

**Protocol for Submitting Annual Financial Forms-Existing Grantees  
January 2011**

**1) MFP Supplemental Budget Request**

**a. Modified SF-424a Supplemental Budget Request Information**

- see worksheet tabs for template and instructions

**b. Cover Letter**

Send the cover letter and forms (3) by **January 31, 2011** to:

Centers for Medicare and Medicaid Services  
Office of Acquisition and Grants Management  
Division of Research Contracts and Grants  
Attention: Grants Office  
Mail Stop: C2-21-15  
7500 Security Blvd  
Baltimore, MD 21244

Include the following in the cover letter:

- \_\_\_\_\_ Award/Grant Number
- \_\_\_\_\_ The total amount of Federal Funds you are requesting for the 2011 request
- \_\_\_\_\_ The total amount of State Match Funds you are budgeting for the 2011 request
- \_\_\_\_\_ Signature of an authorized representative of the State
- \_\_\_\_\_ Name & address of Principal Investigator/Project Director to receive award letter also

**2) Worksheet for Proposed Budget 2011-2016**

- see worksheet tabs for template and instructions

Please note that what is projected on your Worksheet for Proposed Budget for 2011-2016, will be the amounts that are committed to your MFP grant for future years.

Any remaining unobligated funds from prior years, must be expended before any new money is expended.

**3) Maintenance of Effort Form**

- see worksheet tabs for template and instructions

***Please note that a copy of all submitted documents must also be emailed to [MFP@cms.hhs.gov](mailto:MFP@cms.hhs.gov) for Programmatic review and approval. Without the approval of your CMS Project Officer, your supplemental award request will not be processed and approved by the CMS Grants Office.***

**MFP DEMONSTRATION GRANT SUPPLEMENTAL BUDGET REQUEST INFORMATION**

**STATE NAME:**

**AWARD NO. (Grant#):**

<b>SECTION A - BUDGET SUMMARY</b>						
Grant Program: MFP Demonstration (a)	Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	State Match (d)	Federal (e)	State Match (f)	Total (g)
CY 2010 Funding	93.791	\$0	\$0			\$0
2011 Request	93.791			\$0	\$0	\$0
<b>Total</b>				\$0	\$0	\$0
<b>SECTION B - BUDGET CATEGORIES</b>						
Object Class Categories	(1)	(2)	CY 2011 Federal Funds	CY 2011 State Match Funds	Total	
			(3)	(4)	(5)	
a. Personnel			\$0	\$0	\$0	
b. Fringe Benefits			\$0	\$0	\$0	
c. Travel			\$0	\$0	\$0	
d. Equipment			\$0	\$0	\$0	
e. Supplies			\$0	\$0	\$0	
f. Contractual			\$0	\$0	\$0	
g. Construction						
h. Service Dollars			\$0	\$0	\$0	
<b>i. Total Direct Charges (sum of a-h)</b>			\$0	\$0	\$0	
j. Indirect Charges			\$0	\$0	\$0	
<b>k. TOTALS (sum of i and j)</b>			\$0	\$0	\$0	

**MFP DEMONSTRATION GRANT SUPPLEMENTAL BUDGET REQUEST INFORMATION**

**STATE NAME: STEP ONE**

**AWARD NO. (Grant#): STEP TWO**

<b>SECTION A - BUDGET SUMMARY</b>						
MFP Demonstration Calendar Year (a)	Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	State Match (d)	Federal (e)	State Match (f)	Total (g)
CY 2010 Funding	93.791	STEP THREE	STEP FOUR			
2011 Request	93.791			STEP FIVE	STEP SIX	
<b>Total</b>				<b>\$0</b>	<b>\$0</b>	
<b>SECTION B - BUDGET CATEGORIES</b>						
Object Class Categories	(1)	(2)	CY 2011 Federal Funds	CY 2011 State Match Funds	Total	
			(3)	(4)	(5)	
a. Personnel			STEP SEVEN	STEP TEN		
b. Fringe Benefits			STEP SEVEN	STEP TEN		
c. Travel			STEP SEVEN	STEP TEN		
d. Equipment			STEP SEVEN	STEP TEN		
e. Supplies			STEP SEVEN	STEP TEN		
f. Contractual			STEP SEVEN	STEP TEN		
g. Construction						
h. Service Dollars			STEP EIGHT	STEP ELEVEN		
<b>i. Total Direct Charges (sum of a-h)</b>			<b>\$0</b>	<b>\$0</b>		
j. Indirect Charges			STEP NINE	STEP TWELVE		
<b>k. TOTALS (sum of i and j)</b>			<b>\$0</b>	<b>\$0</b>		

TOTALS MUST MATCH	TOTALS MUST MATCH
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al

\$0

\$0

\$0



al

\$0

\$0

\$0

\$0

\$0

\$0



\$0

\$0

\$0

\$0



## Step by Step Instructions for Completing the Modified SF-424a Budget Information Sheet for MFP Supplemental Budget Requests

