

OFFICE OF THE SECRETARY 280 State Drive Waterbury, Vermont 05671-1000

March 30, 2016

Mr. Darryl Mayes Director, Division of Cost Allocation Department of Health and Human Services 26 Federal Plaza, Room 41-122 New York, New York 10278

Mr. Mayes:

Attached is the Vermont Agency for Human Services' (AHS) cost allocation plan amendment, effective January 1, 2016, with required certifications.

This cost allocation plan (CAP) amendment contains no major structural or operating changes.

In this submission, we continue our efforts to improve our narrative format, content and design to provide more efficient and effective presentation to our federal partners. Many obsolete codes are being removed and we are adding consistent numbering and language for SWICAP and AHS allocated costs across the Departments.

Please contact Jill Gould at (802)-871-3255 or Jill.Gould@Vermont.gov if you have any questions.

Sincerely,

cc:

Hal Cohen Secretary Agency of Human Services

AHS Department Financial and CAP staff



State of Vermont Agency of Human Services

Cost Allocation Plan

Effective as of January 1, 2016

# TABLE OF CONTENTS

PART	DESCRIPTION STARTING PA	AGE
I.	CERTIFICATIONS	4
II.	COST IMPACT STATEMENT	6
III.	AMENDMENT TABLE	35
IV.	INTRODUCTION	37
V.	ACRONYM LIST	38
VI.	ADVANCE PLANNING DOCUMENTS AND MEMORANDUM OF UNDERSTANDING	45
VII.	AGENCY-WIDE ORGANIZATIONAL CHART	56
VIII.	FEDERAL CFDA NUMBERS	57
IX.	COST ALLOCATION METHODOLOGIES AND DEPARTMENTAL ORGANIZATIONAL CHARTS	61
	AHS Secretary's Office	61
	Department of Children and Family Services (DCF)	78
	Department of Disabilities, Aging and Independent Living (DAIL)	131
	Department of Vermont Health Access (DVHA)	152
	Department of Health (VDH)	173
	Department of Mental Health (DMH)	240
X.	TIME TRACKING AND TIME STUDY INFORMATION	260
APPI	ENDICES	298
	1. Accounting System Chart of Accounts.	298
	2. Summary Table of Unique Allocation Methods	299

#### I. CERTIFICATIONS

#### **CERTIFICATION OF OUTSIDE COSTS**

I hereby certify that wherever costs are claimed for services provided by a governmental agency outside the State of Vermont Agency of Human Services that they will be supported by a written agreement that includes at a minimum: (i) the specific services(s) being purchased; (ii) the basis upon which the billing will be made by the provider agency (e.g., time reports, number of homes inspected, etc.); and (iii) a stipulation that the billing will be based on the actual costs incurred, except where the cost involved are specifically addressed in the State of Vermont Agency of Human Services Public Assistance cost allocation plan. The person signing the certifications must have at least a high level understanding of the plan and its purpose.

I declare that the foregoing is true and correct.
Vermont Agency of Human Services Government Unit
Signature
Sarah Clark Name of Official
Agency Chief Financial Officer Title
March 30, 2016 Date of Execution

#### **State and Local Cost Allocation Plans**

#### CERTIFICATION OF PUBLIC ASSISTANCE COST ALLOCATION PLAN

This is to certify that, in accordance with 45 CFR 95.507(a)(8) I have reviewed the cost allocation plan submitted herewith and to the best of my knowledge and belief:

- (1) The information contained in this cost allocation plan is prepared in conformance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, effective December 26, 2014.
- (2) The costs are accorded consistent treatment through the application of generally accepted accounting principles appropriate to the circumstances.
- (3) An adequate accounting and statistical system exists to support claims that will be made under this cost allocation plan.
- (4) The information provided in support of the proposed cost allocation plan is accurate.

Vermont Agency of Human Services Government Unit	-
Signature	<u> </u>
Sarah Clark Name of Official	_
Agency Chief Financial Officer Title	
March 30, 2016 Date of Execution	

I declare that the foregoing is true and correct.

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

#### II. COST IMPACT STATEMENT

All changes in the Cost Allocation Plan are identified in red. The cost impacts, by category, are as follows.

**Category 1** – Programs in this category are administrative updates used to accurately reflect costs to federal benefiting programs across AHS. Overall there will be no federal effect with these new programs

**Category 2** – Programs in this category are used to identify new Federal Grants.

Category 3 – Programs in this category are new or have been updated but have no material federal impact

**Category 4** – Program codes in this category are being moved from one Organizational Unit category (Cost Center) to another with no changes in funding.

Category 5 – Program codes in this category have an impact on federal funding

Category 6 – Updates in narrative wording only with no change in actual allocation method.

Category 7 – Deleted program. Program has expired or been terminated.

All changes in the Cost Allocation Plan are identified in red. The cost impacts, by category are as follows:

### Secretary's Office (AHSCO)

Category 1 – Programs in this category are administrative updates used to accurately reflect costs to federal benefiting programs across AHS. Overall there will be no federal effect with these new programs

Program Code	Program. Name	Description	Allocation Method
41607	VHC/MAGI – E&E – Staff	Staff work related to Health Enterprise Eligibility and Enrollment system, DDI via VHC SI and IV&V	Per Approved E&E EBCP IAPD

Category 3 – Programs in this category are new or have been updated but have no material federal impact

Program Code	Program Name	Description	Allocation Method
37111	HSE Program Director	Project work assigned by the AHS Secretary's Office	Total Salaries across Health and Human Services Enterprise Division
37653	DDC Leadership Series	Costs associated with Developmental Disabilities Council Leadership Series	Direct to Developmental Disabilities Council

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

37701	EBCP Contracts w/o 90/10	Contractual Costs associated with the Enterprise Business Capability Platform	Per Approved EBCP IAPD
37705	EBCP Contracts Level 2	Contractual Costs associated with the Enterprise Business Capability Platform	Per Approved EBCP IAPD
37716	IE HC 90/10 Contracts	Contractual Expenses related to Health Enterprise Medicaid Eligibility DDI and IV&V	Direct to CMS-E&E (90/10)
37725	IT VHC System	Cost associated with VHC Maintenance and Operations related staff and operating expenses	Quarterly Case Count Across AHS and VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP
37727	EBCP Contracts Level 1C	Contractual costs associated with the Enterprise Business Capability Platform	Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD
37728	Exchange Level 1C IT Staff	IT Salary and Operating Costs related to the Level 1C CCIIO Exchange Grant	Direct to Exchange Level 1C
37729	EBCP Staff Level 1C	Staff expenses associated with the Enterprise Business Capability Platform	Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD
37987	DDC SIM Leaving Collaborative Training	Expenses related to SIM for Learning Collaborative Trainings	Direct to SIM
41613	MMIS – DDI Contracts	Contractual Expenses related to Health Enterprise MMIS DDI and IV&V	Direct to CMS-MMIS
41632	HSE PMO – Contracts	Contractual Expenses related to Health Enterprise shared component design and development	Per Approved HSE IAPDs: MMIS, E&E, HITECH
41763	Exchange Level 1C non-IT Staff	Non-IT Salary and Operating costs related to the Level 1C CCIIO Exchange Grant	Direct to Exchange Level 1C

Category 6 – Updates in narrative wording only with no change in actual allocation method.

Program Code	Program Name	Description	Allocation Method
42020	211 Contract – MCO Investment	Contract for call center services for health care.	Direct to MCO – 2-1-1 Contract Grant

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Category 7 – Deleted program. Program has expired or been terminated.

Program	Program Name	Description	Allocation Method
Code			
<del>37534</del>	Refugee Elders	Funding to provide services to older	Direct to Refugee Elders
	Collaborative	refugees	Grant
<del>37485</del>	Rental Expenses White	Rental Expenses for White River	Direct to Administrative
	River Junction	Junction Offices	<del>Funds</del>
<del>37486</del>	Rental Expenses White	Rental Expenses for White River	Direct to Administrative
	River Junction	Junction Offices	<del>Funds</del>

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

# **Department for Children and Families (DCF)**

Category 1 – Programs in this category are administrative updates used to accurately reflect costs to federal benefiting programs across AHS. Overall there will be no federal effect with these new programs

Program Code	Program. Name	Description	Allocation Method
41607	VHC/MAGI - E&E - Staff	This code is used for staff work related to salaries and operating costs associated with Health Enterprise Eligibility and Enrollment DDI via VHC SI and IV&V.	Per Approved E&E EBCP IAPD 90/10 and 100% FFP
41618	HSE PMO - Staff	This code is used for staff expenses related to Health Enterprise shared component design and development. salaries and operating costs associated with Health Services Enterprise (HSE)  Program Management Office activities, specific to the Level 2 grant.	Per approved HSE IAPDs: MMIS, E&E, HITECH - MMIS/MES DDI (90%), E&E/VIEWS DDI (90%) & HIT IAPD (90%). Negotiated Project Management Office (PMO) allocation of HSE Sources
41762	VHC/MAGI-E&E-Cont-1C	Staff work Contractual Expenses related to Health Enterprise Eligibility and Enrollment DDI via VHC SI. and IV&V are coded here.	Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD - E&E/VIEWS DDI (90%) & Exchange Level 1C (100%). Per Approved E&E IAPD 90/10 and 100% FFP

Category 3 – Programs in this category are new or have been updated but have no material federal impact

Program Code	Program Code Name	Description	Allocation Method
40063	Residential Licensing and Special Investigations Unit (RLSI) Supervisors and Administrative Staff	This code is used for all salary and operating costs for the supervisors of the Residential Licensing and Special Investigations Unit (RLSI).	Total salaries across the Residential Licensing & Special Investigations Unit
40064	Residential Licensing and Special Investigations Unit (RLSI) Travel	This code is used for all travel costs for the Residential Licensing and	Total salaries across the Residential Licensing &

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		Special Investigations Unit.	Special Investigations Unit
41163	SNAP Other Support Services	This code is used for staff salaries associated with SNAP Support Services.	Direct to SNAP
41164	SNAP Quality Assurance Non- Mandated	This code is used for staff salaries associated with SNAP quality assurance functions, not mandated by FNS.	Direct to SNAP
41169	Food and Nutrition Program Director	This code is used for the Director of the Food and Nutrition Team, for supervisory duties.	Total salaries across the Food and Nutrition Team
41310	RU - Employment Training	Provision of program activities and case management to Reach Up participants.	ESD Reach Up E&T Case Count Direct to SNAP Employment and Training (cost matched by the State at 50%)
41311.108	RU - Employment Training - (E&T) 100%	Provision of program activities and case management to Reach Up participants. Not matched.	ESD Reach Up E&T Case Count
41314	Job Retention Support Services <90 days	This code is used for costs associated with support payments for job retention up to the first 90 days of employment following participation in an employment and training activity, as authorized by Food, Conservation, & Energy Act of 2008.	ESD Reach Up E&T Case Count Direct to SNAP Employment & Training
41336	United States Department of Agriculture (USDA) E&T 50% Fed/50% Other Entity Match	This code is used for costs associated with the provision of program activities and case management to Reach Up participants. This code is used for cost where the 50% match is paid by an entity other than the State.	ESD Reach Up E&T Case Count Direct to Employment & Training (This code is used for cost where the 50% match is paid by an entity other than the State)
41345	SNAP Employment and Training Transportation	This code is used for costs related to transportation to related services.	ESD Reach Up E&T Case Count Direct to SNAP Employment & Training

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44.500.000	G . G . 1 . 1 . 1 . 2	mil 1 1 1 2	D 1500=
41502.205*	State Supplemental Program –	This code is used for	Direct to MCO - AABD
	AABD CCL Level 3	AABD – State	CCL Level 3
		Supplement benefits –	
41.500.005#	G G 1	SSI payments.	D:
41502.305*	State Supplemental Program –	This code is used for	Direct to MCO -AABD
	AABD RES Level 3	AABD – State	RES Level 3
		Supplement benefits –	
		SSI payments.	
41502.405*	State Supplemental Program –	This code is used for	Direct to MCO -AABD
	AABD RES Level 4	AABD – State	RES Level 4
		Supplement benefits –	
		SSI payments.	
41777.108	Reach Up General Fund	This code is used for	Direct to State Fund
		staff, operating, direct and	
		miscellaneous non-federal	
		expenditures for the	
		Reach Up program within	
		the Economic Services	
41777.109	L HIEAD Comment Front	Division. This code is used for	Dinasta Casta Frank
41///.109	LIHEAP General Fund		Direct to State Fund
		staff, operating, direct and miscellaneous non-federal	
		expenditures for the	
		LIHEAP program within the Economic Services	
		Division.	
40570.203	CCDF Discretionary – Subsidy	Costs associated with	Direct to CCDF
40370.203	Protective and Family Services	protective and family	Direct to CCDF
	Trotective and Family Services	services	
40570.303	CCDF Discretionary – Subsidy	Costs associated with	Direct to CCDF
40370.303	Employment and Training	employment and training	Direct to CCDI
40570.403	CCDF Discretionary –	Costs associated with	Direct to CCDF
40370.403	Transportation	transportation	Direct to CCDI
40570.503	CCDF Discretionary – Quality	Costs associated with	Direct to CCDF
40370.303	Enhancements		Direct to CCDI
40570.603	CCDF Discretionary – Resource	quality enhancements Costs associated with	Direct to CCDF
70270.003	Training Training	resource training	DIECT TO CCDI
40570.703	CCDF Discretionary – Infant	Costs associated with the	Direct to CCDF
70370.703	Toddler Earmark	infant toddler earmark	DIGITO CCDI
40570.803	CCDF Discretionary – After	Costs associated with	Direct to CCDF
.0570.005	School Certificate	after school certificate	Direct to CCD1
40570.903	CCDF Discretionary – Referral	Costs associated with	Direct to CCDF
.0570.703	Cost Discretionary Televitar	referrals	Direct to CCD1
<del>40600</del>	CCDF Mandatory and Matching	Administrative costs	Direct to CCDF
.0000	Transactly und Matering	associated with	Mandatory/Matching
		administrative of CCDF.	Triandatory/Triatelling
40600.203	CCDF Mandatory and Matching -	Costs associated with	Direct to CCDF
10000.203	Subsidy Protective and Family	protective and family	Directio CCD1
	Services	services	
	201.1000	332 11005	1

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40600.303	CCDF Mandatory and Matching	Costs associated with	Direct to CCDF
	- Subsidy Employment and	employment and training	
	Training		
40600.403	CCDF Mandatory and Matching	Costs associated with	Direct to CCDF
	- Transportation	transportation	
40600.503	CCDF Mandatory and Matching -	Costs associated with	Direct to CCDF
	Quality Enhancements	quality enhancements	
40600.603	CCDF Mandatory and Matching -	Costs associated with	Direct to CCDF
	Resource Training	resource training	
40600.703	CCDF Mandatory and Matching -	Costs associated with the	Direct to CCDF
	Infant Toddler Earmark	infant toddler earmark	
40600.803	CCDF Mandatory and Matching -	Costs associated with	Direct to CCDF
	After School Certificate	after school certificate	
40600.903	CCDF Mandatory and Matching -	Costs associated with	Direct to CCDF
	Referral	referrals	
37708	VHC/MAGI - E&E - Staff	This code is used for staff	Quarterly enrollment for
		work related to Health	QHP and Medicaid, per
		Enterprise Eligibility and	pending EBCP IAPD -
		Enrollment DDI via VHC	E&E/VIEWS DDI
		SI.	(90%) & Exchange
			Level 1C (100%)
37728	Exchange lvl 1C IT Staff	This code is used for IT	Direct to Exchange
		Salary and Operating	Level 1C
		costs related to the Level	
		1C CCIIO Exchange	
41.555.001	GNAP CONTRACTOR	Grant.	Di di GNADE 1 1
41555.201	SNAP State Exchange -Federal	This code is used for costs	Direct to SNAP Federal
		associated with travel	State Exchange
		expenditures for meetings	
		and conferences relating to the administration of	
		the Food Stamps	
		Program.	
41555.301	Prior Federal Fiscal Year SNAP	This code is used for costs	Direct to SNAP Federal
+1333.301	State Exchange - Federal	associated with travel	State Exchange
	State Exchange - Federal	expenditures for meetings	State Exchange
		and conferences relating	
		to the administration of	
		the Food Stamps	
		Program.	
41609	VHC/MAGI - E&E - Contracts	Contractual Expenses	Per Approved E&E
11007	. II SAME IS I SOME CONTRACTS	related to Health	EBCP IAPD 90/10 and
		Enterprise Eligibility and	100% FFP
		Enrollment DDI and	100/0111
		IV&V are coded here.	

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Category 4 – Program codes in this category are being moved or have been added from one Organizational Unit category (Cost Center) to another with no changes in funding.

Program Code	Program Code Name	Description	Allocation Method
40570.101	CCDF Discretionary – Eligibility Determination	Costs associated with determining program eligibility	Direct to CCDF
41330.101	Reach Up Verification - Staff	This code is used for staff salaries and operating costs associated with the requirement to verify work activity, documentation and attendance.	Direct to TANF
40050*	Family Services IT Admin	All IT administrative costs incurred in the district office The District Director and Staff manage the office and provide administrative support and supervision to the field staff.	Total Salaries Across Field Staff (within Family Services)
40100*	Child Development Division IT Admin	IT administrative costs associated with Child Care Services Division Staff, including Deputy Commissioner, whose activities are defined as administrative by the Child Care and Development Fund regulations. This includes Division Director, Program Supervisors, Program Monitors, and clerical and administrative support for the childcare program. Also includes the Assistant Attorney General assigned to Child Care Development.	Total Salaries Across Child Development
40530.402	Subsidized Adoptions –Recurring	Adoption Assistance payments made on behalf of Title IV-E eligible children	Direct to Title IV-E Adoption Assistance Payments

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40530.702	Permanent Guardianship	Title IV-E eligible	Direct to Permanent
		program expenditures	Guardianship
		including foster care,	
		subsidized adoptions,	
		training, transportation.	
38210.204	IV-D Incentive Award	This code is used for costs	Direct to Title IV-D
		associated with Title IV-	
		D incentive award	
44340	LIHEAP Outreach	This code is used for costs associated with providing	Direct to Home Heating Program/LIHEAP
		outreach activities for the	1 Togram/EntleAt
		Fuel Assistance program	
		to include public	
		information on the fuel	
		program, transportation	
		and referral activities to	
		local Fuel Assistance	
		program offices to assure	
		access to program	
		benefits.	
40555	Child Development - SSBG	Direct payments to foster	Direct to SSBG
		parents and group homes.	
<del>41729</del>	(C4C) Community Initiative	This code is used for the	Direct to MCO
	HOPE & GA Front Door Grants	direct costs related to	Challenges for Change:
		providing Emergency	<del>DCF</del>
		Assistance.	

Category 6 – Updates in narrative wording only with no change in actual allocation method.

Program	Program Code Name	Description	Allocation Method
Code			
40777*	Unemployment Compensation	Costs associated with	Total Salaries Across
	Benefits Paid on Termination	unemployment	All DCF Staff (not
		compensation charges. All	including fringe)
		costs associated with	
		accrued vacation hours,	
		personal time, comp time,	
		and unemployment	
		compensation, paid at the	
		time of employment	
		termination with the State	
		of Vermont, are coded	
		<del>here.</del>	
41777 <mark>.101</mark>	Administrative Services and	This code is used for	Direct to State Funds
	Registry Review Unit	general and administrative	
		services in addition to	
		Tthe Registry Review	
		Unit, which is the	
		intermediate	
		administrative appeal	

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

	T	to for E 11	T
		system for Family Services Division decisions to substantiate	
		child abuse and neglect.	
		Staff in this unit include	
		the director, contracted staff, and administrative	
		support staff. These staff	
		process appeals related to	
		foster care license	
		revocation or denial and	
		appeals of placement	
		changes, listen to appeals	
		cases across the state, and	
		manages the state's Child	
25005		Abuse Registry.	- ·
37995	Race to the Top (RTT) Early	This code is used for staff	Direct to Race to the
	Learning Challenge (ELC) Grant	salaries and operating costs associated with the	Top Grant
		Race to the Top Early	
		Learning Challenge Grant.	
37512	Juvenile Accountability	Interest earned on funds	Direct to JAIBG
	Incentive Block Grant (JAIBG)	drawn in for JAIBG	
	Interest		
40069*	Residential and Foster Care	This code is used for	Quarterly Count of
	Licensing	salary and operating costs	Eligible Cases Across
		related to licensing foster	Title IV-E & ,Global
		homes and residential	Commitment, & State Fund
40530.102	Family Services Title IV-E	programs. Title IV-E eligible	Direct to Title IV-E
40330.102	Maintenance Payments	program expenditures	Foster Care
	Traditional Lay Inches	including foster care,	Maintenance Payments
		subsidized adoptions,	,
		training, transportation.	
40530.202	Case Review Services/Foster	Title IV-E eligible	Title IV-E Foster Care
	Parent Recruitment	program expenditures	Eligibility Rate
		including foster care,	
		subsidized adoptions,	
40520 200	Footen Demont The late	training, transportation.	Tide IV E East C
40530.3 <mark>02</mark>	Foster Parent Trainings	Title IV-E eligible program expenditures	Title IV-E Foster Care Eligibility Rate (IV-E
		including foster care,	Training)
		subsidized adoptions,	1141111115)
		training, transportation.	
40530.502	Training University of Vermont	Title IV-E eligible	Direct to Title IV-E
	(UVM) students in Social	program expenditures	Foster Care Training
	Worker studies	including foster care,	(75%) (claimed using a
	(degree program)	subsidized adoptions,	Title IV-E eligibility
i	(degree program)		

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

			Assistance and Foster Care, with State match provided by UVM)
40530.602	Title IV-E Short Term Training	Title IV-E eligible program expenditures including foster care, subsidized adoptions, training, transportation.	Direct to Title IV-E – Training
40530.802	Subsidized Adoptions – Non-Recurring	Adoption Assistance payments made on behalf of Title IV-E eligible children	Direct to Title IV-E Adoption Assistance Payments
40530.902	Training UVM students in Social Worker studies Adoption (degree program)	Title IV-E adoption training expenditures	Direct to Title IV-E Foster Care Training (75%) (claimed using a Title IV-E eligibility rate across Adoption Assistance and Foster Care, with State match provided by UVM)
41777.102	Family Services General Fund	This code is used for This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Family Services.	Direct to State Fund
41165	SNAP Mandated Quality Control Assurance 3Squares Specialist	This code is used for staff salaries and travel operating costs associated with mandated SNAP staff who conduct quality control functions, involving 3Squares. This includes detailed analysis of sample cases to ensure actions are valid, analyzing delivery and payment system for potential problems and recommending improvements.	Direct to SNAP
41166*	Quality Assurance Health Specialist	This code is used for staff salaries and operating costs associated with staff who conduct quality control involving Health Care. This includes detailed analysis of	Actual Cases Reviewed by Quarter for CHIP & GC

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

			T
		sample cases to ensure actions are valid, analyzing delivery and payment system for potential problems and recommending improvements.	
41167*	Quality Assurance Supervisor	Quality Assurance Supervisors supervise staff in the quality control unit who review cases involving Health Care and 3Squares. This includes detailed analysis of sample cases to ensure actions are valid, analyzing delivery and payment system for potential problems, and recommendations for improvements, including conducting trainings to address common errors.	Total salaries across the Quality Assurance Unit
41168	Reach Up Eligibility Quality Assurance Spec	This code is used for staff salaries and travel costs associated with nonmandated RU quality control functions. who conduct quality assurance involving Financial Eligibility Specialists work.	Economic Case Count Across Reach Up (TANF and State Fund)
41182	Able-Bodied Adults Without Dependents (ABAWD) New Investment	This code is used for staff salaries and operating costs associated with tracking the expense for the ABAWD new investment project.	Direct to ABAWD Reinvestment Activities (State Funds)
41270	TANF General Administration	General administrative costs to be direct charged to TANF, including but not limited to expenditures related to meetings and employee insurance costs. to be directly billed are billed here.	Direct to TANF
41306	SNAP Program Coordinator Coordination and Outreach	SNAP Program Coordinator provides coordination4 and administrative services to	Quarterly Percentage of Program Coordinators hours by Program

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		Night with a profession of the	
		Nutrition Education and	
		the Farm to Family	
		programs. All costs	
		associated with the SNAP	
		Program Coordinator are	
		coded here.	
41311.201	RU - Employment Training -	This code is used for staff	ESD Reach Up E&T
	(E&T) 100% <del>)</del>	salaries and operating	Case Count
		costs associated with the	
		provision of program	
		activities and case	
		management to Reach Up	
		participants.	
41313	Fair Hearing 3SQRS	This code is used for staff	Direct to SNAP
		salaries and operating	Fair Hearings
		costs associated with to	g
		track charges for 3Squares	
		Fair Hearings.	
41316	SNAP Outreach 100%	This code is used for costs	Direct to SNAP
11310		associated with providing	Outreach
		SNAP outreach services to	Guireach
		eligible low-income	
		persons. Private match	
		provided by sub-	
		•	
41330.108	Deach IIn Varification Corriges	recipients.  This code is used for staff	Direct to TANF
41550.108	Reach Up Verification - Services		Direct to TANF
	and Documentation Support	salaries and operating costs associated with the	
		provision of program	
		activities and case	
		management to Reach Up	
		participants and	
		parent/child employment	
		services. a Teen Parent	
		Education Program for	
11.12.		eligible teens.	D
41421	Reach Up Support Services	This code is used for the	Direct to TANF
	Program Costs – Education and	direct cost of cash	
	Training	assistance payments for	
		education and training	
		support.	
41431	Reach Up Support Services –	This code is used for the	Direct to TANF
	Work Supports	direct cost of cash	
		assistance payments for	
		supporting work search	
		and retention.	
41471	Child Only with Single Parent on	This code is used for the	Direct to TANF
	SSI Absence and Incapacity	direct cost of cash	
		assistance payments.	

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41473	Child Only with Two Parents on	This code is used for the	Direct to TANF
1	SSI <del>Incapacity</del>	direct cost of cash	
	and the state of	assistance payments.	
41501* <b>*</b>	State Supplement Program –	This code is used for	Direct to MCO –
	AABD-EP-Supplemental	AABD-Essential Persons-	Essential Person
	Security Income (SSI)	SSI payments .	Program
41502.105	State Supplement Program –	This code is used for	Direct to AABD
	AABD- SSA	AABD – State	
		Supplement benefits – SSI	
		payments.	
41555.101	SNAP State Exchange - State	This code is used for costs	Direct to State Fund
		associated with travel	
		expenditures for meetings	
		and conferences relating	
		to the administration of	
		the Food Stamps Program.	
41777.106	Economic Services General	This code is used for staff,	Direct to State Fund
	Assistance General Fund	operating, direct and	
		miscellaneous non-federal	
		expenditures for the	
		General Assistance	
		program within the	
		Economic Services	
		Division.	
38210.104	OCS Regional Director and Staff	These units establish,	Direct to Title IV-D
		modify, and enforce child	
		support orders for TANF	
		cases and in instances	
		where the custodial parent	
		has applied for OCS	
		services.	
41777.104	Child Support General Fund	This code is used for staff,	Direct to State Fund
		operating, direct and	
		miscellaneous non-federal	
		expenditures within Child	
		Support	
41729	Challenges for Change (C4C)	This code is used for case	Direct to MCO -
	Community Initiative – HOPE	management and	Challenges for Change:
		coordination to access	DCF
		medical, social, substance	
		abuse and other essential	
		services for homeless	
		persons and families,	
		including re-housing and	
		housing retention services	
		and support. Direct costs	
		related to providing	
		Emergency Assistance.	

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41777.110	Office of Economic Opportunity	This code is used for staff,	Direct to State Fund
11///.110	(OEO) General Fund	operating, direct and	Brieet to State I and
	(OLO) General I und	miscellaneous non-federal	
		expenditures within OEO	
41777.113	Disability Determination	This code is used for staff,	Direct to State Fund
	Services (DDS) General Fund	operating, direct and	
		miscellaneous non-federal	
		expenditures within DDS	
40530.7 <mark>03</mark>	Child Care Development Subsidy	IV-E eligible program	Direct to Title IV-E
		expenditures for child	Child Development
		subsidy payments	•
40570.103	Child Care Development Fund	Administrative costs	Direct to CCDF –
	(CCDF) –Discretionary	associated with	Discretionary
	•	administrative of CCDF.	
40708	Children's Integrated Services	To support the work of	Direct to MCO – CIS EI
	(CIS) Early Intervention (EI)	CIS EI	
41777.103	Child Development General	This code is used for staff,	Direct to State Fund
	Fund	operating, direct and	
		miscellaneous non-federal	
		expenditures within Child	
		Development	

Category 7 – Deleted program. Program has expired or been terminated.

<del>37640</del>	Sexual Assault Education and	Program related to	Direct to VDH
	Prevention	<del>prevention of sexual</del>	
		assault. These costs are	
		allowed through VDG via	
		earmark funds they	
		receive in their PHHS	
		Block Grant specific to	
		the prevention of sexual	
		assault.	
40425	Homeless Rural Youth	Federal grant to provide	Direct to Homeless Rural
		services for non-system	Youth
		homeless youth and	
		youth aging out of foster	
		<del>care.</del>	
<del>40437</del>	Title V Community Grants	Office of Juvenile Justice	Direct to Juvenile
		Programs (OJJP) grants	Justice Delinquency
		using Title V funding	Prevention (JJDP)
<del>40680</del>	Aging and Disability Resource	This code is used for staff	Direct to ADRC Med
	Center (ADRC) Med Reimb	salaries and operating	Pilot
	Pilot	costs associated with the	
		ADRC Medicaid	
		Reimbursement Pilot.	
41240	Town Services Officers	Town Services Officers	Total Cost Across EA
		are Department appointed	and GA (allocated to
		<del>personnel in towns</del>	TANF and State Fund)

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		<u></u>	
		throughout the state who	
		are compensated for time	
		and expenses. Officers	
		may issue vendor	
		authorizations (purchase	
		orders) to clients with	
		immediate need, may	
		transport clients to and	
		from emergency services.	
		All costs associated with	
		Town Services Officers	
		are coded here.	
41335	Reach Up Case Management	Provision of program	Direct to SNAP
	Job Start	activities and case	Employment and
		management to Reach Up	Training
		participants and a Teen	
		Parent Education	
		Program for eligible	
		teens.	
41340	Reach Up Transportation	This code is used for	Direct to TANF
41540	Reach op Transportation	administrative costs	Birect to Travi
		associated with program	
		for used car donation.	
41451	Supportive Services Medical	This code is used for the	Direct to TANF
41431	Transportation	direct cost of cash	Direct to TANI
	<del>Transportation</del>	assistance payments.	
41456	Getting Ready for Work	This code is used for the	Direct to TANF
41430	Getting Ready for Work	direct cost of cash	Direct to TANF
41475	Job Retention	assistance payments.  This code is used for the	Direct to TANF
414/3	<del>Job Kelention</del>		Difect to 1 ANF
		direct cost of cash	
41.477	G : 1D 1 1 G :	assistance payments.  This code is used for the	D' ( MANE
41477	Social Rehab Services	direct cost of cash	Direct to TANF
		assistance payments.	
38050	Program Development	This unit is responsible	Direct to Title IV-D
20020	110gram Development	for the planning,	Drice to The IV-D
		coordination, and	
		development of policies,	
		procedures, and state plan	
		for the IV-D program.	
40600	CCDF Mandatory and Matching	Administrative costs	Direct to CCDF
<del>40000</del>	CCDF Manuatory and Matching	associated with	Mandatory/Matching
		administrative of CCDF.	i <del>viandatory/iviatening</del>
41343	Panch Up Doct Coopedamy	This code is used for	Direct to State Fund
<del>41343</del>	Reach Up Post-Secondary		Direct to State Fund
	Education	costs associated with the	
		provision of program	
		activities and case	
		management to Reach Up	
		<del>participants and a Teen</del>	

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I		Parent Education	
		Program for eligible	
		teens.	

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

### Department of Disabilities, Aging and Independent Living (DAIL)

Category 3 – Programs in this category are new or have been updated but have no material federal impact

Program	Program Code Name	Description	Allocation Method
Code			
41607	VIEWS – Eligibility and	Staff work related to	Per Approved Health
	Enrollment	Health Enterprise	Enterprise EBCP IAPD
		Eligibility and enrollment	_
		DDI and IV&V.	

# Category 7 – Deleted program. Program has expired or been terminated.

Program Code	Program Code Name	Description	Allocation Method
43967	TBI Employment Grant	Employment Focused Neuro Resource Facilitation for VT Vets with TBI	Direct to TBI Employment Grant
43960	TBI Planning Grant	Direct expenses related to the Grant	Direct to TBI Planning Grant

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# **Department of Vermont Health Access (DVHA)**

 ${\bf Category} \ {\bf 3} - {\bf Programs} \ in \ this \ category \ are \ new \ or \ have \ been \ updated \ but \ have \ no \ material \ federal \ impact$ 

Program Code	Program Name	Description	Allocation Method
41470	State Only Expenses	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to State Funds
37988	SIM YR 2 Testing-Contracts	Contracts approved by CMS using YR 2 Testing and approved Carryover identified subcontract Funds	Direct to SIM Grant
41778*	VHC Operations Contract	Cost associated with VHC Maintenance and Operations related contract expenses	Quarterly Case Count Across AHS and VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP
41779*	VHC Operations Staff	Cost associated with VHC Maintenance and Operations related staff and operating expenses	Quarterly Case Count Across AHS and VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP
41780	VHC Medicaid eligibility and enroll – (OAPD) contracts	Cost associated with hosting, security, and maintenance & operations of VHC Medicaid eligibility and enrollment related contract expenses, eligible for 75% match are coded here	Quarterly Case Count Across AHS and VHC Enrollment for Global Commitment Medicaid Enhanced FMAP, CHIP, Designated State Health Programs (DSHP) and QHP
39374	Breast & Cervical Cancer Admin	Direct Salary and Fringe for one FTE performing duties funded by a VDH grant	Direct to State Only
41489*	Health Program Integrity and Program Improvement	Responsible for monitoring maintaining the integrity of our Medicaid Program, including the provision of medically necessary and appropriate health care services, accurate	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs Total Hours Across All Program Codes

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

		1	,
		reimbursement to	
		qualified providers of	
		those services, efficient	
		administration of the	
		program and the	
		prevention of	
		inappropriate services and	
		reimbursement. Works	
		closely with each	
		department within DVHA	
		as well as the Medicaid	
		Fraud and Residential	
		Abuse Unit to investigate	
		referred issues to	
		determine if there is a	
		problem. Expanded to	
		include a DVHA	
		Oversight and Monitoring	
		unit which will be the key	
		liaison for Federal, State,	
		and independent audits	
		and examinations, as well	
		as an intermediary and	
		advocate for DVHA	
		setting a basis of	
		understanding and	
		expectation for	
		Regulators, Examiners,	
		Auditors, Independent	
		Auditors, and State Senior	
		Leadership.	
37701*	EBCP Contracts L1C	Contractual Costs	Per Negotiated
37701	LDCI COlluacis LTC	associated with the	Approved EBCP IAPD
			Approved EDCF IAFD
		Enterprise Business Capability Platform	
37705	EBCP Contracts L2	Contractual Costs	Per Negotiated
31103	LDCI COMMACIS L2	associated with the	Approved EBCP IAPD
		Enterprise Business	Approved EDCF IAFD
		•	
11607	VHC/MACI E&E Ctaff	Capability Platform	Don Annewed
41607	VHC/MAGI - E&E - Staff	Staff work related to	Per Approved
		Health Enterprise	Negotiated E&E EBCP
		Eligibility and Enrollment	IAPD
41,000	MICAMACI ESE C	DDI and IV&V	D A
41609	VHC/MAGI - E&E - Contracts	Contractual Expenses	Per Approved
		related to Health	Negotiated E&E EBCP
		Enterprise Eligibility and	IAPD
		Enrollment DDI and	
		IV&V	

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

41612	EBCP Staff L2	Staff Expenses associated with the Enterprise Business Capability Platform	Per Approved Negotiated EBCP IAPD
37708	VHC/MAGI - E&E - Staff 1C	Staff work related to Health Enterprise Eligibility and Enrollment DDI and IV&V	Per Negotiated E&E IAPD-Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD - E&E/VIEWS DDI (90%) & Exchange Level 1C (100%)
41762	VHC/MAGI-E&E-Cont_1C	Contractual Expenses related to Health Enterprise Eligibility and Enrollment DDI and IV&V	Per Approved Health Enterprise IAPD Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD - E&E/VIEWS DDI (90%) & Exchange Level 1C (100%).
41770*	Navigator – Allocated	Non-IT In Person Assistor grant costs related to the Level 1b CCIIO Exchange Grant	Quarterly enrollment for QHP and Medicaid Per Pending EBCP IAPD Direct to Exchange Level 1B NOA

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

# **Vermont Department of Health (VDH)**

Category 3 – Programs in this category are new or have been updated but have no material federal impact

Program Code	Program Name	Description	Allocation Method
39139	Rutland Pesticide 2013 PFOA response Bennington County	All costs associated with the investigation of misuse of Chlorpyrifos public health response to the perfluorooctanoic Acid (PFOA) contamination incident in Bennington County	Direct to Rutland Pesticide 2013 PFOA response Bennington County
39719	WIC MIS Planning & Implementation	Costs associated with Planning for replacement of the legacy WIC MIS system and transfer & implementation of the chosen replacement system	Direct to Allocated to WIC MIS Planning & Implementation and Global Commitment Investment based on availability of WIC MIS Planning & Implementation grant award.
39749	CHP Maternal and Child Health OLH Maternal & Child Health Coordinators	Costs associated with staff time and expenses related to MCH coordination in Local Health District Offices. case management, counseling and health education, risk reduction intervention, home based care and other supportive services for pregnant women and infants through age one for CHP commercial members.	Direct to CHP Maternal and Child Health Direct to MCH Grant
39829	SEOW Supplement SPF SPE Community Evaluation	All Community evaluation costs associated with the Strategic Prevention Framework State Incentive Grant (SPF SIG). All costs associated with activities of the State Epidemiological Outcomes Workgroup (SEOW)	Direct to Partnerships for Success III Direct to SPF—SPE.

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39834*	Public Inebriate Program	Costs associated with	Allocated to Substance
		program.	Abuse Block Grant and
			to Global Commitment
			Investment based on
			availability of Substance
			Abuse Block Grant
			funding. Direct to
			Global Commitment
			Investment.
39863*	Student Assistance Program	Payments to providers for	Split between Allocated
	(SAP) – Treatment Grants	treatment: SAP	to Substance Abuse
			Grant and Global
			Commitment Admin
			based on Medicaid
			allowable share of costs.
39888*	Methadone Treatment –	Methadone costs not	Allocated to Substance
	NonBlock Grant Eligible	eligible for SAPT Block	Abuse Block Grant and
		Grant reimbursement	to Global Commitment
			Investment based on
			availability of Substance
			Abuse Block Grant
			funding. Allocated to
			Global Commitment
			Investment and to State
			Funds based on the
			Medicaid, Uninsured,
			and Underinsured, share
			of total state population.

Category 6 – Updates in narrative wording only with no change in actual allocation method.

Program	Program Name	Description	Allocation Method
Code			
39451*	Laboratory Water Bacteriology	Costs and activities	Allocated to Global
	Laboratory Drinking Water,	associated with	Commitment
	Microbiology	microbiological water	Investment and to State
		testing.	Funds based on the
			Medicaid, Uninsured,
			and Underinsured, share
			of total state population.
39452*	Laboratory Drinking Water,	Costs and activities	Allocated to Global
	Organic and VOCs-Laboratory	associated with organic	Commitment
	Drinking water, Organic	testing of drinking water	Investment and to State
		related to VOCs and	Funds based on the
		THMs (EPA method	Medicaid, Uninsured,
		524.2).	and Underinsured, share
			of total state population.
39454*	Laboratory Inorganic Drinking	Costs and activities	Allocated to Global
	Water, Metals Laboratory	associated with inorganic	Commitment
	Drinking Water, Inorganic		Investment and to State

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		testing of drinking water	Funds based on the
		for metals.	Medicaid, Uninsured,
			and Underinsured, share
			of total state population.
39470*	Laboratory Radiological, Water	Costs and activities	Allocated to Global
	Laboratory Radiochemistry	associated with	Commitment
		radiochemistry water	Investment and to State
		testing.	Funds based on the
			Medicaid, Uninsured,
			and Underinsured, share
			of total state population.
39481*	<b>Laboratory</b> Diagnostic	Costs and activities	Allocated to Global
	Microbiology, Serology	associated with serology	Commitment
	Laboratory Microbiology	such as hepatitis, HIV,	Investment and to State
		measles, mumps, rubella,	Funds based on the
		syphilis and similar tests.	Medicaid, Uninsured,
			and Underinsured, share
			of total state population.
39523*	Poison Control and Surveillance	Activities associated with	Allocated 27% to
	Activities	poison control and	Global Commitment
		surveillance, including	Admin and then to
		services currently provided	Global Commitment
		by the Northern New	Investment and to State
		England Poison Center	Funds based on the
		other than Real Time	Medicaid, Uninsured,
		Disease Detection	and Underinsured, share
		activities.	of total state population.

Category 7 – Deleted program. Program has expired or been terminated.

Program Code	Program Name	Description	Allocation Method
<del>39172</del>	PHER H1N1	Costs associated with the Department's efforts to prepare for and respond to an H1N1 influenza pandemic under the Public Health Emergency Response (PHER) program.	Direct to PHER H1N1.
39173	H1N1 Implementation	Costs associated with the Department's efforts to prepare for and respond to an H1N1 influenza pandemic under the Public Health Emergency Response (PHER) program.	Direct to H1N1 Implementation
<del>39186</del>	Automated External Defibrillator	Costs associated with a	Direct to EMS Program
	Purchase	<del>project to provide</del>	Services

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		automated external	
		defibrillators and training	
		in their use to emergency	
		responders throughout	
		Vermont.	
<del>39188</del>	SIREN	All costs associated with	Direct to PHHS Block
		the development,	Grant
		implementation and	
		ongoing maintenance of a	
		Statewide Incident	
		Reporting Network	
		(SIREN) for Emergency	
		Medical Services.	
<del>37901</del>	Irene Related Expenses	All related costs for	Direct to Irene
<del>3/901</del>	Helle Related Expenses		Direct to frene
		fixing the damage caused	
20120		by Tropical Storm Irene	Di di Di di
<del>39130</del>	Terrorism Task Force	Costs associated with	Direct to Bioterrorism
		activities undertaken to	Preparedness Grant
		support the State's	
		Terrorism Task Force,	
		including consequence	
		management planning,	
		exercise and training	
		activities.	
<del>39433*</del>	Laboratory Customer Service	Costs and activities	Allocated to Global
		associated with customer	Commitment Investment
		services which do not fit	and to State Funds based
		into program areas.	on the Medicaid,
		1 1 6 m	Uninsured, and
			Underinsured, share of
			total state population.
<del>39483*</del>	Laboratory Environmental	Costs and activities	Allocated to Global
37403	Microbiology	associated with testing of	Commitment Investment
	Wilciobiology	food products or similar	and to State Funds based
		<del>samples.</del>	on the Medicaid,
			Uninsured, and
			Underinsured, share of
201.62	N. P. 17		total state population.
<del>39162</del>	Medical Examiner Medicolegal	Expenses incurred for the	Direct to Medical
	Consultation/Education	following: lawyers,	Examiner
		conferences, expert	
		testimony and lectures for	
		hospitals, schools and	
		emergency medical	
		services.	
<del>39163</del>	Regional Medical Examiner	Payments to Regional	Direct to Medical
	Payments	Medical Examiners for	Examiner
		services provided.	
<del>39605</del>	CSHN Medical Home	Costs associated with the	Direct to CSHN - Special
57005	Colli, Micalcal Home	implementation of a	Services
		imprementation <del>or a</del>	501 11005

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

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		MCHB grant to promote	
		more comprehensive	
		coordinated care for	
		children with special	
		health needs in the	
		context of their primary	
		care "medical home".	
<del>39729</del>	WIC Health Care Provider	Costs associated with a	Direct to WIC Provider
	Collaboration	project to develop and	Collaboration
		test a model delivering	
		WIC services in	
		collaboration with health	
		care providers.	
<del>39730</del>	WIC Loving Support	Costs associated with a	Direct to WIC Loving
37130	Wie Loving Support	project to use "Loving	Support
		Support" materials to	Support
		promote breastfeeding.	
<del>39748</del>	Abstinence Education	Costs associated with the	Direct to Abstinence
<del>39/48</del>	Abstinence Education	provision of Abstinence	Education
		Education.	Education
20266	A '11 P + C	Costs associated with the	Direct to Ladies First
<del>39366</del>	Ancillary Breast Cancer		Direct to Ladies First
	Treatment	provision ancillary	
		treatment and education	
		for Ladies First clients	
		with breast cancer.	
<del>39518</del>	Nutrition for Healthy Vermonters	Costs associated with	Direct to PHHS Block
	<del>2000</del>	activities related to	Grant
		Healthy Vermonters 2000	
		Nutrition and Physical	
		Activity objectives.	
<del>39519*</del>	Fit and Healthy Kids	Costs associated with the	Direct to Fit and Healthy
		Fit & Healthy Kids	Kids MCO Investments
		<del>program.</del>	
<del>39562</del>	Dental Services Homeless	Costs associated with	Direct to Dental Services
	Health	activities for the	-All Other Programs
		Homeless Health	
		Program including patient	
		care (subcontractors) and	
		program administration.	
<del>39570</del>	Fluoridation Systems Assistance	program administration.  Operating and contractual	Direct to Fluoridation
<del>39570</del>	Fluoridation Systems Assistance	Operating and contractual	
39570	Fluoridation Systems Assistance	Operating and contractual expenses entailed in	Direct to Fluoridation Systems Assistance
39570	Fluoridation Systems Assistance	Operating and contractual expenses entailed in assisting community	
39570	Fluoridation Systems Assistance	Operating and contractual expenses entailed in assisting community water systems to install	
39570	Fluoridation Systems Assistance	Operating and contractual expenses entailed in assisting community water systems to install and upgrade water	
39570	Fluoridation Systems Assistance	Operating and contractual expenses entailed in assisting community water systems to install and upgrade water fluoridation systems and	
39570	Fluoridation Systems Assistance	Operating and contractual expenses entailed in assisting community water systems to install and upgrade water fluoridation systems and to improve the operations	
		Operating and contractual expenses entailed in assisting community water systems to install and upgrade water fluoridation systems and to improve the operations of these systems.	Systems Assistance
<del>39570</del> <del>39573</del>	Fluoridation Systems Assistance  Oral Health Access Assessment	Operating and contractual expenses entailed in assisting community water systems to install and upgrade water fluoridation systems and to improve the operations of these systems.  Costs associated with an	Systems Assistance  Direct to Oral Health
		Operating and contractual expenses entailed in assisting community water systems to install and upgrade water fluoridation systems and to improve the operations of these systems.	Systems Assistance

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

		1 1	
		development of a	
		strategic plan to improve	
		that system, especially for	
		<del>children.</del>	
<del>39752</del>	Global Commitment Skilled	Costs associated with	Direct to Skilled Nursing
	Nursing	visits to pregnant women	
		and infants on Global	
		Commitment which are	
		authorized through the	
		Healthy Babies Program	
		for Level II and Level III	
		individuals. Requires a	
		signed physician's order	
		and a plan of care.	
		Includes time spent in:	
		travel to visit site, face to	
		face contact with client,	
		documentation in the	
		client record and case	
		consultations with	
		<del>providers. Do not use</del>	
		this code for the	
		assessment visit.	
<del>39767*</del>	Foster Children Health Mentoring	Costs classified as skilled	Direct to Global
		<del>professional medical</del>	Commitment
		associated with a pilot	Administration
		program to provide health	
		advocacy and health	
		monitoring services for	
		pre-adolescents and	
		adolescent foster children	
		in the Burlington area.	
<del>39768*</del>	Foster Children Health Mentoring	Costs not classified as	Direct to Global
	- Global Commitment	skilled professional	Commitment
	Administration	medical associated with a	Administration
		pilot program to provide	
		health advocacy and	
		health monitoring	
		services for pre-	
		adolescents and	
		adolescent foster children	
		in the Burlington area.	
<del>39133*</del>	North Clarendon Toxicology	Costs associated with the	Direct to Global
57155	Assessment	investigation, risk	Commitment Investment.
	1 ISSOSSITION	assessment and	Communication investment.
		remediation of potential	
		health issues in the North	
		Clarendon area.	
		Clarendoli died.	

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39815 39823	Juvenile Accountability Incentive Block Grant (JAIBG)	Costs associated with action steps that will improve the adolescent service system for children in trouble with substance abuse.  Costs associated with a	Direct to Student
<del>39823</del>	Student Assistance Programs (SAP) Assessment and Referrals	school based program for assessment and referral with regard to substance abuse.	Assistance Programs
39864*	Youth Initiative: Outpatient Treatment	Costs associated with specialized youth clinicians and case managers. Also grants to preferred providers in a particular geographic area to fund youth treatment services.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.
39877*	Case Management Rutland Court System	Costs associated with providing case management services to high risk youth in the court system. Case Managers broker clinical, educational and vocational services and they assure that the clients access the necessary services.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.
39883	State Data Infrastructure	Costs associated with a project to develop an infrastructure for data collection pertaining to substance abuse treatment services.	Direct to State Data Infrastructure

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# **Department of Mental Health (DMH)**

Category 2 – Programs in this category are used to identify new Federal Grants.

Program Code	Program. Name	Description	Allocation Method
37988	SIM YR 2 Testing – Contracts	Contractual expenses	Direct to the SIM Grant
		related to SIM	(federal)

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### III. AMENDMENT TABLE

DCA	C 1	Quarter	G4 . 4	App Letter
DCA		Ending	Status	Date
0540	16-2	12/31/15	Pending	
0540	16-1	9/30/2015	Pending	
0540	90	6/29/2015	Pending	
0540	89	3/31/2015	Approved	2/1/2016
0540	88	12/31/2014	Approved	12/21/2015
0540	87	9/30/2014	Approved	12/15/2015
0540	86	6/30/2014	Approved	7/20/2015
0540	85	3/31/2014	Approved	7/16/2015
0540	84	12/31/2013	Approved	9/3/2014
0540	83	9/30/2013	Approved	7/15/2015
0540	82	6/30/2013	Approved	7/14/2015
0540	81	3/31/2013	Approved	3/14/2014
0540	80	12/31/2012	Approved	11/25/2014
0540	79	9/30/2012	Approved	12/9/2014
0540	78	6/30/2012	Approved	6/26/2013
0540	77	3/31/2012	Approved	2/10/2015
0540	76	12/31/2011	Approved	7/12/2012
0540	75	9/30/2011	Approved	4/24/2012
0540	74	6/30/2011	Approved	6/5/2012
0540	73	3/31/2011	Approved	12/21/2011
0540	72	12/31/2010	Approved	9/22/2011
0540	71	9/30/2010	Approved	3/15/2011
0540	70	6/30/2010	Approved	11/23/2010
0540	69	3/31/2010	Approved	7/29/2010
0540	68	12/31/2009	Approved	5/4/2010
0540	67	9/30/2009	Approved	3/15/2010
0540	66	6/30/2009	Approved	11/10/2009
0540	65	3/31/2009	Approved	7/27/2009
0540	64	12/31/2008	Approved	2/26/2009
0540	63	9/30/2008	Approved	2/6/2009
0540	62	6/30/2008	Approved	10/30/2008
0540	61	3/31/2008	Approved	5/27/2008
0540	60	12/31/2007	Approved	5/1/2008
0540	59	9/30/2007	Approved	3/13/2008
0540	58	6/30/2007	Approved	1/31/2008
0540	57	3/31/2007	Approved	1/29/2008
0540	56	12/31/2006	Approved	12/4/2007
0540	55	9/30/2006	Approved	8/13/2007
0540	54	6/30/2006	Approved	7/18/2007

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

0540	53	3/31/2006	Approved	7/12/2007
0540	52	12/31/2005	Approved	7/10/2007
0540	51	9/30/2005	Approved	9/12/2006
0540	50	6/30/2005	Approved	9/11/2006
0540	49	3/31/2005	Approved	9/8/2006
0540	48	12/31/2004	Approved	3/8/2006
0540	47	9/30/2004	Approved	2/28/2006

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

#### IV. INTRODUCTION

The Vermont Agency of Human Services (AHS) mission is to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves. Whether helping a family access health care or child care, protecting a young child from abuse, supporting youth and adults through addiction and recovery, providing essential health promotion and disease prevention services, reaching out to elder Vermonters in need of at-home or nursing home assistance, enabling individuals with disabilities to have greater independence, or supporting victims and rehabilitating offenders, AHS serves Vermonters with compassion, dedication, and professionalism. AHS has operated since 1969 to serve as the umbrella organization for all human service activities within state government.

