3290 (Cont.)	FORM CMS-1728-94		06-01		
	PROVIDER NO.:	PERIOD:			
HOSPICE IDENTIFICATION DATA		FROM:	WORKSHEET S-5		
	HOSPICE NO.:	TO:			

PART I

-		Title	XVIII		Total	
			Unduplicated		Unduplicated	
			Skilled	Other	Days	
		Unduplicated	Nursing	Unduplicated	(sum of	
	Enrollment Days	Days	Facility Days	Days	cols. 1 & 3)	
		1	2	3	4	
1	Continuous Home Care					1
2	Routine Home Care					2
3	Inpatient Respite Care					3
	General Inpatient Care					4
5	Total Hospice Days					5

## PART II

			Title XVIII		<b>T</b> (1	
			Skilled		Total	
			Nursing		(sum of	
	Census Data	Title XVIII	Facility	Other	cols. 1 & 3)	
		1	2	3	4	
6	Number of Patients Receiving					6
	Hospice Care					
7	Total Number of Unduplicated					7
	Continuous Care Hours					
	Billable to Medicare					
8	Average Length of Stay (line 5 divided by line 6)					8
9	Unduplicated Census Count					9

NOTE: Parts I & II, column 1 also includes the days reported in column 2.

3290 (Cont.)				FORM CMS 1	728-94						05-07
RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALA	ANCE OF EXPENS	SES				PROVIDER N	IO:	PERIOD:		WORKSHEE	ΤK
							-	FROM:			
						HOSPICE NO	.:	TO:			
				CON-							
		EMPLOYEE		TRACTED							
	SALARIES	BENEFITS	TRANSPOR-	SERVICES				SUBTOTAL		TOTAL	
COST CENTER DESCRIPTIONS	(From	(From	TATION	(From		TOTAL	RECLAS-	(col. 6	ADJUST-	(col. 8	
	Wkst.K-1)	Wkst. K-2)	(See inst.)	Wkst. K-3)	OTHER	(cols. 1-5)	SIFICATION	± col. 7)	MENTS	± col. 9)	
	1	2	3	4	5	6	7	8	9	10	
GENERAL SERVICE COST CENTERS											
1 Capital Related Costs-Bldg and Fixt.											1
2 Capital Related Costs-Movable Equip.											2
3 Plant Operation and Maintenance											3
4 Transportation - Staff											4
5 Volunteer Service Coordination											5
6 Administrative and General	_										6
INPATIENT CARE SERVICE											<b>_</b>
7 Inpatient - General Care											7
8 Inpatient - Respite Care											8
VISITING SERVICES											
9 Physician Services											9
10 Nursing Care											10
10.20 Nursing Care - Continuous Home Care											10.2
11 Physical Therapy											11
12 Occupational Therapy											12
13 Speech/Language Pathology											13
14 Medical Social Services											14
15 Spiritual Counseling											15
16 Dietary Counseling											16
17 Counseling - Other											
18 Home Health Aide and Homemaker											18
18.20 Home Health Aide and Homemaker-Cont Home Care											18.2
19 Other OTHER HOSPICE SERVICE COSTS											19
20 Drugs, Biological and Infusion Therapy											20
20 Drugs, Biological and Infusion Therapy 20.30 Analgesics											20.3
20.30 Analgesics 20.31 Sedatives/Hypnotics											20.3
20.31 Sedauves/Hyphones 20.32 Other - specify											20.3
21 Durable Medical Equipment/Oxygen											20.3
22 Patient Transportation											21
23 Imaging Services											23
24 Labs and Diagnostics											24
25 Medical Supplies											25
26 Outpatient Services (incl. E/R Dept.)										1	23
20 Outpatient Services (Incl. E/K Dept.) 27 Radiation Therapy											20
28 Chemotherapy											28
29 Other						1	1			1	20
HOSPICE NONREIMBURSABLE SERV.											
30 Bereavement Program Costs											30
31 Volunteer Program Costs						1	1			1	31
32 Fundraising						1	1			1	32
33 Other Program Costs						1	1			1	33
So Guer rogium costs						-				+	34

FORM CMS-1728-94-K (5-2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3240)

