

# AMENDED FINANCIAL REPORT

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

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## Malvern Behavioral Health

Report Period July 1, 2021 – June 30, 2022

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April 2025



Commonwealth of Pennsylvania  
Department of the Auditor General

Timothy L. DeFoor • Auditor General

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**TIMOTHY L. DEFOOR  
AUDITOR GENERAL**

March 24, 2025

Ms. Autumn DeShields  
Chief Executive Officer  
Malvern Behavioral Health  
1930 South Broad Street  
Philadelphia, PA 19145

Dear Ms. DeShields:

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 Malvern Behavioral Health 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.

Malvern Behavioral Health (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™).<sup>1</sup>

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<sup>1</sup> PROMISe™ is a Web-based application for registered providers. PROMISe™ is a HIPAA-compliant claims processing, provider enrollment, and management information system. Source: [www.pa.gov/agencies/dhs/resources/for-providers/promise.html](http://www.pa.gov/agencies/dhs/resources/for-providers/promise.html), accessed 1/27/2025.

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 7/22/2024, and provided by the DHS from PROMISE™.
  - We determined adjustments were warranted as a result of this procedure; therefore, 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 7/22/2024, and provided by the DHS from PROMISE™. Refer to Adjustments #1, #2, & #3 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.
  - No adjustments were warranted as a result of this procedure.
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 documentation.
  - No adjustments were warranted as a result of this procedure.
4. Compared the cost allocation statistics for the new facility, in total, included on the facility's submitted MA-336 Cost Report to the cost allocation statistics included in the facility's documentation.
  - No adjustments were warranted as a result of this procedure.

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.

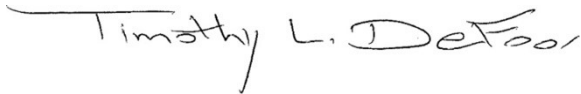
Based on the results of those procedures, and as communicated to DHS management, while we concluded that data related to paid MA charges as detailed in PROMISE™ were reliable, we concluded that the actual paid MA days and MA discharges data detailed in the PROMISE™ Cost Settlement Report, dated 7/22/2024, 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 new facility, 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 Malvern Behavioral Health.

Sincerely,

A handwritten signature in black ink that reads "Timothy L. DeFoor". The signature is written in a cursive style with a horizontal line above the first few letters.

Timothy L. DeFoor  
Auditor General

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS:

Malvern Behavioral Hospital  
1930 South Broad Street  
Philadelphia, PA 19145

PROVIDER NO.:

1038828660001

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	4	1	1	<p>Inpatient Statistics MA Days</p> <p>General Care Unit</p> <p>To adjust the reported MA days to the paid MA days per the Cost Settlement Report, dated 7/22/2024.</p> <p>DPW 1163, Subchapter A, 1163.51</p>	18.0	(18.0)	0.0												
MA-336	S-2	10	9	2	<p>MA Discharges</p> <p>PA MA Discharges - DRG</p> <p>To adjust the reported MA discharges to the MA discharges per the Cost Settlement Report, dated 7/22/2024.</p> <p>DPW 1163, Subchapter A, 1163.51</p>	1	(1)	0												
MA-336	C-2	26	9	3	<p>Charge Adjustment DRG MA Charges</p> <p>General Routine Care</p> <p>To adjust the MA Inpatient Charges to the paid MA Inpatient Charges per the Cost Settlement Report, dated 7/22/2024. The MA Inpatient Charges are allocated on proportionate basis as developed from the filed MA Inpatient Charges.</p> <p>DPW 1163, Subchapter A, 1163.51</p>	<table border="1"> <tr> <td>\$</td> <td>36,000</td> <td>\$</td> <td>(36,000)</td> <td>\$</td> <td>0-</td> </tr> <tr> <td>\$</td> <td>36,000</td> <td>\$</td> <td>(36,000)</td> <td>\$</td> <td>-</td> </tr> </table>	\$	36,000	\$	(36,000)	\$	0-	\$	36,000	\$	(36,000)	\$	-		
\$	36,000	\$	(36,000)	\$	0-															
\$	36,000	\$	(36,000)	\$	-															

