

AMENDED FINANCIAL REPORT

(Medical Assistance Program of the
Department of Human Services,
Commonwealth of Pennsylvania)

East End Behavioral Health Hospital
Report Period July 1, 2021 – June 30, 2022

February 2024



Commonwealth of Pennsylvania
Department of the Auditor General

Timothy L. DeFoor • Auditor General

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**Commonwealth of Pennsylvania
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**TIMOTHY L. DEFOOR
AUDITOR GENERAL**

February 5, 2024

Ms. Dawn Parten
Vice President of Quality & Risk Management
LifeCare 2.2
15305 Dallas Parkway, Tower 111, Suite 1000
Addison, TX 75001

Dear Ms. Parten :

At the request of the Department of Human Services (DHS), we have performed the procedures enumerated below on the submitted cost report (Form MA-336) of East End Behavioral Health Hospital for the fiscal year ended June 30, 2022. The purpose of these procedures was to certify the costs detailed in the facility's submitted MA-336 cost report. The results of these procedures are detailed below and in the adjustments section of our issued final amended MA-336 cost report. DHS will use our final amended MA-336 cost report to set the Medical Assistance reimbursement rate for this new facility.

Our engagement was limited to the procedures outlined below and was not conducted, nor was it required to be, in accordance with auditing or attestation standards issued by the American Institute of Certified Public Accountants (AICPA) or the Comptroller General of the United States.

East End Behavioral Health Hospital (the facility) is responsible for maintaining financial records supporting the costs, charges, and days included in the facility's submitted MA-336 cost report. DHS is responsible for the reliability of the data generated from the Provider Reimbursement and Operations Management Information System (PROMISe™).¹

¹ PROMISe™ is a Web-based application for registered providers. PROMISe™ is a HIPAA-compliant claims processing and management information system. Source: <http://dhs.pa.gov/about/Pages/Online-Services.aspx> accessed 1/17/2024.

We performed the following DHS-requested procedures which resulted in the associated adjustments and/or no adjustments, as noted.

1. Compared total paid MA days, MA charges, and MA discharges for the Diagnostic Related Groupings (DRG) detailed on the facility's submitted MA-336 Cost Report to the actual data supplied in the Cost Settlement Report, dated 9/7/2023, and provided by the DHS from PROMISe™.
 - We determined an adjustment was warranted to MA discharges as a result of this procedure. The final amended cost report includes the actual paid MA days, MA charges, and MA discharges for the DRG detailed in the Cost Settlement Report, dated 9/7/2023, and provided by the DHS from PROMISe™. Refer to adjustment #2 on the Amended Adjustment Report.
2. Compared total costs and total charges included in the facility's submitted MA-336 Cost Report to the total costs and total charges included in the facility's trial balance.
 - We determined an adjustment was warranted to the Drugs Charged to Patients cost center as a result of this procedure to properly report charges for this cost center. Refer to adjustment #10 on the Amended Adjustment Report.
3. Compared the number of beds available, number of bed days, and total inpatient days included in the facility's submitted MA-336 Cost Report to the corresponding numbers included in the facility's final accepted Medicare Cost Report.
 - We determined an adjustment was warranted to total inpatient days as a result of this procedure to properly report total inpatient days. Refer to adjustment #1 on the Amended Adjustment Report.
4. Compared the cost allocation statistics for the new Medical Rehab Unit, and in total, included on the facility's submitted MA-336 Cost Report to the cost allocation statistics included in the facility's final accepted Medicare Cost Report and the facility's documentation on statistics.
 - We determined adjustments were warranted as a result of this procedures; therefore, we adjusted the statistics for the capital cost building and fixtures, operation of plant, housekeeping, laundry and linen, dietary, nursing administration and central service and supply cost centers to the correct amounts for proper cost reporting. Refer to adjustment #3, #4, #5, #6, #7, #8, & #9 on the Amended Adjustment Report.

We also performed procedures in addition to those requested by the DHS to attempt to determine the reliability of paid MA days, MA charges, and MA discharges data included in the DHS' PROMISe™ Cost Settlement Reports. We considered the evaluation of this data to be necessary to certify the costs detailed in the facility's submitted MA-336 cost report.

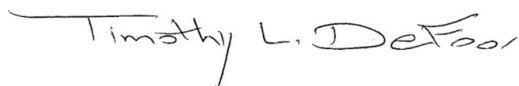
Based on the results of those procedures, and as communicated to DHS management, while we concluded that data related to paid MA charges as detailed in PROMISe™ were reliable, we concluded that the actual paid MA days and MA discharges data detailed in the PROMISe™ Cost Settlement Report, dated 9/7/2023, is of undetermined reliability. However, the DHS confirmed that, for their purposes and use of our issued amended MA-336 cost reports, it was not necessary for us to conduct any further procedures to attempt to determine the reliability of that data, such as comparing data in the PROMISe™ system to supporting source documents at the facility. Therefore, users of this report should take into consideration that the evidence upon which we relied, at the DHS' request to calculate paid MA days and MA discharges, is of undetermined reliability.

Based on the results of the procedures noted above, except for the effects, if any, of the matter described in the preceding paragraph, we certify that the facility's reasonable costs of providing inpatient hospital care under the Commonwealth's Medical Assistance Program as detailed in the final amended MA-336 cost report are accurately stated in all material respects.

This report is intended solely for the information and use of the DHS to set the Medical Assistance reimbursement rate for this facility with a new Medical Rehab Unit, and is not intended to be, and should not be, used by anyone other than the specified party.

We appreciate the cooperation, assistance, and courtesy granted our representatives by your officials and the staff of the East End Behavioral Health Hospital.

Sincerely,

A handwritten signature in black ink that reads "Timothy L. DeFoor". The signature is written in a cursive, flowing style with a horizontal line extending from the left side.

Timothy L. DeFoor
Auditor General

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS: East End Behavioral Health Hospital
225 Penn Avenue
Pittsburgh, PA 15221

PROVIDER NO.: 1038830590001

PERIOD: 7/1/2021 TO 6/30/2022

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
MA-336	S-2	3	1	1	Inpatient Statistics Total Inpatient Days Total Inpatient Days To adjust to the correct number of total inpatient days for proper cost reporting. DPW 1163, Subchapter A, 1163.51	13,265.0	12.0	13,277.0
MA-336	S-2	10	9	2	MA Discharges PA MA Discharges - DRG To adjust the reported MA discharges to the MA discharges per the Cost Settlement Report, run dated 9/7/2023. DPW 1163, Subchapter A, 1163.51	268.0	(268.0)	0.0
MA-336	B-1	14 15	1	3	B-1 Statistics Capital Cost Building and Fixtures Pharmacy Medical Records Library To adjust the square footage for the Capital Cost Building and Fixtures statistic for proper cost reporting. DPW 1163, Subchapter A, 1163.51	0.0 3,000.0	150.0 (3,000.0)	150.0 0.0
MA-336	B-1	14 15	6	4	Operation of Plant Pharmacy Medical Records Library To adjust the square footage for the Operation of Plant statistic for proper cost reporting. DPW 1163, Subchapter A, 1163.51	0.0 3,000.0	150.0 (3,000.0)	150.0 0.0
MA-336	B-1	26	7	5	Laundry and Linen General Routine Care To adjust the total inpatient days for the Laundry and Linen statistic for proper cost reporting. DPW 1163, Subchapter A, 1163.51	13,265.0	12.0	13,277.0

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS: East End Behavioral Health Hospital
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PERIOD: 7/1/2021 TO 6/30/2022

