

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.