Malvern Behavioral Health  
Amended WORKSHEET S-1  
DETERMINATION OF PENNSYLVANIA M.A. REIMBURSABLE COST  
(Excluding SNF, ICF and RTF Data)

		PROVIDER NUMBER	PERIOD	
		1038828660001	7/1/21 to 6/30/22	
PART I  ACUTE CARE AND FREESTANDING COST - REIMBURSED HOSPITALS	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	(From Wkst. C-2, Col. 10) (2 decimal places)	(Col. 2 x Col. 3) (Round To Nearest \$)
	(1)	(2)	(3)	(4)
1. GENERAL ROUTINE CARE	6,018		\$831.30	
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)	6,018			
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	
		1038828660001	7/1/21 to 6/30/22	
PART II  PSYCHIATRIC UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	(From Wkst C-3, Col. 4, Line 35) (2 decimal places)	(Col. 2 x Col. 3) (Round To Nearest \$)
	(1)	(2)	(3)	(4)
1. PSYCHIATRIC UNIT INPATIENT SERVICES				
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)				

**Malvern Behavioral Health**  
**Amended WORKSHEET S-1**  
**DETERMINATION OF PENNSYLVANIA M.A. REIMBURSABLE COST**  
**(Excluding SNF, ICF and RTF Data)**

		PROVIDER NUMBER	PERIOD
			7/1/21 to 6/30/22
PART III  DRUG AND ALCOHOL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	(From Wkst C-4, Col. 4, Line 36) (2 decimal places)
	(1)	(2)	(3)
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
			7/1/21 to 6/30/22
PART IV  MEDICAL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	(From Wkst. C-7, Col. 4, Line 34) (2 decimal places)
	(1)	(2)	(3)
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	MEDICAL EDUCATION (Incl. Nursing School)	NURSING SCHOOL
	(Round To Nearest \$)	(Round To Nearest \$)	(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	D & A REHAB. UNIT	MED. REHAB. UNIT	FREESTANDING HOSP
	(From Wkst C-6, Part II, Line 81, Column 6)	(From Wkst C-6, Part III, Line 81, Column 6)	(From Wkst C-6, Part IV, Line 81, Column 6)	(From Wkst C-6, Part V, Line 81, Column 6)
	(Round To Nearest \$)	(Round To Nearest \$)	(Round To Nearest \$)	(Round To Nearest \$)
	(1)	(2)	(3)	(4)



Malvern Behavioral Health  
 PROVIDER NUMBER: 1038828660001

FOR THE PERIOD: 7/1/21 TO 6/30/22  
 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)	54							
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	19,710							
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	6,018							
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)	

Malvern Behavioral Health  
PROVIDER NUMBER: 1038828660001

FOR THE PERIOD: 7/1/21 TO 6/30/22  
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)	54				54
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	19,710				19,710
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	6,018				6,018
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	662				662
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD	1				1
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	662				662
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.)	0.3053				0.3053
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	9.0906				9.0906
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) (EXAMPLE: IF 150 SHOW 150.0)	23.0				23.0

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)		
<b>GENERAL SERVICE</b>					
1. CAPITAL COSTS-BLDG & FIXTURES					
1.1. CAPITAL COSTS					
2. CAPITAL COSTS-EQUIPMENT		59,762	59,762		59,762
3. EMPLOYEE BENEFITS		100	100		100
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	510,046	2,030,653	2,540,699		2,540,699
5. MAINTENANCE AND REPAIRS					
6. OPERATION OF PLANT	808	18,411	19,219		19,219
7. LAUNDRY & LINEN SERVICES					
8. HOUSEKEEPING		82,636	82,636		82,636
9. DIETARY		230,700	230,700		230,700
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 PROG					
23. PARAMEDICAL ED (SPECIFY)					
24. PARAMEDICAL ED (SPECIFY)					
25. PARAMEDICAL ED (SPECIFY)					
<b>INPATIENT ROUTINE SERVICE</b>					
26. GENERAL ROUTINE CARE	2,092,132	213,387	2,305,519		2,305,519
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					
<b>ANCILLARY SERVICES</b>					
37. OPERATING ROOM					
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC					
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. CT SCAN					
45. MRI					
46. LABORATORY					

