

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS					PROVIDER CCN:	PERIOD: FROM _____ TO _____	WORKSHEET H-2, PART I			
					HHA CCN:					
HHA COST CENTER	From Wkst. H-1, Pt. I, col. 6, line	HHA TRIAL BALANCE (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0 through 3)	ADMINIS-TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	3A	4	5	6	
1	Administrative and General	5								1
2	Skilled Nursing Care	6								2
3	Physical Therapy	7								3
4	Occupational Therapy	8								4
5	Speech Pathology	9								5
6	Medical Social Services	10								6
7	Home Health Aide	11								7
8	Supplies	12								8
9	Drugs	13								9
10	DME	14								10
11	Telemedicine	15								11
12	Home Dialysis Aide Services	16								12
13	Respiratory Therapy	17								13
14	Private Duty Nursing	18								14
15	Clinic	19								15
16	Health Promotion Activities	20								16
17	Day Care Program	21								17
18	Home Delivered Meals Program	22								18
19	Homemaker Service	23								19
20	All Others	24								20
21	Totals (sum of lines 1-20) (2)									21
22	Unit Cost Multiplier: column 18, line 1 divided by the sum of column 18, line 21, minus column 18, line 1, rounded to 6 decimal places.									22

(1) Column 0, line 21 must agree with Wkst. A, col. 7, line 70.

(2) Columns 0 through 18, line 21 must agree with the corresponding columns of Wkst. B, Pt. I, line 70.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		PROVIDER CCN:		PERIOD:		WORKSHEET H-2, PART I		
		HHA CCN:		FROM _____	TO _____			
HHA COST CENTER		HOUSE KEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		7	8	9	10	11	12	13
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	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Telemedicine							11
12	Home Dialysis Aide Services							12
13	Respiratory Therapy							13
14	Private Duty Nursing							14
15	Clinic							15
16	Health Promotion Activities							16
17	Day Care Program							17
18	Home Delivered Meals Program							18
19	Homemaker Service							19
20	All Others							20
21	Totals (sum of lines 1-20) (2)							21
22	Unit Cost Multiplier: column 18, line 1 divided by the sum of column 18, line 21, minus column 18, line 1, rounded to 6 decimal places.							22

(2) Columns 0 through 18, line 21 must agree with the corresponding columns of Wkst. B, Pt. I, line 70.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		PROVIDER CCN:		PERIOD :		WORKSHEET H-2, PART I		
		HHA CCN:		FROM _____ TO _____				
HHA COST CENTER		NURSING AND ALLIED HEALTH EDUCATION	OTHER GENERAL SERVICE	SUBTOTAL (sum of cols. 3A through 15)	POST STEPDOWN ADJUSTMENTS	SUBTOTAL (cols. 16 ± 17)	ALLOCATED HHA A&G (see Pt. II)	TOTAL HHA COSTS
		14	15	16	17	18	19	20
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	Home Health Aide							7
8	Supplies							8
9	Drugs							9
10	DME							10
11	Telemedicine							11
12	Home Dialysis Aide Services							12
13	Respiratory Therapy							13
14	Private Duty Nursing							14
15	Clinic							15
16	Health Promotion Activities							16
17	Day Care Program							17
18	Home Delivered Meals Program							18
19	Homemaker Service							19
20	All Others							20
21	Totals (sum of lines 1-20) (2)							21
22	Unit Cost Multiplier: column 18, line 1 divided by the sum of column 18, line 21, minus column 18, line 1, rounded to 6 decimal places.							22

(2) Columns 0 through 18, line 21 must agree with the corresponding columns of Wkst. B, Pt. I, line 70.