The Departments under AHS are: Department of Children and Family Services (DCF), Department of Disabilities, Aging and Independent Living (DAIL), Department of Vermont Health Access (DVHA), Vermont Department of Health (VDH), Department of Mental Health (DMH), and the Department of Corrections (DOC). Appropriate costs allocated as benefitting the Secretary's Office are further reallocated across all other agency-specific benefitting objectives, as described throughout this narrative.

For the administration of the CAP, AHS and the Departments use a web-based software tool to calculate the quarterly CAP results. AHS and each of the Departments have their own unique version of the application to run their costs through the software. Effective 7/1/2015, AHS switched to the web-based, proprietary cost allocation software, AlloCAP<sup>TM</sup>; therefore, the quarter ending 9/30/2015 is the first quarter that will be processed using the software. The software was configured specific to the needs of AHS and each of the Departments' expenditures to appropriately allocate costs as described in the CAP narrative herein. The AlloCAP<sup>TM</sup> software is hosted on the vendor's server; the vendor is Public Consulting Group, Inc. (PCG). AHS is responsible for processing the CAP and does so at the close of each quarter using the vendor's software.

AlloCAP<sup>TM</sup> allows the user to import quarterly expenditure data. The data is coded according to the codes assigned to the costs in the state's accounting system and utilized to identify costs in the CAP narrative. These common cost pools are then applied against the appropriate statistics for allocation purposes, as described in the rest of this CAP narrative. Statistics allocate cost pools (Program Codes) using a four step-down methodology. Cost pools and assigned allocation statistics are identified further in this CAP narrative. Statistics used include time study results, total cost methodologies, case counts, position counts, etc. Through AlloCAP<sup>TM</sup>, AHS and the Departments also have access to reports that describe where the money gets allocated to, which allocation methods are used for each cost pool, and what statistics are assigned for each allocation method.

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

## V. ACRONYM LIST

AAA	Area Agency on Aging
	Aid to the Aged, Blind, & Disabled
	Assistant Attorney General
	Adult Blood Lead Epidemiology Surveillance
	Able-Bodied Adults without Dependents
	Aged, Blind and Disabled
ACA	
	The computer software system used by DCF and DVHA to track program eligibility
	information as well as economic services and child support activity
	Assistive Community Care Services
	Administration for Children & Families
	Alcohol and Drug Abuse Programs
	Aging and Disability Resource Center Program
	St. Albans District Office
	Application Document Processing Center
AHC	Arbour Health Care
	Agency for Health Care Policy & Research
AHECs	Area Health Education Center
	Asbestos Hazard Emergency Response Act
	Agency of Human Services
	Agency of Human Services Central Office
	Acquired Immunodeficiency Syndrome
	American Legacy Foundation
	Aids Medication Assistance Program
	Agency of Administration
AoA	Administration on Aging
	Advance Planning Document
	American Recovery and Reinvestment Act
ASD	Adult Services Division
ASP	Attendant Services Program
AT	Assistive Technology
	Burlington District Office
	Building Bright Futures Information System
BICS	Behavioral Intervention in Child Support Services
BO	Business Office
BOND	Grant from the University of Massachusetts Medical School for Social Security
	Demonstration
BPS	Benefits Programs Specialist
BR	Brattleboro Retreat
	Building Resilience Against Climate Change Effects in VT
	Challenges For Change
CAP	
	Child Abuse Prevention and Treatment Act
-	Committee for Affordable Quality Healthcare
	Community Based Child Abuse Prevention
CC	
	Child Care Development Fund
CCFAP	Child Care Financial Assistance Program

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CCMP	Chronic Care Management Program
	Centers for Disease Control and Prevention
	Child Development Division
	Clinicians Enhancing Child Health
CFC	
	Catalog of Federal Domestic Assistance
	Code of Federal Regulations
	Coordinated Healthy Activity, Motivation, and Prevention Programs
	Children's Health Insurance Program
	Children's Integrated Services
	Central Information Technology
CM	
CMHI	Child Mental Health Initiative
	Continuing Medical Education
	Centers for Medicare & Medicaid Services (formerly HCFA)
	Corporation for National and Community Service
	Central Processing Unit
CRASH	Drinking Driver Rehabilitation Program
CRI	Cities Readiness Initiative
	Community Rehabilitation & Treatment
	Community Services Block Grant
	Children with Special Health Needs
	Comprehensive Systems Reform Efford
	Council of State and Territorial Epidemiologist
	Central Vermont Power Systems
DAs	•
	Department of Disabilities, Aging and Independent Living
DBA	Database Administrator
	Division for the Blind and Visually Impaired
	Department for Children and Families
	Disability Determination
DDC	Developmental Disabilities Council
	Design, Development & Implementation
	Disability Determination Services
	Developmental Disabilities Services
DDRP	Drunk Driver Rehabilitation Program
DDS	Disability Determination Services (part of DCF)
DDSD	Developmental Disabilities Services Division
DHHS	Department of Health & Human Services (United States)
DII	Department of Information and Innovation
DLP	Division of Licensing and Protection
DMH	Department of Mental Health Services
DO	District Office
DOC	Department of Corrections
DOE	Department of Education
	Department of Energy
	Department of Health
DPS	Department of Public Safety
DS	Developmental Services
DSH	Disproportionate Share Hospital

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DITALC	State Demonstrations to Integrate Core for Duel Eligible Individuals
	State Demonstrations to Integrate Care for Dual Eligible Individuals
	Drug Utilization Review (Board)
	Department of Vermont Health Access
	Emergency Assistance
	Employee Assistance Program
EBCP	Enterprise Business Capability Platform
	Electronic Benefit Transfer
	Early Childhood Comprehensive Systems
	Early Childhood and Family Mental Health
	Electronic Data Interchange
	Electronic Data Systems Corporation (now Hewlett Packard)
E&E	Eligibility and Enrollment
	Electronic Funds Transfer
	Electronic Health Record
EI	Early Intervention
	Epidemiology and Laboratory Capacity
	Early Learning Challenge
	Emergency Medical Services
EP	
EPSDT	Early & Periodic Screening, Diagnosis & Treatment
EQR	External Quality Review
EQRO	External Quality Review Organization
ESD	Economic Services Division (of the DCF)
	Employment and Training
FAHC	Fletcher Allen Health Center
FEMA	Federal Emergency Management Agency
	Federal Financial Participation
FFY	
	Federal Insurance Contribution Act
	Federal Medicaid Assistance Participation
FPL	
	Family Services Division
FTE	Full Time Equivalent
FQHC	Federally Qualified Health Center
GA	
	Global Commitment for Health 1115 Waiver
	Global Commitment Investment
GF	
	Green Mountain Power, Inc.
	Green Mountain Psychiatric Care Center
	Health Access Eligibility Unit
	Healthy Child Care Vermont
	Healthy Babies, Kinds and Families
HC	
HCR	
	Hospital Data Council
	Hartford District Office
HHA	
	Health and Human Services
	Health Information Exchange
11IL/	

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****	YY Y 1.6' ' YY'
	Human Immunodeficiency Virus
	Health Insurance Portability & Accountability Act
	Health Information Technology
	Housing Management Information System
	Hewlett Packard (Formerly EDS)
	Health Promotion and Disease Prevention
HR	Human Resources
	Health Resources and Services Administration
	Human Services Board
HSE	Health Services Enterprise
	Housing and Urban Development
IAPD	Implementation Advance Planning Document
ICD	International Classification of Diseases
ICF	Intermediate Care Facility
IDA	Individual Development Account
	Interdepartmental Transfer
IE	
IFS	Integrated family Services
	Intergovernmental Agreements
	Individuals with Intellectual Disabilities
	Interdisciplinary Leadership Education for Health Professionals
IT	Information Technology
	Independent Verification and Validation
	Juvenile Accountability Incentive Block Grant
	St. Johnsbury District Office
	Jobs for Independence
	Juvenile Justice and Delinquency Prevention
	Linking Actions for Unmet Needs in Children's Health
LDO	Brattleboro District Office
	Low-Income Home Energy Assistance Program
	Low Income Subsidy/Medicare Savings Program
LTC	
	Medicaid Advisory Board
	School Based Medicaid Administration Claiming
	Modified Adjusted Gross Income
	Medicaid Assistance Program
	Medical Assistance Provider Incentive Repository
MCE	
	Maternal and Child Health
	Managed Care Organization (Investments)
MDO	Power District Office
MDS	
	Medicare Enrollment Assistance
	Medicaid Enterprise System
	Money Follows the Person
MH	
	Mental Health Block Grant
	Medicare Patients and Providers Act
	Management Information System
MKT	Market

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	Medicare Modernization Act
	Medicaid Management Information System
	Maintenance of Effort
	Memorandum of Understanding
	Middlesex Therapeutic Community Residence
NATAC	Nursing Assistant Testing and Competency
NATCP	Nurse Assistance Training and Competency
NFS	Nursing and Family Support
NICU	Newborn Intensive Care Unit
NOA	
NSIP	Nutrition Service Incentive Program
OAA	
OADP	Operation Advance Planning Document
	Outcome and Assessment Information Set
	Office of Consumer and Insurance Oversight
OCS	Office of Child Support
OFO	Office of Economic Opportunity
	Office of Local Health
	Office of Budget and Management
	Office of National Coordinator
	Office of Juvenile Justice and Delinquency Prevention
OR	
	Pre-Admission Screen and Resident Review
	Pre-Admission Screening and Record Review
	Department of Prevention, Assistance, Transition, & Health Access
	Public Assistance Cost Allocation Plan
	Public Consulting Group, Inc.
	Payment Error Rate Measurement
	Pre-Employment Transition Services
	Perfluorooctanoic Acid
	Public Health Emergency Preparedness
	Preventive Health and Health Services Block Grant
	Per Member Per Month
	Project Management Office
	Private Non-Medical Institution
PSI	Patient Safety Initiative
PT	
QA	Quality Assurance
QI	Quality Initiatives
RMA	Refugee Medical Assistance
RMTS	Random Moment Time Study
	Rutland Regional Medical Center
RU	
RWJ	Robert Wood Johnson
	Substance Abuse and Mental Health Services Administration
	Survey and Certification
SA	
	Student Assistance Programs
	Substance Abuse Prevention and Treatment
	Screening, Brief Intervention, and Referral to Treatment
טעונענ	bercening, Drief litter vention, and Referral to Treatment

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

CCLUD	State Children's Health Insurance Plan
	Supported Employment Serious Emotional Disturbance
	State Innovative Model
SIKEN	Statewide Incident Reporting Network for Emergency Medical Services
SDO	Springfield District Office
	State Epidemiological Outcomes Workgroup
SERC	Sustainable Energy Resources for Consumers
	Serious Functional Impairment
SFY	
	Supplemental Nutrition Assistance Program
SNF	Skilled Nursing Facility
	Service Oriented Architecture
	State Plan Amendment
	Strategic Prevention Enhancement
	Strategic Prevention Framework
	Skilled Medical Professional
SPMP	Skilled Professional Medial Professionals
SRS	(Department of) Social & Rehabilitative Services
SSA	Social Security Administration
SSA	Specialized Service Agency
SSBG	Social Services Block Grant
SSF	Solely State Funded
SSI	Supplemental Security Income
	Social Services Management Information System
	Secure Residential Recovery
ST	
	Sexually transmitted Disease
SUA	
SWICAP	State Wide Indirect Cost Allocation Plan
	Training and Technical Assistance
	Temporary Assistance for Needy Families (Reach Up in VT)
TB	
	Traumatic Brain Injury
	Bennington District Office
THMs	
	Transformed Medicaid Statistical Information System
	Transformation Transfer Initiative
	University of Massachusetts
	United States Department of Agriculture
	University of Vermont
	Vermont Alcohol and Drug Information Clearinghouse
	Vermont Child Health Improvement Project
	Vermont Coalition of Runaway and Homeless Youth Program
	Vermont Department of Health
	Morrisville District Office
	Vermont Department of Labor
	Vermont Beptatinent of Eason Vermont Health Connect
	Vermont Health Care Innovation Project
	Vermont Integrated Eligibility Workflow System
7 IL 11 D	remont integrated Engionity working System

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

VISIONVermont's Integrated Solution for Information and Organizational Needs – the statewide
accounting system
VISTAVolunteers In Service To America
VLAVermont Legal Aid
VLITEVermont Low Income Trust for Electricity
VOCsVolatile Organic Compounds
VPCHVermont Psychiatric Care Hospital
VPQHCVT Program for Quality in Health Care
VRVocational Rehabilitation
VRERPVermont Radiological Emergency Response Plan
VSAVermont Statutes Annotated
VSHVermont State Hospital
VSNIPVermont Spay and Neuter Incentive Program
VTVermont
VTracksCDC Vaccine Tracking System
WICWomen Infants and Children
WTFWeatherization Trust Fund
WXWeatherization
YDOMiddlebury District Office
YRYear
ZDOState Office/Central Office (Waterbury)

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

# VI. ADVANCE PLANNING DOCUMENTS AND MEMORANDUM OF UNDERSTANDING

Document ID	Name	Description	Approving Entity	Туре	Submitted (S) Revised (R) Date	Approval Date
AHS-1	Eligibility OAPD	Maintenance and Operations for Vermont Health Connect Eligibility Determinations	CMS-E&E	OAPD	S 3/16/15 R 6/25/15	S 5/15/15 R 9/22/15
AHS-2	EBCP	HSE Platform (Infrastructure, Hosting, Security) and VHC DDI	CMS E&E	IAPD	S 10/31/14 R 2/9/15	S 12/23/14 R 4/9/15
AHS-3	НІТЕСН	HIE Expansion, EHRIP Operations (Program and Audit), HIT funded SMHP activities, and HSE PMI allocation	CMS-HIT	IAPD	S 9/29/14 R 2/9/15	S 10/6/14 R 5/13/15
AHS-4	E&E	Integrated Eligibility Program, VHC E&E DDI, and HSE PMO allocation	CMS- E&E	IAPD	S 12/2/14 R 2/9/15	S 12/23/14 R Pending
AHS-5	MMIS	MMIS Replacement Program (PBM, Care Mgt, Core Ops, Specialized Program,) MAPIR, and HSE PMO allocation	CMS- MMIS	IAPD	S 12/2/14 R7/23/15	S 12/29/14 R Pending
DCF-1	OCS	Child Support Enforcement System - ACCESS	ACF-OCS	OAPDU		
DCF-2	SSMIS	Vermont Child Welfare Information Technology System	ACF-	OAPDU	6/24/14	
DVHA-1	ICD-10	Health Insurance Portability and Accountability Act ICD-10 Modifications	CMS - MMIS	IAPD PAPD	S xx/xx/xx R 4/1/12	S 12/16/11 R 8/1/12
DVHA-2	T-MSIS	Transformed Medicaid Statistical Information System	CMS- MMIS	APD	S 8/22/13 R 10/3/13	R 11/13/13
DVHA-3	ACA- CAQH	Operating Rules Section 1104 of the Patient Protection and Affordable Care Act	CMS- MMIS	IAPD	S 11/1/14	S 5/13/13
DVHA-4	Provider Enrollment	ACA 6028 Rules Section 1104 of the Patient Protection and Affordable Care Act	CMS- MMIS	IAPD	S 7/30/15 revised 10/26/15	Pending
VDH	Ceres	Implementation of State Agency Model management information system and conversion of food benefit delivery from home delivery to eWIC.	USDA- FNS	IAPD	S 3/30/2012 R 6/6/2012	6/19/2012

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

# **Secretary's Office (AHSCO)**

ID	Department	Name	Description
	All	VISION Allocation	Costs for the State of Vermont Financial System - number of users and transactions
SW-2	All	DHR Allocation	Costs for Costs of Human Resource Department – FTE Count
SW-3	All	DII SLA	Costs for Service Level Agreement between AHS and Department of Information and Innovation – number of PC's and users
SW-4	All	Fee For Space	Costs for Space occupied in State Owned Buildings - Square Footage
IGA – 6	DOE	School Based Health Services	Effective and Efficient administration and recovery of costs related provision of School Based health Services to Medicaid eligible Children
Refugee	VDH	Refugee Health Program	Maintain and enhance a system for addressing the health needs of newly arriving refugees
03400-MOU- 15ACH-DEC- FY16	DEC	SerVermont	Placing 15 full-time and 10 half-time AmeriCorps members with municipalities and non-profit organizations
03400- VHCIP- AOA-02	AOA	State Innovation Models	Cost for staffing, operating and contract expenditures pursuant to the SIM grant
03400- VHCIP- DAIL-02 A #1	DAIL	State Innovation Models	Cost for staffing, operating and contract expenditures pursuant to the SIM grant
03400- VHCIP- DVHA-02	DVHA	State Innovation Models	Cost for staffing, operating and contract expenditures pursuant to the SIM grant – Year 2
03400- VHCIP- GMCB-02	GMCB	State Innovation Models	Costs for staffing and contract expenditures pursuant to the SIM grant
03400- VHCIP- GMCB-02 A#1	GMCB	State Innovation Models	Costs for staffing and contract expenditures pursuant to the SIM grant

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# **Department for Children and Family Services (DCF)**

ID	Department	Name	Description
ADMIN/CO	VT	Miscellaneous Grants	Contract#27372: Reimburse Dept.
	Department of		Housing. & Comm. Develop for share of
ADMIN/ESD	Labor (VDOL)	Other Couts and 2nd Dtr.	sponsorship of housing needs assessment Contract #26141: Reimburse DVHA for
ADMIIN/ESD	Office of VT Health Access	Other Contr and 3rd Pty Serv	expenses related to task ORDR 4 of
	(DVHA)	Serv	Contract #26141 between DVHA &
			PHPG.
ADMIN/ESD	Health (VDH)	SNAP Nutrition	03440-MOU-VDH Nutrition Education
		Education	
ADMIN/ESD	Disabilities	Miscellaneous Grant  AAA SNAP Outreach	MOU 03440-10098 SNAP Outreach
ADMIIN/ESD	Aging and	DAIL	Services SNAP Outreach
	Independent	DAIL	Scrvices
	Living (DAIL)		
ADMIN/ESD	VT	Jobs for Independence	JFI-VDOL-16: JFI Federal Award
	Department of		
707 (G.)	Labor (VDOL)	aar baa	
ESD/GA	Disabilities  A single and	SSI Refunds	MOU 03440 10082: DAIL/VR assists
	Aging and Independent		GA applicants w/ SSI applications & employment services
	Living (DAIL)		employment services
ESD/LIHEAP	Environmental	Home Heating Fuel	MOU 03440 00002: Low Income Home
	Conservation	Asst Prog	Htg Oil tanks crisis fuel tank replacement
	<del>(DEC)</del>		
ESD/LIHEAP	Environmental	Home Heating Fuel	DEC_DCF_MOA_CFTRF: Low Income
	Conservation	Asst Prog	Home Htg Oil tanks-crisis fuel tank
ESD/RU	(DEC) VT	Job Start T & TA	replacement MOU 03440-ABAWD: To Provide
ESD/KU	Department of	JOU Statt 1 & 1A	comprehensive employment services to
	Labor (VDOL)		Able-Bodied Adults Without Dependents
			(ABAWD) who are participants of the
			3Squares VT program.
ESD/RU	Disabilities	Employment Services	03440-10033. Creative Workforce
	Aging and		Solutions (CWS) employment services for
	Independent		Reach Up participants
FSD	Living (DAIL) Disabilities	Miscellaneous Grants	John Program: (Jump on Board for
עפיו	Aging and	iviiscenaneous Grants	Jobs Program: (Jump on Board for Success) Program to improve community
	Independent		functioning and employment outcomes of
	Living (DAIL)		at risk transition-aged youth to secure
			paid employment & community supports
FSD	Fish &	Other Grants, Awards,	Camp for Kids: Camp fund for
	Wildlife	Scholarships_&_ Loans	scholarships – Green Mtn Conservation
Eab	E . B 1	E D	Camp – Lake Bomoseen
FSD	Forest, Parks	Fam Preservation-	Family Park Passes: Pays for family
	& Recreation	Support	passes

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FSD	Health (VDH)	Miscellaneous	VDH MOU # 03420-6665 Pay DCF share of Child Abuse Physician Grant
FSD	Health (VDH) Division of Alcohol and Drug Abuse Programs (ADAP)	Sub Care-Spec Contracted Prevent Child Abuse Vermont	Valley Vista: Reimburse VDH for FSD kids staying @Valley Vista @ PNMI Rate for Room & Board. A consolidated grant between FSD and Prevent Child Abuse Vermont to deliver Nurturing Parent Program statewide. FSD receives payments from VDH
FSD	Judiciary (Office of Court Administrator)	JAIBG	MOU 03440-20393: Reimburse VT Judiciary Office of Court admin for FSD expenditures
FSD	Judiciary (Office of Court Administrator)	JAIBG	MOU 03440-20394: Reimburse VT Judiciary Office of Court admin for FSD expenditures
FSD	Office of the Defender General	Children's Justice	MOU 03440-20407 CJA: One day training for lawyers representing children & parents in abuse and neglect truancy and delinquency cases in Vermont
FSD	Vermont Center for Crime Victim Services (VCCVS)	Children's Justice	MOU 03440-20433-CJA: Training for state's attorneys, victim advocate and allied professionals on the investigation and prosecution of human trafficking
FSD	Office of Court Administrator	Children's Justice	MOU 03440-20426-CJA15: Guardian and item professional development project national casa conference support
FSD	Office of Court Administrator	Children's Justice	MOU 03440-20431 CJA: Guardian Ad Litem professional development project national casa conference support
FSD	State's Attorneys and Sheriffs	Juvenile Justice Delinquency	MOU 03440-20423-MOU-JJPD: Reduction of youth referred to criminal division
FSD	Vermont Center for Crime Victim Services (VCCVS)	Domestic Violence	MOU 02160-14Rural-03440: Rural Sexual Assault, Domestic Violence, Dating Violence and Stalking Assistance Program
<del>OCS</del>	VT Department of Labor (VDOL)	Other Contr and 3rd Pty Serv	New Hire Program: Reimbursement of expenses on the new hire program
OCS	Disabilities Aging and Independent Living (DAIL)	Other Contr and 3rd Pty Serv	Work 4 Kids Pilot: To offer employment services and support to individuals who are delinquent in child support payments
OCS	Judiciary (Office of	Family Court Transfer	MOU Cooperative Agreement: Court fees to resolve parentage, child support and

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	Court Administrator)		medical support court cases and ensure compliance with court orders
Woodside	Vermont Agency of Education	Woodside Title 1 Neglected and Delinquent	MOU Cooperative Agreement: Provide supplemental educational services to youth in Woodside Juvenile Rehabilitation Center
FSD	Vermont Department of Public Safety	Human Trafficking Training by GEMS	03440-20424-MOUCJA16
FSD	Office of the Defender General	Juvenile Law Seminar	03440-20425-MOUCJA16
Woodside	Vermont Department of Corrections	Motion Pictures	Provide public performance site licenses that enables DCF to show motion pictures to juvenile youth housed within Woodside Rehabilitation Center
FSD	Vermont Department of Public Safety	Vermont Criminal Information Systems program	MOU 03440-20263-16 VCIC; processing of criminal records
FSD	Vermont Agency of Education	School Lunch Program	DCF AP pays monthly to Woodside. Funding from AOE via transfer. Direct funding source
FSD	Vermont Center for Crime Victims Services (CCVS)	VT Rural Domestic Violence Project	CAP federal money transfer
DDS	SSA Social Security Administration	Disability Determinations	SSA Social Security Administration
CDD	Vermont Department of Taxes	Children's Trust Fund	Community based and statewide primary prevention funds for high risk behaviors

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# Department for Disabilities, Aging, and Independent Living (DAIL)

ID	Department	Name	Description
03440-	DCF	3SquaresVT (3SVT)	Strengthening participation in the 3SqauresVT
10098-			outreach program
15-MOU			
		VT Senior Corps	Administration and coordination of activities to
DAIL-1	AHS	Program (RSVP)	develop, implement and operate the VT RSVP
		, ,	program
	DCF &	VT Enhanced Options	Development, implementation, operation,
DAIL-2	DVHA	Counseling Medicaid	monitoring and evaluation of the ADRC
		Reimbursement Pilot	Medicaid Reimbursement Pilot Project
			Farm First Program services for dairy
DAIL-3	AOA	Invest EAP	producers and eligible dependents,
			administered by Invest EAP
			Providing Employee Assistance program
DAIL-4	DHR	Invest EAP	services for State of Vermont employees and
			eligible dependents
			Facilitation and safety of residents and the
DAIL-5	DPS	Fire Safety	public in facilities and to coordinate the fire
	215	The Burety	safety and licensing activities of the respective
			departments
			Ensuring a standard of education and
DAIL-6	SOS	VT Board of Nursing	competency of nursing assistants who seek to
			be, or are employed in, Vermont
			Administration and operations for the VT
DAIL-7	VHCB	Home Access Program	Center for Independent Living Home Access
			Program

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# **Department for Vermont Health Access**

ID	Department	Name	Description
IGA - DAIL	DVHA	Global Commitment Waiver IGA	This IGA specifies the responsibilities of DVHA and DAIL under Vermont's Section 1115 waiver, with DVHA as the Public MCO (Managed Care Organization)
IGA - DCF	DVHA	Global Commitment Waiver IGA	This IGA specifies the responsibilities of DVHA and DCF under Vermont's Section 1115 waiver, with DVHA as the Public MCO (Managed Care Organization)
IGA - VDH	DVHA	Global Commitment Waiver IGA	This IGA specifies the responsibilities of DVHA and VDH under Vermont's Section 1115 waiver, with DVHA as the Public MCO (Managed Care Organization)
IGA - DMH	DVHA	Global Commitment Waiver IGA	This IGA specifies the responsibilities of DVHA and DMH under Vermont's Section 1115 waiver, with DVHA as the Public MCO (Managed Care Organization)
DVHA - 1	DVHA	Vermont Veterans Home	MCE Investment is Care and Support Services
DVHA - 2	DVHA	Vermont Agency of Agriculture, Food, and Markets	MCE Investment in Public Health
DVHA - 3	DVHA	Vermont State Colleges	MCE Investment in Professional Health Training
DVHA - 4	DVHA	Department of Corrections	MCE Investments in substance abuse and domestic violence programs for targeted DOC populations
DVHA - 5	DVHA	UVM and State Agricultural College	MCE Investments in Vermont physician training programs
DVHA - 6	DVHA	Department of Children and Families Exchange MOU	DCF Healthcare Employees Supporting VHC
03410- 1003-13	DVHA	Green Mountain Care Board Exchange MOU	GMCB's role of establishing Health Benefit Exchange
03410- 1006-13	DVHA	Department of Children and Families Exchange MOU	DCF's role of establishing Health Benefit Exchange
03410-13- 15	DVHA	Department of Aging and Independent Living	InvestEAP-SIM

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03420- 6586	DVHA	VDH, Alcohol and Drug Abuse Program (ADAP)	supporting the capacity of advance primary care practices and community health teams to better serve individuals with substance use and co-occurring disorders
03420- 6766	DVHA	Breast Cancer Screening staff costs for Ladies First program	VDH will reimburse DVHA for a DVHA staff member who works on Ladies First program activities, which is a grant funded program that flows through VDH
03410-17- 15	DVHA	Department of Human Resources	Senior Management Training and Development
03410-16- 15	DVHA	VT Developmental Disabilities Council (VTDDC)	Establish a set of best practices in the delivery of health services to adult Vermonters with developmental disabilities using the CART model.
Contract #25199	DVHA	UVM and State Agricultural College	UVM is responsible for the non-federal share of Graduate Medical Education (GME) payments

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# **Vermont Department of Health**

ID	Department	Name	Description
6780 Pending	Alcohol and Drug Abuse Addiction (ADAP)	Support the CDC assignee position	Lead MCH Epidemiologist for the State of Vermont
6766	DVHA	Ladies First Program	Pay a portion of salary and fringe of staff member working with the Ladies First program.
6765	VT Housing and Conservation Board	Lead poisoning prevention.	Prevent lead poisoning.
6727	DVHA	Blueprint for Health	Patient Centered Medical homes to serve individuals with Chronic pain, substance use and co-occurring disorders
6668	Agency of Transportation		Child Passenger Safety program
6681	Dept. of Mental health	MCH position	VDH RECEIVING \$20,000 to support a CDC assignee position
6664	AOT	SIREN project	Support a full-time staff position a VDH
6665	DCF	Physician position at UVMMC	VDH RECEIVING \$20,000 for a Child abuse physician at UVMMC
6662	Dept. of Environmental Conservation	ECO AmeriCorps	Improve Lake Champlain Water Quality
6656	DCF	SNAP ED program	Develop and implement Vermont's supplemental Nutritional Assistant Education Program
6631	Agency of Human Services	Refugee Resettlement Program	Addressing health needs of Newly arriving refugees.
6624	Office of the Court Administrator	Drug Courts	Drug Treatment Court infrastructure in Chittenden, Rutland, Washington and Franklin Counties.
6619	Dept. of Corrections	HIV Tests	HIV oral Fluid Tests
6604	Dept. of Agriculture	Rabies Hotline	Rabies Hotline

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6603	UVM Dept. of Mathematics & Statistics	Interns	Allows VDH HP statistics to obtain 2-3 interns per academic year up to 10 hrs. per week per Intern.
6586	Dept. of VT Health Access	Substance abuse and co- occurring disorders	Support the capacity of advanced primary care practices and community health teams to better serve individuals with substance use or co-occurring disorders.
6581	Natural Resouces	Public water disinfectant hazards	To determine if a permit for the use of a new type of disinfectant for a public water system will result in a health effect that is likely to constitute a public health hazard.
6566	DVHA	Medication Assisted Treatment	Federal grant writing proposals for Medication Assisted treatment – prescription drug & Opioid Addiction.
6525	VT. Dept. of Environmental Conservation	Public water contamination	How to jointly respond with VDH to certain conservation contamination incidents at a VT public water systems.
6523	VT. Dept. of Environmental Conservation	Hazardous site investigations	Provide technical review of hazardous site investigation work plans and investigate reports with a focus on human health risk for two sites, St. Albans and Lyndonville.
03520	Attorney General	Legal Services	Provides legal services
6468	VT. Dept. of Environmental Conservation	Public Water systems	Public water systems. Regulations and hazardous site cleanups.
6103	Education	Physical activity	Support for the trainings and implementation of physical activity and physical education programs to youth.
6427	Education	Smoking prevention	Youth tobacco prevention education and activities.
6417	VTC Nursing	Clinical experience	To enable a specified number of students to obtain clinical experience in public health nursing.
6360	DCF	Prevent Child Abuse	Prevent child abuse in VT and to coordinate and deliver nurturing parent program's statewide.

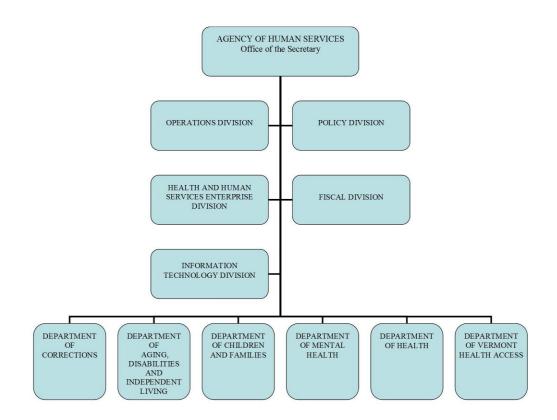
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# **Department of Mental Health**

ID	Department	Name	Description
DMH - DAIL-1	DAIL	Eldercare	Funding for contracts between CVCOA\DA's\DAIL
DMH- DAIL -2	DAIL	CRT	MH-DS funding agreement for CRT client
DMH- DAIL -3	DAIL	HC ARCH Bundle	DAIL funding that is in the DMH bundle payments
DMH- DAIL -4	DAIL	DS Waiver Children	DS/MH Waiver joint funding agreements
DMH- DAIL -5	DAIL	Guardianship Evaluations	MH reimbursement for evaluations paid for by DAIL
DMH- DAIL -6	DAIL	DS Waiver Adult	DS/MH Waiver joint funding agreements
DMH- DAIL & DCF & DVHA-1	DAIL & DCF & DVHA	Bundle CSAC	DAIL & DCF & DVHA funding that is in the DMH bundle payments
DMH- DAIL & DCF& DVHA & VDH-1	DAIL & DCF & DVHA & VDH	Bundle NCSS	DAIL & DCF & DVHA & VDH funding that is in the DMH bundle payments
DMH- DAIL & DCF & DOC-1	DAIL & DCF & DOC	JOBS	DAIL, DCF and DOC funding for the Jump On Board for Success program that is billed through DMH (part of this is the NCSS bundled rate and part of it dates back to many years ago)
DMH- DAIL & DCF-1	DAIL & DCF	VT Federation of Families	Inter Agency Support Team funding for VFF contract for LIT Parent Representatives
DMH- DCF -1	DCF	ISB	DCF funding for kids in DCF custody who have an Individual Service Budget and are billed through DMH
DMH- DCF -2	DCF	Waivers	DCF funding for kids who are on DCF Waivers and are billed through DMH
DMH- DCF -3	DCF	Bundle PCC	DCF funding that is in the DMH bundle payments
DMH- DCF -4	DCF	Bundle NFI	NFI funding that is in the DMH bundle payments
DMH- DCF -5	DCF	PNMI Park Street	Joint funding with DCF for a child at Park Street PNMI facility at Howard Center
DMH- DVHA -1	DVHA	CPCS/CHASS Respite	DVHA funding for the Non-Categorical program that is billed through DMH
DMH- DVHA -2	DVHA	Community Health Center	Funding from DVHA to pay for Community Health Center grant

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## VII. AGENCY-WIDE ORGANIZATIONAL CHART



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# VIII. FEDERAL CFDA NUMBERS

CFDA#	Federal Agency	Program Title
10.551	USDA-FNS	SNAP Food Stamps (Cash)
10.551	USDA-FNS	SNAP Food Stamps (EBT)
10.557	USDA-FNS	Special Supplemental Nutrition Program for Women, Infants, and Children
10.561	USDA-FNS	State Administrative Matching Grants for Food Stamp Program
10.565	USDA-FNS	Commodity Supplemental Food Program
10.568	USDA-FNS	Emergency Food Assistance Program (Administrative Costs)
10.572	USDA-FNS	WIC Farmers' Market Nutrition Program (FMNP)
10.576	USDA-FNS	Senior Farmers Market Nutrition Program
10.578	USDA-FNS	WIC Grants to State
10.596	USDA-FNS	JFI E&T Cluster
14.231	HUD	Emergency Shelter Grants Program
16.523	DOJ-JJDP	Juvenile Accountability Incentive Block Grants
16.540	DOJ-JJDP	Juvenile Justice and Delinquency Prevention - Allocation to States
16.606	DOJ-BJA	State Criminal Alien Assistance Program (SCAAP)
16.727	DOJ-JJDP	Enforcing Underage Drinking Laws Program
16.735	DOJ-BJA	Protecting Inmates and Safeguarding Communities (PREA -Prison Rape Elimination Act)
16.740	DOJ-BJA	Statewide Automated Victim Information Notification (SAVIN)
16.754	DOJ	Prescription Drug Monitoring - Enhanced
16.812	DOJ	Second Chance Act Prisoner Reentry Initiative
17.235	DOL	Senior Community Service Employment Program (SCSEP)
17.261	DOL	WIA Pilots, Demonstrations, and Research Projects
66.032	EPA-OAR	State Indoor Radon Grants
66.701	EPA-OECA	Toxic Substance Compliance Monitoring Cooperative Agreements
66.707	EPA-OPPTS	TSCA Title IV State Lead Grants - Certification of Lead-Based Paint Professionals
81.042	Energy	ARRA-Weatherization Assistance for Low - Income Persons
81.042	Energy	Weatherization Assistance for Low - Income Persons
84.126	DOE-OSERS	Rehabilitation Services - Vocational Rehabilitation Grants to States
84.169	DOE-OSERS	Independent Living - State Grants
84.177	DOE-OSERS	Rehabilitation Services - Independent Living Services for Older Individuals Who are Blind
84.181	DOE-OSERS	Special Education - Grants for Infants and Families with Disabilities
84.186	DOE-OESE	Safe and Drug-Free Schools and Communities - State Grants
84.187	DOE-OSERS	Supported Employment Services for Individuals with Severe Disabilities
84.224	DOE-OSERS	Assistive Technology
84.265	DOE-OSERS	Rehabilitation Training - State Vocational Rehabilitation Unit In- Service Training
84.412	DOE-OSERS	Race to the Top - Early Learning Challenge
93.003	DHHS-ASPR	Hospital Bioterrorism
93.041	DHHS-AOA	Special Programs for the Aging - Title VII, Chapter 3 - Programs for Prevention of Elder Abuse, Neglect, and Exploitation
93.042	DHHS-AOA	Special Programs for the Aging - Title VII, Chapter2 - Long Term Care Ombudsman Services for Older Individuals

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		Special Programs for the Aging-Title III, Part F - Disease Prevention
93.043	DHHS-AOA	and Health Promotion Services
		Special Programs for the Aging - Title III, Part B - Grants for
93.044	DHHS-AOA	Supportive Services and Senior Centers
93.045	DHHS-AOA	Special Programs for the Aging - Title III, Part C -Nutrition Services
93.048	DHHS-AOA	Special Programs for the Aging - Title IV - Training, Research and
93.046	рппз-АОА	Discretionary Projects
93.051	DHHS-AOA	Alzheimer's Disease Demonstration Grants to States
93.052	DHHS-AOA	National Family Caregiver Support
93.053	DHHS-AOA	Nutrition Services Incentive
93.069	DHHS-CDC	Public Health Emergency Preparedness
93.070	DHHS-CDC	Environmental Public Health and Emergency Response
93.071	DHHS-CDC	Medicare Enrollment Assistance Program MIPPA
93.074	DHHS-CDC	Hospital Preparedness Program and Public Health Emergency
75.074	Dinis CDC	Preparedness Aligned Cooperative Agreements
93.079	DHHS-CDC	Cooperative Agreements to Promote Adolescent Health through
75.077	Binis CDC	School-Based HIV/STD Prevention and School-Based Surveillance
93.092	DHHS-ACF	Affordable Care Act (ACA) Personal Responsibility Education
		Program
93.103	DHHS-FDA	Food and Drug Administration Research
93.104	DHHS-SAMHSA	Comprehensive Community Mental Health Services for Children
02.110	Diffic tibe (	with Serious Emotional Disturbances (SED)
93.110	DHHS-HRSA	Maternal and Child Health Federal Consolidated Programs
93.116	DHHS-CDC	Project Grants and Cooperative Agreements for Tuberculosis
		Control Programs
93.127	DHHS-HRSA	Emergency Medical Services for Children
93.130	DHHS-HRSA	Primary Care Services - Resource Coordination and Development
93.136	DHHS-CDC	Injury Prevention and Control Research and State and Community
93.130	рииз-срс	Based Programs
93.150	DHHS-SAMHSA	Projects for Assistance in Transition from Homelessness (PATH)
93.165	DHHS-HRSA	Grants to States for Loan Repayment Program
93.217	DHHS-OPA	Family Planning - Services
93.241	DHHS-HRSA	State Rural Hospital Flexibility Program
93.243	DHHS-SAMHSA	Substance Abuse and Mental Health Services - Projects of Regional
		and National Significance
93.251	DHHS-HRSA	Universal Newborn Hearing Screening
93.268	DHHS-CDC	Immunization Grants
93.268	DHHS-CDC	Immunization Grants
93.270	DHHS-CDC	Adult Viral Hepatitis Prevention and Control
93.283	DHHS-CDC	Centers for Disease Control and Prevention - Investigations and Technical Assistance
93.296	DHHS-OS	State Partnership Grant Program to Improve Minority Health
93.290	DHHS-HRSA	Small Rural Hospital Improvement Grants
93.301	DHHS-ACL	State Health Insurance Assistance Program
93.324	DHHS-ACL DHHS-CDC	Behavioral Risk Factor Surveillance System
93.500	DHHS-OS	Pregnancy Assistance Fund Program
		ACA Home Visiting Program
93.505	DHHS-HRSA	ACA HOME VISITING PROGRAM

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93.507	DHHS-CDC	Strengthening Public Health Infrastructure for Improved Health Outcomes
93.517	DHHS-AOA	Affordable Care Act – Aging and Disability Resource Center
93.520	DHHS-CDC	ACA – Communities Putting Prevention to Work
93.320	DIIIIS-CDC	The Affordable Care Act: Building Epidemiology, Laboratory, and
93.521	DHHS-CDC	Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infectious Disease (ELC) and Emerging Infections Program (EIP) Cooperative Agreements
93.525	DHHS-OS	State Planning and Establishment Grants for the Affordable Care Act (ACA)'s Exchanges
93.531	DHHS-CDC	Community Transformation Grants
93.538	DHHS-CDC	ACA National Environmental Public Health Tracking Program
93.539	DHHS-CDC	Prevention and Public Health Fund Affordable Care Act - Immunization Program
93.544	DHHS-CDC	Coordinated Chronic Disease Prevention and Health Promotion Program
93.550	DHHS-ACF	Transitional Living for Homeless Youth
93.556	DHHS-ACF	Promoting Safe and Stable Families
93.558	DHHS-ACF	Temporary Assistance for Needy Families
93.563	DHHS-ACF	Child Support Enforcement
93.564	DHHS-ACF	BICS
93.566	DHHS-ACF	Refugee and Entrant Assistance - State Administered Programs
93.568	DHHS-ACF	Low-Income Home Energy Assistance
93.569	DHHS-ACF	Community Services Block Grant
93.575	DHHS-ACF	Child Care and Development Block Grant
93.576	DHHS-ACF	Refugee and Entrant Assistance - Discretionary Grants
93.590	DHHS-ACF	Community - Based Family Resource and Support Grants
93.596	DHHS-ACF	Child Care Mandatory and Matching Funds of the Child Care and Development Fund
93.597	DHHS-ACF	Grants to States for Access and Visitation Programs
93.599	DHHS-ACF	Chafee Education and Training Vouchers Program (ETV)
93.600	DHHS-ACF	Head Start
93.609	DHHS-CMS	ACA Medicaid Adult Quality Measures
93.624	DHHS-CMS	ACA State Innovation Models
93.630	DHHS-ACF	Developmental Disabilities Basic Support and Advocacy Grants
93.643	DHHS-ACF	Children's Justice Grants to States
93.645	DHHS-ACF	Child Welfare Services - State Grants
93.658	DHHS-ACF	Foster Care - Title IV-E
93.659	DHHS-ACF	Adoption Assistance
93.667	DHHS-ACF	Social Services Block Grant
93.669	DHHS-ACF	Child A&N
93.671	DHHS-ACF	Family Violence Prevention and Services
93.674	DHHS-ACF	Chafee Foster Care Independent Living
93.716	DHHS-ACF	ARRA - Temporary Assistance for Needy Families (TANF) Supplement
93.719	DHHS-OS	ARRA - State Grants to Promote Health Information Technology
93.733	DHHS-CDC	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
73.735	DHHS-CDC	Tobacco Quitline
13.133	DIIID-CDC	1 Tobacco Quitime

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

93.753	DHHS-CDC	Child Lead Poisoning Prevention Surveillance
93.761	DHHS-ACL	Fall Prevention
93.767	DHHS-CMS	State Children's Insurance Program
93.767	DHHS-CMS	State Children's Insurance Program
93.777	DHHS-CMS	State Survey and Certification of Health Care Providers and
		Suppliers
93.778	DHHS-CMS	Medical Assistance Program
93.779	DHHS-CMS	Centers for Medicare and Medicaid Services (CMS) Research,
		Demonstrations and Evaluations
93.791	DHHS-CMS	Money Follows the Person Demonstration
93.815	DHHS-CMS	Domestic Ebola Supplement to the Epidemiology and Laboratory
		Capacity for Infection Diseases
93.817	DHHS-ASPR	Hospital Preparedness Ebola
93.889	DHHS-OS	Bioterrorism Hospital Preparedness Program
93.912	DHHS-HRSA	Rural Health Care Services Outreach
93.913	DHHS-HRSA	Grants to States for Operation of Offices of Rural Health
93.917	DHHS-HRSA	HIV Care Formula Grants
93.940	DHHS-CDC	HIV Prevention Activities - Health Department Based
93.944	DHHS-CDC	Human Immunodeficiency Virus (HIV)/Acquired
73.744	DIIIIS-CDC	Immunodeficiency Virus Syndrome (AIDS) Surveillance
93.945	DHHS-CDC	Assistance Programs for Chronic Disease Prevention and Control
93.946	DHHS-CDC	Cooperative Agreements to Support State-Based Safe Motherhood
		and Infant Health Initiative Programs
93.958	DHHS-SAMHSA	Block Grants for Community Mental Health Services
93.959	DHHS-SAMHSA	Block Grants for Prevention and Treatment of Substance Abuse
93.977	DHHS-CDC	Preventive Health Services - Sexually Transmitted Disease Control
		Grants
93.994	DHHS-HRSA	Maternal and Child Health Services Block Grant to the States
94.003	CNCS	State Commissions
94.006	CNCS	AmeriCorps
94.007	CNCS	Planning and Program Development Grants
94.009	CNCS	Training and Technical Assistance
94.013	CNCS	AmeriCorps-Volunteers in Service to America (VISTA)
96.001	SSA	Social Security - Disability Insurance
96.008	SSA	Work Incentives P&A Grant

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

# IX. COST ALLOCATION METHODOLOGIES AND DEPARTMENTAL ORGANIZATIONAL CHARTS

This Narrative is organized by Department

## **AHS Secretary's Office**

#### I. Introduction

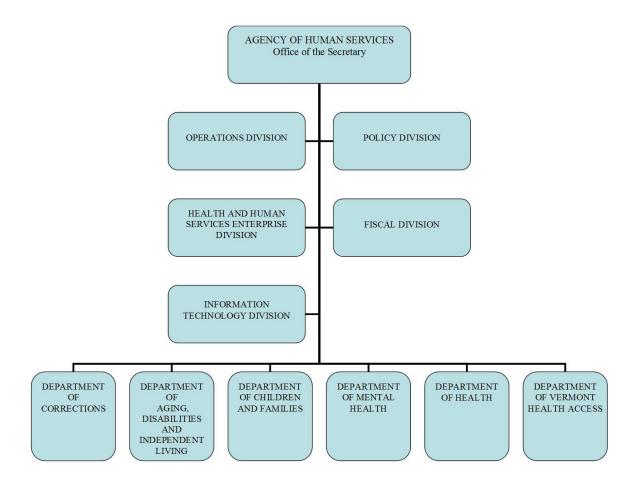
The following narrative represents the cost allocation plan (CAP) for the State of Vermont, Agency of Human Services (AHS). For purposes of this narrative, AHS is also referred to as the "Office of the Secretary", as it is the Secretary's Office, which through its six member Departments and a network of community partners and providers, is responsible for the implementation and delivery of all human service programs within the state. Each Department has a distinct area of focus and responsibility and contributes to the creation and sustenance of an entire system of human service supports. As a single entity, the Agency builds a continuum of care that protects and supports vulnerable Vermonters, addresses individual, family and regional crises as they arise, develops and promotes whole population approaches to physical and behavioral health works to build economic self-sufficiency and keeps Vermont communities safe. The Departments are Department of Children and Family Services (DCF); Department of Disabilities, Aging and Independent Living (DAIL); Department of Vermont Health Access (DVHA); the Vermont Department of Health (VDH); Department of Mental Health (DMH) and the Department of Corrections (COR). Appropriate costs allocated as benefitting the Secretary's Office are further reallocated across all other agency-specific benefitting objectives.

The Agency of Human Services strives to improve the health and well-being of Vermonters today and tomorrow and to protect those among us who are unable to protect themselves. In carrying out this mission, the Agency vision to ensure this is to:

- The reduction of the impacts of poverty in our state and the creation of pathways out of poverty
- The promotion of health, well-being and safety in our communities
- An enhanced focus on accountability and effectiveness in achieving our goals
- The assurance of high quality health care for all Vermonters

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

## II. Organizational Chart



<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

## III. Secretary's Office Cost Allocation Methodologies

## **Organizational Unit 1: Indirect Cost Allocations**

Nature and Extent of Services: The Agency of Human Services Secretary's Office is assessed costs from the State of Vermont, Agency of Administration who negotiates the annual State Wide Indirect Cost Allocation Plan (SWICAP) with the Federal Government. The approved statewide indirect costs applicable to AHS are included in the CAP and allocated to the appropriate benefiting objectives.

Program	Program Code Name	Description	Allocation Method
Code		_	
10000.1	SWICAP- AHS	AHS Allocation of State Wide Indirect Costs	Direct to AHS
10000.2	SWICAP- DAIL	DAIL Allocation of State Wide Indirect Costs	Direct to DAIL
10000.3	SWICAP- DOC	DOC Allocation of State Wide Indirect Costs	Direct to DOC
10000.4	SWICAP- VDH	VDH Allocation of State Wide Indirect Costs	Direct to VDH
10000.5	SWICAP- DVHA	DVHA Allocation of State Wide Indirect Costs	Direct to DVHA
10000.6	SWICAP- DCF	DCF Allocation of State Wide Indirect Costs	Direct to DCF
10000.7	SWICAP- DMH	DMH Allocation of State Wide Indirect Costs	Direct to DMH

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## Organizational Unit 2: Secretary's Office

Nature and Extent of Services: The Secretary's Office for the Agency of Human Services oversees the operations of the Agency (including the General Counsel, Integrated Family Services and Administrative Support), its Divisions, and Departments.

Program Code	Program Code Name	Description	Allocation Method
37095	DMH Business Administrator	Costs associated with DMH Specific Work	Direct to DMH
37210*	Secretary's Office Staff	Costs associated with the Office of the AHS Secretary and Staff	Positions Across AHS
37260	Integrated Family Services (IFS)	Operating costs related to Integrated Family Services	Direct to Administrative Funds

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## **Organizational Unit 3: Operations Division**

Nature and Extent of Services: The Chief Operations Officer oversees many of the day to day activities of the Secretary's Office, at the direction of the Agency deputy secretary. The duties can vary considerably from working to improve operational efficiency, problem solving and handling logistics to acting as EEO and ADA Officer for the agency. This wide range of responsibilities includes the following Secretary's Office units/operations:

Developmental Disabilities Council – The Vermont Developmental Disabilities Council is a state-wide board led by people with developmental disabilities and their families. It is charged with conducting comprehensive review and analysis of services & supports in Vermont, and informing the Governor and other policymakers about issues impacting the lives of individuals with developmental disabilities.

Emergency Management – The Director of Emergency Management directs all aspects of activities for State Support Function 6 (mass care, emergency assistance, housing and human services) and coordinates with all AHS Departments to meet the Agency's responsibilities for all-hazards emergency response.

Facilities – Facilities manages all of the spaces that AHS occupies in both State-owned property and leased space.

Human Services Board – The Board is a citizen's panel consisting of seven members. Its duties are to act as a fair hearing board for appeals brought by individuals who are aggrieved by decisions or policies of departments and programs within the Agency of Human Services.

Investigations Unit – The Agency of Human Services' Investigations Unit is a specialized unit responsible for conducting the Agency's labor investigations.

The Tobacco Evaluation and Review Board – This board works in partnership with AHS and VDH in establishing the annual budget, program criteria and policy development, and review and evaluation of the tobacco prevention and treatment programs.

