SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
FY 16/17 COST REPORT PROCESS

INSTRUCTIONS FOR COMPLETING CONTRACTOR COST REPORT

GENERAL INFORMATION:

1. All figures to complete the Cost Report are to be taken from your audited Financial Statements (if available) for the period July 1, 2016 through June 30, 2017.

2. Please include a copy of your audited Financial Statements for FY 16/17 with **each** completed Cost Report. If audited Financial Statements are unavailable by the due date for submission, please provide the unaudited Financial Statements used to prepare **each** Cost Report. If Financial Statements do not flow directly to **each** Cost Report, submit supporting schedules to trace numbers from the combined Financial Statements to **each individually submitted** Cost Report.

Please note that if your fiscal year is not the same as San Bernardino County's fiscal year (July 1, 2016 through June 30, 2017) you will have to submit multiple financial statements. For example, if you are on a January through December calendar year basis, you must submit financial statements for the July 1, 2016 through December 31, 2016 period **and** a second set of financial statements for the January 1, 2017 through June 30, 2017 period.

3. If you have a single contract with San Bernardino County which encompasses more than one Program Type (i.e. residential and non-residential services, SART & EIIS, etc.), ensure costs are allocated only to the program type as specified in the contract.

Do not distribute costs between program types to receive maximum reimbursement.

4. If your agency has multiple contracts with the County of San Bernardino, you need to prepare and submit a separate Cost Report for each contract your agency has with the County.

Contracts with multiple programs (i.e., SATS, CIS, & SAP), require a Cost Report for each program.

In addition, your agency needs to submit a "Legal Entity Cost Report". A Legal Entity Cost Report consolidates all your contracts into one summarized cost report.

5. Prepare a separate MH 1950/51 Settlement Form for each Cost Report you are submitting.

6. Be sure to complete all the appropriate information regarding your agency in the page headers.

Date - enter the date submitted to San Bernardino County.
If you submit a revised cost report, indicate the date of revision.
Legal Entity Name - enter the name of your agency **and** the contract number.
Legal Entity Number - enter the legal entity number of your agency.
Provider Number - enter the provider number of your agency. Please ensure this number is the same number on all of the MH 1950/1951 and Cost Report forms. This number should also be the same number found on the Schedule A.

7. Submit via email **and** regular mail one (1) copy of the completed Cost Report (per each contract and legal entity) and MH 1950/51 (with original signatures) to the San Bernardino County Department of Behavioral Health by Friday**, April 20, 2018.**

Send via email to: DBH-CFR@dbh.sbcounty.gov

Send via Mail to:
Department of Behavioral Health
Attn: Cost Reporting Unit
303 E. Vanderbilt Way, 4th Floor
San Bernardino, CA 92415-0026

Download the most recent FY 16/17 Cost Report forms and instructions from the DBH website:
http://wp.sbcounty.gov/dbh/for-providers/fiscal