Step	Action	Comments
<b>SECTION A - BUDGET SUMMARY</b>		
1	Enter the State Organization	See section 11 of the most recent Notice of Award (NoA) from CMS
2	Enter the award/grant number	See section 3 of the most recent Notice of Award (NoA) from CMS
3	Enter the amount of estimated unexpended Federal funds from your previous MFP grant award	This figure should include admin and services only
4	Enter the amount of estimated unexpended State match funds from your previous grant award	
5	Enter the 2011 new Federal Funds being requested	This figure comes from the Worksheet for Proposed Budget
6	Enter the 2011 State Match funds that you have budgeted	
<b>SECTION B - BUDGET CATEGORIES</b>		
7	Enter the 2011 new Federal Funds for your supplemental request in object class categories <i>a</i> through <i>f</i>	Object class categories <i>a</i> through <i>f</i> come from your Administrative Claims. Totals must match your submitted Worksheet for Proposed Budget.
8	Enter the 2011 new Federal Funds for services in object class category <i>h</i> .	Object class category <i>h</i> comes from your Services Claims requirements submitted with your protocol for the upcoming year less any funds unobligated from the current year
9	Enter any Indirect charges if applicable	Indirect charges should be submitted in accordance with the most recent approved Indirect Cost Rate Agreement
10	Enter the 2011 State Match for object class categories <i>a</i> through <i>f</i>	These costs are based on the FMAP projected State share
11	Enter the 2011 State Match for services in object class category <i>h</i> .	Object class category <i>h</i> comes from your services claim State match requirements for the upcoming calendar year less any unobligated funds from the current year
12	Enter any Indirect charges if applicable	Indirect charges should be submitted in accordance with the most recent approved Indirect Cost Rate Agreement

### **Notes**

All shaded gray areas are not to be completed

Construction costs are not allowed

**Total Federal budget in Section A must match the total Federal budget in Section B**

**Total State Match in Section A must match the total State Match in Section B**

Section A, column (g) and Section B, row (k) will calculate automatically

## CY 2015 Money Follows the People Worksheet for Part 1

**Instructions:** Please fill in only the cells highlighted in YELLOW. All other cells will auto populate.

**Date of Report:**

**State:**

**Grant Number:**

**Original and ARRA Increased Federal Medicaid Assistance Percentages (FMAP) are provided in this table.** *Expenditures may vary slightly. States are responsible for keeping accurate records for auditing purposes.*

FMAP Table	Column 1	
Please express FMAP as a decimal (example: 68.32%=0.6832)	<b>Original State FMAP</b>	
<b>Calendar Year Quarters through 2020</b>		
	<b>FFY 2007</b>	
	<b>FFY 2008</b>	
<i>Oct - Dec 2008</i>	<b>FFY 2009 Q1</b>	
<i>Jan - Mar 2009</i>	<b>FFY 2009 Q2</b>	
<i>Apr - Jun 2009</i>	<b>FFY 2009 Q3</b>	
<i>Jul - Sept 2009</i>	<b>FFY 2009 Q4</b>	
<i>Oct - Dec 2009</i>	<b>FFY 2010 Q1</b>	
<i>Jan - Mar 2010</i>	<b>FFY 2010 Q2</b>	
<i>Apr - Jun 2010</i>	<b>FFY 2010 Q3</b>	
<i>Jul - Sept 2010</i>	<b>FFY 2010 Q4</b>	
<i>Oct - Dec 2010</i>	<b>FFY 2011 Q1</b>	
<i>Jan - Mar 2011</i>	<b>FFY 2011 Q2</b>	
<i>Apr - Jun 2011</i>	<b>FFY 2011 Q3</b>	
<i>Jul - Sept 2011</i>	<b>FFY 2011 Q4</b>	
<i>Oct - Dec 2011</i>	<b>FFY 2012 Q1</b>	
<i>Jan - Mar 2012</i>	<b>FFY 2012 Q2</b>	
<i>Apr - Jun 2012</i>	<b>FFY 2012 Q3</b>	
<i>Jul - Sept 2012</i>	<b>FFY 2012 Q4</b>	
<i>Oct - Dec 2012</i>	<b>FFY 2013 Q1</b>	
<i>Jan - Mar 2013</i>	<b>FFY 2013 Q2</b>	
<i>Apr - Jun 2013</i>	<b>FFY 2013 Q3</b>	
<i>Jul - Sept 2013</i>	<b>FFY 2013 Q4</b>	
<i>Oct - Dec 2013</i>	<b>FFY 2014 Q1</b>	
<i>Jan - Mar 2014</i>	<b>FFY 2014 Q2</b>	

Apr - Jun 2014	FFY 2014 Q3	
Jul - Sept 2014	FFY 2014 Q4	
Oct - Dec 2014	FFY 2015 Q1	
Jan - Mar 2015	FFY 2015 Q2	
Apr - Jun 2015	FFY 2015 Q3	
Jul - Sept 2015	FFY 2015 Q4	
Oct - Dec 2015	FFY 2016 Q1	
Jan - Mar 2016	FFY 2016 Q2	
Apr - Jun 2016	FFY 2016 Q3	
Jul - Sept 2016	FFY 2016 Q4	
Oct - Dec 2016	FFY 2017 Q1	
Jan - Mar 2017	FFY 2017 Q2	
Apr - Jun 2017	FFY 2017 Q3	
Jul - Sept 2017	FFY 2017 Q4	
Oct - Dec 2017	FFY 2018 Q1	
Jan - Mar 2018	FFY 2018 Q2	
Apr - Jun 2018	FFY 2018 Q3	
Jul - Sept 2018	FFY 2018 Q4	
Oct - Dec 2018	FFY 2019 Q1	
Jan - Mar 2019	FFY 2019 Q2	
Apr - Jun 2019	FFY 2019 Q3	
Jul - Sept 2019	FFY 2019 Q4	
Oct - Dec 2019	FFY 2020 Q1	
Jan - Mar 2020	FFY 2020 Q2	
Apr - Jun 2020	FFY 2020 Q3	
Jul - Sept 2020	FFY 2020 Q4	
Oct - Dec 2020	FFY 2021 Q1	

**Populations Transitions Chart (unduplicated count)**

*Unduplicated Count* - Each individual is only counted once in the year that they physically trans  
All population counts and budget estimates are based on the Calendar Year (CY).