Workforce Development – Workforce development provides resources, programs, and training including leadership development, new employee orientation, and process improvement. Included in this effort is engaging the workforce in professional development, continuous improvement and organizational and cultural change.

Program Code	Program Code Name	Description	Allocation Method
37005	Vermont State Colleges – Vermont Interactive Technologies	Costs associated with the Vermont State Colleges – Vermont Interactive Technologies Grant	Direct to MCO – VSC VIT
37050*	Operational Services	Costs associated with Operational Services	Positions Across AHS
37190*	Legal Services – Vermont Legal Aid	The Agency contracts annually with VT Legal Aid to provide legal advice and representation to low income persons, such as representation in administrative proceedings before the Human Services	Quarterly update based on caseload data provided by VT Legal Aid

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		Doord and other	T
		Board, and other administrative and judicial	
		proceedings	
37220*	Human Services Board	This unit conducts fair	Quarterly update based
37220	Human Services Board	hearings regarding clients who	on Case Count of
		feel that they have been	Results of Human
		disadvantaged within the	Services Board fair
		Agency of Human Services	hearings.
		system.	nearings.
37250	Human Resources Investigation	Investigation of Personnel	Quarterly update based
0,200	Staff	Issues	on Case Count of
	- Curr		Results of HR
			Investigations case
			count
37650	DDC Administration	Administrative costs associated	Direct to Developmental
		with the Developmental	Disabilities Council
		Disabilities Council.	
37651	DDC Steering Committee	Costs associated with the	Direct to Developmental
		Developmental Disabilities	Disabilities Council
		Council Steering Committee.	
37653	DDC Leadership Series	Costs associated with	Direct to Developmental
		Developmental Disabilities	Disabilities Council
		Council Leadership Series	
37654	DDC Grants	Sub-grants used in the	Direct to Developmental
		Developmental Disabilities	Disabilities Council
27000	m.i	Council Program.	Di a El
37900	Tobacco Evaluation and Review	The purpose of this board is to	Direct to Tobacco Funds
	Board	recommend an annual budget,	
		program criteria and policy initiatives, and for review and	
		evaluation of Vermont's	
		Comprehensive Tobacco	
		Control Program.	
37961	SerVermont – Competitive grant	National and Community	Direct to CNCS
3,,,,,	231 Competitive grant	Service Act of 1990 for	AmeriCorps
		community based initiatives	Competitive Grant
37962	SerVermont – Formula grant	National and Community	Direct to CNCS
		Service Act of 1990 for	AmeriCorps Formula
		community based initiatives	Grant
37964	SerVermont – Keurig	Keurig funding to support	Direct to Keurig Grant
		projects to improve the water	
		quality of Lake Champlain.	
37965	SerVermont – Administrative	Administrative cost for staff to	Direct to CNCS
		support community based	AmeriCorps Operations
		initiatives in education, public	Grant
		safety, health, and the	
		environment.	
37966	SerVermont – Administration –	Administrative cost for staff to	Direct to State General
	General Funds	support community based	Funds
		initiatives in education, public	

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		safety, health, and the	
		environment.	
37968	SerVermont – CNCS Withholding	Administrative time for	Direct to CNCS
		administering the competitive	Withholding
		and formula grants	
37969	SerVermont – Volunteers in Service	VISTA provides full-time	Direct to VISTA
	to America (VISTA) Supervision	members to nonprofit, faith-	
		based and other community	
		organizations, and public	
		agencies to create and expand	
		programs that bring low-	
		income individuals and	
		communities out of poverty.	

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#### **Organizational Unit 4: Policy Division**

Nature and Extent of Services: The Policy Division is responsible overseeing the direction of policy and planning efforts across the Agency of Human Services and its six departments. Work involves a wide range of complex policy initiatives across the spectrum of health and human services and ensuring a coordinated and integrated approach to policy development, strategic planning and direction setting, and direction setting for Agency priorities and the development, implementation and support of a culture of performance accountability. The division is responsible in defining scope, direction and priorities for AHS major legislative projects and planning.

The AHS Director of Housing oversees the stable, safe, affordable housing that is critical to all of the clients of the Agency of Human Services.

The State Refugee Office director is a federally mandated position (45 CFR 400.2) and directs the US Resettlement Program for the state, in compliance with federal statutes and regulations.

Field Services which has broad responsibility for the operations of all Agency of Human Services functions within each region. Regional Field Directors are charged with assuring the optimal functioning of the Agency, oversight of district offices and mobilization of the local community to design and implement a human services system which contributes to the health and well-being of all Vermonters.

Program Code	Program Code Name	Description	Allocation Method
37530	Refugee Social Services	Funding to provide employability services to refugees	Direct to Refugee Social Services Grant
37531	State Refugee Administration	Costs associated with the coordinator for administration of the federal refugee programs	Direct to Refugee Cash and Medical Assistance (CMA) Grant
37532	Refugee School Impact	Funding to Vermont schools for refugee children.	Direct to Refugee School Impact Grant
37534	Refugee Elders Collaborative	Funding to provide services to older refugees	Direct to Refugee Elders Grant
37535	Refugee Discretionary Targeted Assistance	Funding to provide youth employment services to refugees	Direct to Refugee Discretionary Targeted Assistance Grant
37536	Refugee Formula Targeted Assistance	Funding to provide social services to refugees	Direct to Refugee Formula Targeted Assistance Grant
40450*	AHS Policy	Costs associated with the Policy Division staff salaries and benefits.	Positions Across AHS Non-Institutional Staff
41002*	Service Coordination	Sub-grants to provide service coordination for families and individuals referred through the State as short term or temporary lead case management.	Positions Across Non- Institutional AHS Staff

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41003*	Direct Service Dollars	Sub-grants to provide direct	Positions Across Non-
		supports and create community	Institutional AHS Staff
		collaborations for individuals	
		and families in need	
		throughout the state.	
42020	211 Contract – MCO Investment	Contract for call center	Direct to MCO – 2-1-1
		services for health care.	Contract Grant
42021	211 Contract – General Fund	Contract for call center	Direct to State General
		services for human services	Funds
		referrals	

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#### Organizational Unit 5: Health and Human Services Enterprise Division

Nature and Extent of Services: The Health and Human Services Enterprise Division (HSE) is a multi-year, multi-phased portfolio of programs that are aimed at reshaping and enhancing business processes, improving public/private sector partnerships, optimizing information management and modernizing the IT environment, which will result in an end-to-end transformation of the customer experience.

The Health Care Operations, Compliance & Improvement unit serves to ensure that health care operational, compliance and improvement initiatives that cross multiple departments are planned and implemented consistently and effectively. Medicaid policy development and interpretation for eligibility and coverage including the Global Commitment to Health Waiver, Medicaid State Plan and Children's Health Insurance Program; administers grievances, appeals and fair hearings; processes public records requests; directs quality improvement activities, and oversight of compliance activities.

Program Code	Program Code Name	Description	Allocation Method
37101*	Health Care Operations, Compliance and Improvement Staff	Project work assigned by the AHS Secretary's Office.	Quarterly enrollment for GC, CHIP, and all other benefiting programs
37110*	Health Care Operations, Compliance and Improvement Support Staff	Support staff provides assistance for the Division.	Quarterly enrollment for GC, CHIP, and all other benefiting programs
37111	HSE Program Director	Project work assigned by the AHS Secretary's Office	Total Salaries across Health and Human Services Enterprise Division
37195	Waterbury Change Management	Costs associated with Waterbury Change Management	Direct to Waterbury Change Management
37730*	Medicaid Policy Unit	Costs associated with Medicaid Policy	Quarterly enrollment for GC, CHIP, and all other benefiting programs
41763	Exchange Level 1C non-IT Staff	Non-IT Salary and Operating costs related to the Level 1C CCIIO Exchange Grant	Direct to Exchange Level 1C

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#### Organizational Unit 6: Fiscal Division of Administrative Services

Nature and Extent of Services: Fiscal Operations coordinates the development of the Agency's budget to ensure that departmental programs reflect the Governor's priorities and are in compliance with legislative requirements. The Unit develops financial status reports and manages Global Commitment funds state-wide, including associated federal reporting and fiscal compliance under the State's 1115 waiver. The Fiscal Unit also coordinates all federal block grant and statewide single audit functions, updates the federal cost allocation plans and manages the receipt and reconciliation of federal funds per year. In addition, the Unit is responsible for reviewing and approving all AHS contracts and grants for the Agency of Human Services and works to coordinate the financial interests of the Health & Human Services Enterprise (HSE).

Program Code	Program Code Name	Description	Allocation Method
37010*	Staff Accountant – AHS – Operations Financial Staff	Financial staff assigned directly to Secretary's Office fiscal duties; responsibilities include budget development & monitoring, preparation of quarterly cost allocation, all financial reports, and fiscal support to grant programs administered through the Secretary's Office.	Total Salaries across all Secretary's Office staff.
37011*	Audit Unit	Costs associated with monitoring A133 audit issues and with monitoring the agreements with sub-recipients throughout the Agency.	Quarterly results of the Audit Unit Time Study
37013*	Medicaid Unit	Costs associated with monitoring and reporting of the health care expenses and revenues statewide	Quarterly enrollment for GC, CHIP, and all other benefiting programs
37020	Federal Funds Management Unit	This unit's primary responsibility is the management and accountability of federal funds. Duties performed within this unit include the development and preparation of Agency cost allocation & indirect cost plans, federal expenditure reporting, cash management of federal funds, and compliance with federal regulations.	Quarterly results of Federal Funds Management Unit Financial AHS Time Study

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37021*	Fiscal Analysis & Development	Oversees Medicaid reporting and budget staff	Total salaries of the Budget Services Unit, Medicaid Unit, SIM Grant Financial Manager and Race to the Top ELC Grant Manager.
37030	Budget Services Unit	Performs budget over sight and monitoring agency wide	Positions Across AHS
37040*	Agency Chief Fiscal Officer	As the chief fiscal officer, this position has oversight and responsibility for all Agency fiscal matters. This includes direct supervision of the Federal Funds Management Unit and the Budget Services Unit, as well as continual interaction with the departmental business managers. This position is an integral member in the establishment of Agency-wide budget priorities and budget presentation to the State legislature.	Total salaries of Fiscal Division staff
37170*	General Operating Expenses	Routine operating expenses that are not identifiable to a specific funding source are allocated to the various programs and departments.	Positions Across AHS
37172	General Operating Expenses – State Funded	Routine operating expenses that are not allocable to federal programs	Direct to State General Funds
37180*	Misc. Grants and Contracts	Grants and contracts managed by the Secretary's Office	Positions Across AHS
37120	Single Audit-State Auditor's Office Financial Statement and Internal Controls along with OMB A-133 Compliance Reviews	AHS-CO The Secretary's Office is responsible for payment of that portion of the contract which is applicable to the entire Agency of Human Services (as determined by the Auditor's office).	Direct to departments based on State Auditor's Office invoice.
37308*	Division of Rate Setting	Costs for the entire Rate Setting Unit	Direct to Global Commitment – Admin
37415	Rental Expenses – Brattleboro	Rental Expenses for Brattleboro Offices	Direct to Administrative Funds
37420	Rental Expenses – Middlebury	Rental Expenses for Middlebury Offices	Direct to Administrative Funds
37425	Rental Expenses – Morrisville	Rental Expenses for Morrisville Offices	Direct to Administrative Funds

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37428	Rental Expenses – Randolph	Rental Expenses for Randolph	Direct to Administrative
37430	Rental Expenses – Rutland –	Offices Rental Expenses for Rutland	Funds Direct to Administrative
	Merchants Row	Offices	Funds
37431	Rental Expenses – Berlin	Rental Expenses for the IT unit located in Berlin	Direct to Administrative Funds
37433	Rental Expenses – Hartford	Rental Expenses for Hartford Offices	Direct to Administrative Funds
37434	Rental Expenses – Winooski	Rental Expenses for Winooski Offices	Direct to Administrative Funds
37435	Rental Expenses – Burlington	Rental Expenses for Burlington Offices	Direct to Administrative Funds
37436	Rental Expenses – Williston	Rental Expenses for Williston Offices	Direct to Administrative Funds
37437	Rental Expenses – Montpelier	Rental Expenses for the Montpelier Offices	Direct to Administrative Funds
37445	Rental Expenses – St. Johnsbury	Rental Expenses for St.	Direct to Administrative
0,	Tronton Emperator Solveringe day	Johnsbury Offices	Funds
37460	Rental Expenses – St. Albans	Rental Expenses for St. Albans	Direct to Administrative
	-	Offices	Funds
37470	Rental Expenses – Middlebury	Janitorial Rental Expenses for	Direct to Administrative
		Middlebury Offices	Funds
<del>37485</del>	Rental Expenses White River	Rental Expenses for White	Direct to Administrative
	Junction	River Junction Offices	<del>Funds</del>
<del>37486</del>	Rental Expenses White River	Rental Expenses for White	Direct to Administrative
	<del>Junction</del>	River Junction Offices	<del>Funds</del>
37487	Rental Expenses – Williston 289	Rental Expenses for offices at Williston 289	Direct to Administrative Funds
37488	Rental Expenses – Williston 291	Rental Expenses for offices at Williston 291	Direct to Administrative Funds
37490	Departmental Operating Expenses	Expenses for the Secretary's Central Office	Direct to Administrative Funds
37700*	Health Care Administration:	Contractual payments for the	Direct to Global
	Actuarial	PMPM limit actuarial certification	Commitment – Admin
37709	Global Commitment Payments	Expenses out of AHS Global Commitment appropriation	Direct to Global Commitment – Program
37987	DDC SIM Leaving Collaborative Training	Expenses related to SIM for Learning Collaborative Trainings	Direct to SIM
37988	SIMS YR 2 Testing – Contracts	Contractual expenses related to SIM	Direct to SIM Grant
37990	SIMS YR 1 Testing – Contracts	Contractual expenses related to SIM	Direct to SIM Grant
37991	SIMS YR 1 Testing – Staff	Non-IT Salary and Operating costs related to the SIM Grant	Direct to SIM Grant
37992	SIMS YR 1 Testing – Financial Manager	Financial staff position assigned directly to the SIM Grant	Direct to SIM Grant

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37993	SIMS YR 2 Testing – Financial	Financial staff position assigned	Direct to SIM Grant
	Manager	directly to the SIM Grant	
37995	Race to the Top ELC Grant	Costs associated with the Race	Direct to Race to the
		to the Top Early Learning	Top Grant
		Challenge Grant	_
37997	Race to the Top ELC Grant –	Financial staff position assigned	Direct to Race to the
	Financial Manager	directly to the Race to the Top	Top Grant
		Early Learning Challenge Grant	
37998	SIMS YR 2 Testing – Staff	Non-IT Salary and Operating	Direct to SIM Grant
		costs related to the SIM Grant	
42016*	Health Care Administration: EQRO	Contractual payments for the	Direct to Global
		External Quality Review of	Commitment – Admin
		Global Commitment	

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### **Organizational Unit 7: Information Technology**

Nature and Extent of Services: The Information Technology Division provides project management, business analysis, IT procurement, applications management, enterprise content management, solution development and data services to the entire Agency. Its goal, in collaboration with the Department of Information and Innovation, is to plan, develop, implement, and maintain information technology and infrastructure to support the strategic goals of the Agency.

Detailed explanations of individual functions are included below.

Program Code	Program Code Name	Description	<b>Allocation Method</b>
37070*	IT General	Costs associated with IT non- direct project activities related to the Secretary's Office general functions and all leave time	Position across AHS Secretary's Office
37071	IT Technical Support	Costs associated with temporary IT technical staff	Positions across AHS Secretary's Office
37072*	IT Management	Costs associated with IT management & operating costs	Total salaries across IT Division
37073*	IT Agency General Staff Costs	Projects and support that benefit all of AHS and have an agency-wide impact	Positions across AHS
37185	IT Staff DCF Costs	Staff costs solely for work on DCF projects or assistance to DCF staff	Direct to DCF
37186	IT Staff DAIL Costs	Staff costs solely for work on D-DAIL projects or assistance to DAIL staff	Direct to DAIL
37187	IT Staff DVHA Costs	Staff costs solely for work on DVHA projects or assistance to DVHA staff	Direct to DVHA
37188	IT Staff VDH Costs	Staff costs solely for work on VDH projects or assistance to VDH staff	Direct to VDH
37189	IT Staff DMH Costs	Staff costs solely for work on DMH projects or assistance to DMH staff	Direct to DMH
37191	IT Staff DOC Costs	Staff costs solely for work on DOC projects or assistance to DOC staff	Direct to DOC
37192	IT Staff HSB Costs	Staff costs solely for work on Human Services Board projects or assistance to Human Services Board staff	Direct to Human Services Board

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

37193	IT Staff RS Costs	Staff costs solely for work on	Direct to Rate Setting
		Rate Setting projects or assistance to Rate Setting	
		staff	
37194	IT Staff DDC Costs	Staff costs solely for work on Developmental Disability Council projects or assistance	Direct to DD Council
		to DD Council staff	
37701*	EBCP Contracts w/o 90/10	Contractual Costs associated	Per Approved EBCP
		with the Enterprise Business Capability Platform	IAPC
37705	EBCP Contracts Level 2	Contractual Costs associated with the Enterprise Business	Per Approved EBCP IAPC
		Capability Platform	
37716	IE HC 90/10 Contracts	Contractual Expenses related	Direct to CMS-E&E
		to Health Enterprise  Medicaid Eligibility DDI and	(90/10)
		IV&V	
37717	IE HC 90/10 Staff	Staff work related to Health	Direct to CMS-
		Enterprise Integrated	E&E/VIEWS DDI
		Eligibility DDI and IV&V	(90%)
37725	IT VHC System	Cost associated with VHC	Quarterly Case Count
		Maintenance and Operations related staff and operating	Across AHS and VHC Enrollment for Global
		expenses	Commitment, CHIP,
		r	Designated State Health
			Programs (DSHP) and QHP
37727	EBCP Contracts Level 1C	Contractual costs associated	Quarterly enrollment for
		with the Enterprise Business	QHP and Medicaid, per
27700	E 1 1 1 1 1 1 C TE C CC	Capability Platform	pending EBCP IAPD
37728	Exchange Level 1C IT Staff	IT Salary and Operating Costs related to the Level 1C	Direct to Exchange Level 1C
		CCIIO Exchange Grant	Level IC
37729	EBCP Staff Level 1C	Staff expenses associated	Quarterly enrollment for
		with the Enterprise Business	QHP and Medicaid, per
		Capability Platform	pending EBCP IAPD
41607	VHC/MAGI – E&E – Staff	Staff work related to Health	Per Approved E&E
		Enterprise Eligibility and	EBCP IAPD
		Enrollment system, DDI via	
41612	EBCP Staff L2	VHC SI and IV&V Staff expenses associated	Per Approved EBCP
71012	EDCI Sull L2	with the Enterprise Business	IAPD
		Capability Platform	
41613	MMIS – DDI Contracts	Contractual Expenses related	Direct to CMS-MMIS
		to Health Enterprise MMIS	
		DDI and IV&V	

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41618	HSE PMO – Staff	Staff Expenses related to Health Enterprise shared component design and development	Per Approved HSE IAPDs: MMIS, E&E, HITECH Per Negotiated PMO allocation of HSE sources
41632	HSE PMO – Contracts	Contractual Expenses related to Health Enterprise shared component design and development	Per Approved HSE IAPDs: MMIS, E&E, HITECH
41640	ICD-10 Staff Costs	Conversations or work associated with the ICD-10 planning	Direct to ICD-10 IAPD (90%)
41642	MMIS – DDI Staff	Staff work associated with the development of the M MIS	Direct to CMS- MMIS/MES – DDI (90%)
41693	HIT: Implementation & Operations Staff	Staff Expenses related to Health Enterprise HIT HIE, EHR, and Public Health Development and Implementation	Direct to CMS-HIT IAPD (90%)
41701	Exchange Level 2 IT Staff and Operating	IT Salary and Operating costs related to the Level 2 OCIIO Exchange Grant	Direct to Exchange Level 2 (100%)
41704	Exchange Level 2 Non-IT Staff and Operating	Non-IT Salary and Operating costs related to the Level 2 OCIIO Exchange Grant	Direct to Exchange Level 2 (100%)
41772	CAQH ACA Staff	Staff expenses related to CAQH ACA IAPD	Direct to CAQH ACA (90%)
41774	T-MSIS Staff	Staff expenses related to T-MSIS IAPD	Direct to T-MSIS (90%)

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#### **Department of Children and Family Services (DCF)**

#### I. Introduction

The following narrative and supporting schedules represent the public assistance cost allocation plan for the State of Vermont, Agency of Human Services (AHS), Department for Children and Family Services (DCF). DCF is the "single state agency" for the Title IV-E, Title IV-B, Title IV-D, Temporary Assistance to Needy Families (TANF), and Food Stamps programs. DCF is also responsible for all Global Commitment (GC) eligibility processes performed in Vermont.

It is the mission of DCF to promote the social, emotional, physical, and economic well being wellbeing and safety of Vermont's children and families. This work is done through the provision of protective, developmental, therapeutic, probation, economic, and other support services for children and families in partnership with schools, businesses, community leaders, service providers, families, and youths statewide.

The major Divisions and Offices within DCF are the Child Development Division (CDD), the Office of Child Support (OCS), the Family Services Division (FSD), Economic Services Division (ESD), Disability Determination Services (DDS), and the Office of Economic Opportunity (OEO).

Within this document, we have included an overview of DCF's organizational structure and a list of the specific functions performed by DCF, referred to as plan departments or cost pools, and the allocation method for each function. Please note that cost pools are developed based on VISION program codes. VISION is the State of Vermont's accounting system.

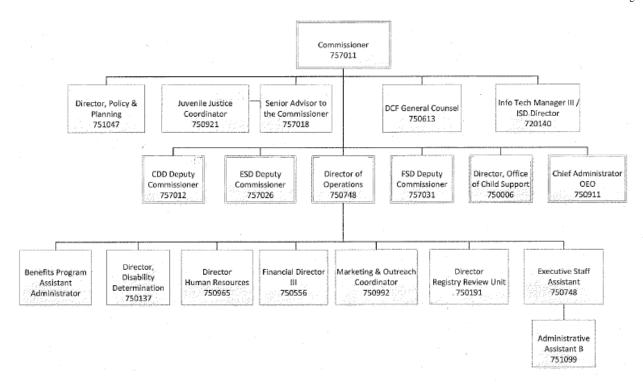
<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

## **II. Organizational Charts**

# **Department for Children and Families**

Office of the C	Commissioner
	Indirect Cost Allocation
	Administration & Support
	Information Technology
	Family Services
	Economic Services
	Child Support Services
	Economic Opportunity
	Disability Determination
	Child Development

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.



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#### III. DCF Cost Allocation Methodologies

### **Organizational Unit 1: Indirect Cost Allocations**

DCF is assessed costs from both the State of Vermont, called the SWICAP, and the Agency of Human Services Central Office, for activities performed on its behalf.

Program Code	Program Code Name	Description	Allocation Method
1000.1*	Statewide Indirect Cost Allocation Plan (SWICAP) – DCF	DCF allocation of Statewide Indirect Costs.	Total Salaries Across All DCF Staff (not including fringe)
1000.2*	AHS Audit Unit	DCF allocation of costs related to Audit expenses	Total Salaries Across All DCF Staff (not including fringe).
1000.3*	AHS Secretary's Office	DCF allocation of AHS Secretary's Office costs	Total Salaries Across All DCF Staff (not including fringe)
1000.4*	AHS – Information Technology (IT)	DCF allocation of costs related to AHS Information Technology expenses.	Total Salaries Across All DCF Staff (not including fringe)
1000.5*	Financial Statement and Internal Control Audit Expenses	DCF allocation of costs related to Statewide Audit and Internal Control Audit expenses	Total Salaries Across All DCF Staff (not including fringe)
1000. 6*	Human Services Board	DCF allocation of Human Service Board costs.	Quarterly Case Count Across Human Services Board by DCF Divisions. within each division, costs are allocated based on salaries.
1000.7*	Human Resources Investigation Staff	DCF allocation of Human Resources Investigation Staff	Total Salaries Across All DCF Staff (not including fringe)
1000. 8*	AHS Policy	DCF allocation of costs	Total Salaries Across All DCF Staff (not including fringe)
1000. 61*	Human Services Board CDD	DCF allocation of Human Service Board costs.	Total Salaries Across Child Development
1000. 62*	Human Services Board FSD	DCF allocation of Human Service Board costs.	Total Salaries Across Family Services (including Field Staff)
1000. 63*	Human Services Board ESD	DCF allocation of Human Service Board costs.	Total Salaries Across Economic Services (including field staff)
1000. 64	Human Services Board OCS	DCF allocation of Human Service Board costs.	Direct to Title IV-D

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

### **Organizational Unit 2: Administrative Services**

Administrative Services support all operations and programs at DCF. Tasks performed include overseeing and supporting all DCF activities, managing and coordinating across Divisions and Offices, managing resources, and handling communication with providers, partners, citizens of Vermont, and other stakeholders in the community.

Detailed explanations of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
37717	Integrated Eligibility Health Care (IEHC) 90/10 Staff	This code is used for staff salaries and operating costs associated with Health Enterprise Integrated Eligibility DDI and Independent Verification and Validation (IV&V).	Direct to CMS- Eligibility & Enrollment (E&E) (90/10)
37708	VHC/MAGI - E&E - Staff	This code is used for staff work related to Health Enterprise Eligibility and Enrollment DDI via VHC SI.	Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD -E&E/VIEWS DDI (90%) & Exchange Level 1C (100%)
40430*	Human Resources	This code is used for all Human Resource staff dedicated to the ongoing oversight and management of DCF staffing.	Total Salaries Across All DCF Staff (not including fringe)
40441	DCF Special Assistant Staff Attorney	Legal Staff whose duties include: developing, managing and executing litigation plans in complex cases; preparing the preparation of pleadings and motion papers; representing the State, state officials, and state employees at motion hearings; trial presentation in complex civil litigation; representing the State in settlement and mediation proceedings and appeals.	Direct to State Fund
40500	Administrative Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Administrative Services.	Direct to State Funded

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40570.101	CCDF Discretionary –	Costs associated with	Direct to CCDF
	Eligibility Determination	determining program eligibility	
40777*	Unemployment Compensation Benefits Paid on Termination	Costs associated with unemployment compensation charges. All costs associated with accrued vacation hours, personal time, comp time, and unemployment compensation, paid at the time of employment termination with the State of Vermont, are coded here.	Total Salaries Across All DCF Staff (not including fringe)
41020*	DCF Commissioner's Office Staff	The Commissioner's Office is responsible for overseeing all DCF activities. Commissioner's Office Staff work with all Divisions of DCF, liaison with external partners, manage cross-divisional contracts, and coordinate internal projects between Divisions. The Commissioner's Office is also responsible for providing professional development opportunities to all DCF staff, overseeing policy and policy changes, preparing the Department's budget, and handling all legislative and media matters, including marketing.	Total Salaries Across All DCF Staff (not including fringe)
41260*	Business Office	The Business Office is responsible for managing all fiscal activities for DCF. Functions include managing accounts payable, accounts receivable, contracts, grants, payroll, budgets (preparation and tracking), cash receipts, and client benefit financial processing. The Business Office also prepares the quarterly cost allocation	Total Salaries Across All DCF Staff (not including fringe)

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41204*	Local Course	plan results and monitors the Department's sub- recipients	Total Caladian A
41294*	Legal Counsel	Legal Counsel staff function in support of the Commissioner's Office to provide legal advice, represent the Department in the Legislature, write rules, propose statutes, and answer legal questions. The Office of Child Support has its own legal counsel staff.	Total Salaries Across All DCF Staff excluding OCS (not including fringe)
41330.101	Reach Up Verification - Staff	This code is used for staff salaries and operating costs associated with the requirement to verify work activity, documentation and attendance.	Direct to TANF
41607	VHC/MAGI - E&E - Staff	This code is used for staff work related to salaries and operating costs associated with Health Enterprise Eligibility and Enrollment DDI via VHC SI and IV&V.	Per Approved E&E EBCP IAPD-90/10 and 100% FFP
41618	HSE PMO - Staff	This code is used for staff expenses related to Health Enterprise shared component design and development. salaries and operating costs associated with Health Services Enterprise (HSE) Program Management Office activities, specific to the Level 2 grant.	Per approved HSE IAPDs: MMIS, E&E, HITECH - MMIS/MES DDI (90%), E&E/VIEWS DDI (90%) & HIT IAPD (90%).  Negotiated Project Management Office (PMO) allocation of HSE Sources
41640	International Classification of Diseases (ICD-10) Staff Costs	This code is used for staff salaries and operating costs associated with the ICD-10 planning.	Direct to ICD-10 IAPD 90/10
41642	Medicaid Management Information System (MMIS)- DDI Staff	This code is used for staff salaries and operating costs associated with the design, development, and implementation of the Medicaid Management	Direct to CMS-MMIS

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

		Information System	
		(MMIS).	
41777.101	Administrative Services and	This code is used for	Direct to State Funds
	Registry Review Unit	general and administrative	
		services in addition to Tthe	
		Registry Review Unit,	
		which is the intermediate	
		administrative appeal	
		system for Family Services	
		Division decisions to	
		substantiate child abuse and	
		neglect. Staff in this unit	
		include the director,	
		contracted staff, and	
		administrative support staff.	
		These staff process appeals	
		related to foster care license	
		revocation or denial and	
		appeals of placement	
		changes, listen to appeals	
		cases across the state, and	
		manages the state's Child	
		Abuse Registry.	

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

#### **Organizational Unit 3: Information Systems Division**

The DCF Information Services Division (ISD) is responsible for all information technology (IT) systems and equipment, maintain connectivity, provide desktop support, develop technical standards, manage email systems, develop and support agency wide information systems, including web applications, oversee procurement and budget processes, spearhead strategic planning, maintain statewide perspective, schedule system upgrades, oversee agency strategy, and manage large-scale initiatives.

Detailed explanations of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
37708	VHC/MAGI - E&E - Staff	This code is used for staff work related to Health Enterprise Eligibility and Enrollment DDI via VHC SI.	Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD -E&E/VIEWS DDI (90%) & Exchange Level 1C (100%)
37717	Integrated Eligibility Health Care (IEHC) 90/10 Staff	This code is used for staff salaries and operating costs associated with Health Enterprise Integrated Eligibility DDI and Independent Verification and Validation (IV&V).	Direct to CMS- Eligibility & Enrollment (E&E) (90/10)
37728	Exchange lvl 1C IT Staff	This code is used for IT Salary and Operating costs related to the Level 1C CCIIO Exchange Grant.	Direct to Exchange Level 1C
37995	Race to the Top (RTT) Early Learning Challenge (ELC) Grant	This code is used for staff salaries and operating costs associated with the Race to the Top Early Learning Challenge Grant.	Direct to Race to the Top Grant
38090	Data Processing & IT costs	Costs from the State's central data processing facility and information technology costs, for both hardware and software that directly support the Title IV-D program.	Direct to Title IV-D
40050*	Family Services IT Admin	All IT administrative costs incurred in the district office The District Director and Staff manage the office and provide administrative support and supervision to the field staff.	Total Salaries Across Field Staff (within Family Services)

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40075*	Family Services IT Costs	Costs associated with hardware and software purchases specific to FSD.	Total Salaries Across Family Services (including Field Staff)
40100*	Child Development Division IT Admin	IT administrative costs associated with Child Care Services Division Staff, including Deputy Commissioner, whose activities are defined as administrative by the Child Care and Development Fund regulations. This includes Division Director, Program Supervisors, Program Monitors, and clerical and administrative support for the childcare program. Also includes the Assistant Attorney General assigned to Child Care Development.	Total Salaries Across Child Development
40900	IT Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to Interdepartmental Agreements
40106	Child Development (Child Care) System Development Costs	This code is used for all operating costs associated with development of system and hardware or software costs specifically used by CDD. Contractual costs are also coded here.	Quarterly Child Subsidy Case Count
41025	ACCESS OCS	This code is used for all salary and operating costs for IT Operations, specifically associated with the Title IV-D program or on behalf of OCS projects, staff, or systems.	Direct to Title IV-D
41032*	DCF Information Services Costs Excluding DDS	Vermont Department of Information and Innovation (DII) costs associated with supporting-DCF functions, including PC's, networks, databases, and servers, are coded here. These costs are in support of all Divisions and Offices in DCF except for DDS.	Total Salaries Across DCF (excluding DDS; not including fringe)

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

41022*	A CODICE ECD	m: 1: 10 **	
41033*	ACCESS ESD	This code is used for all salary and operating costs associated with IT Operations for ESD only. This includes supporting and managing IT projects specifically on behalf of ESD staff or systems.	Case Count Across Economic Services (Duplicated)
41034*	General ACCESS Maintenance (normally used only by the Database Administrator (DBAs)	This code is used for all salary and operating costs for IT Operations associated with general ACCESS system maintenance, support, and ongoing operations. Costs specifically associated with one of the ACCESS user Divisions are not coded here.	Central Processing Unit (CPU) Usage Commands
41035*	Central Computer Charges (CIT) for ACCESS/FAMIS	Data processing costs and mainframe charges specifically associated with ACCESS/FAMIS are coded here. These costs are determined by DII and account for OCS and ESD system usage.	Central Processing Unit (CPU) Usage Commands
41037*	Social Services Management Information System (SSMIS) (FSD, FSDNet, Youth Assessment and Screening Instrument (YASI))	This code is used for all salary and operating costs associated with IT Operations for FSD only. This includes supporting and managing IT projects specifically on behalf of FSD staff or systems.	Total Salaries Across Family Services Division Operational Staff Using the System (including Social Workers, Centralized Intake Staff, and Residential Licensing Staff)
41038*	DCF IT Admin	This code is used for all salary and operating costs for general IT Operations. ISD staff meetings, overall administration, and other ISD oversight activities are all coded here.	Total Salaries Across the Information Technology Department
41045	Bright Futures Information System (BFIS) (CDD, CIS, etc.)	This code is used for all salary and operating costs associated with IT Operations specifically supporting CDD staff and system needs.	Quarterly Child Subsidy Duplicated Case Count

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41607	VHC/MAGI - E&E - Staff	This code is used for staff work related to salaries and operating costs associated with Health Enterprise Eligibility and Enrollment DDI via VHC SI and IV&V.	Per Approved E&E EBCP IAPD 90/10 and 100% FFP
41618	HSE PMO - Staff	This code is used for staff expenses related to Health Enterprise shared component design and development. salaries and operating costs associated with Health Services Enterprise (HSE) Program Management Office activities, specific to the Level 2 grant.	Per approved HSE IAPDs: MMIS, E&E, HITECH - MMIS/MES DDI (90%), E&E/VIEWS DDI (90%) & HIT IAPD (90%). Negotiated Project Management Office (PMO) allocation of HSE Sources
41640	International Classification of Diseases (ICD-10) Staff Costs	This code is used for staff salaries and operating costs associated with the ICD-10 planning.	Direct to ICD-10 IAPD 90/10
41642	Medicaid Management Information System (MMIS)- DDI Staff	This code is used for staff salaries and operating costs associated with the design, development, and implementation of the Medicaid Management Information System (MMIS).	Direct to CMS-MMIS
41701	Exchange Level 2 IT Staff	This code is used for staff salaries and operating costs associated with the Level 2 Center for Consumer Information and Insurance Oversight (CCIIO) Exchange Grant.	Direct to Exchange Level 2

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### **Organizational Unit 4: Family Services Division**

The Division of Family Services administers juvenile justice services, including the Woodside facility and administers child welfare services, including foster care and adoptive services. Detailed explanation of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
37510	Juvenile Accountability Incentive Block Grant (JAIBG)	Grant expenditures associated with JAIBG.	Direct to JAIBG
37511	Juvenile Accountability Incentive Block Grant (JAIBG)	Admin Cost Associated with JAIBG.	Direct to JAIBG
37512	Juvenile Accountability Incentive Block Grant (JAIBG) Interest	Interest earned on funds drawn in for JAIBG	Direct to JAIBG
37515	Balanced and Restorative Justice	Costs associated with Balanced and Restorative Justice	Direct to State Fund
37640	Sexual Assault Education and Prevention	Program related to prevention of sexual assault. These costs are allowed through VDG via earmark funds they receive in their PHHS Block Grant specific to the prevention of sexual assault.	Direct to VDH
37675	Access and Visitation	Access and Visitation Program provides non- custodial parents with access and visitation to their children.	Direct to Title IV-D - Access and Visitation
37676	Access and Visitation - Administration	Administration costs for the Access and Visitation Program provides noncustodial parents with access & visitation to their children.	Direct to Title IV-D - Access and Visitation
40010	Social Workers	Costs directly associated with social workers. Social workers provide direct services to child welfare clients including case management, child abuse/neglect investigations, and eligibility determination. The Program being charged are State Funds, TANF, TCM (GC) and Title IV-E	Quarterly results of Family Services Time Study

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40015	Social Worker District	Supervisory personnel who	Quarterly results of
	Supervisors	plan, assign and review the work of district office Assessment & Ongoing Social Workers. The	the Family Services Time Study
		programs being charged are State Funds, TANF, TCM	
40025	Centralized Intake Unit	(GC), and Title IV-E.  Social workers in	Direct to TANF
40023	Centralized intake Offit	centralized intake receive and document calls from mandated reporters and other citizens who are concerned that a child is being abused or neglected. Supervisory staff make the initial decision about whether to assign a district office social workers to conduct an assessment.	Direct to TAIN!
40030*	Resource Coordinators	Resource Coordinators recruit and train foster parents and other residential service providers and facilitate the placement of children in those settings.	Quarterly Count of Eligible Cases Across Title IV-E ,Global Commitment, & State Fund
40040	Adoption & Guardianship Services	The Adoption Unit manages all aspects of the adoption and guardianship subsidy programs, including post-adoption services.	Title IV-E Adoption Assistance Rate and Title IV-E Guardianship Rate
40050*	Family Services District Directors and Staff	All administrative costs (personal service costs and operating expenses) incurred in the district office other than those associated with social workers, resource coordinators and adoption workers. The District Director and Staff manage the office and provide administrative support and supervision to the field staff.	Total Salaries Across Field Staff (within Family Services)
40060*	Emergency Services Program	The Emergency Services unit provides emergency services at all times that a	Quarterly Count of Eligible Cases Across Title IV-E & ,Global

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		district office is not open. An 800 number hot line is staffed with social workers who attempt to resolve crises over the phone, using foster parents, sheriffs, and other community resources to manage particular situations.	Commitment, & State Fund
40063	Residential Licensing and Special Investigations Unit (RLSI) Supervisors and Administrative Staff	This code is used for all salary and operating costs for the supervisors and administrative staff of the Residential Licensing and Special Investigations Unit (RLSI).	Total salaries across the Residential Licensing & Special Investigations Unit
40064	Residential Licensing and Special Investigations Unit (RLSI) Travel	This code is used for all travel costs for the Residential Licensing and Special Investigations Unit.	Total salaries across the Residential Licensing & Special Investigations Unit
40065*	Residential Licensing and Special Investigations Unit	The Residential Licensing and Special Investigation Unit licenses foster homes and residential programs, and conducts investigations of child abuse and neglect in all facilities regulated by the department.	Quarterly Count of Eligible Cases Across Title IV-E & ,Global Commitment, & State Fund
40067*	Residential Licensing and Special Investigations Unit General Admin	This code is used for all salary and operating costs for general admin activities in the RLSI (Residential Licensing & Special Investigation) Unit. RLSI staff meetings, general training and paid leave are all coded here.	Total salaries across the Residential Licensing & Special Investigations Unit
40068	Special Investigations	This code is used for salary and operating cost related to investigations of child abuse and neglect in all facilities regulated by the department.	Direct to TANF

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40069*	Residential and Foster Care Licensing	This code is used for salary and operating costs related to licensing foster homes and residential programs.	Quarterly Count of Eligible Cases Across Title IV-E & ,Global Commitment, & State Fund
40075*	Family Services Deputy Commissioner's Office	Costs Associated with the administration of the Division, including activities related to Planning policy and Quality Assurance.	Total Salaries Across Family Services (including Field Staff)
40085*	System of Care and Revenue Enhancement Unit	The System of Care Unit oversees the contracted system of care, which includes foster care, kinship care, residential care, and family-based services. The Revenue Enhancement Unit prepares, executes and monitors all grants and contracts.	Quarterly Count of Eligible Cases Across Title IV-E & ,Global Commitment, & State Fund
40090	UVM Social Work Students	Social Worker Students participating in the University of Vermont program.	Direct to Title IV-E Training (75%) (claimed using a Title IV-E eligibility rate across Adoption Assistance and Foster Care)
40200	Woodside - Admin	Personal services and operating expenses directly associated with the operation of the Woodside Juvenile Treatment Facility.	Total salaries across Woodside
40210	Woodside – Treatment	Costs associated with the treatment services provided by the Woodside Juvenile Treatment Facility	Total Global Commitment eligible population compared to total population
40220	Woodside – Education	Costs associated with the education services provided by the Woodside Juvenile Treatment Facility	Direct to Woodside
40400	FSD Act 1	Sexual Violence and Abuse Prevention activity per S.13	Direct to State Fund

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40420	Extended Foster Care Support	Cost associated with extending foster care support past the age of 18.	Direct to State Fund
40425	Homeless Rural Youth	Federal grant to provide services for non system homeless youth and youth aging out of foster care.	Direct to Homeless Rural Youth
40437	Title V Community Grants	Office of Juvenile Justice Programs (OJJP) grants using Title V funding	Direct to Juvenile Justice Delinquency Prevention (JJDP)
40439	Youth Justice Services- Council Costs-	Cost associated with the Juvenile Justice Delinquency Prevention Grant	Direct to JJDP
40440	Youth Justice Services	Costs associated with the Youth Justice Delinquency Prevention Program.	Direct to JJDP
40442	DCF FSD Legal Staff	Lawyers and support staff responsible for working with the court system on behalf of children on DCF's caseload.	Title IV-E Foster Care Eligibility Rate
40500	Family Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Family Services.	Direct to State Fund
40502	Nurturing Parent Program	Education programs that teach at-risk parents how to understand their children's developmental needs and behaviors, positively communicate with them and manage stress to create health, nurturing homes.	Direct to Managed Care Organization (MCO) – Prevent Child Abuse Vermont: Nurturing Parent
40503	Lamoille Valley Community Justice Project	To provide health-focused case management, referral, outreach and wrap services to children of incarcerated parents.	Direct to MCO – Lamoille Valley Community Justice Project
40510	Child Abuse Prevention and Treatment Act (CAPTA)	Costs associated with administration of CAPTA.	Direct to CAPTA (Child Abuse and Neglect)
40530.102	Family Services Title IV-E Maintenance Payments	Title IV-E eligible program expenditures including foster care, subsidized adoptions, training, transportation.	Direct to Title IV-E Foster Care Maintenance Payments
40530.202	Case Review Services/Foster Parent Recruitment	Title IV-E eligible program expenditures including	Title IV-E Foster Care Eligibility Rate

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	1		Т
		foster care, subsidized	
		adoptions, training,	
		transportation.	
40530.3 <mark>02</mark>	Foster Parent Trainings	Title IV-E eligible program	Title IV-E Foster
		expenditures including	Care Eligibility Rate
		foster care, subsidized	(IV-E Training)
		adoptions, training,	
		transportation.	
40530.402	Subsidized Adoptions –	Adoption Assistance	Direct to Title IV-E
	Recurring	payments made on behalf	Adoption Assistance
		of Title IV-E eligible	Payments
		children	
40530.5 <mark>02</mark>	Training University of Vermont	Title IV-E eligible program	Direct to Title IV-E
	(UVM) students in Social	expenditures including	Foster Care Training
	Worker studies	foster care, subsidized	(75%) (claimed using
	(degree program)	adoptions, training,	a Title IV-E
		transportation.	eligibility rate across
			Adoption Assistance
			and Foster Care, with
			State match provided
			by UVM)
40530.6 <mark>02</mark>	Title IV-E Short Term Training	Title IV-E eligible program	Direct to Title IV-E –
		expenditures including	Training
		foster care, subsidized	
		adoptions, training,	
		transportation.	
40530.702	Permanent Guardianship	Title IV-E eligible program	Direct to Permanent
		expenditures including	Guardianship
		foster care, subsidized	
		adoptions, training,	
1075000		transportation.	
40530.8 <mark>02</mark>	Subsidized Adoptions – Non-	Adoption Assistance	Direct to Title IV-E
	Recurring	payments made on behalf	Adoption Assistance
		of Title IV-E eligible	Payments
10.700 007		children	
40530.902	Training UVM students in	Title IV-E adoption training	Direct to Title IV-E
	Social Worker studies Adoption	expenditures	Foster Care Training
	(degree program)		(75%) (claimed using
			a Title IV-E
			eligibility rate across
			Adoption Assistance
			and Foster Care, with
			State match provided
40521	WEEK THE STATE OF	G. 661 11 11 C	by UVM)
40531	IV-E Eligibility Determination	Staff handle all aspect of	Direct to Title IV-E
		determining children's	(Eligibility
10.7.5.		eligibility for Title IV-E	Determination)
40535	Permanent	Guardianship Assistance	Direct to Permanent
	Guardianship	paid on behalf of Title IV-E	Guardianship
		eligible children	

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40550	Title IV-E Independent Living	Costs associated with administration of Independent Living	Direct to Title IV-E Independent Living
40551	Title IV-E Educational Training Vouchers (ETV)	program.  Costs associated with Title IV-E Educational Training grant - EVT program	Direct to Title IV-E ETV
40555	Family Services - SSBG	Direct payments to foster parents and group homes.	Direct to SSBG
40556	SSBG TANF Transfer	To track expenditures for the TANF transfer to SSBG	Direct to SSBG
40560	Children's Justice	Costs associated with administration of Children's Justice Grant.	Direct to Children's Justice Grant
40590	Family Preservation	Costs associated with Family Preservation Grant.	Direct to Family Preservation IV-B Part 2
40610	Domestic Violence Unit	Costs associated with staff administering the Domestic Violence Grant.	Direct to Domestic Violence Grants
40631	Family Services – TANF	Direct payments to foster parents and group homes.	Direct to TANF
40640	Adoption Incentive	Expenditures allowable for Title IV-E Adoption Incentive	Direct to Adoption Incentive
40700	Family Services	Direct payments to group homes and treatment providers.	Direct to Global Commitment - Program
40701*	Global Commitment	Cost associated with Medicaid administration.	Direct to Global Commitment -Admin
40702	MCO Investment Medical Sub Care	Costs directly associated with sub care treatment	Direct to MCO – Residential Care for Youth/Substitute Care
40710	G/C Performance Contracts	Cost associated with Abusive Head Trauma Prevention-performance contracts	Direct to MCO - Prevent Child Abuse Vermont: Abusive Hea Trauma Prevention
40712	Vermont Coalition of Runaway Homeless Youth Program (VCRHYP) Performance Grants	Programmatic expenses associated with VCRHYP	Direct To Global Commitment - Program
40900	Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to Interdepartmental Agreements
41602	Children's Health Insurance Program (CHIP) Costs	CHIP eligible costs in the VCHRYP program	Direct to CHIP - Program
41777.102	Family Services General Fund	This code is used for This code is used for staff,	Direct to State Fund

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operating, direct and miscellaneous non-federal	
expenditures within Family	
Services.	

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#### **Organizational Unit 5: Economic Services**

The Economic Services Division (ESD) manages the 3Squares Program (SNAP program), Welfare-to-Work (Reach Up), Home Heating Assistance, General and Emergency Assistance, the Essential Person program (AABD), Choices for Care Waiver, and Health Care eligibility (Global Commitment and Children's Health Insurance Program (CHIP).

