

Provider Agency:

0

Fiscal Year-End of Report:

1/0/1900

Report a change in contact information by completing the following fields:

Agency Information:

Provider NPI Number:

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Provider Name:

--

Agency Mailing Address:

Street Address:

--

City:

--

State:

--

Zip Code:

--

*** Officer or Administrator of Agency Information:**

Name:

--

Title:

--

Email Address:

--

Phone Number:

--

Officer or Administrator of Agency Mailing Address:

Street Address:

--

City:

--

State:

--

Zip Code:

--

* The final rate letter packet will be mailed to the Officer or Administrator of Agency listed above.

Iowa 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	To	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 provider and all signatories jointly and severally certify that the information and responses on this cost report and supporting schedules are true, accurate, complete, verifiable, and prepared from the records of the provider in accordance with applicable instructions. The provider and all signatories also certify (1) costs have been properly allocated between or among programs, and that no cost has been reported more than once as a reimbursable cost; and (2) no presumptively unallowable cost is included as an allowable cost unless the cost is separately and specifically identified as a presumptively allowable cost. Finally, the provider and all signatories each acknowledge familiarity with the laws and regulations governing the Iowa Medicaid program. NOTICE: Any person that submits a false statement, response, or representation, or any false, incomplete, or misleading information, or includes a presumptively unallowable cost as allowable without separately and specifically identifying such cost as presumptively unallowable, may be subject to criminal, civil, or administrative liability.

Signature of Officer or Administrator of Agency	Date
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Printed Name and Title of Officer or Administrator of Agency

B. Statement of Preparer (If Other Than Agency)

I have prepared this report and to the best of my knowledge and belief, it represents true and accurate data of the agency for the period stated above.

Signature of Preparer	Date
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Printed Name of Preparer and Preparer Company Name

**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	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1. Service Information:		**Community Integrated	***Other		**Community Integrated	***Other						Exception to Policy (ETP)	Exception to Policy (ETP)	
a. Service Setting, if applicable		**Community Integrated	***Other		**Community Integrated	***Other						Exception to Policy (ETP)	Exception to Policy (ETP)	
b. Waiver Type		**Community Integrated	***Other		**Community Integrated	***Other						Exception to Policy (ETP)	Exception to Policy (ETP)	
c. Service Procedure Code		H2016/S5136 (See Below)	H2016-HI / S5136-HI	H2015	H2016	H2016	S5136-UA	H2021	T1004-U3	T1004-U3	T1004-U3			MFP
d. Type of Unit (15 Min or Daily)	15 MIN	Daily	Daily	15 MIN	Daily	Daily	Daily	15 MIN	15 MIN	15 MIN	15 MIN			NA
e. Service Type	SCL	SCL	SCL	SCL	SCL	SCL	RBSC	****	IMMT - SCL	IMMT - SCL	IMMT - SCL			
2. Total Number of Units of Service Provided by Payor:														
a. Iowa Medicaid Fee for Service														
b. MCO - Amerigroup Iowa														
c. MCO - Iowa Total Care														
d. MCO - Molina Healthcare of Iowa														
e. Other Units*														
3. Total Units of Service Provided	-	-	-	-	-	-	-	-	-	-	-	-	-	-

*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.
 **Community Integrated is defined as a site with 5 or less members.
 *** "Other" is defined as a site with 6 or more members present at one time.
 **** Family & Community Support Services

Community Integrated ID 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 expected 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 business use of personal vehicles, if any.
10. Is the agency self-insured?
11. Has any allocation method changed from prior year?

**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	\$ -	\$ -	\$ -

Non-Fee For Service Revenue:	Line No.	Schedule D Column Number		2	5	6	7 - 20
		*Revenue Offset Against Expense on Schedule D (4)	Schedule D Line Number (5)	Revenue Offset Against Expense on Schedule D Breakdown			
				Excluded Costs (6)	Indirect Costs (7)	Other Program Costs (8)	HCBS Services (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.