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD					
48. BLOOD STORING					
49. INTRAVENOUS THERAPY					
50. RESPIRATORY THERAPY					
51. PHYSICAL THERAPY					
52. OCCUPATIONAL THERAPY					
53. SPEECH THERAPY					
54. OXYGEN THERAPY					
55. ELECTROCARDIOLOGY					
56. CARDIAC CATH LAB					
57. ELECTROENCEPHALOGRAPHY					
58. MED SUPP CHGD TO PATIENT					
59. IMPLANTABLE DEVICES CHDG TO PT					
60. DRUG CHARGED TO PATIENT					
61. RENAL DIALYSIS					
62. AUDIOLOGY					
<b><u>OUTPATIENT SERVICES</u></b>					
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)					
<b><u>OTHER INPATIENT</u></b>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. SUBTOTAL	2,602,986	2,635,649	5,238,635		5,238,635
<b><u>NON-REIMBURSABLE COST</u></b>					
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. PREHOSPITAL SERVICES					
89. OTHER (SPECIFY)					
90. OTHER (SPECIFY)					
91. TOTAL	\$2,602,986	\$2,635,649	\$5,238,635		\$5,238,635

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)
<b>GENERAL SERVICE</b>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT		59,762		59,762
3. EMPLOYEE BENEFITS		100		100
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	(235,870)	2,304,829		2,304,829
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		19,219		19,219
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING		82,636		82,636
9. DIETARY		230,700		230,700
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)				
<b><u>INPATIENT ROUTINE SERVICE</u></b>				
26. GENERAL ROUTINE CARE		2,305,519		2,305,519
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				
<b><u>ANCILLARY SERVICES</u></b>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	(235,870)	5,002,765		5,002,765
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. TOTAL	(\$235,870)	\$5,002,765		\$5,002,765

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**COST ALLOCATION**  
**STATISTICAL BASIS**  
**Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES  (100% COST) (1)	CAPITAL COSTS  (SQ FT) (1.1)	CAPITAL COSTS- EQUIPMENT  (100% COST) (2)	EMPLOYEE BENEFITS  (GROSS SAL) (3)
<b><u>GENERAL SERVICE</u></b>				
1. CAPITAL COSTS-BLDG & FIXTURES	100			
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT			100	
3. EMPLOYEE BENEFITS				2,602,986
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				510,046
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				808
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 PROG				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<b><u>INPATIENT ROUTINE SERVICE</u></b>				
26. GENERAL ROUTINE CARE	100		100	2,092,132
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				
<b><u>ANCILLARY SERVICES</u></b>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**COST ALLOCATION**  
**STATISTICAL BASIS**  
**Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES  (100% COST) (1)	CAPITAL COSTS  (SQ FT) (1.1)	CAPITAL COSTS- EQUIPMENT  (100% COST) (2)	EMPLOYEE BENEFITS  (GROSS SAL) (3)
47. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	100		100	2,602,986
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	100		100	2,602,986
94. COST TO BE ALLOCATED(B-2)			59,762	100
95. UNIT COST MULTIPLIER (B-2)			597.620000	0.000038
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				



