Provider Agency:	
Fiscal Year-End of Report: 1/0/1900	
Report a change in contact inform	nation by completing the following fields:
Agency Information:	
Provider NPI Number:	
Provider Name:	
Agency Mailing Address:	
Street Address:	
City:	
State:	
Zip Code:	
* Officer or Administrator of Agency Info	ormation:
Name:	
Title:	
Email Address:	
Phone Number:	
Officer or Administrator of Agency Maili	ng Address:
Street Address:	
City:	
State:	
Zip Code:	

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^{*} The final rate letter packet will be mailed to the Officer or Adminstrator of Agency listed above.

lowa Department of Health and Human Services Financial and Statistical Report for Home- and Community-Based Services **Certification Page**

Agency Name			
NPI Number			
Address			
City	State	Zip Code	
Report Period From	То	Date of FYE	
Administrator Name	Email	Phone Number	
Preparer Name	Email	Phone Number	
Person to Contact with Cost Report Questions	Email	Phone Number	
A. Certification Authorized Agent of the Agency: In submitting this cost report and supporting schedules, the pr supporting schedules are true, accurate, complete, verifiable, signatories also certify (1) costs have been properly allocated no presumptively unallowable cost is included as an allowable provider and all signatories each acknowledge familiarity with statement, response, or representation, or any false, incomple specifically identifying such cost as presumptively unallowable.	and prepared from the records of the provide between or among programs, and that no co e cost unless the cost is separately and speci the laws and regulations governing the lowa ete, or misleading information, or includes a p	er in accordance with applicable instructions ost has been reported more than once as a ffically identified as a presumptively allowal Medicaid program. NOTICE: Any person oresumptively unallowable cost as allowable	s. The provider and all reimbursable cost; and (2 ble cost. Finally, the that submits a false e without separately and
Signature of Officer or Administrator of Agency			Date
Printed Name and Title of Officer or Administrator o	of Agency		
3. Statement of Preparer (If Other Than Agency)			
I have prepared this report and to the best of my knowledge a	and belief, it represents true and accurate dat	a of the agency for the period stated above	
Signature of Preparer			Date
Printed Name of Preparer and Preparer Company No.	ame		

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Financial and Statistical Report for Home- and Community-Based Services Schedule S: Statistical Data & Other Information

Provider Agency: 0 Fiscal Year-End of Report: 1/0/1900

Statistical Data for Period of Report:

Schedule D Column Number	

- 1. Service Information:
 - a. Service Setting, if applicable
 - b. Waiver Type
 - c. Service Procedure Code
 - d. Type of Unit (15 Min or Daily)
 - e. Service Type
- 2. Total Number of Units of Service Provided by Payor:
 - a. Iowa Medicaid Fee for Service
 - b. MCO Wellpoint Iowa
 - c. MCO Iowa Total Care
 - d. MCO Molina Healthcare of Iowa
 - e. Other Units*
- 3. Total Units of Service Provided

7	8	9	10	11	12	13	14	15	16	17	18	19	20
	Community Integrated	*Other		**Community Integrated	***Other						Exception to Policy (ETP)	Exception to Policy (ETP)	
ID	ID	ID	BI	BI	BI	ID	CMH	ID	BI	HD			
H2015-HI	H2016/S5136 (See Below)	H2016-HI / S5136-HI	H2015	H2016	H2016	S5136-UA	H2021	T1004-U3	T1004-U3	T1004-U3			MFP
15 MIN	Daily	Daily	15 MIN	Daily	Daily	Daily	15 MIN	15 MIN	15 MIN	15 MIN			NA
SCL	SCL	SCL	SCL	SCL	SCL	RBSCL	****	IMMT - SCL	IMMT - SCL	IMMT - SCL			
-	_	-	-	_	_	_	-	_	_	_	-	-	-

^{*}Other Units may include like-kind services through private pay, waiver county funds, etc. Habilitation Services are an Other Program for the purposes of this cost report.

Daily SCL Service Codes									
H2016-U1 S5136-U1									
H2016-U2 S5136-U2									
H2016-U3 S5136-U3									
H2016-U4 S5136-U4									
H2016-U5 S5136-U5									
H2016-U6 S5136-U6									

	Other Information	
4.	Does agency have an independent audit?	Year End Independent Audit Submitted
5.	If the independent audit is in process, enter the expec	ted completion date.
6.	Type of Control:	
7.	Accounting Basis for Financial Reporting:	
8.	Accounting Basis used to Prepare Cost Report:	
9.	Provide the mileage reimbursement rate used for busi	ness use of personal vehicles, if any.
10.	Is the agency self-insured?	
11.	Has any allocation method changed from prior year?	

^{**}Community Integrated is defined as a site with 5 or less members.

^{*** &}quot;Other" is defined as a site with 6 or more members present at one time.

^{****} Family & Community Support Services

Financial and Statistical Report for Home- and Community-Based Services Schedule A: Revenue Report

Provider Agency: 0

Fiscal Year-End of Report: 1/0/1900

	Line No.	Total Revenue (1)	HCBS Revenues (2)	Other Program Revenue (3)
Fee for Service Revenue:	201			

Non-Fee For Service Revenue:					
Work Services Revenue	202				
Food Reimbursement (DOE)	203				
Investment Income	204				
Rental Income	205				
Other (Attach Schedule)	206				
Unrestricted Contributions	207				
Restricted Contributions	208				
Government Grants (Attach Schedule)	209				
Total	210	\$ -	\$ -	\$ •	-

		Schedu	Schedule D Column Number		5	6	7 - 20
		*Revenue Offset		Revenue	Offset Against Exper	nse on Schedule D B	reakdown
		Against Expense	Schedule D Line			Other Program	
		on Schedule D	Number	Excluded Costs	Indirect Costs	Costs	HCBS Services
Non-Fee For Service Revenue:	Line No.	(4)	(5)	(6)	(7)	(8)	(9)
Work Services Revenue	202						
Food Reimbursement (DOE)	203						
Investment Income	204						
Rental Income	205						
Other (Attach Schedule)	206						
Unrestricted Contributions	207						
Restricted Contributions	208						
Government Grants (Attach Schedule)	209						
Total	210	\$ -		\$ -	\$ -	\$ -	\$ -

^{*} Income which must be deducted from total service expense on Schedule D.

See cost report instructions for further guidance on non-fee for service revenue offsets against related expenses. If related expense is reported as non-reimbursable expense on Schedule D, no revenue offset is needed.

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Financial and Statistical Report for Home- and Community-Based Services Schedule A-1: Revenue Detail Report

Provider Agency: 0 Fiscal Year-End of Report: 1/0/1900

Schedule D Column Number	7	8	9	10	11	12	13	14
lowa Medicaid Fee for Service		**Community Integrated	**Other		**Community Integrated	**Other		
Waiver Type	ID	ID	ID	BI	BI	BI	ID	CMH
Service Procedure Code	H2015-HI	H2016/S5136	H2016-HI/S5136-HI	H2015	H2016	H2016	S5136-UA	H2021
Total Gross Revenue for Current Period								
Payments Received for Current Period								
3. Payments Expected Not Yet Received for Current Period								
4. Net lowa Medicaid Fee for Service Payments (2 + 3)	-	•	-	-	•	-		-
5. Contractual Allowances / Adjustments (1-4)	-	-	-	-	1	-	-	-

Schedule D Column Number	7	8	9	10	11	12	13	14
MCO & Other Payors Fee for Service		**Community Integrated	**Other		**Community Integrated	**Other		
Waiver Type	ID	ID	ID	BI	BI	BI	ID	CMH
Service Procedure Code	H2015-HI	H2016/S5136	H2016-HI/S5136-HI	H2015	H2016	H2016	S5136-UA	H2021
6. Net Wellpoint Iowa Payments								
7. Net Iowa Total Care Payments								
8. Net Molina Healthcare of lowa Payments								
9. Net Other Payor Payments								

Financial and Statistical Report for Home- and Community-Based Services Schedule A-1: Revenue Detail Report

Provider Agency: 0 Fiscal Year-End of Report: 1/0/1900

Schedule D Column Number	15	16	17	18	19	20
Iowa Medicaid Fee for				Exception to Policy	Exception to Policy	
Service				(ETP)	(ETP)	
Waiver Type	ID	BI	HD	0	0	
Service Procedure Code	T1004-U3	T1004-U3	T1004-U3	0	0	MFP
 Total Gross Revenue for 						
Current Period						
2. Payments Received for						
Current Period						
3. Payments Expected Not Yet						
Received for Current Period						
4. Net lowa Medicaid Fee for						
Service Payments (2 + 3)	-	-	-	-	-	-
	•	•	•	•	•	
5. Contractual Allowances /						
Adjustments (1-4)	-	-	-	-	-	-

Schedule D Column Number	15	16	17	18	19	20
MCO & Other Payors Fee for Service				Exception to Policy (ETP)	Exception to Policy (ETP)	
Waiver Type	ID	BI	HD	0	0	
Service Procedure Code	T1004-U3	T1004-U3	T1004-U3	0	0	MFP
6. Net Wellpoint Iowa Payments						
7. Net Iowa Total Care Payments						
Net Molina Healthcare of lowa Payments						
9. Net Other Payor Payments						