**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
Iowa 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
1. Total Gross Revenue for Current Period								
2. Payments Received for Current Period								
3. Payments Expected Not Yet Received for Current Period								
4. Net Iowa Medicaid Fee for Service Payments (2 + 3)	-	-	-	-	-	-	-	-
5. Contractual Allowances / Adjustments (1-4)	-	-	-	-	-	-	-	-

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 Amerigroup Payments								
7. Net Iowa Total Care Payments								
8. Net Molina Healthcare of Iowa 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 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
1. Total Gross Revenue for Current Period						
2. Payments Received for Current Period						
3. Payments Expected Not Yet Received for Current Period						
4. Net Iowa 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 Amerigroup Payments						
7. Net Iowa Total Care Payments						
8. Net Molina Healthcare of Iowa Payments						
9. Net Other Payor Payments						

**Financial and Statistical Report for Home- and Community-Based Services
ARPA HCBS Funds**

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

HCBS ARPA Recruitment and Retention

1. Did you receive any HCBS ARPA Recruitment and Retention funds outlined in the Informational Letters¹ listed below? If yes, complete chart #4 below.

Answer:

2. Using the drop down menu, indicate if ARPA Recruitment and Retention funds were disbursed for related employee benefits or payroll taxes.

Answer:

3. Indicate if the HCBS ARPA Recruitment and Retention disbursements for the current reporting period are reported to the Excluded Cost Column (Schedule D, Column 2).

Answer:

4. **ARPA HCBS Recruitment & Retention¹**

FYE	Funds Received	Funds Disbursed	Schedule D Line Number	Funds Returned to DHHS	Notes
6/30/2022					
GAP *					
2023					
2024					

HCBS ARPA Health IT and Infrastructure

5. Did you receive any HCBS ARPA Health IT and Infrastructure funds outlined in the Informational Letter² listed below? If yes, complete chart #7 below.

Answer:

6. Indicate if the HCBS ARPA Health IT and Infrastructure disbursements for the current reporting period are reported to the Excluded Cost Column (Schedule D, Column 2).

Answer:

7. **ARPA HCBS Health IT and Infrastructure²**

FYE	Funds Received	Funds Disbursed	Schedule D Line Number	Funds Returned to DHHS	Notes
GAP *					
2023					
2024					

HCBS ARPA Remote Monitoring

8. Did you receive any funds in relation to the HCBS ARPA Remote Monitoring funds outlined in the Informational Letters³ listed below? If yes, complete chart #10 below.

Answer:

9. Indicate if the HCBS ARPA Remote Monitoring disbursements for the current reporting period are reported to the Excluded Cost Column (Schedule D, Column 2).

Answer:

10. **ARPA HCBS Remote Monitoring³**

FYE	Funds Received	Funds Disbursed	Schedule D Line Number	Funds Returned to DHHS	Notes
GAP *					
2023					
2024					

HCBS ARPA Employee Training and Scholarship

11. Did you receive any HCBS ARPA Employee Training and Scholarship funds outlined in the Informational Letters⁴ listed below? If yes, complete the chart below.

Answer:

12. Indicate if the HCBS ARPA Employee Training and Scholarship Grant disbursements for the current reporting period are reported to the Excluded Cost Column (Schedule D, Column 2).

Answer:

13. **ARPA HCBS Employee Training & Scholarship⁴**

FYE	Funds Received	Funds Disbursed	Schedule D Line Number	Funds Returned to DHHS	Notes
GAP *					
2023					
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

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

¹ **ARPA HCBS Recruitment & Retention**
IL 2309 - Initial Announcement
IL 2319 - Update
IL 2328 - 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

³ **ARPA HCBS Remote Monitoring Grant**
IL 2383

⁴ **ARPA HCBS Employee Training & Scholarship Grant**
IL 2382
IL 2452 - Grant Closure

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

Provider Agency: 0
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													
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	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
Direct Care Staff Job Titles														
315														
316														
317														
318														
319														
320	Contracted Direct Care Staff													
321	Direct Care Total - Sch. D, Line 2130	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
Business Office/Clerical Staff Job Titles														
322														
323														
324														
325														
326														
327	Contracted Business Office/Clerical Staff													
328	Business Office/Clerical - Sch. D, Line 2140	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
Other Staff Job Titles														
329														
330														
331														
332														
333	Member Wages													
334	Contracted Other Staff													
335	Other Staff - Sch. D, Line 2150	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-	\$ -	-
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		0
Equipment:									
Building Equipment	404					0			
Department Equipment	405					0			
Other Equipment	406					0			
Office Furniture and Fixtures	407					0			
Total Equipment	408	0	0	0	0	0	0		0
Buildings:									
Buildings	409					0			
Leasehold Improvements	410					0			
Land Improvements	411					0			
Other	412					0			
Total Buildings	413	0	0	0	0	0	0		0
Amortization:									
Amortization	414					0			
Total Depreciation & Amortization	415	0	0	0	0	0	0		0