The State is held accountable for the current year populations to be transitioned and actual nur  
All prior year actuals must be updated accordingly to match what is reported on the semi-annual reports.

	Elderly	ID/DD
CY 2007 (actuals)		
CY 2008 (actuals)		
CY 2009 (actuals)		
CY 2010 (actuals)		
CY 2011 (actuals)		
CY 2012 (actuals)		
CY 2013 (actuals)		
CY 2014 (estimated actuals)		
CY 2015 (projected)		
CY 2016 (projected)		

CY 2017 (projected)		
CY 2018 (projected)*		
<b>Total Count</b>	<b>0</b>	<b>0</b>

**See Policy Guidance Achieving and Amending Transition Benchmarks July 2014**

**Demonstration Budget Summary-All Years**

- \* Qualified HCBS Services, Demonstration HCBS Services and Supplemental Services are de
- \* Administration - Normal - costs that adhere to CFR Title 42, Section 433(b)(7);
- \* Administrative - 75% - costs that adhere to CFR Title 42, Sections 433(b)(4) and 433(b)(10);
- \* Administrative - 90% - costs that adhere to CFR Title 42 Section 433(b)(3)
- \* Federal Evaluation Supports - costs related to administering the Quality of Life Survey (reim
- \* Rebalancing Fund - estimates State's savings attributed to Enhanced FMAP Rate that could
- \* Other - Other costs reimbursed at a flat rate (to be determined by CMS)

<b>Total Expenditures (2007 - 2017)</b>	<b>Total Costs (Fed &amp; State)</b>
Qualified HCBS	\$ -
Demonstration HCBS	\$ -
Supplemental	\$ -
Administrative - Normal - 50%	\$ -
Administrative - 75%	\$ -
Administrative - 90%	\$ -
Federal Evaluation Supports - 100%	\$ -
Administrative (Other) - 100%	\$ -
State Evaluation - 50%	\$ -
ADRC Funding - 100%	\$ -
AIAN Funding (Tribal) - 100%	\$ -
<b>Total</b>	<b>\$ -</b>

**Administrative 20% Cap Calculation Through CY 2017**

Total Costs (Fed & State less Fed Eval, ADRC & AIAN)	\$ -
Total Administrative Costs (Fed & State)	\$ -
<b>Admin. to Services Percentage (20% Max)</b>	<b>#DIV/0!</b>
	<b>#DIV/0!</b>

**Administrative Cost CY 2018-2020**

Total Administrative Costs (Fed & State) CY 2018	\$ -
Total Administrative Costs (Fed & State) CY 2019	\$ -
Total Administrative Costs (Fed & State) CY 2020	\$ -

**Total Costs (Fed & State) Per Capita**

Service Costs	#DIV/0!
Admin Costs	#DIV/0!



Please update actual expenditures

<b><u>CY 2007</u></b>	<b>Rate</b>
Qualified HCBS	0.5000
Demonstration HCBS	0.5000
Supplemental	0.0000
Administrative - Normal	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved)	0.5000
ADRC Funding	1.0000
<b>CY 2007 Actual Total</b>	

<b><u>CY 2008</u></b> (including Partial Year Increased FMAP)	<b>Rate</b>
Qualified HCBS (Jan - Sept)	0.5000
Qualified HCBS (Oct - Dec increased FMAP)	0.5000
Demonstration HCBS (Jan - Sept)	0.5000
Demonstration HCBS (Oct - Dec increased FMAP)	0.5000
Supplemental (Jan - Sept)	0.0000
Supplemental (Oct - Dec increased FMAP)	0.0000
Administrative - Normal	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved)	0.5000
ADRC Funding	1.0000
<b>CY 2008 Actual Total</b>	

<b><u>CY 2009</u></b> (using Increased FMAP)	<b>Rate</b>
Qualified HCBS (Jan-Mar increased FMAP)	0.5000
Qualified HCBS (Apr-Jun increased FMAP)	0.5000
Qualified HCBS (Jul- Sep increased FMAP)	0.5000
Qualified HCBS (Oct - Dec increased FMAP)	0.5000
Demonstration HCBS (Jan-Mar increased FMAP)	0.5000
Demonstration HCBS (Apr-Jun increased FMAP)	0.5000
Demonstration HCBS (Jul- Sep increased FMAP)	0.5000
Demonstration HCBS (Oct - Dec increased FMAP)	0.5000
Supplemental (Jan-Mar increased FMAP)	0.0000

Supplemental (Apr-Jun increased FMAP)	0.0000
Supplemental (Jul- Sep increased FMAP)	0.0000
Supplemental (Oct - Dec increased FMAP)	0.0000
Administrative - Normal	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved)	0.5000
ADRC Funding	1.0000
<b>CY 2009 Actual Total</b>	