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED OR ADJUSTED	INCREASE (DECREASE)	ADJUSTED TOTAL
FORM	SCHEDULE	LINE	COLUMN					
MA-336	B-1	14 15	8	6	Housekeeping			
					Pharmacy	0.0	150.0	150.0
					Medical Records Library	3,000.0	(3,000.0)	0.0
					To adjust the square footage for the Housekeeping statistic for proper cost reporting.			
					DPW 1163, Subchapter A, 1163.51			
MA-336	B-1	26	9	7	Dietary			
					General Routine Care	39,795.0	36.0	39,831.0
					To adjust the total inpatient days for the Dietary statistic for proper cost reporting.			
					DPW 1163, Subchapter A, 1163.51			
MA-336	B-1	26	12	8	Nursing Administration			
					General Routine Care	13,265.0	12.0	13,277.0
					To adjust the total inpatient days for the Nursing Administration statistic for proper cost reporting.			
					DPW 1163, Subchapter A, 1163.51			
MA-336	B-1	26	13	9	Central Service and Supply			
					General Routine Care	13,265.0	12.0	13,277.0
					To adjust the total inpatient days for the Central Service and Supply statistic for proper cost reporting.			
					DPW 1163, Subchapter A, 1163.51			
MA-336	C-1	56	3	10	C-1 Total Charges Drugs Charged to Patients			
					Drugs Charged to Patients	\$ 1,907,191	\$ 557	\$ 1,907,748
					To adjust total charges for Drugs Charged to Patients for proper cost reporting.			
					DPW 1163, Subchapter A, 1163.51			

EAST END BEHAVIORAL HEALTH HOSPITAL
Amended WORKSHEET S-1
DETERMINATION OF PENNSYLVANIA M.A. REIMBURSABLE COST
(Excluding SNF, ICF and RTF Data)

			PROVIDER NUMBER 1038830590001	PERIOD 7/1/2021 to 6/30/2022
PART I ACUTE CARE AND FREESTANDING COST - REIMBURSED HOSPITALS	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM (From Wkst. C-2, Col. 10) (2 decimal places)	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS		
	(1)	(2)		
1. GENERAL ROUTINE CARE	13,277		\$923.46	(4)
2. NURSERY				
3. INTENSIVE CARE UNIT				
4. NEONATE INTENSIVE CARE UNIT				
5. CORONARY CARE UNIT				
6. OTHER				
7. OTHER				
8. OTHER				
9. SUB-TOTAL (1-8)	13,277			
10. PA M.A. ANCILLARY SERVICE COST (From Wkst. C-2, Line 80, Col. 11)				
11. TOTAL PA M.A. REIMBURSABLE COST (Sum of Lines 9 & 10, Col. 4)				
12. NET GAIN (OR LOSS) FROM DISPOSAL OF CAPITAL ASSETS IN A PRIOR YEAR (SEE PAGE 38 OF INSTRUCTIONS FOR CLARIFICATION)				
13. OTHER ADJUSTMENT (SPECIFY)				
14. OTHER ADJUSTMENT (SPECIFY)				
15. TOTAL ADJUSTMENTS (SUM OF LINES 12 - 14)				
16. ADJUSTED PA M.A. REIMBURSABLE COST (LINE 11 PLUS OR MINUS LINE 15)				

			PROVIDER NUMBER	PERIOD 7/1/2021 to 6/30/2022
PART II PSYCHIATRIC UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM (From Wkst C-3, Col. 4, Line 35) (2 decimal places)	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS		
	(1)	(2)		
1. PSYCHIATRIC UNIT INPATIENT SERVICES			(3)	(4)
2. PSYCHIATRIC UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-3, Line 80, Col. 5)				
3. TOTAL PA M.A. PSYCHIATRIC UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. PSYCHIATRIC UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				

EAST END BEHAVIORAL HEALTH HOSPITAL
Amended WORKSHEET S-1
DETERMINATION OF PENNSYLVANIA M.A. REIMBURSABLE COST
(Excluding SNF, ICF and RTF Data)

			PROVIDER NUMBER	PERIOD 7/1/2021 to 6/30/2022
PART III DRUG AND ALCOHOL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM (From Wkst C-4, Col. 4, Line 36) (2 decimal places)	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS		
	(1)	(2)		
1. DRUG & ALCOHOL REHAB. UNIT INPATIENT SERVICES				
2. DRUG & ALCOHOL REHAB. UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-4, Line 80, Col. 5)				
3. TOTAL PA M.A. DRUG & ALCOHOL REHAB. UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. D & A REHAB. UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				

			PROVIDER NUMBER	PERIOD 7/1/2021 to 6/30/2022
PART IV MEDICAL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM (From Wkst. C-7, Col. 4, Line 34) (2 decimal places)	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS		
	(1)	(2)		
1. MEDICAL REHABILITATION UNIT INPATIENT SERVICES				
2. MEDICAL REHABILITATION UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-7, Line 80, Col. 5)				
3. TOTAL PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				

PART V PA M.A. CAPITAL FOR ACUTE CARE & FREESTANDING HOSPITALS; MED. ED. & NURSING SCHOOL COSTS FOR ACUTE CARE HOSPITAL ONLY	CAPITAL (Round To Nearest \$)	MEDICAL EDUCATION (Incl. Nursing School) (Round To Nearest \$)	NURSING SCHOOL (Round To Nearest \$)
	(1)	(2)	(3)
1. TOTAL PA M.A. REIMBURSABLE COSTS	From Wkst. C-5, Line 81, Col. 6	From Wkst. C-6, Part I Line 81, Col. 6	From Wkst. C-8, Line 81, Col. 6
2. NET GAIN (or) LOSS FROM DISPOSAL OF CAPITAL ASSETS IN A PRIOR YEAR (See Instructions)			
3. OTHER ADJUSTMENTS (Specify)			
4. TOTAL ADJUSTMENTS (Sum of Lines 2 & 3)			
5. ADJUSTED PA M.A. REIMBURSABLE COST (Line 1 Plus or Minus Line 4)			

PART VI GENERAL HOSPITAL EXCLUDED UNITS & FREESTANDING SPECIALTY HOSPITALS PA M.A. MEDICAL EDUCATION COSTS	PSYCHIATRIC UNIT (From Wkst C-6, Part II, Line 81, Column 6) (Round To Nearest \$)	D & A REHAB. UNIT (From Wkst C-6, Part III, Line 81, Column 6) (Round To Nearest \$)	MED. REHAB. UNIT (From Wkst C-6, Part IV, Line 81, Column 6) (Round To Nearest \$)	FREESTANDING HOSP (From Wkst C-6, Part V, Line 81, Column 6) (Round To Nearest \$)
	(1)	(2)	(3)	(4)

EAST END BEHAVIORAL HEALTH HOSPITAL

PROVIDER NUMBER: 1038830590001

FOR THE PERIOD: 7/1/2021 TO 6/30/2022

HOSPITAL AND HOSPITAL - HEALTH

CARE COMPLEX STATISTICAL DATA

(Excluding SNF and ICF facility Data)

Amended WORKSHEET S-2

INPATIENT BED COMPLEMENT AND OCCUPANCY	GENERAL ROUTINE CARE (1)	NURSERY (2)	INTENSIVE CARE UNIT (3)	NEONATE INTENSIVE CARE UNIT (4)	CORONARY CARE UNIT (5)	OTHER (6)	OTHER (7)	OTHER (8)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD)	49							
2. TOTAL BED DAYS AND BASSINET DAYS SET- UP AND STAFFED FOR THE REPORTING PERIOD	17,885							
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	13,277							
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)								
5. TOTAL ADMINISTRATIVE DAYS USED FOR THE PERIOD	COMPLETE COLUMNS 9, 10, 11, 12 and 13 (IF NONE, ENTER 0)							
6. PA MEDICAL ASSISTANCE ADMINISTRATIVE DAYS USED FOR THE PERIOD	COMPLETE COLUMNS 9, 10, 11, 12 and 13 (IF NONE, ENTER 0)							
7. TOTAL HOSPITAL ADMISSIONS FOR THE PERIOD	COMPLETE COLUMNS 9, 10, 11, 12 and 13							
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD	COMPLETE COLUMNS 9, 10, 11, 12 and 13							
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	COMPLETE COLUMNS 9, 10, 11, 12 and 13 (IF BABY & MOTHER COUNT AS 2)							
10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	COMPLETE COLUMNS 9, 10, 11, 12 and 13 (IF BABY & MOTHER COUNT AS 2)							