05-07				FORM CMS	1728-94				3290 (Cont.)		
COMPE	ENSATION ANALYSIS - SALARIES AND WAGES					PROVIDER NO	D:	PERIOD:		WORKSHEET I	K-1
								FROM:			
						HOSPICE NO.:	:	TO:			
											1
	COST CENTER DESCRIPTIONS	ADMINIS		SOCIAL	SUPER-		TOTAL				
	(omit cents)	TRATOR	DIRECTOR	SERVICES	VISORS	NURSES	THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		1	2	3	4	5	6	7	8	9	
	GENERAL SERVICE COST CENTERS										
	Capital Related Costs-Bldg and Fixt.										1
	Capital Related Costs-Movable Equip.										2
3	Plant Operation and Maintenance										3
	Transportation - Staff										4
	Volunteer Service Coordination										5
6	Administrative and General										6
	INPATIENT CARE SERVICE										
	Inpatient - General Care										7
8	Inpatient - Respite Care										8
	VISITING SERVICES										
	Physician Services										9
	Nursing Care										10
	Nursing Care - Continuous Home Care										10.20
	Physical Therapy										11
	Occupational Therapy										12
	Speech/ Language Pathology										13
	Medical Social Services										14
	Spiritual Counseling										15
	Dietary Counseling										16
	Counseling - Other										17
	Home Health Aide and Homemaker										18
	Home Health Aide and Homemaker-Cont Home Care										18.20
19	Other										19
- 20	OTHER HOSPICE SERVICE COSTS										20
	Drugs Biological and Infusion Therapy										20
	Analgesics										20.30
	Sedatives/Hypnotics										20.31
	Other - specify Durable Medical Equipment/ Oxygen		1			-			-	-	20.32
	Patient Transportation	-							+		21
	Imaging Services										23
	Labs and Diagnostics										23
	Medical Supplies										24
	Outpatient Services (incl. E/R Dept.)										25
	Radiation Therapy										20
	Chemotherapy										28
	Other		1				1	1		1	20
	HOSPICE NONREIMBURSABLE SERV.										
30	Bereavement Program Costs		1								30
	Volunteer Program Costs							1			31
	Fundraising		1		1	1	1	1	1	1	32
-	Other Program Costs							1			33
	Total (sum of line 1 thru 33)										34
	sfer the amount in column 9 to Wkst K column 1	•		•	•		•				

FORM CMS-1728-94-K-1 (5-2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3241)