<b>CY 2010</b> (using increased FMAP)	<b>Rate</b>
Qualified HCBS (Jan-Mar increased FMAP)	0.5000
Qualified HCBS (Apr-Jun increased FMAP)	0.5000
Qualified HCBS (Jul- Sep increased FMAP)	0.5000
Qualified HCBS (Oct - Dec increased FMAP)	0.5000
Demonstration HCBS (Jan-Mar increased FMAP)	0.5000
Demonstration HCBS (Apr-Jun increased FMAP)	0.5000
Demonstration HCBS (Jul- Sep increased FMAP)	0.5000
Demonstration HCBS (Oct - Dec increased FMAP)	0.5000
Supplemental (Jan-Mar increased FMAP)	0.0000
Supplemental (Apr-Jun increased FMAP)	0.0000
Supplemental (Jul- Sep increased FMAP)	0.0000
Supplemental (Oct - Dec increased FMAP)	0.0000
Administrative - Normal - 50%	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports - 100%	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved) - 50%	0.5000
ADRC Funding	1.0000
<b>CY 2010 Actual Total</b>	

<b>CY 2011</b> (using partial year increased FMAP)	<b>Rate</b>
Qualified HCBS (Jan-Mar increased FMAP)	0.5000
Qualified HCBS (Apr-Jun increased FMAP)	0.5000
Qualified HCBS (Jul-Sept)	0.5000
Qualified HCBS (Oct-Dec)	0.5000
Demonstration HCBS (Jan-Mar increased FMAP)	0.5000
Demonstration HCBS (Apr-Jun increased FMAP)	0.5000
Demonstration HCBS (Jul-Sept)	0.5000

Demonstration HCBS (Oct-Dec)	0.5000
Supplemental (Jan-Mar increased FMAP)	0.0000
Supplemental (Apr-Jun increased FMAP)	0.0000
Supplemental (Jul-Sept)	0.0000
Supplemental (Oct-Dec)	0.0000
Administrative - Normal - 50%	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports - 100%	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved) - 50%	0.5000
ADRC Funding - 100%	1.0000
<b>CY 2011 Actual Totals</b>	

<b><u>CY 2012</u></b>	<b>Rate</b>
Qualified HCBS (Jan-Mar)	0.5000
Qualified HCBS (Apr-Jun)	0.5000
Qualified HCBS (Jul-Sept)	0.5000
Qualified HCBS (Oct-Dec)	0.5000
Demonstration HCBS (Jan-Mar)	0.5000
Demonstration HCBS (Apr-Jun)	0.5000
Demonstration HCBS (Jul-Sept)	0.5000
Demonstration HCBS (Oct-Dec)	0.5000
Supplemental (Jan-Mar)	0.0000
Supplemental (Apr-Jun)	0.0000
Supplemental (Jul-Sept)	0.0000
Supplemental (Oct-Dec)	0.0000
Administrative - Normal - 50%	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports - 100%	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved) - 50%	0.5000
ADRC Funding - 100%	1.0000
<b>CY 2012 Actual Totals</b>	

<b><u>CY 2013</u></b>	<b>Rate</b>
Qualified HCBS (Jan-Mar)	0.5000
Qualified HCBS (Apr-Jun)	0.5000
Qualified HCBS (Jul-Sept)	0.5000
Qualified HCBS (Oct-Dec)	0.5000
Demonstration HCBS (Jan-Mar)	0.5000

Demonstration HCBS (Apr-Jun)	0.5000
Demonstration HCBS (Jul-Sept)	0.5000
Demonstration HCBS (Oct-Dec)	0.5000
Supplemental (Jan-Mar)	0.0000
Supplemental (Apr-Jun)	0.0000
Supplemental (Jul-Sept)	0.0000
Supplemental (Oct-Dec)	0.0000
Administrative - Normal - 50%	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports - 100%	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved) - 50%	0.5000
ADRC Funding - 100%	1.0000
<b>CY 2013 Actual Totals</b>	

<b>For CY 2014, Report ESTIMATE</b>	
<b><u>CY 2014</u></b>	<b>Rate</b>
Qualified HCBS (Jan-Mar)	0.5000
Qualified HCBS (Apr-Jun)	0.5000
Qualified HCBS (Jul-Sept)	0.5000
Qualified HCBS (Oct-Dec)	0.5000
Demonstration HCBS (Jan-Mar)	0.5000
Demonstration HCBS (Apr-Jun)	0.5000
Demonstration HCBS (Jul-Sept)	0.5000
Demonstration HCBS (Oct-Dec)	0.5000
Supplemental (Jan-Mar)	0.0000
Supplemental (Apr-Jun)	0.0000
Supplemental (Jul-Sept)	0.0000
Supplemental (Oct-Dec)	0.0000
Administrative - Normal	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports - 100%	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved) - 50%	0.5000
ADRC Funding - 100%	1.0000
AIAN Funding (Tribal) - 100%	1.0000
<b>CY 2014 Estimated Actual Totals</b>	

