

<b>Maintenance of Effort (MOE) Form</b>					
<i>Money Follows the Person Demonstration Grant Program (Rev. 12/15/2020)</i>					
State:		Grant Number:			
Reporting Year Type: (please check one)			State FY (Jul 1 - Jun 30)		
			Calendar Year (Jan 1 - Dec 31)		
			Federal Fiscal Year (Oct 1 - Sept 30)		
<b>Total Expenditures for Home &amp; Community-Based Services</b>					
Base Year					
	2007-Actuals	2008-Actuals	2009-Actuals	2010-Actuals	2011-Actuals
2012-Actuals	2013-Actuals	2014-Actuals	2015-Actuals	2016-Actuals	2017-Actuals
2018 - Actuals	2019 - Actuals	2020 - Actuals	2021 - Projected	2022 - Projected	2023 - Projected
2024 - Projected	2025 - Projected				
<b>Attestation (required by Section 6071 of the Deficit Reduction Act of 2005)</b>					
<p>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.</p>					
Signature :				Date:	
Title/Position:					
<b>Instructions</b>					
<ol style="list-style-type: none"> <li>1. Enter your State and Grant Number.</li> <li>2. Select the type of reporting year that your State will use. You must report by either State FY, Federal FY or Calendar Year.</li> <li>3. Enter the base year which will represent the baseline for your HCBS expenditures. Provide the base year, base year expenditures, and expenditures for the first full year you began your grant through the latest reporting period. For all prior years, enter <b>actual</b> expenditures. For future years, enter <b>projected</b> expenditures. 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.</li> <li>4. 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.</li> </ol>					
<p><b>Remarks:</b> <i>Provide any explanations deemed necessary.</i></p>					