05-16		TOKWI CI	PERIOD :		4130 (COI			
COST ALLOCATION - STATISTICAL BASIS			PROVIDER CCN:	PROVIDER CCN:			WORKSHEET B - 1	
					TO			
			CAP. REL.	CAP. REL.			ADMINIS-	
			BUILDINGS	MOVABLE	EMPLOYEE		TRATIVE	
			& FIXTURES	EQUIPMENT	BENEFITS		& GENERAL	
			(Square	(Dollar Value or	(Gross	RECONCIL-	(Accumulated	
	Cost Center Description		Feet)	Square Feet)	Salaries)	IATION	Cost)	
CEN.	TO A SERVICE COST SERVICES	0	1	2	3	4 A	4	+
	ERAL SERVICE COST CENTERS							1
	Capital-Related Costs - Buildings & Fixtures							1
	Capital-Related Costs - Movable Equipment							2
3	Employee Benefits							3
4	Administrative and General							4
	Plant Operation, Maintenance and Repairs							5
	Laundry and Linen Service							6
	Housekeeping							7
	Dietary							8
	Nursing Administration							9
	Central Services and Supply							10
	Pharmacy							11
	Medical Records and Library							12
13	Social Service							13
14	Nursing and Allied Health Education							14
15	Other General Service Cost							15
INPA	ATIENT ROUTINE SERVICE COST CENTERS							
30	Skilled Nursing Facility							30
31	Nursing Facility							31
32	ICF/IID							32
	Other Long Term Care							33
	TILLARY SERVICE COST CENTERS							
	Radiology					1		40
	Laboratory							41
	Intravenous Therapy							42
	Oxygen (Inhalation) Therapy							43
	Physical Therapy							44
	Occupational Therapy							45
	Speech Pathology					†	1	46
47	Electrocardiology					†	1	47
	Medical Supplies Charged to Patients					†	1	48
	Drugs Charged to Patients					t		49
	Dental Care - Title XIX only							50
	Support Surfaces							51
	Other Ancillary Service Cost							52
32	Other American y Service Cost			I				32

Rev. 8

COST ALLOCATION - STATISTICAL BASIS		PROVIDER CCN:		PERIOD: FROM TO		WORKSHEET B - 1	
Cost Center Description		CAP. REL. BUILDINGS & FIXTURES (Square Feet)	CAP. REL. MOVABLE EQUIPMENT (Dollar Value or Square Feet)	EMPLOYEE BENEFITS (Gross Salaries)	RECONCIL- IATION	ADMINIS- TRATIVE & GENERAL (Accumulated Cost)	
	0	1	2	3	4 A	4	1
OUTPATIENT SERVICE COST CENTERS							
60 Clinic							60
61 Rural Health Clinic (RHC)							61
62 FQHC							62
63 Other Outpatient Service Cost							63
OTHER REIMBURSABLE COST CENTERS							
70 Home Health Agency Cost							70
71 Ambulance							71
72 Outpatient Rehabilitation (specify)							72
73 CMHC							73
74 Other Reimbursable Cost							74
SPECIAL PURPOSE COST CENTERS							- 02
83 Hospice							83
84 Other Special Purpose Cost							84
89 Subtotals NON REIMBURSABLE COST CENTERS							89
							- 00
90 Gift, Flower, Coffee Shops and Canteen 91 Barber and Beauty Shop							90
91 Baroer and Beauty Snop 92 Physicians' Private Offices							91 92
93 Nonpaid Workers							93
94 Patients' Laundry							93
95 Other Nonreimbursable Cost					+	+	95
98 Cross Foot Adjustments							98
99 Negative Cost Center							99
102 Cost to be allocated (Per Wkst. B, Pt I.)							102
102 Cost to be anocated (Fet Wast, B, Ft I.) 103 Unit Cost Multiplier (Wkst, B, Pt I.)							102
103 Cont Cost Multiplier (Wkst. B, Pt. I) 104 Cost to be allocated (Per Wkst. B, Pt. II)							103
105 Unit Cost Multiplier (Wkst B, Pt. II)							104