**For CY 2015, Report PROJE**

<b><u>CY 2015</u></b>	<b>Rate* (assume FFY 2014 rate if FFY 2015 is unknown)</b>
Qualified HCBS (Jan-Mar)	0.5000
Qualified HCBS (Apr-Jun)	0.5000
Qualified HCBS (Jul-Sept)	0.5000
Qualified HCBS (Oct-Dec)	0.5000
Demonstration HCBS (Jan-Mar)	0.5000
Demonstration HCBS (Apr-Jun)	0.5000
Demonstration HCBS (Jul-Sept)	0.5000
Demonstration HCBS (Oct-Dec)	0.5000
Supplemental (Jan-Mar)	0.0000
Supplemental (Apr-Jun)	0.0000
Supplemental (Jul-Sept)	0.0000
Supplemental (Oct-Dec)	0.0000
Administrative - Normal - 50%	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports - 100%	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved) - 50%	0.5000
ADRC Funding -100%	1.0000
AIAN Funding - 100%	1.0000
<b>CY 2015 Projected Totals</b>	
<b><i>Less Unobligated Balance from Prior Years</i></b>	
<b>Final CY 2015 Projected Totals</b>	
<b>CY 2015 Federal Supplemental Request Amount</b>	

<b>For CY 2016, Report PROJE</b>	
<b><u>CY 2016</u></b>	<b>Rate* (assume most recent known rate)</b>
Qualified HCBS (Jan-Mar)	0.5000
Qualified HCBS (Apr-Jun)	0.5000
Qualified HCBS (Jul-Sept)	0.5000
Qualified HCBS (Oct-Dec)	0.5000
Demonstration HCBS (Jan-Mar)	0.5000
Demonstration HCBS (Apr-Jun)	0.5000
Demonstration HCBS (Jul-Sept)	0.5000
Demonstration HCBS (Oct-Dec)	0.5000
Supplemental (Jan-Mar)	0.0000
Supplemental (Apr-Jun)	0.0000
Supplemental (Jul-Sept)	0.0000
Supplemental (Oct-Dec)	0.0000

Administrative - Normal - 50%	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports - 100%	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved) - 50%	0.5000
ADRC Funding -100%	1.0000
AIAN Funding - 100%	1.0000
<b>CY 2016 Projected Totals</b>	
<b>CY 2016 WILL BE T</b>	

<b>For CY 2017, Report PROJE</b>	
<b><u>CY 2017</u></b>	<b>Rate* (assume most recent known rate)</b>
Qualified HCBS (Jan-Mar)	0.5000
Qualified HCBS (Apr-Jun)	0.5000
Qualified HCBS (Jul-Sept)	0.5000
Qualified HCBS (Oct-Dec)	0.5000
Demonstration HCBS (Jan-Mar)	0.5000
Demonstration HCBS (Apr-Jun)	0.5000
Demonstration HCBS (Jul-Sept)	0.5000
Demonstration HCBS (Oct-Dec)	0.5000
Supplemental (Jan-Mar)	0.0000
Supplemental (Apr-Jun)	0.0000
Supplemental (Jul-Sept)	0.0000
Supplemental (Oct-Dec)	0.0000
Administrative - Normal - 50%	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports - 100%	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved) - 50%	0.5000
ADRC Funding -100%	1.0000
AIAN Funding - 100%	1.0000
<b>CY 2017 Projected Totals</b>	

<b>For CY 2018, Report PROJE</b>	
<b><u>CY 2018</u></b>	<b>Rate* (assume most recent known rate)</b>
Qualified HCBS (Jan-Mar)	0.5000
Qualified HCBS (Apr-Jun)	0.5000
Qualified HCBS (Jul-Sept)	0.5000

Qualified HCBS (Oct-Dec)	0.5000
Demonstration HCBS (Jan-Mar)	0.5000
Demonstration HCBS (Apr-Jun)	0.5000
Demonstration HCBS (Jul-Sept)	0.5000
Demonstration HCBS (Oct-Dec)	0.5000
Supplemental (Jan-Mar)	0.0000
Supplemental (Apr-Jun)	0.0000
Supplemental (Jul-Sept)	0.0000
Supplemental (Oct-Dec)	0.0000
Administrative - Normal - 50%	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports - 100%	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved) - 50%	0.5000
ADRC Funding -100%	1.0000
AIAN Funding - 100%	1.0000
<b>CY 2018 Projected Totals</b>	

<b>For CY 2019, Report PROJE</b>	
<b><u>CY 2019</u></b>	<b>Rate* (assume most recent known rate)</b>
Qualified HCBS (Jan-Mar)*	0.5000
Qualified HCBS (Apr-Jun)*	0.5000
Qualified HCBS (Jul-Sept)*	0.5000
Qualified HCBS (Oct-Dec)*	0.5000
Demonstration HCBS (Jan-Mar)*	0.5000
Demonstration HCBS (Apr-Jun)*	0.5000
Demonstration HCBS (Jul-Sept)*	0.5000
Demonstration HCBS (Oct-Dec)*	0.5000
Supplemental (Jan-Mar)*	0.0000
Supplemental (Apr-Jun)*	0.0000
Supplemental (Jul-Sept)*	0.0000
Supplemental (Oct-Dec)*	0.0000
Administrative - Normal- 50%	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports - 100%	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved) - 50%	0.5000
ADRC Funding -100%	1.0000
AIAN Funding - 100%	1.0000
<b>CY 2019 Projected Totals</b>	

\* Cost should only be included if the state has a approved sustainability plan from CMS which i

For CY 2020, Report PROJE

<b><u>CY 2020</u></b>	<b>Rate* (assume most recent known rate)</b>
Qualified HCBS (Jan-Mar)	0.5000
Qualified HCBS (Apr-Jun)	0.5000
Qualified HCBS (Jul-Sept)	0.5000
Qualified HCBS (Oct-Dec)	0.5000
Demonstration HCBS (Jan-Mar)	0.5000
Demonstration HCBS (Apr-Jun)	0.5000
Demonstration HCBS (Jul-Sept)	0.5000
Demonstration HCBS (Oct-Dec)	0.5000
Supplemental (Jan-Mar)	0.0000
Supplemental (Apr-Jun)	0.0000
Supplemental (Jul-Sept)	0.0000
Supplemental (Oct-Dec)	0.0000
Administrative - Normal - 50%	0.5000
Administrative - 75%	0.7500
Administrative - 90%	0.9000
Federal Evaluation Supports - 100%	1.0000
Administrative (Other) - 100%	1.0000
State Evaluation (if approved) - 50%	0.5000
ADRC Funding -100%	1.0000
AIAN Funding - 100%	1.0000
<b>CY 2020 Projected Totals</b>	







0	0	0
7% of the established benchmark, an Action Plan will be required.		

defined in the MFP Solicitation.

incurred @ about \$100-\$150 per survey).  
 be reinvested into rebalancing benchmarks. It is the State's responsibility to track Reba

Federal	State
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -

Estimated Rebal
CY 2007
CY 2008
CY 2009
CY 2010
CY 2011
CY 2012
CY 2013
CY 2014
CY 2015
CY 2016
CY 2017
CY 2018
CY 2019
CY 2020
Estimated Total




















*fit Organizations.”*

<b>Column 5</b>
-----------------

**Calculated  
Enhanced FMAP  
(Oct 2008 - Jun 2011)**

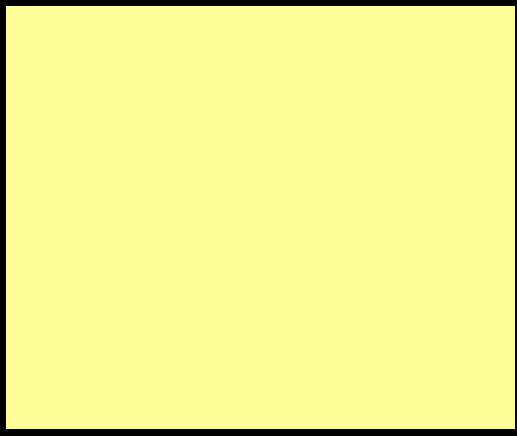
0.5000
0.5000
0.5000
0.5000
0.5000
0.5000
0.5000
0.5000
0.5000
0.5000
0.5000
0.5000
0.5000
0.5000

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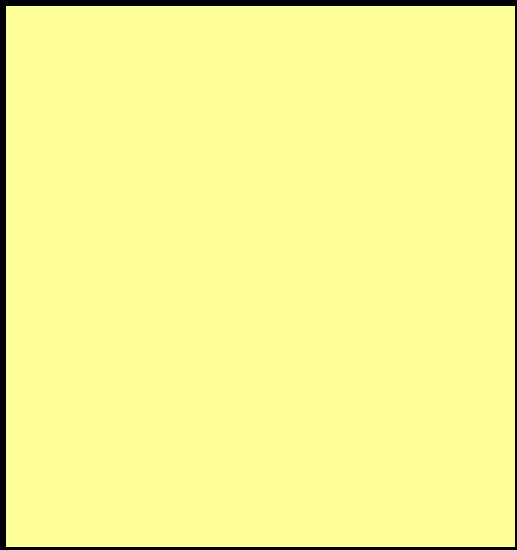





**Enter CY 2007  
Comments Here**

A large rectangular area filled with a solid yellow color, intended for entering comments for the year 2007.

**Enter CY 2008  
Comments Here**

A large rectangular area filled with a solid yellow color, intended for entering comments for the year 2008.

**Enter CY 2009  
Comments Here**

A large rectangular area filled with a solid yellow color, intended for entering comments for the year 2009.

Empty yellow box for input.