STATISTICAL	
11. PA MEDICAL ASSISTANCE INPATIENT RATIOS (Line 4, Col. 9 ÷ Line 3, Col. 9, etc.)	
12. OCCUPANCY RATIOS (Line 3, Col. 9 ÷ Line 2, Col. 9, etc.)	
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) (EXAMPLE: IF 150 SHOW 150.0)	

EAST END BEHAVIORAL HEALTH HOSPITAL

PROVIDER NUMBER: 1038830590001

FOR THE PERIOD: 7/1/2021 TO 6/30/2022

HOSPITAL AND HOSPITAL - HEALTH

CARE COMPLEX STATISTICAL DATA

(Excluding SNF and ICF facility Data)

Amended WORKSHEET S-2

INPATIENT BED COMPLEMENT AND OCCUPANCY	SUBTOTAL (SUM OF COLS. 1-8) (9)	PSYCH. UNIT (10)	DRUG AND ALCOHOL UNIT (11)	MEDICAL REHAB UNIT (12)	HOSPITAL TOTALS (Cols. 9+ 10+11+12) (13)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD)	49				49
2. TOTAL BED DAYS AND BASSINET DAYS SET- UP AND STAFFED FOR THE REPORTING PERIOD	17,885				17,885
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	13,277				13,277
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)					
5. TOTAL ADMINISTRATIVE DAYS USED FOR THE PERIOD					
6. PA MEDICAL ASSISTANCE ADMINISTRATIVE DAYS USED FOR THE PERIOD					
7. TOTAL HOSPITAL ADMISSIONS FOR THE PERIOD	858				858
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD	264				264
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	863				863
10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)					

STATISTICAL					
11. PA MEDICAL ASSISTANCE INPATIENT RATIOS (Line 4, Col. 9 ÷ Line 3, Col. 9, etc.)					
12. OCCUPANCY RATIOS (Line 3, Col. 9 ÷ Line 2, Col. 9, etc.)	0.7424				0.7424
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	15.3847				15.3847
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) (EXAMPLE: IF 150 SHOW 150.0)	133.0				133.0

EAST END BEHAVIORAL HEALTH
HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
Amended WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	DIRECT EXPENSES PER BOOKS			RECLASSI- FICATIONS INCREASES (DECREASES) (4)	RECLASSIFIED TRIAL BALANCE (Col. 3 +/- 4) (5)
	SALARIES (1)	OTHER (2)	TOTAL (Col. 1 + 2) (3)		
GENERAL SERVICE					
1. CAPITAL COSTS-BLDG & FIXTURES		\$1,979,896	\$1,979,896		\$1,979,896
1.1. CAPITAL COSTS					
2. CAPITAL COSTS-EQUIPMENT					
3. EMPLOYEE BENEFITS	65,769	1,422,224	1,487,993		1,487,993
4.1. NON-PATIENT TELEPHONE					
4.2. DATA PROCESSING					
4.3. PURCHASING					
4.4. ADMISSIONS					
4.5. BILLING/ COLLECTIONS					
4.6. OTHER ADMIN. AND GENERAL	863,578	2,065,718	2,929,296		2,929,296
5. MAINTENANCE AND REPAIRS					
6. OPERATION OF PLANT	467,615	1,407,055	1,874,670		1,874,670
7. LAUNDRY & LINEN SERVICES		35,515	35,515		35,515
8. HOUSEKEEPING	209,636	79,412	289,048		289,048
9. DIETARY	264,505	251,001	515,506		515,506
10. CAFETERIA					
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION	387,524		387,524		387,524
13. CENTRAL SERVICE & SUPPLY	37,452	109,964	147,416		147,416
14. PHARMACY					
15. MEDICAL RECORDS LIBRARY	72,866	55,325	128,191		128,191
16. SOCIAL SERVICE					
17. OTHER (SPECIFY)					
18. OTHER (SPECIFY)					
19. OTHER (SPECIFY)					
20. OTHER (SPECIFY)					
21. NURSING SCHOOL					
22. INTERN RESIDENT APPROVED PROG					
23. PARAMEDICAL ED (SPECIFY)					
24. PARAMEDICAL ED (SPECIFY)					
25. PARAMEDICAL ED (SPECIFY)					
INPATIENT ROUTINE SERVICE					
26. GENERAL ROUTINE CARE	2,947,156	1,062,288	4,009,444		4,009,444
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. OTHER (SPECIFY)					
34. MED REHAB UNIT					
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
ANCILLARY SERVICES					
37. OPERATING ROOM					
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC		819	819		819
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY		75,451	75,451		75,451
45. WHOLE BLOOD					
46. BLOOD STORING					

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
Amended WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	DIRECT EXPENSES PER BOOKS			RECLASSI- FICATIONS INCREASES (DECREASES) (4)	RECLASSIFIED TRIAL BALANCE (Col. 3 +/- 4) (5)
	SALARIES (1)	OTHER (2)	TOTAL (Col. 1 + 2) (3)		
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY					
49. PHYSICAL THERAPY	14,647		14,647		14,647
50. OCCUPATIONAL THERAPY	19,930		19,930		19,930
51. SPEECH THERAPY	39,152		39,152		39,152
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY					
54. ELECTROENCEPHALOGRAPHY					
55. MEDICAL SUPPLIES					
56. DRUGS CHARGED TO PATIENTS		466,895	466,895		466,895
57. RENAL DIALYSIS					
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. SUBTOTAL	5,389,830	9,011,563	14,401,393		14,401,393
<u>NON-REIMBURSABLE COST</u>					
81. GIFT COFFEE SHOPS & CANTEEN					
82. INVESTMENT PROPERTY					
83. RESEARCH					
84. HEARING AID CENTER					
85. PHYSICIANS PRIVATE OFFICES					
86. INTERN/RES NON-APPRD PRGM SVS					
87. NON-PAID WORKER					
88. OTHER (SPECIFY)					
89. OTHER (SPECIFY)					
90. OTHER (SPECIFY)					
91. TOTAL	\$5,389,830	\$9,011,563	\$14,401,393		\$14,401,393

EAST END BEHAVIORAL HEALTH
HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
Amended WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	ADJUSTMENTS TO EXPENSES INCREASES (DECREASES) (6)	NET EXPENSES FOR ALLOCATION (7)	AUDIT ADJUSTMENTS (8)	NET EXPENSES FOR ALLOCATION (9)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES		\$1,979,896		\$1,979,896
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS		1,487,993		1,487,993
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	(1,351,985)	1,577,311		1,577,311
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		1,874,670		1,874,670
7. LAUNDRY & LINEN SERVICES		35,515		35,515
8. HOUSEKEEPING		289,048		289,048
9. DIETARY		515,506		515,506
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		387,524		387,524
13. CENTRAL SERVICE & SUPPLY		147,416		147,416
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	(605)	127,586		127,586
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE		4,009,444		4,009,444
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		819		819
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		75,451		75,451
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
Amended WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	ADJUSTMENTS TO EXPENSES INCREASES (DECREASES) (6)	NET EXPENSES FOR ALLOCATION (7)	AUDIT ADJUSTMENTS (8)	NET EXPENSES FOR ALLOCATION (9)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY		14,647		14,647
50. OCCUPATIONAL THERAPY		19,930		19,930
51. SPEECH THERAPY		39,152		39,152
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS		466,895		466,895
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	(1,352,590)	13,048,803		13,048,803
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. TOTAL	(\$1,352,590)	\$13,048,803		\$13,048,803