$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	3290 (Co	ont.)	FORM CMS 1728-94									
CKNY CENTRA DESCRIPTIONS (outloated)      ADMINS TRATCH      SUCIAL DIRECTOR      SUCIAL SUCIAL VESORS      NUESIS TUPAL (DESCRIPTIONS (ADDESCRIPTIONS)      ADDIS ALL OTTHE TUPAL ()      ADDIS ALL OTTHE TUPAL ()        GLANLAL SERVEC CONTENESS      12      3      4      5      6      7      8      9        1 Capital Related Cont. Move Rulps      12      3      4      5      6	COMPEN	NSATION ANALYSIS - EMPLOYEE BENEFITS (PAYR	ROLL RELATED)				PROVIDER NO	D:	PERIOD: FROM:		WORKSHEET F	K-2
(min cm)      TRATO      DIRECTOR      SURPSIS      TUREAPSITS      AUD STR.      AUD TTRAL.        1      2      3      4      5      6      7      8      9      7        1      Capita Related Cons-Nag and Fax.      1 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>HOSPICE NO.</th> <th>:</th> <th>TO:</th> <th></th> <th></th> <th></th>							HOSPICE NO.	:	TO:			
OENERAL SERVICE COT CENTERS      OD      OD </th <th></th> <th></th> <th>TRATOR</th> <th></th> <th>SERVICES</th> <th>VISORS</th> <th></th> <th>THERAPISTS</th> <th></th> <th></th> <th></th> <th></th>			TRATOR		SERVICES	VISORS		THERAPISTS				
1    Capital Related Costs Mug and First.    Image: Cost State Region.    Image: Cost State Region.      3    Plant Operation and Maintenance    Image: Cost State Region.    Image: Cost State Region.      4    Temportation - Staff    Image: Cost State Region.    Image: Cost State Region.    Image: Cost State Region.      5    Volunteer Service Conditionation    Image: Cost Region.    Image: Cost Region.    Image: Cost Region.      6    Maintenaive and Concernel.    Image: Cost Region.    Image: Cost Region.    Image: Cost Region.      7    Inguiner.    Cost Region.    Image: Cost Region.    Image: Cost Region.    Image: Cost Region.      8    Inguiner.    Cost Region.    Image: Cost Region.    Image: Cost Region.    Image: Cost Region.      9    Physician Service.    Image: Cost Region.    Image: Co		1	1	2	3	4	5	6	7	8	9	
2    Capital Related Coxt-Morable Equip.    Image of the second and the												
3    Plant Operation and Multitenance    Image: Conditation - Suff Conditation    Image: Conditation - Suff Conditation - Suff Conditation    Image: Conditation - Suff												1
4    Transportation - Swift    Image: Swite Conditation		• • • •										2
5    Volutier Service Conduction    Image: Constrainty and Greenel    Image: Constranty and Greenel    Image: Constrainty and G												3
6    Administrative and General    Image    Ima		*										4
INPATIENT CARE SERVICE:      Image: Construct of the service												5
7    Ipgatient - General Care    Image: Second Care </td <td>6</td> <td></td> <td>6</td>	6											6
8      Ingution: Resplic Care      Image: Care       Image: Care												
VisiTING SERVICES      Image: Continuous Home Care      Image: Care Continuous Home Care		*										7
9      Physician Services      Image: Care - Continuous Home Care      Image: Care - Care	8											8
10      Nursing Care      Image: Care Continuous Home Care      Image: Care Contis Home Care      Image: Care Continuous Home												
10.20 Nursing Care - Continuous Home Care    Image Status    Image Status <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>9</td></t<>												9
11    Physical Therapy    Image Pathlogy    Image Pathlogy<	10	Nursing Care										10
12    Occupational Therapy    Image: Consenting    Image: Consent												10.20
13      Speech Language Pathology <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>11</td></t<>												11
14    Medical Sorivices    Image: Conseling    Image: Conse												12
15    Spiritual Counseling    Image: Spiritual Counselin												13
16      Dietary Counseling      Image:												14
17    Counseling - Other    Image: Counseling - Other		1 5										15
18Home Health Aide and HomemakerImage: Constraint of the second se												16
18.20    Home Health Aide and Homemaker-Cont Home Care    Image: Cont Home Care    Image: Co												17
19OtherImage: Construction of the construction of th												18
OTHER HOSPICE SERVICE COSTSImage: Cost of the second s												18.20
20Drugs Biological and Infusion TherapyImage: Constraint of the second se	19											19
20.30AnalgesicsImage in the image in												
20.31 Sedatives/Hypnotics </td <td></td> <td>20</td>												20
20.32Other - specifyImage: Specify												20.30
21Durable Medical Equipment/ OxygenImageIma												20.31
22Patient TransportationImaging ServicesImaging ServicesImaging ServicesImaging Services23Imaging ServicesImaging ServicesImaging ServicesImaging ServicesImaging ServicesImaging Services24Labs and DiagnosticsImaging ServicesImaging ServicesImaging ServicesImaging ServicesImaging Services25Medical SuppliesImaging Services (incl. E/R Dept.)Imaging Services (incl. E/R Dept.)Imaging ServicesImaging ServicesImaging Services26Outpatient Services (incl. E/R Dept.)Imaging ServicesImaging ServicesImaging ServicesImaging ServicesImaging Services27Radiation TherapyImaging ServicesImaging ServicesImaging ServicesImaging ServicesImaging Services29OtherImaging ServicesImaging ServicesImaging ServicesImaging ServicesImaging Services30Bereavement Program CostsImaging ServicesImaging ServicesImaging ServicesImaging ServicesImaging Services33Other Program CostsImaging ServicesImaging ServicesImaging ServicesImaging ServicesImaging ServicesImaging Services33Other Program CostsImaging ServicesImaging ServicesImaging ServicesImaging ServicesImaging Services33Other Program CostsImaging ServicesImaging ServicesImaging ServicesImaging ServicesImaging ServicesImaging Services33Other Program CostsImaging Services												20.32
23Imaging ServicesImaging Services <td></td> <td>21</td>												21
24Labs and DiagnosticsImage: constraint of the services of t		*										22
25Medical SuppliesImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)26Outpatient Services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)27Radiation TherapyImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)28ChemotherapyImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)29OtherOtherImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)30Bereavement Program CostsImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)31Volunteer Program CostsImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)33Other Program CostsImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)33Other Program CostsImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)Image: Constraint of the servic												23
26Outpatient Services (incl. E/R Dept.)Image: Constraint of the services of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)27Radiation TherapyImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)28ChemotherapyImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)29OtherImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)30Bereavement Program CostsImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)31Volunteer Program CostsImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)33Other Program CostsImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)33Other Program CostsImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)33Other Program CostsImage: Constraint of the services (incl. E/R Dept.)Image: Constraint of the services (incl. E/R Dept.)												24
27Radiation TherapyImage: Constraint of the second s												25
28Chemotherapy28Che												26
29OtherOtherImage: Constraint of the second												27
HOSPICE NONREIMBURSABLE SERV.    Image: Constraint of the second												28
30    Bereavement Program Costs    Image: Costs	29											29
31  Volunteer Program Costs												
32      Fundraising      Image: Control of the second												30
33 Other Program Costs												31
												32
34 Total (sum of line 1 thru 33)												33
(1) Transfer the quemp 1 is column 2 is												34