Program Code	Program Code Name	Description	Allocation Method
37708	VHC/MAGI - E&E - Staff	This code is used for staff work related to Health Enterprise Eligibility and Enrollment DDI via VHC SI.	Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD -E&E/VIEWS DDI (90%) & Exchange Level 1C (100%)
37716	IE HC 90/10 Contracts	Contractual Expenses related to Health Enterprise Integrated Eligibility DDI and IV&V are coded here.	Direct to CMS-E&E (90/10)
37717	Integrated Eligibility Health Care (IEHC) (IE HC)90/10 Staff	This code is used for staff salaries and operating costs associated with Health Enterprise Integrated Eligibility DDI and IV&V.	Direct to CMS-E&E (90/10)
37728	Exchange Ivl 1C IT Staff	This code is used for IT Salary and Operating costs related to the Level 1C CCIIO Exchange Grant.	Direct to Exchange Level 1C
39705	Vermont Spay Neuter Incentive Program (VSNIP)	The VSNIP is an incentive program to encourage sterilization of dogs and cats in order to reduce the population of unwanted companion animals and protect public health and safety. All costs associated with VSNIP are coded here.	Direct to VSNIP
39725	Women, Infants, and Children (WIC)- General Administration	This code is used for staff salaries and operating costs associated with the production and distribution of WIC EBT cards. Both staff costs and vendor	Direct to WIC - General Admin

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		related charges are coded here.	
40500	Economic Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Economic Services.	Direct to State Funded
40680	Aging and Disability Resource Center (ADRC) Med Reimb Pilot	This code is used for staff salaries and operating costs associated with the ADRC Medicaid Reimbursement Pilot.	Direct to ADRC Med Pilot
40703	MCO Investments Lund Residential	MCO costs related to Lund residential services	Direct to MCO – MCO Lund Home
40705*	Health Care – Citizenship	Costs associated with verifying citizenship of applicants for health care eligibility	Direct to Global Commitment - Admin
41075*	Health Care Policy Analyst	All costs associated with the Health Care Policy Analyst assists the Economic Services Policy, Planning, and Evaluation Director in the planning, development, and continuing assessment of Health Care programs, are coded here.	Quarterly combined AHS and VHC Enrollment for Claims GC, CHIP, & Designated State Health Programs (DSHP), and Qualified Health Plan
41110*	General Admin - Global Commitment & CHIP	Costs related to CHIP & Global Commitment premiums and other related administrative costs.	Quarterly number of paid claims for GC, CHIP, and All Other benefiting Programs
41141*	Long Term Care	This code is used for staff salaries and operating costs associated with processing long term care eligibility, including Operations and Quality Assurance staff.	Direct to Global Commitment - Admin
41143*	PERM (Payment Error Rate Measurement)	This code is used for contractual costs associated with complying with the federal mandate for PERM.	Direct to Global Commitment - Admin

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41144*	ESD Health Care Admin LTC	This code is used for staff	Direct to Global
41144**	ESD Realth Care Admin LTC	salaries and operating costs	Commitment Admin
		associated with LTC	Communicit Aunill
		administrative and	
		operating cost associated	
		with training and operating	
		staff.	
41150*	Health Care Eligibility	This code is used for Health	Quarterly Results of
		Access Eligibility Unit	HAEU RMTS
		(HAEU) staff salaries and	
		operating costs associated	
		with providing health care	
		eligibility for Health	
		Access programs HAEU	
		staff participate in a random	
		moment time study	
		(RMTS). The benefitting	
		programs are State funds,	
		Eligibility and Staffing	
		enhanced funds (75%), GC	
11151±	ECD Haglide Come	admin, and CHIP admin	Orrontoni D 1/ C
41151*	ESD Health Care	This code is used for staff	Quarterly Results of
	Administration	salaries and operating costs	HAEU RMTS
		associated with training and operating staff. The	
		benefitting programs are	
		State funds, GC admin, and	
		CHIP admin	
41152*	Health Access Eligibility Unit	This code is used for staff	Quarterly Results of
	(HAEU) Supervisors & Admin	salaries and operating costs	HAEU RMTS
	Staff	associated with	
		administrative staff and	
		supervisory personnel, who	
		plan, assign and review the	
		work of the HAEU staff	
		performing health care	
		eligibility for Health	
		Access programs. The	
		benefitting programs are	
		State funds, Eligibility and	
		Staffing Enhanced funds	
		(75%), GC admin, and CHIP admin	
41155	Reach Up (RU) Operations	This code is used for staff	Economic Case
71133	Reach op (Ro) operations	salaries and operating costs	Count Across Reach
		associated with the	Up (TANF and State
		Welfare-to-Work Director	Fund)
		and staff who administer	/
		the Reach Up programs,	
		including the case	

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		management and financial assistance components of Reach Up. The Director	
		Reach Up. The Director	
		acts as project manager for	
		such endeavors as state	
		welfare reform, TANF	
		reauthorization, and	
		program redesign.	
	Independence (JFI)	This code is used for staff	Direct to State Fund
Impleme	ntation	salaries and operating costs	
		associated with the	
		implementation of the JFI	
		pilot program.	
	Independence (JFI)	This code is used for staff	Direct to JFI Award
Award P	ilot Project	salaries and operating costs	
		associated with the of the	
		JFI pilot program.	
41163 SNAP O	ther Support Services	This code is used for staff	Direct to SNAP
		salaries associated with	
44454		SNAP Support Services.	7
	uality Assurance Non-	This code is used for staff	Direct to SNAP
Mandate	d	salaries associated with	
		SNAP quality assurance	
		functions, not mandated by	
411.65	1 10 11	FNS.	D' COLLE
	andated Quality	This code is used for staff	Direct to SNAP
	Assurance 3Squares	salaries and travel operating	
Specialis Specialis	ŧ	costs associated with	
		mandated SNAP staff who	
		conduct quality control	
		functions, involving	
		3Squares. This includes	
		detailed analysis of sample cases to ensure actions are	
		valid,-analyzing delivery	
		and payment system for	
		potential problems and	
		recommending	
		improvements.	
41166* Quality A	Assurance Health		Actual Cases
Specians	•	1	
		This includes detailed	
		analysis of	
		sample cases to ensure	
		actions are valid,- analyzing	
		delivery and payment	
		system	
41166* Quality A Specialis	Assurance Health t	This code is used for staff salaries and operating costs associated with staff who conduct quality control involving Health Care.	Actual Cases Reviewed by Quarter for CHIP & GC

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		for potential problems and recommending improvements.	
41167*	Quality Assurance Supervisor	Quality Assurance Supervisors supervise staff in the quality control unit who review cases involving Health Care and 3Squares. This includes detailed analysis of sample cases to ensure actions are valid, analyzing delivery and payment system for potential problems, and recommendations for improvements, including conducting trainings to address common errors.	Total salaries across the Quality Assurance Unit
41168	Reach Up Eligibility Quality Assurance Spec	This code is used for staff salaries and travel costs associated with nonmandated RU quality control functions. who conduct quality assurance involving Financial Eligibility Specialists work.	Economic Case Count Across Reach Up (TANF and State Fund)
41169	Food and Nutrition Program Director	This code is used for the Director of the Food and Nutrition Team, for supervisory duties.	Total salaries across the Food and Nutrition Team
41170*	Quality Control Program Chief	The Quality Control Program Director supervises the Fraud & Quality Assurance Units. All costs associated with the Quality Control Director are coded here.	Total salaries Across Fraud Unit and the Quality Assurance Unit
41176	SNAP Eligibility Work	This code is used for staff salaries and operating costs associated with district office personnel who interview and input data on applications to establish eligibility and determine continuing eligibility of clients by review of applications, interviews, correspondence and other	Direct to SNAP Certification

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		sources for the SNAP	
		Program.	
41180*	Quality Control/Treasury Offset Program Staff	This code is used for staff salaries and operating costs associated with quality control work involving SNAP, and Global Commitment programs. The program staff perform detailed analysis of sample cases to insure actions were valid and work on the Treasury Offset Program for SNAP.	Total Hours Reported by Program for TANF, SNAP,& GC
41181	SNAP New Investment	This code is used for contractual and operating costs associated with tracking the expense for the SNAP new investment project.	Direct to New Investment
41182	Able-Bodied Adults Without Dependents (ABAWD) New Investment	This code is used for staff salaries and operating costs associated with tracking the expense for the ABAWD new investment project.	Direct to ABAWD Reinvestment Activities (State Funds)
41183	Cash Penalty	This code is used for costs associated with tracking the expenses for audit cash penalties.	Direct To State Fund
41185*	Financial Eligibility Specialists/Interviewers/Call Center Agents	This code is used for staff salaries and operating costs associated with District office personnel who interview and input data on new applications to establish eligibility and determine continuing eligibility of clients by review of applications, interviews, correspondence and other sources for the TANF, LIHEAP, Global Commitment, General Fund, AABD and SNAP programs. Benefit Programs Specialists (BPS) participate in an RMTS.	Quarterly Results of the Economic Assistance BPS RMTS
41190*	Regional Managers/Economic Resource System & Economic Services Supervisors	This code is used for staff salaries and operating costs associated with District	Quarterly Results of the Economic

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		office supervisory personnel, who plan, assign and review the work of eligibility specialists.	Assistance BPS RMTS
41195	Aid to the Aged, Blind, and Disabled	General administrative expenses that are direct charged to AABD are coded here.	Direct to AABD
41200*	Economic Services District Directors and Support Staff	This code is used for staff salaries and operating costs associated with District office directors who manage the day-to-day operations of welfare district offices. District Directors are responsible for implementation of all assigned welfare programs according to Federal and State regulations and procedures. This Cost center includes Case Aides and supporting clerical staff.	Total Salaries Across Field Staff (within Economic Services)
41207*	Application Document Processing Center (ADPC) ESD Programs	This code is used for staff salaries and operating costs associated with the ADPC that provides-administrative support services for ESD programs.	Duplicated Case Count Across Economic Services
41208*	ADPC VHC Health Care	This code is used for staff salaries and operating costs associated with the Application Document Processing Center that provides administrative support services for VHC Health Care.	Quarterly VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP
41209*	ADPC Administration	This code is used for staff salaries and operating costs associated with the Application Document Processing Center that provides administrative support services for ESD programs and VHC Health Care.	Total-Salaries Across the ADPC
41210	LIHEAP Benefits Program Staff	This code is used for staff salaries and operating costs	Direct to Home Heating Program/LIHEAP

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		associated with running the	
410114	Economic Comics D	Home Heating Program.	Total Calania A
41211*	Economic Services Deputy	The Economic Services	Total-Salaries Across
	Commissioner, Administrative	Deputy Commissioner is	Economic Services
	Services Director, Operations	responsible for overseeing	(including field
	Director and Support Staff	all of the Economic	services)
		Services Division activities,	
		including Support Staff that	
		provide training and	
		administrative support for	
		all Economic Services	
		programs. Costs associated	
		with the Process and	
		Performance, Quality	
		Control and Fraud Units,	
		which focus on data and	
		policy analysis and case	
		reviews for all Economic	
		Services programs, are also	
		coded here. The	
		Commissioner's Office also	
		supports the Economic	
		Services Division with a	
		Business Applications	
		Support Unit (BASU),	
		which liaisons between	
		ESD business teams and	
		ASD to ensure all systems,	
		particularly ACCESS and	
		VHC, are in proper	
		working order and that	
		cases get fixed in a timely	
		manner so that Vermonters	
		receive their benefits	
		appropriately. All costs	
		associated with the	
		Economics Services Deputy	
		Commissioner's Office and	
11010	D CLD	staff are coded here.	m . 10 1 1 4
41212	Benefit Programs Administrator	This code is used for staff	Total-Salaries Across
		salaries and operating costs	Heating
		associated with supervising	
		Home Heating Staff,	
		Benefit Programs Support	
		Staff and Systems	
		Operations – Specialists.	
41220	SNAP Medical Exams	Medical exams requested	Direct to SNAP
		by Field Operations Staff as	Administration
		part of eligibility	
		determination.	

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41240	Town Services Officers	Town Services Officers are Department appointed personnel in towns throughout the state who are compensated for time and expenses. Officers may issue vendor authorizations (purchase orders) to clients with immediate need, may transport clients to and from emergency services. All costs associated with Town Services Officers are coded here.	Total Cost Across EA and GA (allocated to TANF) and State Fund)
41245	State Supplement Program – Social Security Administration (SSA)	This code is used for staff salaries and operating costs associated with-processing SSI checks as charged by the SSA	Direct to AABD
41250	Electronic Benefit Transfer (EBT) Financial Services	Contract costs for EBT financial services related directly to SNAP are coded here.	Direct to SNAP Admin
41252	EBT Farmers Market (MKT)	Costs associated with the POS equipment for farmers MKT are coded here.	Direct to EBT Farmers MKT
41255	EBT Financial Services	Contract costs for the EBT financial services related directly to TANF are coded here.	Direct to TANF
41261	EBT Financial Administrator	EBT Financial Administrator acts as deputy to EBT project director in management of EBT contract. Coordinates benefit delivery and develops procedures for Field Operations Staff. Provides customer services to advocacy groups, the banking community, grocery stores, and other groups. Collaboratively trains new workers and EBT liaisons. All costs associated with the EBT Financial Administrator are coded here.	Case Count Across TANF, SNAP Benefits Issued, Fuel, and WIC

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41070	TANEC	C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D' // TANT
41270	TANF General Administration	General administrative costs to be direct charged to TANF, including but not	Direct to TANF
		limited to expenditures	
		related to meetings and	
		employee insurance costs.	
		to be directly billed are	
		billed here.	
41271	Policy Analyst – Reach Up,	This code is used for staff	Direct to TANF
		salaries and operating costs	
		associated with the policy	
		analyst who specializes in	
		TANF and/or RU planning,	
		development, and	
41075	D II	assessment.	
41275*	Fraud Investigators	Fraud Investigators and	Quarterly Count of
		Staff investigate possible client fraud in all ESD	Case By Program
		programs, and assists	
		attorney general and state	
		attorney offices in	
		preparation and prosecution	
		of civil and criminal cases.	
		All costs associated with	
		Fraud Investigators are	
41280	Dasch Un Casa Management &	coded here. This code is used for staff	Total salaries across
41280	Reach Up Case Management & Reach Up E&T General Admin	salaries and operating costs	RU Case Manager
	Reach Op Ear General Admin	associated with District	District staff
		office self-support	District starr
		personnel for Reach Up	
		Case Management and	
		Employment and Training	
		programs. Reach Up Case	
		Managers provide support	
		services, counseling and job	
		search assistance to clients	
		seeking employment	
		opportunities.	
41281	Reach Up E&T	This code is used for staff	Total E&T salaries
		salaries and operating costs	across RU Case
		associated with District	Manager District
		office self-support	staff
		personnel for Employment	
		and Training programs.	
		Reach Up Case Managers	
		provide support services,	
		counseling and job search	
		assistance to clients seeking	
		employment opportunities.	i

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41202	Decal II. Coss Manager	This as do in your 1 feet at CC	Total DILCM
41282	Reach Up Case Management	This code is used for staff salaries and operating costs associated with District office self-support personnel for Reach Up Case Management programs. Reach Up Case Managers provide support services, counseling and job search assistance to clients seeking employment opportunities.	Total RU CM salaries across RU Case Manager District staff
41285	Reach Up Case Manager Supervisors	This code is used for staff salaries and operating costs associated with District office supervisory personnel, who plan, assign and review the work of social workers for Reach Case Management and Employment and Training programs.	Total salaries across RU Case Manager District staff
41290	General Assistance Administration	General administrative costs related to providing GA services are coded here.	Total Cost Across EA and GA (allocated to TANF and State Fund)
41293*	Legal Division Administrative Staff for Economic Services Division	This code is used for staff salaries and operating costs associated with administrative staff.	Quarterly Results of the Legal Time Study
41295*	Legal Division for Economic Services	This code is used for staff salaries and operating costs associated with Attorneys and law clerk who represent the department in lawsuits and other legal matter especially regarding interpretation of Federal regulations pertaining to client rights. The staff also review department contractual agreements.	Quarterly Results of the Legal Time Study
41300	Home Heating General Administration	General administrative costs to be direct charged to Home Heating, including but not limited to specific project related expenditures to be direct charges are coded here.	Direct to Home Heating Program/LIHEAP

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

41305	SNAP General Administration	This code is used for staff	Direct to SNAP
		salaries and operating costs	Administration
		associated with the General	
		administrative costs to be	
		direct charged to SNAP benefits, including but not	
		limited to, specific project	
		related expenditures to be	
		direct charged are coded	
		here.	
41306	SNAP Program Coordinator	SNAP Program	Quarterly Percentage
	Coordination and Outreach	Coordinator provides	of Program
		coordination4 and	Coordinators hours
		administrative services to	<del>by Program</del>
		Nutrition Education and the	
		Farm to Family programs.	
		All costs associated with	
		the SNAP Program Coordinator are coded here.	
41310	RU - Employment Training	Provision of program	ESD Reach Up E&T
41310	KO - Employment Training	activities and case	Case Count
		management to Reach Up	Direct to SNAP
		participants.	Employment and
			Training (cost
			matched by the State
			<del>at 50%)</del>
41311.108	RU - Employment Training -	Provision of program	ESD Reach Up E&T
	(E&T) 100%	activities and case	Case Count
		management to Reach Up	
		participants. Not matched.	
41311.201	RU - Employment Training -	This code is used for staff	ESD Reach Up E&T
	(E&T) 100%)	salaries and operating costs	Case Count
		associated with the	
		provision of program	
		activities and case	
		management to Reach Up	
		participants.	
41313	Fair Hearing 3SQRS	This code is used for staff	Direct to SNAP
		salaries and operating costs	Fair Hearings
		associated with to track	
		<del>charges for</del> 3Squares Fair	
		Hearings.	

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41314	Job Retention Support Services	This code is used for costs	ESD Reach Up E&T
41314	<90 days	associated with support	Case Count
	<90 days	* *	Direct to SNAP
		payments for job retention up to the first 90 days of	
		employment following	Employment & Training
		participation in an	<del>Training</del>
		employment and training	
		activity, as authorized by	
		Food, Conservation, &	
		Energy Act of 2008.	
41315	SNAP Outreach	This code is used for costs	Direct to SNAP
41313	Sivil Outreach	associated with providing	Outreach
		SNAP outreach services to	Outreach
		eligible low-income	
		persons.	
41316	SNAP Outreach 100%	This code is used for costs	Direct to SNAP
	200000000000000000000000000000000000000	associated with providing	Outreach
		SNAP outreach services to	
		eligible low-income	
		persons. Private match	
		provided by sub-recipients.	
41320	SNAP Nutrition Education	This code is used for costs	Direct to SNAP
		associated with providing	Nutrition Education
		nutrition education services	
		to food stamp recipients	
		and applicants and to other	
		eligible low-income	
		persons.	
41321	SNAP Nutrition Education	This code is used for costs	Direct to SNAP
	100% Matched	associated with providing	Nutrition Education
		nutrition education services	
		to SNAP recipients and	
		applicants and to other	
		eligible low-income	
		persons.	
41330.108	Reach Up Verification -	This code is used for staff	Direct to TANF
	Services and Documentation	salaries and operating costs	
	Support	associated with the	
		provision of program	
		activities and case	
		management to Reach Up	
		participants and	
		parent/child employment services. a Teen Parent	
		Education Program for	
		eligible teens.	
41335	Reach Up Case Management	Provision of program	Direct to SNAP
ਜਤਤਤ	Job Start	activities and case	Employment and
	300 <del>Start</del>	management to Reach Up	Training
		participants and a Teen	1141111115
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		Parent Education Program for eligible teens.	
41336	United States Department of Agriculture (USDA) E&T 50% Fed/50% Other Entity Match	This code is used for costs associated with the provision of program activities and case management to Reach Up participants. This code is used for cost where the 50% match is paid by an entity other than the State.	ESD Reach Up E&T Case Count Direct to Employment & Training (This code is used for cost where the 50% match is paid by an entity other than the State)
41340	Reach Up Transportation	This code is used for administrative costs associated with program for used car donation.	Direct to TANF
41343	Reach Up Post-Secondary Education	This code is used for costs associated with the provision of program activities and case management to Reach Up participants and a Teen Parent Education Program for eligible teens.	Direct to State Fund
41345	SNAP Employment and Training Transportation	This code is used for costs related to transportation to related services.	ESD Reach Up E&T Case Count Direct to SNAP Employment & Training
41360	Farm to Family - Non-WIC	This code is used for programmatic costs associated with Farm to Family Program.	Direct to Farm to Family Non-WIC
41361	Farm to Family - Senior Coupons	This code is used for programmatic costs associated with Farm to Family Program.	Direct to Farm to Family Senior Coupons
41362	Farm to Family - WIC	This code is used for programmatic costs associated with Farm to Family Program.	Direct to Farm to Family WIC
41363	Farm To Family Ladies First	This code is used for programmatic costs associated with Farm to Family Program.	Direct to Farm to Family
41365	Farm to Family Administration	This code is used for operating costs associated with vouchers used at farmers markets.	Direct to Farm to Family Administration

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41370	DCF - Child Nutrition –	This code is used for costs	Direct to State Fund
41370	Clinicians Enhancing Child	associated with supporting	Direct to State 1 and
	Health (CECH)	Child Nutrition Program	
	1104141 (02011)	services that cannot be	
		funded with SNAP	
		outreach money.	
41401	Reach Up Basic	This code is used for costs	Direct to TANF
71701	Assistance/Shelter	associated with Reach Up	Direct to 171141
	7 (SSIStance) Sherter	benefits.	
41411	Reach Up (Unemployed	This code is used for the	Direct to State Fund
11111	Parents)	direct cost of cash	Direct to State 1 and
	Turomoy	assistance payments.	
41415	RU Support Services – State	This code is used for the	Direct to State Fund
11110	Only	direct cost of cash	Direct to State 1 and
		assistance payments.	
41417	Reach Up Basic	This code is used for the	Direct to State Fund
'	Assistance/Solely State Funded	direct cost of cash	
	(SSF)	assistance payments.	
41419	RU Lund – Private Nonmedical	This code is used for	Direct to GC -
	Institutions (PNMI)/ Substance	treatment cost paid to the	Program
	Abuse (SA) LUND GC Cost	Lund Center	110814111
41421	Reach Up Support Services	This code is used for the	Direct to TANF
	Program Costs – Education and	direct cost of cash	
	Training	assistance payments for	
		education and training	
		support.	
41431	Reach Up Support Services –	This code is used for the	Direct to TANF
	Work Supports	direct cost of cash	
		assistance payments for	
		supporting work search and	
		retention.	
41432	Reach First	This code is used for	Direct to TANF
		assistance paid to a family	
		the first four months of	
		Reach Up eligibility	
41433	Reach Ahead	This code is used for food	Direct to TANF-
		assistance for client coming	MOE
		off Reach Up and going to	
		work. These costs are	
		considered Maintenance of	
		Effort (MOE).	
41451	Supportive Services Medical	This code is used for the	Direct to TANF
	<del>Transportation</del>	direct cost of cash	
		assistance payments.	
41456	Getting Ready for Work	This code is used for the	Direct to TANF
		direct cost of cash	
		assistance payments.	
41458	Disposals	This code is used for the	Direct to State Fund
	•	direct cost of cash	
		assistance payments.	

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41461	Single Parent – State Only	This code is used for the direct cost of cash	Direct to State Fund
		assistance payments.	
41462	Two Parents – State Only	This code is used for the	Direct to State Fund
		direct cost of cash	
		assistance payments.	
41467	Two Parents over 60 month	This code is used for	Direct to State Fund
	limit	payments paid by State	
		after the 60 month limit	
41468	Single Parent over 60 month	This code is used for	Direct to State Fund
	limit	payments paid by State	
		after the 60 month limit	
41471	Child Only with Single Parent	This code is used for the	Direct to TANF
	on SSI Absence and Incapacity	direct cost of cash	
		assistance payments.	
41472	Cash Assistance Payments	This code is used for the	Direct to State Fund
	(Post- Secondary Education)	direct cost of cash	
		assistance payments.	
41473	Child Only with Two Parents	This code is used for the	Direct to TANF
	on SSI <del>Incapacity</del>	direct cost of cash	
		assistance payments.	
41475	Job Retention	This code is used for the	Direct to TANF
		direct cost of cash	
		assistance payments.	
41476	Two Parents Not Meeting Work	This code is used for the	Direct to TANF
	Requirements	direct cost of cash	
	•	assistance payments.	
41477	Social Rehab Services	This code is used for the	Direct to TANF
		direct cost of cash	
		assistance payments.	
41478	Childcare/Caretaker Deferment	This code is used for the	Direct to State Fund
		direct cost of cash	
		assistance payments.	
41479	Single Parent Working	This code is used for the	Direct to TANF
		direct cost of cash	
		assistance payments.	
41480	Single Parent not Meeting	This code is used for the	Direct to TANF
	Work	direct cost of cash	
		assistance payments.	
41481	Cash Assistance Payments	This code is used for the	Direct to State Fund
	(minor parent not living with	direct cost of cash	
	parent)	assistance payments.	
41484	Absence	This code is used for the	Direct to TANF
		direct cost of cash	
		assistance payments.	
41485	Two Parent Working	This code is used for the	Direct to TANF
•		direct cost of cash	1
		assistance payments.	

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41501**	State Supplement Program – AABD-EP-Supplemental Security Income (SSI)	This code is used for AABD-Essential Persons-SSI payments .	Direct to MCO – Essential Person Program
41502.105	State Supplement Program – AABD- SSA	This code is used for AABD – State Supplement benefits – SSI payments.	Direct to AABD
41502.205*	State Supplemental Program – AABD CCL Level 3	This code is used for AABD – State Supplement benefits – SSI payments.	Direct to MCO - AABD CCL Level 3
41502.305*	State Supplemental Program – AABD RES Level 3	This code is used for AABD – State Supplement benefits – SSI payments.	Direct to MCO - AABD RES Level 3
41502.405*	State Supplemental Program – AABD RES Level 4	This code is used for AABD – State Supplement benefits – SSI payments.	Direct to MCO - AABD RES Level 4
41532	Home Heating Subsidies – Supplement Fuel Benefits	This code is used for the cost of direct assistance to families.	Direct to Home Heating Program/LIHEAP
41533	Home Heating Subsidies – Emergency Fuel Benefits	This code is used for the cost of direct assistance to families.	Direct to Home Heating Program/LIHEAP
41542	SNAP Payments – Over 65 no SSI	This code is used for the direct cost of food stamps given to eligible clients.	Direct to SNAP Cashout
41544	SNAP Payments – Over 65 with SSI	This code is used for the direct cost of food stamps given to eligible clients.	Direct to SNAP Cashout
41546	SNAP Payments – With SSI Disability	This code is used for the direct cost of food stamps given to eligible clients.	Direct to SNAP Cashout
41555.101	SNAP State Exchange - State	This code is used for costs associated with travel expenditures for meetings and conferences relating to the administration of the Food Stamps Program.	Direct to State Fund
41555.201	SNAP State Exchange -Federal	This code is used for costs associated with travel expenditures for meetings and conferences relating to the administration of the Food Stamps Program.	Direct to SNAP Federal State Exchange
41555.301	Prior Federal Fiscal Year SNAP State Exchange - Federal	This code is used for costs associated with travel expenditures for meetings and conferences relating to the administration of the Food Stamps Program.	Direct to SNAP Federal State Exchange

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41607	VHC/MAGI - E&E - Staff  VHC/MAGI - E&E - Contracts	This code is used for staff work related to salaries and operating costs associated with Health Enterprise Eligibility and Enrollment DDI via VHC SI and IV&V.  Contractual Expenses	Per Approved E&E EBCP IAPD 90/10 and 100% FFP  Per Approved E&E
41009	VIIC/MAGI - L&L - Contracts	related to Health Enterprise Eligibility and Enrollment DDI and IV&V are coded here.	EBCP IAPD 90/10 and 100% FFP
41618	HSE PMO - Staff	This code is used for staff expenses related to Health Enterprise shared salaries and operating costs associated with HSE Shared component design and development.	Per approved HSE IAPDs: MMIS, E&E, HITECH - MMIS/MES DDI (90%), E&E/VIEWS DDI (90%) & HIT IAPD (90%).  Negotiated PMO allocation of HSE sources 90/10 and 100% FFP
41631	Gearwar	This code is used for programmatic costs associated with Gearwar	Direct to State Fund
41639	ICD-10 - Contractual Costs	Contractor expenses - associated with the ICD-10 planning are coded here.	Direct to ICD-10 IAPD 90/10
41640	ICD-10 Staff Costs	This code is used for staff salaries and operating costs associated with the ICD-10 planning.	Direct to ICD-10 IAPD 90/10
41642	MMIS- DDI Staff	This code is used for staff salaries and operating costs associated with the development of the MMIS.	Direct to CMS-MMIS
41701	Exchange level 2 IT Staff and Operating	This code is used for IT staff salaries and operating costs associated with the Level 2 CCIIO Exchange Grant.	Direct to Exchange Level 2
41706	Exchange level 2 Non-IT-Contracts	This code is used for Non-IT Consulting and contractual costs related to the Level 2 CCIIO Exchange Grant.	Direct to Exchange Level 2

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General Assistance – Direct	This code is used for the	Direct to State Fund
		Direct to State Fund
		Direct to State Fund
		Direct to State Fund
		Direct to State Fund
payments for pending SSI cases		
		D' TANE
GA Emergency Assistance		Direct to TANF
GA/GA Dental		Direct to MCO
		General Assistance
		(GA) Medical
		Expenses
GA Pharmacy		Direct to MCO - GA
		Medical Expenses
GA Abortions		Direct to State Fund
GA Vision/Physician		Direct to MCO – GA
		Medical Expenses
		Direct to MCO -
HOPE & GA Front Door	direct costs related to	Challenges for
Grants	providing Emergency	Change: DCF
	Assistance.	
VHC/MAGI-E&E-Cont-1C	Staff work Contractual	Quarterly enrollment
	Expenses related to Health	for QHP and
	Enterprise Eligibility and	Medicaid, per
	Enrollment DDI via VHC	pending EBCP IAPD
	SI. and IV&V are coded	- E&E/VIEWS DDI
	here.	(90%) & Exchange
		Level 1C (100%).
		Per Approved E&E
		IAPD 90/10 and
		100% FFP
Economic Services General	This code is used for staff,	Direct to State Fund
Assistance General Fund	*	
	miscellaneous non-federal	
	expenditures for the	
	expenditures for the General Assistance	
	Payments for General Assistance General Assistance –Direct Payments for a household with children General Assistance – Direct payments for pending SSI cases GA Emergency Assistance  GA/GA Dental  GA Pharmacy  GA Abortions  GA Vision/Physician  (C4C) Community Initiative HOPE & GA Front Door Grants  VHC/MAGI-E&E-Cont-1C	Payments for General Assistance General Assistance – Direct Payments for a household with children General Assistance – Direct payments for pending SSI cases General Assistance – Direct payments for pending SSI cases GA Emergency Assistance  GA Emergency Assistance  GA/GA Dental  This code is used for the direct costs related to providing GA services.  This code is used for the direct costs related to providing Emergency Assistance.  GA/GA Dental  This code is used for the direct costs related to providing Emergency Assistance.  GA Pharmacy  This code is used for the direct costs related to providing Emergency Assistance.  GA Abortions  This code is used for the direct costs related to providing Emergency Assistance.  GA Vision/Physician  This code is used for the direct costs related to providing Emergency Assistance.  GA Vision/Physician  This code is used for the direct costs related to providing Emergency Assistance.  GAVision/Physician  This code is used for the direct costs related to providing Emergency Assistance.  GAVision/Physician  This code is used for the direct costs related to providing Emergency Assistance.  Staff work Contractual Expenses related to Health Enterprise Eligibility and Enrollment DDI via VHC SI. and IV&V are coded here.  Economic Services General Assistance General Fund

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		Economic Services Division.	
41777.108	Reach Up General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures for the Reach Up program within the Economic Services Division.	Direct to State Fund
41777.109	LIHEAP General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures for the LIHEAP program within the Economic Services Division.	Direct to State Fund
44235	VT Gas program	This code is used for costs associated with the VT GAS Utility discount program.	Direct to VT Gas Utility Eligibility
44245	Vermont Low Income Trust for Electricity (VLITE)	This code is used for costs associated with VLITE grant to Weatherization.	Direct to VLITE
44340	LIHEAP Outreach	This code is used for costs associated with providing outreach activities for the Fuel Assistance program to include public information on the fuel program, transportation and referral activities to local Fuel Assistance program offices to assure access to program benefits.	Direct to Home Heating Program/LIHEAP
44345	Utility Eligibility	This code is used for costs associated with GMP expenditures in administrative appropriation	Direct to Utility Eligibility

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## **Organizational Unit 6: Office of Child Support**

The Office of Child Support (OCS) establishes and enforces child support court orders, locates missing parents, and ensures the steady flow of economic support to Vermont children Detailed explanation of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
38010	Administration	Unit is responsible for the entire Vermont Office of Child Support program. This includes providing support for all facets of child support operations, including policy and procedures; developing goals, standards, and performance measures; technological functions; business functions; training; administrative support; legal supervision; legislation; strategic planning; and management.	Total Salaries Across OCS
38020	Cash Receipts Unit	This unit performs child support accounting functions as well as billing activities (bills are sent to non-custodial parents and employers) and the maintenance of arrearage information on child support cases. This unit performs all payment receipting and disbursement functions for public assistance and non-public assistance cases.	Quarterly Case Count Across IV-D and Non-IV-D
38030	Customer Service Unit	This unit responds to telephone inquiries involving child support and researches complex issues for customers calling OCS. This allows field operations staff time to be attentive to the establishment, modification, and the enforcement functions for customers in the continued	Quarterly Customer Contacts Across IV- D and Non-IV-D

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		process of collecting child support for families.	
38040	Records Center	This unit receives all court orders and enters data from the court order into the mainframe computer. All applications for child support services come to this unit and this data is entered as well. The unit stores and controls all case files and hard copy documents for legal actions in Field Operations, Cash Receipts, Registry, Customer Service, Interstate, Intercept, Legal, and the Administration Units.	Quarterly Case Count Across IV-D and Non-IV-D
38050	Program Development	This unit is responsible for the planning, coordination, and development of policies, procedures, and state plan for the IV-D program.	Direct to Title IV-D
38060	Interstate Central Registry	This unit provides support for processing all actions necessary to establish, modify, and enforce child support orders when the custodial or non-custodial parent is out of state. The unit also houses the Parent Locator function that finds absent parents. The Parent Locator service searches and locates parents in order to secure child support for families.	Direct to Title IV-D
38070	Legal	Costs incurred by the legal unit including sheriff services, recording fees, etc. This cost pool does not include family court cost, staff attorney or paralegal positions.	Direct to Title IV-D
38075	Family Court Costs	The Office of Child Support will reimburse the Court Administrators	Direct to Title IV-D

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		0.00	T
		Office for total IV-D	
		expenditures less applicable	
		court fees. Reimbursement	
		will be based on the	
		number of Motions,	
		Petitions, And Requests	
		(MPRS) in a county and at	
		the individual rates	
		calculated for each county.	
38080	Paternity Testing	Costs in this cost pool are	Direct to Title IV-D
		for Contracts with private	
		laboratories for genetic and	
		other blood tests for use in	
		paternity determination.	
38100	Intercept Unit	This unit is responsible for	Direct to Title IV-D
		administrative child support	
		enforcement remedies.	
		Such remedies include	
		liens, administrative wage	
		withholding, administrative	
		arrears increase, bank	
		match, Federal and State	
		Tax Offset, and license	
		suspension.	
38110	Training	This unit includes the	Direct to Title IV-D
00110		Training Coordinator who	
		provides court, computer,	
		policy, procedure, and other	
		IV-D training opportunities	
		for OCS staff. In addition,	
		training related travel and	
		overtime will be charged to	
		this unit during employee	
		training.	
38141	Behavioral Interventions for	To test and evaluate	Direct to BICS
36141	Child Support Services (BICS)	proposed behavioral	Direct to Dies
	Grant	interventions aimed at	
	Grant	positively impacting child	
		support collections for	
		Vermont families.	
38150	Employer Services Unit	This unit acts as a liaison	Direct to Title IV-D
36130	Employer Services Unit	between OCS and Vermont	שווכנו נט דונוכ דע-ט
		employer providing	
		customer services directly	
		•	
		to employers regarding	
		availability of health	
		insurance, wages	
		withholding garnishments	
		and new hire reporting	

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38210.104	OCS Regional Director and Staff	These units establish, modify, and enforce child support orders for TANF cases and in instances where the custodial parent has applied for OCS services.	Direct to Title IV-D
38210.204	IV-D Incentive Award	This code is used for costs associated with the Title IV-D incentive award	Direct to Title IV-D
40500	Child Support Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Child Support.	Direct to State Funded
41777.104	Child Support General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Child Support	Direct to State Fund

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## **Organizational Unit 7: Office of Economic Opportunity (OEO)**

This office seeks to increase the self-sufficiency of Vermonters and strengthen Vermont communities. OEO provides program and grants management, resource identification and development, training, technical assistance, and advocacy for community-based organizations in a manner that fosters creativity and innovation.

Program Code	Program Code Name	Description	Allocation Method
40500	Office of Economic Opportunity (OEO) General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within OEO.	Direct to State Funded
41310	RU - Employment Training	Provision of program activities and case management to Reach Up participants.	ESD Reach Up E&T Case Count Direct to SNAP Employment and Training (cost matched by the State at 50%)
41729	Challenges for Change (C4C) Community Initiative – HOPE	This code is used for case management and coordination to access medical, social, substance abuse and other essential services for homeless persons and families, including re-housing and housing retention services and support. Direct costs related to providing Emergency Assistance.	Direct to MCO – Challenges for Change: DCF
41777.110	Office of Economic Opportunity (OEO) General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within OEO	Direct to State Fund
44100	OEO Administration	State funded portion of costs to oversee all OEO functions and provides supervision to office staff.	Direct to State Fund
44200	Weatherization	State funded portion statewide program that works to reduce energy costs for low-income families, particularly for the elderly, people with disabilities, & children.	Direct to Weatherization (state funded)

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

44210	Department of Energy (DOE)	Federal funded portion	Direct to
	Weatherization	statewide program that	Weatherization
	,, , , , , , , , , , , , , , , , , , , ,	works to reduce energy	(federally funded)
		costs for low-income	, , , , , , , , , , , , , , , , , , , ,
		families, particularly for the	
		elderly, people with	
		disabilities, & children.	
44220	Emergency Heating System	Special (State) funds,	Direct to
	Grant Program	provides resources to allow	Weatherization (state
		the replacement and repair	funded)
		of unsafe heating systems.	,
44240	DOE Weatherization (WX) &	Costs associated with salary	Direct to
	Weatherization Trust Fund	and operations using both	Weatherization (state
	(WTF)	DOE WX & WTF funding	funded)
44300	Community Services Block	Federal funds-The primary	Direct to CSBG
	Grant (CSBG - Discretionary)	goal is to eliminate poverty	
		and provide training and	
		technical assistance.	
44305	CSBG Administration	Administrative costs	Direct to CSBG
		associated with CSBG.	
44310	CSBG	Federal funded, with a goal	Direct to CSBG
		to eliminate poverty. Funds	
		are used to provide a range	
		of services and activities	
		having measurable and	
		potentially major impact on	
		causes of poverty in the	
		community or those areas	
		of the community where	
		poverty is a particularly	
		acute problem.	
44340	LIHEAP Outreach	This code is used for costs	Direct to Home
		associated with providing	Heating
		outreach activities for the	Program/LIHEAP
		Fuel Assistance program to	
		include public information	
		on the fuel program,	
		transportation and referral	
		activities to local Fuel	
		Assistance program offices	
		to assure access to program	
11250	Individual Davidages at	benefits.	Direct to IDA
44350	Individual Development	State funded, to provide	Direct to IDA
	Account (IDA)	financial literacy training	
		and matched savings accounts for low-income	
		Vermonters seeking home	
		ownership, further education or to start their	
		own business.	
		own business.	

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

44450	Homeless Assistance	State funded for the homeless and Emergency Shelter Grant	Direct to State Funded
44460	Emergency Solutions Program	Federal and state funded, provides funds for operating expenses of brick and mortar shelters and supportive services for the homeless and those at risk of homelessness.	Direct to Emergency Solutions Program
44461	Department of Housing and Urban Development (HUD) Operations	Operations cost associated with the HUD Grant	Direct to Emergency Solutions Program
44462	HUD Essential Social Services	Social Services cost associated with the HUD Grant	Direct to Emergency Solutions Program
44463	HUD Prevention	Prevention cost associated with the HUD Grant	Direct to Emergency Solutions Program
44464	HUD Rapid Re-Housing	Rapid Re-Housing cost association with the HUD grant.	Direct to Emergency Solutions Program
44465	HUD HMIS Data Collection	HMIS Data Collection cost associated with the HUD grant.	Direct to Emergency Solutions Program
44600	Job Start Training and Technical Assistance (T & TA)	State funded to provide training, education, advice and other help to lower income people interested in starting maintaining, or expanding small businesses. The program is designed to help participants assess the feasibility of their ideas, develop business plans, acquire appropriate skills, and secure necessary financing from Job Start or other sources.	Direct to Job Start Program

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

### **Organizational Unit 8: Disability Determination Services (DDS)**

The division consists of professional disability examiners who work with part-time medical doctors representing a number of medical specialties. These professionals are supported by case clericals and an administrative unit. Besides salaries, principal expenditures are fees to pay for evidence from applicant's treating sources and fees for consultative medical examinations arranged by the DDS with doctors around the state when critical medical evidence is not available from treating sources.

Program Code	Program Code Name	Description	Allocation Method
40225	Disability Determinations Director and Staff	Oversees all professional disability examiners who work with part-time medical doctors representing a number of medical specialties. Also oversees their support staff, which consists of case clericals and an administrative unit.	Direct to Social Security
40226	DD Clerical	Administrative costs (personal service costs and operating expenses) of the clerical unit that provides supports to the Director, Claims Examiners and Adjudicators of the Disability Determination Services Unit.	Direct to Social Security
40227	DD Examiners	DDS collects medical and vocational evidence on each applicant sufficient to apply the above definition, interpreted by the Social Security Administration policy manual.	Direct to Social Security
40228	DD – Medical Consultants	Cost of contracted staff to conduct disability determinations.	Direct to Social Security
40229	DD Information Technology	Technology supports specifically related to DDS.	Direct to Social Security IT
40500	Disability Determination Services (DDS) General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within DDS.	Direct to State Funded
41100	DDS Medical Exams	Review of medical evidence records necessary	Direct to Social Security

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

		for Global Commitment	
		eligibility determinations.	
41777.113	Disability Determination	This code is used for staff,	Direct to State Fund
	Services (DDS) General Fund	operating, direct and	
		miscellaneous non-federal	
		expenditures within DDS	

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

## **Organizational Unit 9: Child Development Division (CDD)**

The Child Development Division ensures a statewide system that promotes and supports safe, accessible, quality childcare for Vermont families

Program Code	Program Code Name	Description	Allocation Method
37540	Building Bright Futures Direct Services (formerly Success by Six Program)	Costs for direct services to Building Bright Futures Program	Direct to Building Bright Futures Direct Services
37560	Parent Child Centers	Costs associated with Parent Child Centers.	Direct to State Fund
37610	Community Based Child Abuse Prevention Grant (CBCAP)	Costs associated with CBCAP grants.	Direct to CBCAP
37611	CBCAP-Administration	Administrative costs associated with CBCAP grants.	Direct to CBCAP
37660	Children's Trust Fund Grant	Costs associated with Children's Trust Fund Grant.	Direct to Children's Trust Fund Grant
37661	Children's Trust Fund Grant/JJDP	Costs associated with Children's Trust Fund Grant but charged to JJDP grants.	Direct to JJDP
37662	Children's Trust Fund Grant/Tax Check	Costs associated with Children's Trust Fund Grant/Tax Check Off.	Direct to Children's Trust Fund Grant
37670	Head Start Collaboration	To promote school readiness by enhancing the social and cognitive development of low-income children, including children on federally recognized reservations and children of migratory farm workers.	Direct to Head Start Collaborative Grant
37995	Race to the Top ELC Grant	Costs associated with the Race to the Top Early Learning Challenge Grant	Direct to Race to the Top Grant
39600	Early Intervention (EI, formerly Family Infant and Toddler Program)	Programmatic Costs associated with the Infant and Toddler Program.	Direct to Family Infant and Toddler Program
39601*	Family Infant and Toddler Program – Admin Costs	Administrative Costs associated with the Infant and Toddler Program.	Direct to Global Commitment - Admin
39750.1*	Nursing and Family Support (NFS) – Skilled Professional Medical Personnel (SPMP)	Staff costs associated with administering the NFS program for skilled medical professionals.	Direct to Global Commitment - Admin

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

39751* NFS - Non-SPMP Staff costs associated with the NFS Program.  39763 Early Childhood Comp Systems (ECCS)  40100* Child Development Division Staff  Staff Staff costs and operating expenses associated with Child Care Services Division Staff, including Deputy Commissioner, whose activities are defined as administrative by the Child Care and Development Fund regulations. This includes Division Director, Program Monitors, and clerical and administrative support for the childcare program. Also includes the Assistant Attorney General assigned to Child Care Development.  40105 Child Development Division Licensing, Child Care Financial Assistance Program (CCFAP), Operations Service Staff  40175 Strengthening Families  The primary goal of these grants is to ensure affordable, high quality comprehensive early health and developmental care and education programs for children and families.  40500 Child Development General Fund  Child Care Development  40530,703 Child Care Development  Subsidy  Strengthening Familes  The primary goal of these grants is to ensure affordable, high quality comprehensive early health and developmental care and education programs for children and families.  This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Child Development.  40530,703 Child Care Development  TIV-E leigible program expenditures within Child Development	39750.2*	NFS Grant	Programmatic Costs	Direct to Global
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Sarly Childhood Comp Systems (ECCS)   Federal funded early childhood program.			administering the NFS	Commitment -
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children and families.  40500 Child Development General Fund Operating, direct and miscellaneous non-federal expenditures within Child Development.  40530.703 Child Care Development IV-E eligible program Direct to Title IV-E				
Child Development General Fund This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Child Development.  This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Child Development.  This code is used for staff, operating, direct to State Funded  Funded  Funded  This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Child Development.  Direct to State Funded				
Fund operating, direct and miscellaneous non-federal expenditures within Child Development.  40530.703 Child Care Development  Funded  Funded  Funded  Funded  Funded  Funded  Funded  Funded  Funded  Development  Expenditures within Child Development  IV-E eligible program  Direct to Title IV-E	40500	Child Development General		Direct to State
miscellaneous non-federal expenditures within Child Development.  40530.703 Child Care Development IV-E eligible program Direct to Title IV-E	.0500	-	· · · · · · · · · · · · · · · · · · ·	
expenditures within Child Development.  40530.703 Child Care Development  IV-E eligible program Direct to Title IV-E				2 3.11404
Development.  40530.703 Child Care Development  IV-E eligible program  Direct to Title IV-E				
40530.703 Child Care Development IV-E eligible program Direct to Title IV-E			_	
	40530.703	Child Care Development	•	Direct to Title IV-E
, p		•		
subsidy payments				<b>P</b>
40540 Family Support Daycare Administrative costs Direct to Title IV-B	40540	Family Support Davcare	, , ,	Direct to Title IV-B
Program associated with Family Child Welfare				
Support Daycare Program Services				

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

			<del>                                     </del>
40555	Child Development - SSBG	Direct payments to foster parents and group homes.	Direct to SSBG
40556	SSBG TANF Transfer	To track expenditures for the TANF transfer to SSBG	Direct to SSBG
40570.103	Child Care Development Fund (CCDF) –Discretionary	Administrative costs associated with administrative of CCDF.	Direct to CCDF – Discretionary
40570.203	CCDF Discretionary – Subsidy Protective and Family Services	Costs associated with protective and family services	Direct to CCDF
40570.303	CCDF Discretionary – Subsidy Employment and Training	Costs associated with employment and training	Direct to CCDF
40570.403	CCDF Discretionary – Transportation	Costs associated with transportation	Direct to CCDF
40570.503	CCDF Discretionary – Quality Enhancements	Costs associated with quality enhancements	Direct to CCDF
40570.603	CCDF Discretionary – Resource Training	Costs associated with resource training	Direct to CCDF
40570.703	CCDF Discretionary – Infant Toddler Earmark	Costs associated with the infant toddler earmark	Direct to CCDF
40570.803	CCDF Discretionary – After School Certificate	Costs associated with after school certificate	Direct to CCDF
40570.903	CCDF Discretionary – Referral	Costs associated with referrals	Direct to CCDF
40575	Child Care Quality Improvement	Training and support for child care workers/teachers in licensed centers, funded by the Vermont Department of Labor (VDOL) grant.	Direct to VDOL grant
40600	CCDF Mandatory and Matching	Administrative costs associated with administrative of CCDF.	Direct to CCDF— Mandatory/Matching
40600.203	CCDF Mandatory and Matching - Subsidy Protective and Family Services	Costs associated with protective and family services	Direct to CCDF
40600.303	CCDF Mandatory and Matching – Subsidy Employment and Training	Costs associated with employment and training	Direct to CCDF
40600.403	CCDF Mandatory and Matching – Transportation	Costs associated with transportation	Direct to CCDF
40600.503	CCDF Mandatory and Matching - Quality Enhancements	Costs associated with quality enhancements	Direct to CCDF
40600.603	CCDF Mandatory and Matching - Resource Training	Costs associated with resource training	Direct to CCDF
40600.703	CCDF Mandatory and Matching - Infant Toddler Earmark	Costs associated with the infant toddler earmark	Direct to CCDF

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

40600.803	CCDF Mandatory and Matching - After School Certificate	Costs associated with after school certificate	Direct to CCDF
40600.903	CCDF Mandatory and Matching - Referral	Costs associated with referrals	Direct to CCDF
40615	Bright Futures	Costs associated with the Bright Futures Infrastructure Program	Direct to State Fund
40631	Child Development – TANF	Payments for Transportation and Subsidy eligibility.	Direct To TANF
40633	Child Development - TANF- MOE Only	Child subsidy payments	Direct to TANF MOE
40707	GC Early Childhood & Family Mental Health (ECFMH) Program Staff	Program staff working on the ECFMH program	Direct to ECFMH
40708	Children's Integrated Services (CIS) Early Intervention (EI)	To support the work of CIS EI	Direct to MCO – CIS EI
40711	Children's Integrated Services	Programmatic expenses associated with CIS grants.	Direct to Global Commitment - Program
40713	Therapeutic Child Care - Bonus	Rate differential paid for children with special needs to providers with special training.	Direct to MCO - Therapeutic Child Care
41602	CHIP Costs	CHIP eligible costs in CIS.	Direct to CHIP - Program
41777.103	Child Development General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Child Development	Direct to State Fund
42501*	ECFMH-Administrative	Administrative costs associated with ECFMH	Direct to Global Commitment - Admin

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### Department of Disabilities, Aging and Independent Living (DAIL)

### I. Introduction

The following narrative and supporting schedules represent the public assistance cost allocation plan (PCAP) for the State of Vermont, Agency of Human Services (AHS), Department of Disabilities, Aging and Independent Living (DAIL). DAIL is responsible for administering Title III funded programming, Section 110 programming, and developmental disabilities case management services for the State of Vermont.

#### DAIL Mission Statement

The Department of Aging and Independent Living is the center of the Agency of Human Services' program management and policy development with respect to older persons and persons with disabilities. The Department has the following goals:

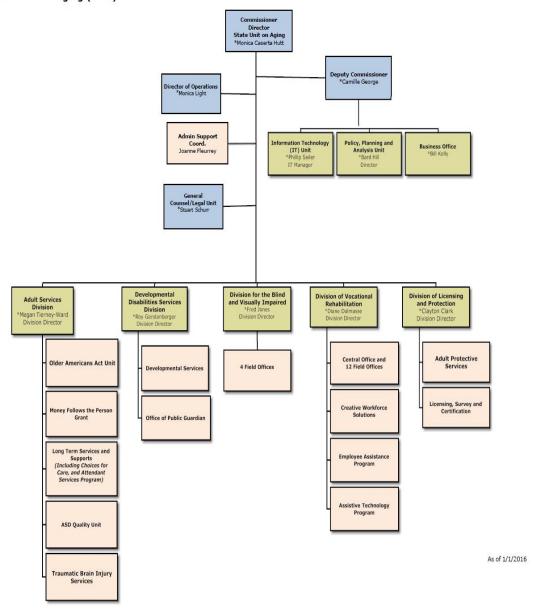
- Assist older persons and adults with physical disabilities to live as independently as possible.
- Assist persons with disabilities to find and maintain meaningful employment.
- Assure quality of care and life to individuals receiving health care and/or long term care services from licensed or certified health care providers and protect elderly and disabled adults from abuse, neglect and exploitation.

Within this document, we have included an overview of DAIL's organizational structure and a list of the specific functions performed by DAIL, referred to as plan departments or cost pools, and the allocation method for each function.

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### II. Organizational Chart

# Department of Disabilities, Aging, and Independent Living (DAIL) Organizational Chart State Unit on Aging (SUA)



<sup>\* =</sup> Identifies contacts for DAIL Senior Leadership

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

## III. Department of Disabilities, Aging and Independent Living Cost Allocation Methodologies

## **Organizational Unit 1: Indirect Cost Allocations**

DAIL is assessed costs from both the State of Vermont, called SWICAP, and the Agency of Human Services Central Office, for activities performed on its behalf.

Program Code	Program Code Name	Description	Allocation Method
1000.1*	SWICAP	DAIL allocation of Statewide Indirect Costs	Total Salaries Across DAIL less Attendant Services Salaries
1000.2*	AHS Audit Unit	DAIL allocation of costs related to the AHS Audit Unit	Total Salaries Across DAIL less Attendant Services Salaries
1000.3*	AHS Secretary's Office	DAIL allocation of costs related to the AHS Secretary's Office	Total Salaries Across DAIL less Attendant Services Salaries
1000.4*	AHS Information Technology	DAIL allocation of costs related to AHS Information Technology	Total Salaries Across DAIL less Attendant Services Salaries
1000.5*	Financial Statement and Internal Controls Audit	DAIL allocation of costs related to the Single Audit – Financial Statement and Internal Controls	Total Salaries Across DAIL less Attendant Services Salaries
1000.6*	Human Services Board	DAIL allocation of costs related to the Human Services Board	Total Salaries Across DAIL less Attendant Services Salaries
1000.7*	Human Resources Investigations Unit	DAIL allocation of costs related to the Human Resources Investigations Unit	Total Salaries Across DAIL less Attendant Services Salaries
1000.8*	AHS Policy	DAIL allocation of costs related to AHS Policy	Total Salaries Across DAIL less Attendant Services Salaries

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

## Organizational Unit 2: Commissioner's Office

The Commissioner's Office administers oversight to DAIL and enables the department to meet its mission: to make Vermont the best state in which to grow old or to live with a disability, with dignity, respect and independence.

