

COST ALLOCATION - HHA STATISTICAL BASIS

| | | | | PROVIDER CCN: | PERIOD: | WORKSHEET H-1, PART II | |
|-------------------------------------|--|----------------------------------|---|---------------------------|------------------------|---|----|
| | | | | HHA CCN: | FROM _____ TO _____ | | |
| | CAPITAL RELATED COSTS | | PLANT OPERATION & MAINTENANCE (SQUARE FEET) | TRANS-PORTATION (MILEAGE) | RECONCILIATION | ADMINIS-TRATIVE & GENERAL (ACCUM. COST) | |
| | BLDGS. & FIXTURES (SQUARE FEET) | MOVABLE EQUIPMENT (DOLLAR VALUE) | | | | | |
| | 1 | 2 | | | | | |
| 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 | Total (sum of lines 1-23) | | | | | | 24 |
| 25 | Cost To Be Allocated (per Worksheet H-1, Part I) | | | | | | 25 |
| 26 | Unit Cost Multiplier | | | | | | 26 |