(1) Transfer the amount in column 9 to Wkst K, column 2 FORM CMS-1728-94-K-2 (5-2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3242)

05-07		FORM CMS	1728-94				3290 (Cont				
COMPE	NSATION ANALYSIS - CONTRACTED SERVICES/PU	JRCHASED SERV	/ICES			PROVIDER N	C:	PERIOD:		WORKSHEET I	K-3
								FROM:			
						HOSPICE NO.	:	TO:			
											1
	COST CENTER DESCRIPTIONS	ADMINIS		SOCIAL	SUPER-		TOTAL				
	(omit cents)	TRATOR	DIRECTOR	SERVICES	VISORS	NURSES	THERAPISTS	AIDES	ALL OTHER	TOTAL (1)	
		1	2	3	4	5	6	7	8	9	
	GENERAL SERVICE COST CENTERS										
	Capital Related Costs-Bldg and Fixt.										1
	Capital Related Costs-Movable Equip.										2
	Plant Operation and Maintenance										3
	Transportation - Staff										4
	Volunteer Service Coordination										5
6	Administrative and General										6
	INPATIENT CARE SERVICE										
	Inpatient - General Care										7
8	Inpatient - Respite Care					_					8
	VISITING SERVICES										
	Physician Services										9
	Nursing Care										10
	Nursing Care - Continuous Home Care										10.20
11	Physical Therapy										11
12	Occupational Therapy										12
	Speech/ Language Pathology										13
	Medical Social Services										14
	Spiritual Counseling										15
	Dietary Counseling										16
	Counseling - Other										17
	Home Health Aide and Homemaker										18
	Home Health Aide and Homemaker-Cont Home Care										18.20
19	Other										19
	OTHER HOSPICE SERVICE COSTS										
	Drugs, Biological and Infusion Therapy										20
	Analgesics										20.30
	Sedatives/Hypnotics										20.31
	Other - specify										20.32
	Durable Medical Equipment/Oxygen										21
	Patient Transportation										22
	Imaging Services										23
	Labs and Diagnostics										24
	Medical Supplies										25
	Outpatient Services (incl. E/R Dept.)										26
	Radiation Therapy										27
	Chemotherapy										28
29	Other										29
	HOSPICE NONREIMBURSABLE SERV.					-					
	Bereavement Program Costs					+	-	ł	+		30
	Volunteer Program Costs					+		-	+		31
	Fundraising										32
	Other Program Costs										33 34
	Total (sum of line 1 thru 33) sfer the amount in column 9 to Wkst K, column 4		1				1	1		1	54

FORM CMS-1728-94-K-3 (5-2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3243)

