

**INTERMEDIATE CARE FACILITIES  
(HABILITATIVE OR NURSING)  
INSTRUCTIONS FOR COMPLETING COST REPORT  
DHCS 3076 (05/2021)**

**Please read all instructions carefully before completing these forms.**

1. Submit an e-File cost report for each licensed facility within five months after the close of the facility's fiscal year.
2. You must complete all required pages in accordance with the instructions below.
3. Do not change the Line or Column descriptions under any circumstances. If an item does not conform to the cost centers specified, include the item in the "Other" category.
4. Report all dollar amounts in whole dollars. Do not include cents.
5. All financial records supporting the report should follow generally accepted accounting principles and rules, CMS Publication 15-1, California Administrative Code, Title 22 requirements, and Medi-Cal Provider Manual for Long-Term Care.
6. Prepare Cost reports using the Excel version. The Excel version must include a signed Certification Statement located on the [DHCS.ca.gov](https://dhcs.ca.gov) Forms and Publications website.
7. Submit completed cost reports and Certification Statements to [ICFDDHN.Submissions@dhcs.ca.gov](mailto:ICFDDHN.Submissions@dhcs.ca.gov).
8. A separate e-File submission cover letter is required for each facility and a home office. The subject line includes the facility name, NPI number, and the reported FYE. If an amended cost report is submitted, the subject line also includes the word "Amended" and the amended date.

Submission:                      Provider Name\_NPI\_FYE\_CR\_Submission Date

Example:                         ABCXYZ Care\_0000000000\_123116\_CR\_053017

**E-File Submission Requirements**

1. The e-File submission methodology does not affect the reporting requirements, criteria, or submission schedule outlined on the DHCS website at [DHCS.ca.gov](https://dhcs.ca.gov).

2. The date when e-File submissions are received will be used in lieu of the postmark date for establishing the beginning of the 36-month audit limitation period in accordance with Section 14170 of the Welfare and Institutions Code.
3. All cost reports must be submitted as an individual, stand-alone file document.

For assistance/questions, please contact CRTS at [ICFDDHN.Questions@dhcs.ca.gov](mailto:ICFDDHN.Questions@dhcs.ca.gov) or (916) 650-6696.

## COVER PAGE

This Worksheet will automatically populate based on the information entered on Page 1—Certification.

- Enter service level. If using Excel form, enter Habilitative or Nursing, whichever is applicable.

## PART A—GENERAL INFORMATION

The purpose of this page is to collect licensee information, the licensee's mailing address, the name of the person to contact for necessary information and to have the contents of the report certified. A licensee is defined as a legal entity, e.g., the organization to which the actual license is issued. Enter the facility name, NPI, and the fiscal period of the cost report, and this will carry forward to all the schedules.

1. Enter Facility Name
2. Enter State License Number
3. Enter NPI Number
4. Enter Facility Street Address
5. Enter Facility City
6. Enter facility ZIP code
7. Enter Mailing Address where official correspondence is received if different from facility
8. Enter Mailing Address City
9. Enter Mailing Address ZIP Code
10. Enter Name of Administrator. This should be the person who oversees the overall daily operations of one or more facilities
11. Enter Preparer Name or Contact Person to answer questions about the cost report
12. Enter Contact Person's E-mail address
13. Enter Contact Person's Phone Number (xxx) xxx-xxxx
14. Enter Mailing Address of Contact Person
15. Enter City of Contact Person
16. Enter ZIP Code of Contact Person
17. Enter Date Reporting Period Began (mm/dd/yyyy)
18. Enter Date Reporting Period Ended (mm/dd/yyyy)
19. Enter Name of Home Office, if applicable
20. Enter Home Office Phone Number (xxx) xxx-xxxx

**PART B—CERTIFICATION BY OFFICER OF THE HOME OFFICE**

Certification must be signed and dated by the Administrator, Controller, Corporate Officer, or member of the Board of Directors. The official signing the report must have the legal capacity to make commitments for the organization. If using Excel form, a PDF certification page must be signed and submitted with the Excel form.

21. Indicate if the report is being filed as a result of a change in ownership. If using Excel form, select from drop-down menu YES or NO.

**PAGE 2:**

**SECTION A—REQUEST FOR INFORMATION:** Complete questions 1, 2, and 3 by marking the appropriate box or, if using Excel form, select from drop-down boxes. If the answer to question 3 is “YES,” enter the requested trust fund information.

**SECTION B—LICENSEE DESCRIPTION:** Place an “X” in the appropriate Column indicating the type of control and the facility’s legal organization.

**SECTION C—FACILITY CENSUS**

- Line 1:** Enter the total number of licensed beds at the beginning of reporting period.
- Line 2:** Enter the total number of licensed beds at the end of the reporting period.
- Line 3:** Enter the total number of client days during the cost reporting period that was billed to the Medi-Cal Fee for Service programs. If client days were billed to Medi-Cal Managed Care during the cost reporting period, enter the total on the Medi-Cal Managed Care Column. In the Column marked “Other,” enter the number of client days during the cost reporting period that was billed to private pay or other insurance. **(If not completed, the cost report may be considered incomplete and subject to rejection.)**
- Line 4:** Enter the number of client discharges for Medi-Cal Fee-for-Service, Medi-Cal Managed Care, and Other in the respective Columns.
- Line 5:** Enter the number of admissions made during the reporting period for Medi-Cal Fee-for-Service, Medi-Cal Managed Care, and Other in the respective Columns.

**PAGE 3:**

**SECTION D—STATEMENT OF RELATED ORGANIZATIONS:** Complete the question by marking the appropriate box or, if using Excel form, select from drop-down box. If the answer to Section D is “YES,” enter the name of the “Home Office or Related Organization” and “Percent of Ownership.”

**SECTION E—STATEMENT OF HOME OFFICE COSTS:** Complete the question by marking the appropriate box or, if using Excel form, select from drop-down menu. If the answer is “YES,” you must file a home office cost report.

Home Office is a chain organization consisting of two or more facilities that are owned, leased, or by some device, controlled by one organization. Home offices usually furnish central management and administrative services such as centralized accounting, purchasing, payroll, personnel services, management direction and control, and other services. The home office cost report’s purpose is to allocate the home office cost to the facilities.

Filing a home office cost report is required when related party home costs are included on the facility cost report.

Enter the account, item, and amount of home office cost in the appropriate Column. For example:

<b>Account</b>	<b>Item</b>	<b>Amount</b>
Other Gen & Admin	H.O. overhead –rent, etc.	\$4,500 utilities

**Note:** Allocated home office costs should also be reported on Page 5. Reclassifications and Adjustments of Revenues and Expenses—Section I of the cost report. Refer to the Home Office Cost Report instructions for cost allocation guidelines.

**SECTION F—STATEMENT OF COMPENSATION TO OWNERS:** If the owner(s) is/are employed by the facility and/or organization, then enter the name(s) of the owners, their title and function, percent of ownership, the average number of hours worked per week, and compensation paid for the current fiscal year, and the prior fiscal year.

**SECTION G—STATEMENT OF COMPENSATION PAID TO ADMINISTRATOR (OTHER THAN OWNERS OR QMRP):** Complete the schedule with the requested information for the administrator who is neither an owner nor QMRP.

**PAGE 4 & 4.1:**

**SECTION H—STATEMENT OF INCOME AND EXPENSE WITH RECLASSIFICATIONS AND ADJUSTMENTS:** These pages are a summation of an ICF/DD (H or N) facility’s income and expenses presented in income statement form.

**Column 1—Description:** This Column is a description of each necessary line item account. The costs and revenues contained in each of these numbered accounts are defined in the Chart of Accounts.

**Column 2—Amount:** If you use the recommended Chart of Accounts, list the fiscal year-end account balances from the general ledger. If you are not, you must group your

costs to agree with the cost report accounts. See the Description of Accounts for details of costs to be included in each account.

**Column 3—Reclassification and Adjustments:** Post reclassifications and adjustments, including home office cost from Page 5, Column 1.

**Column 4—Total Amount:** Sum of Columns 2 and 3.

**PAGE 4:**

**Lines 005-015:** Revenue must be reported at usual and customary charges. On Line 006, report the Adult Day Services and Related Transportation reimbursement as detailed in the Welfare and Institutions Code 14132.925(b)(1).

**Line 025:** Contractual and other deductions are the differential, if any, between the amounts of the facility's gross charges and the amount received from third-party agencies.

**Line 035:** Include revenues such as earned interest, grants, regional center revenues, donations, etc.

**Line 045:** Report depreciation on owned homes and equipment, amortization of leasehold improvements, and start-up costs. Equipment includes tables and chairs, kitchen equipment, and various other furnishings. Start-up costs should be amortized over a five-year period. **Note:** This line item should *not* include depreciation of a home-owned van, which should be reported on Line 090-Client Transportation. Generally, asset lives should conform to the American Hospital Association estimated useful lives.

**Line 050:** Include normal monthly lease or rental payments related to the facility's physical property.

**Line 055:** Include real property taxes paid to a government agency.

**Line 060:** Include personal property taxes paid to a government agency.

**Line 065:** If the facility is making monthly payments for the building they occupy, report the amount of mortgage interest that is included in the payment.

**Line 070:** Include cost of insurance payments for protection against property-related liabilities. This includes fire, flood, earthquake, and liability insurance.

**Line 080:** Include cost of facility gardening, minor repairs, and housekeeping supplies, e.g., light bulbs, safety equipment, etc.

- Line 085:** Include payments for gas, electricity, water, garbage, telephone, or any other property-related utility.
- Line 090:** Include costs associated with a facility-owned or leased vehicle, vehicle insurance, gasoline, maintenance, vehicle interest, vehicle depreciation, and purchased services and bridge tolls. These costs should be net of regional center reimbursement. Exclude that portion of costs pertaining to personal use. Documentation is required to establish the business use of a personal vehicle. The minimum requirement is a log indicating each trip's date, purpose, and mileage.
- Line 095:** Include costs associated with food, kitchen supplies, and the costs of facility purchased meals.
- Line 100:** Include costs associated with client haircuts (excluding perms and special styling); weekend recreational outings and socialization experiences; and home linens and regular laundering care of clients' personal garments.  
**Note:** Do not include dry cleaning or special treatment for garments needing this care when the regular laundry services are not appropriate.

**PAGE 4.1:**

- Lines 115-215:** This segment reports wages and benefits for salaried and contracted staff for the entire cost reporting period. Benefits should include the employer portion of taxes, unemployment insurance costs, health insurance, sick leave, vacation, and other employer-paid benefits.
- Line 220:** Include salaries of administrator, office assistants, secretary, billing clerk bookkeeper, and/or accountant.
- Line 225:** Report the fringe benefit costs associated with the administrative staff, including employer-paid taxes, unemployment insurance, health insurance, sick leave, accrued vacation, and other employer-paid benefits.
- Line 226:** Report the Quality Assurance Fees paid in accordance with Health and Safety Code 1324 excluding Adult Day Services.
- Line 230:** Include postage, printing, legal fees, and general expenses resulting from administering the operations of the facility's business, excluding the cost associated with Adult Day Services and related transportation.
- Line 240:** Include costs associated with providing services not related to ICF/DD (H or N) program. This line should include costs such as workshops.

**Line 241:** Include cost associated with providing services pertaining ONLY to Adult Day Services and related transportation as specified in Welfare and Institutions Code Section 14132.925(b)(1). These consist of:

1. Direct Adult Day Services cost and related transportation costs
2. Regional center's administrative costs associated with making disbursement on behalf of the ICF/DD Provider for Adult Day Services
3. Salaries cost associated with ICF/DD's administrative staff responsible for performing the duties related to Adult Day Services
4. Quality Assurance Fee paid associated with Adult Day Services ONLY in accordance with Health and Safety Code 1324. (**Note:** The Quality Assurance fee for Adult Day Services is remitted quarterly to DHCS)

**PAGE 5:**

**SECTION I—RECLASSIFICATIONS AND ADJUSTMENTS OF REVENUES AND EXPENSES**

**Reclassification:** A reclassification is defined as an accounting entry that transfers costs from one account to another. Reclassifications will be necessary when revenue or expenses have been improperly classified. For example, building depreciation may have been included in an administrative account and needs to be transferred (reclassified) to a property-related account. State an explanation for the reclassification(s) in Column 3.

**Adjustments:** Adjustments are defined as transactions that must be made to eliminate nonreimbursable costs, or to abate revenues received, which are actual recoveries of costs through sales. For example, the cost of fundraising activities is not a reimbursable expense under the State ICF/DD (H or N) program. Any costs associated with fundraising which are included in general ledger expenses must be removed through an adjustment on Page 5. When the cost of a nonreimbursable activity is removed, so should any related revenue. Also, any revenues received for such items as a sale of scrap or salvage must be used to reduce the related expense. State adjustment explanations in Column 3.

**PAGE 6:**

**SECTION J—LABOR REPORT**

This report should reflect only direct costs incurred at the facility level.

**Column 1—Benefits:** Report employee benefits and, where applicable, consultant benefits. Include such items as employer portion of taxes, unemployment insurance costs, paid sick leave and accrued vacation, and other employer-paid benefits.

**Column 2—Salaries:** Report salaries and wages for the entire cost report period for salaried and contracted staff.

**Column 3—Total Hours:** Report hours actually spent providing required services. Do not include vacation, sick leave, holidays, or other paid time off. If a staff position is both salaried and contracted, use a slash mark to separate hours between salaried and contracted. Report salaried hours first.

**Column 4—Average Hourly Wage:** Report gross average hourly wage excluding benefits.