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES (SQ FT) (1)	CAPITAL COSTS (SQ FT) (1.1)	CAPITAL COSTS- EQUIPMENT (DOLLAR VALUE) (2)	EMPLOYEE BENEFITS (GROSS SAL) (3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	37,585			
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				5,324,061
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	5,500			863,578
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	5,663			467,615
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	300			209,636
9. DIETARY	525			264,505
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	120			387,524
13. CENTRAL SERVICE & SUPPLY	217			37,452
14. PHARMACY	150			
15. MEDICAL RECORDS LIBRARY				72,866
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	25,110			2,947,156
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
 HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COST ALLOCATION
 STATISTICAL BASIS
 Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	CAPITAL COSTS- EQUIPMENT	EMPLOYEE BENEFITS
	(SQ FT) (1)	(SQ FT) (1.1)	(DOLLAR VALUE) (2)	(GROSS SAL) (3)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				14,647
50. OCCUPATIONAL THERAPY				19,930
51. SPEECH THERAPY				39,152
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	37,585			5,324,061
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	37,585			5,324,061
94. COST TO BE ALLOCATED(B-2)	1,979,896			1,487,993
95. UNIT COST MULTIPLIER (B-2)	52.677824			0.279485
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

**EAST END BEHAVIORAL HEALTH
 HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COST ALLOCATION
 STATISTICAL BASIS
 Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE (# LINES) (4.1)	DATA PROCESSING (MACH TIME) (4.2)	PURCHASING (COST OF) (4.3)	ADMISSIONS (GROSS I/P) (4.4)
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GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRO
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. OTHER (SPECIFY)
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STORING

**EAST END BEHAVIORAL HEALTH
 HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COST ALLOCATION
 STATISTICAL BASIS
 Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE (# LINES) (4.1)	DATA PROCESSING (MACH TIME) (4.2)	PURCHASING (COST OF) (4.3)	ADMISSIONS (GROSS I/P) (4.4)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC				
94. COST TO BE ALLOCATED(B-2)				
95. UNIT COST MULTIPLIER (B-2)				
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS (CHARGES) (4.5)	OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6)	MAINTENANCE AND REPAIRS (SQ FT) (5)	OPERATION OF PLANT (SQ FT) (6)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL		10,940,407		
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		2,303,676		26,422
7. LAUNDRY & LINEN SERVICES		35,515		
8. HOUSEKEEPING		363,441		300
9. DIETARY		617,087		525
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		502,152		120
13. CENTRAL SERVICE & SUPPLY		169,314		217
14. PHARMACY		7,902		150
15. MEDICAL RECORDS LIBRARY		147,951		
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		6,155,869		25,110
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		819		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		75,451		
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
 HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COST ALLOCATION
 STATISTICAL BASIS
 Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS (CHARGES) (4.5)	OTHER ADMIN. AND GENERAL (ACCUM.COST) (4.6)	MAINTENANCE AND REPAIRS (SQ FT) (5)	OPERATION OF PLANT (SQ FT) (6)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY		18,741		
50. OCCUPATIONAL THERAPY		25,500		
51. SPEECH THERAPY		50,094		
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS		466,895		
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		10,940,407		26,422
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC		10,940,407		26,422
94. COST TO BE ALLOCATED(B-2)		2,108,396		2,747,631
95. UNIT COST MULTIPLIER (B-2)		0.192716		103.990273
96. COST TO BE ALLOCATED(B-3)		289,728		359,321
97. UNIT COST MULTIPLIER (B-3)		0.026482		13.599311

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(LBS OF LA) (7)	(HSKPG HRS) (8)	(MEALS SER) (9)	(MEALS SER) (10)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	13,277			
8. HOUSEKEEPING		26,122		
9. DIETARY		525	39,831	
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		120		
13. CENTRAL SERVICE & SUPPLY		217		
14. PHARMACY		150		
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	13,277	25,110	39,831	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				

EAST END BEHAVIORAL HEALTH
HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES (LBS OF LA) (7)	HOUSEKEEPING (HSKPG HRS) (8)	DIETARY (MEALS SER) (9)	CAFETERIA (MEALS SER) (10)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
OUTPATIENT SERVICES				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	13,277	26,122	39,831	
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	13,277	26,122	39,831	
94. COST TO BE ALLOCATED(B-2)	42,359	464,679	799,944	
95. UNIT COST MULTIPLIER (B-2)	3.190404	17.788799	20.083453	
96. COST TO BE ALLOCATED(B-3)	941	29,508	51,731	
97. UNIT COST MULTIPLIER (B-3)	0.070874	1.129623	1.298762	

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY
	(NO. HOUSED) (11)	(HOURS OF) (12)	(COST REQ) (13)	(COST REQ) (14)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		13,277		
13. CENTRAL SERVICE & SUPPLY			13,277	
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		13,277	13,277	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
 HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COST ALLOCATION
 STATISTICAL BASIS
 Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL (NO. HOUSED) (11)	NURSING ADMINISTRATION (HOURS OF) (12)	CENTRAL SERVICE & SUPPLY (COST REQ) (13)	PHARMACY (COST REQ) (14)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		13,277	13,277	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC		13,277	13,277	
94. COST TO BE ALLOCATED(B-2)		613,539	228,370	27,692
95. UNIT COST MULTIPLIER (B-2)		46.210665	17.200422	
96. COST TO BE ALLOCATED(B-3)		21,387	19,111	10,320
97. UNIT COST MULTIPLIER (B-3)		1.610831	1.439406	

**EAST END BEHAVIORAL HEALTH
 HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COST ALLOCATION
 STATISTICAL BASIS
 Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (15)	SOCIAL SERVICE (TIME) (16)	OTHER (SPECIFY) (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	100			
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	100			
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
 HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COST ALLOCATION
 STATISTICAL BASIS
 Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (15)	SOCIAL SERVICE (TIME) (16)	OTHER (SPECIFY) (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		100		
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC		100		
94. COST TO BE ALLOCATED(B-2)		176,464		
95. UNIT COST MULTIPLIER (B-2)		1764.640000		
96. COST TO BE ALLOCATED(B-3)		3,918		
97. UNIT COST MULTIPLIER (B-3)		39.180000		

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL	INTERN RESIDENT
	(SPECIFY) (19)	(SPECIFY) (20)	(TIME) (21)	APPROVED PROG (TIME) (22)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRO
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. OTHER (SPECIFY)
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STORING

**EAST END BEHAVIORAL HEALTH
HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	OTHER (SPECIFY) (SPECIFY) (19)	OTHER (SPECIFY) (SPECIFY) (20)	NURSING SCHOOL (TIME) (21)	INTERN RESIDENT APPROVED PROG (TIME) (22)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC				
94. COST TO BE ALLOCATED(B-2)				
95. UNIT COST MULTIPLIER (B-2)				
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

**EAST END BEHAVIORAL HEALTH
 HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COST ALLOCATION
 STATISTICAL BASIS
 Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	PARAMEDICAL ED	PARAMEDICAL ED	PARAMEDICAL ED
	(SPECIFY)	(SPECIFY)	(SPECIFY)
	(TIME)	(TIME)	(TIME)
	(23)	(24)	(25)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRO
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. OTHER (SPECIFY)
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STORING

