

| ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS |                                 | PROVIDER CCN:                                   |                                    | PERIOD :            |   | WORKSHEET H-2, PART II           |   |  |    |
|---|---------------------------------|---|------------------------------------|---------------------|---|----------------------------------|---|--|----|
|   |                                 | HHA CCN:  |                                    | FROM _____ TO _____ |   |                                  |   |  |    |
| HHA COST CENTER   | CAPITAL RELATED COSTS           |   | EMPLOYEE BENEFITS (Gross Salaries) | RECONCILIATION      | ADMINISTRATIVE & GENERAL (Accumulated Cost) | OPERATION OF PLANT (Square Feet) | LAUNDRY & LINEN SERVICE (Pounds of Laundry) |  |    |
|   | BLDGS. & FIXTURES (Square Feet) | MOVABLE EQUIPMENT (Dollar Value or Square Feet) |                                    |                     |   |                                  |   |  | 1  |
| 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)      |   |                                    |                     |   |                                  |   |  | 21 |
| 22  | Total cost to be allocated      |   |                                    |                     |   |                                  |   |  | 22 |
| 23  | Unit Cost Multiplier            |   |                                    |                     |   |                                  |   |  | 23 |

| ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS |                              | PROVIDER CCN:                         |                             | PERIOD :   |   | WORKSHEET H-2, PART II         |   |                                  |
|---|------------------------------|---------------------------------------|-----------------------------|--|---|--------------------------------|---|----------------------------------|
|   |                              | HHA CCN:                              |                             | FROM _____   | TO _____  |                                |   |                                  |
| HHA COST CENTER   |                              | HOUSE-KEEPING<br>( Hours of Service ) | DIETARY<br>( Meals Served ) | NURSING ADMINIS-TRATION<br>( Direct Nursing Hrs. ) | CENTRAL SERVICES & SUPPLY<br>( Costed Requis. ) | PHARMACY<br>( Costed Requis. ) | MEDICAL RECORDS & LIBRARY<br>( Time Spent ) | SOCIAL SERVICE<br>( Time Spent ) |
|   |                              | 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)   |                                       |                             |  |   |                                |   | 21                               |
| 22  | Total cost to be allocated   |                                       |                             |  |   |                                |   | 22                               |
| 23  | Unit Cost Multiplier         |                                       |                             |  |   |                                |   | 23                               |

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|---|------------------------------|---|-----------------------------------|---|---------------------------|------------------------------------|----------------------------------|-----------------|----|
| HHA COST CENTER   |                              |   |                                   |   | HHA CCN:                  |                                    |                                  |                 |    |
|   |                              | NURSING AND ALLIED HEALTH EDUCATION ( Assigned Time ) | OTHER GENERAL SERVICE ( SPECIFY ) | 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)   |   |                                   |   |                           |                                    |                                  |                 | 21 |
| 22  | Total cost to be allocated   |   |                                   |   |                           |                                    |                                  |                 | 22 |
| 23  | Unit Cost Multiplier         |   |                                   |   |                           |                                    |                                  |                 | 23 |