		Financ	iai anu Statisticai	Report for Home- and Co ARPA HCBS Funds	mmumiy-based 5	ervices
Pro	vider Agency:	0		ARFA HODS Fullus		
	al Year-End of Report:					
			HCRS	ARPA Recruitment and Ret	tention	
			11020	And A recordination and rec	Citton	
1. D	id you receive any HCBS	ARPA Recruitment an	d Retention funds outling	ned in the Informational Letters lis	sted below? If yes, com	plete chart #4 below.
	Answer:					
2. U	sing the drop down menu	u, indicate if ARPA Rec	ruitment and Retention	funds were disbursed for related	employee benefits or p	ayroll taxes.
	Answer:	,			. , .	,
						10.101. (0.1.11.5.010)
3. In	idicate if the HCBS ARPA	A Recruitment and Rete	ention disbursements to	r the current reporting period are	reported to the Exclude	ed Cost Column (Schedule D, Column 2).
	Answer:					
4.			AF	RPA HCBS Recruitment & Rent		
	FYE	Funds Received	Funds Disbursed	Schedule D Line Number	Funds Returned to DHHS	Notes
	6/30/2022	i unus Neceiveu	Tulius Dispuiseu	Scriedale D Line Number	Dillio	Hotes
	GAP *					
	2023 2024					
	2021					
			HCBS	ARPA Health IT and Infrasti	ructure	
				2		
5. D	id you receive any HCBS	ARPA Health IT and Ir	nfrastructure funds outli	ined in the Informational Letter ² li	sted below? If yes, com	plete chart #7 below.
	Answer:					
6. In	dicate if the HCBS ARPA	A Health IT and Infrastru	ucture disbursements fo	or the current reporting period are	reported to the Exclud	ed Cost Column (Schedule D, Column 2).
	Answer:					
- 1		•	·			
			ΔR	PA HCRS Health IT and Infract	ucturo ²	
7.				RPA HCBS Health IT and Infrast	Funds Returned to	
7.	FYE	Funds Received	Funds Disbursed	RPA HCBS Health IT and Infrast Schedule D Line Number		Notes
7.	FYE GAP * 2023	Funds Received			Funds Returned to	Notes
7.	GAP *	Funds Received			Funds Returned to	Notes
7.	GAP * 2023	Funds Received	Funds Disbursed	Schedule D Line Number	Funds Returned to DHHS	Notes
7.	GAP * 2023	Funds Received	Funds Disbursed		Funds Returned to DHHS	Notes
	GAP * 2023 2024		Funds Disbursed	Schedule D Line Number	Funds Returned to DHHS	Notes Notes W? If yes, complete chart #10 below.
	GAP * 2023 2024 id you receive any funds		Funds Disbursed	Schedule D Line Number	Funds Returned to DHHS	
8. D	GAP * 2023 2024 id you receive any funds Answer:	in relation to the HCBS	Funds Disbursed HG ARPA Remote Monito	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informa	Funds Returned to DHHS ng tional Letters listed belo	ow? If yes, complete chart #10 below.
8. D	GAP * 2023 2024 id you receive any funds Answer:	in relation to the HCBS	Funds Disbursed HG ARPA Remote Monito	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informa	Funds Returned to DHHS ng tional Letters listed belo	
8. D	GAP * 2023 2024 id you receive any funds Answer:	in relation to the HCBS	Funds Disbursed HG ARPA Remote Monito	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informa	Funds Returned to DHHS ng tional Letters listed belo	ow? If yes, complete chart #10 below.
8. D	GAP * 2023 2024 id you receive any funds Answer:	in relation to the HCBS	Funds Disbursed HG ARPA Remote Monito	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informa	runds Returned to DHHS ng tional Letters listed below to the Excluded Cost	ow? If yes, complete chart #10 below.
8. D	GAP * 2023 2024 id you receive any funds Answer: dicate if the HCBS ARP/ Answer:	in relation to the HCBS A Remote Monitoring di	HO ARPA Remote Monito	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informat rrent reporting period are reported. ARPA HCBS Remote Monitori	runds Returned to DHHS ng tional Letters listed below to the Excluded Cost ng Funds Returned to	ow? If yes, complete chart #10 below. Column (Schedule D, Column 2).
8. D 9. In	GAP * 2023 2024 id you receive any funds Answer: dicate if the HCBS ARP/ Answer: FYE GAP *	in relation to the HCBS	Funds Disbursed HG ARPA Remote Monito	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informa rrent reporting period are reporte	runds Returned to DHHS ng tional Letters listed below to the Excluded Cost	ow? If yes, complete chart #10 below.
8. D	GAP * 2023 2024 id you receive any funds Answer: dicate if the HCBS ARP/ Answer: FYE GAP * 2023	in relation to the HCBS A Remote Monitoring di	HO ARPA Remote Monito	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informat rrent reporting period are reported. ARPA HCBS Remote Monitori	runds Returned to DHHS ng tional Letters listed below to the Excluded Cost ng Funds Returned to	ow? If yes, complete chart #10 below. Column (Schedule D, Column 2).
8. D 9. In	GAP * 2023 2024 id you receive any funds Answer: dicate if the HCBS ARP/ Answer: FYE GAP *	in relation to the HCBS A Remote Monitoring di	HO ARPA Remote Monito	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informat rrent reporting period are reported. ARPA HCBS Remote Monitori	runds Returned to DHHS ng tional Letters listed below to the Excluded Cost ng Funds Returned to	ow? If yes, complete chart #10 below. Column (Schedule D, Column 2).
8. D 9. In	GAP * 2023 2024 id you receive any funds Answer: dicate if the HCBS ARP/ Answer: FYE GAP * 2023	in relation to the HCBS A Remote Monitoring di	HO ARPA Remote Monito	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informa rrent reporting period are reporte ARPA HCBS Remote Monitori Schedule D Line Number	runds Returned to DHHS ng tional Letters listed below to the Excluded Cost lings Funds Returned to DHHS	ow? If yes, complete chart #10 below. Column (Schedule D, Column 2).
8. D	GAP * 2023 2024 id you receive any funds Answer: dicate if the HCBS ARP/ Answer: FYE GAP * 2023 2024	in relation to the HCBS A Remote Monitoring di	Funds Disbursed HO ARPA Remote Monito sbursements for the cu	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informat rrent reporting period are reporter ARPA HCBS Remote Monitori Schedule D Line Number	ng tional Letters listed below to the Excluded Cost rg Funds Returned to DHHS cholarship	ow? If yes, complete chart #10 below. Column (Schedule D, Column 2). Notes
8. D 9. In	GAP * 2023 2024 id you receive any funds Answer: dicate if the HCBS ARP/ Answer: FYE GAP * 2023 2024	in relation to the HCBS A Remote Monitoring di	Funds Disbursed HO ARPA Remote Monito sbursements for the cu	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informa rrent reporting period are reporte ARPA HCBS Remote Monitori Schedule D Line Number	ng tional Letters listed below to the Excluded Cost rg Funds Returned to DHHS cholarship	ow? If yes, complete chart #10 below. Column (Schedule D, Column 2). Notes
8. D 9. In	GAP * 2023 2024 id you receive any funds Answer: dicate if the HCBS ARP/ Answer: FYE GAP * 2023 2024	in relation to the HCBS A Remote Monitoring di	Funds Disbursed HO ARPA Remote Monito sbursements for the cu	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informat rrent reporting period are reporter ARPA HCBS Remote Monitori Schedule D Line Number	ng tional Letters listed below to the Excluded Cost rg Funds Returned to DHHS cholarship	ow? If yes, complete chart #10 below. Column (Schedule D, Column 2). Notes
8. D 9. In 10.	GAP * 2023 2024 id you receive any funds Answer: dicate if the HCBS ARP/ Answer: FYE GAP * 2023 2024 Did you receive any HCB Answer:	in relation to the HCBS A Remote Monitoring dis Funds Received	Funds Disbursed HC ARPA Remote Monito sbursements for the cu Funds Disbursed HCBS ARF ining and Scholarship f	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informat rrent reporting period are reporte ARPA HCBS Remote Monitori Schedule D Line Number PA Employee Training and S unds outlined in the Informationa	runds Returned to DHHS ng tional Letters listed below to the Excluded Cost ing Funds Returned to DHHS icholarship	ow? If yes, complete chart #10 below. Column (Schedule D, Column 2). Notes
8. D 9. In 10.	GAP * 2023 2024 id you receive any funds Answer: dicate if the HCBS ARP/ Answer: FYE GAP * 2023 2024 Did you receive any HCB Answer:	in relation to the HCBS A Remote Monitoring dis Funds Received	Funds Disbursed HC ARPA Remote Monito sbursements for the cu Funds Disbursed HCBS ARF ining and Scholarship f	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informat rrent reporting period are reporte ARPA HCBS Remote Monitori Schedule D Line Number PA Employee Training and S unds outlined in the Informationa	runds Returned to DHHS ng tional Letters listed below to the Excluded Cost ing Funds Returned to DHHS icholarship	ow? If yes, complete chart #10 below. Column (Schedule D, Column 2). Notes f yes, complete the chart below.
8. D 9. In 10.	GAP * 2023 2024 id you receive any funds Answer: dicate if the HCBS ARP/ Answer: 2023 2024 Did you receive any HCB Answer:	in relation to the HCBS A Remote Monitoring dis Funds Received	Funds Disbursed HC ARPA Remote Monito sbursements for the cu Funds Disbursed HCBS ARF ining and Scholarship f	Schedule D Line Number CBS ARPA Remote Monitori ring funds outlined in the Informat rrent reporting period are reporte ARPA HCBS Remote Monitori Schedule D Line Number PA Employee Training and S unds outlined in the Informationa	runds Returned to DHHS ng tional Letters listed below to the Excluded Cost ing Funds Returned to DHHS icholarship	ow? If yes, complete chart #10 below. Column (Schedule D, Column 2). Notes f yes, complete the chart below.

13.		ARPA HCBS Employee Training & Scholarship												
ſ		Funds Returned to												
	FYE	Funds Received	Funds Disbursed	Schedule D Line Number	DHHS	Notes								
I	GAP *													
	2023													
ſ	2024													

GAP *- Per Informational Letter No. 2411, the period ended June 30th is no longer the required reported period for annual HCBS cost reports. HCBS providers now submit annual cost reports for the 12-month period consistent with their internal business fiscal year. This change creates a Gap Period for any provider that does not use June 30th as their internal business fiscal year.

