

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER CCN: _____
HHA CCN: _____

PERIOD: FROM _____ TO _____

WORKSHEET H-2, PART II

| HHA COST CENTER | CAPITAL RELATED COST | | EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES) | RECONCILIATION | ADMINISTRATIVE & GENERAL (ACCUM. COST) | MAINTENANCE & REPAIRS (SQUARE FEET) | OPERATION OF PLANT (SQUARE FEET) | |
|---------------------------------|---------------------------------|----------------------------------|---|----------------|--|-------------------------------------|----------------------------------|----|
| | BLDGS. & FIXTURES (SQUARE FEET) | MOVABLE EQUIPMENT (DOLLAR VALUE) | | | | | | |
| | 1 | 2 | | | | | | |
| 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 Home Health Aide | | | | | | | | 7 |
| 8 Supplies | | | | | | | | 8 |
| 9 Drugs | | | | | | | | 9 |
| 10 DME | | | | | | | | 10 |
| 11 Home Dialysis Aide Services | | | | | | | | 11 |
| 12 Respiratory Therapy | | | | | | | | 12 |
| 13 Private Duty Nursing | | | | | | | | 13 |
| 14 Clinic | | | | | | | | 14 |
| 15 Health Promotion Activities | | | | | | | | 15 |
| 16 Day Care Program | | | | | | | | 16 |
| 17 Home Delivered Meals Program | | | | | | | | 17 |
| 18 Homemaker Service | | | | | | | | 18 |
| 19 All Others | | | | | | | | 19 |
| 20 Totals (sum of lines 1-19) | | | | | | | | 20 |
| 21 Total cost to be allocated | | | | | | | | 21 |
| 22 Unit Cost Multiplier | | | | | | | | 22 |

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER CCN: _____
HHA CCN: _____

PERIOD: FROM _____ TO _____

WORKSHEET H-2, PART II (CONT.)

| HHA COST CENTER | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSE-KEEPING (HOURS OF SERVICE) | DIETARY (MEALS SERVED) | CAFETERIA (MEALS SERVED) | MAIN-TENANCE OF PERSONNEL (NUMBER HOUSED) | NURSING ADMINISTRATION (DIRECT NURS. HRS) | CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) | PHARMACY (COSTED REQUIS.) | MEDICAL RECORDS & LIBRARY (TIME SPENT) | |
|---------------------------------|---|----------------------------------|------------------------|--------------------------|---|---|--|---------------------------|--|----|
| | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| 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 Home Health Aide | | | | | | | | | | 7 |
| 8 Supplies | | | | | | | | | | 8 |
| 9 Drugs | | | | | | | | | | 9 |
| 10 DME | | | | | | | | | | 10 |
| 11 Home Dialysis Aide Services | | | | | | | | | | 11 |
| 12 Respiratory Therapy | | | | | | | | | | 12 |
| 13 Private Duty Nursing | | | | | | | | | | 13 |
| 14 Clinic | | | | | | | | | | 14 |
| 15 Health Promotion Activities | | | | | | | | | | 15 |
| 16 Day Care Program | | | | | | | | | | 16 |
| 17 Home Delivered Meals Program | | | | | | | | | | 17 |
| 18 Homemaker Service | | | | | | | | | | 18 |
| 19 All Others | | | | | | | | | | 19 |
| 20 Totals (sum of lines 1-19) | | | | | | | | | | 20 |
| 21 Total cost to be allocated | | | | | | | | | | 21 |
| 22 Unit Cost Multiplier | | | | | | | | | | 22 |

| ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS | | | | | | PROVIDER CCN: _____ | PERIOD: FROM _____ TO _____ | WORKSHEET H-2, PART II (CONT.) | |
|---|------------------------------|---------------------------------|--|---------------------------------|----------------------------------|-------------------------------|--|-----------------------------------|----|
| | | | | | | HHA CCN: | | | |
| HHA COST CENTER | SOCIAL SERVICE (TIME SPENT) | OTHER GENERAL SERVICE (SPECIFY) | NON-PHYSICIAN ANESTHETISTS (ASSIGNED TIME) | NURSING PROGRAM (ASSIGNED TIME) | INTERNS & RESIDENTS | | PARA-MEDICAL EDUCATION (SPECIFY) (ASSIGNED TIME) | | |
| | | | | | SALARY & FRINGES (ASSIGNED TIME) | PROGRAM COSTS (ASSIGNED TIME) | | | |
| | 17 | 18 | 19 | 20 | 21 | 22 | 23 | | |
| 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 | Home Health Aide | | | | | | | | 7 |
| 8 | Supplies | | | | | | | | 8 |
| 9 | Drugs | | | | | | | | 9 |
| 10 | DME | | | | | | | | 10 |
| 11 | Home Dialysis Aide Services | | | | | | | | 11 |
| 12 | Respiratory Therapy | | | | | | | | 12 |
| 13 | Private Duty Nursing | | | | | | | | 13 |
| 14 | Clinic | | | | | | | | 14 |
| 15 | Health Promotion Activities | | | | | | | | 15 |
| 16 | Day Care Program | | | | | | | | 16 |
| 17 | Home Delivered Meals Program | | | | | | | | 17 |
| 18 | Homemaker Service | | | | | | | | 18 |
| 19 | All Others | | | | | | | | 19 |
| 20 | Totals (sum of lines 1-19) | | | | | | | | 20 |
| 21 | Total cost to be allocated | | | | | | | | 21 |
| 22 | Unit Cost Multiplier | | | | | | | | 22 |