ALLOCATION OF GENERAL SERVICE COSTS TO COST CENTERS FOR CMHC			PROVIDER CCN: COMPONENT CCN:		PERIOD: FROM TO		WORKSHEET J-1 PART I	
		NET					ADMINIS-	Τ
		EXPENSES FOR COST ALLOCATION	CAPITAL REI BUILDS. & FIXTURES	ATED COST MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	SUBTOTAL (cols. 0 through 3)	TRATIVE & GENERAL	
COMPONENT COST CENTER		0	1	2	3	3A	4	
	Administrative and General							1
2	Skilled Nursing Care							2
	Physical Therapy							3
4	Occupational Therapy							4
5	Speech Pathology							5
	Medical Social Services							6
	Respiratory Therapy							7
8	Psychiatric/Psychological Services							8
9	Individual Therapy							9
10	Group Therapy							10
11	Individualized Activity Therapy							11
	Family Counseling							12
13	Diagnostic Services							13

14 15

16 17

18

19

Appr. Patient Training & Education

Prosthetic and Orthotic Devices

19 Durable Medical Equipment - Rented

20 Durable Medical Equipment - Sold

22 Totals (sum of lines 1-21) (1)
23 Unit Cost Multiplier (see instructions)

16 Drugs and Biologicals

17 Medical Supplies18 Medical Appliances

21 All Other

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⁽¹⁾ Columns 0 through 18, line 22 must agree with the corresponding columns of Worksheet B, Part I, line 73, (subscripted line).

ALLOCATION OF GENERAL SERVICE COSTS TO COST CENTERS FOR CMHC			PROVIDER CCN: COMPONENT CCN:		PERIOD: FROM TO		WORKSHEET J-1 PART I	
	COMPONENT COST CENTER	PLANT OPERATION MAINTENANC & REPAIRS 5		HOUSE - KEEPING 7	DIETARY 8	NURSING ADMINIS- TRATION		
1	Administrative and General						1	
	Skilled Nursing Care						2	
3	Physical Therapy						3	
	Occupational Therapy						4	
	Speech Pathology						5	
	Medical Social Services						6	
	Respiratory Therapy						7	
	Psychiatric/Psychological Services						8	
9	Individual Therapy						9	
10	Group Therapy						10	
	Individualized Activity Therapy						11	
	Family Counseling						12	
	Diagnostic Services						13	
	Appr. Patient Training & Education						14	
	Prosthetic and Orthotic Devices						15	
16	Drugs and Biologicals						16	
17	Medical Supplies						17	
18	Medical Appliances						18	
	Durable Medical Equipment - Rented						19	
	Durable Medical Equipment - Sold						20	
	All Other						21	
22	Totals (sum of lines 1-21) (1)						22	
23	Unit Cost Multiplier (see instructions)						23	

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⁽¹⁾ Columns 0 through 18, line 22 must agree with the corresponding columns of Worksheet B, Part I, line 73, (subscripted line).

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ALLOCATION OF GENERAL SERVICE COSTS TO COST CENTERS FOR CMHC		PROVIDER CCN:		PERIOD:		WORKSHEET J-1		
					FROM TO		PART I	
			COMPONENT CCN:					
		1				NURSING &	T	_
		CENTRAL		MEDICAL		ALLIED	OTHER	
		SERVICES		RECORDS	SOCIAL	HEALTH	GENERAL	
		& SUPPLY	PHARMACY	& LIBRARY	SERVICES	EDUCATION	SERVICE	
	COMPONENT COST CENTER	10	11	12	13	14	15	_
1	Administrative and General						1	1
2	Skilled Nursing Care							2
3	Physical Therapy							3
	Occupational Therapy							4
	Speech Pathology							5
	Medical Social Services							6
	Respiratory Therapy							7
	Psychiatric/Psychological Services							8
	Individual Therapy							9
	Group Therapy							10
	Individualized Activity Therapy							11
	Family Counseling							12
	Diagnostic Services							13
	Appr. Patient Training & Education							14
	Prosthetic and Orthotic Devices							15
16	Drugs and Biologicals							16
	Medical Supplies							17
	Medical Appliances							18
	Durable Medical Equipment - Rented							19
	Durable Medical Equipment - Sold							20
	All Other							21
	Totals (sum of lines 1-21) (1)							22
23	Unit Cost Multiplier (see instructions)							23

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⁽¹⁾ Columns 0 through 18, line 22 must agree with the corresponding columns of Worksheet B, Part I, line 73, (subscripted line).

ALLOCATION OF GENERAL SERVICE COSTS TO COST CENTERS FOR CMHC		PROVIDER CCN: COMPONENT CCN:		PERIOD: FROM TO		WORKSHEET J-1 PART I	
	COMPONENT COST CENTER	SUBTOTAL 16	POST STEP-DOWN ADJUSTMENTS	SUBTOTAL 18	ALLOCATED A & G (see Pt. II)	TOTAL (sum of cols. 18 and 19 () 20	
1	Administrative and General						1
	Skilled Nursing Care						2
	Physical Therapy						3
	Occupational Therapy						4
5	Speech Pathology						5
	Medical Social Services						6
7	Respiratory Therapy						7
8	Psychiatric/Psychological Services						8
	Individual Therapy						9
10	Group Therapy						10
11	Individualized Activity Therapy						11
12	Family Counseling						12
	Diagnostic Services						13
14	Appr. Patient Training & Education						14
15	Prosthetic and Orthotic Devices						15
	Drugs and Biologicals						16
17	Medical Supplies						17
	Medical Appliances						18
19	Durable Medical Equipment - Rented						19
20	Durable Medical Equipment - Sold						20
	All Other						21
22	Totals (Compaficated 191) (1)	Ī	1	Ī	İ	1	22

23 Unit Cost Multiplier (see instructions)

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⁽¹⁾ Columns 0 through 18, line 22 must agree with the corresponding columns of Worksheet B, Part I, line 73, (subscripted line).