HCBS ARPA Informational Letters (IL)

ARPA HCBS Cost Reporting Guidelines IL 2371

¹ ARPA HCBS Recruitment & Retention IL 2309 - Initial Announcement

IL 2319 - Update

IL 2319 - Update
IL 2329 - 2nd Update
IL 2329 - 2nd Application Period
IL 2339 - Updated Terms & Conditions
IL 2351 - 3rd Application Period
IL 2360 - 3rd Application Period Reopened
IL 2366 - 4th Application Period

- ² ARPA HCBS Health IT and Infrastructure Grant
- IL 2384 IL 2397 Additional Guidance

³ ARPA HCBS Remote Monitoring Grant

⁴ ARPA HCBS Employee Training & Scholarship Grant

IL 2382 IL 2452 - Grant Closure

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Financial and Statistical Report for Home- and Community-Based Services Schedule B: Staff Numbers, Hours, and Wages

Provider Agency: Fiscal Year-End of Report:

1/0/1900

Line No.	Description	Total Number of Staff (1)	Gross Salaries and Wages (2)	Total Paid Hours (3)	Excluded Wages (4)	Excluded Hours (5)	Indirect Wages (6)	Indirect Hours (7)	Other Program Wages (8)	Other Program Hours (9)	HCBS 15 MIN Wages (10)	HCBS 15 MIN Hours (11)	HCBS Daily Wages (12)	HCBS Daily Hours (13)
	Administrative Management Staff Job Titles													
301														
302														
303 304						-						 		+
305												+		
306	Contracted Administrative Management Staff	f												
307	Administrative Management - Sch. D, Line 2110	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
	Direct Care Supervision Staff Job Titles													
308	•													
309														
310														
311 312												-		
313	Contracted Direct Care Supervision Staff											+		
314	Direct Care Supervision - Sch. D, Line 2120		\$ -	_	\$ -	-	s -	-	\$ -	-	\$ -	_	\$ -	_
<u> </u>	Direct Care Staff Job Titles		Ť		Ť	Į.	*		*		*		Ť	ļ
315	Direct date dtail 300 Titles							1						1
316														
317														
318														
319 320	Contracted Direct Care Staff													
		<u> </u>	\$ -		\$ -		\$ -		\$ -		\$ -	<u> </u>	\$ -	+
321	Direct Care Total - Sch. D, Line 2130	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	5 -	- 1
322	Business Office/Clerical Staff Job Titles								_					1 1
323												 		+
324												1		
325														
326														
327	Contracted Business Office/Clerical Staff													
328	Business Office/Clerical - Sch. D, Line 2140	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
	Other Staff Job Titles													
329														
330 331					-	 						-		1
331						1						+		1
333	Member Wages													1
334	Contracted Other Staff													
335	Other Staff - Sch. D, Line 2150	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
	T. (111) 0(18) (0.11) 0.11		•		_								_	
336	Total Hours, Staff, and Gross Salaries/Wages		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -	-

Financial and Statistical Report for Home- and Community-Based Services Schedule C: Property and Equipment Depreciation

Provider Agency: 0 Fiscal Year-End of Report: 1/0/1900

Provider - Owned Equipment and Buildings Calculation of Straight Line Depreciation Expense:

Description:	Line No.	Construction in Process (1)	Beginning Historical Basis (2)	Purchases During Period (3)	Disposals During Period (Enter Positive Amount) (4)	Ending Historical Basis (5)	Allowable Accumulated Straight Line Depreciation Reported in Prior Years (6)	Straight Line Useful Life (7)	Straight Line Depreciation for Current Period (8)
Agency Vehicles:				•	-		•	•	
Motor Vehicles	401					0			
Other	402					0			
Total Vehicles	403	0	0	0	0	0	0	ı	
Equipment:	403	U		U	U				
Building Equipment	404					0			
Department Equipment						0			
Other Equipment						0			
Office Furniture and Fixtures	407					0			
Total Equipment	408	0	0	0	0	0	0	1	0
Buildings:	400	, J			u u				
Buildings	409					0			1
Leasehold Improvements						0			
Land Improvements	411					0			
Other	412					0			
Total Buildings	110							T	
Total Buildings Amortization:	413	0	0	0	0	0	0		0
Amortization: Amortization	414	1		I		0	I	I	T
	414	1							
Total Depreciation & Amortization	415	0	0	0	0	0	0		0

Calculation of Depreciation Expense per Books:

Description:	Line No.	Book Method	Book Annual Rate % (10)	Book Depreciation Expense (11)	Accumulated Book Depreciation End of Period (12)
Agency Vehicles:					
Motor Vehicles	401				
Other	402				
Total Vehicles	403			0	0
Equipment:					
Building Equipment	404				
Department Equipment	405				
Other Equipment	406				
Office Furniture and Fixtures	407	1			
Total Equipment	408			0	0
Buildings:					
Buildings	409				
Leasehold Improvements	410				
Land Improvements	411				
Other	412				
Total Buildings	413			0	0
Amortization:					
Amortization	414				
Total Depreciation &					
Amortization	415			0	0

Book vs. Straight Line Variance (11)-(8)	е
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	Straight Lin

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Financial and Statistical Report for Home- and Community-Based Services Schedule C-1: Residential Property Expense

Provider Agency: Fiscal Year-End of Report:	0 1/0/1900		•		
Residential Properties Utilized by I					
1. Do you own or lease residential proper	,				
 a. If yes, use the chart below to ident 	ify the related residential expense	s reported on Schedu	ule D not including ar	ny administrative office exp	enses.

Schedule D Column Number		2	5	6	7	8	9
Expense Item:	Sch D Line	Excluded Costs	Indirect	Other Program		**Community Integrated	**Other
Expense item:	Number	Excluded Costs	Service Cost	Cost	H2015-HI	H2016 / S5136	H2016-HI / S5136-HI
Residential Rent	2810						
Residential Repairs/Maintenance	2820						
Residential Utilities	2830						
Residential Mortgage Interest	2840						
Residential Property Tax	2850						
Residential Insurance	2850						
Residential Other Occupancy	2860						
Residential Depreciation	4440						
Total		_	_	-	_	-	_

Schedule D Column Number		10	11	12	13	14	15
Funance Manne	Sch D Line		**Community Integrated	**Other			
Expense Item:	Number	H2015	H2016	H2016	H2016-U3 / S5136-UA	H2021	T1004-U3
Residential Rent	2810						
Residential Repairs/Maintenance	2820						
Residential Utilities	2830						
Residential Mortgage Interest	2840						
Residential Property Tax	2850						
Residential Insurance	2850						
Residential Other Occupancy	2860						
Residential Depreciation	4440						
0	0						
Total		-	-	-	-	•	-

Schedule D Column Number		16	17	18	19	20
Expense Item:	Sch D Line			ETP	ETP	
Expense item.	Number	T1004-U3	T1004-U3	0	0	MFP
Residential Rent	2810					
Residential Repairs/Maintenance	2820					
Residential Utilities	2830					
Residential Mortgage Interest	2840					
Residential Property Tax	2850					
Residential Insurance	2850					
Residential Other Occupancy	2860					
Residential Depreciation	4440					
0	0					
Total		-	-	-	-	-

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Financial and Statistical Report for Home- and Community-Based Services Schedule D: Expense Report

Provider Agency:

Fiscal Year-End of Report: 1/0/1900

	Column Number	1	2	3	4	5	6	7	8	9	10	11
				-		-			**Community Integrated	***Other	-	**Community Integrated
							Other Program					
					Allocation Basis		Costs (Excluding	ID	ID H2016/S5136	ID H2016-HI /	BI	BI
NO.	ACCOUNT TITLE	Total Expense	Excluded Costs	Adjusted Costs		Indirect Costs	MFP)	H2015-HI	(See Below)	S5136-HI	H2015	H2016
2110	Administrative Management	0	0	0		0	0		,			
2120	Direct Care Supervision	0	0	0		0						
2130	Direct Care	0				0						
2140 2150	Business Office/Clerical Other Staff	0				0						
2100	TOTAL SALARIES	Ö				ő		0	0	0	0	(
2210	Health Benefits			0								
2220	Other Benefits		_	0								
2200	TOTAL BENEFITS	0	0	0		0	0	0	0	0	0	(
2310	FICA			0								
2320	Worker's Compensation & Unemployment			0								
2300	TOTAL PAYROLL TAXES	0	0	0		0	0	0	0	0	0	
0//2	N. F. 10 D. 10		1			1	1				1	
2410 2420	Medical & Psych Services Purchased^ Host Home Direct Care Service			0								
2420	Accounting and Auditing^			0								
2440	Attorney's^			0								
2450	IT & EHR Consulting^			0								
2460	Claims Processing [^]			0								
2470	Other Non-Medical [^]			0								
2400	TOTAL PROFESSIONAL FEES	0	0	0		0	0	0	0	0	0	
2510	Office CumpliceA		l	0		l	ı		1		l	
2520	Office Supplies^ Medical Supplies^			0								
2530	Direct Care Training Supplies			0								
2540	Other Supplies [^]			0								
2550	Food [^]			0								
2500	TOTAL SUPPLIES	0	0	0		0	0	0	0	0	0	0
2600	TELEPHONE, INTERNET & POSTAGE^		T	0		T	1		1		T	
2600	TELEPHONE, INTERNET & POSTAGE"			U								
2810	Rent of Space / Lease of Facility^			0								
2820	Building & Grounds Supplies & Maintenance^			0			_					
2830	Utilities^			0					_	_		_
2840	Property Interest [^]			0								
2850 2860	Insurance & Property Taxes^			0								
2800 2800	Other Occupancy^ TOTAL OCCUPANCY EXPENSE	0		0		0	0	0	0	0	0	-
2000	TOTAL GOOGLANGT EATEROL			U				U	U			
3110	Employee & Yellow Page Advertising^			0								
3120	Promotional Advertising / Marketing^			0								
3100	MARKETING & ADVERTISING	0	0	0		0	0	0	0	0	0	0
2040	Direct Occa Milecus Deiseburgen	1	ı		1	T	1	1	1		T	1
3210 3220	Direct Care Mileage Reimbursement Non-Direct Care Mileage Reimbursement^			0								
	TOTAL MILEAGE REIMBURSEMENT	0	0			0	0	0	0	0	0	0
							'					
3310	Staff Development & Training^			0								
3320	Annual Meetings & Business Conference^			0					_		_	_
3330	Direct Care Development & Training			0								
3300	TOTAL DEVELOPMENT & TRAINING	0	0	0		0] 0	0	0	0	0	
3400	SUBSCRIPTIONS & DUES^		1	0		ı	I				ı	
3-00	ODDOGNII TIONO & DOLO		L	U		<u> </u>	l			1	<u> </u>	

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Financial and Statistical Report for Home- and Community-Based Services Schedule D: Expense Report

Provider Agency:

Fiscal Year-End of Report: 1/0/1900

	Column Number	1	2	3	4	5	6	7	8	9	10	11
			_		·			,	**Community			**Community
									Integrated	***Other		Integrated
							Other Program		_			
					Allocation		Costs	ID	ID	ID	BI	BI
NO	ACCOUNT TITLE	T-4-1 F	F	A -1:41 O4-	Basis	l	(Excluding	110045 111	H2016/S5136	H2016-HI /	110045	110040
NO. 3510	Member Specific Equipment Purchase/Repair	i otai Expense	Excluded Costs	Adjusted Costs	(Schedule F)	indirect Costs	MFP)	H2015-HI	(See Below)	S5136-HI	H2015	H2016
3520	Member Specific Assistance			0								
3500	TOTAL MEMBER CASE PLAN	0	0	0		0	0	0	0	0	0	0
4210	Direct Care Agency Vehicle Lease			0								
4220 4230	Non-Direct Care Agency Vehicle Lease^ Other Direct Care Agency Vehicle			0								
4240	Other Non-Direct Care Agency Vehicle^			0								
4200	TOTAL AGENCY VEHICLE	0	0	v		0	0	0	0	0	0	0
								-				
4310	Agency Equipment Repair^			0			_			_		
4320	Small Equipment Purchase/Rental^			0								
4300	REPAIRS & EXPENDABLE EQUIPMENT	0	0	0		0	0	0	0	0] 0	0
4410	Direct Care Agency Vehicle Depreciation		ı	1 0	1		ı		1	ı	1	1
4420	Non-Direct Care and Other Agency Vehicle Depreciation [^]			0								
4430	Equipment Depreciation ^A			0								
4440	Buildings and Leaseholds Depreciation^			0								
4450	Amortization [^]			0								
4400	TOTAL DEPRECIATION & AMORTIZATION	0	0	0		0	0	0	0	0	0	0
					•			1	•		,	
4910	Employee Moving^			0								
4920	Background Check [^]			0								
4930	Bank Fees^			0					-			
4940 4950	Liability Insurance^ Working Capital Interest^			0	-				-			
4960	Miscellaneous^			0								
4900	TOTAL MISCELLANEOUS	0	0			0	0	0	0	0	0	0
	TO THE MICOLET WILLOW											
5110	Home Office [^]			0								
5120	Management Company Fees^			0								
5100	TOTAL ADMINISTRATION	0	0	0		0	0	0	0	0	0	0
5210	Bad Debt		ı	I 0			l		1	l	ı	
5220	Income Tax			0								
5230	Board of Director Fees			0								<u> </u>
5240	Officer's Life Insurance			0					1			
5250	Contributions/Donations			0								
5260	Fine/Penalties (Law Violation)			0								
5270	Lobbying			0								
5280	Fundraising			0								
5290	Other Non-Reimbursable			0								
5200	TOTAL NON-REIMBURSABLE	0				0	•	0				
5300	TOTAL EXPENSES	0	0	0		0	0	0	0	0	0	0
6000	TOTAL EVENUES (EVOLUDING NON DEMOCIOSAS) EX	^	I 0	I 0	1	0	0	0	1 0	0	1 0	0
6100	TOTAL EXPENSES (EXCLUDING NON-REIMBURSABLE)	0		1 0		U	0	0		0		0
6200	Indirect Cost Allocation (from Sch. D-1)	U					0	0	·			0
6300	Total Cost After Indirect Cost Allocation Revenue Offsets from Sch. A						- 0	0	- 0	0	0	0
6400	Indirect Revenue Offset Allocation (from Sch. D-1)						0	0	0	0	0	0
6500	Total Cost After Revenue Offsets						0	0				
6600	Total Units of Service							0		0		0
6700	UNIT COST							0.00	, and the second			
	1	1						0.00				

^{^ -} Expense lines subject to the 20% Limitation.

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Fiscal Year-End of Report: 1/0/1900

	Column Number	12	13	14	15	16	17	18	19	20
		***Other	-					Exception to Policy (ETP)	Exception to Policy (ETP)	-
		ВІ	ID	СМН	ID	ВІ	HD	0	0	
NO.	ACCOUNT TITLE	H2016	S5136-UA	H2021	T1004-U3	T1004-U3	T1004-U3	0	0	MFP
2110	Administrative Management									
2120	Direct Care Supervision									
2130 2140	Direct Care Business Office/Clerical									
2150	Other Staff									
2100	TOTAL SALARIES	0	0	0	0	0	0	0	0	
2.00	TOTAL GALARIES	•	٠,							
2210	Health Benefits									
2220	Other Benefits									
2200	TOTAL BENEFITS	0	0	0	0	0	0	0	0	
2240	IFICA	1	1		Ī		ı	T	1	
2310 2320	Worker's Compensation & Unemployment									
2320 2300	TOTAL PAYROLL TAXES	0	0	0	0	0	0	0	0	
2000	A INOLE IANEO	<u>U</u>	<u> </u>							
2410	Medical & Psych Services Purchased [^]									
2420	Host Home Direct Care Service									
2430	Accounting and Auditing^									
2440	Attorney's^									
2450	IT & EHR Consulting [^]									
2460	Claims Processing [^]									
2470 2400	Other Non-Medical [^] TOTAL PROFESSIONAL FEES		0		0	0	0	0	0	
2400	TOTAL PROFESSIONAL FEES	0	U	0	U	U	0	l 0	U	
2510	Office Supplies [^]									
2520	Medical Supplies [^]									
2530	Direct Care Training Supplies									
2540	Other Supplies [^]									
2550	Food^									
2500	TOTAL SUPPLIES	0	0	0	0	0	0	0	0	
2600	TELEPHONE, INTERNET & POSTAGE^									
2810	Rent of Space / Lease of Facility^		ı				1	1		
2820	Building & Grounds Supplies & Maintenance^									
2830	Utilities^									
2840	Property Interest^									
2850	Insurance & Property Taxes^									
2860	Other Occupancy [^]									
2800	TOTAL OCCUPANCY EXPENSE	0	0	0	0	0	0	0	0	
3110	Employee & Yellow Page Advertising [^]						I	I	1	
3120	Promotional Advertising / Marketing^									
3100	MARKETING & ADVERTISING	0	0	0	0	0	0	0	0	
			·	<u>_</u>						
3210	Direct Care Mileage Reimbursement									
3220	Non-Direct Care Mileage Reimbursement [^]									<u> </u>
3200	TOTAL MILEAGE REIMBURSEMENT	0	0	0	0	0	0	0	0	
2240	Staff Davolonment & TrainingA	1	1				ı	ı	1	
3310 3320	Staff Development & Training^ Annual Meetings & Business Conference^									
3330	Direct Care Development & Training									
3300	TOTAL DEVELOPMENT & TRAINING	0	0	0	0	0	0	0	0	
			·	<u>_</u>						
	SUBSCRIPTIONS & DUES^									

Check Figure

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Financial and Statistical Report for Home- and Community-Based Services Schedule D: Expense Report

Check Figure

Provider Agency:

Fiscal Year-End of Report: 1/0/1900

	Column Number	12	13	14	15	16	17	18	19	20
		***Other						Exception to	Exception to	
		Other						Policy (ETP)	Policy (ETP)	
		ВІ	ID	СМН	ID	ВІ	HD	0	0	
NO.	ACCOUNT TITLE	H2016	S5136-UA	H2021	T1004-U3	T1004-U3	T1004-U3	0	0	MFP
	Member Specific Equipment Purchase/Repair									
	Member Specific Assistance									
3500	TOTAL MEMBER CASE PLAN	0	0	0	0	0	0	0	0	0
1010	D: 10 A VIII				1	1		1	1	
	Direct Care Agency Vehicle Lease									
	Non-Direct Care Agency Vehicle Lease^ Other Direct Care Agency Vehicle									
	Other Non-Direct Care Agency Vehicle^									
	TOTAL AGENCY VEHICLE	0	0	0	0	0	0	0	0	0
4200	TOTAL AGENCT VEHICLE	U	U						ı u	
4310	Agency Equipment Repair^									
	Small Equipment Purchase/Rental^									
4300	REPAIRS & EXPENDABLE EQUIPMENT	0	0	0	0	0	0	0	0	0
	Direct Care Agency Vehicle Depreciation									
	Non-Direct Care and Other Agency Vehicle Depreciation^			<u> </u>						
	Equipment Depreciation [^]									
	Buildings and Leaseholds Depreciation [^]									
	Amortization [^]									
4400	TOTAL DEPRECIATION & AMORTIZATION	0	0	0	0	0	0	0	0	0
1010	E 1 14 1 4				ı	ı		1		
	Employee Moving^									
	Background Check^ Bank Fees^									
	Liability Insurance^ Working Capital Interest^									
	Miscellaneous^									
	TOTAL MISCELLANEOUS	0	0	0	0	0	0	0	0	0
4300	TOTAL MISSELLANEOUS	U	U ₁						, U	
5110	Home Office [^]									
	Management Company Fees^									
5100	TOTAL ADMINISTRATION	0	0	0	0	0	0	0	0	0
-										
	Bad Debt									
	Income Tax									
	Board of Director Fees									
	Officer's Life Insurance									
	Contributions/Donations									
	Fine/Penalties (Law Violation)									
	Lobbying									
	Fundraising									
	Other Non-Reimbursable TOTAL NON-REIMBURSABLE	0	0	0	0	0	0	0	0	0
5300	TOTAL EXPENSES	0	0	0			0			0
5300	IOTAL EAPENSES	U	U	U	U	U	U	. "	ı V	U
6000	TOTAL EXPENSES (EXCLUDING NON-REIMBURSABLE)	0	0	0	0	0	0	0	0	0
	Indirect Cost Allocation (from Sch. D-1)	0	0	0			0			0
	Total Cost After Indirect Cost Allocation	0								0
	Revenue Offsets from Sch. A		•		,	ļ .	U		٩	· · ·
	Indirect Revenue Offset Allocation (from Sch. D-1)	0	0	0	0	0	0	0	0	0
	Total Cost After Revenue Offsets	0	0	0			0			0
	Total Units of Service	0	0	0			0			0
	UNIT COST	0.00					0.00			0.00
		5.00	5.00	5.00		. 5.00	5.00	. 5.00	, 5.00	5.00

^{^ -} Expense lines subject to the 20% Limitation.