**EAST END BEHAVIORAL HEALTH
HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COST ALLOCATION
STATISTICAL BASIS
Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	PARAMEDICAL ED	PARAMEDICAL ED	PARAMEDICAL ED
	(SPECIFY)	(SPECIFY)	(SPECIFY)
	(TIME) (23)	(TIME) (24)	(TIME) (25)
47. INTRAVENOUS THERAPY			
48. RESPIRATORY THERAPY			
49. PHYSICAL THERAPY			
50. OCCUPATIONAL THERAPY			
51. SPEECH THERAPY			
52. OXYGEN THERAPY			
53. ELECTROCARDIOLOGY			
54. ELECTROENCEPHALOGRAPHY			
55. MEDICAL SUPPLIES			
56. DRUGS CHARGED TO PATIENTS			
57. RENAL DIALYSIS			
58. AUDIOLOGY			
59. OTHER (SPECIFY)			
60. OTHER (SPECIFY)			
61. OTHER (SPECIFY)			
62. OTHER (SPECIFY)			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. SUBTOTAL			
<u>NON-REIMBURSABLE COST</u>			
81. GIFT COFFEE SHOPS & CANTEEN			
82. INVESTMENT PROPERTY			
83. RESEARCH			
84. HEARING AID CENTER			
85. PHYSICIANS PRIVATE OFFICES			
86. INTERN/RES NON-APPRD PRGM SVS			
87. NON-PAID WORKER			
88. OTHER (SPECIFY)			
89. OTHER (SPECIFY)			
90. OTHER (SPECIFY)			
91. CROSSFOOT ADJUSTMENT			
92. NEGATIVE COST CENTER			
93. TOTAL STATISTIC			
94. COST TO BE ALLOCATED(B-2)			
95. UNIT COST MULTIPLIER (B-2)			
96. COST TO BE ALLOCATED(B-3)			
97. UNIT COST MULTIPLIER (B-3)			

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	NET EXPENSES	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	CAPITAL COSTS- EQUIPMENT
	(0)	(1)	(1.1)	(2)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	1,979,896	1,979,896		
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS	1,487,993			
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	1,577,311	289,728		
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	1,874,670	298,315		
7. LAUNDRY & LINEN SERVICES	35,515			
8. HOUSEKEEPING	289,048	15,803		
9. DIETARY	515,506	27,656		
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	387,524	6,321		
13. CENTRAL SERVICE & SUPPLY	147,416	11,431		
14. PHARMACY		7,902		
15. MEDICAL RECORDS LIBRARY	127,586			
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	4,009,444	1,322,740		
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	819			
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	75,451			
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
**ALLOCATION OF
GENERAL SERVICE COSTS**
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	NET EXPENSES	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	CAPITAL COSTS- EQUIPMENT
	(0)	(1)	(1.1)	(2)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY	14,647			
50. OCCUPATIONAL THERAPY	19,930			
51. SPEECH THERAPY	39,152			
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS	466,895			
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	13,048,803	1,979,896		
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	13,048,803	1,979,896		

**EAST END BEHAVIORAL HEALTH
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**ALLOCATION OF
GENERAL SERVICE COSTS**
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING
	(3)	(4.1)	(4.2)	(4.3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS	1,487,993			
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	241,357			
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	130,691			
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	58,590			
9. DIETARY	73,925			
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	108,307			
13. CENTRAL SERVICE & SUPPLY	10,467			
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	20,365			
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	823,685			
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
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ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING
	(3)	(4.1)	(4.2)	(4.3)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY	4,094			
50. OCCUPATIONAL THERAPY	5,570			
51. SPEECH THERAPY	10,942			
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	1,487,993			
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	1,487,993			

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Amended WORKSHEET B-2

COST CENTER DESCRIPTION	ADMISSIONS	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS
	(4.4)	(4.5)	(4.6)	(5)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL			2,108,396	
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT			443,955	
7. LAUNDRY & LINEN SERVICES			6,844	
8. HOUSEKEEPING			70,041	
9. DIETARY			118,923	
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION			96,773	
13. CENTRAL SERVICE & SUPPLY			32,630	
14. PHARMACY			1,523	
15. MEDICAL RECORDS LIBRARY			28,513	
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE			1,186,337	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC			158	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY			14,541	
45. WHOLE BLOOD				
46. BLOOD STORING				

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GENERAL SERVICE COSTS**
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	ADMISSIONS	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS
	(4.4)	(4.5)	(4.6)	(5)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY			3,612	
50. OCCUPATIONAL THERAPY			4,914	
51. SPEECH THERAPY			9,654	
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS			89,978	
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			2,108,396	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL			2,108,396	

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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(6)	(7)	(8)	(9)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	2,747,631			
7. LAUNDRY & LINEN SERVICES		42,359		
8. HOUSEKEEPING	31,197		464,679	
9. DIETARY	54,595		9,339	799,944
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	12,479		2,135	
13. CENTRAL SERVICE & SUPPLY	22,566		3,860	
14. PHARMACY	15,599		2,668	
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	2,611,195	42,359	446,677	799,944
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				

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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(6)	(7)	(8)	(9)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	2,747,631	42,359	464,679	799,944
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	2,747,631	42,359	464,679	799,944

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COST CENTER DESCRIPTION	CAFETERIA (10)	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	CENTRAL SERVICE & SUPPLY (13)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION			613,539	
13. CENTRAL SERVICE & SUPPLY				228,370
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE			613,539	228,370
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				

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COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY
	(10)	(11)	(12)	(13)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			613,539	228,370
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL			613,539	228,370

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COST CENTER DESCRIPTION	PHARMACY (14)	MEDICAL RECORDS LIBRARY (15)	SOCIAL SERVICE (16)	OTHER (SPECIFY) (17)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY	27,692			
15. MEDICAL RECORDS LIBRARY		176,464		
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		176,464		
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				

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COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)
	(14)	(15)	(16)	(17)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		176,464		
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER	27,692			
93. TOTAL	27,692	176,464		

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**ALLOCATION OF
GENERAL SERVICE COSTS**
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL
	(18)	(19)	(20)	(21)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PROC
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. OTHER (SPECIFY)
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STORING

**EAST END BEHAVIORAL HEALTH
HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL
	(18)	(19)	(20)	(21)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
**ALLOCATION OF
GENERAL SERVICE COSTS**
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)
	(22)	(23)	(24)	(25)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRO
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. OTHER (SPECIFY)
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STORING

**EAST END BEHAVIORAL HEALTH
HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
ALLOCATION OF
GENERAL SERVICE COSTS
Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)
	(22)	(23)	(24)	(25)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
**ALLOCATION OF
GENERAL SERVICE COSTS**
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	TOTAL MED ED COST (26)	TOTAL EXPENSES (27)
<u>GENERAL SERVICE</u>		
1. CAPITAL COSTS-BLDG & FIXTURES		
1.1. CAPITAL COSTS		
2. CAPITAL COSTS-EQUIPMENT		
3. EMPLOYEE BENEFITS		
4.1. NON-PATIENT TELEPHONE		
4.2. DATA PROCESSING		
4.3. PURCHASING		
4.4. ADMISSIONS		
4.5. BILLING/ COLLECTIONS		
4.6. OTHER ADMIN. AND GENERAL		
5. MAINTENANCE AND REPAIRS		
6. OPERATION OF PLANT		
7. LAUNDRY & LINEN SERVICES		
8. HOUSEKEEPING		
9. DIETARY		
10. CAFETERIA		
11. MAINTENANCE OF PERSONNEL		
12. NURSING ADMINISTRATION		
13. CENTRAL SERVICE & SUPPLY		
14. PHARMACY		
15. MEDICAL RECORDS LIBRARY		
16. SOCIAL SERVICE		
17. OTHER (SPECIFY)		
18. OTHER (SPECIFY)		
19. OTHER (SPECIFY)		
20. OTHER (SPECIFY)		
21. NURSING SCHOOL		
22. INTERN RESIDENT APPROVED PROC		
23. PARAMEDICAL ED (SPECIFY)		
24. PARAMEDICAL ED (SPECIFY)		
25. PARAMEDICAL ED (SPECIFY)		
<u>INPATIENT ROUTINE SERVICE</u>		
26. GENERAL ROUTINE CARE		12,260,754
27. NURSERY		
28. ICU		
29. NICU		
30. CCU		
31. OTHER (SPECIFY)		
32. OTHER (SPECIFY)		
33. OTHER (SPECIFY)		
34. MED REHAB UNIT		
35. PSYCH UNIT		
36. DRUG & ALCOHOL REHAB UNIT		
<u>ANCILLARY SERVICES</u>		
37. OPERATING ROOM		
38. RECOVERY ROOM		
39. DELIVERY ROOM		
40. ANESTHESIOLOGY		
41. RADIOLOGY-DIAGNOSTIC		977
42. RADIOLOGY-THERAPEUTIC		
43. RADIOISOTOPE		
44. LABORATORY		89,992
45. WHOLE BLOOD		
46. BLOOD STORING		

