

***ICF/ID COST REPORT FORMAT  
CHECKLIST OF SUPPLEMENTAL SCHEDULES AND DOCUMENTATION***

---

---

Please provide the following information with your ICF/ID Medicaid Cost Report:

1. Detailed revenue and expense report or trial balance for each ICF/ID.
2. Actual final cost allocation based on actual cost and actual statistics.
3. Detailed revenue and expense report or trial balance for administrative overhead and other overhead, day program, and other overhead cost centers such as transportation, maintenance, or residential administrative.
4. Schedule of Medicaid adjustments to administrative costs, day program costs and other applicable overhead cost centers (only Medicaid allowable cost should be allocated to ICF/IDs).
5. Depreciation schedules, if applicable, for overhead cost centers (administrative, day program, transportation, maintenance, etc.).
6. Depreciation schedules for each ICF/ID.

I have included all of the above required schedules/reports or substitutes.

---

Preparer's Signature

---

Title

---

Date