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Determine Distant Substration FINANCIA FORMER A MEDICAD SUPPLICE FORMERSION EXPLOSES OF TATION EXPLOSION DEVOLUSES OF SERVICE FORMERSION EXPLOSES OF DITURES BY TYPE OF SERVICE (2000) State (2000)			
Source between service serv			
EXPENDITE SIGNET FUE QUETER FUE (c): Eventer 31. 2000 tate: TOTAL STAR DATA			
Inter: TOTAL COMPUTABLE TOTAL COMPUTABLE TOTAL STATE COMPUTABLE ENHANCED FMAP Reg PMAP ADUSTMENTS for PREDOW PREDOS- Qualified HCBS State Plan Services in 0b (c? (d) (e) 01 .CLINC SERVICEs* SO SO<			
state: TOTAL STATE COMPUTABLE TOTAL STATE SHARE TOTAL STATE SHARE TOTAL STATE SHARE TOTAL STATE services TOTAL STATE services <thtotal state<br="">services <</thtotal>			
TOTAL COMPUTABLE TOTAL COMPUTABLE TOTAL SHARE SHARE Share	Т		
L State Plan Services (a) (b) (c)' (d) (e) (f) S. CLINIC SERVICES* \$0 \$		DR PERIODS - PRIOR PERIODS	- FEDERAL
S. CLINC SERVICES* \$0	(g)	(g) (h)	(i)
6. TARGETED CASE MANAGEMENT FOR LONG TERM CARE* \$0 \$0 \$0 \$0 \$0 \$0 \$0 7. PACE* (PROGRAM FOR ALL INCLISIVE CARE FOR THE ELDERLY) \$0 </td <td>\$0</td> <td></td> <td>\$0</td>	\$0		\$0
2. PACE* OPROGRAM FOR ALL INCLUSIVE CARE FOR THE ELDERLY) \$0	\$0		\$0
S. REHABILITATION SERVICES* \$0 </td <td>\$0</td> <td>1.1</td> <td>\$0</td>	\$0	1.1	\$0
9. HOME HEALTH SERVICES \$0	\$0		\$0
11. PERSONAL CARE SERVICES \$0 <th< td=""><td>\$0</td><td>\$0 \$0</td><td>\$0</td></th<>	\$0	\$0 \$0	\$0
12. OPTIONAL MEDICAID PLAN SERVICES* (detail on Form B) \$0	\$0	\$0 \$0	\$0
NOTALS-State Plan Services \$0 <th< td=""><td>\$0</td><td>\$0 \$0</td><td>\$0</td></th<>	\$0	\$0 \$0	\$0
I. Waiver Services (a) (b) (c)' (d) (e) (0) 1. CASE MANAGEMENT \$0 <td>\$0</td> <td>\$0 \$0</td> <td>\$0</td>	\$0	\$0 \$0	\$0
I. CASE MANAGEMENT \$0	\$0	\$0 \$0	\$0
2. HOMEMAKER SERVICES \$0 </td <td>(g)</td> <td>(g) (h)</td> <td>(i)</td>	(g)	(g) (h)	(i)
A. HOME HEALTH ADDE SERVICES SO SO <thso< th=""> SO <t< td=""><td>\$0</td><td>+ 0 + 0</td><td>\$0</td></t<></thso<>	\$0	+ 0 + 0	\$0
4. PERSONAL CARE \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 5. ADULT DAY HEALTH \$0	\$0	\$0 \$0	\$0
S. ADULT DAY HEALTH \$0 <td>\$0</td> <td></td> <td>\$0</td>	\$0		\$0
S. HABILITATION \$0	\$0		\$0
a. RESIDENTIAL HABILITATION \$0 <t< td=""><td>\$0</td><td></td><td>\$0</td></t<>	\$0		\$0
b. DAY HABILITATION \$0 <td>\$0</td> <td>+ 0</td> <td>\$0</td>	\$0	+ 0	\$0
7. EXPANDED HABILITATION SERVICES (42 CFR §440.180(c)) \$0	\$0		\$0
a. PREVOCATIONAL SERVICES \$0	\$0		\$0
Supported EMPLOYMENT S0 S0 <td>\$0</td> <td></td> <td>\$0</td>	\$0		\$0
c. EDUCATION \$0	\$0		\$0
S. RESPITE CARE \$0	\$0	+ 0 + 0	\$0
DAY TREATMENT \$0	\$0 \$0		\$0 \$0
10. PARTIAL HOSPITALIZATION \$0 <t< td=""><td>\$0 \$0</td><td>+ 0 + 0</td><td>\$0 \$0</td></t<>	\$0 \$0	+ 0 + 0	\$0 \$0
11. PSYCHOSOCIAL REHABILITATION \$0 <td>\$0 \$0</td> <td>+ 0 + 0</td> <td>\$0 \$0</td>	\$0 \$0	+ 0 + 0	\$0 \$0
12. CLINIC SERVICES \$0 <td>\$0</td> <td>+ 0 + 0</td> <td>\$0</td>	\$0	+ 0 + 0	\$0
13. LIVE-IN CAREGIVER (42 CFR §441.303(f)(8)) \$0	\$0		\$0
14. CAPITATED PAYMENTS FOR LONG TERM CARE SERVICES \$0	\$0		\$0
5. OTHER* (detail on Form B) \$0 \$0 \$0 \$0 \$0 \$0 OTALS-Waiver Services \$0 \$0 \$0 \$0 \$0 \$0	\$0		\$0
OTALS-Waiver Services \$0 </td <td>\$0</td> <td></td> <td>\$0</td>	\$0		\$0
	\$0		\$0
	\$0	+0 +0	\$0
ADMINISTRATIVE SERVICES (detail on Form C) \$0 \$0	φυ	ψΨ	\$0
COTALS-Waiver, State Plan & Administrative Services \$0 \$0 \$0 \$0 \$0	\$0	\$0 \$0	\$0 \$0