Calculation of Depreciation Expense per Books:

Description:	Line No.	Book Method (9)	Book Annual Rate % (10)	Book Depreciation Expense (11)	Accumulated Book Depreciation End of Period (12)	Book vs. Straight Line Variance (11)-(8)
Agency Vehicles:						
Motor Vehicles	401					0
Other	402					0
Total Vehicles	403			0	0	0
Equipment:						
Building Equipment	404					0
Department Equipment	405					0
Other Equipment	406					0
Office Furniture and Fixtures	407					0
Total Equipment	408			0	0	0
Buildings:						
Buildings	409					0
Leasehold Improvements	410					0
Land Improvements	411					0
Other	412					0
Total Buildings	413			0	0	0
Amortization:						
Amortization	414					0
Total Depreciation & Amortization	415			0	0	0

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

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

Residential Properties Utilized by Members:

1. Do you own or lease residential property utilized by members?

a. If yes, use the chart below to identify the related residential expenses reported on Schedule D not including any administrative office expenses.

Schedule D Column Number		2	5	6	7	8	9
Expense Item:	Sch D Line Number	Excluded Costs	Indirect Service Cost	Other Program Cost		**Community Integrated	**Other
					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
Expense Item:	Sch D Line Number		**Community Integrated	**Other			
		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 Number			ETP	ETP	
		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		-	-	-	-	-

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

Provider Agency:

0

Fiscal Year-End of Report:

1/0/1900

Column Number	1	2	3	4	5	6	7	8	9	10	11
NO.	ACCOUNT TITLE	Total Expense	Excluded Costs	Adjusted Costs	Allocation Basis (Schedule F)	Indirect Costs	Other Program Costs (Excluding MFP)	**Community Integrated		**Community Integrated	
								ID	ID	ID	BI
							H2015-HI	H2016/S5136 (See Below)	H2016-HI / S5136-HI	H2015	H2016
2110	Administrative Management	0	0	0		0	0				0
2120	Direct Care Supervision	0	0	0		0	0				0
2130	Direct Care	0	0	0		0	0				0
2140	Business Office/Clerical	0	0	0		0	0				0
2150	Other Staff	0	0	0		0	0				0
2100	TOTAL SALARIES	0	0	0		0	0	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
2410	Medical & Psych Services Purchased^			0							
2420	Host Home Direct Care Service			0							
2430	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 Supplies^			0							
2520	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
2600	TELEPHONE, INTERNET & POSTAGE^			0							
2810	Rent of Space / Lease of Facility^			0							
2820	Building & Grounds Supplies & Maintenance^			0							
2830	Utilities^			0							
2840	Property Interest^			0							
2850	Insurance & Property Taxes^			0							
2860	Other Occupancy^			0							
2800	TOTAL OCCUPANCY EXPENSE	0	0	0		0	0	0	0	0	0
3110	Employee & Yellow Page Advertising^			0							
3120	Promotional Advertising / Marketing^			0							
3100	MARKETING & ADVERTISING	0	0	0		0	0	0	0	0	0
3210	Direct Care Mileage Reimbursement			0							
3220	Non-Direct Care Mileage Reimbursement^			0							
3200	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^			0							

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

Provider Agency:

0

Fiscal Year-End of Report:

1/0/1900

Column Number		1	2	3	4	5	6	7	8	9	10	11
					Allocation Basis (Schedule F)	Indirect Costs	Other Program Costs (Excluding MFP)	ID	**Community Integrated	***Other	BI	**Community Integrated
NO.	ACCOUNT TITLE	Total Expense	Excluded Costs	Adjusted Costs				ID	H2016/S5136 (See Below)	H2016-HI / S5136-HI	H2015	H2016
3510	Member Specific Equipment Purchase/Repair			0								
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	Non-Direct Care Agency Vehicle Lease^			0								
4230	Other Direct Care Agency Vehicle			0								
4240	Other Non-Direct Care Agency Vehicle^			0								
4200	TOTAL AGENCY VEHICLE	0	0	0		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			0								
4420	Non-Direct Care and Other Agency Vehicle Depreciation^			0								
4430	Equipment Depreciation^			0								
4440	Buildings and Leaseholds Depreciation^			0								
4450	Amortization^			0								
4400	TOTAL DEPRECIATION & AMORTIZATION	0	0	0		0	0	0	0	0	0	0
4910	Employee Moving^			0								
4920	Background Check^			0								
4930	Bank Fees^			0								
4940	Liability Insurance^			0								
4950	Working Capital Interest^			0								
4960	Miscellaneous^			0								
4900	TOTAL MISCELLANEOUS	0	0	0		0	0	0	0	0	0	0
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			0								
5220	Income Tax			0								
5230	Board of Director Fees			0								
5240	Officer's Life Insurance			0								
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		0	0	0	0	0	0	0
5300	TOTAL EXPENSES	0	0	0		0	0	0	0	0	0	0
6000	TOTAL EXPENSES (EXCLUDING NON-REIMBURSABLE)	0	0	0		0	0	0	0	0	0	0
6100	Indirect Cost Allocation (from Sch. D-1)	0					0	0	0	0	0	0
6200	Total Cost After Indirect Cost Allocation						0	0	0	0	0	0
6300	Revenue Offsets from Sch. A											
6400	Indirect Revenue Offset Allocation (from Sch. D-1)						0	0	0	0	0	0
6500	Total Cost After Revenue Offsets						0	0	0	0	0	0
6600	Total Units of Service						0	0	0	0	0	0
6700	UNIT COST						0.00	0.00	0.00	0.00	0.00	0.00

^ - Expense lines subject to the 20% Limitation.

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

Provider Agency:

0

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)		
	BI	ID	CMH	ID	BI	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	Direct Care									
2140	Business Office/Clerical									
2150	Other Staff									
2100	TOTAL SALARIES	0	0	0	0	0	0	0	0	0
2210	Health Benefits									
2220	Other Benefits									
2200	TOTAL BENEFITS	0	0	0	0	0	0	0	0	0
2310	FICA									
2320	Worker's Compensation & Unemployment									
2300	TOTAL PAYROLL TAXES	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0
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	0
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	0	0	0	0	0	0	0	0	0
3110	Employee & Yellow Page Advertising^									
3120	Promotional Advertising / Marketing^									
3100	MARKETING & ADVERTISING	0	0	0	0	0	0	0	0	0
3210	Direct Care Mileage Reimbursement									
3220	Non-Direct Care Mileage Reimbursement^									
3200	TOTAL MILEAGE REIMBURSEMENT	0	0	0	0	0	0	0	0	0
3310	Staff Development & Training^									
3320	Annual Meetings & Business Conference^									
3330	Direct Care Development & Training									
3300	TOTAL DEVELOPMENT & TRAINING	0	0	0	0	0	0	0	0	0
3400	SUBSCRIPTIONS & DUES^									

Check Figure

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

Provider Agency:

0

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)	
		BI	ID	CMH	ID	BI	HD	0	0	
NO.	ACCOUNT TITLE	H2016	S5136-UA	H2021	T1004-U3	T1004-U3	T1004-U3	0	0	MFP
3510	Member Specific Equipment Purchase/Repair									
3520	Member Specific Assistance									
3500	TOTAL MEMBER CASE PLAN	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0
4310	Agency Equipment Repair^									
4320	Small Equipment Purchase/Rental^									
4300	REPAIRS & EXPENDABLE EQUIPMENT	0	0	0	0	0	0	0	0	0
4410	Direct Care Agency Vehicle Depreciation									
4420	Non-Direct Care and Other Agency Vehicle Depreciation^									
4430	Equipment Depreciation^									
4440	Buildings and Leaseholds Depreciation^									
4450	Amortization^									
4400	TOTAL DEPRECIATION & AMORTIZATION	0	0	0	0	0	0	0	0	0
4910	Employee Moving^									
4920	Background Check^									
4930	Bank Fees^									
4940	Liability Insurance^									
4950	Working Capital Interest^									
4960	Miscellaneous^									
4900	TOTAL MISCELLANEOUS	0	0	0	0	0	0	0	0	0
5110	Home Office^									
5120	Management Company Fees^									
5100	TOTAL ADMINISTRATION	0	0	0	0	0	0	0	0	0
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	Lobbying									
5280	Fundraising									
5290	Other Non-Reimbursable									
5200	TOTAL NON-REIMBURSABLE	0	0	0	0	0	0	0	0	0
5300	TOTAL EXPENSES	0	0	0	0	0	0	0	0	0
6000	TOTAL EXPENSES (EXCLUDING NON-REIMBURSABLE)	0	0	0	0	0	0	0	0	0
6100	Indirect Cost Allocation (from Sch. D-1)	0	0	0	0	0	0	0	0	0
6200	Total Cost After Indirect Cost Allocation	0	0	0	0	0	0	0	0	0
6300	Revenue Offsets from Sch. A									
6400	Indirect Revenue Offset Allocation (from Sch. D-1)	0	0	0	0	0	0	0	0	0
6500	Total Cost After Revenue Offsets	0	0	0	0	0	0	0	0	0
6600	Total Units of Service	0	0	0	0	0	0	0	0	0
6700	UNIT COST	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Check Figure

