

COMPUTATION OF COMMUNITY MENTAL HEALTH CENTER PROVIDER COSTS

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

PART II - APPORTIONMENT OF COST OF CMHC PROVIDER SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	(From Wkst. J-1, Pt. I, col. 29)	Total Component Charges	Ratio of Costs to Charges (1)	Title V Component Charges (2)	Title V Component costs (col. 3 x col. 4)	Title XVIII Component Charges (2)	Title XVIII Component costs (col. 3 x col. 6)	Title XIX Component Charges (2)	Title XIX Component costs (col. 3 x col. 8)	
	1	2	3	4	5	6	7	8	9	
21	Respiratory Therapy									21
22	Physical Therapy									22
23	Occupational Therapy									23
24	Speech Pathology									24
25	Medical Supplies Charged to Patients									25
26	Implantable Devices Charged to Patients									26
27	Drugs Charged to Patients									27
28	Total (sum of lines 21-28)									28
29	Total component costs. Add the amount from Pt. I, line 20, and the amounts from line 28, columns 5, 7, and 9. (3)									29

- (1) From Worksheet C, Part I, column 9, lines as appropriate
- (2) Charges for columns 4 and 8 are obtained from your records.
- (3) Transfer the amounts on line 28, columns 5, 7, and 9, as appropriate, to Worksheet J-3, line 1.