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Financial and Statistical Report for Home- and Community-Based Services Supplemental Schedule D-1: Indirect Cost Allocation

Provider Agency: Fiscal Year-End of Report: 0 1/0/1900

	Schedule D Column Number	5	6	7	8	9	10	11	12	13	14	15
	Schedule D Column Number	3	, and the second		**Community Integrated	***Other	10	**Community	***Other	13	14	15
			Other Program	ID.	ID	ID		D.	Di .	ID	CMII.	ID
			Costs (Excluding	ID	H2016/S5136	H2016-HI /	BI	BI	BI	טו	CMH	שו
NO.	ACCOUNT TITLE	Indirect Costs	MFP)	H2015-HI	(See Below)	S5136-HI	H2015	H2016	H2016	S5136-UA	H2021	T1004-U3
	Direct Cost Allocation Percentage:		0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%
	Territoria de la companya della companya della companya de la companya della comp							1				
2110 2120	Administrative Management	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2120	Direct Care Supervision Direct Care	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2140	Business Office/Clerical	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2150	Other Staff	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2100	TOTAL SALARIES	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		1	,									
2210	Health Benefits	-	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	
2220 2200	Other Benefits TOTAL BENEFITS	-	0.00 0.00	0.00	0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00	0.00	0.00 0.00	
2200	IOIAL BENEFIIS	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2310	FICA	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2320	Worker's Compensation & Unemployment	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2300	TOTAL PAYROLL TAXES	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		1										
2410	Medical & Psych Services Purchased^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2420 2430	Host Home Direct Care Service Accounting and Auditing^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2440	Attorney's^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2450	IT & EHR Consulting^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2460	Claims Processing [^]	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2470	Other Non-Medical [^]	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2400	TOTAL PROFESSIONAL FEES	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0540	0# 0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2510 2520	Office Supplies^ Medical Supplies^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2530	Direct Care Training Supplies	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2540	Other Supplies [^]	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2550	Food^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2500	TOTAL SUPPLIES	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TELEPHONE INTERNET & POOTAGEA		0.00		0.00	2.22	2.22	2.22	0.00	0.00		
2600	TELEPHONE, INTERNET & POSTAGE^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2810	Rent of Space / Lease of Facility ^A	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2820	Building & Grounds Supplies & Maintenance^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2830	Utilities^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2840	Property Interest [^]	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2850	Insurance & Property Taxes^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2860	Other Occupancy	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2800	TOTAL OCCUPANCY EXPENSE	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3110	Employee & Yellow Page Advertising^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3120	Promotional Advertising / Marketing^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
3100	MARKETING & ADVERTISING	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3210	Direct Care Mileage Reimbursement	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
3220 3200	Non-Direct Care Mileage Reimbursement ^A TOTAL MILEAGE REIMBURSEMENT	-	0.00	0.00		0.00 0.00	0.00 0.00	0.00 0.00	0.00	0.00	0.00	
3200	TOTAL MILEAGE REIMIDURGEMENT	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	J 0.00	0.00
3310	Staff Development & Training^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3320	Annual Meetings & Business Conference^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3330	Direct Care Development & Training	-	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	
3300	TOTAL DEVELOPMENT & TRAINING	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3400	SUBSCRIPTIONS & DUES^	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3400	JODGOCKIE HONG & DUES		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Financial and Statistical Report for Home- and Community-Based Services Supplemental Schedule D-1: Indirect Cost Allocation

Provider Agency: Fiscal Year-End of Report: 0 1/0/1900

	Schedule D Column Number	5	6	7	8	9	10	11	12	13	14	15
	Schedule D Coldini Namber	J		,	**Community Integrated	***Other	10	**Community Integrated	***Other	10	14	10
			Other Program									
			Costs	ID	ID III	ID HOOMS III /	BI	BI	BI	ID	СМН	ID
NO.	ACCOUNT TITLE	Indirect Costs	(Excluding MFP)	H2015-HI	H2016/S5136 (See Below)	H2016-HI / S5136-HI	H2015	H2016	H2016	S5136-UA	H2021	T1004-U3
	Direct Cost Allocation Percentage:		0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%
3510	Member Specific Equipment Purchase/Repair	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3520	Member Specific Assistance	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3500	TOTAL MEMBER CASE PLAN	-	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00
4210	Direct Care Agency Vehicle Lease	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4220	Non-Direct Care Agency Vehicle Lease ^A	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4230	Other Direct Care Agency Vehicle	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4240	Other Non-Direct Care Agency Vehicle^	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4200	TOTAL AGENCY VEHICLE	-	0.00	0.00		0.00	0.00		0.00	0.00	0.00	0.00
.200	TOTAL MOLITON VEHICLE	ı	0.00	0.00		0.00			0.00	0.00	0.00	
4310	Agency Equipment Repair^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4320	Small Equipment Purchase/Rental^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4300	REPAIRS & EXPENDABLE EQUIPMENT	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4410	Direct Care Agency Vehicle Depreciation	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4420	Non-Direct Care and Other Agency Vehicle Depreciation [^]	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4430	Equipment Depreciation ^A	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4440	Buildings and Leaseholds Depreciation^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4450	Amortization [^]	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4400	TOTAL DEPRECIATION & AMORTIZATION	-	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00
4910	Employee Moving [^]	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4920	Background Check [^]	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4930	Bank Fees [^]	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4940	Liability Insurance^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4950 4960	Working Capital Interest [^] Miscellaneous [^]	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4900	TOTAL MISCELLANEOUS	-	0.00 0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00
4900	TOTAL MISCELLANEOUS		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5110	Home Office [^]	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5120	Management Company Fees [^]	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5100	TOTAL ADMINISTRATION	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5210	Bad Debt	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5220	Income Tax	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5230	Board of Director Fees	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5240	Officer's Life Insurance	_	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5250	Contributions/Donations	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5260	Fine/Penalties (Law Violation)	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5270	Lobbying	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5280	Fundraising	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5290	Other Non-Reimbursable	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5200	TOTAL NON-REIMBURSABLE	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Identified Indirect Cost (to Sch. D-2)		n	0	0	0	0	n	0	0	0	0
	Indirect Cost subject to 20% Limt [^]		0	0	0	0	0	Ŭ	0	0		0
	Indirect Cost Subject to 20% Limt* Indirect Cost Allocation (to Sch. D Line 6100)			0	0	0	0	-	0	0	0	0
	Indirect Cost Allocation (to Scn. D Line 6100)											
	Indirect Revenue Offset Allocation				,	ı		,	1		1	
	(to Sch. D Line 6400)		0	0	0	0	n	n	0	0	0	0
	(10 3511. 2 Zille 0400)			- 0	U	U	0	U	U	U	U	U

Provider Agency: Fiscal Year-End of Report: 0 1/0/1900

	Schedule D Column Number	16	17	18	19	20	
				Exception to Policy (ETP)	Exception to Policy (ETP)		
		ВІ	HD	0	0		
NO.	ACCOUNT TITLE	T1004-U3	T1004-U3	0	0	MFP	CI Fi
	Direct Cost Allocation Percentage:	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	
2110	Administrative Management	0.00	0.00	0.00	0.00	0.00	ì
2120	Direct Care Supervision	0.00	0.00	0.00	0.00	0.00	
2130	Direct Care	0.00	0.00	0.00	0.00	0.00	
2140	Business Office/Clerical	0.00	0.00	0.00	0.00	0.00	
2150	Other Staff	0.00	0.00	0.00	0.00	0.00	
2100	TOTAL SALARIES	0.00	0.00	0.00	0.00	0.00	
2210	Health Benefits	0.00	0.00	0.00	0.00	0.00	1
2220	Other Benefits	0.00	0.00	0.00	0.00	0.00	
2200	TOTAL BENEFITS	0.00	0.00	0.00	0.00	0.00	
0010	Irio.	0.00	0.00	2.22	2.22	0.00	
2310	FICA	0.00	0.00	0.00	0.00	0.00	
2320	Worker's Compensation & Unemployment	0.00	0.00	0.00	0.00	0.00	
2300	TOTAL PAYROLL TAXES	0.00	0.00	0.00	0.00	0.00	ı
2410	Medical & Psych Services Purchased [^]	0.00	0.00	0.00	0.00	0.00	
2420	Host Home Direct Care Service	0.00	0.00	0.00	0.00	0.00	
2430	Accounting and Auditing^	0.00	0.00	0.00	0.00	0.00	
2440	Attorney's^	0.00	0.00	0.00	0.00	0.00	
2450	IT & EHR Consulting [^]	0.00	0.00	0.00	0.00	0.00	
2460	Claims Processing [^]	0.00	0.00	0.00	0.00	0.00	
2470	Other Non-Medical [^]	0.00	0.00	0.00	0.00	0.00	
2400	TOTAL PROFESSIONAL FEES	0.00	0.00	0.00	0.00	0.00	
2510	Office Supplies [^]	0.00	0.00	0.00	0.00	0.00	1
2520	Medical Supplies [^]	0.00	0.00	0.00	0.00	0.00	
2530	Direct Care Training Supplies	0.00	0.00	0.00	0.00	0.00	
2540	Other Supplies [^]	0.00	0.00	0.00	0.00	0.00	
2550	Food [^]	0.00	0.00	0.00	0.00	0.00	
2500	TOTAL SUPPLIES	0.00	0.00	0.00	0.00	0.00	
2600	TELEPHONE, INTERNET & POSTAGE^	0.00	0.00	0.00	0.00	0.00	
2810	Rent of Space / Lease of Facility^	0.00	0.00	0.00	0.00	0.00	ì
2820	Building & Grounds Supplies & Maintenance^	0.00	0.00	0.00	0.00	0.00	
2830	Utilities [^]	0.00	0.00	0.00	0.00	0.00	
2840	Property Interest^	0.00	0.00	0.00	0.00	0.00	
2850	Insurance & Property Taxes^	0.00	0.00	0.00	0.00	0.00	
2860	Other Occupancy^	0.00	0.00	0.00	0.00	0.00	
2800	TOTAL OCCUPANCY EXPENSE	0.00	0.00	0.00	0.00	0.00	
2110	Employees 9 Vellow Dags AdvertisingA	0.00	0.00	0.00	0.00	0.00	Y
3110 3120	Employee & Yellow Page Advertising^ Promotional Advertising / Marketing^	0.00	0.00	0.00	0.00	0.00	
3100	MARKETING & ADVERTISING	0.00	0.00	0.00	0.00	0.00	
3100	INDICATE LING & ADVECTIONS	0.00	0.00	0.00	0.00	0.00	ı
3210	Direct Care Mileage Reimbursement	0.00	0.00	0.00	0.00	0.00	
3220	Non-Direct Care Mileage Reimbursement^	0.00	0.00	0.00	0.00	0.00	
3200	TOTAL MILEAGE REIMBURSEMENT	0.00	0.00	0.00	0.00	0.00	
3310	Staff Development & Training^	0.00	0.00	0.00	0.00	0.00	1
3320	Annual Meetings & Business Conference [^]	0.00	0.00	0.00	0.00	0.00	
3330	Direct Care Development & Training	0.00	0.00	0.00	0.00	0.00	
3300	TOTAL DEVELOPMENT & TRAINING	0.00	0.00	0.00	0.00	0.00	
3400	SUBSCRIPTIONS & DUES^	0.00	0.00	0.00	0.00	0.00	1
J4UU	SUBSUKIF HUNS & DUES"	0.00	0.00	U.UU	0.00	0.00	ì

Provider Agency: Fiscal Year-End of Report: 0 1/0/1900

	Schedule D Column Number	16	17	18	19	20	
				Exception to Policy (ETP)	Exception to Policy (ETP)		
		ВІ	HD	0	0		
NO.	ACCOUNT TITLE	T1004-U3	T1004-U3	0	0	MFP	Check Figure
110.	Direct Cost Allocation Percentage:	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	rigure
3510	Member Specific Equipment Purchase/Repair	0.00	0.00	0.00	0.00	0.00	
3520	Member Specific Assistance	0.00	0.00	0.00	0.00	0.00	
3500	TOTAL MEMBER CASE PLAN	0.00	0.00	0.00	0.00	0.00	
4210	Direct Care Agency Vehicle Lease	0.00	0.00	0.00	0.00	0.00	
4220	Non-Direct Care Agency Vehicle Lease^	0.00	0.00	0.00	0.00	0.00	
4230	Other Direct Care Agency Vehicle	0.00	0.00	0.00	0.00	0.00	
4240	Other Non-Direct Care Agency Vehicle [^]	0.00	0.00	0.00	0.00	0.00	
4200	TOTAL AGENCY VEHICLE	0.00	0.00	0.00	0.00	0.00	
4040	A F i A D i-A	0.00	0.00	0.00	0.00	0.001	
4310 4320	Agency Equipment Repair^ Small Equipment Purchase/Rental^	0.00	0.00	0.00	0.00	0.00	
4320	REPAIRS & EXPENDABLE EQUIPMENT	0.00	0.00	0.00	0.00	0.00	
4000	THE PART OF THE PA	3.00	3.00	3.00	0.00	5.00	
4410	Direct Care Agency Vehicle Depreciation	0.00	0.00	0.00	0.00	0.00	
4420	Non-Direct Care and Other Agency Vehicle Depreciation [^]	0.00	0.00	0.00	0.00	0.00	
4430	Equipment Depreciation [^]	0.00	0.00	0.00	0.00	0.00	
4440	Buildings and Leaseholds Depreciation [^]	0.00	0.00	0.00	0.00	0.00	
4450	Amortization^	0.00	0.00	0.00	0.00	0.00	
4400	TOTAL DEPRECIATION & AMORTIZATION	0.00	0.00	0.00	0.00	0.00	
4910	Employee Moving^	0.00	0.00	0.00	0.00	0.00	
4920	Background Check [^]	0.00	0.00	0.00	0.00	0.00	
4930	Bank Fees [^]	0.00	0.00	0.00	0.00	0.00	
4940	Liability Insurance^	0.00	0.00	0.00	0.00	0.00	
4950	Working Capital Interest [^]	0.00	0.00	0.00	0.00	0.00	
4960 4900	Miscellaneous^ TOTAL MISCELLANEOUS	0.00	0.00	0.00	0.00 0.00	0.00	
4900	TOTAL MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	
5110	Home Office^	0.00	0.00	0.00	0.00	0.00	
5120	Management Company Fees [^]	0.00	0.00	0.00	0.00	0.00	
5100	TOTAL ADMINISTRATION	0.00	0.00	0.00	0.00	0.00	
5210	Bad Debt	0.00	0.00	0.00	0.00	0.00	
5220	Income Tax	0.00	0.00	0.00	0.00	0.00	
5230 5240	Board of Director Fees Officer's Life Insurance	0.00	0.00	0.00	0.00	0.00	
5250	Contributions/Donations	0.00	0.00	0.00	0.00	0.00	
5260	Fine/Penalties (Law Violation)	0.00	0.00	0.00	0.00	0.00	
5270	Lobbying	0.00	0.00	0.00	0.00	0.00	
5280	Fundraising	0.00	0.00	0.00	0.00	0.00	
5290	Other Non-Reimbursable	0.00	0.00	0.00	0.00	0.00	
5200	TOTAL NON-REIMBURSABLE	0.00	0.00	0.00	0.00	0.00	
	Identified Indirect Cost (to Sch. D-2)	0	0	0	0	0	
	Indirect Cost subject to 20% Limt ^A	0	0	0	0	0	
	Indirect Cost Allocation (to Sch. D Line 6100)	0	0		0	0	
		•			•		
					,		
	Indirect Revenue Offset Allocation	0	_	_			
	(to Sch. D Line 6400)	0	0	0	0	0	

Financial and Statistical Report for Home- and Community-Based Services Supplemental Schedule D-1: Indirect Cost Allocation

Provider Agency: Fiscal Year-End of Report: 0 1/0/1900

	Schedule D Column Number	5		6	7	8	9	10	11	12	13
		-	Select Method First Indirect Cost	Other Program		**Community Integrated	***Other		**Community Integrated	***Other	
			Allocation	Costs	ID	ID	ID	ВІ	ВІ	ВІ	ID
NO.	ACCOUNT TITLE	Indirect Costs	Method (Schedule F)	(Excluding MFP)	H2015-HI	H2016/S5136 (See Below)	H2016-HI / S5136-HI	H2015	H2016	H2016	S5136-UA
2110	Administrative Management	-		-	-	-	-	_	-	-	-
2120	Direct Care Supervision	-		-	-	-	-	-	-	-	-
2130	Direct Care	-		-	-	-	-	-	-	-	-
2140	Business Office/Clerical	-		-	-	-	-		-	-	-
2150	Other Staff	-		-	-	-	-	-	-	-	-
2100	TOTAL SALARIES	-		-	-	-	-	-	-	-	-
2100	TOTAL GALARIES					·					
2210	Health Benefits	-		-	-	-	-	-	_	-	-
2220	Other Benefits	-		_	-	-	-	_	_	-	_
2200	TOTAL BENEFITS	-		-	-	-	-	-	-	-	-
	1						_		_	_	
2310	FICA	-		-	-	-	-	-	-	-	-
2320	Worker's Compensation & Unemployment	-		-	-	-	-	-	-	-	-
2300	TOTAL PAYROLL TAXES	-		-	-	-	-	-	-	-	-
		I.		I		l.	I		I		
2410	Medical & Psych Services Purchased [^]	-		-	-	-	-	-	-	-	-
2420	Host Home Direct Care Service	-		-	-	-	-	-	-	-	-
2430	Accounting and Auditing [^]	-		-	-		-	-	-	-	-
2440	Attorney's^	-		-	-	-	-		-	-	-
2450	IT & EHR Consulting^	_		-	-		-		_	-	-
2460	Claims Processing [^]	-		-	-		_		-	-	-
2470	Other Non-Medical [^]	_		_	-	_	_		_	-	-
2400	TOTAL PROFESSIONAL FEES	-		-			-		-	-	-
		I.					II.		II.		
2510	Office Supplies^	-		-	-	-	-	-	-	-	-
2520	Medical Supplies [^]	-		-	-	-	-	-	-	-	-
2530	Direct Care Training Supplies	-		-	-	-	-		-	-	-
2540	Other Supplies [^]	-		-	-	-	-	-	-	-	-
2550	Food [^]	-		-	-	-	-		-	-	-
2500	TOTAL SUPPLIES	-		-	-	-	-	-	-	-	-
•					U					L	
2600	TELEPHONE, INTERNET & POSTAGE^	-		-	-	-	-	-	-	-	-
2810	Rent of Space / Lease of Facility^	-		-	-	-	-	-	-	-	-
2820	Building & Grounds Supplies & Maintenance^	-		-	-	-	-	-	-	-	-
2830	Utilities^	-		-	-	-	-	-	-	-	-
2840	Property Interest [^]	-	·	-	-	-	-	-	-	-	-
2850	Insurance & Property Taxes^	-		-	-	-	-	-	-	-	-
2860	Other Occupancy [^]	-		-	-	-	-	-	-	-	-
2800	TOTAL OCCUPANCY EXPENSE	-		-	-	-	-	-	-	-	-
3110	Employee & Yellow Page Advertising^	-		-	-	-	-	-	-	-	-
3120	Promotional Advertising / Marketing^	-		-	-	-	-	-	-	-	-
3100	MARKETING & ADVERTISING	-		-	-	-	-	-	-	-	-
	T				1						
3210	Direct Care Mileage Reimbursement	-		-	-	-	-	-	-	-	-
3220	Non-Direct Care Mileage Reimbursement [^]	-		-	-	-	-	-	-	-	-
3200	TOTAL MILEAGE REIMBURSEMENT	-		-	-	-	-	-	-	-	-
	Ta	1		ı			1		1	1	
3310	Staff Development & Training^	-		-	-	-	-	-	-	-	-
3320	Annual Meetings & Business Conference^	-		-	-	-	-	-	-	-	-
3330	Direct Care Development & Training	-		-	-	-	-	-	-	-	-
3300	TOTAL DEVELOPMENT & TRAINING	-		-	-	-	-	•	-	-	-

Financial and Statistical Report for Home- and Community-Based Services Supplemental Schedule D-1: Indirect Cost Allocation