^ - Expense lines subject to the 20% Limitation.

**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		
NO.	ACCOUNT TITLE	Indirect Costs	Other Program Costs (Excluding MFP)	**Community Integrated		***Other		**Community Integrated		***Other		ID	CMH	ID
				ID	ID	ID	BI	BI	BI					
				H2015-HI	H2016/S5136 (See Below)	H2016-HI / S5136-HI	H2015	H2016	H2016	S5136-UA	H2021			
Direct Cost Allocation Percentage:			0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%	0.0000%
2110	Administrative Management	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2120	Direct Care Supervision	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2130	Direct Care	-	0.00	0.00	0.00	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	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	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	0.00	0.00
2210	Health 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
2220	Other 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
2200	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
2310	FICA	-	0.00	0.00	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	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	0.00	0.00
2410	Medical & Psych Services Purchased^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2430	Accounting and Auditing^	-	0.00	0.00	0.00	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	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	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	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	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	0.00	0.00
2510	Office Supplies^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2520	Medical Supplies^	-	0.00	0.00	0.00	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	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	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	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	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	0.00	0.00
2810	Rent of Space / Lease of Facility^	-	0.00	0.00	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	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	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	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	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	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	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	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	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	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	0.00	0.00	0.00	0.00
3220	Non-Direct Care Mileage Reimbursement^	-	0.00	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 REIMBURSEMENT	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	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	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	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	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	0.00	0.00

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

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

Schedule D Column Number		5	6	7	8	9	10	11	12	13	14	15		
NO.	ACCOUNT TITLE	Indirect Costs	Other Program Costs (Excluding MFP)	**Community Integrated		***Other		**Community Integrated		***Other		ID	CMH	ID
				ID	ID	ID	BI	BI	BI					
				H2015-HI	H2016/S5136 (See Below)	H2016-HI / S5136-HI	H2015	H2016	H2016	S5136-UA	H2021			
Direct Cost Allocation Percentage:			0.0000%	0.0000%	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	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	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	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	0.00	0.00
4220	Non-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	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	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	0.00	0.00
4200	TOTAL AGENCY VEHICLE	-	0.00	0.00	0.00	0.00	0.00	0.00	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	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	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	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	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	0.00	0.00
4430	Equipment Depreciation^	-	0.00	0.00	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	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	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	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	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	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	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	0.00	0.00
4950	Working Capital Interest^	-	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4960	Miscellaneous^	-	0.00	0.00	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	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	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	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	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	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	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	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	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	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	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	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	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	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	0.00	0.00
Identified Indirect Cost (to Sch. D-2)			0	0	0	0	0	0	0	0	0	0	0	0
Indirect Cost subject to 20% Limt^			0	0	0	0	0	0	0	0	0	0	0	0
Indirect Cost Allocation (to Sch. D Line 6100)			0	0	0	0	0	0	0	0	0	0	0	0
Indirect Revenue Offset Allocation (to Sch. D Line 6400)			0	0	0	0	0	0	0	0	0	0	0	0

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

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

Schedule D Column Number		16	17	18	19	20
NO.	ACCOUNT TITLE	BI	HD	Exception to Policy (ETP)	Exception to Policy (ETP)	
		T1004-U3	T1004-U3	0	0	MFP
		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
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
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
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
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
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
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
3110	Employee & Yellow Page Advertising^	0.00	0.00	0.00	0.00	0.00
3120	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
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
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

