	Active Personnel Roster								
Provider Name			Provider IRS Tax Status						
MCBS Program Name (if different)			· · · · · · · · · · · · · · · · · · ·						

Full Name or Employee ID	ectors that may deliver HCBS waive	Primary Title by Profession (Select Other Professional if Not Listed)	Secondary Title by Profession (Select Other Professional if Not Listed)	Actual Title	# Hours Worked Annually (or Paid if Exempt)	% Time Allocated to DD Waiver Services	% Time Allocated to MF Waiver Services	% Time Allocated to MV Waiver Services	waiver services	Total Annual Salary or Amount Paid	Total Annual Fringe Benefits Paid	Total Annual Personnel Expenses	Total Annu HCBS Person Expenses
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