Program Code	Program Code Name	Description	Allocation Method
37700*	Global Commitment Administration	Staff and related expenses for administering DAIL's Medicaid programs.	Direct to Global Commitment Administration
37717	IE HC 90/10 Staff	Integrated Eligibility Health Care – DDI (Development) costs.	Direct to CMS-E&E (90/10)
37998	YR2 SIM Testing - Staff	DAIL staff, including Limited Service positions, time spent on SIM related work	Direct to SIM Grant
37988	YR2 SIM Testing - Contracts	CMS approved contract expenditures pursuant to the SIM grant	Direct to SIM Grant
41607	VIEWS – Eligibility and Enrollment	Staff work related to Health Enterprise Eligibility and enrollment DDI and IV&V.	Per Approved Health Enterprise EBCP IAPD
41618	SOA Infrastructure Components	Staff Expenses related to Health Enterprise shared component design and development.	Per approved Health Enterprise IAPD
41640	ICD-10	Direct staff work associated with the ICD- 10 planning and implementation.	Direct to ICD-10 IAPD
41642	MES – DDI	Direct staff work that is related to the replacement of the current MMIS.	Per approved Health Enterprise IAPD
43010*	Commissioner's Office – Department Administration	DAIL Allocation of State Wide Indirect Costs	Total Salaries Across DAIL less Attendant Services Salaries
43040	Leave Time	Timesheet code for all hours reported not worked.	Quarterly Results of Individual Employees Positive Reporting
43500	General Fund	Expenses that are entirely State funded	Direct to State Fund

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

43570	State Health Insurance Program	Area Agencies on Aging provide outreach and	Direct to State Health Insurance Program Grant
		assistance to Medicare	
		beneficiaries.	
43890	State Plan Administration and	Activities related to	Direct to Admin on Aging
	National Family Care	administering OAA	National Family Care
	Supplemental (III-E)	programs & for III-E	Supplemental III-E
		services	
43955*	MCO Investments	State expense reportable	Direct to MCO
		under the Global	Investments
		Commitment Waiver	
43972	ADRC Options Counseling – AoA	Expenses related to AoA	Direct to ADRC Options
	Enhanced Part A	Enhanced ADRC Options	Counseling – AoA
		Counseling.	Enhanced Part A
43403	MCO Investments - SASH	Support and services at	Direct to MCO
		home (SASH)	Investments
43404	MCO Investments - HomeSharing	HomeSharing	Direct to MCO
			Investments
43405	MCO Investments – Self-Neglect	Self-neglect initiative	Direct to MCO
			Investments

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

### **Organizational Unit 3: Adult Services Division (ASD)**

The Adult Services Division administers long-term services and supports to older Vermonters and adults with physical disabilities. ASD works with private organizations to provide a broad array of long term services and supports, including: residential support, community support, case management, family supports, respite, employment support, crisis services, clinical interventions, assistance with activities of daily living, assistive technology, guardianship services, nursing home level of care, rehabilitation services, support to live at home, information and referral, integrated health care and personal care, and traumatic brain injuries. The Division supports older Vermonters and adults with physical disabilities to live as they choose, pursuing their goals and preferences within their chosen communities. ASD seeks to ensure their basic human and civil rights, health, well-being and safety, provides effective leadership for disability and aging policy and services in Vermont, and meets federal and state mandates by developing and managing public resources effectively.

Program Code	Program Code Name	Description	Allocation Method
37998	YR2 SIM Testing - Staff	DAIL staff, including Limited Service positions, time spent on SIM related work	Direct to SIM Grant
37988	YR2 SIM Testing - Contracts	CMS approved contract expenditures pursuant to the SIM grant	Direct to SIM Grant
41607	VIEWS – Eligibility and Enrollment	Staff work related to Health Enterprise Eligibility and enrollment DDI and IV&V.	Per Approved Health Enterprise EBCP IAPD
43030*	ASD Managers and Support Staff	Managers and support staff in the Adult Services Division	Total Salaries Across ASD (Method M)
43040	Leave Time	Timesheet code for all hours reported not worked.	Quarterly Results of Individual Employees Positive Reporting
43070*	ASD Division Director and Support Staff	Expenses associated with the Division Director and Administrative Staff who have broad responsibilities for programs operated within the division.	Total Costs Across ASD (Method A2)
37700*	Global Commitment Administration	Staff and related expenses for administering Vermont's Section 1115 Waivers of the Social Security Act and other Global Commitment State Plan Services.  Includes grant payments to Area Agencies on Aging for Global Commitment outreach to Ombudsman Program.	Direct to Global Commitment Administration

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

37710	Global Commitment Program	Expenses related to Global Commitment programs (TBI, ICF-IID, Waiver, Clinic, Adult Day and ASP Personal Care)	Direct to Global Commitment Program
37800	Social Services Block Grant	Expenses related to Social Services Block Grant	Direct to Social Services Block Grant
39727	Commodities Supplemental Food Program	Delivery of Commodities to primarily Seniors	Direct to Commodities Supplemental Food Program
41602	State Children's Health Insurance Program	Expenses related to the CHIP Program	Direct to CHIP
41618	SOA Infrastructure Components	Staff Expenses related to Health Enterprise shared component design and development.	Per approved Health Enterprise IAPD
41620	Refugee Assistance Program	Expenses paid via weekly Medicaid draw for clients determined to be refugees.	Direct to Refugee Assistance Program
41642	MES – DDI	Direct staff work that is related to the replacement of the current MMIS.	Per approved Health Enterprise IAPD
41640	ICD-10	Direct staff work associated with the ICD-10 planning and implementation.	Direct to ICD-10 IAPD
41820	Civil Monetary Funds	Funds generated by Nursing Home penalties.	Direct to Civil Monetary Funds
42016*	Nurse SMP Time	Expenses related to Nurse Professional time to administer Global Commitment Program.	Direct to Global Commitment Administration
43050	Attendant Services Program	Staff and expenses related to administering the Attendant Services Program, a program providing attendants to elderly persons and persons with disabilities who manage their own care.	Allocated to Title III-E, State Fund and Global Commitment Administration based on client count (Method O)
43530	Administration on Aging Support Services (III-B)	Expenses related to administration on aging support services	Direct to Admin on Aging Support Services – Title III – B
43531	AAA Congregate Meals III-C-1	Expenses related to grant for congregate meals	Direct to AAA Cong. Meals III-C1
43532	AAA Home Delivered Meals (III-C-2)	Expenses related to Admin on Aging Home Delivered Meals	Direct to AAA Delivered Meals III-C-2

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

43534	AAA Preventative Health III-D	Expenses related to Admin	Direct to Admin on
		on Aging Preventative Health	Aging Preventative Health Title III-D
43535	AAA Abuse Prevention VII	Expenses related to Admin	Direct to Admin on
		on Aging Abuse Prevention	Aging Abuse Prevention VII
43536	Ombudsman Title VII	Expenses related to	Direct to Ombudsman
		Ombudsman Title VII	Title VII
43550	AAA General Fund	Costs for AAA programs providing services to seniors	Allocated to Food and Nutrition Services based on cost of the program (using AAA GF Transportation method)
			for the quarter and then allocated proportionately to the Title III programs based upon Title III total costs in the quarter (using Direct to Older
			American's Act Method %'s)
43570	State Health Insurance Program	Area Agencies on Aging	Direct to State Health
		provide outreach and	Insurance Program Grant
		assistance to Medicare	
		beneficiaries.	
43590	NSIP USDA	Expenses related to NSIP Grant	Direct to NSIP Grant
43600	SNAP Outreach	Supplemental Nutrition Assistance Program Outreach	Direct to SNAP Outreach
43610	Liheap Energy	Expenses related to the Energy Outreach Grant	Direct to Energy Outreach Grant
43820	ASD Transportation –Adult Day Centers	Expenses related to ASD Transportation	Direct to State Fund
43890	State Plan Administration and	Activities related to	Direct to Admin on
	National Family Care	administering OAA	Aging National Family
	Supplemental (III-E)	programs & for III-E services	Care Supplemental III-E
43896	Money Follows the Person – general admin	Expenses related to the federal Money Follows the Person grant.	Direct to MFP Grant
43897	MFP – Transition Coordinators Travel Time	Expenses related to the federal Money Follows the	Direct to MFP Grant
		Person grant.	
43898	MFP – Transition Coordinators Education Time	Expenses related to the federal Money Follows the	Direct to MFP Grant
43901	MFP – Transition Coordinators Case Management Time (skilled nursing)	Person grant.  Expenses related to the federal Money Follows the Person grant.	Direct to MFP Grant

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

43952	1115 LTC Waiver extra admin - 50%	New costs incurred for the purpose of implementing the 1115 LTC Waiver	Direct to Global Commitment Administration
43953	1115 LTC Waiver extra admin - 75% SMP	Time and travel of the LTC Nursing Staff for new activities pertaining to the LTC Section 1115 Medicaid Waiver. These activities are limited to: assessing the necessity for and adequacy of services, including level of care determination and utilization review; consulting with staff, providers and other agencies regarding the necessity for and adequacy of medical care and services; and furnishing professional medical opinions.	Direct to Global Commitment Administration
43970	Ombudsman State General Fund	Expenses related to legal aid portion of long-term care ombudsman program	Direct to Admin on Aging Support Services III-B
43972	AoA Enhanced ADRC Options Counseling Part A	Expenses related to AoA enhanced ADRC Options.	Direct to AoA Enhanced Options Counseling Part A
43980	Senior Farmers Market	Food Coupons to Seniors for use at Farmer's Markets	Direct to Senior Farmers Market
43982	MIPPA ACA 2008 LIS-MSP OR	Affordable Care Act Medicare Patients and Providers Act 2008 LIS/MSP Outreach Grants	Direct to MIPPA ACA 2008 LIS/MSP
43983	MIPPA ACA Medicare Enroll – AAAs	Affordable Care Act Medicare Patients & Providers Act Medicare Enrollment-AAAs Grant	Direct to MIPPA ACA Medicare Enroll - AAAs
43984	MIPPA ACA Medicare Enroll – ADRC	Affordable Care Act Medicare Patients & Providers Act Medicare Enrollment-ADRC Grant	Direct to MIPPA ACA Medicare Enroll - ADRC
43985	Emergency Preparedness	Expenses related to Emergency Preparedness	Direct to Emergency Preparedness
43991	Senior Community Service Employment Program	Federal Grant related to employment services for elders	Direct to Senior Community Service Employment Program
43992	Elderly & Disabled Transportation	Expenses related to a federal transportation grant	Direct to Elderly & Disabled Transportation

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

43998	CMS Long Housing & Supports Grant	Expenses related to the CMS Long Housing & Supports Grant	Direct to CMS Long Housing & Supports
43500	General Fund	Programs that are entirely State funded	Direct to State Fund
43403	MCO Investments - SASH	Support and services at home (SASH)	Direct to MCO Investments
43404	MCO Investments - HomeSharing	HomeSharing	Direct to MCO Investments
43405	MCO Investments – Self-Neglect	Self-neglect initiative	Direct to MCO Investments

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

### Organizational Unit 4: Division for the Blind and Visually Impaired (DBVI)

The Division for the Blind and Visually Impaired administers programs to assist Vermonters who are blind or have a visual impairment, to enter or return to work. DBVI also provides some funding for independent living services, to help blind or visually impaired individuals to live in and contribute to their communities. The major programs in DBVI include: The core rehabilitation work, known as Section 110 services and the Older Blind Program.

Program Code	Program Code Name	Description	Allocation Method
43020*	Division Director and Staff	Expenses associated with the Division Director, the Casework Supervisor and Administrative Secretary who have broad responsibilities for programs operated within the division.	Total Costs Across DBVI (Method A2)
43040	Leave Time	Timesheet code for all hours reported not worked.	Quarterly Results of Individual Employees Positive Reporting
43620	Independent Living Part B	Expenses related to the Independent Living grant	Direct to Independent Living Grant Part B
43630	Mobile Low Vision Grant Title VII	Grant for elders with low vision	Direct to Mobile Low Vision
43640	Rehabilitation Training Grant	Staff Training Grant	Direct to Rehab Training Grant
43650	Section 110 (Blind and Visually Impaired)	Expenses related to Section 110 grant	Direct to Section 110 (Blind)
43655	DBVI Pets to Students	Expenses related to Pets to Students	Direct to Section 110
43660	Supported Employment Title VI-C	Supported Employment services	Direct to Title VI-C
43661	Title VI SE Services to Youths	Supported Employment services for youth.	Direct to Title VI-C
43670	Innovation & Expansion	Expenses related to Section 110 grant.	Direct to Section 110 (Blind)
43680	Vending & Other	Expenses related to Vending	Direct to Vending and Other
43500	General Fund	State funded programs	Direct to State Fund
43400	MCO Investments – Mobility Training - Elderly Visually Impaired	Mobility Training/Other Services – Elderly Visually Impaired	Direct to MCO Investments

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

## Organizational Unit 5: Division of Vocational Rehabilitation (VR)

The Division of Vocational Rehabilitation administers a wide variety of programs and individual support services to assist Vermonters with a disability to enter or re-enter the work force. The core program (VR Section 110) enables Vermonters with a disability to assess their skills and abilities, identify a vocational goal, develop an Individualized Plan for Employment and receive services leading to meaningful employment. VR invests heavily to service people with the most significant disabilities through supported employment programs and has developed a network of specialized Transition Counselors to support young adults from school to work. The Division operates the VR Reach Up program to serve TANF recipients with disabilities, a state wide Benefits Counseling Program to support Social Security beneficiaries to work, and the Assistive Technology (AT) Project that provides Vermonters with information and training on AT devices and services.

Program	Program Code Name	Description	Allocation Method
Code			
43020*	Division Director and Staff	Expenses associated with the Division Director, the Program Services Chief, Rehabilitation Coordinator, Systems Developer II, Administrative Secretary, and clerical support staff who have broad responsibilities for programs operated within the division.	Total Costs Across VR (Method A2)
43040	Leave Time	Timesheet code for all hours reported not worked.	Quarterly Results of Individual Employees Positive Reporting
37998	YR2 SIM Testing - Staff	DAIL staff, including Limited Service positions, time spent on SIM related work	Direct to SIM Grant
37988	YR2 SIM Testing - Contracts	CMS approved contract expenditures pursuant to the SIM grant	Direct to SIM Grant
43290	Regional Support Staff and General Operating Costs	Expenses incurred by the regional and district offices that support all activities within the region. This includes regional manager salaries and expenses; support staff salaries and expenses; and operating bills not directly attributable to an activity.	Total Costs Across VR (Method R)

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

43690	Assistive Technology Grant	Federal Grant to help	Direct to Assistive
43090	Assistive reciniology Grant	consumers receive	Technology Grant
		information pertaining to	reciniology Grant
		assistive Technology and	
		system changes	
43700	Employee Assistance	Expenses related to the	Direct to Employee
43700	Employee Assistance	EAP program	Assistance
43701	EAP VHCIP (SIM)	MOU with DVHA	Direct to EAP VHCIP (SIM)
43701	EAF VIICIF (SIVI)	funded by SIM Grant	Direct to EAF VHCIF (SIM)
43730	Supported Employment Title VI-	Expenses related to	Diment to Cumpented
43730	B	Supported Employment	Direct to Supported Employment Title VI-B
	В	grant	Employment Title VI-B
43731	Title VI SE Services to Youths	Supported Employment	Direct to Title VI-C
		services for youth.	
43750	VR Independent Living Grant	Direct expenses related to	Direct to Independent Living
	Part B	the Grant	Grant Part B
43760	Rehabilitation Training Grant	Staff Training Grant	Direct to Rehab Training Grant
43765	VR Quality Training Grant	Staff Training Grant	Direct to VR Quality
42770	Cooking 110 (VD)	E	Training Grant
43770	Section 110 (VR)	Expenses related to	Direct to Section 110 (VR)
42771	VDOL Evaluations	Section 110 grant.	Direct to VDOL Evaluations
43771	VDOL Evaluations	Expenses related to	Direct to VDOL Evaluations
42775	VID Date to Classic state	VDOL Evaluations	Direct to Costion 110
43775	VR Pets to Students	Expenses related to Pets	Direct to Section 110
42700	VID LIMA CC DONID	to Students	Discrete VD LIMACC DOND
43780	VR UMASS BOND	Expenses related to grant from UMASS for Social	Direct to VR UMASS BOND
12705	LIMACC Duo que coirre	Security Demonstration	Direct to LIMA CC
43785	UMASS Progressive	Expenses in developing	Direct to UMASS
	Employment	and testing of VR's	Progressive Employment
		Progressive Employment Program as evidence-	
		based program for job	
43790	Welfare to Work	placements.	Direct to Welfare to Work
		Expenses related to Welfare to Work grant.	
43795	Community Action - SSI	Expenses related to VR	Direct to Community Action
		Community Action - SSI	- SSI
		applications	
43800	Innovation & Expansion	Expenses related to the	Direct to Section 110
		Section 110 Grant	
43890	State Plan Administration and	Activities related to	Direct to Admin on Aging
	National Family Care	administering OAA	National Family Care
	Supplemental (III-E)	programs & for III-E	Supplemental III-E
		services	
43891	Senior Community Service	Federal Grant related to	Direct to Senior Community
	Employment Program -	employment services for	Service Employment
	Supplemental	elders	Program - Supplemental

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

43895	Reach Up Non VR	Expenses related to Reach Up grant	Direct to Reach Up – Non VR
43954	Corrections Disability Tracking	Expenses related to Corrections SSA Billing	Direct to Corrections SSA Billing
43961	Work Incentives Planning & Assistance Grant	Expenses related to the Work Incentives Planning & Assistance Grant	Direct to Work Incentives Planning & Assistance Grant
43991	Senior Community Service Employment Program	Federal Grant related to employment services for elders	Direct to Senior Community Service Employment Program
43500	General Fund	Programs that are entirely State funded	Direct to State Fund
43695	Assistive Technology - DPS Equipment Distribution Program	MOU with DPS; expenses related to the administration of the AT Equipment Distribution Program, per V.S.A. §218a	Direct to Equipment Distribution Program
43702	EAP – Jobs for Independence Pilot	MOU with DCF (SNAP); expenses related to Federal Grant for employment pilot	Direct to EAP Jobs for Independence Pilot

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

#### Organizational Unit 6: Division of Licensing and Protection (DLP)

The Division of Licensing and Protection administers various programs to ensure the quality of many health care services and to protect vulnerable adults from abuse, neglect and exploitation. Major programs in DLP include: Survey and Certification which conducts inspections and surveys of all Medicare and Medicaid facilities and organizations including nursing home and home health agencies, state licensure of residential care homes and other facilities, and Adult Protective Services which investigates allegations of abuse, neglect and exploitation against vulnerable adults

Detailed explanations of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
37998	YR2 SIM Testing - Staff	DAIL staff, including Limited Service positions, time spent on SIM related work	Direct to SIM Grant
37988	YR2 SIM Testing - Contracts	CMS approved contract expenditures pursuant to the SIM grant	Direct to SIM Grant
43020*	Director, Nurse Survey & Staff	Expenses associated with the Division Director and Administrative Staff who have broad responsibilities for programs operated within the division.	Total Salaries Across DLP (Method J)
43040*	Leave Time	Timesheet code for all hours reported not worked.	Quarterly Results of Individual Employees Positive Reporting
43070*	Director and Administrative Support	Expenses for the Division director and administrative support that supports entire division.	Total Salaries Across DLP (Method I)
43100*	Public Safety Fire Prevention	Expenses for staff of the Division of Fire Safety that work with the Survey and Certification staff on the licensure of facilities.	Total Salaries Across DLP programs that require facility inspections (Method H)
43110	Clinical Laboratory Cer. and Insp.	Costs incurred in the enforcement of federal regulations in federally certified clinical laboratories.	Direct to Clin Lab Cert and Insp
43120	Certification of Home Health Agencies	Costs incurred in the survey of Vermont Home Health Agencies to ensure compliance with all	Allocation Between Medicare (XVIII Funds), Medicaid (XIX Funds),

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		federal regulations related to HHA	and State Funds based on CMS directive
43130	Non-Certified Health Care Facilities	Expenses incurred in the surveys, follow-up visits, and complaint investigations occurring in nursing homes that are state licensed, but not federally certified.	Direct to State Fund
43140	Hospital XVIII Non Licensed HC Facilities	Expenses incurred in the surveys of Outpatient Rehabilitation Facilities; End State Renal Dialysis Units; Rural Health Centers; Outpatient P.T.; Outpatient S.T., Independent Physical Therapists; and the Medicare-certified portion of Vermont State Hospital.	Direct to Medicare (XVIII Funds)
43150	Hospital XVIII Licensed HC Facilities	Expenses incurred in the performance of validation surveys, and substantial allegation surveys in hospitals as directly by CMS. Includes enforcement of federal regulations in psychiatric hospitals, psychiatric units of hospitals, rehabilitation units of hospitals, and swing beds.	Direct to Medicare (Title XVIII Non-SNF)
43160	State Licensure	Expenses incurred in the enforcement of State licensure requirements in Level III residential care facilities that do not provide Assistive Community Care Services; Level IV residential care facilities; assisted living facilities; and therapeutic community residences.	Direct to State Funds

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43170*	LTC – Multi, Licensure of Nursing Facilities	Expenses incurred in the surveys, follow-up visits, occurring in nursing facilities that are federally certified for participation in the Title XVIII & XIX program.	Allocation between Medicare (XVIII Funds) and Medicaid (XIX Funds) based on dually certified facilities.
43190	ICF/IIDs	Expenses incurred in the enforcement of federal ICF/IID requirements.	Direct to Medicaid ( XIX Funds)
43200	Residential Care Homes & Therapeutic Community Residences	Expenses related to Level III & Level IV Residential Care Homes and Therapeutic Community Care Homes	Direct to State Fund
43210*	Level III Licensed Facilities	Expenses incurred in the review and enforcement of state licensure and federal requirements related to facilities providing Assistive Community Care Services.	Allocated between Global Commitment and State General Funds using # ACCS beds billed Global Commitment for qtr by 15th of month divided by total # ACCS beds on 15th of month beginning quarter
43240*	Enhanced Residential Care	Expenses related to time spent assessing placement variance and assessments required for 1115 Waiver applications. This includes time spent on activities required beyond the normal licensing time for residential care home licensure due to the placement of a 1115 Waiver resident in a residential care home.	Direct to Global Commitment Administration
43250	Outcome and Assess. Info Set (OASIS)	Cost associated with administration of the federally mandated home health agency Outcome and Assessment Information Set.	Direct to OASIS
43260*	NATCEP Admin & Registry	Cost related to the nurse assistant testing competency evaluation program	Direct to NATCEP Admin & Registry and S&C Medicare XVIII LTC

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43270*	Minimum Data Set (MDS)	Cost associated with information technology and reporting associated with the administration of the federally mandated nursing home Minimum Data Set.	Allocation between Medicare (XVIII Funds), Medicaid (XIX Funds) and State Fund based on CMS directive
43310*	Training ICF/IID	Covers expenses incurred by staff in attending in- services, conferences, and workshops related to the enforcement of federal regulations in ICF/IID	Direct to Medicaid (XIX Funds).
43320	Health Care Facilities Training Nursing Facilities	Covers expenses incurred by staff in attending in- services, conferences, and workshops related to the enforcement of federal regulations in certified facilities.	Direct to Medicare (XVIII Funds)
43330	Home Health Hotline	Costs for operating the Home Health Hotline.	Direct to Medicare (XVIII Funds)
43340*	Nursing Home Complaints	Expenses related to nursing home complaints	Allocation between Medicare (XVIII Funds) and Medicaid (XIX Funds) based on dually certified facilities.
43350*	Nurse Aid Training and Competency (NATCEP)	Costs incurred in the administration of competency tests and skills tests to nurse aides as required by federal regulations.	Direct to Nurse Aid Testing
43360	Assisted Living	Expenses related to assisted living services	Direct to State Fund
43370	Patient Safety Initiative	Expenses related to PSI surveys	Direct to Medicare (Title XVIII)
43380	Hospice Surveys	Expenses incurred while certifying Hospice Agencies (includes complaints)	Direct to Medicare Non- SNF Personnel
43950	Medicare Supplemental for Equipment	Specific funding dedicated by HHS/CMS Medicare to purchase equipment to upgrade/replace equipment for Nurse Surveyor's in division.	Direct to Medicare Supplemental for Equipment

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43955*	MCO Investments	State expenses reportable	Direct to MCO
		under the Global	Investments
		Commitment Waiver	
55555*	Communication	Expenses related to	Total Cost of Program
		communication	Funds Expended in
			Quarter
66666*	Supplies	Expenses related to	Total Cost of Program
		Supplies	Funds Expended in
			Quarter
77777*	Space	Expenses related to space	Total Cost of Program
			Funds Expended in
			Quarter
88888*	Equipment	Expenses related to	Total Cost of Program
		equipment	Funds Expended in
			Quarter
43500	General Fund	Programs that are entirely	Direct to State Fund
		State funded	

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#### Organizational Unit 7: Developmental Disabilities Services Division (DDSD)

The Developmental Disabilities Services Division administers services to people with developmental disabilities, traumatic brain injuries and guardianship services to adults with developmental disabilities and older Vermonters. DDSD works with private organizations to provide a broad array of long term services and supports, including: service coordination, family supports, community supports, employment supports, guardianship services, residential support, crisis support, clinical intervention, respite and rehabilitation services. The Division supports older Vermonters and Vermonters with disabilities to live as they choose, pursuing their individual goals and preferences within their chosen community. DDSD seeks to ensure their basic human and civil rights, health, well-being and safety, provides effective leadership for disability and aging policy and services in Vermont, and meets federal and state mandates by developing and managing public resources effectively.

Detailed explanations of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
37998	YR2 SIM Testing - Staff	DAIL staff, including Limited Service positions, time spent on SIM related work	Direct to SIM Grant
37988	YR2 SIM Testing - Contracts	CMS approved contract expenditures pursuant to the SIM grant	Direct to SIM Grant
41607	VIEWS – Eligibility and Enrollment	Staff work related to Health Enterprise Eligibility and enrollment DDI and IV&V.	Per Approved Health Enterprise EBCP IAPD
43030*	DDSD Managers and Support Staff	Managers and support staff in the Developmental Disabilities Services Division	Total Salaries Across DDSD (Method M)
43040	Leave Time	Timesheet code for all hours reported not worked.	Quarterly Results of Individual Employees Positive Reporting
43070*	DDSD Division Director and Support Staff	Expenses associated with the Division Director and Administrative Staff who have broad responsibilities for programs operated within the division.	Total Costs Across DDSD (Method A2)
37700*	Global Commitment Administration	Staff and related expenses for administering Vermont's Section 1115 Waivers of the Social Security Act and other Global Commitment State Plan Services. Includes grant payments to Area Agencies on Aging for Global Commitment outreach to Ombudsman Program.	Direct to Global Commitment Administration

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37710	Global Commitment Program	Expenses related to Global Commitment programs (TBI, ICF- IID, Waiver, Clinic, Adult Day and ASP Personal Care)	Direct to Global Commitment Program
37800	Social Services Block Grant	Expenses related to Social Services Block Grant	Direct to Social Services Block Grant
41602	State Children's Health Insurance Program	Expenses related to the CHIP Program	Direct to CHIP
41618	SOA Infrastructure Components	Staff Expenses related to Health Enterprise shared component design and development.	Per approved Health Enterprise IAPD
41620	Refugee Assistance Program	Expenses paid via weekly Medicaid draw for clients determined to be refugees.	Direct to Refugee Assistance Program
41640	ICD-10	Direct staff work associated with the ICD-10 planning and implementation.	Direct to ICD-10 IAPD
41642	MES – DDI	Direct staff work that is related to the replacement of the current MMIS.	Per approved Health Enterprise IAPD
42011	Guardianship Services Specialists	Provide Guardianship services to the eligible developmentally disabled population	Direct to DDSD Guardianship
42006*	PASRR	Expenses related to Preadmission Screening and Record Review (PASRR).	Direct to PASRR
43960	TBI Planning Grant	Direct expenses related to the Grant	Direct to TBI Planning Grant
43967	TBI Employment Grant	Employment Focused Neuro Resource Facilitation for VT Vets with TBI	Direct to TBI Employment Grant
43500	General Fund	Programs that are entirely State funded	Direct to State Fund
43401	MCO Investments – DS Special Payments	DS special payments for medical services	Direct to MCO Investments
43402	MCO Investments – FFF/FMR	Flexible family/respite funding	Direct to MCO Investments
43406	MCO Investments – Seriously Functionally Impaired (SFI)	Seriously functionally impaired	Direct to MCO Investments

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#### **Department of Vermont Health Access (DVHA)**

#### I. Introduction

The DVHA is the State office responsible for the management of Medicaid, the State Children's Health Insurance Program (CHIP), and other publicly funded health insurance programs in Vermont. The DVHA is the largest insurer in Vermont in terms of dollars spent and the second largest insurer in terms of covered lives.

The mission of the DVHA is to:

- Assist beneficiaries in accessing clinically appropriate health services.
- Administer Vermont's public health insurance system efficiently and effectively.
- Collaborate with other health care system entities in bringing evidence based practices to Vermont Medicaid beneficiaries.

During the fall of 2005, the State received approval from the Centers for Medicare and Medicaid Services (CMS) for a Section 1115 Medicaid Waiver known as "Global Commitment to Health Waiver". The Waiver allows the State to fundamentally restructure the Medicaid program and imposes a cap on the amount of federal funding available for services for the Medicaid population. The State exchanged the risk of operating under a capped funding arrangement for the opportunity to use federal Medicaid funds for non-Medicaid health programs.

The goals of the Waiver include:

- 1. Financial and programmatic flexibility to help maintain public health care coverage and provide for more effective services.
- 2. To lead in exploring new ways to reduce the number of uninsured.
- 3. Foster innovation within health care by focusing on health care outcomes.

The Waiver became effective October, 2005, and allows the State to deviate from traditional federal Medicaid law and regulations in the following key ways:

- 1. Imposes a global cap on federal funds.
- 2. Establishes the DVHA as a managed care entity (MCE).
- 3. Allows the State to used federal Medicaid funds for state fiscal relief and non-Medicaid health programs.
- 4. Provides flexibility to reduce benefits, increase cost sharing, and limit enrollment for optional and expansion populations with some limits.

Within the Agency of Human Services (AHS), the Waiver will allow cross-departmental initiatives to obtain the greatest value from scarce health care dollars. The flexibility of the Waiver allows the State to effectively manage public resources, provide the tools necessary to make health care programs fiscally sustainable, and improve the Vermont health care system.

Under the Global Commitment to Health Waiver, the DVHA is an MCE, and must meet rules for Medicaid MCEs. The DVHA has intergovernmental agreements (IGAs) with the AHS and AHS departments that make them part of the MCE within the framework of the Global Commitment to Health Waiver. The State desires to use the Global Commitment to Health Waiver flexibility to integrate a Chronic Care Management Program (CCMP) into a system of care that can be used to benefit Medicaid beneficiaries, providers, and the DVHA.

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#### Other Departmental Claiming

The following AHS Departments also claim allowable administrative to the Medicaid program, such as school-based and child welfare related costs

Social and Rehabilitative Services (SRS), now DCF

• Percentage of Social Worker time spent on allowable Medicaid administrative activities.

Prevention Assistance, Transition, and Health Access (PATH), now DCF

• Medicaid outreach and eligibility.

#### Department of Mental Health

- The Mental Health Department contracts with 11 designated community agencies (DAs) to provide services to children and adults who are experiencing an acute mental-health crisis.
- The contracted designated agencies also operate the mental health Emergency Services Programs which are available 24 hours a day, seven days a week, responding to any individual experiencing a mental health crisis.
- Emergency programs screen situations to determine if there is need for admission into involuntary and/or acute care arrangements
- Inpatient psychiatric services at Brattleboro Retreat, Rutland Regional Medical Center, Fletcher Allen Health Care and Vermont Psychiatric Care Hospital (VPCH at the Morrisville location) provide involuntary emergency examinations and commitments in which adults have become dangerous to themselves or others or for psychiatric evaluations of competency to stand trial in criminal cases. Vermont opened a new twenty-five bed acute care hospital called Vermont Psychiatric Care Hospital (VPCH at the Berlin location) on July 3, 2014.

## Department of Aging and Independent Living (DAIL)

- Grants to designated agencies for local administration of HCB waiver.
- Grants to area agencies on aging to assist elders in Medicaid outreach.
- Division of Advocacy and Independent Living staff time on administering waivers and fulfilling Medicaid state plan requirements.
- NATAC Registry and Administration.
- Licensed Nursing Facilities Survey, Licensure, and Complaints.
- ICF/MR Licensure.
- Level III Homes Licensure.
- Home Health Hotline.
- Auditing MDS+ Forms.
- Prior authorization personnel.
- Developmental Services administration.
- Vocational Rehabilitation staff administering traumatic brain injury HCB waiver.

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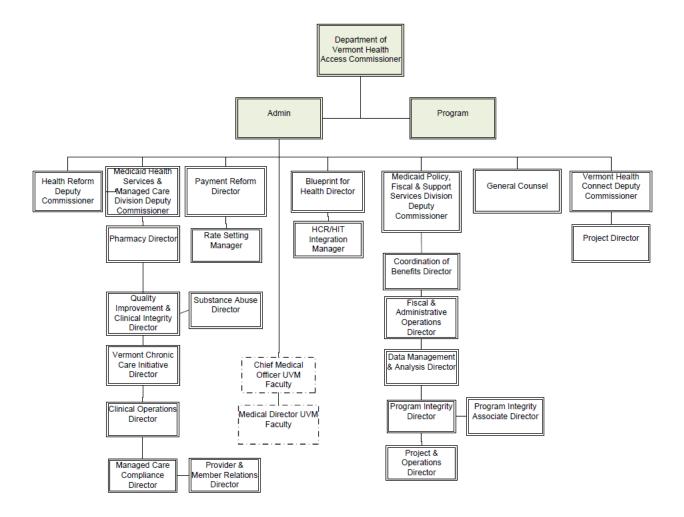
#### Vermont Department of Health (VDH)

- Medicaid outreach and eligibility.
- Medical Practice Division (Quality Assurance).
- Selected Skilled Professional Medical Personnel.

Costs for these activities are included in each Department's plan and included on the CMS-64 as appropriate.

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# **Department of Vermont Health Access**



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#### III. Department of Vermont Health Access Cost Allocation Methodologies

### **Organizational Unit 1: Indirect Cost Allocations**

Department of Vermont Health Access is assessed costs from both the State of Vermont, called the SWICAP, and the Agency of Human Services Central Office, for activities performed on its behalf.

Program Code	Program Code Name	Description	Allocation Method
1000.1*	SWICAP	DVHA Allocation of Statewide Indirect Costs	Total Hours Across All Program Codes
1000.2	AHS – Audit Unit	DVHA Allocation of costs related to the AHS Audit Unit	Total Hours Across All Program Codes
1000.3*	AHS – Secretary's Office	DVHA Allocation of costs related to the AHS Secretary's Office	Total Hours Across All Program Codes
1000.4*	AHS Information Technology	DVHA Allocation of costs related to AHS Information Technology	Total Hours Across All Program Codes
1000.5*	Financial Statement and Internal Controls	DVHA Allocation of costs related to the Single Audit – Financial Statement and Internal Controls	Total Hours Across All Program Codes
1000.7*	Human Resources Investigations Unit	DVHA Allocation of the costs associated with the Human Resources Investigations Unit	Total Hours Across All Program Codes
1000.8	AHS Policy	DVHA Allocation of Field Services Costs	Total Hours Across All Program Codes

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#### **Organizational Unit 2: Administration**

The DVHA is led by the Department of Vermont Health Access Commissioner, Deputy Commissioner, Medicaid Policy, Fiscal and Support Services Division, Deputy Commissioner, Health Services and Care Management, the Deputy Commissioner of Healthcare Reform, the Health Exchange Deputy Commissioner, and the Medical Director. The Department of Vermont Health Access Commissioner is responsible for oversight of all of DVHA's operations. The Health Services and Care Management Deputy Commissioner, is primarily responsible for data analysis, health programs integration, and pharmacy and program integrity. Deputy Commissioner of Medicaid Policy, Fiscal and Support Services is responsible for policy, provider relations, benefit coordination, reimbursement and administrative services. The Deputy Commissioner of Healthcare Reform is responsible for oversight of Healthcare Reform initiatives excluding the Vermont Blueprint for Heath division. The Health Insurance Exchange Deputy Commissioner is responsible for oversight of all Healthcare Exchange related activities, including the development and implementation of the Healthcare Exchange. The Medical Director is responsible for clinical operations, chronic care management and care coordination.

Program Code	Program Code Name	Description	Allocation Method
37531	Refugee Administration	Costs associated with the administration of the Refugee program.	Direct to RMA Grant
37701*	EBCP Contracts L1C	Contractual Costs associated with the Enterprise Business Capability Platform	Per Negotiated Approved EBCP IAPD
37702	Exchange Lvl 1C IT Contract	IT Consulting and contractual costs related to the Level 1c CCIIO Exchange Grant	Direct to Exchange Level 1C
37703	VHC Open Enrollment	Staff work related to VHC Open Enrollment	Direct to IDT
37704	HIE Contracts - Fair Share	Contractual Costs related to Health Information Exchange Expansion	Per Approved HIT IAPD
37705	EBCP Contracts L2	Contractual Costs associated with the Enterprise Business Capability Platform	Per Negotiated Approved EBCP IAPD
37706	VIEWS Training Contracts	Contractual Expenses related to Health Enterprise Eligibility and Enrollment training	Per Approved Health Enterprise IAPD
37707	VIEWS Training Staff	Staff work related to Health Enterprise Eligibility and Enrollment training	Per Approved Health Enterprise IAPD
37708	VHC/MAGI - E&E - Staff 1C	Staff work related to Health Enterprise Eligibility and	Per Negotiated E&E IAPD-Quarterly enrollment for QHP and

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37711 37716	Dual Eligible Program  IE HC 90/10 Contracts	Costs associated with dual eligible program Contractual Expenses related to Health Enterprise Integrated	Medicaid, per pending EBCP IAPD - E&E/VIEWS DDI (90%) & Exchange Level 1C (100%)  Direct to Duals Grant  Direct to CMS-E&E (90/10)
37717	IE HC 90/10 Staff	Eligibility DDI and IV&V  Staff work related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS-E&E (90/10)
37718 37719	HSE Analytics Contracts  HSE SOA Software	Costs associated with HSE Shared Analytics Contractual cost related to SOA infrastructure licenses	Per Approved Health Enterprise IAPD Per Approved Health Enterprise IAPD
37988	SIM YR 2 Testing-Contracts	Contracts approved by CMS using YR 2 Testing and approved Carryover identified subcontract Funds	Direct to SIM Grant
37990	SIM YR 1 Testing-Contracts	Contracts approved by CMS using YR 1 Testing and approved Carryover identified subcontract Funds	Direct to SIM Grant
37991	SIM YR 1 Testing-Staff	Direct Staff and operating costs that are related to SIMS activities for Testing Activities and approved Carryover Activities	Direct to SIM Grant
37998	YR 2 SIM testing- Staff	Direct Staff and operating costs that are related to SIMS activities for YR 2 Testing Activities and approved Carryover Activities are coded here	Direct to SIM Grant

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39374	Breast & Cervical Cancer	Direct Salary and	Direct to State Only
39374		-	Direct to State Only
	Admin	Fringe for one FTE	
		performing duties	
440704		funded by a VDH grant	
41050*	Enrollment Broker Services	Benefits counseling	Quarterly Case Count
		enrollment outreach	Across AHS and VHC
		and member services	Enrollment for Global
			Commitment, CHIP,
			Designated State Health
			Programs (DSHP) and
			QHP
41051*	Pharmacy Benefit Manager	Pharmacy Benefit	Quarterly number of
	Services	Manager Services	Pharmacy Claims paid
			for Global Commitment,
			CHIP, and All Other
			benefiting Programs
41085*	DUR/MAB Board	Provide consultation	Quarterly Enrollment for
		and feedback on	Global Commitment,
		program design,	CHIP, and all other
		management, and	benefiting programs
		operations. The Drug	gonerium programm
		Utilization Review	
		Board (DUR) consists	
		of physicians and	
		pharmacists. The DUR	
		Board reviews drug	
		utilization in terms of	
		prescriber practices,	
		pharmacy dispensing,	
		and beneficiary use.	
		The Board also acts as	
		DVHA's Pharmacy and	
		therapeutics P&T	
		Committee, advising	
		DVHA on benefit	
		design for the	
		pharmacy programs.	
		The Medicaid Advisory	
		Board consists of	
		providers and	
		beneficiaries and their	
		representatives;	
		representatives of other	
		related government	
		entities; and other	
		interested parties	
		providing evaluation	
		and advice on the	
		design and operations	

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

		of all of DVHA's	
		benefit programs.	
41090*	SPMP	Cost of time staff in positions requiring a professional medical certification or degree spent on duties and responsibilities that require professional	Direct to Global Commitment Admin
		medical knowledge and skills.	
41120*	Fiscal Intermediary	Cost of contractual services for the administration of Medicaid/CHIP program. Receives, organizes and processes bills for medical recipients, maintains and makes available on-line histories of benefits paid and develops new applications with the context of approved advance planning documents	Quarterly number of paid claims for Global Commitment, CHIP, and All Other benefiting Programs
41470	State Only Expenses	Administrative expenses for "State Only" programs	Direct to State Funds
41486*	Commissioner's Office	Operations and oversight of DVHA units in both operations and the administration of the State of Vermont's public health care programs; Act as Chief Liaison to and directs staff interaction with administration, legislature, AHS central office and departments, other state agencies, the media and federal entities.	Total Hours Across All Program Codes
41487*	Data Analysis Management	Provides data and analytical support to DVHA. Responds to Medicaid claims and	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs

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	T		
		enrollment data	
		requests in a timely and	
		accurate manner as well	
		as providing analytical	
		support to DVHA staff	
		and units.	
41488*	Pharmacy Unit	Implements and	Quarterly number of
		manages the pharmacy	Pharmacy Claims paid
		benefits for Medicaid	for Global Commitment,
		and the VHAP, VHAP	CHIP and other
		Pharmacy, VScript,	benefiting Programs.
		VScript Expanded,	benefiting 1 rograms.
		Medicare Part D and	
		VPharm plans. Ensures	
		that the State's	
		pharmacy benefit plans	
		are implemented and	
		administered	
		appropriately so that	
		benefits can be	
		accessed appropriately	
		and pharmacies' claims	
		for those activities are	
		processed correctly and	
		paid on a timely basis.	
		Also work with	
		Vermont Medicaid	
		enrolled providers	
		regarding the State's	
		pharmacy programs.	
41489*	Health Program Integrity and	Responsible for	Quarterly Enrollment for
71707	Program Improvement	monitoring maintaining	Global Commitment,
	1 Togram improvement	the integrity of our	CHIP, and All Other
		Medicaid Program,	benefiting Programs
		_	0 0
		including the provision	Total Hours Across All
		of medically necessary	Program Codes
		and appropriate health	
		care services, accurate	
		reimbursement to	
		qualified providers of	
		those services, efficient	
		administration of the	
		program and the	
		prevention of	
		inappropriate services	
		and reimbursement.	
		Works closely with	
		each department within	
		DVHA as well as the	
		Medicaid Fraud and	

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_	1	1	1
		Residential Abuse Unit	
		to investigate referred	
		issues to determine if	
		there is a problem.	
		Expanded to include a	
		DVHA Oversight and	
		Monitoring unit which	
		will be the key liaison	
		for Federal, State, and	
		independent audits and	
		examinations, as well	
		as an intermediary and	
		advocate for DVHA	
		setting a basis of	
		understanding and	
		expectation for	
		Regulators, Examiners,	
		Auditors, Independent	
		Auditors, and State	
		Senior Leadership.	
41490*	Clinical Unit	Manages Care	Quarterly Enrollment for
		Coordination (CC),	Global Commitment,
		Quality Initiatives (QI)	CHIP, and All Other
		and Prior	benefiting Programs
		Authorizations. CC	
		initiative is designed to	
		facilitate the	
		provider/patient	
		relationship by	
		coordinating	
		interventions that assist	
		primary care practices	
		for the needs of our	
		beneficiaries –	
		specifically in	
		emergency room	
		utilization and inpatient	
		hospitalization. QI	
		provides operational	
		direction necessary to	
		monitor and evaluate	
		the quality and	
		appropriateness of care	
		and service for our	
		members, identify	
		opportunities for	
		clinical and service	
		improvement, ensure	
		resolution of identified	
		problems and to	

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	Г	T .	Τ
		measure/monitor	
		intervention results	
		over time to assess the	
		need for new	
		improvement strategies.	
41491*	Chronic Care Initiative	Extension of the above	Quarterly Enrollment for
		mentioned clinical unit	Global Commitment,
		responsibilities with the	CHIP, and All Other
		addition of make	benefiting Programs
		routine visits to	
		provider/patients.	
41493*	Provider & Member Relations	Provide assistance to all	Quarterly Enrollment for
		provider groups for	Global Commitment,
		both incoming and	CHIP, and All Other
		outgoing	benefiting Programs
		communication	
		regarding issues that	
		affect providers.	
41495*	Policy and Reporting	Represents DVHA in a	Total Hours Across All
		variety of venues and	Program Codes
		furnishes required	
		reports for the state and	
		federal governments.	
		Also responsible for	
		maintaining and	
		revising when	
		necessary the Vermont	
		Medicaid State Plan,	
		the Vermont Medicaid	
		Rules and Procedures	
		and the Vermont Health	
		Access Program rules	
		and procedures.	
		Coordination and	
		management of the	
		administrative process	
		of responding to	
		requests for non-	
		covered services by	
		beneficiaries as well as	
		representing DVHA at	
		fair hearings.	
41496*	Coordination of Benefits	Investigates claims	Quarterly Enrollment for
71770	Coordination of Belletits	potential for third party	Global Commitment,
		liability for areas of	and All Other benefiting
		health insurance, court	Programs
		ordered medical	1108141115
		support, Medicare Part	
		D drug plans, estate	
		recovery, cost effective	
		recovery, cost effective	

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	T	1 1/1 '	Τ
		health insurance,	
		workers compensation	
		and subrogation. When	
		a liability is found, claims and/or liens are	
		filed with the liable	
		party to raimburge the	
		party to reimburse the Medicaid paid claims.	
41497*	Administrative Services	Responsible for fiscal	Total Hours Across All
41437	Administrative Services	and operational	Program Codes
		activities, including	1 Togram Codes
		budget items, AR, AP,	
		payroll and expenses,	
		contract and grant	
		monitoring, federal	
		reporting, cost	
		allocation and overall	
		human resources and	
		building maintenance.	
41607	VHC/MAGI - E&E - Staff	Staff work related to	Per Approved
.1007	V116/1141161 2662 SWIII	Health Enterprise	Negotiated E&E EBCP
		Eligibility and	IAPD
		Enrollment DDI and	
		IV&V	
41609	VHC/MAGI - E&E - Contracts	Contractual Expenses	Per Approved
		related to Health	Negotiated E&E EBCP
		Enterprise Eligibility	IAPD
		and Enrollment DDI	
		and IV&V	
41612	EBCP Staff L2	Staff Expenses	Per Approved
		associated with the	Negotiated EBCP IAPD
		Enterprise Business	
		Capability Platform	
41613	MMIS-DDI Contracts	Contractual Expenses	Direct to CMS-MMIS
		related to Health	
		Enterprise MES DDI	
		and IV&V	
41614	ICD-10 Data Storage	Contractor expenses -	Direct to ICD-10 IAPD
		associated with the	
		ICD-10 planning	
41617	ONC HIT 3013	Costs Associated with	Per approved Health
		Vermont State HIT-	Enterprise IAPD
		HIE Program and	
44.2:-		eHealth Initiative	
41618	HSE PMO - Staff	Staff Expenses related	Per Negotiated PMO
		to Health Enterprise	allocation of HSE
	Í	shared component	sources
		design and development	

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41626*	Health Care Reform	Time and effort associated with implementing Vermont's Healthcare Reform program. Healthcare Reform in the State of VT is made up of over 60 specific initiatives all designed to increase access, improve the quality, and contain costs of healthcare for Vermonters.	Bi-Annual % of State population Eligible for Medicaid to GC Admin remainder to MCO. Staff in this Program code also direct code time as appropriate to other Program codes.
41627*	Blueprint Administration	All costs associated with Blueprint for Health staff	Bi-Annual % of State population Eligible for Medicaid to GC Admin remainder to MCO.
41628*	Blueprint – Partnerships	Costs associated with Contractual and grant	Bi-Annual % of State population Eligible for Medicaid to GC Admin remainder to MCO.
41629*	Quality Improvement Division	Responsible for ensuring compliance to the State and Federal quality standards including oversight of any delegated activities; implementation, management and oversight of quality initiatives including the CHIPRA Quality Demonstration Grant; and authorization and concurrent review of inpatient psychiatric services.	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs
41632	HSE PMO - Contracts	Contractual Expenses related to Health Enterprise shared component design and development	Per Negotiated PMO allocation of HSE sources
41634	Provider Directory – Staff & DII Project Management	Salary, operating and DII staff expenses related to Health Enterprise provider directory	Per Approved Health Enterprise IAPD

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41636	MAPIR – EHR Incentive	EHR Incentive	Direct to CMS - HIT
	Payments	Payments to providers	EHRIP 100%
41637	MAPIR – State Customization	Contractor expenses –	Direct to CMS-MMIS
	– Contractual Costs	State Customization –	
		contract associated with	
		the Medical Assistance	
		Provider Incentive	
		Repository Program -	
41639	ICD-10 – Contractual Costs	Contractor expenses –	Direct to ICD-10 IAPD
		associated with the	
		ICD-10 planning and	
		Implementation	
41640	ICD-10 – Staff Costs	Work associated with the	Direct to ICD-10 IAPD
		ICD-10 planning and	
41642	MAIG DDI GU CC	Implementation	Discourse CMC MANG
41042	MMIS – DDI Staff	Staff work related to the development of the	Direct to CMS-MMIS
		MMIS	
41692*	HCR/HIT – Contracts	Compuware, Bi-state	Bi-Annual % of State
		and any other "non-	population Eligible for
		base" HCR expense	Medicaid to GC Admin
		1	remainder to MCO.
			Staff in this Program
			code also direct-code
			time as appropriate to
			other Program codes.
41693	HIT: Implementation and	Staff Expenses related	Direct to CMS-HIT
	Operation- Staff	to Health Enterprise	
		HIT, HIE, EHR, and	
		Public Health	
		Development and	
		Implementation	
41694	HIT: Implementation and	Contractual Costs	Direct to CMS-HIT
	Operation- Contractors	related to Health	
		Enterprise HIT HIE,	
		EHR, and Public	
		Health Development	
41.007	MADIDI	and Implementation	D' 44 CMC THE
41695	MAPIR Incentive Payments	EHR Incentive	Direct to CMS - HIT
		Payments for Eligible	EHRIP 100%
41697*	Reimbursement Unit	Hospitals Administrative	Quartarly Engallment for
4109/*	Keimbursement Unit	expenses associated	Quarterly Enrollment for Global Commitment,
		with the operation and	CHIP, and All Other
		oversight of Vermont's	benefiting Programs
		provider assessment,	benefiting 1 tograms
		Disproportionate Share	
		Hospital (DSH)	
		payments, cost	
		settlement process, and	
		sectioniciti process, and	

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	T	1 1 1	T
		value based	
41.000%	0.1	reimbursements.	0 1 5 11 12
41698*	Substance Abuse Initiative	Expenses associated	Quarterly Enrollment for
		with the execution of	Global Commitment,
		substance abuse	CHIP, and All Other
		targeted programs	benefiting Programs
		including the "Team	
		Care" and the "Hub and	
41.600\$	M 10 10 1	Spoke" models.	0 1 5 11 16
41699*	Managed Care and Compliance	Executive salary	Quarterly Enrollment for
		expenses associated	Global Commitment,
		with Program Integrity,	CHIP, and All Other
		Provider and Member	benefiting Programs
		Services, and the	
		Substance Abuse	
41701	Evolunce Level 2 III stoff	initiative Cost associated with	Diment to Evel-2-2
41/01	Exchange Level 2 – IT staff		Direct to Exchange Level 2
	and operating	Exchange Level 2 related IT staff and	Level 2
		operating expenses	
41703*	GC Administrative Contracts	Contract Expenses	Quarterly Enrollment for
41703	GC Administrative Contracts	associated with	Global Commitment,
		Administrative services	CHIP, and All Other
		charged to GC	benefiting Programs
41704	Exchange Level 2- non-IT	Cost associated with	Direct to Exchange
71707	Staff and operating	Exchange Level 2	Level 2
	Starr and operating	related non- IT staff	Level 2
		and operating expenses	
41705	Exchange Level 2 – IT	Cost associated with IT	Direct to Exchange
11703	Contractual	related Exchange Level	Level 2
		2 contracting and	20,012
		consulting expenses	
41706	Exchange Level 2 – non-IT	Cost associated with	Direct to Exchange
	Contractual	non-IT Exchange Level	Level 2
		2 related contract and	
		consulting expense	
41761	HSE Infrastructure Staff	Staff Expenses related	Per Negotiated PMO
	w/ Lvl 1C	to Health Enterprise	allocation of HSE
		shared component	sources
		design and	
		development	
41762	VHC/MAGI-E&E-Cont_1C	Contractual Expenses	Per Approved Health
		related to Health	Enterprise IAPD
		Enterprise Eligibility	Quarterly enrollment for
		and Enrollment DDI	QHP and Medicaid, per
		and IV&V	pending EBCP IAPD -
			E&E/VIEWS DDI
			(90%) & Exchange
			Level 1C (100%).