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

** Demonstration Services are services that can be covered under Medicaid that will only be billed during an individuals 12 month transition period.

*** Supplemental services are services that will only be available for the MFP Demonstration period and are not covered by Medicaid.

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 FOR THE QUARTER ENDING _______(ex: December 31, 2008)

State:			ENHANCED FMAP	ENHANCED FMAP	Reg. FMAP				TOTAL
I. State Plan Services OPTIONAL MEDICAID PLAN SERVICES*	TOTAL COMPUTABLE	TOTAL STATE SHARE	*Qualified HCBS %	**Demonstration Services %	***Supplemental Services %	ADJUSTMENTS for PRIOR PERIODS - Qualified HCBS	ADJUSTMENTS for PRIOR PERIODS - Demonstration Services	ADJUSTMENTS for PRIOR PERIODS - Supplemental Services	FEDERAL SHARE
(Detail for Form A, Line I,12)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
a.	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
b.	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
с.	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
d.	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
е.	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
TOTALS - Optional Plan Services	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0
II. "Other" Services, Demo & Supplemental Services									
(Detail for Form A, Section II, line 15)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
a.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
c.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
e.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
f.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
j.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
k.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
m.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
n.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
p.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
q.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
r.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
S.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
t.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
u.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS - "Other", Demo, & Supplemental Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS - Optional, "Other", Demo & Supplemental Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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

** Demonstration Services are services that can be covered under Medicaid that will only be billed during an individuals 12 month transition period.

*** Supplemental services are services that will only be available for the MFP Demonstration period and are not covered by Medicaid.

MFP DEMONSTRATION FINANCIAL FORM C

		F HEALTH AND HUMAN SERVI							
DEMONSTRATION EXPENDITURES BY TYPE OF SERVICE									
FOR THE MONEY FOLLOWS THE PERSON DEMONSTRATION PROGRAM									
E X P E N D I T U R E S THE QUARTER ENDING(ex: December 31, 2008)									
State:			ADMINISTRATIVE FMAP				QoL Survey	ADJUSTMENTS for	TOTAL FEDERAL
	TOTAL	TOTAL STATE							
	COMPUTABLE	SHARE	Normal Rate SPMP Enhanced		Other	Reimbursement @\$100	PRIOR PERIODS	SHARE	
			50%	75%	90%	100%	per survey		SILIKE
III. Administrative	(a)	(b)	(c)'	(d)	(e)	(f)	(g)	(h)	(i)
a.	9	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b.	5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
с.	5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d.	5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
е.	5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
f.	5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g.	5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h.	5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i.	5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
j.	5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
k.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1.	9	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
m.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
n.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
р.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
q.		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS		\$0 \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Administration - Normal should include all costs that adhere to CFR Title 42, Section 433(b)(7)

Administrative Skilled Professional Medical Personnel (SPMP) - 75% should include all costs that adhere to CFR Title 42, Sections 433(b)(4) and 433(b)(10)

Administrative Enhanced - 90% should include all costs that adhere to CFR Title 42 Section 433(b)(3)

	ENT OF HEALTH & HUMAN			
CENTERS I	FOR MEDICARE & MEDICA	AID SERVICES MFP DEMONSTRATION FINANCIAL I		
I		MFF DEMONSTRATION FINANCIAL I NARRATIVE EXPLANATIONS		
STATE			QUARTER ENDING	
1				
I		NARRATIVE		
·				
MFP FIN	ANCIAL FORM D - NA	ARRATIVE		