Check Figure

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

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

Schedule D Column Number		16	17	18	19	20
NO.	ACCOUNT TITLE	BI	HD	Exception to Policy (ETP)	Exception to Policy (ETP)	MFP
		T1004-U3	T1004-U3	0	0	

Check Figure

Direct Cost Allocation Percentage: 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
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

4310	Agency Equipment Repair^	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
4300	REPAIRS & EXPENDABLE EQUIPMENT	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
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	Miscellaneous^	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	Board of Director Fees	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
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^	0	0	0	0	0
Indirect Cost Allocation (to Sch. D Line 6100)	0	0	0	0	0

Indirect Revenue Offset Allocation (to Sch. D Line 6400)	0	0	0	0	0
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**Financial and Statistical Report for Home- and Community-Based Services
Supplemental Schedule D-1: Indirect Cost Allocation**

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

Schedule D Column Number		5	6	7	8	9	10	11	12	13
NO.	ACCOUNT TITLE	Indirect Costs	Select Method First Indirect Cost Allocation Method (Schedule F)	Other Program Costs (Excluding MFP)	**Community Integrated	***Other		**Community Integrated	***Other	
					ID	ID	BI	BI	BI	ID
					H2015-HI	H2016/S5136 (See Below)	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	-	-	-	-	-	-	-	-	-
2210	Health Benefits	-	-	-	-	-	-	-	-	-
2220	Other Benefits	-	-	-	-	-	-	-	-	-
2200	TOTAL BENEFITS	-	-	-	-	-	-	-	-	-
2310	FICA	-	-	-	-	-	-	-	-	-
2320	Worker's Compensation & Unemployment	-	-	-	-	-	-	-	-	-
2300	TOTAL PAYROLL TAXES	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-
2510	Office Supplies^	-	-	-	-	-	-	-	-	-
2520	Medical Supplies^	-	-	-	-	-	-	-	-	-
2530	Direct Care Training Supplies	-	-	-	-	-	-	-	-	-
2540	Other Supplies^	-	-	-	-	-	-	-	-	-
2550	Food^	-	-	-	-	-	-	-	-	-
2500	TOTAL SUPPLIES	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-	-	-	-
3210	Direct Care Mileage Reimbursement	-	-	-	-	-	-	-	-	-
3220	Non-Direct Care Mileage Reimbursement^	-	-	-	-	-	-	-	-	-
3200	TOTAL MILEAGE REIMBURSEMENT	-	-	-	-	-	-	-	-	-
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: 0
Fiscal Year-End of Report: 1/0/1900

NO.	ACCOUNT TITLE	Schedule D Column Number	5	6	7	8	9	10	11	12	13
		Indirect Costs	Select Method First Indirect Cost Allocation Method (Schedule F)	Other Program Costs (Excluding MFP)	ID	**Community Integrated	***Other	BI	**Community Integrated	***Other	ID
					H2015-HI	H2016/S5136 (See Below)	H2016-HI / S5136-HI	H2015	H2016	H2016	S5136-UA
3400	SUBSCRIPTIONS & DUES^	-	-	-	-	-	-	-	-	-	-
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	Buildings and Leaseholds Depreciation^	-	-	-	-	-	-	-	-	-	-
4450	Amortization^	-	-	-	-	-	-	-	-	-	-
4400	TOTAL DEPRECIATION & AMORTIZATION	-	-	-	-	-	-	-	-	-	-
4910	Employee Moving^	-	-	-	-	-	-	-	-	-	-
4920	Background Check^	-	-	-	-	-	-	-	-	-	-
4930	Bank Fees^	-	-	-	-	-	-	-	-	-	-
4940	Liability Insurance^	-	-	-	-	-	-	-	-	-	-
4950	Working Capital Interest^	-	-	-	-	-	-	-	-	-	-
4960	Miscellaneous^	-	-	-	-	-	-	-	-	-	-
4900	TOTAL MISCELLANEOUS	-	-	-	-	-	-	-	-	-	-
5110	Home Office^	-	-	-	-	-	-	-	-	-	-
5120	Management Company Fees^	-	-	-	-	-	-	-	-	-	-
5100	TOTAL ADMINISTRATION	-	-	-	-	-	-	-	-	-	-
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	Lobbying	-	-	-	-	-	-	-	-	-	-
5280	Fundraising	-	-	-	-	-	-	-	-	-	-
5290	Other Non-Reimbursable	-	-	-	-	-	-	-	-	-	-
5200	TOTAL NON-REIMBURSABLE	-	-	-	-	-	-	-	-	-	-
Identified Indirect Cost (to Sch. D-2)				0	0	0	0	0	0	0	0
Indirect Cost subject to 20% Limit^				0	0	0	0	0	0	0	0
Indirect Cost Allocation (to Sch. D Line 6100)				0	0	0	0	0	0	0	0
Indirect Revenue Offset Allocation (to Sch. D Line 6400)											