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11762	Evahanca I vil 1C nam IT C4-ff	Non IT Colomy and	Direct to Evolution
41763	Exchange Lvl 1C non-IT Staff	Non-IT Salary and	Direct to Exchange
		Operating costs related	Level 1C
		to the Level 1c CCIIO	
417.64	F 1 11G 17	Exchange Grant	Di D. I
41764	Exchange Lvl 1C non-IT	Non-IT Consulting and	Direct to Exchange
	Contract	contractual costs	Level 1C
		related to the Level 1c	
		CCIIO Exchange Grant	
41765	Adult Medicaid Quality Grant	Costs associated with	Direct to AMQ Grant
	Level 1 Staff	AMQ Level 1 related to	
		staff expense	
41766	Adult Medicaid Quality Grant	Costs associated with	Direct to AMQ Grant
	Level 1 Contractual	AMQ Level 1 related to	
		Contractual expense	
41768	Exchange level 1b Non-IT	Non-IT Salary and	Direct to Exchange
	Staff and Operating	Operating costs related	Level 1B
		to the Level 1b CCIIO	
		Exchange Grant	
41769*	Navigator - State	Non-IT Navigator grant	Direct to Exchange
		costs related to the	Level 1B NOA
		Level 1b CCIIO	
		Exchange Grant	
41770*	Navigator – Allocated	Non-IT In Person	Quarterly enrollment for
		Assistor grant costs	QHP and Medicaid Per
		related to the Level 1b	Pending EBCP IAPD
		CCIIO Exchange Grant	Direct to Exchange
			Level 1B NOA
41772	CAQH ACA IAPD Staff	Cost associated with	Direct to ACA CAQH
	_	Vermont CAQH	Grant
		(Committee for	
		Affordable Quality	
		Healthcare) Core	
		Operating Rules project	
		related staff and	
		operating expenses	
41773	CAQH ACA IAPD Contract	Cost associated with	Direct to ACA CAQH
		Vermont CAQH	Grant
		(Committee for	
		Affordable Quality	
		Healthcare) Core	
		Operating Rules project	
		related contract and	
		consulting expenses	
41774	TMSIS Staff	Cost associated with	Direct to T-MSIS grant
71//7	TWISIS Starr	TMSIS project related	Direct to 1-MSIS grant
		staff and operating	
41775	TMSIS Contract	expenses Cost associated TMSIS	Direct to T MCIC grant
41//3	TWISIS COILLIACT		Direct to T-MSIS grant
		project related contract	

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		and consulting expenses	
41778*	VHC Operations Contract	Cost associated with VHC Maintenance and Operations related contract expenses	Quarterly Case Count Across AHS and VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP
41779*	VHC Operations Staff	Cost associated with VHC Maintenance and Operations related staff and operating expenses	Quarterly Case Count Across AHS and VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP
41780	VHC Medicaid eligibility and enroll – (OAPD) contracts	Cost associated with hosting, security, and maintenance & operations of VHC Medicaid eligibility and enrollment related contract expenses, eligible for 75% match are coded here	Quarterly Case Count Across AHS and VHC Enrollment for Global Commitment Medicaid Enhanced FMAP, CHIP, Designated State Health Programs (DSHP) and QHP

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#### **Organizational Unit 3: Program**

Nature and Extent of Services: The following program codes, Program Code Names, Description, and Allocation Method are for other programmatic costs associated with DVHA programs not including, salary, benefits, travel and medical services contracts.

Program Code	Program Code Name	Description	<b>Allocation Method</b>
37714	Graduate Medical Education Payment	Graduate Medical Education Payment	Direct to Global Commitment Program
41470	State Only Expenses	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to State Funds
41601	Medicaid	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Total Costs Across Global Commitment, Other Benefiting Programs (41601.115) (.116) MCO Investments (.117) Based on CMS Invoice Billing
41602	CHIP Payments	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to CHIP
41603	Civil Union	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to Global Commitment MCO Investments
41605	State-Only Pharmacy	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to State Funds
41610	HIV/INS	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to Global Commitment MCO Investments
41615	Buy-in Part A	Medicare Part A premiums paid on behalf of Vermont residents	Total costs across GC, CHIP, and Other Benefitting Programs Based on CMS Invoice Billing

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41620	Refugee Program	Healthcare related expenditures as	Direct to RMA grant
		identified on the MMIS quarterly	
		expenditure reports	
41625	Vermont Legal Aid MAP	Payments to Vermont	Direct to Global
		Legal Aid for services	Commitment
		related to the	Program
		Medicare Advocacy	
		Project	~
41631	GEARWAR	Financial transactions	Direct to Global
		resulting from	Commitment
		outcome of Gearwar	Program
		vs. Wilson legal action	
41641	Buy-in Part B	Medicare Part B	Total costs across
71071	Buy in ruit B	premiums paid on	GC, CHIP, and Other
		behalf of Vermont	Benefitting Programs
		residents	Based on CMS
			Invoice Billing
46405	Medicare Clawback	Per person per month	Direct to State Funds
		payments made to	
		CMS for Part D	
		beneficiaries	
41645	DSH	Medicaid	Direct to DSH
		Disproportionate	Medicaid Allotment
		Share Hospital Payments	
41643	Vermont Premium Assistance	Premium Assistance	Direct to GC
11015	V Official Tellifolia Tissistance	payments made on	Program or Direct to
		behalf of eligible	State Funds, Based
		members enrolled in a	on validation of
		Qualified Health Plan	remittance to carrier
41644	Cost Sharing reduction	Payments made on	Direct to State Funds
		behalf of eligible	
		members enrolled in a	
		Qualified Health	
		Plan, to assist with	
		out of pocket medical	
41646	Adult Medicaid Quality Grant Level	costs Adult Measures Grant	Direct to AMQ Grant
71070	1 PIP	performance	Direct to Aivig Grailt
		improvement project	
41647	Drug Rebate	Drug Rebates	Allocated to Global
		received based on	Commitment
		eligible Pharmacy	Program, CHIP and
		expenditures	Other Benefiting
			Programs by percent
			of total pharmacy

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	spend for prior 4
	quarters

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## **Department of Health (VDH)**

#### I. Introduction

The Vermont Department of Health (VDH) has three appropriations, as follows:

# Administration appropriation

• Administration division

#### Public Health appropriation

- Emergency Preparedness, Response, and Injury Prevention
- Health Surveillance
- Chief Medical Examiner
- Maternal and Child Health
- Health Promotion and Disease Prevention
- Office of Local Health
- Medical Practice Board
- Environmental Health

#### Alcohol and Drug Abuse Programs appropriation

• Alcohol and Drug Abuse Programs

VDH's mission statement is as follows:

Mission: To protect and promote optimal health for all Vermonters.

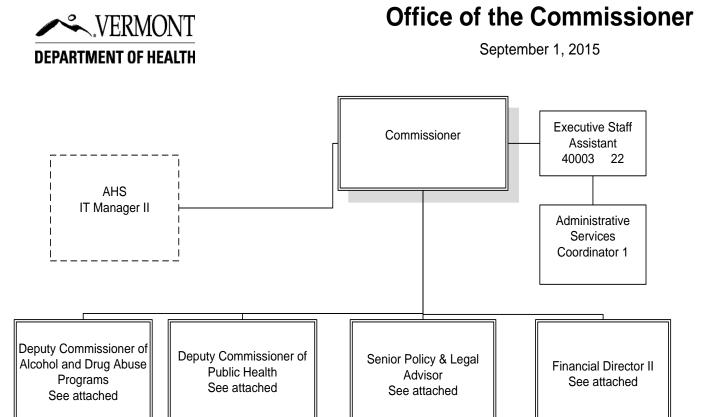
Vision: Healthy Vermonters living in healthy communities.

#### Goals:

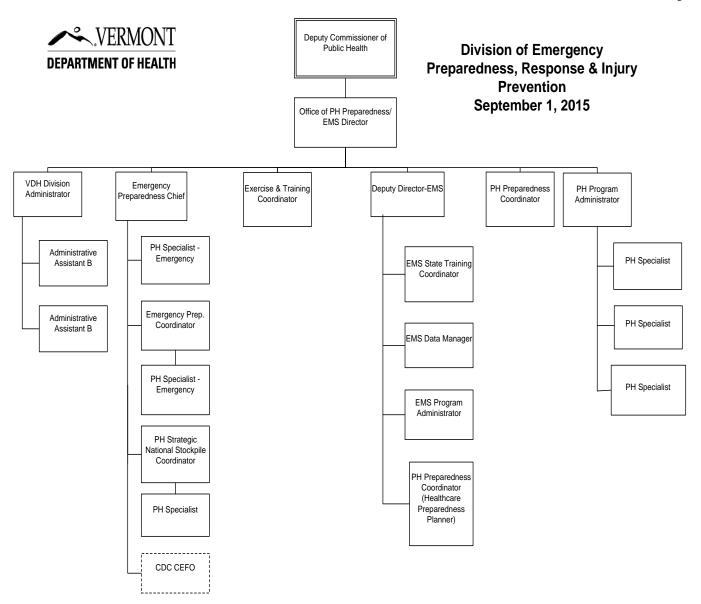
- 1. Effective and integrated public health programs
- 2. Communities with the capacity to respond to public health needs
- 3. Internal systems that provide consistent and responsive support
- 4. A competent and valued workforce that is supported in promoting and protecting the public's health
- 5. A public health system that is understood and valued by Vermonters
- 6. Health equity for all Vermonters

Within this document we have included an overview of VDH's organizational structure and a list of the specific functions performed by VDH, the program code associated with the function, and the allocation method for each function.

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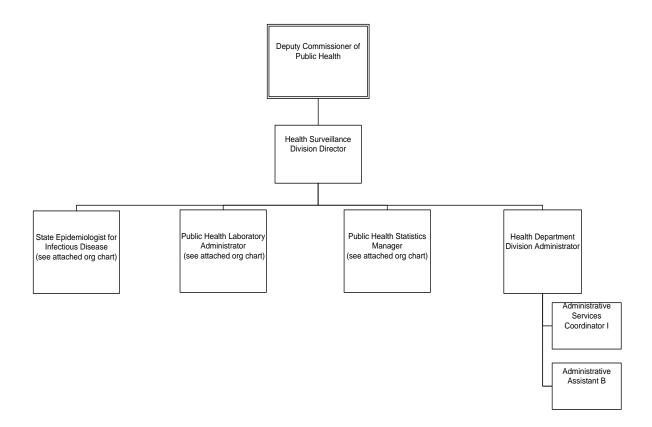


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## **Division of Health Surveillance**

September 1, 2015

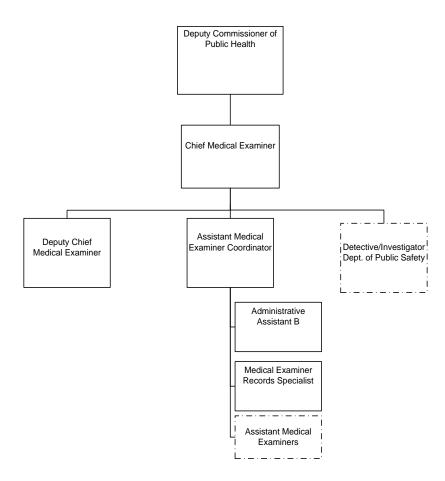


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# Office of the Chief Medical Examiner

September 1, 2015

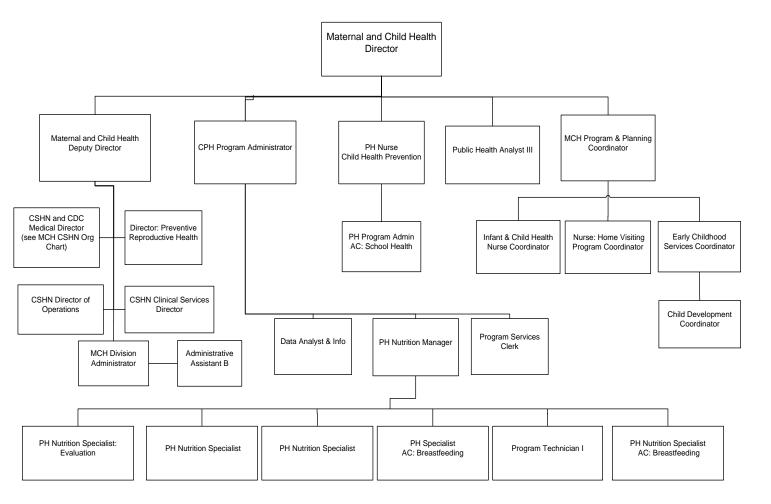


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# VERMONT DEPARTMENT OF HEALTH

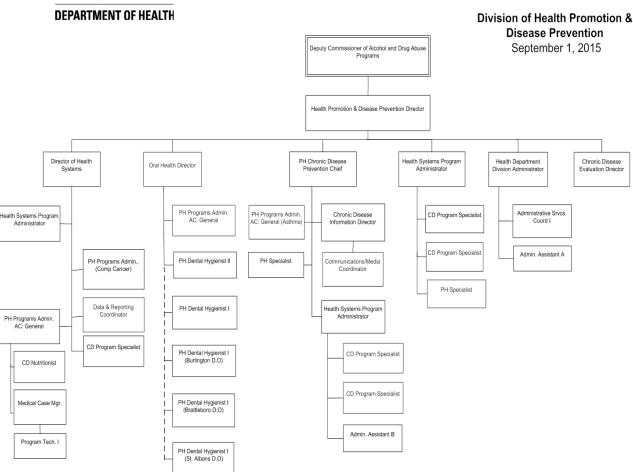
## **Division of Maternal and Child Health**

September 1, 2015

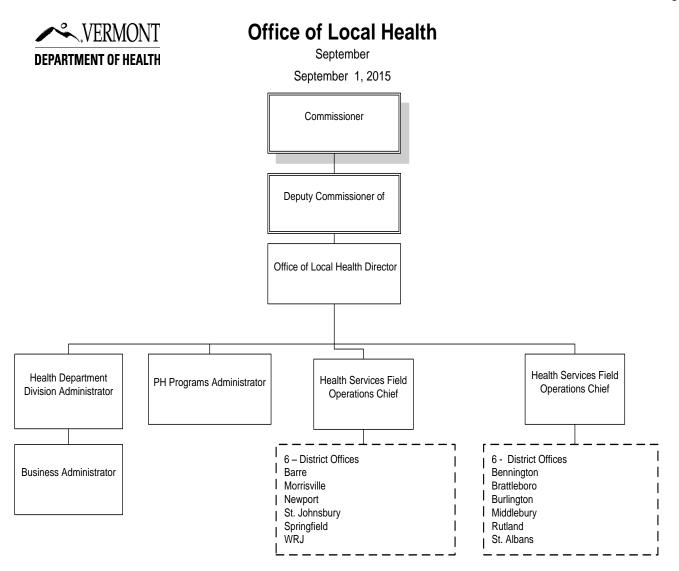


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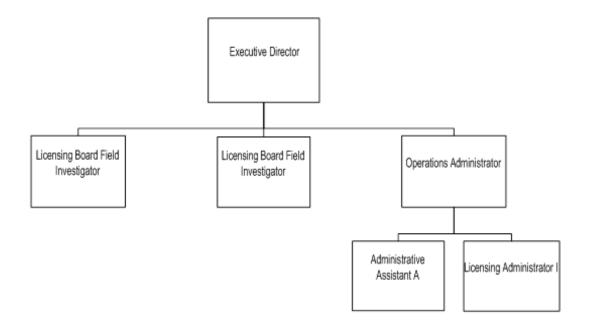


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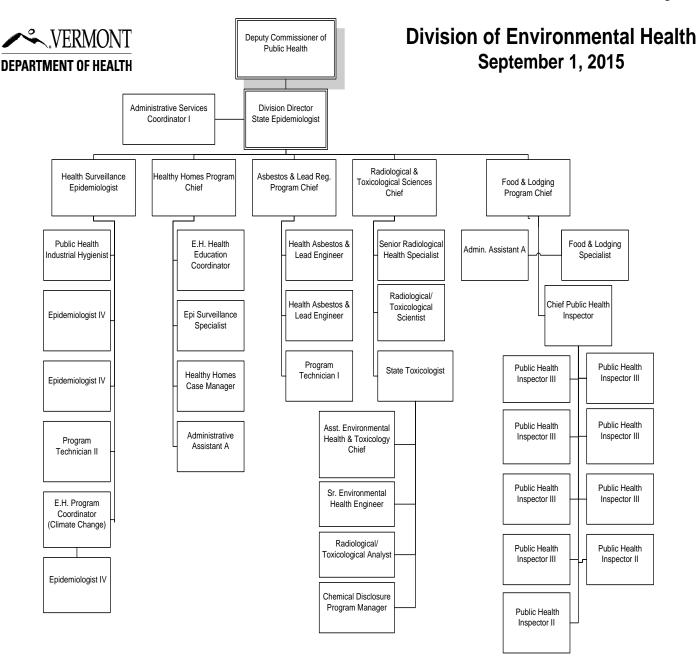


# **Board of Medical Practice**

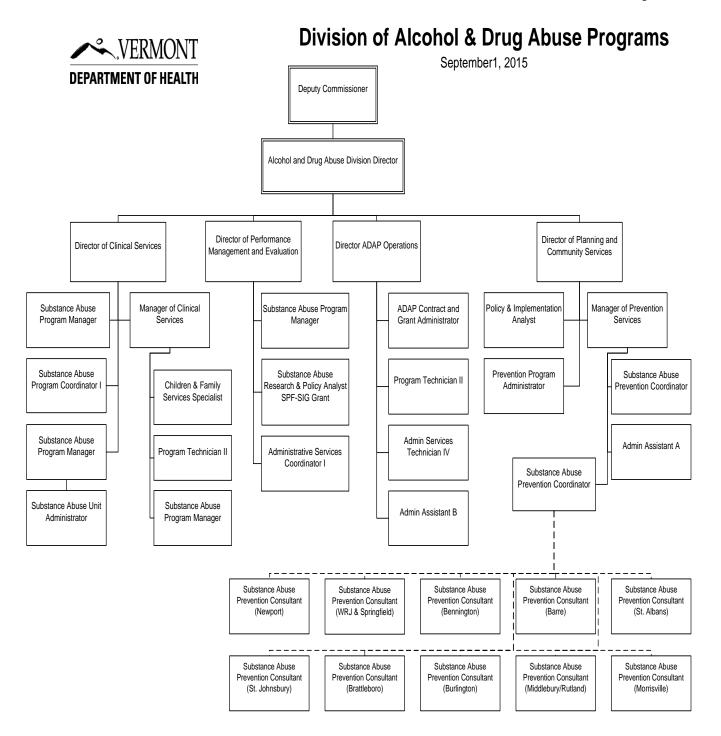
September 1, 2015



<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.



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# III. Vermont Department of Health Cost Allocation Methodologies

# **Organizational Unit 1: Indirect Cost Allocations**

Vermont Department of Health is assessed costs from both the State of Vermont, called the SWICAP, and the Agency of Human Services Central Office, for activities performed on its behalf.

Program Code	Program Code Name	Description	<b>Allocation Method</b>
1000.1*	SWICAP	VDH allocation of Statewide Indirect Costs	Total Salaries Across VDH
1000.2*	AHS Audit Unit	VDH allocation of costs related to the AHS Audit Unit	Total Salaries Across VDH
1000.3*	AHS Secretary's Office	VDH allocation of costs related to the AHS Secretary's Office	Total Salaries Across VDH
1000.4*	AHS Information Technology	VDH allocation of costs related to AHS Information Technology	Total Salaries Across VDH
1000.5*	Financial Statement and Internal Controls Audit	VDH allocation of costs related to the Single Audit - Financial Statement and Internal Controls	Total Salaries Across VDH
1000.6*	Human Services Board	VDH allocation of costs related to the Human Services Board*	Total Salaries Across VDH
1000.7*	Human Resources Investigations Unit	VDH allocation of costs related to the Human Resources Investigations Unit	Total Salaries Across VDH
1000.8*	AHS Policy	VDH allocation of costs related to AHS Policy	Total Salaries Across VDH

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

## **Organizational Unit 2: Administration**

The following program codes, descriptions, and allocation methods are for costs associated with the Commissioner's Office; Information Technology Services; Health Planning; Department Operations, and the Business Office. It had been standard practice that any staff person in the department can code costs to any program code in the department if that code is the most appropriate description of the cost until the May 16, 2013 payday. At that time the State of Vermont converted to a new payroll system. The only Cost Allocation implication of this new payroll system is that employees are given a limited number of program codes from which to choose. However, the practice is to add program codes to employees' list of available codes upon request so that any program code is made available to any employee. There have not been changes in the pattern of time reporting as a result. These program codes are shown within this Division as an approximate guide to the most likely users of these codes.

Program Code	Program Code Name	Description	Allocation Method
37703	VHC Open Enrollment- Non It	Direct state staff	Direct to VHC
	Staff	expenses related to	Open Enrollment –
		"volunteer" VHC Open	Non IT Staff.
		Enrollment efforts – not	
		associated with VHC	
		DDI or otherwise funded	
27001	Carte Innered on Medal (CDM on	first year operations.	D. v. A. v. v. a. a. 1 CDM
37991	State Innovation Model (SIM or	Direct Staff and	Per Approved SIM NOA
	VHCIP)	operational costs associated with SIM	NOA
37998	SIM YR 2 Testing	Project – testing years  Direct Staff and	Dor Approved SIM
31990	Siwi i K 2 Testing	operating costs that are	Per Approved SIM NOA
		related to SIMS activities	NOA
		for YR 2 Testing	
		activities and approved	
		carryover activities	
39001*	Administration-Departmental	Costs associated with	Total Salaries
	Tauring and a open union and	overall management of	Across VDH
		VDH including: legal	
		services, policy,	
		development, planning,	
		public affairs,	
		administrative support,	
		financial management	
		and Board of Health	
		activities.	
39009*	Administration-Leave Time	Time code for all staff	Quarterly Results
		paid for time not worked	of Individual
		such as vacations,	Employees Positive
		holidays, sick leave,	Reporting
		personal time and	
		compensatory time.	

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

39011	Public Health Training Center	Costs associated with	Direct to Public
	- sold live in the sold of the	VDH participation in the	Health Training
		New England Public	Center
		Health Workforce	
		Development Alliance.	
39012	Organ Donation	All costs of grants from	Direct to Organ
		the Department of health	Donation.
		related to organ	
		donation.	
39013	Corrections Dept Quality	Expenditures associated	Direct to
	Oversight	with Quality Oversight	Department of
		of the Corrections	Corrections Quality
		Department.	Oversight
39014*	Duty Officer Time	Standby time and work	Allocated to Global
		time associated with	Commitment
		assignment as Duty	Investment and to
		Officer outside of normal	State Funds based
		business hours.	on the Medicaid,
			Uninsured, and
			Underinsured, share
			of total state
			population.
39016*	Patient Safety Surveillance	All costs associated with	Allocated 50% to
		activities related to	Global
		patient safety	Commitment
		surveillance and	Investment and
		improvement system.	50% to State Funds
39023	Hospital Licensing	Expenses related to	Direct to Hospital
		license applications,	Licensing
		developing rules and	
		monitoring compliance	
		with same, issuance of	
		licenses and other	
200.10:5		activities.	<b>D</b> : C:
39040*	Area Health Education Center	Payments to provide	Direct to Global
	program support	support to Area Health	Commitment
		Education Centers	Investment.
		(AHECs) in order to	
		improve Vermont's	
		public health by	
		establishing educational	
		partnerships, supporting students and health	
		professionals and	
		engaging in community outreach and education.	
39041*	Fadarally Qualified Health Center		Direct to Global
39041"	Federally Qualified Health Center and Look-Alike Funding	Payments associated	Commitment
	and Look-Alike Fullding	with legislative funding for Federally Qualified	Investment.
		• -	mvestment.
		Health Centers (FQHC)	

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		or for Federally Qualified Health Center look-alikes.	
39042*	Free Clinic Administrative Support	Payments to the Vermont coalition of clinics for	Direct to Global Commitment
		the uninsured to provide	Administration
		outreach, enrollment,	7 tanimistration
		education, and care	
		coordination to patients	
		receiving services at any	
		of the free clinics.	
39043*	Tele-child psychiatry services	Payments associated	Direct to Global
		with tele-child psychiatry	Commitment
		patient consultation	Investment.
		services and tele-	
		education in the area of	
		assessment, treatment,	
		and referral of children	
		with emotional or	
		behavioral problems who	
		are seen in federally	
39044	Programintian Dava Education	qualified health centers.	Direct to
39044	Prescription Drug Education	Payments to support an evidence-based	
			Prescription Drug Education
		prescription drug education program,	(Evidence-Based
		including Academic	Education and
		Detailing teams, for	Advertising special
		health care professionals.	fund)
39046	Public Health Infrastructure	All costs associated with	Direct to Public
		a project funded through	Health
		the Affordable Care Act,	Infrastructure
		to build public health	
		infrastructure and	
		improve the delivery of	
		public health services	
39047	Statewide Quality Assurance	Funding to VPQHC to	Direct to Statewide
	System	implement and maintain	Quality Assurance
		a statewide quality	System
		assurance system to evaluate and improve the	
		quality of healthcare	
		services rendered in	
		Vermont.	
39048	Building a Culture of Health	All costs of those	Direct to Building a
27010	2 and a contract of field	activities associated with	Culture of Health
		incorporating factors	
		associated with quality-	
		of-life into the State's	
		analysis of health	

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		resources and	
		expenditures.	
39523*	Poison Control and Surveillance Activities	Activities associated with poison control and surveillance, including services currently provided by the Northern New England Poison Center. , other than Real Time Disease Detection activities.	Allocated 27% to Global Commitment Admin and then to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39530	Primary Care	Costs related to Primary Care Cooperative Agreement, including personnel, operating expenses and grants.	Direct to Primary Care
39531*	CHAMPPS (Coordinated Healthy Activity, Motivation, and Prevention Programs)	Grants payments to community organizations to support the Coordinated Healthy Activity, Motivation and Prevention Programs (CHAMPPS)	Direct to Global Commitment Investment.
39532	Rural Health Office	Costs associated with activities related to the establishment and operation of a State Office of Rural Health.	Direct to Rural Health Office
39534	Rural Hospital Flexibility Program	Costs associated with the activities under the ongoing Rural Hospital Flexibility Program grant from HRSA to help stabilize rural hospitals and improve access to health services in rural communities.	Direct to Rural Hospital Flexibility Grant
39538	Hospital Preparedness	Costs associated with a program to support hospitals and other health care entities in preparing public health emergencies.	Direct to Hospital Preparedness
39539*	Vermont Loan Repayment	Costs associated with grants to support educational loan	Direct to Global Commitment Investment.

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		manarymant to lead the arms	
		repayment to health care	
205.41	Constitute and the constitute of the constitute	professionals.  Costs associated with a	Diment to Court
39541	Small Hospital Improvement		Direct to Small
		project to assist small	Hospital
		hospitals in	Improvement Grant
		implementing	
		prospective payments	
		systems, improving	
		quality and complying	
		with certain provisions of	
		the Health Insurance	
		Portability and	
		Accountability Act	
207.46	G. J. D. J. D.	(HIPAA).	D: C I
39546	State Loan Repayment Program	All costs of those	Direct to State Loan
		activities associated with	Repayment
		the State Loan	Program.
		Repayment Program,	
		funded under the grant	
20574	O = 1 11 - 1(1 W - 1-f	from HRSA	Discrete Onel
39574	Oral Health Workforce	All personnel costs and	Direct to Oral
		associated expenditures for the Public Health	Health Workforce
		Dental Hygienist covered	
		by the UVM Medical	
41639	ICD-10 Contractual Costs	Center grant. Contractual work	Direct to ICD-10-
41039	1CD-10 Contractual Costs	associated with the ICD-	IAPD
		10 planning &	IAID
		Implementation	
41640	ICD-10 - Staff	Direct staff work	Direct to ICD-10-
41040	Teb 10 Stair	associated with the ICD-	IAPD
		10 planning &	I II D
		Implementation	
41642*	MMIS - DDI Staff	Staff work that is related	Direct to CMS-
11072	THE POST SMIT	to the replacement of the	MMIS
		current MMIS. Medicaid	
		claims payment system.	
		Also known as Medicaid	
		Enterprise System	
		(MES) Design.	
41693	HIT: Implementation and	Direct Staff work	Direct to CMS-HIT
	Operation Staff.	associated with State	
	F	Medicaid Health Plan	
		(SMHP) - HIT	
		Implementation and	
		Operation: HIE, EHR	
		Incentive program, and	
		Public Health	
	1	1	1

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

41694	HIT: Implementation and	Contractual work	Direct to CMS-HIT
	Operation Contract	associated with State	
		Medicaid Health Plan	
		(SMHP) - HIT	
		Implementation and	
		Operation: HIE, EHR	
		Incentive program, and	
		Public Health	
41704*	Exchange Level 2 non-IT Staff	Non-IT Salary and	Direct to Exchange
		Operating costs related to	Level 2
		the Level 2 OCIIO	
		Exchange Grant	

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## Organizational Unit 3: Emergency Preparedness, Response, and Injury Prevention

The following program codes, descriptions, and allocation methodologies are for costs primarily associated with the following programs: Public Health Emergency Preparedness, and Injury Prevention (e.g., child passenger safety, elderly falls prevention) and Emergency Medical Services. (It is standard practice that any staff person in the department can code costs to any program code in the department if that code is the most appropriate description of the cost. These program codes are shown within this Division as an approximate guide to the most likely users of these codes.)

Program Code	Program Code Name	Description	Allocation Method
39101*	Office of Public Health Preparedness Administration	Staff time and operating costs associated with overall administration of the Office of Public Health Preparedness.	Total Salaries across Office of Public Health Preparedness.
39109*	Office of Public Health Preparedness Leave Time	Time code for time not worked, such as vacations, holidays, sick leave, personal leave, and compensatory time.	Quarterly Results of Individual Employees Positive Reporting
39171	CRI – Cities Readiness Initiative	All costs associated with the Cities Readiness Initiative component of the Bioterrorism and Public Health Preparedness program.	Direct to Bioterrorism Preparedness Grant
39172	PHER H1N1	Costs associated with the Department's efforts to prepare for and respond to an H1N1 influenza pandemic under the Public Health Emergency Response (PHER) program.	Direct to PHER H1N1.
39173	H1N1 Implementation	Costs associated with the Department's efforts to prepare for and respond to an H1N1 influenza pandemic under the	Direct to H1N1 Implementation

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

		Public Health	
		Emergency Response	
		(PHER) program.	
39174	PHEP Ebola Supplement	All Costs associated	Direct to PHEP Ebola
39174	THEI Eooia Supplement	with a project to	Supplement
		support accelerated	Supplement
		public health	
		preparedness	
		planning and response	
		for Ebola.	
39179*	EMS Special Fund	All costs to improve	Allocated to Global
39179	EWIS Special Fund	EMS services in	Commitment
		Vermont through	Investment and to
		training and other	State Funds based on
		activities	the Medicaid,
		underwritten by the	Uninsured, and
		insurance companies	Underinsured, share
		via a Special Fund.	of total state
		Costs eligible for	population.
		Special Funds will	population.
		not receive GC	
		reimbursement.	
39181*	EMS Program Services	Cost associated with	Allocated to Global
37101	Livis i logiani services	statewide	Commitment
		developmental and	Investment and to
		administrative	State Funds based on
		activities including	the Medicaid,
		complaint	Uninsured, and
		investigation and	Underinsured, share
		technical consultation	of total state
		to services, hospitals	population.
		and communities.	r · r · · · ·
		Does not cover any	
		costs associated with	
		licensing, certification	
		or with direct	
		provision of patient	
		services such as	
		vehicles, equipment,	
		training or provider	
		personnel.	
39182*	EMS Licensing	Staff time and other	Allocated to Global
		costs associated with	Commitment
		the quality assurance	Investment and to
		functions performed	State Funds based on
		by the Vermont	the Medicaid,
		Department of Health	Uninsured, and
		necessary to	Underinsured, share
		credential EMS	of total state
		personnel, vehicles	population.

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		and organizations.	
		Activities related to	
		regulation: licensing,	
		ambulances, testing,	
		certification,	
		complaint	
		investigation and	
		training for either	
		certification or re-	
		certification.	
39184	EMS – Highway Safety	Costs associated with	Direct to EMS
	S and s	the EMS Highway	Highway Safety
		Safety Program.	g and an any
39183	EMS for Children	Staff time, contracts	Direct to EMS for
		and other payments	Children
		for the EMS for	
		Children project.	
<del>39186</del>	Automated External Defibrillator	Costs associated with	Direct to EMS
	Purchase	a project to provide	Program Services
		automated external	
		defibrillators and	
		training in their use to	
		emergency	
		responders	
		throughout Vermont.	
39187	EMS Trauma Plan	Costs associated with	Direct to EMS
		a project to develop a	Trauma Plan
		new State Emergency	
		Medical Service plan,	
		including a Trauma	
		Care System Plan.	
<del>39188</del>	SIREN	All costs associated	Direct to PHHS
		with the development,	Block Grant
		implementation and	
		ongoing maintenance	
		of a Statewide	
		Incident Reporting	
		Network (SIREN) for	
		Emergency Medical	
20106		Services.	
39189	Siren MOU with DPS	All costs associated	Direct to IDT
		with the SIREN	SIREN.
		project funded by the	
		VT Dept. of Public	
20100	CITIE ID CO. MOY	Safety	D' ( G' '1 11 1
39190	Childhood Passenger Safety MOU	All costs of those	Direct to Childhood
	with DPS	activities associated	Passenger Safety
		with the Childhood	MOU with DPS
		Passenger Safety	
1		MOU with the DPS	

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		Governor's Highway Safety Program	
39191	Opioid Antagonist Pilot Program	All Costs associated with the development and administration of a statewide pilot program for the purpose of distributing opioid antagonists as required by Act 75 of 2013	Direct to Opioid Antagonist Pilot Program
39192	Evidence-Based Fall Prevention Program	All costs of those activities associated with decreasing the number of falls, injuries, hospitalizations and deaths among older adults and older adults with disabilities.	Direct to Evidence- Based Fall Prevention Program
39543	Hospital Preparedness Program Ebola	All costs associated with a program to support hospitals and other health care entities in preparing for Ebola public health emergencies	Direct to Hospital Preparedness Program Ebola

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#### **Organizational Unit 4: Health Surveillance**

The following program codes, descriptions, and allocation methodologies are for costs associated the Health Surveillance Division.

The Health Surveillance division includes:

- Public Health Laboratory performs laboratory tests annually to identify infectious disease toxins or contaminants in air, food, water and clinical samples;
- Epidemiology investigates and monitors reportable diseases and operates programs that provide service and prevention for sexually transmitted disease, HIV/AIDS, hepatitis and tuberculosis;
- Immunizations provides vaccine to children and adults, assures adherence to vaccination procedures and policies;
- Chronic Disease investigates and monitors chronic disease-Public Health Statistics provides statistical
  and analytical support to all department programs, maintains and analyzes vital records, conducts health
  surveys and operates the Vermont Cancer Registry.
- Research and Statistics the analysis, collection, and reporting of data, research, and records that inform and guide our work to protect and promote the health of Vermonters. These resources provide the public with access to information about population health status and contributors to health.

(It is standard practice that any staff person in the department can code costs to any program code in the department if that code is the most appropriate description of the cost. These program codes are shown within this Division as an approximate guide to the most likely users of these codes.)

Program Code	Program Code Name	Description	Allocation Method
37717*	IE HC 90/10 Staff	Staff work related to Health Enterprise Integrated Eligibility DDI and IV&V	Per Approved Health Enterprise IAPD
<del>37901</del>	Irene Related Expenses	All related costs for fixing the damage caused by Tropical Storm Irene	Direct to Irene
<del>39130</del>	Terrorism Task Force	Costs associated with activities undertaken to support the State's Terrorism Task Force, including consequence management planning, exercise and training activities.	Direct to Bioterrorism Preparedness Grant
39165	DMORT Egyptian Airlines	Costs associated with the activities of the Office of the Chief Medical Examiner in coordinating New England DMORT activities related to Egyptian Airlines crash near Nantucket in October 1999.	Direct to Medical Examiner
39230	Immunization VTrcks	All costs associated with a project to integrate the CDC Vaccine Tracking System (VTrcks) with the Vermont Immunization Registry	Direct to Immunization VTrcks

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

39231*	Vermont Vaccine Purchasing	All costs associated with	Allocated to Global
	Program	Providing vaccines for all Vermonters	Commitment Investment and
		Vermoneers	Vermont Vaccine
			Purchasing Program
			based on Medicaid
			Eligibility Rate for
			Adults
39240	Epi Lab Capacity non-PPHF	All Costs of those activities of	Direct to Epi Lab
		the Epi Lab Capacity program	Capacity
		which are not funded by Prevention and Public Health	
		Funds	
39241	ELC Ebola Supplement	All costs associated with a	Direct to ELC Ebola
39241	ELC Ebola Supplement	project to enhance healthcare	Supplement
		infection control and laboratory	Supplement
		biosafety under the Ebola	
		supplement to the	
		Epidemiology and laboratory	
		Capacity Grant	
39301*	Health Surveillance	Staff time and operating costs	Total Salaries Across
	Administration	associated with overall	Health Surveillance
		administration of the Health	Program
202004	XX 11 G '''	Surveillance Division	0 1 0 1 6
39309*	Health Surveillance – Leave	Time code for all staff paid for	Quarterly Results of
	Time	time not worked such as	Individual Employees
		vacations, holidays, sick leave, personal time and	Positive Reporting
		compensatory time.	
39311	Vaccines	Vaccine purchases	Direct to Vaccines
39313	Vaccinations	Costs of administration of	Direct to Vaccines
		vaccines to individuals by	
		nurses, except when these	
		activities are included in a more	
		specific cost center, for	
		example, Rabies Control or	
20214	Immunization Services	Hepatitis B.	Direct to
39314	immunization Services	Staff time and expenditures for Immunization Services. This	Direct to Immunization
		includes the preparation of	minumzanon
		doctors' orders for vaccines and	
		the distribution of vaccines to	
		local providers.	
39315	Immunization Action Plan	Costs associated with activities	Direct to
		related to day care facilities and	Immunization
		follow-up of non-Global	
		Commitment eligible children	
		that are associated with the	
		Immunization Action Plan.	
		Follow-up activities for Global	

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		Commitment eligible clients are coded to EPSDT	
39316	Immunization Information System	Administration functions.  Costs associated with the implementation and operation of an immunization information system, including the development of an information system infrastructure.	Direct to Immunization
39317*	Epidemiology – General	Time and supplies used in day to day routine infectious disease epidemiology and disease control work, not otherwise funded under specific grants or programs.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39318*	Epidemiology – Outbreak Management	Costs associated with episodic outbreak control. Use specific control or investigation codes, if available.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39322	Hepatitis B – State Employees	Costs for staff time and vaccine to immunize State employees, including vaccine administration, distribution, appointment-making and preand post-clinic activities.	Direct to Hepatitis B  – State Employees
39323	Refugee Health	Costs associated with refugee health activities.	Direct to Refugee Health
39324	HIV Prevention	Costs associated with activities related to the HIV Prevention project, including health education and risk reduction, counseling and testing and public information.	Direct to HIV/Prevention Grant
39325	State-funded HIV Prevention Activities	Payments to service organizations using State funds appropriated for HIV Prevention activities.	Direct to AIDS Services Support
39327	AIDS Surveillance	Costs associated with activities having to do with active surveillance for AIDS or HIV infection.	Direct to AIDS Surveillance

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

39328	AIDS Services Support	Expenditures to support AIDS services in Vermont which cannot be reported against a more specific cost center, such as AIDS education or HIV care.	Direct to AIDS Services Support
39329	HIV Care	Costs associated with the Ryan White (Title II) HIV Care project.	Direct to HIV Care
39330	AMAP Payments to EDS	Payments to EDS for their reimbursement on behalf of the AIDS Medication Assistance Program.	Direct to HIV Care
39331	Sexually Transmitted Diseases	Costs of the STD program, time, supplies, travel, etc., not to include AIDS.	Direct to Sexually Transmitted Diseases
39332	Tuberculosis Control	Cost related to the Tuberculosis Control Program, including staff time and operating expenses, except the costs of clinical services and medication provided to tuberculosis patients.	Direct to Tuberculosis Control
39333*	TB Medical Services	Costs of clinical services and medication provided to tuberculosis patients in Vermont.	Allocated 90% to Global Commitment Investment and 10% to State Funds based on the Medicaid share of total TB Patients.
39334	Rabies Control	Staff time and other costs associated with prevention of rabies in humans and animals.	Direct to Rabies Control
39336	Bioterrorism Preparedness Planning "A"	Costs associated with activities providing coordination and direction of the statewide effort to prepare for response to events of bioterrorism or other public health emergencies, including assessment and development of the necessary public health infrastructure and the development and exercise of a public health response plan. (Focus Area "A" of the Bioterrorism Preparedness program.)	Direct to Bioterrorism Preparedness Grant
39344*	Enhanced Immunization Program	Time, expenses and vaccine purchases associated with the Enhanced Immunization Program	Direct to Global Commitment Investment.

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39345	CSTE – Avian Flu Trainings	All costs associated with avian influenza rapid response trainings conducted under agreement with the Council of State and Territorial Epidemiologists.	Direct to CSTE Avian Flu
39347	Adult Viral Hepatitis	All activities associated with the prevention of adult viral hepatitis	Direct to Adult Viral Hepatitis
39349	Epi Lab Capacity PPHF	All costs funded through the Prevention and Public Health Fund (PPHF) and associated with a project to build and strengthen the Department's epidemiology, laboratory and health information systems.	Direct to Epi Lab Capacity
39351*	Epidemiology – Chronic Disease	Costs associated with supervising of performing activities related to chronic disease epidemiology.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39352	Chronic Disease Epidemiologist	Salary and fringe costs of the position of Chronic Disease Epidemiologist.	Direct to Epidemiology
39353	Diabetes Services Improvement	Costs associated with a project to improve the capacity to provide comprehensive health services to people with diabetes.	Direct to Diabetes Services Improvement
39355	Asthma	Costs associated with asthma planning and epidemiology.	Direct to Asthma
39356	Cancer Registry	Costs associated with the Vermont Cancer Registry.	Direct to Cancer Registry
39365	Komen Breast Services	Costs of mammograms for women aged 40-44.	Direct to Komen Breast Services
39381*	Vital Registration	Costs associated with the registration, collection, preservation, amendment and certification of vital records and the processing and publication of vital statistics.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.

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39382*	Vital Statistics  Research and Statistics	Costs associated with the analysis and dissemination of vital statistics.  Costs associated with the	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population. Allocated to Global
39384*	Research and Statistics	activities related to the collection, editing, coding, key entry, processing, analysis and publication of health statistics. This cost center also includes the provision of consultative and statistical support services to various Health Department and Agency of Human Services Programs and the involvement in independent research projects, but excludes computer systems development and computer programming.	Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39385	Hospital Data Council/Utilization	Research staff time and related computer costs and any other costs associated with producing the inpatient monograph.	Direct to Hospital Data Council
39386	Hospital Data Council/Hospital Utilization Companion Volume	Staff time and other costs associated with producing data and printing of the companion to the utilization monograph bulletin.	Direct to Hospital Data Council
39387	Hospital Data Council/Ambulatory Surgery Study	Staff time and other costs associated with producing data for this HDC contract.	Direct to Hospital Data Council
39388	Other Hospital Data Requests	Staff time and other costs associated with hospital data requests not attributable to a more specific cost center.	Direct to Other Hospital Data Requests
39390	Health Statistics Requests	Staff time and other costs of responding to requests for health statistics, not attributable to a more specific cost center.	Direct to Vital Statistics
39391	Population/Estimates	Costs associated with activities	Direct to Population
39392	Population/Other	Staff time and other costs of responding to requests for information related to the population estimates.	Direct to Population

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39393	Health Risk Survey	Staff time and other costs	Direct to Health Risk
		associated with the Health Risk	Survey
		Survey.	
39394	Behavioral Risk Factor	Staff time and other costs	Direct to Behavioral
	Surveillance	associated with designing,	Risk Factor
		administering and conducting	Surveillance
		the behavioral risk factor	
		survey.	
39395	Pregnancy Risk Assessment	Costs associated with planning,	Direct to Pregnancy
37373	Monitoring	developing and implementing a	Risk Assessment
	Womtoring		Monitoring
		pregnancy risk assessment	Womtoring
20207	F1	monitoring system.	Di El
39397	Electronic Death Registry	All costs associated with the	Direct to Electronic
	System	activities related to the creation	Death Registry
		of an electronic death	System.
		registration system.	
39398	Advanced Directives	All costs associated with	Direct to Advanced
	Registry	advanced directives registry.	Directives Registry
39432*	Laboratory Certification	Costs and activities associated	Allocated to Global
		with certification of other	Commitment
		laboratories, except CLIA	Investment and to
		activities.	State Funds based on
			the Medicaid,
			Uninsured, and
			Underinsured, share
			of total state
<del>39433*</del>	Laboratory Customor Comica	Costs and activities associated	population.  Allocated to Global
<del>39433*</del>	Laboratory Customer Service		
		with customer services which	Commitment
		do not fit into program areas.	Investment and to
			State Funds based on
			the Medicaid,
			Uninsured, and
			Underinsured, share
			<del>of total state</del>
			<del>population.</del>
39434*	Laboratory Administration	Costs and activities associated	Allocated to Global
		with the overall administration	Commitment
		of the laboratory which are not	Investment and to
		directly related to another	State Funds based on
		functional area. This does not	the Medicaid,
		include training, meetings and	Uninsured, and
		other activities directly related	Underinsured, share
		to a specific program, but do	of total state
		include such activities when	population.
		they are broader than a single	Population.
		function.	
20451*	Laboratory Water	Costs and activities associated	Allocated to Global
39451*	Laboratory Water		
	Bacteriology Laboratory	with microbiological water	Commitment
		testing.	Investment and to

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	Drinking Water,		State Funds based on
	Microbiology		the Medicaid,
			Uninsured, and
			Underinsured, share
			of total state
			population.
39452*	<del>Laboratory Drinking</del>	Costs and activities associated	Allocated to Global
	Water, Organic and VOCs	with organic testing of drinking	Commitment
	Laboratory Drinking water,	water related to VOCs and	Investment and to
	Organic	THMs (EPA method 524.2).	State Funds based on
			the Medicaid,
			Uninsured, and
			Underinsured, share
			of total state
			population.
39453*	Laboratory – Drinking	Costs and activities associated	Allocated to Global
	Water, Inorganic, Other	with organic drinking water	Commitment
	-	testing except for VOCs and	Investment and to
		THMs.	State Funds based on
			the Medicaid,
			Uninsured, and
			Underinsured, share
			of total state
			population.
39454*	Laboratory Inorganic	Costs and activities associated	Allocated to Global
	Drinking Water, Metals	with inorganic testing of	Commitment
	Laboratory Drinking Water,	drinking water for metals.	Investment and to
	Inorganic	-	State Funds based on
			the Medicaid,
			Uninsured, and
			Underinsured, share
			of total state
			population.
39455*	Laboratory – Inorganic	Costs and activities associated	Allocated to Global
	Drinking Water, Other	with inorganic testing of	Commitment
		drinking water except for	Investment and to
		metals and radiological testing.	State Funds based on
			the Medicaid,
			Uninsured, and
			Underinsured, share
			of total state
			population.
39456*	Laboratory – Miscellaneous	Costs and activities associated	Allocated to Global
	Chemistry	with environmental lead,	Commitment
	-	special projects and other	Investment and to
		chemistry work that is not	State Funds based on
		described under other codes.	the Medicaid,
			Uninsured, and
1			Underinsured, share

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<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

39484	Bioterrorism Laboratory Capacity "C"	Costs associated with enhancing laboratory capacity for diagnosis of biological bioterrorist agents and all costs associated with participation in the Laboratory Response Network (Focus Area "C" of the Bioterrorism Preparedness program.)	Uninsured, and Underinsured, share of total state population. Direct to Bioterrorism Preparedness Grant
39485*	Laboratory – Clinical Toxicology	Costs and activities associated with clinical toxicology, including blood lead testing.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39490	ISO 17025 Accreditation for State Food Testing Laboratories	All costs of those activities associated with acquiring ISO 17025 laboratory accreditation for microbiological food testing areas, providing the FDA with data generated during response to food born outbreaks and establishing an integrated consortium of laboratory networks funded under a grant from the FDA	Direct to Accreditation for State Food Testing Laboratories
39515	Injury Prevention Program	Costs associated with the Injury Prevention Program.	Direct to Injury Prevention Program
39516	Injury Prevention	Costs associated with activities related to Healthy Vermonters 2000 Nutrition and Physical Activity objectives.	Direct to Injury CPSC
39526	Chronic Disease Self- Management Program – ARRA	All costs with efforts to build state infrastructure to implement evidence-based chronic disease selfmanagement programs	Direct to Chronic Disease Self- Management Program – ARRA
39537	Minority Health	All costs associated with implementing the objectives of the Department's Minority HealthStrategic Plan.	Direct to Minority Health
39544	Refugee Preventive Health	All costs associated with a set of preventive health services	Direct to Refugee Preventive Health

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		for refugees, funded under the	
		new Refugee Preventive Health	
		grant from the Administration	
		for Children and Families	
39545	Domestic and Sexual	To support the development of	Direct to Domestic
	Violence Prevention	a state prevention plan on	and Sexual Violence
		domestic and sexual violence.	Prevention

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#### **Organizational Unit 5: Chief Medical Examiner**

The Medical Examiner's Office has statutory authority under Vermont law to investigate deaths when a person dies:

- from violence; suddenly, when in apparent good health; unattended by a physician or a recognized practitioner of a well-established church; by casualty; by suicide; as a result of injury; in jail or prison or in a mental institution; in any unusual, unnatural or suspicious manner; or
- in circumstances involving a hazard to public health, welfare, or safety.

If the Chief Medical Examiner deems it necessary, and in the interest of public health, welfare and safety, or in the furtherance of the administration of the law, the Chief Medical Examiner has authority under Vermont law to order an autopsy to be performed. Autopsy reports may be provided to next of kin.

Program Code	<b>Program Code Name</b>	Description	Allocation Method
39161	Medical Examiners Program	Expenses incurred in performing autopsies and maintaining the Office of the Chief Medical Examiner.	Direct to Medical Examiner
39162	Medical Examiner Medicolegal Consultation/Education	Expenses incurred for the following: lawyers, conferences, expert testimony and lectures for hospitals, schools and emergency medical services.	Direct to Medical Examiner
39163	Regional Medical Examiner Payments	Payments to Regional Medical Examiners for services provided.	Direct to Medical Examiner
39164	Assistant Medical Examiner System	Cost associated with developing, implementing and maintaining the Assistant Medical Examiner system of death investigation, including all payments to Assistant Medical Examiners for services provided.	Direct to Medical Examiner
39167	Cremation Permits	All receipts and disbursements of cremation permit fees from funeral homes,	Direct to Medical Examiner

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		etc. to assistant medical	
		examiners.	
39168	CME – Coverdell MOU	All costs related to the	Direct to CME –
		OCME program	Coverdell MOU
		funded with Coverdell	
		funds from the VT	
		Dept. of Public Safety	

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#### Organizational Unit 6: Maternal and Child Health

The following program codes, descriptions, and allocation methodologies are costs associated with the various programs in support of Maternal and Child Health, including the following:

- Maternal and Child Health administers the Maternal and Child Health federal block grant and monitors
  and works to improve the system of health care for women, children and families, including the work
  through the School Based Medicaid Administration Claiming (MAC) and the Vermont Child Health
  Improvement Project at the University of Vermont;
- Children with Special Health Needs provides and/or assures that health care and support services are available to children (0-21) who have complex health problems and to their families;
- WIC federally funded program to enhance the health of infants, young children, pregnant women and new mothers.
- Family Planning.

(It is standard practice that any staff person in the department can code costs to any program code in the department if that code is the most appropriate description of the cost. These program codes are shown within this Division as an approximate guide to the most likely users of these codes.)