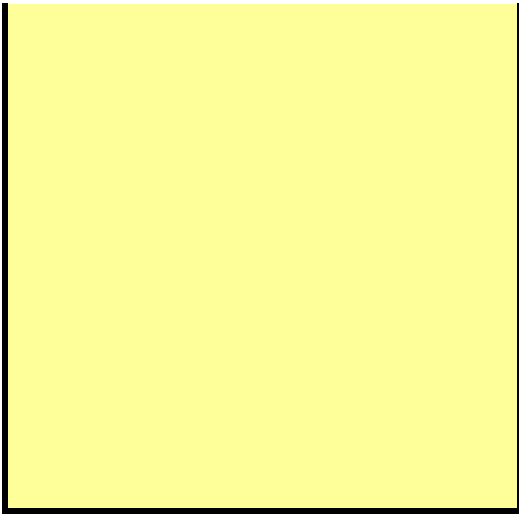
**Enter CY 2010  
Comments Here**

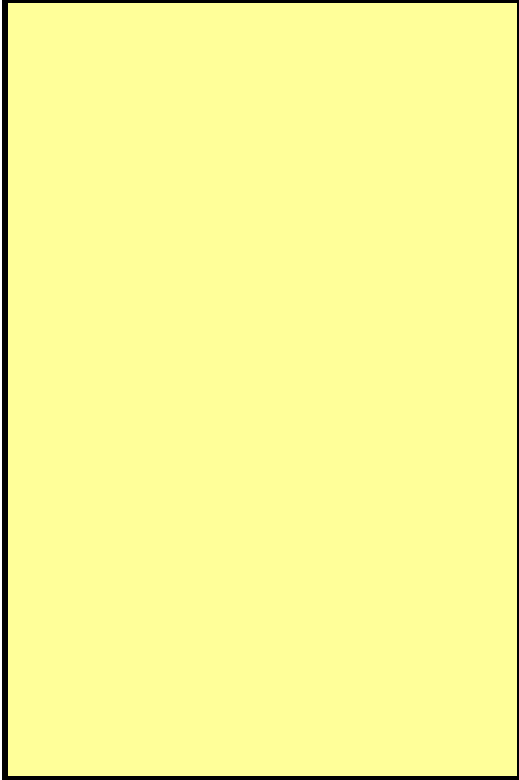
Yellow box for 2010 comments.

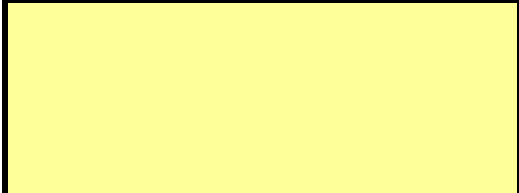
**Enter CY 2011  
Comments Here**

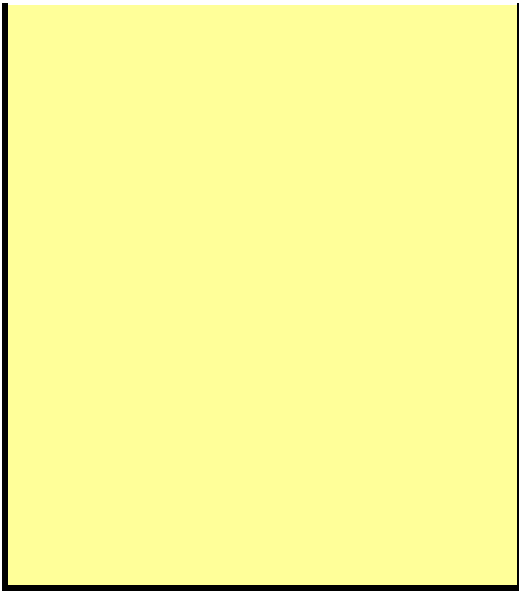
Yellow box for 2011 comments.





<b>Enter CY 2012 Comments Here</b>


<b>Enter CY 2013 Comments Here</b>




<p><b>Enter CY 2014 Comments Here</b></p>
A large solid yellow rectangular area with a black border, occupying the bottom portion of the form.



**Enter CY 2015  
Comments Here**

A large rectangular area filled with a solid yellow color, intended for data entry. It is bounded by a black border on the top, left, and right sides, and shares the bottom border with the instruction box below.

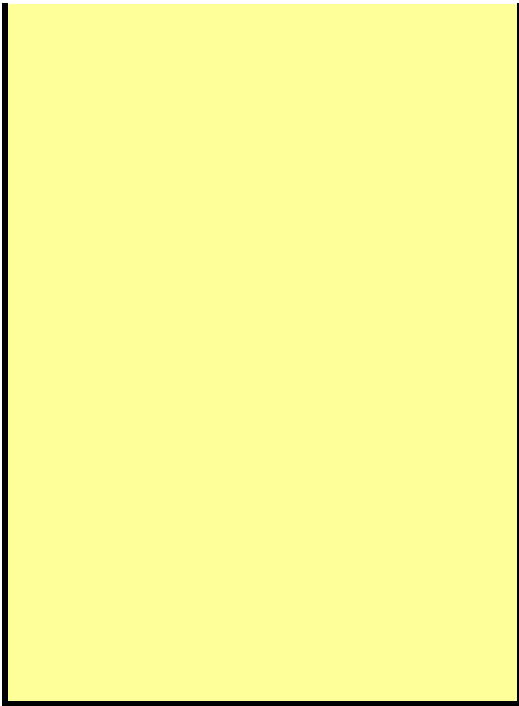
**Enter unobligated balance in the highlighted fields. Enter a positive number. Do not enter a negative number.**

**Enter CY 2016  
Comments Here**

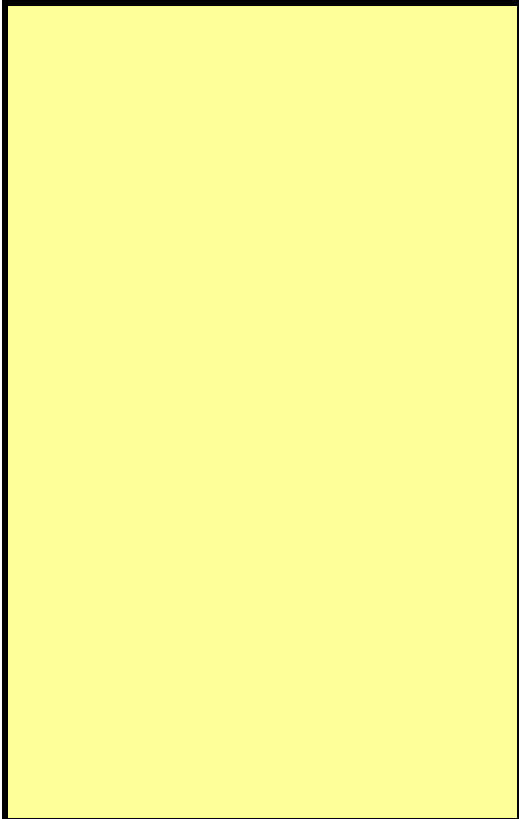
A large rectangular area filled with a solid yellow color, intended for data entry. It is bounded by a black border on the top, left, and right sides, and shares the bottom border with the instruction box below.