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

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

NO.	ACCOUNT TITLE	Indirect Costs	Select Method First Indirect Cost Allocation Method (Schedule F)	Schedule D Column Number						Exception to Policy (ETP)	Exception to Policy (ETP)	MFP		
				5	14	15	16	17	18				19	20
					CMH H2021	ID T1004-U3	BI T1004-U3	HD T1004-U3	0				0	0
2110	Administrative Management	-		-	-	-	-	-	-	-	-			
2120	Direct Care Supervision	-		-	-	-	-	-	-	-	-			
2130	Direct Care	-		-	-	-	-	-	-	-	-			
2140	Business Office/Clerical	-		-	-	-	-	-	-	-	-			
2150	Other Staff	-		-	-	-	-	-	-	-	-			
2100	TOTAL SALARIES	-		-	-	-	-	-	-	-	-			
2210	Health Benefits	-		-	-	-	-	-	-	-	-			
2220	Other Benefits	-		-	-	-	-	-	-	-	-			
2200	TOTAL BENEFITS	-		-	-	-	-	-	-	-	-			
2310	FICA	-		-	-	-	-	-	-	-	-			
2320	Worker's Compensation & Unemployment	-		-	-	-	-	-	-	-	-			
2300	TOTAL PAYROLL TAXES	-		-	-	-	-	-	-	-	-			
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	-		-	-	-	-	-	-	-	-			
2510	Office Supplies^	-		-	-	-	-	-	-	-	-			
2520	Medical Supplies^	-		-	-	-	-	-	-	-	-			
2530	Direct Care Training Supplies	-		-	-	-	-	-	-	-	-			
2540	Other Supplies^	-		-	-	-	-	-	-	-	-			
2550	Food^	-		-	-	-	-	-	-	-	-			
2500	TOTAL SUPPLIES	-		-	-	-	-	-	-	-	-			
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	-		-	-	-	-	-	-	-	-			
3210	Direct Care Mileage Reimbursement	-		-	-	-	-	-	-	-	-			
3220	Non-Direct Care Mileage Reimbursement^	-		-	-	-	-	-	-	-	-			
3200	TOTAL MILEAGE REIMBURSEMENT	-		-	-	-	-	-	-	-	-			
3310	Staff Development & Training^	-		-	-	-	-	-	-	-	-			
3320	Annual Meetings & Business Conference^	-		-	-	-	-	-	-	-	-			
3330	Direct Care Development & Training	-		-	-	-	-	-	-	-	-			
3300	TOTAL DEVELOPMENT & TRAINING	-		-	-	-	-	-	-	-	-			

Check Figure

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

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

NO.	ACCOUNT TITLE	Indirect Costs	Select Method First Indirect Cost Allocation Method (Schedule F)	14	15	16	17	18	19	20
				CMH	ID	BI	HD	Exception to Policy (ETP)	Exception to Policy (ETP)	MFP
								0	0	
				H2021	T1004-U3	T1004-U3	T1004-U3	0	0	
3400	SUBSCRIPTIONS & DUES^	-		-	-	-	-	-	-	-
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	Buildings and Leaseholds Depreciation^	-		-	-	-	-	-	-	-
4450	Amortization^	-		-	-	-	-	-	-	-
4400	TOTAL DEPRECIATION & AMORTIZATION	-		-	-	-	-	-	-	-
4910	Employee Moving^	-		-	-	-	-	-	-	-
4920	Background Check^	-		-	-	-	-	-	-	-
4930	Bank Fees^	-		-	-	-	-	-	-	-
4940	Liability Insurance^	-		-	-	-	-	-	-	-
4950	Working Capital Interest^	-		-	-	-	-	-	-	-
4960	Miscellaneous^	-		-	-	-	-	-	-	-
4900	TOTAL MISCELLANEOUS	-		-	-	-	-	-	-	-
5110	Home Office^	-		-	-	-	-	-	-	-
5120	Management Company Fees^	-		-	-	-	-	-	-	-
5100	TOTAL ADMINISTRATION	-		-	-	-	-	-	-	-
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	Lobbying	-		-	-	-	-	-	-	-
5280	Fundraising	-		-	-	-	-	-	-	-
5290	Other Non-Reimbursable	-		-	-	-	-	-	-	-
5200	TOTAL NON-REIMBURSABLE	-		-	-	-	-	-	-	-