3290 (Cont.)		FORM CMS 1	728-94		05-07						
COST ALLOCATION - HOSPICE GENERAL SERVICE COST					PROVIDER NO	):	PERIOD: FROM:		WORKSHEET K-4 PART I		
					HOSPICE NO.:		TO:				
	NET									1	
COST CENTER DESCRIPTIONS	EXPENSES FOR COST ALLOC. (FR. WKST K,		RELATED DST MOVABLE	PLANT OPERATION	TRANS-	VOLUNTEER SERVICES COORDI-	SUBTOTAL	ADMINIS- TRATIVE &			
	COL. 10)	& FIXTURES	EQUIPMENT 2	& MAINT.	PORTATION 4	NATOR 5	(col. 0 - 5) 5A	GENERAL 6	TOTAL 7	_	
GENERAL SERVICE COST CENTERS	0	1	2	5	-+	5	JA	0	/		
1 Capital Related Costs-Bldg and Fixt.										1	
2 Capital Related Costs-Movable Equip.										2	
3 Plant Operation and Maintenance										3	
4 Transportation - Staff										4	
5 Volunteer Service Coordination										5	
6 Administrative and General					1	1				6	
INPATIENT CARE SERVICE											
7 Inpatient - General Care										7	
8 Inpatient - Respite Care										8	
VISITING SERVICES											
9 Physician Services										9	
10 Nursing Care										10	
10.20 Nursing Care - Continuous Home Care	-								-	10.20	
11 Physical Therapy											
11 Physical Inerapy 12 Occupational Therapy										11	
										12	
13 Speech/Language Pathology										13	
14 Medical Social Services - Direct										14	
15 Spiritual Counseling				-	-	-		-	-	15	
16 Dietary Counseling										16	
17 Counseling - Other										17	
18 Home Health Aide and Homemakers										18	
18.20 Home Health Aide and Homemaker-Cont Home Care										18.20	
19 Other										19	
OTHER HOSPICE SERVICE COSTS											
20 Drugs, Biologicals and Infusion										20	
20.30 Analgesics										20.30	
20.31 Sedatives/Hypnotics										20.31	
20.32 Other - specify										20.32	
21 Durable Medical Equipment/Oxygen										21	
22 Patient Transportation										22	
23 Imaging Services										23	
24 Labs and Diagnostics										24	
25 Medical Supplies										25	
26 Outpatient Services (incl. E/R Dept.)										26	
27 Radiation Therapy										27	
28 Chemotherapy										28	
29 Other										29	
HOSPICE NONREIMBURSABLE SERV.											
30 Bereavement Program Costs										30	
31 Volunteer Program Costs					1				1	31	
32 Fundraising					1					32	
33 Other Program Costs					1				1	33	
34 Total (sum of line 1 thru 33)		İ	l	l	1				1	34	

FORM CMS-1728-94-K-4 (5-2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3244)

05-07	FC	DRM CMS-1728-94	3290 (Cont.)						
COST ALLOCATION - HOSPICE STATISTICAL BA	ASIS		PROVIDER NO:		PERIOD: FROM:		WORKSHEET K-4 PART II		
			HOSPICE NO.:		TO:				
		. RELATED OST MOVABLE	PLANT		VOLUNTEER SERVICES		ADMINIS-		
COST CENTER DESCRIPTION	& FIXTURES	EQUIPMENT (DOLLAR VALUE) 2	OPERATION & MAINT. (SQ. FT.) 3	TRANS- PORTATION (MILEAGE) 4	COORDI- NATOR (HOURS) 5	RECON- CILIATION 6A	TRATIVE & GENERAL (ACC. COST) 6		
GENERAL SERVICE COST CENTERS	1	2	3	4	5	0A	0		
1 Capital Related Costs-Buildings and Fixtures								1	
2 Capital Related Costs-Monable Equipment								2	
3 Plant Operation and Maintenance								3	
4 Transportation-staff								4	
5 Volunteer Service Coordination								5	
6 Administrative and General		1		1				6	
INPATIENT CARE SERVICE									
7 Inpatient - General Care								7	
8 Inpatient - Respite Care		1	1	1	1		1	8	
VISITING SERVICES								-	
9 Physician Services								9	
10 Nursing Care								10	
10.20 Nursing Care - Continuous Home Care								10.20	
11 Physical Therapy								11	
12 Occupational Therapy								12	
13 Speech/ Language Pathology								13	
14 Medical Social Services - Direct								14	
15 Spiritual Counseling								15	
16 Dietary Counseling								16	
17 Counseling - Other								17	
18 Home Health Aide and Homemakers								18	
18.20 Home Health Aide and Homemaker-Cont Hom	me Care							18.20	
19 Other								19	
OTHER HOSPICE SERVICE COSTS									
20 Drugs, Biologicals and Infusion								20	
20.30 Analgesics								20.30	
20.31 Sedatives/Hypnotics								20.31	
20.32 Other - specify								20.32	
21 Durable Medical Equipment/Oxygen								21	
22 Patient Transportation		ł		+			+	22	
23 Imaging Services								23 24	
34 Labs and Diagnostics								24	
25      Medical Supplies        26      Outpatient Services (incl. E/R Dept.)								25	
26 Outpatient Services (Incl. E/R Dept.) 27 Radiation Therapy		<u> </u>						26	
27 Radiation Therapy 28 Chemotherapy								27	
28 Chemotherapy 29 Other		1	1	+			+	28	
HOSPICE NONREIMBURSABLE SERV.								29	
30 Bereavement Program Costs								30	
31 Volunteer Program Costs								31	
32 Fundraising	H	1	1	1			1	32	
33 Other Program Costs	H	1	1	1			1	33	
34 Cost To be Allocated (per Wkst K-4, Part I)		1		1				34	
35 Unit Cost Multiplier		1	1	1	1			35	