<b>Enter CY 2017 Comments Here</b>

<b>Enter CY 2018 Comments Here</b>



**Enter CY 2019  
Comments Here**



**Enter CY 2020  
Comments Here**

A large, empty yellow rectangular area with a black border, occupying the lower portion of the page. It is intended for entering comments for the year 2020.

**Instructions for Completing the MFP Worksheet for Proposed Budget (WFPB) Revised Jan. 2014**

*Please refer to the most recent ABCD Forms for Actual Expenditures.*

**Please fill in the cells highlighted in YELLOW. All other cells will auto populate.**

**Step 1** – Fill in the following highlighted cells: (1) Date of Report, (2) State, (3) Award Number (your Award Number

**Step 2** – In the FMAP Table, enter your Original FMAP rate for each quarter in column 1. Enter the ARRA Increased FMAP rate for each quarter in column 3. Please use the appropriate rate for each year as published in the Federal

**Step 3** – Fill in/update the Population Transitions Chart. For years 2007-2012, enter **actual** transitions for each population, which should be the same numbers entered in your semi-annual progress reports submitted in Jan/Feb 2013. **New Requirement:** For CY 2013, enter both projected and actual transitions on the appropriate line to calculate the percentage of transitions achieved during this period. Enter the projected transitions as listed on the CY 2013 Worksheet for Proposed Budget submitted and approved for the 2013 Supplemental Budget Request. Enter the actual transitions that occurred for CY 2013. For years 2014-2017, enter projected transitions for each population. Please note all transitions should occur by Dec. 31, 2017 with services ending by Dec. 31, 2018. The "Other" column includes any populations that do not fit one of the listed target populations. Once you complete this table, proceed to Step 4. The Total Expenditures table, Estimated Rebalancing Fund Calculations, Benchmarks Achieved Percentage, and Per Capita Costs will auto populate after you fill in actual and projected expenditures for all Calendar Years.

**Step 4** – For CY 2007 - CY 2013, enter **actual** expenditures in the yellow highlighted cells which should reflect the sum of the year's quarterly MFP Financial Reporting Forms (ABCD forms) submitted to CMS. The MFP Project Officers are aware that for the last quarter of CY 2013, actual expenditures may not be available. If this is the case, please provide best estimates and add a note in the comments section that indicates as such. CMS expects that CY

**Step 5** – For CY 2014, enter projected expenditures in the yellow highlighted cells. **If you have a prior year(s) unobligated balance for federal and/or state, enter those amounts separately in the respective high-lighted columns. Do not enter a negative unobligated number. If you expended more funds than awarded in previous years (which would result in a negative unobligated number), you should account (recover) for those funds in the current year projections.**

**Step 6** – For CY 2014-2020, enter projected expenditures in the yellow highlighted cells. Please note that CY 2016 is

## Maintenance of Effort (MOE) Form

### *Money Follows the Person Demonstration Grant Program (Nov 2010)*

<b>STATE:</b>		<b>Grant #:</b>	
---------------	--	-----------------	--

Reporting Year Format:     State Fiscal Year (Fiscal Year Runs: July 1-June 30)  
     FEDERAL FISCAL YEAR             CALENDAR YEAR

### Total State Expenditures for Home & Community-based Services

<b>Base Year</b>					
	2007	2008	2009	2010	2011
	2012	2013	2014	2015	2016
	2018	2019			

### Attestation (required by Section 6071 of the Deficit Reduction Act of 2005)

I assert by my signature that the expenditure report above is accurate and follows the MFP MOE Form instructions. I also assert that all qualified HCBS programs operating under a waiver under section (d) in the case of a qualified HCB program operating under a waiver under subsection (c) or (d) of section 1915 of the Social Security Act (42 U.S.C. 1396n), but for the amount awarded under a grant under this section, the State program would continue to meet the cost-effectiveness requirements of subsection (c)(2)(D) of such section or comparable requirements under subsection (d)(5) of such section, respectively.

<b>Signature :</b>		<b>Date:</b>
<b>Title/Position:</b>		

### Instructions

1. Fill out your State and Official Grant Number.
2. Check off the Report year you will be using. If it is the State Fiscal Year, indicate the dates of the year the report covers. You must report by either State FY, Federal FY or Calendar year.
3. Fill in each year's expenditures for HCBS starting with the base year which you will fill in. The base year is the immediate previous full year of expenditures based on the reporting year format you have chosen. For new applicants for 2011 provide only your base year. For existing grantees only provide the base year and the first full year you began your grant through the latest reporting period.
4. Medicaid HCBS Expenditures include all non-institutional services and include waiver and HCBS State plan services such as personal care services, rehab services and other State plan services you cover that are non-institutional.
5. The State authorized signatory must sign and date as well as identify their Title or position as indicated. The second element to attest to is the continuation of meeting cost neutrality in the waivers your State provides.