Provider Agency: Fiscal Year-End of Report: 0 1/0/1900

	Schedule D Column Number		6	7	8	9	10	11	12	13	
			Select Method First Indirect Cost	Other Program		**Community Integrated	***Other		**Community Integrated	***Other	
			Allocation	Costs	ID	ID	ID	ВІ	ВІ	ВІ	ID
			Method	(Excluding	ID.	H2016/S5136	H2016-HI /	Di	ы	ы	
NO.	ACCOUNT TITLE	Indirect Costs	(Schedule F)	MFP)	H2015-HI	(See Below)	S5136-HI	H2015	H2016	H2016	S5136-UA
3400	SUBSCRIPTIONS & DUES^	_		- 1		-	-	_	_	-	
3400	30B3CKIF HON3 & DOE3	- 1		- 1		-		-		-	
3510	Member Specific Equipment Purchase/Repair	-		-	-	-	-	-	-	-	-
3520	Member Specific Assistance	-		-	-	-	-	-	-	-	-
3500	TOTAL MEMBER CASE PLAN	-		-	-	-	-	-	-	-	-
4040	D: 10 A VIII	ı		1		1					
4210 4220	Direct Care Agency Vehicle Lease	-		-	-	-	-	-	-	-	
4230	Non-Direct Care Agency Vehicle Lease^ Other Direct Care Agency Vehicle	-		-		-	-	-	-		
4240	Other Non-Direct Care Agency Vehicle^	-		-	-	-	-	-	-	-	
4200	TOTAL AGENCY VEHICLE	-		-	-	-	-	-	-	-	- 1
				<u>. </u>				1			
4310	Agency Equipment Repair^	-		-	-	-	-	-	-	-	-
4320	Small Equipment Purchase/Rental^	-		-	-	-	-	-	-	-	-
4300	REPAIRS & EXPENDABLE EQUIPMENT	-		-	-	-		-	-	-	-
	T			, , , , , , , , , , , , , , , , , , , ,			•				
4410	Direct Care Agency Vehicle Depreciation	-		-	-	-	-	-	-	-	-
4420 4430	Non-Direct Care and Other Agency Vehicle Depreciation [^] Equipment Depreciation [^]	-		-	-	-	-	-	-	-	-
4440	Buildings and Leaseholds Depreciation [^]	-		-		-	-	-	-	-	-
4450	Amortization [^]	-		-			_	-	-	-	
4400	TOTAL DEPRECIATION & AMORTIZATION	-		-	-	-	-	-	-	-	-
4910	Employee Moving [^]	-		-	-	-	-	-	-	-	-
4920	Background Check [^]	-		-	-	-	-	-	-	-	-
4930	Bank Fees [^]	-		-	-	-	-	-	-	-	-
4940	Liability Insurance^	-		-	-	-	-	-	-	-	-
4950 4960	Working Capital Interest^	-		-	-	-	-	-	-	-	-
4900	Miscellaneous^ TOTAL MISCELLANEOUS	-		-		-	-	-	-	-	-
4300	TOTAL MIGOLELANEOUS			- 1							
5110	Home Office [^]	_		_	-	-	_	_	-	-	_
5120	Management Company Fees^	-		-	-	-	-	-	-	-	-
5100	TOTAL ADMINISTRATION	-		-	-	-	-	-	-	-	-
5210	Bad Debt	-		-	-	-	-	-	-	-	-
5220	Income Tax	-		-	-	-	-	-	-	-	-
5230	Board of Director Fees	-		-	-	-	-	-	-	-	-
5240 5250	Officer's Life Insurance Contributions/Donations	-		-	-	-	-	-	-	-	-
5260	Fine/Penalties (Law Violation)	-		-	<u> </u>	-	-	-	-	-	-
5270	Lobbying	-		-	<u>-</u>	-	-	-	-		-
5280	Fundraising	-		-		-	-	_	_	-	
5290	Other Non-Reimbursable	-		-	-	-	-	-	-	-	-
5200	TOTAL NON-REIMBURSABLE	-		-	-	-	-	-	-	-	-
		•									
		Cost (to Sch. D-2) ject to 20% Limt^		0					0		
		0						0			
	Indirect C	0	0	0	0	0	0	0	0		
	Indirect Revenue Off	icat Allocation (to	Sch Dline 6400			T	T				
	munect Revenue On	set Allocation (to	JUIL D LINE 0400)			1	1	I			

Provider Agency: Fiscal Year-End of Report: 0 1/0/1900

	Schedule D Column Number	5	1	14	15	16	17	18	19	20	1
			Select Method First Indirect Cost					Exception to Policy (ETP)	Exception to Policy (ETP)		
			Allocation	СМН	ID	ВІ	HD	0	0		
NO.	ACCOUNT TITLE	Indirect Costs	Method (Schedule F)	H2021	T1004-U3	T1004-U3	T1004-U3	0	0	MFP	Check Figure
110.	ACCOUNT TILE	munect costs	(ochedule i)	112021	11004-03	11004-03	11004-03			IVIII	rigure
2110	Administrative Management	-		-	-	-	-	-	-	-	
2120	Direct Care Supervision	-		-	-	-	-	-	-	-	
2130	Direct Care	-		-	-	-	-	-	-	-	
2140 2150	Business Office/Clerical Other Staff	-		-	-	-	-	-	-	-	
2100	TOTAL SALARIES	-		-	-	-	-	-	-		
2100	TOTAL GALARIES	·									1
2210	Health Benefits	-		-	-	-	-	-	-	-	1
2220	Other Benefits	-		-	-	-	-	-	-	-	
2200	TOTAL BENEFITS	-		-	-	-	-	-	-	-	
	Tero.					-	-				7
2310	FICA	-		-	-	-	-	-	-	-	
2320 2300	Worker's Compensation & Unemployment TOTAL PAYROLL TAXES	- -		-	-	-	-	-	-	<u> </u>	ł
2300	IOTAL PATROLL TAXES	-	l .	-	-	-	-	-	-	-	j
2410	Medical & Psych Services Purchased [^]	-		-	-	-	-	-	-	-	1
2420	Host Home Direct Care Service	-		-	-	-	-	-	-	-	
2430	Accounting and Auditing ^A	-		-	-	-	-	-	-	-	
2440	Attorney's^	-		-	-	-	-	-	-	-	
2450	IT & EHR Consulting [^]	-		-	-	-	-	-	-	-	
2460	Claims Processing [^]	-		-	-	-	-	-	-	-	
2470	Other Non-Medical ^A	-		-	-	-	-	-	-	-	
2400	TOTAL PROFESSIONAL FEES	-		-	-	-	-	-	-	-	j
2510	Office Supplies^	I -		_	_	_	_	I -	_		1
2520	Medical Supplies^	-		-	-	-	-	-	-	-	
2530	Direct Care Training Supplies	-		-	-	-	-	-	-	-	
2540	Other Supplies [^]	-		-	-	-	-	-	-	-	
2550	Food^	-		-	-	-	-	-	-	-	
2500	TOTAL SUPPLIES	-		-	-	-	-	-	-	-	
2600	TELEPHONE, INTERNET & POSTAGE^	1	1		-	_	_	-	1		1
2600	TELEPHONE, INTERNET & POSTAGE"	-		-	-	-	-	-	-	-	1
2810	Rent of Space / Lease of Facility^	-		-	-	-	-	-	-	-	1
2820	Building & Grounds Supplies & Maintenance^	-		-	-	-	-	-	-	-	1
2830	Utilities^	-		-	-	-	-	-	-	-	
2840	Property Interest^	-				-	-	-	-	-	
2850	Insurance & Property Taxes^	-		-	-	-	-	-	-	-	
2860	Other Occupancy	-		-	-	-	-	-	-	-	
2800	TOTAL OCCUPANCY EXPENSE	-	l	-	-	-	-	-	-	-	j
3110	Employee & Yellow Page Advertising^	-	I	_	_	-	-	-	-	_	1
3120	Promotional Advertising / Marketing^	-		-	-	-	-	-	-	-	1
3100	MARKETING & ADVERTISING	-		-	-	-	-	-	-	-	1
											_
3210	Direct Care Mileage Reimbursement	-		-	-	-	-	-	-	-	
3220	Non-Direct Care Mileage Reimbursement [^]	-				-	-	-	-	-	
3200	TOTAL MILEAGE REIMBURSEMENT	-		-	-	-	-	-	-	-	j
2040	Stoff Davidonment & TrainingA	1	1					1			1
3310 3320	Staff Development & Training^ Annual Meetings & Business Conference^	-		-	-	-	-	-	-		
3330	Direct Care Development & Training	-		-	-	-	-	-	-		
3300	TOTAL DEVELOPMENT & TRAINING	-		-	-	-	-	-	-	-	1
3300	TOTAL PETEEOF MENT & TRAINING	· -	1	_		•	•	· -		•	1

Provider Agency: Fiscal Year-End of Report: 0 1/0/1900

	Schedule D Column Number	5		14	15	16	17	18	19	20
			Select Method First Indirect Cost					Exception to Policy (ETP)	Exception to Policy (ETP)	
			Allocation	СМН	ID	BI	HD	0	0	
NO.	ACCOUNT TITLE	Indirect Costs	Method (Schedule F)	H2021	T1004-U3	T1004-U3	T1004-U3	0	0	MFP
3400	SUBSCRIPTIONS & DUES^	-	ı	_	-	-	-	-		-
3400	30B3CRIFTION3 & DUE3	-	l l	-	-	-		-	- 1	-
3510	Member Specific Equipment Purchase/Repair	-		-	-	-	-	-	-	-
3520	Member Specific Assistance	-		-	-	-	-	-	-	-
3500	TOTAL MEMBER CASE PLAN	-		-	-	-	-	-	-	-
4210	Direct Care Agency Vehicle Lease	-		-	-	-	-	-	-	-
4220	Non-Direct Care Agency Vehicle Lease^	-		_	-	_	-	-	-	-
4230	Other Direct Care Agency Vehicle	-		-	-	-	-	-	-	-
4240	Other Non-Direct Care Agency Vehicle [^]	-		-	-	-	-	-	-	-
4200	TOTAL AGENCY VEHICLE	-		-	-	-	-	-	-	-
4310	Agency Equipment Repair^	_				_	_	_		
4320	Small Equipment Purchase/Rental^	-			-	-	-	-		
4300	REPAIRS & EXPENDABLE EQUIPMENT	-		-	-	-	-	-	-	-
						•	•	•	•	
4410	Direct Care Agency Vehicle Depreciation	-		-	-	-	-	-	-	-
4420	Non-Direct Care and Other Agency Vehicle Depreciation^	-		-	-	-	-	-	-	-
4430	Equipment Depreciation^	-		-	-	-	-	-	-	-
4440 4450	Buildings and Leaseholds Depreciation^ Amortization^	-		<u> </u>	-	-	-	-		-
4400	TOTAL DEPRECIATION & AMORTIZATION	-		-	-	-	-	-	-	-
4910	Employee Moving^	-		-	-	-	-	-	-	-
4920 4930	Background Check [^]	-		<u> </u>	-	-	-	-	-	-
4940	Bank Fees^ Liability Insurance^	-			-	-	-	-	-	
4950	Working Capital Interest [^]	-			-	-	-	-	-	-
4960	Miscellaneous^	-		-	-	-	-	-	-	-
4900	TOTAL MISCELLANEOUS	-		-	-	-	-	-	-	-
		,	,		1					
5110	Home Office^	-		-	-	-	-	-	-	-
5120 5100	Management Company Fees^ TOTAL ADMINISTRATION	-		<u> </u>	-	-	-	-	-	-
3100	TOTAL ADMINISTRATION	<u> </u>	<u> </u>	-	-	-	-	<u> </u>	- 1	-
5210	Bad Debt	-		-	-	-	-	-	-	-
5220	Income Tax	-		-	-	-	-	-	-	-
5230	Board of Director Fees	-		-	-	-	-	-	-	-
5240	Officer's Life Insurance	-		-	-	-	-	-	-	-
5250	Contributions/Donations	-		-	-	-	-	-	-	-
5260	Fine/Penalties (Law Violation)	-		-	-	-	-	-	-	-
5270 5280	Lobbying Fundraising	-	1		-	-	-	-	-	-
5290	Other Non-Reimbursable	-		<u>-</u>	-	-	-	-	-	
5200	TOTAL NON-REIMBURSABLE	-		-	-	-	-	-	-	-
		•								
			t Cost (to Sch. D-2) bject to 20% Limt^	0						0
	1. 11	0			0			0		
	Indirect C	0	0	0	0	0	0	0		
	Indirect Revenue Of	fset Allocation (to	Sch. D Line 6400\							

