

COST ALLOCATION - HHA GENERAL SERVICE COST

PROVIDER CCN:  
\_\_\_\_\_  
HHA CCN: \_\_\_\_\_

PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

WORKSHEET H-1  
PART I

	NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS		PLANT OPERATION & MAINTENANCE 3	TRANS- PORTATION 4	SUBTOTAL (cols. 0-4) 4a	ADMINIS- TRATIVE & GENERAL 5	TOTAL (cols. 4a + 5) 6		
		BLDGS. & FIXTURES 1	MOVABLE EQUIPMENT 2							
		0	1							2
<b>GENERAL SERVICE COST CENTERS</b>										
1	Capital Related-Bldgs. and Fixtures									1
2	Capital Related-Movable Equipment									2
3	Plant Operation & Maintenance									3
4	Transportation (see instructions)									4
5	Administrative and General									5
<b>HHA REIMBURSABLE SERVICES</b>										
6	Skilled Nursing Care									6
7	Physical Therapy									7
8	Occupational Therapy									8
9	Speech Pathology									9
10	Medical Social Services									10
11	Home Health Aide									11
12	Supplies (see instructions)									12
13	Drugs									13
14	DME									14
<b>HHA NONREIMBURSABLE SERVICES</b>										
15	Home Dialysis Aide Services									15
16	Respiratory Therapy									16
17	Private Duty Nursing									17
18	Clinic									18
19	Health Promotion Activities									19
20	Day Care Program									20
21	Home Delivered Meals Program									21
22	Homemaker Service									22
23	All Others									23
24	Totals (sum of lines 1 through 23)									24