41-330 Rev. 8

COST ALLOCATION - STATISTICAL BASIS			PROVIDER CCN:		PERIOD: FROM TO		WORKSHEET B-1	
Cost Center Description	PLANT OPER. MAINTENANCE & REPAIRS (Square Feet)	LAUNDRY & LINEN SERVICE (Pounds of Laundry)	HOUSE KEEPING (Hours of Service)	DIETARY (Meals Served)	NURSING ADMINIS- TRATION (Direct Nursing Hrs.)	CENTRAL SERVICES & SUPPLY (Costed Requisitions)	PHARMACY (Costed Requisitions)	
	5	6	7	8	9	10	11	1
GENERAL SERVICE COST CENTERS								
1 Capital-Related Costs - Buildings & Fixtures								
2 Capital-Related Costs - Movable Equipment								
3 Employee Benefits								
4 Administrative and General								
5 Plant Operation, Maintenance and Repairs								
6 Laundry and Linen Service								
7 Housekeeping								
8 Dietary								
9 Nursing Administration								
10 Central Services and Supply								1
11 Pharmacy								1
12 Medical Records and Library								1
13 Social Service								1
14 Nursing and Allied Health Education								1
15 Other General Service Cost								1
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Skilled Nursing Facility								3
31 Nursing Facility								3
32 ICF/IID								3
33 Other Long Term Care								3
ANCILLARY SERVICE COST CENTERS								
40 Radiology								4
41 Laboratory								4
42 Intravenous Therapy								4
43 Oxygen (Inhalation) Therapy								4
44 Physical Therapy								4
45 Occupational Therapy								4
46 Speech Pathology								4
47 Electrocardiology								4
48 Medical Supplies Charged to Patients								4
49 Drugs Charged to Patients								4
50 Dental Care - Title XIX only								5
51 Support Surfaces								5
52 Other Ancillary Service Cost								5

Rev. 8

COST ALLOCATION - STATISTICAL BASIS				PROVIDER CCN:		PERIOD:		
					FROM			
					TO			
	PLANT OPER.	LAUNDRY			NURSING	CENTRAL		
	MAINTENANCE	& LINEN	HOUSE		ADMINIS-	SERVICES		
	& REPAIRS	SERVICE	KEEPING	DIETARY	TRATION	& SUPPLY	PHARMACY	
	(Square	(Pounds of	(Hours of	(Meals	(Direct	(Costed	(Costed	
Cost Center Description	Feet)	Laundry)	Service)	Served)	Nursing Hrs.)	Requisitions)	Requisitions)	
	5	6	7	8	9	10	11	
OUTPATIENT SERVICE COST CENTERS								
60 Clinic								60
61 Rural Health Clinic (RHC)								61
62 FQHC								62
63 Other Outpatient Service Cost								63
OTHER REIMBURSABLE COST CENTERS								
70 Home Health Agency Cost								70
71 Ambulance								71
72 Outpatient Rehabilitation (specify)								72
73 CMHC								73
74 Other Reimbursable Cost								74
SPECIAL PURPOSE COST CENTERS								
83 Hospice								83
84 Other Special Purpose Cost								84
89 Subtotals								89
NON REIMBURSABLE COST CENTERS								
90 Gift, Flower, Coffee Shops and Canteen								90
91 Barber and Beauty Shop								91
92 Physicians' Private Offices								92
93 Nonpaid Workers								93
94 Patients' Laundry								94
95 Other Nonreimbursable Cost								95
98 Cross Foot Adjustments								98
99 Negative Cost Center								99
102 Cost to be allocated (Per Wkst. B, Pt I.)								102
103 Unit Cost Multiplier (Wkst. B, Pt I.)								103
104 Cost to be allocated (Per Wkst. B, Pt. II)								104
105 Unit Cost Multiplier (Wkst B, Pt. II)								105