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
**ALLOCATION OF
GENERAL SERVICE COSTS**
Amended WORKSHEET B-2

COST CENTER DESCRIPTION	TOTAL MED ED COST (26)	TOTAL EXPENSES (27)
47. INTRAVENOUS THERAPY		
48. RESPIRATORY THERAPY		
49. PHYSICAL THERAPY		22,353
50. OCCUPATIONAL THERAPY		30,414
51. SPEECH THERAPY		59,748
52. OXYGEN THERAPY		
53. ELECTROCARDIOLOGY		
54. ELECTROENCEPHALOGRAPHY		
55. MEDICAL SUPPLIES		
56. DRUGS CHARGED TO PATIENTS		556,873
57. RENAL DIALYSIS		
58. AUDIOLOGY		
59. OTHER (SPECIFY)		
60. OTHER (SPECIFY)		
61. OTHER (SPECIFY)		
62. OTHER (SPECIFY)		
<u>OUTPATIENT SERVICES</u>		
63. CLINIC		
64. EMERGENCY		
65. PARTIAL HOSPITALIZATION		
66. AMBULANCE SERVICES		
67. HOME PROGRAM DIALYSIS		
68. HOME HEALTH AGENCY		
69. SHORT PROCEDURE UNIT		
70. OBSERVATION BEDS		
71. OTHER (SPECIFY)		
72. OTHER (SPECIFY)		
73. OTHER (SPECIFY)		
74. OTHER (SPECIFY)		
<u>OTHER INPATIENT</u>		
75. SKILLED NURSING FACILITY		
76. INTERMEDIATE CARE FACILITY		
77. RESIDENTIAL TREATMENT FACILITY		
78. OTHER (SPECIFY)		
79. OTHER (SPECIFY)		
80. SUBTOTAL		13,021,111
<u>NON-REIMBURSABLE COST</u>		
81. GIFT COFFEE SHOPS & CANTEEN		
82. INVESTMENT PROPERTY		
83. RESEARCH		
84. HEARING AID CENTER		
85. PHYSICIANS PRIVATE OFFICES		
86. INTERN/RES NON-APPRD PRGM SVS		
87. NON-PAID WORKER		
88. OTHER (SPECIFY)		
89. OTHER (SPECIFY)		
90. OTHER (SPECIFY)		
91. CROSSFOOT ADJUSTMENT		
92. NEGATIVE COST CENTER		27,692
93. TOTAL		13,048,803

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
**ALLOCATION OF
CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	DIRECTLY ASSIGNED CAPITAL COST	EMPLOYEE BENEFITS
	(1)	(1.1)	(2)	(3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	1,979,896			
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	289,728			
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	298,315			
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	15,803			
9. DIETARY	27,656			
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	6,321			
13. CENTRAL SERVICE & SUPPLY	11,431			
14. PHARMACY	7,902			
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	1,322,740			
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3**

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	DIRECTLY ASSIGNED CAPITAL COST	EMPLOYEE BENEFITS
	(1)	(1.1)	(2)	(3)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	1,979,896			
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	1,979,896			

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
**ALLOCATION OF
CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING	ADMISSIONS
	(4.1)	(4.2)	(4.3)	(4.4)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PROC
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. OTHER (SPECIFY)
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. RECOVERY ROOM
39. DELIVERY ROOM
40. ANESTHESIOLOGY
41. RADIOLOGY-DIAGNOSTIC
42. RADIOLOGY-THERAPEUTIC
43. RADIOISOTOPE
44. LABORATORY
45. WHOLE BLOOD
46. BLOOD STORING

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
**ALLOCATION OF
CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING	ADMISSIONS
	(4.1)	(4.2)	(4.3)	(4.4)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
**ALLOCATION OF
CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(4.5)	(4.6)	(5)	(6)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL		289,728		
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		61,006		359,321
7. LAUNDRY & LINEN SERVICES		941		
8. HOUSEKEEPING		9,625		4,080
9. DIETARY		16,342		7,140
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		13,298		1,632
13. CENTRAL SERVICE & SUPPLY		4,484		2,951
14. PHARMACY		209		2,040
15. MEDICAL RECORDS LIBRARY		3,918		
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		163,023		341,478
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC		22		
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY		1,998		
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3**

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(4.5)	(4.6)	(5)	(6)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY		496		
50. OCCUPATIONAL THERAPY		675		
51. SPEECH THERAPY		1,327		
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS		12,364		
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		289,728		359,321
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		289,728		359,321

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
**ALLOCATION OF
CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	941			
8. HOUSEKEEPING		29,508		
9. DIETARY		593	51,731	
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		136		
13. CENTRAL SERVICE & SUPPLY		245		
14. PHARMACY		169		
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	941	28,365	51,731	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3**

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	941	29,508	51,731	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	941	29,508	51,731	

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
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FOR THE PERIOD: 7/1/2021 TO 6/30/2022
**ALLOCATION OF
CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY
	(11)	(12)	(13)	(14)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		21,387		
13. CENTRAL SERVICE & SUPPLY			19,111	
14. PHARMACY				10,320
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		21,387	19,111	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
HOSPITAL**
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
**ALLOCATION OF
CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY
	(11)	(12)	(13)	(14)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		21,387	19,111	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				10,320
93. TOTAL		21,387	19,111	10,320

**EAST END BEHAVIORAL HEALTH
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**ALLOCATION OF
CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)	OTHER (SPECIFY)
	(15)	(16)	(17)	(18)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	3,918			
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE	3,918			
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				

ANCILLARY SERVICES

37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
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ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3**

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)	OTHER (SPECIFY)
	(15)	(16)	(17)	(18)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		3,918		
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		3,918		

COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL	INTERN RESIDENT APPROVED PROG
	(19)	(20)	(21)	(22)

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRO
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

26. GENERAL ROUTINE CARE	
27. NURSERY	
28. ICU	
29. NICU	
30. CCU	
31. OTHER (SPECIFY)	
32. OTHER (SPECIFY)	
33. OTHER (SPECIFY)	
34. MED REHAB UNIT	
35. PSYCH UNIT	
36. DRUG & ALCOHOL REHAB UNIT	

37. OPERATING ROOM	
38. RECOVERY ROOM	
39. DELIVERY ROOM	
40. ANESTHESIOLOGY	
41. RADIOLOGY-DIAGNOSTIC	
42. RADIOLOGY-THERAPEUTIC	
43. RADIOISOTOPE	
44. LABORATORY	
45. WHOLE BLOOD	
46. BLOOD STORING	

**EAST END BEHAVIORAL HEALTH
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**ALLOCATION OF
CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	OTHER (SPECIFY) (19)	OTHER (SPECIFY) (20)	NURSING SCHOOL (21)	INTERN RESIDENT APPROVED PROG (22)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**EAST END BEHAVIORAL HEALTH
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**ALLOCATION OF
CAPITAL RELATED COSTS**
Amended WORKSHEET B-3

COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY) (23)	PARAMEDICAL ED (SPECIFY) (24)	PARAMEDICAL ED (SPECIFY) (25)	TOTAL (26)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE				1,952,694
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				22
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				1,998
45. WHOLE BLOOD				
46. BLOOD STORING				

**EAST END BEHAVIORAL HEALTH
HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
ALLOCATION OF
CAPITAL RELATED COSTS
Amended WORKSHEET B-3**

COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	TOTAL
	(23)	(24)	(25)	(26)
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				496
50. OCCUPATIONAL THERAPY				675
51. SPEECH THERAPY				1,327
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				12,364
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				1,969,576
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. INVESTMENT PROPERTY				
83. RESEARCH				
84. HEARING AID CENTER				
85. PHYSICIANS PRIVATE OFFICES				
86. INTERN/RES NON-APPRD PRGM SVS				
87. NON-PAID WORKER				
88. OTHER (SPECIFY)				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				10,320
92. NEGATIVE COST CENTER				
93. TOTAL				1,979,896

EAST END BEHAVIORAL HEALTH HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COMPUTATION OF RATIO OF DEPARTMENTAL
 CHARGES TO TOTAL CHARGES
 Amended WORKSHEET C-1

COST CENTER DESCRIPTION	TOTAL BILLED CHARGES	TOTAL O/P CHARGES	I/P CHARGES (Excluding units & other)	TOTAL I/P PSYCH. UNIT CHARGES	TOTAL I/P D & A UNIT CHARGES
	(1)	(2)	(3)	(4)	(5)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE	\$21,282,977		\$21,282,977		
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. OTHER (SPECIFY)					
34. MED REHAB UNIT					
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	21,282,977		21,282,977		
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM					
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC	92,274		92,274		
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY	1,354,875		1,354,875		
45. WHOLE BLOOD					
46. BLOOD STORING					
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY					
49. PHYSICAL THERAPY	64,644		64,644		
50. OCCUPATIONAL THERAPY	81,022		81,022		
51. SPEECH THERAPY	63,094		63,094		
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY					
54. ELECTROENCEPHALOGRAPHY					
55. MEDICAL SUPPLIES					
56. DRUGS CHARGED TO PATIENTS	1,907,748		1,907,748		
57. RENAL DIALYSIS					
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	3,563,657		3,563,657		
81. TOTAL	\$24,846,634		\$24,846,634		

EAST END BEHAVIORAL HEALTH HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COMPUTATION OF RATIO OF DEPARTMENTAL
 CHARGES TO TOTAL CHARGES
 Amended WORKSHEET C-1

COST CENTER DESCRIPTION	TOTAL I/P MEDICAL REHAB. UNIT CHARGES (6)	OTHER I/P CHARGES (SPECIFY) (7)	OUTPATIENT RATIO (Col. 2 ÷ Col. 1) (8)	I/P RATIO (Excluding units & other) (Col. 3 ÷ Col. 1) (9)	INPATIENT PSYCH. UNIT RATIO (Col. 4 ÷ Col. 1) (10)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE				100.000000%	
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. OTHER (SPECIFY)					
34. MED REHAB UNIT					
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE					
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM					
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC				100.000000%	
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY				100.000000%	
45. WHOLE BLOOD					
46. BLOOD STORING					
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY					
49. PHYSICAL THERAPY				100.000000%	
50. OCCUPATIONAL THERAPY				100.000000%	
51. SPEECH THERAPY				100.000000%	
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY					
54. ELECTROENCEPHALOGRAPHY					
55. MEDICAL SUPPLIES					
56. DRUGS CHARGED TO PATIENTS				100.000000%	
57. RENAL DIALYSIS					
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER					
81. TOTAL					

EAST END BEHAVIORAL HEALTH HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COMPUTATION OF RATIO OF DEPARTMENTAL
 CHARGES TO TOTAL CHARGES
 Amended WORKSHEET C-1

COST CENTER DESCRIPTION	INPATIENT D & A UNIT RATIO (Col. 5 ÷ Col. 1) (11)	I/P MEDICAL REHAB. UNIT RATIO (Col. 6 ÷ Col. 1) (12)	OTHER I/P RATIO (Col. 7 ÷ Col. 1) (13)
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE			
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. OTHER (SPECIFY)			
34. MED REHAB UNIT			
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE			
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC			
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. LABORATORY			
45. WHOLE BLOOD			
46. BLOOD STORING			
47. INTRAVENOUS THERAPY			
48. RESPIRATORY THERAPY			
49. PHYSICAL THERAPY			
50. OCCUPATIONAL THERAPY			
51. SPEECH THERAPY			
52. OXYGEN THERAPY			
53. ELECTROCARDIOLOGY			
54. ELECTROENCEPHALOGRAPHY			
55. MEDICAL SUPPLIES			
56. DRUGS CHARGED TO PATIENTS			
57. RENAL DIALYSIS			
58. AUDIOLOGY			
59. OTHER (SPECIFY)			
60. OTHER (SPECIFY)			
61. OTHER (SPECIFY)			
62. OTHER (SPECIFY)			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER			
81. TOTAL			

EAST END BEHAVIORAL HEALTH HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COMPUTATION OF PENNSYLVANIA MEDICAL
 ASSISTANCE INPATIENT CARE COSTS

Amended WORKSHEET C-2

COST CENTER DESCRIPTION	TOTAL COSTS (From Wkst. B-2, Col. 27) (1)	TOTAL O/P COSTS (Col. 1 x Wkst. C-1, Col. 8) (2)	I/P COSTS (Excluding units & other) (Col. 1 x Wkst. C-1, Col. 9) (3)	TOTAL I/P PSYCH. UNIT COSTS (Col. 1 x Wkst. C-1, Col. 10) (4)	TOTAL I/P D & A UNIT COSTS (Col. 1 x Wkst. C-1, Col. 11) (5)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE	\$12,260,754		\$12,260,754		
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. OTHER (SPECIFY)					
34. MED REHAB UNIT					
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	12,260,754		12,260,754		
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM					
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC	977		977		
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY	89,992		89,992		
45. WHOLE BLOOD					
46. BLOOD STORING					
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY					
49. PHYSICAL THERAPY	22,353		22,353		
50. OCCUPATIONAL THERAPY	30,414		30,414		
51. SPEECH THERAPY	59,748		59,748		
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY					
54. ELECTROENCEPHALOGRAPHY					
55. MEDICAL SUPPLIES					
56. DRUGS CHARGED TO PATIENTS	556,873		556,873		
57. RENAL DIALYSIS					
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	760,357		760,357		
81. TOTAL	\$13,021,111		\$13,021,111		

EAST END BEHAVIORAL HEALTH HOSPITAL
 PROVIDER NUMBER: 1038830590001
 FOR THE PERIOD: 7/1/2021 TO 6/30/2022
 COMPUTATION OF PENNSYLVANIA MEDICAL
 ASSISTANCE INPATIENT CARE COSTS

Amended WORKSHEET C-2

COST CENTER DESCRIPTION	TOTAL I/P MEDICAL REHAB. COSTS (Col. 1 x Wkst. C-1, Col. 12) (6)	OTHER I/P COSTS (Col. 1 x Wkst. C-1, Col. 13) (7)	I/P CHARGES (Excluding units & other) (From Wkst. C-1, Col. 3) (8)	PA M.A. I/P CHARGES (Excluding units & other) (9)	I/P PER DIEM (Col. 3 ÷ Col. 12) or MA I/P RATIO (Col. 9 ÷ Col. 8) (10)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE			\$21,282,977		\$923.46
27. NURSERY					
28. ICU					
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. OTHER (SPECIFY)					
34. MED REHAB UNIT					
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE			21,282,977		
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM					
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC			92,274		
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. LABORATORY			1,354,875		
45. WHOLE BLOOD					
46. BLOOD STORING					
47. INTRAVENOUS THERAPY					
48. RESPIRATORY THERAPY					
49. PHYSICAL THERAPY			64,644		
50. OCCUPATIONAL THERAPY			81,022		
51. SPEECH THERAPY			63,094		
52. OXYGEN THERAPY					
53. ELECTROCARDIOLOGY					
54. ELECTROENCEPHALOGRAPHY					
55. MEDICAL SUPPLIES					
56. DRUGS CHARGED TO PATIENTS			1,907,748		
57. RENAL DIALYSIS					
58. AUDIOLOGY					
59. OTHER (SPECIFY)					
60. OTHER (SPECIFY)					
61. OTHER (SPECIFY)					
62. OTHER (SPECIFY)					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC					
64. EMERGENCY					
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER			3,563,657		
81. TOTAL			\$24,846,634		