**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
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)				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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  (100% COST) (6)
<b><u>GENERAL SERVICE</u></b>				
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		2,697,917		
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		19,219		100
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING		82,636		
9. DIETARY		230,700		
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)				
<b><u>INPATIENT ROUTINE SERVICE</u></b>				
26. GENERAL ROUTINE CARE		2,365,362		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				
<b><u>ANCILLARY SERVICES</u></b>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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  (100% COST) (6)
47. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		2,697,917		100
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC		2,697,917		100
94. COST TO BE ALLOCATED(B-2)		2,304,848		35,638
95. UNIT COST MULTIPLIER (B-2)		0.854306		356.380000
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**COST ALLOCATION**  
**STATISTICAL BASIS**  
**Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES  (100% COST) (7)	HOUSEKEEPING  (100% COST) (8)	DIETARY  (100% COST) (9)	CAFETERIA  (MEALS SER) (10)
<b><u>GENERAL SERVICE</u></b>				
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	100			
8. HOUSEKEEPING		100		
9. DIETARY			100	
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)				
<b><u>INPATIENT ROUTINE SERVICE</u></b>				
26. GENERAL ROUTINE CARE	100	100	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				
<b><u>ANCILLARY SERVICES</u></b>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**COST ALLOCATION**  
**STATISTICAL BASIS**  
**Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES  (100% COST) (7)	HOUSEKEEPING  (100% COST) (8)	DIETARY  (100% COST) (9)	CAFETERIA  (MEALS SER) (10)
47. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	100	100	100	
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	100	100	100	
94. COST TO BE ALLOCATED(B-2)		153,232	427,788	
95. UNIT COST MULTIPLIER (B-2)		1532.320000	4277.880000	
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**

**COST ALLOCATION**  
**STATISTICAL BASIS**  
**Amended WORKSHEET B-1**

<b>COST CENTER DESCRIPTION</b>	<b>MAINTENANCE OF PERSONNEL  (NO. HOUSED) (11)</b>	<b>NURSING ADMINISTRATION  (HOURS OF) (12)</b>	<b>CENTRAL SERVICE &amp; SUPPLY  (COST REQ) (13)</b>	<b>PHARMACY  (100% COST) (14)</b>
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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				100
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				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				

**ANCILLARY SERVICES**

37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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  (100% COST) (14)
47. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				100
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC				100
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)				



**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)
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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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
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)				

**Malvern Behavioral Health  
 PROVIDER NUMBER: 1038828660001  
 FOR THE PERIOD: 7/1/21 TO 6/30/22**

**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)
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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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
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)				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**

**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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**COST ALLOCATION**  
**STATISTICAL BASIS**  
**Amended WORKSHEET B-1**

COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY)  (TIME) (23)	PARAMEDICAL ED (SPECIFY)  (TIME) (24)	PARAMEDICAL ED (SPECIFY)  (TIME) (25)
47. WHOLE BLOOD			
48. BLOOD STORING			
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY			
51. PHYSICAL THERAPY			
52. OCCUPATIONAL THERAPY			
53. SPEECH THERAPY			
54. OXYGEN THERAPY			
55. ELECTROCARDIOLOGY			
56. CARDIAC CATH LAB			
57. ELECTROENCEPHALOGRAPHY			
58. MED SUPP CHGD TO PATIENT			
59. IMPLANTABLE DEVICES CHDG TO PT			
60. DRUG CHARGED TO PATIENT			
61. RENAL DIALYSIS			
62. AUDIOLOGY			
<b><u>OUTPATIENT SERVICES</u></b>			
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)			
<b><u>OTHER INPATIENT</u></b>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. SUBTOTAL			
<b><u>NON-REIMBURSABLE COST</u></b>			
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. PREHOSPITAL SERVICES			
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)			

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)
<b><u>GENERAL SERVICE</u></b>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT	59,762			59,762
3. EMPLOYEE BENEFITS	100			
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	2,304,829			
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	19,219			
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING	82,636			
9. DIETARY	230,700			
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 PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<b><u>INPATIENT ROUTINE SERVICE</u></b>				
26. GENERAL ROUTINE CARE	2,305,519			59,762
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				
<b><u>ANCILLARY SERVICES</u></b>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	5,002,765			59,762
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	5,002,765			59,762



