COST ALLOCATION - HHA STATISTICAL BASIS		1 ORIVI CIVIS-23+0-1			PROVIDER CCN:		PERIOD:		WORKSHEET H-1,	
				HHA CCN:		FROM TO		PART II		
		CAPITAL			1		1			
		RELATED COSTS		PLANT	l		ADMINIS-			
		BLDGS. &	MOVABLE	OPERATION &			TRATIVE			
	NET EXPENSES	FIXTURES	EQUIPMENT	MAINTENANCE	TRANS-		& GENERAL			
	FOR COST	(Square	(Dollar Value	(Square	PORTATION	RECONCIL-	(Accumulated			
	ALLOCATION	Feet)	or Square Feet)	Feet)	(Mileage)	IATION	Cost)	TOTAL		
GENERAL SERVICE COST CENTERS	0	I	2	3	4	5A	5	6		
1 Capital Related - Bldgs. and Fixtures									1	
Capital Related - Bidgs, and Fixtures 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			<u> </u>						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	
26 Cost to be allocated									26	
27 Unit Cost Multiplier									27	

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