EAST END BEHAVIORAL HEALTH HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS

Amended WORKSHEET C-2

COST CENTER DESCRIPTION	PA M.A. I/P COSTS (Excl. units & other) (Col. 10 x Col. 13) or (Col. 3 x Col. 10) (11)	TOTAL ALL INPATIENT DAYS (Excluding units & other) (12)	PA M.A. INPATIENT DAYS (Excluding units & other) (13)
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE		13,277	
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. OTHER (SPECIFY)			
34. MED REHAB UNIT			
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE		13,277	
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC			
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. LABORATORY			
45. WHOLE BLOOD			
46. BLOOD STORING			
47. INTRAVENOUS THERAPY			
48. RESPIRATORY THERAPY			
49. PHYSICAL THERAPY			
50. OCCUPATIONAL THERAPY			
51. SPEECH THERAPY			
52. OXYGEN THERAPY			
53. ELECTROCARDIOLOGY			
54. ELECTROENCEPHALOGRAPHY			
55. MEDICAL SUPPLIES			
56. DRUGS CHARGED TO PATIENTS			
57. RENAL DIALYSIS			
58. AUDIOLOGY			
59. OTHER (SPECIFY)			
60. OTHER (SPECIFY)			
61. OTHER (SPECIFY)			
62. OTHER (SPECIFY)			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER			
81. TOTAL			

EAST END BEHAVIORAL HEALTH HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY

Amended WORKSHEET C-5

COST CENTER DESCRIPTION	TOTAL CAPITAL COSTS (From Wkst. B-3, Col. 26) (1)	TOTAL I/P CAPITAL COSTS (Col. 1 x Wkst. C-1, Col. 9) (2)	TOTAL I/P CHARGES (Excl. units & other) (From Wkst. C-1, Col. 3) (3)	PA M.A. I/P CHARGES (Excl. units & other) (From Wkst. C-2, Col. 9) (4)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$1,952,694	\$1,952,694	\$21,282,977	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE	1,952,694	1,952,694	21,282,977	
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC	22	22	92,274	
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY	1,998	1,998	1,354,875	
45. WHOLE BLOOD				
46. BLOOD STORING				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY	496	496	64,644	
50. OCCUPATIONAL THERAPY	675	675	81,022	
51. SPEECH THERAPY	1,327	1,327	63,094	
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS	12,364	12,364	1,907,748	
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER	16,882	16,882	3,563,657	
81. TOTAL	\$1,969,576	\$1,969,576	\$24,846,634	

EAST END BEHAVIORAL HEALTH HOSPITAL
PROVIDER NUMBER: 1038830590001
FOR THE PERIOD: 7/1/2021 TO 6/30/2022
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY

Amended WORKSHEET C-5

COST CENTER DESCRIPTION	I/P CAPITAL PER DIEM (Col. 2 ÷ Col. 7) or M.A. I/P RATIO (Col. 4 ÷ Col. 3) (5)	PA M.A. I/P CAPITAL COSTS (Col. 5 x Col. 8) or (Col. 2 x Col. 5) (6)	TOTAL DAYS (7)	M.A. DAYS (8)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$147.07		13,277	
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. OTHER (SPECIFY)				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE			13,277	
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. LABORATORY				
45. WHOLE BLOOD				
46. BLOOD STORING				
47. INTRAVENOUS THERAPY				
48. RESPIRATORY THERAPY				
49. PHYSICAL THERAPY				
50. OCCUPATIONAL THERAPY				
51. SPEECH THERAPY				
52. OXYGEN THERAPY				
53. ELECTROCARDIOLOGY				
54. ELECTROENCEPHALOGRAPHY				
55. MEDICAL SUPPLIES				
56. DRUGS CHARGED TO PATIENTS				
57. RENAL DIALYSIS				
58. AUDIOLOGY				
59. OTHER (SPECIFY)				
60. OTHER (SPECIFY)				
61. OTHER (SPECIFY)				
62. OTHER (SPECIFY)				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER				
81. TOTAL				

RIGHT OF APPEAL FROM COSTS DISALLOWANCE

You may **appeal any disallowance** contained in this report in accordance with your appeal rights as governed by 55 Pa. Code Chapter 41.²

If you wish to **appeal any disallowance** contained in this report, you must file a **timely request for hearing** within **33 calendar days** of the date of the **written notice** of the agency action pursuant to 55 Pa. Code § 41.32(a)(1) with the:

- Department of Human Services, Bureau of Hearings and Appeals, 2330 Vartan Way, 2nd Floor, Harrisburg, PA 17110.³

Your request for hearing will be considered filed on the date of the United States postmark appearing on the envelope in which the request for hearing is sent by first-class mail. Please be aware that a request for hearing filed in any other manner or sent in an envelope bearing a postmark other than a United States postmark will be considered filed on the date it is received by the Bureau of Hearings and Appeals.⁴

Your **request for hearing** must:

- (1) set forth the name, address, and telephone number of the hospital;
- (2) state in detail the reasons why the hospital believes the agency action is factually or legally erroneous, identify the specific issues that the hospital will raise in its appeal, and specify the relief that the hospital is seeking; and
- (3) include a copy of this notice.⁵

In addition, a **copy of your request for hearing and all accompanying documents** sent to the DHS' Bureau of Hearings and Appeals must be sent to:

- Department of Human Services, Bureau of Fiscal Management, Commonwealth Tower, 8th Floor, P.O. Box 2675, Harrisburg, PA 17105 and
- Department of Human Services, Office of General Counsel, Third Floor West, Health & Welfare Building, 625 Forster Street, Harrisburg, PA 17120.

If you **fail to file a timely request** for hearing, DHS will treat this letter as an unappealed order, which may not thereafter be directly challenged or collaterally attacked.

² Please consult with your solicitor regarding these appeal rights under PA Code, Title 55, Chapter 41. Medical Assistance Provider Appeal Procedures of the DHS' regulations.

<https://www.pacode.com/secure/data/055/chapter41/chap41toc.html> accessed 2/13/2024.

³ Section 41.32(a) of the DHS' regulations provides as follows, in part: "[e]xcept as permitted in § 41.33 (relating to appeals nunc pro tunc), the Bureau lacks jurisdiction to hear a **request for hearing** unless the request for hearing is in **writing** and is filed with the Bureau in a **timely manner**, as follows: (1) [i]f the program office gives notice of an agency action by mailing the notice to the provider, the provider shall file its request for hearing with the Bureau within **33 days of the date of the written notice** of the agency action...." (Emphases added.)

⁴ See 55 Pa. Code § 41.32(b).

⁵ See 55 Pa. Code § 41.31(d).

**EAST END BEHAVIORAL HEALTH HOSPITAL
REPORT DISTRIBUTION
FOR THE FISCAL YEAR ENDED JUNE 30, 2022**

This report was initially distributed to:

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Office of Medical Assistance Programs
Department of Human Services

Mr. Alexander Matolyak

Director
Division of Audit and Review
Department of Human Services

Mr. R. Dennis Welker

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