MFP DEMONSTRATION FINANCIAL FORM a

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

DEMONSTRATION EXPENDITURES BY TYPE OF SERVICE FOR THE MONEY FOLLOWS THE PERSON DEMONSTRATION PROGRAM EXPENDITURES IN QUARTER ______(ex. Q1-2007 = 1st Quarter of 2007)

			ENHANCED FMAP		Reg. FMAP		
	TOTAL COMPUTABLE	TOTAL STATE SHARE	*Qualified HCBS	**Demonstration Services	Services	ADJUSTMENTS for PRIOR PERIODS****	TOTAL FEDERAL SHARE
L Ctata Dian Camilana			%	%	%		
I. State Plan Services	(a) \$0	(b) \$0	(c)'	(d) \$0	(e) \$0	(f) \$0	(g)
5. CLINIC SERVICES*	1 ' '	1 ' '	1 1	\$0	1 1	\$0 \$0	\$0
6. TARGETED CASE MANAGEMENT FOR LONG TERM CARE*	\$0	\$0 \$0	\$0	1 1	\$0		\$0
7. PACE* (PROGRAM FOR ALL INCLUSIVE CARE FOR THE ELDERLY)	\$0		\$0	\$0	\$0	\$0	\$0
8. REHABILITATION SERVICES*	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0
9. HOME HEALTH SERVICES	1 ' '		1 1	1 1	\$0	1 -	\$0
10. HOSPICE*	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11. PERSONAL CARE SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
12. OPTIONAL MEDICAID PLAN SERVICES* (detail on Form b)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS-State Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
II. Waiver Services	(a)	(b)	(c)'	(d)	(e)	(f)	(g)
1. CASE MANAGEMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2. HOMEMAKER SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3. HOME HEALTH AIDE SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4. PERSONAL CARE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5. ADULT DAY HEALTH	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6. HABILITATION	\$0	\$0	\$0	\$0	\$0	\$0	\$0
a. RESIDENTIAL HABILITATION	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. DAY HABILITATION	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7. EXPANDED HABILITATION SERVICES (42 CFR §440.180(c))	\$0	\$0	\$0	\$0	\$0	\$0	\$0
a. PREVOCATIONAL SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. SUPPORTED EMPLOYMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0
c. EDUCATION	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8. RESPITE CARE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9. DAY TREATMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10. PARTIAL HOSPITALIZATION	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11. PSYCHOSOCIAL REHABILITATION	\$0	\$0	\$0	\$0	\$0	\$0	\$0
12. CLINIC SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
13. LIVE-IN CAREGIVER (42 CFR §441.303(f)(8))	\$0	\$0	\$0	\$0	\$0	\$0	\$0
14. CAPITATED PAYMENTS FOR LONG TERM CARE SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
15. OTHER* (detail on Form b)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS-Waiver Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS-Both Waiver & State Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
* Ovalified HCBS Services are statutory HCBS various services that will estimus once the	4ED						

^{*} Qualified HCBS Services are statutory HCBS waiver services that will cotinue once the MFP demonstration has ended

^{**} Demonstration Services are statutory HCBS waiver services that will only be billed during an individuals 12 month transition period.

^{***} Supplemental services are non-statutory HCBS waiver services that will only be available for the MFP Demonstration period.

MFP DEMONSTRATION FINANCIAL FORM b

Detail for Optional Medicaid State Plan Services & "Other" Waiver Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

DEMONSTRATION EXPENDITURES BY TYPE OF SERVICE FOR THE MONEY FOLLOWS THE PERSON DEMONSTRATION PROGRAM EXPENDITURES IN QUARTER _______(ex. Q1-2007 = 1st Quarter of 2007)

	ENHANCED FMA				Dan EMAD		
	TOTAL		ENHANCED FMAP		Reg. FMAP		TOTAL
	=	TOTAL STATE		**Demonstration		ADJUSTMENTS for	FEDERAL
I. State Plan Services	COMPUTABLE	SHARE	*Qualified HCBS	Services	Services	PRIOR PERIODS****	SHARE
OPTIONAL MEDICAID			%	%	%		
PLAN SERVICES* (Detail from Form a, Line I,12)	(a)	(b)	(c)'	(d)	(e)	(f)	(g)
a.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
e.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
f.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(Data il fuam Farma Castian II line 15)							
(Detail from Form a, Section II, line 15)							
(Detail from Form a, Section II, line 15)	(a)	(b)	(c)'	(d)	(e)	(f)	(g)
a.	(a) \$0	(b) \$0	(c) [,]	(d) \$0	(e) \$0	(f) \$0	(g) \$0
	\$0 \$0						(g) \$0 \$0
a.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
a. b.	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0
a. b. c.	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0	\$0 \$0 \$0
a. b. c. d.	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0
a. b. c. d.	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0
a. b. c. d. e. f.	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0

^{*} Qualified HCBS Services are statutory HCBS waiver services that will cotinue once the MFP demonstration has ended

^{**} Demonstration Services are statutory HCBS waiver services that will only be billed during an individuals 12 month transition period.

^{***} Supplemental services are non-statutory HCBS waiver services that will only be available for the MFP Demonstration period.

MFP DEMONSTRATION FINANCIAL FORM c

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

DEMONSTRATION EXPENDITURES BY TYPE OF SERVICE							
FOR THE MONEY FOLLOWS THE PERSON DEMONSTRATION PROGRAM							
EXPENDITURES	TOTAL	TOTAL TOTAL STATE ADMINISTRATIVE FMAP		ADJUSTMENTS for	TOTAL FEDERAL		
	COMPUTABLE	SHARE	Normal Rate 50%	SPMP 75%	Enhanced 90%	PRIOR PERIODS*	SHARE
III. Administrative	(a)	(b)	(c)'	(d)	(e)	(f)	(g)
a.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
c.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
e.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
f.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
j.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
k.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
l.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
m.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
n.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
p.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
q.	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS	\$0	\$0	\$0	\$0	\$0	\$0	\$0

DEPARTMENT OF HEALTH & HUMAN SERVICES	омв но.
CENTERS FOR MEDICARE & MEDICAID SERVICES	0938-0067
MEDICAID PROGRAM EXPENDITURE REPORT	
OTHER NARRATIVE EXPLANATIONS	
STATE QUARTER ENDED)
NARRATIVE	
NANNATIVE	
FORM CMS- 64 NARRATIVE	