

# SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH FY 11/12 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, 2011 through June 30, 2012.
2. Please include a copy of your audited Financial Statements for FY 11/12 with the completed Cost Report. If audited Financial Statements are unavailable by the due date for submission, please provide the unaudited Financial Statements used to prepare the Cost Report. If Financial Statements do not flow directly to the Cost Report, submit supporting schedules to trace numbers from Financial Statements to the Cost Report forms.  
Please note that if your fiscal year is not the same as San Bernardino County's (July 1, 2011 through June 30, 2012) 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, 2011 through December 31, 2011 period **and** a second set of financial statements for the January 1, 2012 through June 30, 2012 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), 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 of San Bernardino. 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 contract your agency has with the County of San Bernardino.
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 Monday, **November 19, 2012.**

Send via email to: [epatrick@dbh.sbcounty.gov](mailto:epatrick@dbh.sbcounty.gov)

Send via Mail to:

County of San Bernardino  
Department of Behavioral Health  
Attn: Eric Patrick  
268 W.Hospitality Ln. Suite 400  
San Bernardino, CA 92415-0026

Download the most recent FY 11/12 Cost Report forms and instructions from the DBH website:  
<http://www.sbcounty.gov/dbh/ContactProviders/ContractProviders.asp#>