAN SERVICES RESERVES THE RIGHT TO AUDIT AGENCY RECORDS.

Signature

Title

Date

Comments