**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS  (3)	NON-PATIENT TELEPHONE  (4.1)	DATA PROCESSING  (4.2)	PURCHASING  (4.3)
<b><u>GENERAL SERVICE</u></b>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS	100			
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	19			
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 PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<b><u>INPATIENT ROUTINE SERVICE</u></b>				
26. GENERAL ROUTINE CARE	81			
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				
<b><u>ANCILLARY SERVICES</u></b>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	100			
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	100			

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
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**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	ADMISSIONS  (4.4)	BILLING/ COLLECTIONS  (4.5)	OTHER ADMIN. AND GENERAL  (4.6)	MAINTENANCE AND REPAIRS  (5)
<b><u>GENERAL SERVICE</u></b>				
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			2,304,848	
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT			16,419	
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING			70,596	
9. DIETARY			197,088	
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 PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<b><u>INPATIENT ROUTINE SERVICE</u></b>				
26. GENERAL ROUTINE CARE			2,020,745	
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				
<b><u>ANCILLARY SERVICES</u></b>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	ADMISSIONS  (4.4)	BILLING/ COLLECTIONS  (4.5)	OTHER ADMIN. AND GENERAL  (4.6)	MAINTENANCE AND REPAIRS  (5)
47. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			2,304,848	
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL			2,304,848	

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
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**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(6)	(7)	(8)	(9)
<b><u>GENERAL SERVICE</u></b>				
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	35,638			
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING			153,232	
9. DIETARY				427,788
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 PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<b><u>INPATIENT ROUTINE SERVICE</u></b>				
26. GENERAL ROUTINE CARE	35,638		153,232	427,788
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				
<b><u>ANCILLARY SERVICES</u></b>				
37. OPERATING ROOM				
38. RECOVERY ROOM				
39. DELIVERY ROOM				
40. ANESTHESIOLOGY				
41. RADIOLOGY-DIAGNOSTIC				
42. RADIOLOGY-THERAPEUTIC				
43. RADIOISOTOPE				
44. CT SCAN				
45. MRI				
46. LABORATORY				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	OPERATION OF PLANT (6)	LAUNDRY & LINEN SERVICES (7)	HOUSEKEEPING (8)	DIETARY (9)
47. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	35,638		153,232	427,788
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	35,638		153,232	427,788

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY
	(10)	(11)	(12)	(13)

**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 PRC
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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
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**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	CAFETERIA  (10)	MAINTENANCE OF PERSONNEL  (11)	NURSING ADMINISTRATION  (12)	CENTRAL SERVICE & SUPPLY  (13)
47. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				



**Malvern Behavioral Health**  
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**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)
	(14)	(15)	(16)	(17)

**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 PRC
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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
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**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	PHARMACY  (14)	MEDICAL RECORDS LIBRARY  (15)	SOCIAL SERVICE  (16)	OTHER (SPECIFY)  (17)
47. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**Malvern Behavioral Health**  
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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 PRC
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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	OTHER (SPECIFY)  (18)	OTHER (SPECIFY)  (19)	OTHER (SPECIFY)  (20)	NURSING SCHOOL  (21)
47. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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 PRG
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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG  (22)	PARAMEDICAL ED (SPECIFY)  (23)	PARAMEDICAL ED (SPECIFY)  (24)	PARAMEDICAL ED (SPECIFY)  (25)
47. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. <u>AUDIOLOGY</u>				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. <u>SUBTOTAL</u>				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. <u>NEGATIVE COST CENTER</u>				
93. <u>TOTAL</u>				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	TOTAL MED ED COST	TOTAL EXPENSES
	(26)	(27)

**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 PRC
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)


**INPATIENT ROUTINE SERVICE**

- |                               |  |           |
|-------------------------------|--|-----------|
| 26. GENERAL ROUTINE CARE      |  | 5,002,765 |
| 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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**ALLOCATION OF**  
**GENERAL SERVICE COSTS**  
**Amended WORKSHEET B-2**

