

COST ALLOCATION - HHA GENERAL SERVICE COST					PROVIDER CCN:	PERIOD :	WORKSHEET H-1	
					HHA CCN:	FROM _____	PART I	
						TO _____		
	NET EXPENSES FOR COST ALLOCATION (from Wkst. H, col. 10)	CAPITAL RELATED COSTS		PLANT OPERATION & MAINTENANCE	TRANS-PORTATION	SUBTOTAL (cols. 0 through 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							12
13	Drugs							13
14	DME							14
15	Telemedicine							15
HHA NONREIMBURSABLE SERVICES								
16	Home Dialysis Aide Services							16
17	Respiratory Therapy							17
18	Private Duty Nursing							18
19	Clinic							19
20	Health Promotion Activities							20
21	Day Care Program							21
22	Home Delivered Meals Program							22
23	Homemaker Service							23
24	All Others							24
25	Total (sum of lines 1-24)							25