Check Figure

Identified Indirect Cost (to Sch. D-2)	0	0	0	0	0	0	0
Indirect Cost subject to 20% Limit^	0	0	0	0	0	0	0
Indirect Cost Allocation (to Sch. D Line 6100)	0	0	0	0	0	0	0

Indirect Revenue Offset 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:														
<i>Line 2100 Total Salaries</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Line 2200 Total Benefits</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Line 2300 Total Payroll Taxes</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Line 2420 Host Home Direct Care Service</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Line 2530 Direct Care Training Supplies</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Line 3210 Direct Care Mileage Reimbursement</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Line 3330 Direct Care Development & Training</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Line 3510 Member Specific Equipment Purchase/Repair</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Line 3520 Member Specific Assistance</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Line 4210 Direct Care Agency Vehicle Lease</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Line 4230 Other Direct Care Agency Vehicle</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Line 4410 Direct Care Agency Vehicle Depreciation</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Identified Cost (Not subject to limitation per IAC 441-79.1(15)b(3)1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cost subject to 20% Limit	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

**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	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 Revenue Offsets (from Sch D)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Less: 20% Limited Cost	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cost After 20% Limit	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Units (Statistical Data, line 3)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unit Cost After 20% Limit	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

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		**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	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 Iowa Administrative Code 441-79.1(15)(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: 0
Fiscal Year-End of Report: 1/0/1900

ASSETS, LIABILITIES, AND EQUITY	BALANCE AT END OF	
	Current Period	Prior Period
ASSETS:		
Cash		
Receivables from Clients		
Receivables from Others		
Property and Equipment		
Land		
Buildings and equipment		
Less Allowance for depreciation		
Net property and equipment	0	0
Investments and other Assets		
TOTAL ASSETS	0	0
LIABILITIES AND EQUITY:		
Accounts Payable		
Accrued Taxes (Payroll and property)		
Other Liabilities		
Notes and mortgages		
Total Liabilities	0	0
Equity or Fund Balance	0	
TOTAL LIABILITIES AND EQUITY	0	0

RECONCILIATION OF EQUITY OR FUND BALANCE

Total equity or fund balance at beginning of period	0
Add:	
TOTAL REVENUE from Schedule A	0
Other Revenue. Explain	
Deduct:	
TOTAL Expenses from Schedule D	0
Other Expense. Explain	
Total Equity or fund balance at end of period	0

**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 or D-1	Allocation Basis Name	Detailed Description of Allocation Basis (Identify metric, source data, formula, etc.)
1	Actual/Direct	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 calculation.
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	<i>Enter Name</i>	Enter Description and Applicable Formula Here -
10	<i>Enter Name</i>	Enter Description and Applicable Formula Here -
11	<i>Enter Name</i>	Enter Description and Applicable Formula Here -
12	<i>Enter Name</i>	Enter Description and Applicable Formula Here -
13	<i>Enter Name</i>	Enter Description and Applicable Formula Here -
14	<i>Enter Name</i>	Enter Description and Applicable Formula Here -
15	<i>Enter Name</i>	Enter Description and Applicable Formula Here -

Show Calculations Below as Needed:

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

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

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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

Show Calculations Below as Needed:

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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:

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

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

4. Payments for Services and Supplies to Related Parties

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

Provider Agency:
Fiscal Year-End of Report:

Supporting Schedule 1
0
1/0/1900

Provider Agency:
Fiscal Year-End of Report:

Supporting Schedule 2
0
1/0/1900