

COMPUTATION OF COMMUNITY MENTAL HEALTH CENTER PROVIDER COSTS

| | | |
|-------------------------|-----------------------|--------------------------|
| PROVIDER CCN: _____ | PERIOD: FROM _____ | WORKSHEET J-2, PART I |
| COMPONENT CCN: _____ | TO _____ | |

PART I - APPORTIONMENT OF CMHC COST CENTERS

| | (From Wkst. J-1, Pt. I, col. 28) | Total Component Charges | Ratio of Costs to Charges (col. 1 ÷ col. 2) | Title V Component Charges | Title V Component Costs (col. 3 x col. 4) | Title XVIII Component Charges | Title XVIII Component Costs (col. 3 x col. 6) | Title XIX Component Charges | Title XIX Component Costs (col. 3 x col. 8) | |
|----|---------------------------------------|-------------------------|---------------------------------------------|---------------------------|-------------------------------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 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 Therapy | | | | | | | | | 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 | All Others (1) | | | | | | | | | 19 |
| 20 | Totals (sum of lines 1 through 19) | | | | | | | | | 20 |

(1) Enter amount in column 1 from Worksheet J-1, Part I, column 28, line 21.