The Maternal and Child Health Division includes the School Based Medicaid Administration Claiming (MAC) program, code 39758. A key element in this program is the web-based random moment time study (RMTS) designed and implemented by the University of Massachusetts, our contractor, in cooperation with the Vermont Department of Health (VDH). VDH submitted descriptions of the RMTS to the Division of Cost Allocation and then to CMS in 2010 and 2011. There were a series of phone conversations with CMS and revisions and resubmission of documents describing the implementation of the RMTS during 2011. A letter approving Vermont's RMTS was sent by CMS Region I on May 16, 2013. Vermont did not receive this letter, however, until a copy was forwarded by DCA on November 25, 2014. The CMS letter approved the RMTS subject to ten conditions. Vermont accepts these conditions. Specifically,

- 1. Vermont agrees to amend this Cost Allocation Plan whenever there is a change from the RMTS methodology approved by CMS.
- 2. Vermont agrees that any CMS guidelines related to RMTS or other elements of our claims will be promptly incorporated into our program on a prospective basis.
- 3. Vermont agrees to seek CMS advance review of any forms or documents that are subsequently developed for this program.
- 4. Vermont agrees to continue to monitor the overall implementation of the RMTS and to review all claims submitted.
- 5. Vermont agrees to monitor the RMTS for appropriateness of the use of activity codes by coders and for the proper implementation of the RMTS methodology.
- 6. Vermont agrees to report to CMS any changes in: the number of RMTS moments to be included in the sample (as described in the "VDH Implementation Guide for Statewide RMTS," Section 1(B) and Appendix A, Section II); the statistical validity of the sample selection and sample results; any changes in the criteria for inclusion of contractual staff in the sample; and any changes in services or administrative activities performed.
- 7. Vermont agrees to provide oversight of any outside entity contracted to operate or monitor the time study, as described in the "VDH Implementation Guide for Statewide RMTS," Section II, "Oversight and Monitoring."
- 8. Vermont agrees to submit any changes from the approved plan to CMS prior to implementation. Any such changes will be submitted as a change to this Cost Allocation Plan.
- 9. Vermont agrees that any costs claimed are subject to review or audit.
- 10. Vermont agrees to monitor the time study to assure proper use of activity codes and proper application of the methodology.

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Program Code	Program Code Name	Description	Allocation Method
37995	Race to the Top-ELC Grant	All costs associated with a State- wide project to improve early learning and development programs for children with high needs	Direct to Race to the Top
39517	Sex Offense Prevention	Costs associated with activities concerned with sex offense prevention, education, training, printing, research, media, etc. Staff time for all above activities.	Direct to PHHS Block Grant
39540	Rape Prevention and Education Program	Costs associated with a program for rape prevention and education.	Direct to Rape Prevention and Education Program
39551	Family Planning – Title X	Costs associated with grants and contracts for the family planning program including staff activities to develop and monitor programs.	Direct to Family Planning Program
39552	Family Planning – SSBG	Costs associated with grants and contracts for the family planning program.	Direct to Social Services Block Grant
39553*	Family Planning	Costs associated with grants and contracts for the family planning program funded by General Funds.	Direct to Global Commitment Investment.
39554*	Family Planning Look-alike	Grant payments in support of the family planning Medicaid initiative	Direct to Global Commitment Investment.
39581	CSHN Administration	Payments for Children with Special Health Needs overall administration which are not attributable to a specific clinic service, including staff time, equipment, medical supplies, etc.	Direct to MCH Grant
39582	CSHN Payments to HP for Treatment Services	CSHN payments to HP for authorized therapies.	Direct to MCH Grant
39583	CSHN – Case Management	Staff positions and operating costs directly related to case management as defined in the SPRANS grant application.	Direct to MCH Grant
39584	CSHN – Orthopedic	Expenditures for pediatric congenital orthopedic conditions. Includes costs of children who are Vermont residents and are sent to other states for orthopedic care	Direct to MCH Grant

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		and children who receive care at University Orthopedics.	
39585	CSHN – Arthritis	Expenditures related to rheumatoid arthritis authorized through the Vermont Arthritis Clinic as well as those who go to the Dartmouth Hitchcock Medical Center.	Direct to MCH Grant
39586	CSHN – Myelo Clinic	Staff time, clinical costs and treatment costs related to children followed through CSHN Myelo Clinic.	Direct to MCH Grant
39587	CSHN – Hearing Impairment	Expenses directly related to the diagnosis and treatment of hearing impairment, including contractual services, hearing aids, etc.	Direct to MCH Grant
39588	НОР	Staff time and other costs related to the hearing screening program for infants and toddlers.	Direct to MCH Grant
39589	CSHN – Cleft Lip and Palate	Staff time, clinic costs and treatment costs directly related to cleft lip/palate or other facial anomaly, including dental care, orthodontics and speech therapy.	Direct to MCH Grant
39590	CSHN – Epilepsy	Costs directly related to the diagnosis and treatment of epilepsy and seizure control, including physician services and pharmacy.	Direct to MCH Grant
39591	CSHN – Metabolic	Staff time, clinical costs and treatment costs directly related to diagnosis and treatment of metabolic disorders.	Direct to MCH Grant
39592	CSHN – Cystic Fibrosis	Costs associated with the diagnosis and treatment of cystic fibrosis.	Direct to MCH Grant
39593	CSHN – Special Services	Costs associated with congenital conditions not covered by other, more specific, Handicapped Children Services programs.	Direct to MCH Grant
39594	Jamie Rosen Fund	Costs associated with the care of children within the guidelines of the Rosen Fund as authorized by the CSHN Director.	Direct to Jamie Rosen Fund
39595	CSHN – Cardiac	Costs associated with a pediatric congenital heart condition.	Direct to MCH Grant
39596	Child Development Clinic	Costs associated with the Child Development Clinic.	Direct to MCH Grant

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39597	ILEHP	Staff time and other costs	Direct to MCH Grant
39391	ILEMP	associated with the	Direct to Mich Grant
		Interdisciplinary Leadership	
		Education for Health	
		Professionals program.	
39598	NICU	Staff time and other costs related	Direct to MCH Grant
39398	NICU		Direct to MCH Grant
		to services for children at the	
20500*	D 1D'	Newborn Intensive Care Unit.	D: ++ Cl 1 1
39599*	Renal Disease	Payments made to the Vermont	Direct to Global
		Kidney Association for Renal	Commitment
20.600	D G	Patient Fund.	Investment.
39600	Part C	Costs associated with the	Direct to Part C
		implementation of an early	
		intervention program for children	
		aged 0-36 months.	
39603	Early Hearing	Costs associated with the	Direct to Early Hearing
	Detection and	Children's Hearing Intervention	Detection and
	Intervention Grant	and Resources Project, the Early	Intervention Grant
		Detection and Intervention CDC	
		Grant.	
<del>39605</del>	CSHN Medical	Costs associated with the	Direct to CSHN
	<del>Home</del>	implementation of a MCHB grant	Special Services
		to promote more comprehensive	
		coordinated care for children with	
		special health needs in the context	
		of their primary care "medical	
		home".	
39606	Universal Newborn	All costs associated with the	Direct to Universal
	Hearing Screening	activities authorized under a grant	Newborn Hearing
		from HRSA to support a program	Screening
		of universal newborn hearing	
		screening.	
39607*	ILEHP Services	All costs associated with grant	Direct to Global
		payments to UVM for ILEHP	Commitment
		services for Global Commitment	Administration
		eligible children.	
39608	Integrated	All costs of those activities	Direct to Integrated
	Community Systems	associated with the Integrated	Community Systems
	for CSHCN	Community Systems for CSHN,	for CSHCN
	Tor estrery	funded under a grant from HRSA	
39610	Autism	All costs associated with a project	Direct to Autism
57010	1000000	to improve services for children	2.11001 10 1 141101111
		youth with Autism Spectrum	
		Disorder and other developmental	
		disabilities	
39701*	Maternal & Child	Staff time and operating costs	Total Salaries Across
37/01*	Health Division	associated with overall	MCH/OLH
			MICH/OLD
	Administration	administration of the Maternal	
		Child Health Division.	

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39709	MCH/OLH Leave	Time code for time not worked	Quartarly Daguita of
39709	Time	such as vacations, holidays, sick leave, personal leave, and compensatory time.	Quarterly Results of Individual Employees Positive Reporting
39719	WIC MIS Planning & Implementation	Costs associated with Planning for replacement of the legacy WIC MIS system and transfer & implementation of the chosen replacement system	Direct to Allocated to WIC MIS Planning & Implementation and Global Commitment Investment based on availability of WIC MIS Planning & Implementation grant award.
39721	WIC Supplemental Food	Costs of WIC food and formula paid directly to dairies and drug companies.	Direct to WIC Supplemental Food
39725*	WIC General Administration	Costs (direct or indirect) generally considered to be overhead or management costs. General management costs include those costs associated with program monitoring, prevention of fraud, general oversight and food instrument accountability. Examples include WIC administrative salaries/benefits and other costs necessary to conduct outreach, food instrument reconciliation, monitoring and payment, vendor monitoring, administrative record keeping and reporting.	Allocated to WIC Admin and Global Commitment Investment based on availability of WIC Admin grant award.
39729	WIC Health Care Provider Collaboration	Costs associated with a project to develop and test a model delivering WIC services in collaboration with health care providers.	Direct to WIC Provider Collaboration
<del>39730</del>	WIC Loving Support	Costs associated with a project to use "Loving Support" materials to promote breastfeeding.	Direct to WIC Loving Support
39731*	WIC Breastfeeding Peer Counselor Project	All costs associated with development and implementation of a WIC breastfeeding peer counselor demonstration project.	Allocated to Breastfeeding Peer Counselor Project and to Global Commitment Investment based on availability of WIC Breastfeeding Peer Counseling grant award.

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20725	MICLE	A11 G	D: WHO
39735	WIC Infrastructure	All Costs associated with a WIC	Direct to WIC
		Infrastructure funded under a	Infrastructure
20726	Donald English Danie	grant from the USDA	Discrete DIHIC Discrete
39736	Breast Feeding Peer	Costs associated with the PHHS	Direct to PHHS Block
	Counseling	Block Grant for expanded activity	Grant
		of Breast Feeding in Franklin and	
20720	WICOE:	Grand Isle Counties	Direct to WICOFine
39738	WIC2Five	All costs associated with a project	Direct to WIC2Five
		to use mobile health education	
		messaging to support WIC	
20727	WICEDT Discoving	program retention	Discoults WICEDT
39737	WIC EBT Planning	All costs associated with grant-	Direct to WIC EBT
		funded WIC EBT planning	Planning.
207.11	1 1 6 1 1 1	activities	D: MGM G
39741	Maternal and Child	Staff time, purchased supplies,	Direct to MCH Grant
	Planning and	equipment and services and other	
	Evaluation	costs of MCH planning and	
207.12	NGW P:	evaluation.	D: MGM
39742	MCH Primary Care	Costs associated with activities	Direct to MCH -
	Planning	related to the development of a	Primary Care Planning
		comprehensive primary care	
207.42	N 1 C '	system of services for children.	D' ( N 1
39743	Newborn Screening	Staff and contract activity related	Direct to Newborn
		to the Newborn Screening	Screening
207.40	A1 21 TO 1 21	Program.	D' (1 A1 (1
<del>39748</del>	Abstinence Education	Costs associated with the	Direct to Abstinence
		provision of Abstinence	Education
207504	School Based MAC	Education.	D'
39758*	School Based MAC	Payments to schools of Federal Global Commitment funds to	Direct to Global Commitment
		reimburse costs of the School	
		Based MAC	Administration
39759*	VCHIP Non-SPMP	Costs associated with this project,	Direct to Global
39739**	VCHIP Noii-SPWIP		
		a joint effort between UVM, the Office of VT Health Access and	Commitment
			Administration
		the Vermont Department of Health.	
39760*	VCHIP SPMP	All SPMP Costs associated with	Direct to Global
39700	VCIIII SI WII	VCHIP	Commitment
		VCIM	Administration
39790	PREP-Personal	All costs associated with a project	Direct to PREP-
37170	Responsibility	to establish evidence-based	Personal Responsibility
	Education	comprehensive sexuality	Education
	Laucanon	education for high risk and	Laucation
		vulnerable youth in Vermont.	
39792	MCH Home Visiting	All costs associated with a project	Direct to MCH Home
37174	Wich Home Visiting	to establish an evidence-based	Visiting
		nurse home visiting program for	, ioiting
		Vermont families with young	
		children who are at risk.	
		contact who are at 115K.	

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39793	LAUNCH (Linking	All costs associated with a	Direct to LAUNCH
	Actions for Unmet	strength-based, family-centered,	
	Needs in Children's	culturally competent community	
	Health)	system for promoting young child	
		wellness in all developmental	
		domains. This project will serve	
		children aged pre-natal through 8	
		yrs and their families.	
39794	Home Visiting	All costs associated with the	Direct to MCH Home
	Expansion	expansion of the MCH Home	Visiting
		Visiting program, funded under a	
		supplementary grant from HRSA	

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## Organizational Unit 7: Health Promotion and Disease Prevention

The following program codes, descriptions, and allocation methodologies are costs associated with the Health Promotion and Disease Prevention division: Tobacco Control, Health Promotion, Dental Health. (It is standard practice that any staff person in the department can code costs to any program code in the department if that code is the most appropriate description of the cost. These program codes are shown within this Division as an approximate guide to the most likely users of these codes.)

Program Code	Program Code Name	Description	Allocation Method
39354	Arthritis	Costs associated with arthritis planning and epidemiology.	Direct to Arthritis
39357	Breast and Cervical Cancer Screening Services	Costs associated with screening services provided under the breast and cervical cancer early detection program.	Direct to Cancer Screening
39358	Breast and Cervical Cancer Public Education Activities	Costs associated with public education activities under the breast and cervical cancer early detection program.	Direct to Cancer Screening
39359	Breast and Cervical Cancer Case Management Services	Costs associated with case management services provided under the breast and cervical cancer early detection program.	Direct to Cancer Screening
39360	Breast and Cervical Cancer Case Professional Education Activities	Costs associated with professional education and quality assurance activities under the breast and cervical cancer early detection program.	Direct to Cancer Screening
39361	Breast and Cervical Cancer Case Evaluation Activities	Costs associated with program evaluation activities under the breast and cervical cancer early detection program.	Direct to Cancer Screening
39362	Ladies First Donations	All receipts and costs associated with donations for the Ladies First Program - non Komen Foundation fund related.	Direct to Ladies First Donations
39363	Ladies First Education and Marketing	Costs of education and marketing for the Ladies First program.	Direct to Ladies First
<del>39366</del>	Ancillary Breast Cancer Treatment	Costs associated with the provision ancillary treatment and education for Ladies First clients with breast cancer.	Direct to Ladies First
39368	Wisewoman Administration	Costs not allocated to outreach, screening, case management or intervention.	Direct to Wisewoman
39369	Wisewoman Intervention	Costs associated with activities which may improve participants' awareness of cardiovascular disease risk. This	Direct to Wisewoman

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		includes counseling, nutrition classes and physical activity classes.	
39370	Wisewoman Screening	Costs associated with activities that collect medical information and provide professional assessments of individual health profiles.	Direct to Wisewoman
39371	Wisewoman Case Management	Costs associated with activities that assure high-risk individuals receive required attention.	Direct to Wisewoman
39372	Wisewoman Outreach	Costs associated with outreach activities.	Direct to Wisewoman
39374	Breast and Cervical Cancer Administration	Costs allocated to assure infrastructure development and mortality in New England.	Direct to Cancer Screening
39376	Comprehensive Cancer Control	Costs associated with the activities of the Comprehensive Cancer Control component of the Cancer Prevention and Control Program.	Direct to Comprehensive Cancer Control
39377	Cervical Cancer Diagnosis and Treatment	All costs associated with cervical cancer diagnosis and treatment.	Direct to Cervical Cancer.
39501*	HPDP Administration	Staff time and operating costs associated with overall administration of the Health Promotion and Disease Prevention Division.	Total Salaries Across Health Promotion & Disease Prevention
39509*	HPDP Leave Time	Time code for time not worked, such as vacations, holidays, sick leave, personal leave, and compensatory time.	Quarterly Results of Individual Employees Positive Reporting
39511	Health Promotion	Costs associated with activities that generally cover public health education and community organization (programs around exercise, nutrition, stress, smoking, etc.). Central office staff time.	Direct to PHHS Block Grant
39512	Education and Community Services	Costs associated with promotion, prevention and surveillance activities for communities or special populations.	Direct to PHHS Block Grant
39513	Conference Costs	Costs associated with conferences underwritten by the Department to be offset by conference fees or transfers.	Direct to Conference Costs
39518	Nutrition for Healthy Vermonters 2000	Costs associated with activities related to Healthy Vermonters 2000 Nutrition and Physical Activity objectives.	Direct to PHHS Block Grant
<del>39519*</del>	Fit and Healthy Kids	Costs associated with the Fit & Healthy Kids program.	Direct to Fit and Healthy Kids MCO Investments

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39521	Obesity Prevention	Costs associated with a program for nutrition and physical activity to prevent obesity and other chronic diseases.	Direct to PHHS Block Grant
<del>39562</del>	Dental Services Homeless Health	Costs associated with activities for the Homeless Health Program including patient care (subcontractors) and program administration.	Direct to Dental Services - All Other Programs
39563*	Dental Services Global Commitment Professional Medical	Costs associated with assessment, treatment plan review, travel and consultations for the Global Commitment program.	Direct to Global Commitment Administration
39564*	Dental Services – Global Commitment Administration	Costs associated with claims processing for the Global Commitment program.	Direct to Global Commitment Administration
39565	Dental Services – All Other Programs	Costs associated with General Assistance, Vocations Rehabilitation, Farm Family, Child Health Services, Headstart and Mental Health Programs. This includes assessment, treatment plan review, claim processing, travel, meals, consultations and meetings.	Direct to Dental Services - All Other Programs
39566*	Dental Access Grants	Payments to dental providers, hospitals or schools to increase dental access to low income and Global Commitment recipients.	Direct to Global Commitment Administration
39567	Dental Health Education	Costs associated with education, assessment, referrals for treatment, parent notices, in-service training, scheduling, fluoride rinse program, travel, meals, consultation and meetings. (Schools, nursing homes, day care, etc.)	Direct to MCH Grant
39569*	Fluoridation	Costs associated with school and community fluoridation, promotion, systems management time spent preparing contracts and correspondence.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39570	Fluoridation Systems Assistance	Operating and contractual expenses entailed in assisting community water systems to install and upgrade water fluoridation systems and to improve the operations of these systems.	Direct to Fluoridation Systems Assistance
39573	Oral Health Access Assessment	Costs associated with an assessment of Vermont's oral health system and	Direct to Oral Health Initiative

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		the development of a state of the	
		the development of a strategic plan to improve that system, especially for	
		children.	
39575*	Dental Public Health in	All costs associated with public health	Direct to Global
37313	D.O.'s	dental hygienists in district offices.	Commitment
	2.6. 5	dental hygiemsts in district offices.	Administration
39576	Oral Disease	All costs associated with supporting	Direct to Oral
	Prevention Program	efforts to address activities associated	Disease Prevention
		with the CDC State-Based Oral	Program
		Disease Prevention Program	
39621	Tobacco Control	Costs associated with the Tobacco	Direct to Tobacco
		Prevention and Control project.	Control
39623	Tobacco Control –	Costs associated with tobacco control	Direct to Tobacco
	Other	program activities that are not funded	Control – Other
		by CDC, RWJ, ALF or State	
		Settlement funds and are not eligible	
		for Global Commitment	
		reimbursement.	
39626*	Tobacco	Costs associated with tobacco	Direct to Global
	Countermarketing -	countermarketing activities	Commitment
20.627	GC Investment		Investment.
39627	Tobacco Community	Costs associated with tobacco	Direct to Tobacco
39628	Based Tobacco	community based programs.  Costs associated with tobacco	Settlement Direct to Tobacco
39028	Countermarketing		Settlement
39629	Tobacco Cessation	countermarketing activities.  Costs associated with tobacco	Direct to Tobacco
39029	Tobacco Cessation	cessation programs.	Settlement
39630	Tobacco Statewide	Costs associated with tobacco	Direct to Tobacco
37030	1 obuceo Buile wide	statewide programs.	Settlement
39631	Tobacco Surveillance	Costs associated with tobacco	Direct to Tobacco
	and Evaluation	surveillance and evaluation programs.	Settlement
39634	Tobacco Control	All costs associated with Tobacco	Direct to Tobacco
	Supplement - CDC	Control Supplement funded activities	Control Supplement -
			CDC
39635	Community	All costs associated with the	Direct to Community
	Transformation	implementation of the Community	Transformation
		Transformation Grant to strengthen	
		local public health infrastructure in	
		rural areas of Vermont	
39637	Public Health Actions	All costs associated with funding to	Direct to Public
	(1305)	be used to prevent and manage	Health Actions
		obesity and associated chronic	(1305)
		conditions with an emphasis on	
		nutrition, activity, hypertension and	
20629	Dublic Health Asticus	diabetes awareness.	Diment to Dublin
39638	Public Health Actions-	All costs associated with enhanced	Direct to Public Health Actions
	Heart Disease (1305)	heart disease & stroke prevention	
		awareness	(1305)

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39639	Public Health Actions	All costs associated with enhanced	Direct to Public
	– Diabetes (1305)	diabetes awareness	Health Actions
			(1305)
39640	Public Health Actions	All costs associated with school	Direct to Public
	- School Health (1305)	health awareness	Health Actions
			(1305)
39641	Public Health Actions -	All costs associated with obesity	Direct to Public
	Obesity (1305)	prevention	Health Actions
			(1305)
41320	SNAP Nutrition	All costs Associated with the	Direct to SNAP
	Education	development and implementation of	Nutrition Education
		Vermont's Supplemental Nutrition	
		Assistance Program Education	
		(SNAP-Ed) nutrition education state	
		Plan.	

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### **Organizational Unit 9: Board of Medical Practices**

The following program codes, descriptions, and allocation methodologies are costs associated with the twelve District Offices around the State.

- The District Offices around the State provide the essential health promotion and disease prevention services necessary for an effective public health system. It is through these district offices that most Health Department programs reach the people of Vermont, including
  - WIC federally funded program to enhance the health of infants, young children, pregnant women and new mothers;
  - EPSDT consists of two main components: (1) assuring the availability and accessibility of required health care resources; and (2) helping Global Commitment recipients and their parents or guardians effectively use these resources;

(It is standard practice that any staff person in the department can code costs to any program code in the department if that code is the most appropriate description of the cost. These program codes are shown within this Division as an approximate guide to the most likely users of these codes.)

Program Code	Program Code Name	Description	Allocation Method
39702*	Office of Local Health Administration	District Office (DO) staff time and other DO costs attributable to completion of administrative functions in support of VDH programs, including office-level planning and goal-setting (not related to a program); staff meetings (not program specific); supervision; general correspondence, paperwork, budget tasks and non-program-specific public meetings, trainings, workshops, and conferences, etc.	Total Salaries Across VDH
39709*	MCH/OLH Leave Time	Time code for time not worked such as vacations, holidays, sick leave, personal leave, and compensatory time.	Quarterly Results of Individual Employees Positive Reporting
39711*	Clinic Activities – SPMP	Time of skilled medical personnel and other costs related to clinic services including intake, assessment, diet screening, nutrition education and food delivery administration. This cost center also includes activities performed by directly supporting staff providing functions supporting the activities above.	Allocated to Global Commitment Administration and to WIC Administration based on Medicaid Eligibility Rate for WIC Clients.

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207124	Clinia Astissicias	Time of stoff other deep delited	A 11 a a sta d / - C1 - 1 - 1
39712*	Clinic Activities – Non-SPMP	Time of staff other than skilled	Allocated to Global Commitment
	Non-SPMP	professional medical personnel and other costs related to clinic services,	Administration and to
			WIC Administration
		including intake, assessment, diet screening, nutrition education and	based on Medicaid
		food delivery administration.	Eligibility Rate for WIC Clients.
39722*	WIC Client Services	Costs expended to deliver food and	Allocated to WIC
39122	WIC CHEIR SERVICES	other client services and benefits.	Admin and Global
		Examples include: WIC staff	Commitment
		salaries/benefits and medical supplies	Investment based on
		and equipment necessary to conduct	availability of WIC
		diet and health assessments required	Admin grant award.
		in the certification process,	g
		salary/benefits of WIC staff that issue	
		food instruments and explain their	
		use. WIC staff salary/benefits and	
		other costs necessary to refer clients	
		to other health care and social	
		services, to coordinate services with	
		other programs, to participate in	
		activities which promote a broader	
		range of health and social services for	
		participants and to conduct the impact	
20722	WICH !!	of WIC on its participants.	D' WIGAL '
39723	WIC Nutrition	Costs associated with all WIC	Direct to WIC Admin
39724*	Education	nutrition education activities.	Allocated to WIC
39124	WIC Breastfeeding Support	Time and operating expenses associated with promoting and	Admin and Global
	Support	supporting breastfeeding. May	Commitment
		include group education, home	Investment based on
		visiting time, training, materials,	availability of WIC
		travel and space rental.	Admin grant award.
39744	MCH –	Costs associated with Maternal and	Direct to MCH Grant
	Pregnancy/Postpartum	Child Health services benefiting	
		women 22 years of age or over. This	
		covers all costs including staff	
		activities, purchases and grants.	
39745	MCH – Infants	Costs associated with Maternal and	Direct to MCH Grant
		Child Health services benefiting	
		infants up to 12 months of age. This	
		covers all costs including staff	
		activities, purchases, grants and	
207.15	MOIL CITT	contracts.	D' L' MOY'C
39746	MCH – Children	Costs associated with Maternal and	Direct to MCH Grant
		Child Health services benefiting	
		children 1 to 21 years of age (except	
		pregnant adolescents). This covers all	
		costs including staff activities, purchases, grants and contracts.	

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39747	MCH – Adolescent	Costs associated with Maternal and	Direct to MCH Grant
	Pregnancy/Postpartum	Child Health services benefiting	
		pregnant women who are under 22	
		years of age. This covers all costs including staff activities, purchases,	
		grants and contracts.	
39749	CHP Maternal and	Costs associated with staff time and	Direct to CHP
	Child Health OLH	expenses related to MCH	Maternal and Child
	Maternal & Child	coordination in Local Health District	Health Direct to
	Health Coordinators	Offices. case management, counseling	MCH Grant
		and health education, risk reduction	
		intervention, home-based care and	
		other supportive services for pregnant	
		women and infants through age one for CHP commercial members.	
39750*	Healthy Babies	Time spent in collaboration with	Direct to Global
37100	Tituling Buoles	DCF's Child Development Division	Commitment
		and community-based partner	Administration
		agencies on behalf of Medicaid-	
		eligible pregnant and post-partum	
		women and children ages 0 through 5	
		years participating in the HBKF, plus	
		allowable costs associated with this	
		work. These tasks include	
		participation in the design and review	
		of HBKF or Children's Integrated	
		Services policies, procedures,	
39751*	Healthy Babies – Non-	protocols, and forms.  Time spent by Non-SPMP staff in	Direct to Global
39731	SPMP	collaboration with DCF's Child	Commitment
	51 1/11	Development Division and	Administration
		community-based partner agencies on	T I I I I I I I I I I I I I I I I I I I
		behalf of Medicaid-eligible pregnant	
		and post-partum women and children	
		ages 0 through 5 years participating in	
		the HBKF, plus allowable costs	
		associated with this work. These	
		tasks include participation in the	
		design and review of HBKF or	
		Children's Integrated Services	
		policies, procedures, protocols, and	
<del>39752</del>	Global Commitment	forms.  Costs associated with visits to	Direct to Skilled
3 <del>7132</del>	Skilled Nursing	pregnant women and infants on	Nursing
	- Thirty I (wibing	Global Commitment which are	
		authorized through the Healthy	
		Babies Program for Level II and	
		Level III individuals. Requires a	
		signed physician's order and a plan of	
		care. Includes time spent in: travel to	

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		visit site, face to face contact with	
		client, documentation in the client	
		record and case consultations with	
		providers. Do not use this code for	
		the assessment visit.	
39756*	EPSDT Administration	Costs associated with preliminary	Direct to Global
	Functions 1	assessments in the home, comparing	Commitment
		treatment to screening abnormalities	Administration
		previously found, determining when a	
		recipient has received a complete	
		screen in accordance with the	
		periodicity schedule and assessing the	
		necessity for and adequacy of medical	
		care and services required by	
		individual recipients. This cost center	
		also includes activities performed by	
		directly supporting staff providing	
		functions supporting the activities	
		above.	
39757*	EPSDT Administration	Costs associated with accounting and	Direct to Global
	Function 2	auditing; budgeting; program	Commitment
		management for categories of	Administration
		services not requiring medical	
		expertise; emergency transportation;	
		non-emergency transportation and	
		home and community-based waiver	
		services; program analysis where the	
		emphasis is cost or utilization of	
		services in lieu of the medical aspects	
		of the program, cost reimbursement	
		including all analytical work related	
		to the program cost of covered	
		services; cost report settlements and	
		establishments of rates; program	
		integrity including any investigation	
		and follow-up activities not directly	
		involving the determination of the	
		medical necessity of specific services;	
		third party liability	
		activities/overpayment collection	
		activities; administrative practices and	
		procedures including the development	
		of State plans, administrative rates,	
		cost allocation and provider	
		agreements; all claims processing	
		activities except those involving	
		medical review of complex physician	
		bills, reviewing the medical necessity	
		of prior authorized services and	
		providing required second medical	
		providing required second medical	

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		opinions, which would be allowable	
		75% functions; outreach activities	
		such as notifying clients of required	
		screens from a periodicity schedule,	
		scheduling appointments, informing	
		clients and arranging transportation;	
		eligibility determination; legal	
		services including administrative	
		appeals; and contract management.	
39766	Health Contract	Costs associated with activities by	Direct to Health
	Services	employees for/with schools and	Contract Services
		Headstart which have contracted with	
		the Department of Health for school	
		health services.	
<del>39767*</del>	Foster Children Health	Costs classified as skilled	Direct to Global
	Mentoring	professional medical associated with	Commitment
		a pilot program to provide health	Administration
		advocacy and health monitoring	
		services for pre-adolescents and	
		adolescent foster children in the	
		Burlington area.	
<del>39768*</del>	Foster Children Health	Costs not classified as skilled	Direct to Global
	Mentoring Global	professional medical associated with	Commitment
	Commitment	a pilot program to provide health	Administration
	Administration	advocacy and health monitoring	
		services for pre-adolescents and	
		adolescent foster children in the	
		Burlington area.	
39771*	EPSDT Outreach and	Development, evaluation, review and	Direct to Global
	Informing	revision of EPSDT informing letters;	Commitment
		completion of tasks that bring about	Administration
		the dissemination of these letters or	
		materials; and clarification and	
		problem-solving, when needed,	
		relative to Medicaid beneficiaries'	
		receipt of informing letters; follow-up	
		with newly eligible Medicaid	
		beneficiaries ages zero through 20.	
39772*	EPSDT	Time and other costs for tasks that are	Direct to Global
	Systems/Infrastructure	intended to improve the system of	Commitment
	Building (SPMP)	care available to Medicaid/Dr.	Administration
		Dynasaur beneficiaries ages zero	
		through 20 years and pregnant women	
		and, in some instances, for Medicaid	
		beneficiaries 21 years and older.	
39773*	EPSDT	Time and other costs for Non-SPMP	Direct to Global
	Systems/Infrastructure	staff tasks that are intended to	Commitment
	Building (Non -	improve the system of care available	Administration
	SPMP)	to Medicaid/Dr. Dynasaur	
		beneficiaries ages zero through 20	

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	1	voors and prognant woman and in	
		years and pregnant women and, in	
		some instances, for Medicaid	
2077 41	T	beneficiaries 21 years and older.	D' Cl 1 1
39774*	Fostering Healthy	Time spent by VDH staff working	Direct to Global
	Families	collaboratively with DCF Family	Commitment
		Services division staff on tasks that	Administration
		improve access to health services for	
		and the health status of children and	
		adolescents in state custody, plus	
		allowable costs associated with this	
		work.	
39775*	Fostering Healthy	Time and other costs for Non-SPMP	Direct to Global
	Families (Non-SPMP)	staff tasks that are intended to	Commitment
	, , , , , , , , , , , , , , , , , , ,	improve the system of care available	Administration
		to Medicaid/Dr. Dynasaur	
		beneficiaries ages zero through 20	
		years and pregnant women and, in	
		some instances, for Medicaid	
		beneficiaries 21 years and older.	
39776*	Healthy Child Care	Time spent by VDH staff on tasks	Direct to Global
	Vermont (HCCVT)	that are intended to improve the	Commitment
	(1100 / 1)	health of Medicaid/Dr. Dynasaur	Administration
		beneficiaries attending DCF-regulated	
		child programs, plus allowable costs	
		associated with this work.	
39778*	School-Based Health	Time and associated costs for School-	Direct to Global
37770	Access Program	based Health Access Program or	Commitment
	1 to coss 1 to gram	Coordinated School Health tasks that	Administration
		are intended to improve the health of	
		school-age Medicaid/Dr. Dynasaur	
		beneficiaries. In limited instances,	
		time spent by Public Health	
		Nutritionists on Coordinated School	
		Health tasks is also covered by this	
		code. This does not include payments	
		to schools that are paid under	
		program code 39758.	
39780	Other Program	Time and other costs related to	Direct to Other
37/00	Initiatives		
	muauves	program or special initiative activities	Program Initiatives.
		when no other program code is available to use for this work.	
20020*	Dluggint Haalth		Diment to Clabal
39030*	Blueprint Health	All costs related to changing health systems to support care for people	Direct to Global
	Neteme	I systems to support care for people	Commitment
1	Systems		Torrestore and
	Systems	with chronic conditions as identified	Investment.
	Systems	with chronic conditions as identified in the strategic plan. Does not	Investment.
	Systems	with chronic conditions as identified in the strategic plan. Does not include health systems work	Investment.
	Systems	with chronic conditions as identified in the strategic plan. Does not include health systems work associated with a specific condition or	Investment.
20055		with chronic conditions as identified in the strategic plan. Does not include health systems work associated with a specific condition or funding source.	
39032*	Blueprint Community Support	with chronic conditions as identified in the strategic plan. Does not include health systems work associated with a specific condition or	Investment.  Allocated Between Global Commitment

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programs to	o help people manage	Investment and
chronic cor	nditions. Does not include	Global Commitment
community	work associated with a	Administration
specific con	ndition or funding source.	(Based on Medicaid
		eligible population as
		a % of the total state
		population .)

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### **Organizational Unit 9: Board of Medical Practice**

The Board of Medical Practice licenses physicians, podiatrists and physician assistants. The Board investigates all complaints and charges of unprofessional conduct against any person subject to its jurisdiction. The Board is also required by law to create individual profiles on all health care professionals licensed, certified or registered by the department and make these profiles available to the public.

The following program codes, descriptions, and allocation methodologies are for costs associated with the Board of Medical Practice.

Program Code	Program Code Name	Description	Allocation Method
39020	Medical Practice	Costs associated with the Medical	Direct to Medical
	Board	Practice Board except those costs specifically described elsewhere.	Practice Board.
39021	Vermont Practitioner	Costs associated with the Vermont	Direct to Medical
	Health Program	Medical Society.	Practice Board.
39029	Medical Practice Board Leave Time	Time code for time not worked, such as vacations, holidays, sick leave, personal leave and compensatory time.	Quarterly Results of Individual Employees Positive Reporting

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

#### Organizational Unit 10: Environmental Health

The following program codes, descriptions, and allocation methodologies are costs associated with the Environmental Health division: Environmental Tracking, Healthy Homes and Childhood Lead Poisoning Prevention; Asbestos and Lead Regulation, Radiology and Toxicology, and Food and Lodging. (It is standard practice that any staff person in the department can code costs to any program code in the department if that code is the most appropriate description of the cost. These program codes are shown within this Division as an approximate guide to the most likely users of these codes.)

Program Code	Program Code Name	Description	Allocation Method
39111	Environmental Toxicology – General	All costs associated with the investigation or control of environmental toxins, which cannot be coded to a more specific cost center.	Direct to Environmental Toxicology
39112	Fish Testing	Costs associated with testing fish from Vermont waters for mercury	Direct to Fish Testing
39115	Indoor Radon Surveillance	Cost associated with providing information to general public, contractors, etc., concerning basic description of radon and methods of abatement of high levels of radon. Includes attendance at workshops and seminars concerning joint State/EPA radon activities. Extensive mailings may be involved.	Direct to Indoor Radon Surveillance
39118	Act 125 IAQ Schools	Costs associated with Act 125 legislations.	Direct to Asthma
39119	Lead Investigation	Staff time and other costs associated with investigating sources of exposure for severely lead poisoned children.	Direct to Lead Investigation
39120*	Healthy Homes Case Management & Outreach	All costs associated with the Healthy Homes activities, including case management for children with elevated lead levels and community outreach and education. Follow-up activities for Global Commitment-eligible clients are coded to EPSDT Administration functions.	Direct to Global Commitment Investment.
39121	EPA Lead Certification Project	Costs associated with establishing an EPA-authorized Lead Model Plan, including an equity project, processing of certification applications, public outreach, and enhanced tracking programs.	Direct to EPA Lead Certification Project

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39122*	Act 125 Activities	Costs associated with carrying out the enforcement activities related to Act	Direct to Global Commitment
		125: An Act to Prevent Lead	Investment.
		Poisoning in Children in Rental Housing and Child Care Facilities	
39123	Lead Safe Housing	Cost of all activities under contract	Direct to Lead Safe
37123	Education Contract	with Vermont Housing and	Housing
		Conservation Board to provide	
		educational and informational	
		services related to lead safe housing.	
39124	Lead Poisoning	Costs associated with the CDC Lead	Direct to Lead
	Prevention & Surveillance	Poisoning Prevention & Surveillance	Poisoning Prevention
	Surveillance	grant. Activities include data surveillance, community outreach and	
		education, and prevention activities.	
39125	Water Supply Program	Costs associated with activities which	Direct to Water
	Support	support the public water supply	Supply Program
		program administered by the	Support
		Department of Environmental	
20126	D: ( W ( C 1:	Conservation.	D: ( D: (
39126	Private Water Supplies	Costs associated with providing information and assistance to the	Direct to Private
		public regarding the quality of private	Water Supplies
		water supplies other than the costs of	
		laboratory analysis of water samples.	
39127	Asbestos Certification,	Costs of activities associated with	Direct to Asbestos
	Notification and	certification of asbestos removal	Certification,
	Technical Assistance	contractors, site inspections and	Notification and
20120	A 1	technical assistance.	Technical Assistance
39128	Asbestos in Schools	Costs associated with conducting	Direct to Asbestos in Schools
inspections of schools and providing technical assistance to schools for		Schools	
		compliance with AHERA.	
39129	Health Officer	Costs associated with any work	Direct to PHHS
	Assistance	dealing with Health Officers or local	Block Grant
		health issues.	
39132	Potassium Iodide	All staff time and other costs	Direct to VRERP
	Distribution	associated with distribution of	
<del>39133*</del>	North Clarendon	potassium iodide.  Costs associated with the	Direct to Global
<del>39133*</del>	Toxicology	investigation, risk assessment and	Commitment
	Assessment	remediation of potential health issues	Investment.
		in the North Clarendon area.	
39136	ABLES	All costs and receipts associated with	Direct to ABLES
		the Adult Blood Lead epidemiology	
		Surveillance Program from CDC.	
39137	Environmental Public	All costs associated with the	Direct to
	Health Tracking	establishment and maintenance of a	Environmental Public
	Program	tracking network to obtain integrated health and environmental data in	Health Tracking
		nearm and environmental data in	

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		support of actions that improve the health of communities.	
39138	BRACE (Building Resilience Against Climate Change Effects in VT)	All costs associated with the implementation of the BRACE grant to support activities and staff, funded by the CDC	Direct to BRACE
39139	Rutland Pesticide 2013 PFOA response Bennington County	All costs associated with the investigation of misuse of Chlorpyrifos public health response to the perfluorooctanoic Acid (PFOA) contamination incident in Bennington County	Direct to Rutland Pesticide 2013 PFOA response Bennington County
39140	Chemical Disclosure Program	All Costs associated with the management and operation of the Chemicals of High Concern to Children program.	Direct to Chemical Disclosure Program.
39141	Support for Public Drinking Water Programs (SPDWP)	All costs of those activities to improve drinking water program efficacy.	Direct to Support for Public Drinking Water Programs (SPDWP)
39151	Food and Lodging – Surveillance, Technical Assistance and Licensing	Cost associated with the inspection of food and lodging establishments. Includes paperwork associated with issuing licenses to establishments, change of owner and new establishment inspections. Also includes formal and informal review of plans and blueprints.	Direct to Food and Lodging
39152	Food and Lodging – Administration and Program Development	Cost associated with planning, goal setting, paperwork, staff meetings, supervision, general correspondence, budget, public meetings, formal training of others, attending workshops, conferences, etc.	Direct to Food and Lodging
39153	Food and Lodging – Data Management	Cost associated with computer time, data entry, programming, work with programmer and statistician, data retrieval, etc.	Direct to Food and Lodging
39154	Food Protection Task Force	All costs associated with the implementation of the Food Protection Task Force grant to support activities & meetings of a food safety task force	Direct to Food Protection Task Force.
39155	Manufactured Food Regulatory Program	All costs of those activities associated with the conformance with the Manufactured Food Regulatory Program Standards	Direct to Manufactured Food Regulatory Program
39156	National Retail Food Regulatory Program Standards (NRFRPS)	All costs of those activities to advance conformance with the elements of retail standards.	Direct to National Retail Food

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			Regulatory Program Standards (NRFRPS)
39210	Radiation Inspections	Costs associated with on site evaluation of medical/dental x-ray equipment functions, radiation shielding and exposure to employees, patients and general public.  Maintaining and updating registration program for all x-ray equipment in the state. Conducting all other types of radiation evaluations.	Direct to Radiation Inspections
39211	Mammography X-Ray Unit Inspection	Costs associated with radiation safety inspection of mammography x-ray equipment per the current agreement with the Food and Drug Administration.	Direct to Mammography X-ray Unit Inspection
39212	Emergency Response Plan	Costs associated with activities related to implementation of the VRERP, including participation in emergency response drills, exercises and updating the plan.	Direct to VRERP
39213	Environmental Radiation Surveillance	Costs associated with sampling and evaluation of ambient air, water, milk, vegetation and similar media around Vermont Yankee and Yankee Atomic nuclear power plants and technical advice on radioactive waste.	Direct to VRERP
39214	VRERP Training	All training and educational activities related to implementation of the VRERP (Vermont Radiological Emergency Response Plan).	Direct to VRERP
39215	Tritium Leak 2010	All costs associated with the investigation of elevated tritium levels from Vermont Yankee	Direct to Tritium Leak 2010
39401	Environmental Health Administration	Staff time and operating costs associated with overall administration of the Environmental Health Division.	Total Salaries Across Environmental Health.
39409	Environmental Health Leave Time	Time code for time not worked such as vacations, holidays, sick leave, personal leave, and compensatory time	Quarterly Results of Individual Employees Positive Reporting

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### Organizational Unit 11: Alcohol and Drug Abuse Programs

The following plan departments, descriptions, and allocation methodologies are for costs associated with Alcohol and Drug Research and Planning; Alcohol and Drug Abuse Treatment; and Alcohol and Drug Prevention. (It is standard practice that any staff person in the department can code costs to any program code in the department if that code is the most appropriate description of the cost. These program codes are shown within this Division as an approximate guide to the most likely users of these codes.)

Program Code	Program Code Name	Description	Allocation Method
39801*	Alcohol and Drug Abuse Programs Administration	Staff time and operating costs associated with overall administration of the Alcohol and Drug Abuse Programs	Total Salaries Across ADAP Program
39809*	Alcohol and Drug Abuse Programs – Leave Time	Time code for time not worked, such as vacations, holidays, sick leave, personal leave and compensatory time.	Quarterly Results of Individual Employees Positive Reporting
39811	Substance Abuse Prevention Consultant System	All costs associated with the Substance Abuse Prevention Consultant System including payroll, benefits, travel, operations, etc.	Direct to Substance Abuse Grant
39812	Vermont Alcohol & Drug Information Clearinghouse	All costs associated with Vermont Alcohol and Drug Information Clearinghouse (VADIC) / Prevention communications activities.	Direct to Substance Abuse Grant
39814	OJJDP	Costs associated with combating underage drinking through public policy enforcement.	Direct to OJJDP
39815	Juvenile Accountability Incentive Block Grant (JAIBG)	Costs associated with action steps that will improve the adolescent service system for children in trouble with substance abuse.	Direct to JAIBG
39816	ADAP SBIRT Gant- Infrastructure	Infrastructure component of the SBIRT Gant	Direct to SBIRT
39817	ADAP SBIRT Gant- Data Collection	Data Collection component of the SBIRT Grant	Direct to SBIRT
39818	ADAP SBIRT Gant- Administration	Administration component of the SBIRT Grant	Direct to SBIRT
39819	ADAP SBIRT Gant- Direct SBIRT Services	Direct Services component of the SBIRT Grant	Direct to SBIRT
39822	Youth Initiative – Community Based Programs	Costs associated with Community Based Programs, such as the continuation of the New Directions Coalition grants, New Directions staff salaries and operating expenses for things like meetings, publishing reports, travel, etc.	Direct to Substance Abuse Grant

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39823	Student Assistance	Costs associated with a school based	Direct to Student
<del>3∀8∠3</del>			
	Programs (SAP)	program for assessment and referral	Assistance Programs
	Assessment and	with regard to substance abuse.	
20025	Referrals	A11	D: 11 Ct 1 :
39825	Strategic Prevention	All costs associated with the Strategic	Direct to Strategic
	Framework Partnership	Prevention Framework initiative	Prevention
	for Success (SPF-PFS)	targeted to prevent the onset and	Framework
		reduce the progression of substance	Partnership for
		abuse.	Success (SPF-PFS)
39827	Strategic Prevention	All community subgrant costs	Direct to Strategic
	Framework Partnership	associated with the Strategic	Prevention
	for Success	Prevention Framework Partnership	Framework
	Community (SPF-PFS)	for Success Grant.	Partnership for
			Success (SPF-PFS)
39829	SEOW Supplement	All Community evaluation costs	Direct to Partnerships
	SPF SPE Community	associated with the Strategic	for Success III <del>Direct</del>
	Evaluation	Prevention Framework State	to SPF SPE.
		Incentive Grant (SPF-SIG). All costs	
		associated with activities of the State	
		Epidemiological Outcomes	
		Workgroup (SEOW)	
39831*	Medication Assisted	All costs associated with a program to	Direct to Medication
	Treatment	expand/enhance treatment service	Assisted Treatment
		systems and recovery support services	
		to individuals with opioid use	
		disorders.	
39832	Block Grant	Costs associated with administration	Direct to Substance
	Administration	of grant.	Abuse Grant
39833*	DDRP	Costs associated with the Drinking	Allocated between
		Driver Rehabilitation Program	Global Commitment
		including DWI assessments and	Administration and
		CRASH schools.	Substance Abuse
			Block Grant based on
			the quarterly
			Medicaid eligibility
			rate for ADAP clients
39834*	Public Inebriate	Costs associated with program.	Allocated to
	Program		Substance Abuse
			Block Grant and to
			Global Commitment
			Investment based on
			availability of
			Substance Abuse
			Block Grant funding.
			Direct to Global
			Commitment
			Investment.
39838*	Payments to Providers	Direct payments.	Allocated to
	for Treatment –		Substance Abuse
	Residential		Block Grant and to
	Residential		DIOCK CHAIR ARE TO

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		T	Ta a .
			Global Commitment
			Investment based on
			availability of
			Substance Abuse
			Block Grant funding.
39841*	Payments to Providers	Direct payments.	Allocated to
	for Treatment: Half-		Substance Abuse
	Way		Block Grant and to
			Global Commitment
			Investment based on
			availability of
			Substance Abuse
			Block Grant funding.
39844*	Payments to Providers	Direct payments.	Allocated to
37011	for Treatment: Special	Direct payments.	Substance Abuse
	Populations Populations		Block Grant and to
	1 opulations		Global Commitment
			Investment based on
			availability of
			Substance Abuse
			Block Grant funding.
39845*	Alashal and Dona	Coots associated with menitoring	)
39843**	Alcohol and Drug	Costs associated with monitoring	Allocated between
	Abuse Programs	activities.	Global Commitment
	Provider Monitoring		Administration and
			Substance Abuse
			Block Grant based on
			the quarterly
			Medicaid eligibility
			rate for ADAP clients
39846*	Payments to EDS for	Direct payments.	Direct to Global
	Global Commitment:		Commitment
	General		Program
39847*	GC Program:	All costs associated with GC	Direct to Global
	Outpatient	Program: Outpatient	Commitment
			Program
39848*	GC Program: Opiate	All costs associated with GC	Direct to Global
		Program: Opiate	Commitment
			Program
39849*	GC Program:	All costs associated with GC	Direct to Global
	Residential	Program: Residential	Commitment
		6	Program
39851	Payments to EDS for	Payments to EDS on behalf of	Direct to CHIP
57051	CHIP	children eligible for the Children's	Program
		Health Insurance Program.	110514111
39853*	Treatment	Costs associated with tracking funds	Allocated to
37033	Improvement	for accreditation and provider data	Substance Abuse
	mibrovement	collection.	
		conection.	Block Grant and to
			Global Commitment
			Investment based on
			availability of

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			Substance Abuse Block Grant funding.
39854*	Performance Outcome Indicators	Costs associated with performance indicators, including support for development of processes for monitoring treatment outcome indicators used for continuous treatment improvement.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.
39855*	Service Planning and Coordination	Costs associated with services to ensure that adequate treatment plans are developed and implemented for adolescents receiving treatment through DDMH facilities and their families. Paid through the transfer of match funds to DDMH.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.
39859	Payments to Providers for Residential Treatment – Non Block Grant Expenses	Direct payments.	Direct to Payments to Providers for Residential Treatment – Non Block Grant Expenses
39860*	ADAP Treatment Unit	To aggregate the time the Alcohol and Drug Abuse Treatment Unit staff whose assigned duties comprise the assessment, certification and monitoring of residential and individual treatment providers pursuant to the Global Commitment State Plan.	Direct to Global Commitment Administration
39861	Adolescent Treatment System Enhancement Grant - Infrastructure	Infrastructure costs associated with the Adolescent Treatment System Enhancement grant.	Direct to Adolescent Treatment System Enhancement Grant
39862	Payments to Providers for Opiate Treatment	Non Global Commitment Eligible Payments to Providers for Opiate Treatment for Non-Medicaid Eligible Patients	Direct to Substance Abuse Grant Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.
39863*	Student Assistance Program (SAP) – Treatment Grants	Payments to providers for treatment: SAP	Split between Allocated to Substance Abuse Grant and Global Commitment Admin based on Medicaid

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			allowable share of
			costs.
<del>39864*</del>	Youth Initiative:	Costs associated with specialized	Allocated to
	Outpatient Treatment	youth clinicians and case managers.	Substance Abuse
	T T	Also grants to preferred providers in a	Block Grant and to
		particular geographic area to fund	Global Commitment
		youth treatment services.	Investment based on
		, , , , , , , , , , , , , , , , , , , ,	availability of
			Substance Abuse
			Block Grant funding.
39866*	Payments to Providers	Payments to OAS, LLC for	Allocated to Global
	<ul> <li>Bradford Operations</li> </ul>	residential treatment at the Valley	Commitment
		Vista Facility.	Investment and to
		J	State Funds based on
			the Medicaid,
			Uninsured, and
			Underinsured, share
			of total state
			population.
39867	Payment to Provider	To identify payments to providers for	Direct to Payment to
	Non Resident Non	non-residential services that are non-	Provider Non
	Block Grant	block grant expenditures.	Resident Non Block
			Grant
39868	Adolescent Treatment	Direct services costs associated with	Direct to Adolescent
	System Enhancement	the Adolescent Treatment System	Treatment System
	Grant - Direct Services	Enhancement grant.	Enhancement Grant
39869	Prescription Drug	Costa associated with developing and	Direct to Prescription
	Monitoring Program	maintaining a program to prevent	Drug Monitoring
		prescription drug abuse in Vermont.	
39870	Prescription Drug	All costs associated with enhancing	Direct to Prescription
	Monitoring Program -	an existing program to prevent	Drug Monitoring
	Enhanced	prescription drug abuse in Vermont	Program - Enhanced
39871	State Epidemiological	All Costs associated with staffing and	Direct to State
	Outcomes Workgroup	operating expenses for the State	Epidemiological
	(SEOW) Program	Epidemiological Outcomes	Outcomes
		Workgroup (SEOW) Program	Workgroup (SEOW)
			Program
39873	School-Based	Costs associated with the	Direct to School-
	Surveillance	implementation, analysis, and	Based Surveillance
		dissemination of the Youth Risk	
		Behavior Survey and the School	
		Health Profiles survey.	
39875	Needs Assessment –	Staff time, contractual payments and	Direct to Needs
	Treatment	all other costs associated with	Assessment Contract
		implementing the needs assessment	
		contract for Treatment contract with	
		began 9/26/97.	
39876	Needs Assessment –	Staff time, contractual payments and	Direct to Needs
	Prevention	all other costs associated with	Assessment Contract

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		implementing the needs assessment contract for Prevention contract.	
39877*	Case Management Rutland Court System	Costs associated with providing case management services to high risk youth in the court system. Case Managers broker clinical, educational and vocational services and they assure that the clients access the necessary services.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.
39880*	Community Recovery Centers	Costs to provide seed funding to establish community-based and community-run recovery centers which provide a place for self-help, education and referral services in the community.	Direct to Global Commitment Investment.
<del>39883</del>	State Data Infrastructure	Costs associated with a project to develop an infrastructure for data collection pertaining to substance abuse treatment services.	Direct to State Data Infrastructure
39884*	Other Treatment Grants – Transitional Housing	Costs associated with short-term (30 to 90 days) housing for clients who have completed formal treatment and are in need of a supportive residential environment to enable them to reestablish themselves in the community.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.
39885	Transitional Housing- Charitable Choice		Direct to Transitional Housing-Charitable Choice (state funds)
39886	Partnerships for Success III Community	All community costs associated with a program to reduce underage drinking, prescription drug misuse & abuse, and marijuana use among 12-25 year olds.	Direct to Partnerships for Success III
39887	Partnerships for Success III State	All state costs associated with a program to reduce underage drinking, prescription drug misuse & abuse, and marijuana use among 12-25 year olds.	Direct to Partnerships for Success III
39888*	Methadone Treatment  – NonBlock Grant Eligible	Methadone costs not eligible for SAPT Block Grant reimbursement	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding. Allocated to Global

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39889	Substance Abuse Prevention Administration and	All costs associated with Substance Abuse Prevention including payroll, benefits, travel, operations, etc., for	Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population. Direct to Substance Abuse Grant
	Planning.	administration, planning, evaluation, and sub-recipient monitoring.	
39890	Substance Abuse Prevention Community Grants Program	All costs associated with Substance Abuse Prevention Community grants program.	Direct to Substance Abuse Grant
39891	Substance Abuse Prevention Community – Project Rocking Horse.	All costs associated with the Project Rocking Horse grant program.	Direct to Substance Abuse Grant
39892*	Substance Abuse Workforce Development	All costs associated with substance abuse workforce development and training.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.
39893*	Direct Outpatient Treatment Services	All costs associated with outpatient, intensive outpatient, or clinical case management services.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.
39894*	Building Substance Abuse Treatment Capacity	All costs associated with the building of substance abuse treatment capacity in Franklin, Chittenden, Rutland, Caledonia and Orleans County in accordance with the Memorandum of Understanding with the Department of Corrections as authorized by H.859 (S.179) in the 2007-2008 Legislative session.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.
39895*	Prescription Drug Overdose Prevention	All costs associated with a program to enhance efforts to prevent overdose deaths related to prescription opioids.	Direct to Prescription Drug Overdose Prevention

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39896*	Public Inebriate	Crisis intervention for Mental Health	Direct to Global
	Services, Challenges	and substance abuse issues; non-	Commitment
	for Change, Global	categorical case mgt; development of	Investment.
	Commitment	a detoxification bed program	

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### **Department of Mental Health (DMH)**

#### I. Introduction

The Department of Mental Health (DMH) was established by the state legislature effective July 1, 2007.

