

## COST ALLOCATION - HHA GENERAL SERVICE COST

PROVIDER CCN:

PERIOD:

WORKSHEET H-1

HHA CCN:

FROM \_\_\_\_\_  
TO \_\_\_\_\_

PART I

	NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS		PLANT OPERATION & MAINTENANCE	TRANS- PORTATION	SUBTOTAL (cols. 0-4)	ADMINIS- TRATIVE & GENERAL	TOTAL (cols. 4a + 5)	
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
	0	1	2	3	4	4a	5	6	
GENERAL SERVICE COST CENTERS									
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
HHA REIMBURSABLE SERVICES									
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
HHA NONREIMBURSABLE SERVICES									
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