41-332 Rev. 8

03-1			TORM CMS-			-			(Cont.)
COST ALLOCATION - STATISTICAL BASIS				PROVIDER CCN:		PERIOD:		WORKSHEET B - 1	
						FROM			
						TO			
		MEDICAL		NURSING &					
		RECORDS	SOCIAL	ALLIED	OTHER				
		& LIBRARY	SERVICE	HEALTH	GENERAL		POST		
		(Time	(Time	EDUCATION	SERVICE		STEP-DOWN		
	Cost Center Description	Spent)	Spent)	(Assigned Time)	COST	SUBTOTAL	ADJUSTMENTS	TOTAL	
		12	13	14	15	16	17	18	
GEN	ERAL SERVICE COST CENTERS								
1	Capital-Related Costs - Buildings & Fixtures								1
2	Capital-Related Costs - Movable Equipment								2
	Employee Benefits								3
4	Administrative and General								4
5	Plant Operation, Maintenance and Repairs								5
	Laundry and Linen Service								6
	Housekeeping								7
	Dietary								8
	Nursing Administration								9
	Central Services and Supply								10
	Pharmacy								11
	Medical Records and Library								12
	Social Service								13
	Nursing and Allied Health Education								14
	Other General Service Cost	- 							15
INIDA	TIENT ROUTINE SERVICE COST CENTERS								13
	Skilled Nursing Facility								30
									31
31	Nursing Facility ICF/IID								32
									33
	Other Long Term Care								33
	ILLARY SERVICE COST CENTERS								- 10
	Radiology								40
	Laboratory								41
	Intravenous Therapy								42
43	Oxygen (Inhalation) Therapy								43
44	Physical Therapy								44
	Occupational Therapy								45
46	Speech Pathology								46
	Electrocardiology								47
	Medical Supplies Charged to Patients								48
	Drugs Charged to Patients								49
50	Dental Care - Title XIX only								50
	Support Surfaces								51
52	Other Ancillary Service Cost								52

Rev. 7

COST ALLOCATION - STATISTICAL BASIS		1 Oldvi Civib	PROVIDER CCN:		PERIOD:	WORKSHEET B - 1		
COST ALLOCATION - STATISTICAL BASIS			PROVIDER CCN.		FROM		WORKSHEET B	- 1
	MEDICAL		NURSING &	1	ТО	T		$\overline{}$
	RECORDS	SOCIAL	ALLIED	GENERAL				
						DOCT		
	& LIBRARY	SERVICE	HEALTH EDU	SERVICE		POST		
	(Time	(Time	EDUCATION	COST	ar inmom a r	STEP-DOWN	mom. r	
Cost Center Description	Spent)	Spent)	(Assigned Time)	COST	SUBTOTAL	ADJUSTMENTS	TOTAL	_
	12	13	14	15	16	17	18	—
OUTPATIENT SERVICE COST CENTERS								
60 Clinic								60
61 Rural Health Clinic (RHC)								61
62 FQHC								62
63 Other Outpatient Service Cost								63
OTHER REIMBURSABLE COST CENTERS								
70 Home Health Agency Cost								70
71 Ambulance								71
72 Outpatient Rehabilitation (specify)								72
73 CMHC								73
74 Other Reimbursable Cost								74
SPECIAL PURPOSE COST CENTERS								
83 Hospice								83
84 Other Special Purpose Cost								84
89 Subtotals								89
NON REIMBURSABLE COST CENTERS								
90 Gift, Flower, Coffee Shops and Canteen								90
91 Barber and Beauty Shop								91
92 Physicians' Private Offices								92
93 Nonpaid Workers								93
94 Patients' Laundry								94
95 Other Nonreimbursable Cost								95
98 Cross Foot Adjustments								98
99 Negative Cost Center								99
102 Cost to be allocated (Per Wkst. B, Pt I.)								102
103 Unit Cost Multiplier (Wkst. B, Pt I.)								103
104 Cost to be allocated (Per Wkst. B, Pt. II)								104
105 Unit Cost Multiplier (Wkst B, Pt. II)			+					105
103 Onit Cost Multiplier (WKSt B, Pt. 11)								

41-334 Rev. 8