

STATE OF MONTANA
Department of Public Health and Human Services

MONEY FOLLOWS THE PERSON- DEMONSTRATION SERVICES COST SHEET

Recipient Initials:

Recipient Medicaid ID (NOT SSN):

HCBS SERVICE	Units/Fee Schedule	Name of Service Provider	PA #	Provider Medicaid Number	PROJECTED QUARTERLY COSTS				PROJECTED ANNUAL COST
					Quarter 1	Quarter 2	Quarter 3	Quarter 4	
MFP REGIONAL TRANSITION COORDINATOR H0043/UA	\$5,000.00								
MFP TRANSITION SERVICES H 2016/UA	\$4,000.00								
MFP PEER SUPPORT SERVICES T 2012/UA	15min/\$10								
MFP COMPANION SERVICES S 5136/UA	15min/\$4.50								
MFP INFORMATION TECHNOLOGY T 1014/UA									
Information Technology Purchase (incl. Software)	\$800.00								
Connecting Information Technology Set Up	\$100.00								
Connecting Information Technology Monthly	up to 12/\$58								
Monitoring, Diagnostic Information Technology	\$700.00								
Monitoring, Diagnostic Information Technology Monthly	up to 12/\$150								
Medication Management Technology	\$900.00								
MFP OVERNIGHT SUPPORTS S 5116/UA/UJ	up to 45/\$40								
MFP Modify Existing Vehicle for Accessibility T 2039/UA	\$4,000.00								
TR EATMENT SERVICES H 0026/UA									
								Total Plan of Care :	

Case Manager's Signature:

MFP State Transition Coordinator Signature:

Date:

Date:

Distribution: