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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-00777 (02/2017) |  | **STATE OF WISCONSIN** |
| **MAPT VENDOR RELATED ALLOCATION FORMULA** |
| **Acronym Key at bottom of this Form** |
| **INSTRUCTIONS:** | Complete when the MAPT staff position requested performs provider development activities. |
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| **Part I** | Complete only for those programs relevant to this position. Use data from a specific point in time and the most recent available.  |
|  | Total Number of People who are MA Eligible | Total Number of People Served(not licensed capacity) | MAPTReimbursement Percent |
| Adult Family Homes |       | ÷ |       | = |       |
| CBRF |       | ÷ |       | = |       |
| Adult Day Care |       | ÷ |       | = |       |
| SHC Vendor Agencies |       | ÷ |       | = |       |
| Other - Identify |  |  |  |  |  |
|       |       | ÷ |       | = |       |
|  |
| **Part II** | Complete utilizing the MAPT reimbursement percent from Part I. If the job duties listed below are performed for more than one of the above programs, average the MAPT reimbursement percent’s from Part I and enter that figure in the MAPT percent column of Part II. |
| Job Duties | Percent of Worker Time | MAPT Percent From Part I | Net MAPT |
| Recruitment |       | ÷ |       | = |       |
| Contracting |       | ÷ |       | = |       |
| Coordination |       | ÷ |       | = |       |
| Certification(Applies only to AFH) |       | ÷ |       | = |       |
|  |  |  | Total = |       |
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