COST CENTER DESCRIPTION	TOTAL MED ED COST	TOTAL EXPENSES
	(26)	(27)
47. WHOLE BLOOD		
48. BLOOD STORING		
49. INTRAVENOUS THERAPY		
50. RESPIRATORY THERAPY		
51. PHYSICAL THERAPY		
52. OCCUPATIONAL THERAPY		
53. SPEECH THERAPY		
54. OXYGEN THERAPY		
55. ELECTROCARDIOLOGY		
56. CARDIAC CATH LAB		
57. ELECTROENCEPHALOGRAPHY		
58. MED SUPP CHGD TO PATIENT		
59. IMPLANTABLE DEVICES CHDG TO PT		
60. DRUG CHARGED TO PATIENT		
61. RENAL DIALYSIS		
62. AUDIOLOGY		
<b><u>OUTPATIENT SERVICES</u></b>		
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)		
<b><u>OTHER INPATIENT</u></b>		
75. SKILLED NURSING FACILITY		
76. INTERMEDIATE CARE FACILITY		
77. RESIDENTIAL TREATMENT FACILITY		
78. OTHER (SPECIFY)		
79. OTHER (SPECIFY)		
80. SUBTOTAL		5,002,765
<b><u>NON-REIMBURSABLE COST</u></b>		
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. PREHOSPITAL SERVICES		
89. OTHER (SPECIFY)		
90. OTHER (SPECIFY)		
91. CROSSFOOT ADJUSTMENT		
92. NEGATIVE COST CENTER		
93. TOTAL		5,002,765



**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)

**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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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 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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)

**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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**ALLOCATION OF**  
**CAPITAL RELATED COSTS**  
**Amended WORKSHEET B-3**

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)

**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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**ALLOCATION OF**  
**CAPITAL RELATED COSTS**  
**Amended WORKSHEET B-3**

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
47. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				



**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)

**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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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
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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**ALLOCATION OF**  
**CAPITAL RELATED COSTS**  
**Amended WORKSHEET B-3**

COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL	INTERN RESIDENT APPROVED PROG
	(19)	(20)	(21)	(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 PROG
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. CT SCAN
45. MRI
46. LABORATORY


**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**ALLOCATION OF**  
**CAPITAL RELATED COSTS**  
**Amended WORKSHEET B-3**

COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL	INTERN RESIDENT APPROVED PROG
	(19)	(20)	(21)	(22)
47. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHDG TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)

**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. CT SCAN
45. MRI
46. LABORATORY

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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. WHOLE BLOOD				
48. BLOOD STORING				
49. INTRAVENOUS THERAPY				
50. RESPIRATORY THERAPY				
51. PHYSICAL THERAPY				
52. OCCUPATIONAL THERAPY				
53. SPEECH THERAPY				
54. OXYGEN THERAPY				
55. ELECTROCARDIOLOGY				
56. CARDIAC CATH LAB				
57. ELECTROENCEPHALOGRAPHY				
58. MED SUPP CHGD TO PATIENT				
59. IMPLANTABLE DEVICES CHGD TO PT				
60. DRUG CHARGED TO PATIENT				
61. RENAL DIALYSIS				
62. AUDIOLOGY				
<b><u>OUTPATIENT SERVICES</u></b>				
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)				
<b><u>OTHER INPATIENT</u></b>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<b><u>NON-REIMBURSABLE COST</u></b>				
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. PREHOSPITAL SERVICES				
89. OTHER (SPECIFY)				
90. OTHER (SPECIFY)				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				



**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)
<b><u>INPATIENT ROUTINE SERVICE</u></b>					
26. GENERAL ROUTINE CARE	\$12,036,000		\$12,036,000		
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					
<b>TOTAL ROUTINE CARE</b>	<b>12,036,000</b>		<b>12,036,000</b>		
<b><u>ANCILLARY SERVICES</u></b>					
37. OPERATING ROOM					
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC					
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. CT SCAN					
45. MRI					
46. LABORATORY					
47. WHOLE BLOOD					
48. BLOOD STORING					
49. INTRAVENOUS THERAPY					
50. RESPIRATORY THERAPY					
51. PHYSICAL THERAPY					
52. OCCUPATIONAL THERAPY					
53. SPEECH THERAPY					
54. OXYGEN THERAPY					
55. ELECTROCARDIOLOGY					
56. CARDIAC CATH LAB					
57. ELECTROENCEPHALOGRAPHY					
58. MED SUPP CHGD TO PATIENT					
59. IMPLANTABLE DEVICES CHDG TO PT					
60. DRUG CHARGED TO PATIENT					
61. RENAL DIALYSIS					
62. AUDIOLOGY					
<b><u>OUTPATIENT SERVICES</u></b>					
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)					
<b><u>OTHER INPATIENT</u></b>					
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	\$12,036,000		\$12,036,000		

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)
<b><u>INPATIENT ROUTINE SERVICE</u></b>					
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					
<b>TOTAL ROUTINE CARE</b>					
<b><u>ANCILLARY SERVICES</u></b>					
37. OPERATING ROOM					
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC					
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. CT SCAN					
45. MRI					
46. LABORATORY					
47. WHOLE BLOOD					
48. BLOOD STORING					
49. INTRAVENOUS THERAPY					
50. RESPIRATORY THERAPY					
51. PHYSICAL THERAPY					
52. OCCUPATIONAL THERAPY					
53. SPEECH THERAPY					
54. OXYGEN THERAPY					
55. ELECTROCARDIOLOGY					
56. CARDIAC CATH LAB					
57. ELECTROENCEPHALOGRAPHY					
58. MED SUPP CHGD TO PATIENT					
59. IMPLANTABLE DEVICES CHDG TO PT					
60. DRUG CHARGED TO PATIENT					
61. RENAL DIALYSIS					
62. AUDIOLOGY					
<b><u>OUTPATIENT SERVICES</u></b>					
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)					
<b><u>OTHER INPATIENT</u></b>					
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					

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)
<b><u>INPATIENT ROUTINE SERVICE</u></b>			
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			
<b><u>ANCILLARY SERVICES</u></b>			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC			
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. CT SCAN			
45. MRI			
46. LABORATORY			
47. WHOLE BLOOD			
48. BLOOD STORING			
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY			
51. PHYSICAL THERAPY			
52. OCCUPATIONAL THERAPY			
53. SPEECH THERAPY			
54. OXYGEN THERAPY			
55. ELECTROCARDIOLOGY			
56. CARDIAC CATH LAB			
57. ELECTROENCEPHALOGRAPHY			
58. MED SUPP CHGD TO PATIENT			
59. IMPLANTABLE DEVICES CHDG TO PT			
60. DRUG CHARGED TO PATIENT			
61. RENAL DIALYSIS			
62. AUDIOLOGY			
<b><u>OUTPATIENT SERVICES</u></b>			
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)			
<b><u>OTHER INPATIENT</u></b>			
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			

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)
<b><u>INPATIENT ROUTINE SERVICE</u></b>					
26. GENERAL ROUTINE CARE	\$5,002,765		\$5,002,765		
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					
<b>TOTAL ROUTINE CARE</b>	5,002,765		5,002,765		
<b><u>ANCILLARY SERVICES</u></b>					
37. OPERATING ROOM					
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC					
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. CT SCAN					
45. MRI					
46. LABORATORY					
47. WHOLE BLOOD					
48. BLOOD STORING					
49. INTRAVENOUS THERAPY					
50. RESPIRATORY THERAPY					
51. PHYSICAL THERAPY					
52. OCCUPATIONAL THERAPY					
53. SPEECH THERAPY					
54. OXYGEN THERAPY					
55. ELECTROCARDIOLOGY					
56. CARDIAC CATH LAB					
57. ELECTROENCEPHALOGRAPHY					
58. MED SUPP CHGD TO PATIENT					
59. IMPLANTABLE DEVICES CHDG TO PT					
60. DRUG CHARGED TO PATIENT					
61. RENAL DIALYSIS					
62. AUDIOLOGY					
<b><u>OUTPATIENT SERVICES</u></b>					
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)					
<b><u>OTHER INPATIENT</u></b>					
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	\$5,002,765		\$5,002,765		