Financial and Statistical Report for Home- and Community-Based Services Supplemental Schedule D-2: 20% Limitation

Provider Agency: 0 Fiscal Year-End of Report: 1/0/1900

Schedule D Column Number	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Service Setting, if applicable		**Community Integrated	***Other		**Community Integrated	***Other						Exception to Policy (ETP)	Exception to Policy (ETP)	
Waiver Type	ID	ID	ID	BI	BI	BI	ID	CMH	ID	BI	HD	0	0	
Service Procedure Code	H2015-HI	H2016 / S5136	H2016-HI / S5136-HI	H2015	H2016	H2016	S5136-UA	H2021	T1004-U3	T1004-U3	T1004-U3	0	0	MFP
Total Cost After Indirect Cost Allocation (Sch. D)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Identified Cost From Sch.									!					
D & Sch. D-1:														
Line 2100 Total Salaries	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Line 2200 Total Benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Line 2300 Total Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Line 2420 Host Home Direct Care Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Line 2530 Direct Care Training Supplies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Line 3210 Direct Care Mileage Reimbursement	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Line 3330 Direct Care	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Development & Training	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Line 3510 Member Specific Equipment Purchase/Repair	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Line 3520 Member Specific Assistance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Line 4210 Direct Care Agency Vehicle Lease	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Line 4230 Other Direct Care Agency Vehicle	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Line 4410 Direct Care Agency Vehicle Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Identified Cost (Not subject to limitation			0	0		0		0				0	0	0
per IAC 441-79.1(15)b(3)1)	0	U	U	U	0	U	0	U	0	0	0	U	U	U
ı	1		1									1	I	
Total Cost subject to 20% Limt	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20% of Identified Cost	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Limited Cost (to Sch D-3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Financial and Statistical Report for Home- and Community-Base Services Supplemental Schedule D-3: Reconciliation of Costs and Payments

Provider Agency: 0 Fiscal Year-End of Report: 1/0/1900

Schedule D Column Number **Community Integrated **Community Exception to Policy (ETP) Exception to Service Setting, if applicable ***Other ***Other Integrated Policy (ETP) Waiver Type ID H2016-HI / CMH ID HD BI Service Procedure Code H2015-HI H2016/S5136 S5136-HI H2015 H2016 H2016 S5136-UA H2021 T1004-U3 T1004-U3 T1004-U3 MFP Total Cost After Revenue Offsets (from Sch D) Less: 20% Limited Cost Total Cost After 20% Limit Total Units (Statistical Data, line 3) Unit Cost After 20% Limit

Reconciliation of Medicaid Fee for Service Payments:

Column from Schedule D	7	. 8	9	10	11	12	13	14	15	16	17	18	19
Service Setting, if applicable	,	**Community Integrated	***Other	10	**Community Integrated	***Other	13	14	10	10		Exception to Policy (ETP)	Exception to Policy (ETP)
Waiver Type	ID	ID	ID	BI	BI	BI	ID	CMH	ID	BI	HD	0	0
Service Procedure Code	H2015-HI	H2016/S5136	H2016-HI / S5136-HI	H2015	H2016	H2016	H2016-U3 / S5136-UA	H2021	T1004-U3	T1004-U3	T1004-U3	0	0
Net Iowa Medicaid Fee for Service Payments (Sch. A-1)	\$ -			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Net MCO Payments (Sch. A-1)	\$ -			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -		
Net Other Payments (Sch. A-1)	\$ -			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -		
Total Payments	\$ -			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Iowa Medicaid Fee for Service Payments as a Percentage of Total Payments	0.00%			0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Cost After 20% Limit (Above)	\$ -			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Calculated Iowa Medicaid Fee for Service Cost	\$ -			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Iowa Medicaid Fee for Service Payments (Sch. A-1)	\$ -			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Calculated Iowa Medicaid Fee for Service Cost (Plus%)*	\$ -			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Balance Due Medicaid Program (IF negative, no balance is due)	\$ -			\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

^{*}Per the lowa Administrative Code 441-79.1(15)f(2-3), for services rendered after July 1, 2016, revenues exceeding 105.5% of adjusted actual costs shall be remitted to the department.

Financial and Statistical Report for Home- and Community-Based Services Schedule E: Comparative Balance Sheet

Provider Agency: Fiscal Year-End of Report: 1/0/1900

SSETS, LIABILITIES, AND EQUITY	BALANCE A	AT END OF	
	Current Period	Prior Period	
SSETS:			
Cash			
Receivables from Clients			
Receivables from Others			
Property and Equipment			
Land			
Buildings and equipment			
Less Allowance for depreciation			
Net property and equipment	0		
Investments and other Assets			
TOTAL ASSETS	0		
ABILITIES AND EQUITY:			
Accounts Payable	<u> </u>		
Accrued Taxes (Payroll and property)			
Other Liabilities			
Notes and mortgages			
Total Liabilities	^		
quity or Fund Balance	0		
TOTAL LIABILITIES AND EQUITY	0		
ECONCILIATION OF EQUITY OR FUND BALANCE	_		
otal equity or fund balance at beginning of period Add:	0		
TOTAL REVENUE from Schedule A	0		
Others Developed Fundament			
Deduct:			
TOTAL Expenses from Schedule D	0		
Other Expense. Explain			

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Financial and Statistical Report for Home- and Community-Based Services Schedule F: Allocations

Provider Agency: 0 Fiscal Year-End of Report: 1/0/1900

1	2	3
Allocation Basis		
Number to Sch D	Alla sation Dania Nome	Detailed Description of Allocation Basis
or D-1	Allocation Basis Name Actual/Direct	(Identify metric, source data, formula, etc.) Amounts are charged to a specific program account based on the program that benefitted from the expense. The trial balance, GL account detail or GL transaction detail is available to support the amount reported without further calcualation.
2	% of Direct Cost (Default)	Amounts are allocated to different programs and services based on the total of accumulated direct costs for each program or service before indirect costs and excluding non-reimbursable expenses (Schedule D, Line 6000).
3	Direct Care Salary	Enter Description and Applicable Formula Here - Specifically identify which direct care salary accounts were utilized as the metric and include applicable formulas. Use empty space below table as needed.
4	Salary	Enter Description and Applicable Formula Here - Specifically identify which salary accounts were utilized as the metric and include applicable formulas. Use empty space below table as needed.
5	Accumulated Cost	Enter Description and Applicable Formula Here - Identify specific accumulated cost, source, and any applicable formulas. Use empty space below table as needed.
6	Hours	Enter Description and Applicable Formula Here - Specifically identify which staff hours were utilized as the metric and include applicable formulas. Use empty space below table as needed.
7	Square Footage	Enter Description and Applicable Formula Here -
8	Mileage	Enter Description and Applicable Formula Here -
9	Enter Name	Enter Description and Applicable Formula Here -
10	Enter Name	Enter Description and Applicable Formula Here -
11	Enter Name	Enter Description and Applicable Formula Here -
12	Enter Name	Enter Description and Applicable Formula Here -
13	Enter Name	Enter Description and Applicable Formula Here -
14	Enter Name	Enter Description and Applicable Formula Here -
15	Enter Name	Enter Description and Applicable Formula Here -

14	Enter Name	Enter Description and Applicable Formula Here -
15	Enter Name	Enter Description and Applicable Formula Here -
Show Calculations	s Below as Needed:	

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Financial and Statistical Report for Home- and Community-Based Services Schedule F: Allocations

Provider Agency: 0 Fiscal Year-End of Report: 1/0/1900

1

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Financial and Statistical Report for Home- and Community-Based Services Schedule F: Allocations

Provider Agency: 0 Fiscal Year-End of Report: 1/0/1900

Sho	w Calculations Below as Needed:				
		<u> </u>	<u> </u>	<u> </u>	
1					
1					
1					
1					
1					
1					
1					
1					

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Financial and Statistical Report for Home- and Community-Based Services Schedule G: Related Party/Other Disclosures

Provider Agency: Fiscal Year-End of Report:	concade of related ruly/outer bisologues
1. Do you have a home office that provides administrative support?	If the answer to question 1 is yes, provide a cost statement for the home office.
2. Do you have a management company?	If the answer to question 2 is yes, provide a copy of the agreement.

3. Related Party Compensation

				% of Work					Reported On Sch. D		Reported Limit Adjustment		stment
	Name of Individuals or Entities with		Type of	Week Devoted	% Ownership in	Salaries and				Column	Salaries and		Payroll
	Ownership in Provider Agency	Position / Role	Relationship	to Business	Agency	Wages	Benefits	Payroll Taxes	Line No.	No.	Wages	Benefits	Taxes
Line No.	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1													
2													L
3													L
4													L
5													
6													L
7													
8													
9													ĺ
Example	Jane Doe	Administrator	Owner	100%	50%	\$ 75,000	\$ 25,000	\$ 5,750	2120/2210/2310	7,8,9	\$ (30,000)	\$ (5,000)	\$ (2,500)

4. Payments for Services and Supplies to Related Parties

				Amount of	Amount Paid to	Amount	Reported	On Sch. D
		Type of Service	Type of	Related Party	Related Party by	Reported on		
	Name of Related Individual or Entity	or Supply	Relationship	Cost	Agency	Cost Report	Line No.	Column No.
Line No.	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
1								
2								
3								
4								
5								
6								
7								
8								
9								
Example	ABC Properties LLC	Lease	Spouse	\$ 27,500	\$ 30,000	\$ 27,500	2810	7

Supporting Schedule 1

Provider Agency: Fiscal Year-End of Report:

1/0/1900

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Supporting Schedule 2

Provider Agency: Fiscal Year-End of Report:

1/0/1900

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