Demonstration Services

Instructions

Enter your total computable costs for each service during the reporting period. If a service is used but you incurred no costs, enter "0". For services that are not used, leave the field blank.

Your state or territory's share for each service will be calculated using the Enhanced FMAP that you provided. If you have entered the wrong rate, return to the FMAP Percentages section of the report to re-enter it.

This report is missing FMAP Percentages. In order to start entering data, add FMAP Percentages.

State Plan Services

Enhanced FMAP Qualified Demonstration Services Percentage: [auto-populated] %

Service	Total Computable	Total State / Territory Share	Total Federal Share
Clinic Services	$	$ 0	$ 0
Targeted Case Management for Long Term Care	$	$ 0	$ 0
PACE (Program for all includes care for the elderly)	$	$ 0	$ 0
Rehabilitative Services	$	$ 0	$ 0
Home Health Services	$	$ 0	$ 0
Hospice	$	$ 0	$ 0
Personal Care Services	$	$ 0	$ 0
Physical Therapy Services	$	$ 0	$ 0
Occupational Therapy Services	$	$ 0	$ 0
Services for Speech, Hearing, and Language Disorders	$	$ 0	$ 0
Self-Directed Personal Care Services	$	$ 0	$ 0
Private Duty Nursing	$	$ 0	$ 0
Other Licensed Practitioner Services	$	$ 0	$ 0
Preventative Services	$	$ 0	$ 0
Health Home for Enrollees with Chronic Conditions	$	$ 0	$ 0
Health Home for Enrollees with Substance Use Disorder	$	$ 0	$ 0
Totals	$ 0	$ 0	$ 0

1915c Waiver Services

Enhanced FMAP Qualified Demonstration Services Percentage: [auto-populated] %

Service	Total Computable	Total State / Territory Share	Total Federal Share
Case Management	$	$ 0	$ 0
Homemaker Services	$	$ 0	$ 0
Home Health Aide Services	$	$ 0	$ 0
Personal Care	$	$ 0	$ 0
Adult Day Health	$	$ 0	$ 0
Habilitation: Residential Habilitation	$	$ 0	$ 0
Habilitation: Day Habilitation	$	$ 0	$ 0
Expanded Habilitation Services (42 CFR §440.180(c)): Prevocational Services	$	$ 0	$ 0
Expanded Habilitation Services (42 CFR §440.180(c)): Supported Employment	$	$ 0	$ 0
Expanded Habilitation Services (42 CFR §440.180(c)): Education	$	$ 0	$ 0
Respite Care	$	$ 0	$ 0
Day Treatment	$	$ 0	$ 0
Partial Hospitalization	$	$ 0	$ 0
Psychosocial Rehabilitation	$	$ 0	$ 0
Clinic Services	$	$ 0	$ 0
Live-In Caregiver (42 CFR §441.303(f)(8))	$	$ 0	$ 0
Captivated Payments for Long Term Care Services	$	$ 0	$ 0
Totals	$ 0	$ 0	$ 0

Narrative

Additional notes/comments (optional)
If applicable, add any notes or comments to provide additional explanation.

Previous

Continue