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)
<b><u>INPATIENT ROUTINE SERVICE</u></b>					
26. GENERAL ROUTINE CARE			\$12,036,000		\$831.30
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					
<b>TOTAL ROUTINE CARE</b>			12,036,000		
<b><u>ANCILLARY SERVICES</u></b>					
37. OPERATING ROOM					
38. RECOVERY ROOM					
39. DELIVERY ROOM					
40. ANESTHESIOLOGY					
41. RADIOLOGY-DIAGNOSTIC					
42. RADIOLOGY-THERAPEUTIC					
43. RADIOISOTOPE					
44. CT SCAN					
45. MRI					
46. LABORATORY					
47. WHOLE BLOOD					
48. BLOOD STORING					
49. INTRAVENOUS THERAPY					
50. RESPIRATORY THERAPY					
51. PHYSICAL THERAPY					
52. OCCUPATIONAL THERAPY					
53. SPEECH THERAPY					
54. OXYGEN THERAPY					
55. ELECTROCARDIOLOGY					
56. CARDIAC CATH LAB					
57. ELECTROENCEPHALOGRAPHY					
58. MED SUPP CHGD TO PATIENT					
59. IMPLANTABLE DEVICES CHDG TO PT					
60. DRUG CHARGED TO PATIENT					
61. RENAL DIALYSIS					
62. AUDIOLOGY					
<b><u>OUTPATIENT SERVICES</u></b>					
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)					
<b><u>OTHER INPATIENT</u></b>					
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			\$12,036,000		

**Malvern Behavioral Health**  
**PROVIDER NUMBER: 1038828660001**  
**FOR THE PERIOD: 7/1/21 TO 6/30/22**  
**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)
<b><u>INPATIENT ROUTINE SERVICE</u></b>			
26. GENERAL ROUTINE CARE		6,018	
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			
<b>TOTAL ROUTINE CARE</b>		<b>6,018</b>	
<b><u>ANCILLARY SERVICES</u></b>			
37. OPERATING ROOM			
38. RECOVERY ROOM			
39. DELIVERY ROOM			
40. ANESTHESIOLOGY			
41. RADIOLOGY-DIAGNOSTIC			
42. RADIOLOGY-THERAPEUTIC			
43. RADIOISOTOPE			
44. CT SCAN			
45. MRI			
46. LABORATORY			
47. WHOLE BLOOD			
48. BLOOD STORING			
49. INTRAVENOUS THERAPY			
50. RESPIRATORY THERAPY			
51. PHYSICAL THERAPY			
52. OCCUPATIONAL THERAPY			
53. SPEECH THERAPY			
54. OXYGEN THERAPY			
55. ELECTROCARDIOLOGY			
56. CARDIAC CATH LAB			
57. ELECTROENCEPHALOGRAPHY			
58. MED SUPP CHGD TO PATIENT			
59. IMPLANTABLE DEVICES CHDG TO PT			
60. DRUG CHARGED TO PATIENT			
61. RENAL DIALYSIS			
62. AUDIOLOGY			
<b><u>OUTPATIENT SERVICES</u></b>			
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)			
<b><u>OTHER INPATIENT</u></b>			
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.<sup>2</sup>

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.<sup>3</sup>

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.<sup>4</sup>

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.<sup>5</sup>

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.

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<sup>2</sup> 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>

<sup>3</sup> 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...." (Emphasis added.)

<sup>4</sup> See 55 Pa. Code § 41.32(b).

<sup>5</sup> See 55 Pa. Code § 41.31(d).

**MALVERN BEHAVIORAL HEALTH  
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

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Director  
Division of Audit and Review  
Department of Human Services

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Senior Vice President, Finance  
Malvern Health, Inc.

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