

ALLOCATION OF GENERAL SERVICE COSTS TO
COMMUNITY MENTAL HEALTH CENTERS

PROVIDER CCN:

PERIOD:

WORKSHEET J-1,

ALLOC

COMPONENT CCN:

FROM _____
TO _____

PART II

COMMU

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO COMMUNITY MENTAL HEALTH CENTER COST CENTERS - STATISTICAL BASIS

PART II

CMHC COST CENTER (omit cents)		CAPITAL RELATED COST		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL (ACCUM. COST)	MAIN- TENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)		
		BLDGS & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (SQUARE FEET)								
0		1	2	4	4A	5	6	7	8		
1	Administrative and General									1	1
2	Skilled Nursing Care									2	2
3	Physical Therapy									3	3
4	Occupational Therapy									4	4
5	Speech Pathology									5	5
6	Medical Social Services									6	6
7	Respiratory Therapy									7	7
8	Psychiatric/Psychological Services									8	8
9	Individual Therapy									9	9
10	Group Therapy									10	10
11	Individualized Activity Therapies									11	11
12	Family Counseling									12	12
13	Diagnostic Services									13	13
14	Approved Patient Training & Education									14	14
15	Prosthetic and Orthotic Devices									15	15
16	Drugs and Biologicals									16	16
17	Medical Supplies									17	17
18	Medical Appliances									18	18
19	Durable Medical Equipment-Rented									19	19
20	Durable Medical Equipment-Sold									20	20
21	All Others									21	21
22	Totals (sum of lines 1-21)									22	22
23	Total Cost to be Allocated									23	23
24	Unit Cost Multiplier (see instructions)									24	24

Cont.)

FORM CMS-2552-10

09-13

ATION OF GENERAL SERVICE COSTS TO
UNITY MENTAL HEALTH CENTERS

PROVIDER CCN:

PERIOD:

WORKSHEET J-1,
PART II (CONT.)

COMPONENT CCN:

FROM _____
TO _____

- ALLOCATION OF GENERAL SERVICE COSTS TO COMMUNITY MENTAL HEALTH CENTER COST CENTERS - STATISTICAL BASIS

CORF COST CENTER (omit cents)	HOUSE- KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS- TRATION (DIRECT NURS. HRS)*	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY)	NON- PHYSICIAN ANES- THETISTS (ASSIGNED TIME)	
	9	10	11	12	13	14	15	16	17	18	19	
Administrative and General												1
Skilled Nursing Care												2
Physical Therapy												3
Occupational Therapy												4
Speech Pathology												5
Medical Social Services												6
Respiratory Therapy												7
Psychiatric/Psychological Services												8
Individual Therapy												9
Group Therapy												10
Individualized Activity Therapies												11
Family Counseling												12
Diagnostic Services												13
Approved Patient Training & Education												14
Prosthetic and Orthotic Devices												15
Drugs and Biologicals												16
Medical Supplies												17
Medical Appliances												18
Durable Medical Equipment-Rented												19
Durable Medical Equipment-Sold												20
All Others												21
Totals (sum of lines 1-21)												22
Total Cost to be Allocated												23
Unit Cost Multiplier (see instructions)												24

ALLOCATION OF GENERAL SERVICE COSTS TO
COMMUNITY MENTAL HEALTH CENTERSPROVIDER CCN:

COMPONENT CCN:
_____PERIOD:
FROM _____
TO _____WORKSHEET J-1,
PART II (CONT.)

PART II - ALLOCATION OF GENERAL SERVICE COSTS TO COMMUNITY MENTAL HEALTH CENTER COST CENTERS - STATISTICAL BASIS

CORF COST CENTER (omit cents)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA- MEDICAL EDUCATION (SPECIFY) (ASSIGNED TIME)						
		SALARY & FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)							
	20	21	22	23	24	25	26	27	28	
1 Administrative and General										1
2 Skilled Nursing Care										2
3 Physical Therapy										3
4 Occupational Therapy										4
5 Speech Pathology										5
6 Medical Social Services										6
7 Respiratory Therapy										7
8 Psychiatric/Psychological Services										8
9 Individual Therapy										9
10 Group Therapy										10
11 Individualized Activity Therapies										11
12 Family Counseling										12
13 Diagnostic Services										13
14 Approved Patient Training & Education										14
15 Prosthetic and Orthotic Devices										15
16 Drugs and Biologicals										16
17 Medical Supplies										17
18 Medical Appliances										18
19 Durable Medical Equipment-Rented										19
20 Durable Medical Equipment-Sold										20
21 All Others										21
22 Totals (sum of lines 1-21)										22
23 Total Cost to be Allocated										23
24 Unit Cost Multiplier (see instructions)										24