RATE DEVELOPMENT - FACILITY COSTS

DS 6023 (Rev 10/2016)

Enhanced Behavioral Supports Home Community Crisis Home Other	A. FACILITY TYPE					
Vendor Name: Vendor # Address: Zip: City: State: Zip: C. CATEGORIES AND DESCRIPTIONS OF COSTS Total Monthly Cost Notes 1. Payroll Costs Total Monthly Cost Notes a. Administrator Salary	Enhanced Behavioral Supports Home Community Crisis Home Other					
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