FORM CMS-1728-94-K-4 (5-2007) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3244)

3290 (Cont.)				FORM CM	IS 1728-94		-					05-0
ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS							PROVIDER NO:		PERIOD: FROM:		WORKSHEET K- PART I	-5
							HOSPICE NO.:		то:			
HOSPICE COST CENTER (omit cents)	From Wkst. K-4 Part I, col. 7,	HOSPICE TRIAL BALANCE (1)	CC BUILDINGS & FIXTURES	RELATED DST MOVABLE EQUIPMENT	PLANT OPERATION & MAIN- TENANCE	TRANS- PORTATION	SUBTOTAL (cols. 0-4)	ADMINIS- TRATIVE & GENERAL	SUB- TOTAL	ALLOCATED HOSPICE A&G (see Part II)	TOTAL HOSPICE COSTS (col 6 + col. 7)	
	line	0	1	2	3	4	4A	5	6	7	8	
1 Administrative and General	6								-			
2 Inpatient - General Care	1											
3 Inpatient - Respite Care	8											
4 Physician Services	9											
5 Nursing Care	10											
5.20 Nursing Care - Continuous Home Care	10.20											5.2
6 Physical Therapy	11											
7 Occupational Therapy	12											
8 Speech/ Language Pathology	13											1
9 Medical Social Services - Direct	14											1
10 Spiritual Counseling	15											1
11 Dietary Counseling	16											1
12 Counseling - Other	17											12
13 Home Health Aide and Homemakers	18											13
13.20 Home Health Aide and	18.20											13.2
Homemaker-Cont Home Care												
14 Other	19											1.
15 Drugs, Biologicals and Infusion	20											1:
15.30 Analgesics	20.30											15.3
15.31 Sedatives/Hypnotics	20.31											15.3
15.32 Other - specify	20.32											15.3
16 Durable Medical Equipment/Oxygen	21											1
17 Patient Transportation	22											1
18 Imaging Services	23											1
19 Labs and Diagnostics	24											1
20 Medical Supplies	25											2
21 Outpatient Services (incl. E/R Dept.)	26											2
22 Radiation Therapy	27											2
23 Chemotherapy	28											2
24 Other	29											24
25 Bereavement Program Costs	30											2
26 Volunteer Program Costs	31											2
27 Fundraising	32											2
28 Other Program Costs	33											2
29 Totals (sum of lines 1-28) (2)												29
30 Unit Cost Multiplier: column 6, line 1 div		0 1 6 1	20									30

(1) Column 0, line 29 must agree with Wkst. A, column 10, line 25.

(2) Columns 0 through 5, line 29 must agree with the corresponding columns of Wkst. B, line 25.

05-07		FORM CMS-1728-94		<b>3290 (C</b> PERIOD: WORKSHEET K-5				
ALLOCA	ATION OF GENERAL SERVICE		PROVIDER NO:				WORKSHEET K-5	
COSTS 1	TO HOSPICE COST CENTERS				FROM:		PART II	
STATIS	FICAL BASIS		HOSPICE NO .:		ТО:			
		CAPITAL	RELATED	PLANT				
		C	DST	OPERATION			ADMINIS-	
		BUILDINGS	MOVABLE	& MAIN-			TRATIVE &	
	HOSPICE COST CENTER	& FIXTURES	EQUIPMENT	TENANCE	TRANS-		GENERAL	
		(SQUARE	(DOLLAR	(SQUARE	PORTATION	RECONCIL-	(ACCUM.	
		FEET)	VALUE)	FEET)	(MILAGE)	IATION	COST)	
		1	2	3	4	5A	5	
1	Administrative and General							1
2	Inpatient - General Care							2
3	Inpatient - Respite Care							3
4	Physician Services							4
	Nursing Care							5
5.20	Nursing Care - Continuous Home Care							5.20
	Physical Therapy							6
7	Occupational Therapy							7
8	Speech/ Language Pathology							8
	Medical Social Services - Direct							9
10	Spiritual Counseling							10
11	Dietary Counseling							11
	Counseling - Other							12
	Home Health Aide and Homemakers							13
	Home Health Aide and Homemaker-Cont Home Care							13.20
	Other							14
15	Drugs, Biologicals and Infusion							15
	Analgesics							15.30
15.31	Sedatives/Hypnotics							15.31
	Other - specify							15.32
16	Durable Medical Equipment/Oxygen							16
17	Patient Transportation							17
	Imaging Services		1		1			18
	Labs and Diagnostics							19
20	Medical Supplies							20
	Outpatient Services (incl. E/R Dept.)							21
	Radiation Therapy							22
	Chemotherapy							23
24	Other							24
25	Bereavement Program Costs							25
	Volunteer Program Costs							26
27	Fundraising							27
28	Other Program Costs							28
29	Totals (sum of lines 1-28)		1		1			29
30	Total cost to be allocated							30
31	Unit Cost Multiplier							31

<b>3290</b> (Cont.) FO	ORM CMS-1728-94					0:	5-07
ALLOCATION OF GENERAL SERVICE	PROVIDER NO .:			PERIOD:		WORKSHEET K-	.5
COSTS TO HOSPICE COST CENTERS	HOSPICE NO .:			FROM:		Part III	
COMPUTATION OF TOTAL HOSPICE SHARED COSTS				TO:			
Hospice shared cost computation					Total	Hospice	
			Total HHA	Cost to	Hospice	Shared	
			Charges	Charge	Charges	Ancillary	
	From Wkst B,	Total HHA	(from Provider	Ratio	(from Provider	Costs	
COST CENTER	col. 6, line:	Costs	Records)	(col. 2/col.3)	Records)	(col. 4 x col. 5)	
	1	2	3	4	5	6	
ANCILLARY SERVICE COST CENTERS							
1 Physical Therapy	7						1
2 Occupational Therapy	8						2
3 Speech/ Language Pathology	9						3
4 Medical Social Services - Direct	10						4
5 Durable Medical Equipment/Oxygen	14						5
6 Medical Supplies	12						6
7 Totals (sum of lines 1-7)							7

06-01		FORM CMS 1728-94				3290 (Cont.)	
CALCULATION OF PER DIEM COST		PROVIDER NO:		PERIOD: FROM:		WORKSHEET	K-6
		HOSPICE NO.:		TO:			
			1				
	COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL	
			1	2	3	4	
1	Total cost (Worksheet K-5, Part I, col. 8, line 29 less col. 8, line 28						1
	plus Worksheet K-5, Part III, col. 6, line 7) (see instructions)						
2	Total Unduplicated Days (Worksheet S-5, line 5, col. 4)						2
3	Average cost per diem (line 1 divided by line 2)						3
4	Unduplicated Medicare Days (Worksheet S-5, line 5, col. 1)						4
5	Aggregate Medicare cost (line 3 times line 4)						5
6	Unduplicated Medicaid Days (Not Applicable)						6
7	Aggregate Medicaid cost (Not Applicable)						7
8	Unduplicated SNF days (Worksheet S-5, line 5, col. 2)						8
9	Aggregate SNF cost (line 3 times line 8)						9

12 Other unduplicated days (Worksheet S-5, line 5, col. 3)13 Aggregate cost for other days (line 3 times line 12)

10 Unduplicated NF days (Not Applicable)

11 Aggregate NF cost (Not Applicable)

NOTE: The data for the SNF on line 8 & 9 are included in the Medicare lines 4 & 5.

10

11

12 13