Within this document we have included an overview of DMH's organizational structure and a list of the specific functions performed by DMH, referred to as plan departments or cost pools, and the allocation method for each function. Please note that the plan department numbers correspond to internal AHS program codes, from the state accounting system.

Our cost allocation plan (CAP) narrative is broken out into organizational areas called "cost centers" that are based on the sections of our organizational chart. Cost centers are comprised of various plan departments or units of cost that fall under each cost center.

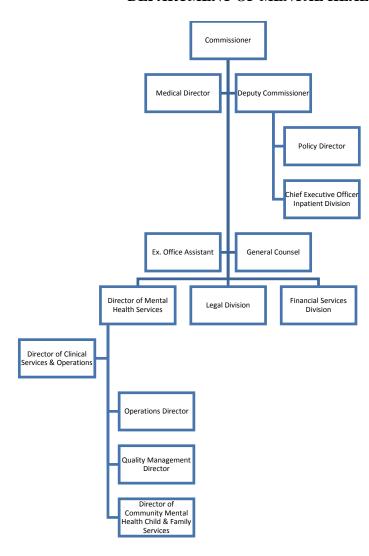
Staff at DMH direct code their time to the programs they support throughout their work day. DMH staff enters their time into the state's payroll system. When staffs enter timesheet information, they "direct code" their time and the data feeds the VISION accounting system. Staff performing support functions will use their assigned VISION code unless they work on a specific function where they are required to direct code their time to a specific function or program. Staff who works across multiple programmatic and direct service areas will code their time appropriately to multiple VISION codes. 100% of staff time is recorded. As a result, the staff costs in each VISION code are from staff recording their time, and an individual's cost may appear in more than one code, though it cannot exceed the total cost of that employee.

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

### II. Organizational Chart

DMH has set up our cost allocation plan narrative to mirror the organizational structure under which it operates. Section VI of this document describes, in narrative form, our cost allocation process. We have included a table that breaks out each of our cost pools, which mimic the boxes below on the organization chart; the narrative and organizational chart crosswalk to one another, and the narrative further describes the programs that the units within DMH administer.

#### DEPARTMENT OF MENTAL HEALTH



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### III. Vermont Department of Mental Health Cost Allocation Methodologies

### **Organizational Unit 1: Indirect Cost Allocations**

Nature and Extent of Services: Vermont Department of Mental Health is assessed costs from both the State of Vermont, called the SWICAP, and the Agency of Human Services Central Office, for activities performed on its behalf.

Program Code	Program Name	Description	Allocation Method
1000.1*	SWICAP	DMH Allocation of Statewide Indirect Costs	Total Salaries across departments
1000.2*	AHS Audit Unit	DMH Allocation of costs related to the AHS Audit Unit	Total Salaries across departments
1000.3*	AHS Secretary's Office	DMH Allocation of costs related to the AHS Secretary's Office	Total Salaries across departments
1000.4*	AHS Information Technology	DMH Allocation of costs related to AHS Information Technology	Total Salaries across departments
1000.5*	Financial Statement and Internal Controls Audit	DMH Allocation of costs related to the Single Audit – Financial Statement and Internal Controls	Total Salaries across departments
1000.6*	Human Services Board	DMH Allocation of costs related to the Human Services Board	Total Salaries across departments
1000.7*	Human Resources Investigations Unit	DMH allocation of costs related to the Human Resources Investigations Unit	Total Salaries across departments
1000.8*	AHS Policy	DMH allocation of costs related to AHS Policy	Total Salaries across departments

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### **Organizational Unit 2: Administrative Services**

Nature and Extent of Services: This cost center is comprised of costs associated with running the department from an administrative, organizational standpoint. The Commissioner, Deputy Commissioner, Medical Director and Executive Office Assistant are all included in this cost center.

Program Code	Program Code Name	Description	<b>Allocation Method</b>
37703	VHC Open Enrollment	Staff work related to VHC Open Enrollment	IDT
37988	SIM YR 2 Testing – Contracts	Contractual expenses related to SIM	Direct to the SIM Grant (federal)
37991	SIMS Testing - Staff	Non-IT salary and operating costs related to the SIM (State Innovation Models) grant	Direct to the SIM Grant (federal)
41618	HSE PMO – Staff Costs (Match from GF and Capital Budget – DII)	Staff Expenses related to Health Enterprise shared component design and development	Per Negotiated PMO allocation of HSE sources
41639	ICD-10 – Contractual Costs	Contractor expenses – associated with the ICD-10 planning	Direct to ICD-10 IAPD
41640	ICD-10 Staff Costs	Conversations or work associated with the ICD-10 planning	Direct to ICD-10 IAPD
41642	MMIS – DDI Staff	Staff work associated with the development of the MMIS	Direct to CMS- MMIS
42014*	DMH Administration	Staff costs associated with overall management of DMH programs, including Commissioner, the Medical Director, Executive Office Assistant, General Counsel, Operations Manager, Administrative Support Coordinator, and Deputy Commissioner	Total Cost of All Programs, Including Community Health and Inpatient Care
42600	General Funded Activities and Services	Activities that are not eligible for reimbursement under other funding sources	Direct to General Fund

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# **Organizational Unit 3: Legal**

Nature and Extent of Services: The Legal cost center is for all costs related to our legal services staff.

Program Code	Program Code Name	Description	Allocation Method
42320*	Legal Director and Assistant	Staff costs associated	Total Cost of All
		with the overall costs	Programs, Including
		of the Legal Director	Community Health
		and Assistant Legal	and Inpatient Care
		Director	
42321	Legal Services – Inpatient	Legal services costs	Cost of All Inpatient
		associated with	Care Programs
		Inpatient programs	
42322*	Legal Services – Community	Legal services costs	Total Cost of All
	Mental Health	associated with	Community Health
		Community Mental	Programs
		Health programs	
42323*	Legal Services – All Mental Health	Legal services costs	Total Cost of All
		associated with	Programs, Including
		Mental Health	Community Health
		programs	and Inpatient Care

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## **Organizational Unit 4: Financial and Operations**

Nature and Extent of Services: Financial and Operations is comprised of all costs related to our financial and operations staff.

Program Code	Program Code Name	Description	Allocation Method
42014*	DMH Administration	Staff costs associated with overall management of DMH programs, including Commissioner, the Medical Director, Executive Office Assistant, General Counsel, Operations Manager, Administrative Support Coordinator, and Deputy Commissioner	Total Cost of All Programs, Including Community Health and Inpatient Care
42313*	Financial – All Programs	Staff costs within the financial unit associated with workers supporting all programs	Total Cost of All Programs, Including Community Health and Inpatient Care
42314*	Financial – Adult Programs	Staff costs within the financial unit associated with workers supporting all adult programs	Total Cost of All Adult Programs
42315*	Financial – Children Programs	Staff costs within the financial unit associated with workers supporting all children programs	Total Cost of All Children Programs
42316	Financial – Inpatient Programs	Staff costs within the financial unit associated with workers supporting all inpatient programs	Total Cost of All Inpatient Programs

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# **Organizational Unit 5: Quality Management**

Nature and Extent of Services: This cost center houses costs related to DMH's quality management services.

Program Code	Program Code Name	Description	Allocation Method
42005	Data Infrastructure	Non-staff time associated with Data Infrastructure for the collection, analysis, and reporting on Mental Health System data	Direct to Data Infrastructure
42317*	Quality Assurance	Staff costs associated with quality assurance, outcomes, and reporting efforts across the department, including coordination of oversight activities with other departments within AHS	Total Cost of All Programs, Including Community Health and Inpatient Care
42319*	Technology and Data Collection	Staff costs associated managing information and data received from all state and non-state facilities	Total Cost of All Programs, Including Community Health and Inpatient Care
42771*	Data Infrastructure Staff Costs	Costs related to data collection, analysis, and reporting conducted by staff members	Allocated to Data Infrastructure and all DMH programs

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## Organizational Unit 6: Other Mental Health Support

Nature and Extent of Services: This cost center is comprised of costs associated with oversight of the programs that the department provides for children and adults.

Program Code	Program Code Name	Description	Allocation Method
42014*	DMH Administration	Staff costs associated with overall management of DMH programs, including Commissioner, the Medical Director, Executive Office Assistant, General Counsel, Operations Manager, Administrative Support Coordinator, and Deputy Commissioner	Total Cost of All Programs, Including Community Health and Inpatient Care
42301	Direct Service Technical Assistance Supports	Staff costs associated with mental health-Technical Assistance	Global Commitment Program or Investment by Statewide Medicaid Eligibility Rate
42303*	Department Planning and Development	Staff costs associated with oversight of all policy development and assessment of impacts of legislative actions across the department	Total Cost of All Programs, Including Community Health and Inpatient Care

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# Organizational Unit 7: Adult Clinical and Operations

Nature and Extent of Services: All costs associated with providing clinical services to adults are associated with this cost center.

Program Code	Program Code Name	Description	Allocation Method
2000.1	CRT Billings	Medicaid Billings for the CRT Program	Direct to CRT Global Commitment
2000.2	VPCH Revenue	Client Billings, Medicare and Other Revenues	Direct to VPCH GCI
2000.3	MTCR Revenue	Client Billings and Other Revenues	Direct to Community Rehab and Treatment (CRT Investment)
37712	Medicaid Program – Adults	Medicaid Fee for Service costs associated with mental health services for adults	Direct to Global Commitment (Program)
37800	Social Services Block Grant	Social Services Block Grant costs associated with the hospital diversion program and as part of the Community Rehabilitation and Treatment program for adults	Direct to Social Services Block Grant
42006*	Pre-Admission Screen and Resident Review (PASARR)	PASSAR contracted activities related to all mental health clients	Direct to Global Commitment Admin
42015*	Community Mental Health Administration – Adults and Children	Staff time and operating costs associated with overall administration of adult and children's mental health programs, excluding inpatient care	Total Costs of All Programs Excluding Inpatient Care
42302*	Care Management	Costs associated with care management of adult individuals who are in the custody of the department or voluntary psychiatric inpatient.	Global Commitment Program or Investment by Statewide Medicaid Eligibility Rate
42305*	Adult Services Utilization Director	Costs associated with the oversight of Housing Supports, Utilization Review, and Employment Supports	Full Time Equivalent Count across Housing, Utilization Review, and Employment Supports
42306*	Inpatient Utilization Review	Costs associated with conducting utilization review activities for inpatient services	Global Commitment Program or Investment by Statewide Medicaid Eligibility Rate
42307	Residential and Intensive Services Director	Responsible for overseeing technical assistance and secure residential staff	Full Time Equivalent Count across Technical Assistance

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			and Secure Residential
42410	Refugee Program	Costs Associated with the Federal Refugee Program	Direct to Refugee Program (Federal)
42520	Homeless Block Grant for Adults	Mental Health Services for Homeless adults	Direct to Homeless Block Grant
42531	Mental Health Block Grant for Adults	Grant pays for respite, community outreach, and CRT efforts	Direct to MHBG
42580	Olmstead Grant for Adults	Grant for contracted activities that promote recovery and community integration for adults	Direct to the Olmstead Grant
42641	Special Services – Adults	The operating costs of dental services, eye glasses, adaptive equipment, and other ancillary services for adults not covered by Medicaid	Direct to Special Services (Global Commitment Investment)
42643	CRT Mental Health Consumer Support Program – Adults	The costs to provide peer education, support and advocacy to adults with serious mental illness, their families, and the community to promote resiliency and recovery	Direct to CRT Consumer Support (Investment)
42646	Emergency Mental Health for Adults	The costs associated with 24/7 triage, assessment, mobile outreach, short-term family stabilization, and referral and screening for hospitalization or hospital diversion for adults experiencing a mental health crisis	Direct to Adult Emergency Mental Health (Investment)
42648*	Adult Division Only	Staff and operating costs associated with all adult programs administered by the department	Total Cost of All Adult Programs
42651	Emergency Mental Health For Adults - CRT	The costs associated with 24/7 triage, assessment, mobile outreach, short-term family stabilization, and referral and screening for hospitalization or hospital diversion for CRT adults experiencing a mental health crisis.	Direct to CRT Adult Emergency Mental Health (Investment)
42730	Case Rate Payments	Payments to designated agencies for the provision of services for the adult CRT population	Direct to Case Rate Payments
42740	CRT Doc/Hospital for Adults	Inpatient or Private Psychiatric services provided to adult CRT patients	Direct to CRT Doc Hospital
42758	Jail Diversion Grant	Contracted activities associated with a grant from SAMHSA for the implementation of a jail diversion and trauma recovery program for adult Veterans	Direct to Jail Diversion (Fed)
42760	Outpatient Services for Adults	The costs associated with mental health assessment, counseling, case management, medication	Direct to Outpatient Services for Adults (Global Commitment Investment)

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		management, care coordination, and outreach supports for adults	
42763	CRT Community Support Services for Adults	The costs associated with assessment and treatment, medication management, case management, community support, transportation, employment supports, and housing supports for adults who have a severe and persistent mental illness	Direct to Community Rehab and Treatment (CRT Investment)
42767	CRT Staff Secure Transportation	The costs associated with adults placed in involuntary care who require transport to receiving hospitals and who will have access to alternative transportation options that reduce traumas, provide safety, and are the least restrictive options available.	Direct to Community Rehab and Treatment (CRT Investment)
42768	CRT Peer Supports for Adults	Funds to develop peer-run or peer- guided recovery and peer support services for adults	Direct to Community Rehab and Treatment (CRT Investment)
42769	Recovery Housing	Funds to support approximately 100 – 150 adult CRT or pending CRT consumers to obtain or retain housing, prevent homelessness, allowing timely step-down from psychiatric inpatient settings, preventing unnecessary hospitalization, providing rental assistance or subsidy, security deposits, and providing apartment set-up and cover other one-time housing expenditures	Direct to Recovery Housing – MCO Investment (CRT)
42773	Serious Functional Impairment (SFI)	Costs associated with service provision required under the comprehensive community service plan to an adult who has been determined to have an SFI	Direct to SFI (Investment)
42774	Transformation Grant	Costs of implementing new techniques to make Vermont's adult mental health services more computer-driven and recovery-oriented	Direct to MH Transformation Grant
42778	Employment Development Initiative Grant	Activities to support knowledge of evidence based employment practices and strengthen MH/SA treatment, and develop Supported Employment Champions workforce, including workshops, trainings, and consultation activities for adults	Direct to Employment Development Initiative

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42779	Transformation	Activities to develop peer based	Direct to TTI
	Transfer Initiative	prevention and early intervention	
	(TTI)	services and supports for young adults	
		at risk of serious mental illness	
42784	CRT Housing	Costs for housing subsidies as part of	Direct to Community
	Subsidies	a comprehensive treatment plan.	Rehab and Treatment
			(CRT Investment)
42916	CRT Secure	Staff Time and Operating Costs	Direct to Community
	Residential Recovery	associated with running the Secure	Rehab and Treatment
		Residential Recovery Facility	(CRT Investment)

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### Organizational Unit 8: Children, Adolescents, and Families Unit

Nature and Extent of Services: All costs associated with providing services to children are associated with this cost center.

Program Code	Program Code Name	Description	Allocation Method
37713	Medicaid Program – Children	Medicaid Fee for Service costs associated with mental health services for children	Direct to Global Commitment (Program)
39757*	EPSDT Administration Functions	Costs related to grants that pay for consultation and education services	Direct to Global Commitment Administration
39851	Children's Health Insurance Plan (CHIP)	Children's Health Insurance Plan billings associated with children's mental health	Direct to CHIP
42532	Mental Health Block Grant for Children and Families	Grant pays for Children's Hospital Diversion, Respite, Emergency, Peer Support Services, Community Outreach, and Community Rehabilitation and Treatment Services Program for children	Direct to MHBG
42642	Special Services – Children	The operating costs of dental services, eye glasses, adaptive equipment, and other ancillary services for children not covered by Medicaid	Direct to Special Services (Global Commitment Investment)
42644	Mental Health Consumer Supports Program – Children	The costs to provide peer education, support and advocacy to children with serious mental illness, their families, and the community to promote resiliency and recovery	Direct to Consumer Support (Investment)
42645	Emergency Mental Health for Children	The costs associated with 24/7 triage, assessment, mobile outreach, short-term family stabilization, and referral and screening for hospitalization or hospital diversion for children, youth, and families	Direct to Children's Emergency Mental Health (Investment)
42649*	Children's Division Only	Staff and operating costs associated with all children's programs administered by the department	Total Cost of All Children's Programs, Including Community Health
42757	Youth in Transition	Contracted activities associated with a grant from SAMHSA to develop a system of care for young adults, ages 16 – 21, with serious mental health problems	Direct to Youth in Transition Grant
42764	Children's Community Services	The costs associated with clinical assessment and individualized treatment, individual, group and family therapy, psychiatric	Direct to Children's Community Services (Investment)

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		evaluation, medication management	
		and consultation, case management,	
		community support, community	
		education, transportation, and housing	
		supports for children who have been	
		diagnosed with a serious emotional	
		disturbance	
42766	Respite Services for	The costs associated with respite	Direct to Respite for
	Youth with SED and	services for short-term support and	SED Youth
	their Families	relief to the families of children and	(Investment)
		adolescents with significant mental	
		health issues	

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## **Organizational Unit 9: Inpatient Services**

Nature and Extent of Services: This cost center houses all costs associated with the provision of inpatient services.

Program Code	Program Code Name	Description	Allocation Method
42647	Brattleboro Retreat – CR	Costs associated with CRT Billings at Brattleboro	Direct to Community Rehab and Treatment (CRT Investment)
42650	Brattleboro Retreat – M	Costs associated with CRT Medicaid billings at Brattleboro Retreat	Direct to CRT Global Commitment (program)
42780	Direct Acute Patient Care - All Facilities Excluding Springfield	State staff and operating costs associated with direct acute patient care in all locations other than Springfield; post dislocation due to Tropical Storm Irene	Direct to Acute Care – Non- Springfield (Global Commitment Investment)
42781	Direct Acute Patient Care - Springfield	State staff and operating costs associated with direct acute patient care at Springfield; post dislocation due to Tropical Storm Irene	Direct to Direct Acute Care – Springfield (State General Fund)
42782	Admin and Program Support for Acute Care	Non-direct staff time and operating costs; post dislocation due to Tropical Storm Irene	Allocated to direct acute patient care cost centers based on FTE
42783	Staff and Operating Expenses Not Related to a Specific Site	Costs that are not related to Springfield or other direct care sites or GC Admin, including staff time not worked, that cannot reasonably be related to the admin cost center	Direct to State General Fund

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		that is being stepped	
		down	
42785	Psych Inpatient – RRMC – GC Invest	Rutland Regional	Direct to
12700	Toyon inpatient. Tatavie Go invest	Medical Center –	RRMC Psych
		Costs associated	Inpatient
		with Level One	(Investment)
		Care	(mvestment)
42786	Psych Inpatient –BR – GC Invest	Brattleboro Retreat	Direct to BR
42700	1 Syen inputient BR Ge invest	- Costs associated	Psych
		with Level One	Inpatient
		Care	(Investment)
42787	Psych Inpatient – RRMC – GC XIX	Rutland Regional	Direct to
42707	1 sych inpatient – KKWC – GC XIX	Medical Center –	RRMC Psych
		Costs associated	Inpatient
		with Level One	Medicaid
		Care Medicaid	Wicalcala
		Billings – GC	
		Medicaid	
42788	Psych Inpatient – FAHC – GC Invest	Fletcher Allen	Direct to
42700	1 sych inpatient – 1 Arre – Ge invest	Health Care – Costs	FAHC Psych
		associated with	Inpatient
		Level One Care –	(Investment)
		GC Investment	(mvestment)
42789	Psych Inpatient – FAHC – GC XIX	Fletcher Allen	Direct to
72707	1 sych inpatient 17th C GC XIX	Health Care – Costs	FAHC Psych
		associated with	Inpatient
		Level One Care	Medicaid
		Medicaid Billings –	Wiedicaid
		GC Medicaid	
42795	Psych Inpatient – Brattleboro Medicaid	Brattleboro Retreat	Direct to BR
,,,		<ul> <li>Medicaid costs</li> </ul>	Psych
		associated with	Inpatient
		Level One care	Medicaid
42796	Psych Inpatient – AHC – GC Investment	Arbour Health Care	Direct to AHC
		<ul> <li>Costs associated</li> </ul>	Psych
		with Level One care	Inpatient (GC
		- GC Investment	Investment)
42797	Psych Inpatient – AHC – GC Medicaid	Arbour Health Care	Direct to AHC
	_ ^	<ul> <li>Costs associated</li> </ul>	Psych
		with Level One care	Inpatient (GC
		- GC Medicaid	Medicaid)
42798	Psychiatric Inpatient RRMC Cost Settlement	DMH's	Direct to
	and Rate Setting	reimbursement to	RRMC Psych
		DVHA for Rutland	Inpatient
		Regional Medical	(Investment)
		Center's	
		Involuntary	
		Psychiatric Rate	
		Setting expenses	

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

42799	Psychiatric Inpatient BR Cost Settlement and	DMH's	Direct to BR
72177	Rate Setting	reimbursement to	Psych
	Rate Setting	DVHA for	Inpatient
		Brattleboro	(Investment)
		Retreat's	(mvestment)
		Involuntary	
		Psychiatric Rate	
42800	Dovedistric Inneticut EAUC Cost Settlement	Setting expenses DMH's	Direct to
42800	Psychiatric Inpatient FAHC Cost Settlement	_	
	and Rate Setting	reimbursement to	FAHC Psych
		DVHA for Fletcher	Inpatient
		Allen Health Care's	(Investment)
		Involuntary	
		Psychiatric Rate	
40001	E VOLD ( D 1 )	Setting expenses	D:
42901	Emergency VSH Patient Relocation	Costs incurred to	Direct to
		relocate VSH	FEMA
		patients during	
		Hurricane Irene	
		between 8/28/11	
40000	D.1. C. E.	and 8/29/11	D'
42902	Relocation Expenses	Includes all staff	Direct to
		overtime, mileage,	FEMA
		and other expenses	
		necessary due to the	
		relocation of VSH	
12002	D vil 1 D v v D vil	patients	ъ.
42903	Brattleboro Retreat Renovations	Includes all expenses	Direct to
		related to the	FEMA
		necessary	
		renovations to BR in	
		order to temporarily	
		care for the acute	
		level of the VSH	
42004	Dutland Danianal Madical Co. (1)	patients	Diment to
42904	Rutland Regional Medical Center Renovation	Includes all	Direct to
		expenses related to	FEMA
		the necessary	
		renovations to RRMC in order to	
		temporarily care for	
		the acute level of	
42007	Ctata Dum Acuta Innations M	the VSH patients	Diment to
42905	State Run Acute Inpatient Morrisville	Includes all	Direct to
		expenses related to	FEMA
		the necessary	
		renovations to in	
		order to temporarily	
		care for the acute	

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		level of the VSH	
		patients	
42906	Rent at the Brattleboro Retreat	Includes the cost to	Direct to
42900	Rent at the Brattleboro Retreat	rent the BR for	FEMA
			FEMA
12007	D and First All Wald C	VSH patients	<b>D</b> :
42907	Rent at the Fletcher Allen Health Care	Includes the cost to	Direct to
		rent FAHC for VSH	FEMA
		patients	
42908	Rent at the Rutland Regional Medical Center	Includes the cost to	Direct to
		rent RRMC for	FEMA
		VSH patients	
42909	Temporary Acute Inpatient Facility Start Up	Costs of furnishing,	Direct to
		fixtures, and other	FEMA
		equipment for the	
		temporary inpatient	
		location in	
		Morrisville	
42910	Acute Inpatient Facility Planning and	Costs associated	Direct to
42710	Development	with the planning,	FEMA
	Development	development, and	TENIA
		construction of the	
		new 15-25 bed state	
		run inpatient facility	
42911	Secure Residential Recovery Facility	Costs associated	Direct to
		with building	FEMA
		renovations,	
		furnishings,	
		fixtures, and other	
		equipment of secure	
		residential recovery	
		facilities	
42940	Berlin Administration	Costs Associated	Direct to
		with the Berlin Site	Berlin (GCI)
42942	Admin & Gen/Exec/BO/QA	Staff time and	Direct to
,	7. January 20 (2.100) 20 (2.1	operating costs	VPCH (GCI)
		associated with	VI CII (GCI)
		administration of	
		the Vermont	
		Psychiatric Care	
		Hospital (VPCH),	
		including the	
		Executive Office,	
		QA, Admissions,	
		Switchboard and	
		other related	
10015		services	
42943	Adult Gen Routine Care	Staff time and	Direct to
		operating costs	VPCH (GCI)
		associated with	
		general routine	

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		patient care at VPCH	
42944	Treatment Team	Staff time and operating costs associated with the VPCH Treatment Team	Direct to VPCH (GCI)
42945	Medical Records	Staff time and operating costs associated with medical records at the VPCH	Direct to VPCH (GCI)
42946	Nursing Administration	Staff time and operating costs associated with nursing administration and maintaining staffing levels at the VPCH	Allocated to direct Secure Res Recovery Operating (MTCR) and Adult General (VPCH) cost centers based on FTE count
42947	Ancillary & Laboratory Services	Staff time and operating costs associated with ancillary services at the VPCH	Direct to VPCH (GCI)
42948	Occupational Therapy	Staff time and operating costs associated with occupational therapy department at the VPCH	Direct to VPCH (GCI)
42949	Physical Therapy	Staff time and operating costs associated with physical therapy at the VPCH	Direct to VPCH (GCI)
42950	Pharmacy	Staff time and operating costs associated with pharmacy services at the VPCH	Direct to VPCH (GCI)
42951	Housekeeping	Staff time and operating costs associated with housekeeping at the VPCH	Direct to VPCH (GCI)
42952	Dietary	Staff time and operating costs	Allocated to Secure Residential

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		associated with food	Recovery
		service at the VPCH	Operating
			(MTCR) and
			Adult General
			(VPCH) based
			on meal count
42953	Laundry and Linen	Operating costs	Direct to
		associated with	VPCH (GCI)
		laundry and linen	
		services at the	
		VPCH	
42954	Electronic Health Record – VPCH	Operating costs	Direct to
		associated with the	VPCH (GCI)
		Electronic Health	
		Record at VPCH	
42955	Social Service Admin/Vol & Lib	Non-direct service	Direct to
		staff time and	VPCH (GCI)
		operating costs	
		associated with the	
		social services,	
		volunteer and	
		library services at	
		VPCH	

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

#### X. TIME TRACKING AND TIME STUDY INFORMATION

## **ESD Time Study**

The random moment time study (RMTS) is a survey process that includes all of the activities performed by the Economic Services Division (ESD), Benefit Programs Specialists (BPS) within the Vermont Department for Children and Families (DCF). An updated study begins on July 1, 2015. Participating staff are those who support multiple programs administered by DCF in ESD. Based on these observations, the total effort of a group of employees is determined with a high degree of confidence that approximates the same results as having observed employees for 100% of their time at work. The results of the RMTS are used in the quarterly cost allocation plan (CAP) to allocate department costs to reimbursable and non-reimbursable areas. This level of detail is required for DCF to participate in federal claiming efforts.

The RMTS must be conducted on a continuous basis to support quarterly claiming efforts.

We thank participants in advance for their time and cooperation. Please direct all questions to either Public Consulting Group, Inc. (PCG) at <a href="https://www.vtdcfbps@pcgus.com">wtdcfbps@pcgus.com</a> or DCF at <a href="https://www.aHS.DCFESDOverdueReport@state.vt.us">AHS.DCFESDOverdueReport@state.vt.us</a>. Participants may also call the PCG hotline at 866-912-2983.

## **How to Complete the Random Moment Time Study**

Participants receive an e-mail that directs them to a website via a web link. Participants log in to the system and then answer several different questions. Depending on the answers to the questions, they select from a list of individual activity and program codes.

After answering all of the questions provided, the user selects a Submit button to respond to the survey. The surveys must be completed within 72 hours. Participants receive a reminder e-mail 24-hours and 48-hours after each moment if the survey has not yet been completed. If a participant is working on a case, the worker is asked to provide the client's first initial, last name, and last four digits of the client's social security number (SSN) as a unique case identifier.

The RMTS is mandatory and must be completed in a timely manner. Every survey that is assigned must be completed! Moments stay 'live' in the system for 72 hours so if a participant is on leave for a short time, they must still complete the moment upon their return.

### RECORDING VHC ACTIVITIES

DCF BPS staff may connect Medicaid applicants to the Vermont Health Connect (VHC, the State's Health Insurance Exchange) to seek enrollment in a qualified health plan and premium tax credit and cost sharing reduction programs through the federal exchange. Staff activities in support of Medicaid or VHC eligibility determinations are considered to be part of the Medicaid program for the purpose of completing this time study.

For example: If participants direct a client to VHC, provide them with the website or phone number for VHC, connect them with HAEU staff, or provide the applicant with information on how to apply for the health insurance programs offered by the VHC, participants would select the following activity and program code combination:

Case Specific Activity Code: Eligibility Determination or Redetermination Work

Program Code: Medicaid

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#### ROOT QUESTION

The following describes each of the activities available to RMTS participants. Activities performed and programs administered on behalf of the client are described below. *Please note that meetings, phone calls, e-mails, filing, driving, and similar other administrative tasks should be tied to the activity that they are in support of; these are not general administrative activities unless they are truly not tied to a case.* 

The first question a participant is asked when completing the time study is: Were you working on a Case or on behalf of a client? The participant responds Yes or No.

For the purpose of the RMTS, a case is any client where you are actively working on assisting the client to access or continue accessing state or federal benefit programs. Please review the following examples for clarity.

- 1. If you are performing lobby monitoring to assist a potential client apply for a federal or state assistance program, regardless of whether a case has been opened, it is considered a case-related activity; select the Eligibility Determination and Redetermination activity and then select the federal or state program to which the client is applying.
- 2. If you are performing lobby monitoring and directing a potential client to the Vermont Health Insurance Exchange, it is considered a case-related activity; select the Eligibility Determination and Redetermination activity and then select the Medicaid program.
- 3. If you are performing lobby monitoring and there is no one in the lobby at the time of your assigned moment, it is <u>not</u> considered a case-related activity; select General Administrative and General Training Activities as your activity and you will not be asked to select a program(s) that the effort was in support of.

After selecting Yes or No, the participant is asked to first identify their activity, and then select the program(s) the activity is associated with.

### CASE SPECIFIC ACTIVITY CODES

Please select the activity you are performing at the time of your moment, not the type of case.

#### 1. Eligibility Determination or Redetermination

This activity includes all efforts made to determine or redetermine eligibility for a program on behalf of a client. Examples include:

- a. Scheduling and conducting client initial interviews;
- b. Reviewing case records for initial eligibility determination or redetermination;
- c. Verifying documents;
- d. Conducting verification requests;
- e. Verifying factors related to eligibility;
- f. Preparing calculation entries or computations;
- g. Data entry for eligibility purposes (including filling out forms specifically used for Reach Up Financial Assistance);
- h. Issuing vouchers for prescriptions, dental emergencies, or durable medical equipment (specifically for General Assistance clients);
- i. Completing necessary online forms to determine eligibility:
- j. Discussing eligibility determination requirements with a client or a DCF case participant; and
- k. Following up on "To-Do's" related to eligibility determination or redetermination requirements.

These activities may be completed when the client is present or on the telephone. Meetings, phone calls, collateral calls, e-mails, filing, driving, mailing, contact with case managers, working in ININ, and other similar administrative tasks associated with this activity should also be coded here.

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#### 2. Utility Eligibility, Outreach, and Referrals

This activity includes all efforts made to determine or redetermine eligibility for Vermont Gas or Green Mountain Power. This activity should also be used for outreach or referrals to a utility program. This activity should only be used when performing these activities related to Vermont Gas or Green Mountain Power. *Please note that the only Program allowed for selection after choosing this activity is "Utility Discount"*. Meetings, phone calls, collateral calls, e-mails, filing, driving, mailing, contact with case managers, working in ININ, and other similar administrative tasks associated with this activity should also be coded here.

## 3. Active Case Updates/Changes

This activity should be selected when documenting case notes or a change to the case in a client record. Examples include but are not limited to any of the following:

- a. Documenting changes regarding employment status;
- b. Documenting changes regarding the number of children in the household;
- c. Supporting an audit request/case read by rerunning/correcting budgets or producing documents missing from the file:
- d. Reviewing or performing a case read for accuracy;
- e. Processing a 218E;
- f. Splitting a case or transferring a case to another worker, county, or district;
- g. Processing over/under payments;
- h. Performing QA variances;
- i. Cleaning up the case file;
- j. Generating, printing/copying, and/or mailing notification letters to clients; and
- k. Closing a case or previewing a pending closure case due to "unable to locate".

Time spent following up on "To-Do's" or "Dailys" related to updates or changes on active cases should also be coded here. Meetings, phone calls, collateral calls, e-mails, filing, driving, mailing, contact with case managers, working in ININ, and other similar administrative tasks associated with this activity should also be coded here.

## 4. Fraud Referrals

This activity includes all tasks involved in processing fraud referrals and responses. This activity includes:

- a. Referring to and communicating about potential fraud to a Supervisor, the Fraud Unit, or the Investigations Unit at DCF;
- b. Gathering information and documenting the referral for submission;
- c. Processing over/under payments; and
- d. Conducting OA variances due to potential fraud.

Meetings, phone calls, collateral calls, e-mails, filing, driving, mailing, contact with case managers, working in ININ, and other similar administrative tasks associated with this activity should also be coded here.

## 5. Fair Hearings and Appeals

This activity involves all worker tasks related to fair hearings and appeals, including but not limited to:

- a. Responding to fair hearing requests;
- b. Meeting with the client for pre-hearing conferences;
- c. Attending administrative hearings;
- d. Testifying at administrative hearings;
- e. Attending an appeals case; and
- f. Preparing pre-process or post-hearing paperwork or other documentation for any of these scenarios, including the 113 report.

Meetings, phone calls, collateral calls, e-mails, filing, driving, mailing, contact with case managers, working in ININ, and other similar administrative tasks associated with this activity should also be coded here.

## 6. Reach Up Sanctions

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This activity should be selected when performing activities related to Reach Up Sanctions, including processing payments to landlords on behalf of the Reach Up client until the client complies with penalties and attends a follow up meeting with the BPS. Meetings, phone calls, collateral calls, e-mails, filing, driving, mailing, contact with case managers, working in ININ, and other similar administrative tasks associated with this activity should also be coded here. *Please note that the only Program allowed for selection after choosing this activity is "Reach Up"*.

### 7. Reach Up Controlled Vendor Payments

This activity should be selected when monitoring and making controlled vendor payments for various expenses, including money mismanagement or processing payment requests from the client. Meetings, phone calls, collateral calls, e-mails, filing, driving, mailing, contact with case managers, working in ININ, and other similar administrative tasks associated with this activity should also be coded here. *Please note that the only Program allowed for selection after choosing this activity is "Reach Up"*.

### 8. Outreach and Education Activities

This activity should be used when performing activities related to outreach about the assistance programs offered by DCF. This activity includes any time spent:

- a. Conducting outreach about services offered by the programs BPS administers;
- b. Educating potential clients about the benefits and availability of services;
- c. Encouraging clients to access state and federal services and programs;
- d. Compiling and distributing educational materials about assistance programs; and
- e. Assisting a client fill out a program application.

Meetings, phone calls, collateral calls, e-mails, filing, driving, mailing, contact with case managers, working in ININ, and other similar administrative tasks associated with this activity should also be coded here.

#### 9. Referrals to Medicaid and/or Medical/Behavioral Health Services

This activity includes referral of a client to Medicaid or other governmental or private agencies for Medical/Behavioral Health services that are not part of the services offered by BPS. This activity includes time spent:

- a. Working with Community Connections related to the medical needs of the client;
- b. Connecting clients with medical/behavioral health services; and
- c. Coordinating medical/behavioral health services for the client.

Meetings, phone calls, collateral calls, e-mails, filing, driving, mailing, contact with case managers, working in ININ, and other similar administrative tasks associated with this activity should also be coded here. *Please note that the only Program allowed for selection after choosing this activity is "Medicaid" or "SSI"*.

#### 10. Referrals to Non-Medicaid/Non-Medical, Community Services

This activity includes referral of client to social services, housing agencies, Family Services, or other governmental or private agencies for Non-Medical services that are not part of the services offered by BPS. This activity includes time spent:

- a. Working with Community Connections related to the non-medical needs of the client;
- b. Connecting clients with non-medical/non-behavioral health services such as social or religious groups or affiliations; and
- c. Coordinating non-medical/non-behavioral health services for the client.

This activity should not be used to record activities associated with the utility programs. Meetings, phone calls, collateral calls, e-mails, filing, driving, mailing, contact with case managers, working in ININ, and other similar administrative tasks associated with this activity should also be coded here.

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#### NON-CASE SPECIFIC ACTIVITY CODES

## 1. Program Specific Training or Reporting

This activity should be used for program specific trainings related to your job as a BPS participant. This activity should also be used for any time you spend creating, editing, or updating program specific reports. The trainings and reports can be on any specific program you support clients with. Examples include trainings and reports on topics such as:

- a. Reach Up Financial Assistance;
- b. 3Squares;
- c. Fuel;
- d. Medicaid:
- e. SSI:
- f. General Assistance/Emergency Assistance;
- g. Essential Person;
- h. Utility Discount;

You will be asked to select which program(s) the training or report covered. Any administrative efforts related to this activity should also be coded here.

## 2. General Administrative and General Training Activities

This code includes activities performed not related to case work and specific clients but necessary for your job. Please use this activity code for tasks such as:

- a. Attending work-related conferences within your office;
- b. Attending conferences or one-on-ones with your supervisor to discuss non-case related issues;
- c. Attending general trainings not specifically related to your job as a BPS participant, such as:
  - a. Domestic Violence;
  - b. Long Term Care;
  - c. Eligibility Redetermination;
  - d. Interview Training:
  - e. Using the ININ phone system;
  - f. Email system usage;
  - g. Fire drills;
  - h. RMTS training;
  - i. General office procedures trainings; or
  - j. Mentoring New Workers on any of these programs.
- d. Bathroom or Personal Breaks;
- e. Cleaning or organizing your workspace;
- f. Completing your timesheet;
- g. Filling out or looking at the "Daily Duties" spreadsheet;
- h. Preparing for or involvement in office functions;
- i. Covering the front desk (greeting clients and answering phones);
- j. Filling out personnel forms for human resources;
- k. Attending general staff meetings not related to your cases;
- 1. Processing general mail/faxes/e-mails not related to a case;
- m. Testing computer systems or working with IT to fix a computer problem; and
- n. Reading new office policies not specific to any of the programs you work with.

You will be asked to describe the activity in your own words, and this activity should not be used for any phone call, collateral calls, e-mail, documentation activity, travel to/from meetings with clients or required trainings that you attend, or filing activity if you can tie it to a specific case. Any administrative efforts related to this activity should also be coded here.

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#### NON-WORK RELATED ACTIVITY CODES

## 1. Paid Time Off (Annual/Sick/School/Administrative Leave/Comp)

This activity is used when the participant is not working but is being paid for the time off. Examples include using regular annual leave for vacation, sick time, Family Medical Leave Act (FMLA), banked leave time, breaks, union leave, or approved personal educational leave. Paid days not working due to a weather emergency would also be recorded here.

## 2. Unpaid Time Off: Lunch or Not Scheduled to Work/Flex Time

Any approved leave you take that you are not paid for should be coded here. Use this activity code if you were either not scheduled to work at the time of the observation, (i.e., it is before your regular start time, or after your regular end time, or the sample is received at a time when you are not scheduled to work due to your adjusted work schedule). For example,

- a) you flex on Monday and the sample is received on Monday.
- b) the sample is before or after you regular work hours (e.g., at 7:49 a.m. and you do not start until 8:00 a.m.).

Sick, vacation, annual leave, and "snow or weather" days should <u>not</u> be coded here unless you are not paid for the time off.

### 3. Non-DCF Activity or Other Emergency Situation

This activity should be used when the participant performs an activity unrelated to any responsibility that they would normally have as an employee of DCF. Examples may include performing a function for another state agency or working on non-human services activities in the event of a natural disaster. Participants are required to provide a brief description of the activity being performed when this activity is chosen.

## PROGRAM CODES

Please select the program/program combinations you are supporting at the time of your moment. If you are assisting a client with one activity that supports multiple programs, please select the appropriate combination of programs.

#### 1. Reach Up

Reach Up provides temporary cash and financial assistance to families with children and pregnant women who meet certain financial and nonfinancial eligibility factors in order to help them pay for living expenses such as rent, heat, utilities, clothing, food, and personal care items. This program includes two-parent families and incapacitated families, and also includes time spent on Reach First and Reach Ahead.

#### 2. 3 Squares

3Squares provides temporary food assistance benefits to eligible households and individuals with low income to increase their food purchasing power.

#### 3. Fuel

The Fuel program assists applicants with safe, decent, affordable housing and other essential needs, as well as assistance to help with household heat, electric, and home repair costs, when an emergency situation arises.

## 4. General Assistance (GA) and Emergency Assistance (EA)

General Assistance provides financial assistance to disabled adults who are not eligible for Reach Up to meet their basic personal and shelter needs such as dental and housing assistance.

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#### 5. Essential Person (also called "Aid to the Aged, Blind, and Disabled (AABD)")

Essential Person provides financial assistance to help aged, blind, and disabled people who have little or no income with a cash benefit to help contribute to the cost of having someone live with them to provide essential care.

#### 6. Medicaid

The Medicaid program provides medical assistance to those who meet the financial and nonfinancial eligibility factors to ensure that essential health care services are made available to those who otherwise would not have financial resources to purchase them.

#### 7. Social Security Income (SSI)

SSI is a Federal income supplement program designed to help aged, blind, and disabled people who have little or no income with a cash benefit to provide for basic needs such as food, clothing, and shelter.

### 8. Utility Discount

The Utility Discount programs through Green Mountain Power and Vermont Gas provide financial assistance to eligible households with low income to help with household energy and natural gas.

## 9. Reach Up/3 Squares

Includes activities in support of a Reach Up/3 Squares multi-program case or application, when the worker is assisting a client with both programs with the same activity.

## 10. Reach Up/GA and EA

Includes activities in support of a Reach Up/GA and EA multi-program case or application, when the worker is assisting a client with both programs with the same activity.

## 11. Reach Up/Fuel

Includes activities in support of a Reach Up/Fuel multi-program case or application, when the worker is assisting a client with both programs with the same activity.

#### 12. Reach Up/3 Squares/Fuel

Includes activities in support of a Reach Up/3 Squares/Fuel multi-program case or application, when the worker is assisting a client with the three programs with the same activity.

## 13. Reach Up/3 Squares/Fuel/GA and EA

Includes activities in support of a Reach Up/3Squares/Fuel/GA and EA multi-program case or application, when the worker is assisting a client with the four programs with the same activity.

#### 14. 3 Squares/Fuel

Includes activities in support of a 3 Squares/Fuel multi-program case or application, when the worker is assisting a client with both programs with the same activity.

## 15. 3 Squares/Essential Person

Includes activities in support of a 3Squares/Essential Person multi-program case or application, when the worker is assisting a client with both programs with the same activity.

#### 16. 3 Squares/GA and EA

Includes activities in support of a 3Squares/GA and EA multi-program case or application, when the worker is assisting a client with both programs with the same activity.

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#### 17. 3 Squares/Fuel/Essential Person

Includes activities in support of a 3Squares/Fuel/Essential Person multi-program case or application, when the worker is assisting a client with the three programs with the same activity.

#### 18. 3 Squares/Fuel/GA and EA

Includes activities in support of a 3Squares/Fuel/GA and EA multi-program case or application, when the worker is assisting a client with the three programs with the same activity.

## 19. 3 Squares/Fuel/GA and EA/Essential Person

Includes activities in support of a 3Squares/Fuel/GA and EA/Essential Person multi-program case or application, when the worker is assisting a client with the four programs with the same activity.

#### 20. Fuel/GA and EA

Includes activities in support of a Fuel/GA and EA multi-program case or application, when the worker is assisting a client with both programs with the same activity.

#### 21. Fuel/GA and EA/Essential Person

Includes activities in support of a Fuel/GA and EA/Essential Person multi-program case or application, when the worker is assisting a client with the three programs with the same activity.

#### 22. GA and EA/Essential Person

Includes activities in support of a GA and EA/Essential Person multi-program case or application, when the worker is assisting a client with both programs with the same activity.

#### 23. All Programs: Reach Up/3 Squares/Fuel/GA and EA/Essential Person

Includes activities in support of a Reach Up/3Squares/Fuel/GA and EA/Essential Person multi-program case or application, when the worker is assisting a client with the five programs with the same activity.

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Program/Activity	Reach Up	3 Squares	Fuel	GA and EA	EP/AABD	Medicaid	SSI	Utility Discount****	Reach Up/3 Squares	Reach Up/GA and EA	Reach Up/Fuel
Eligibility Determination or Redetermination	Direct to	Direct to	Direct to LIHEAP	Direct to State General Fund	Direct to Global				50/50	50/50	50/50
Utility Eligibility, Outreach, and Referrals								Direct to Utility Discount			
Active Case Updates/Changes	Direct to TANF/State	Direct to SNAP	Direct to	Direct to State General Fund	Direct to Global				50/50	50/50	50/50
Fraud Referrals*	Direct to TANF/State	Direct to SNAP	Direct to LIHEAP	Direct to State General Fund	Direct to Global Commitment				50/50	50/50	50/50
Fair Hearings and Appeals**	Direct to TANF/State	Direct to SNAP	Direct to LIHEAP	Direct to State General Fund	Direct to Global Commitment				50/50	50/50	50/50
Reach up Sanctions	Direct to TANF/State										
Reach Up Controlled Vendor Payments	Direct to TANF/State										
Outreach and Education Activites***	Direct to TANF/State	Direct to SNAP	Direct to	Direct to State General Fund	Direct to Global Commitment	Direct to Medicaid (50%)	Direct to Medicaid (50%)		50/50	50/50	50/50
Referrals to Medicaid and/or Medical/Behavioral Health Services						Direct to Medicaid (50%)	Direct to Medicaid (50%)				
Referrals to Non- Medicaid/Non-Medical, Community Services	Direct to TANF/State	Direct to SNAP	Direct to LIHEAP	Direct to State General Fund	Direct to Global Commitment				50/50	50/50	50/50
Program Specific Training or Reporting											
General Administrative and General Training Activities											
Paid Time Off											
Unpaid Time Off											
Non-DCF Activity or Other Emergency Situation											

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

Program/Activity	Reach Up/3 Squares/Fuel	Reach Up/3 Squares/Fuel/G A and EA	3 Squares/Fuel	3 Squares/Essent ial Person	3 Squares/GA and EA	3 Squares/Fuel /Essential Person	7	3 Squares/Fuel/G A and EA/EP	Fuel/GA and EA	Fuel/EP/GA and EA
Eligibility Determination or Redetermination	33/33/33	25/25/25/25	50/50	50/50	50/50	33/33/33	33/33/33	25/25/25/25	50/50	33/33/33
Utility Eligibility, Outreach, and Referrals										
Active Case Updates/Changes	33/33/33	25/25/25/25	50/50	50/50	50/50	33/33/33	33/33/33	25/25/25/25	50/50	33/33/33
Fraud Referrals*	33/33/33	25/25/25/25	50/50	50/50	50/50	33/33/33	33/33/33	25/25/25/25	50/50	33/33/33
Fair Hearings and Appeals**	33/33/33	25/25/25/25	50/50	50/50	50/50	33/33/33	33/33/33	25/25/25/25	50/50	33/33/33
Reach up Sanctions										
Reach Up Controlled Vendor Payments										
Outreach and Education Activites***	33/33/33	25/25/25/25	50/50	50/50	50/50	33/33/33	33/33/33	25/25/25/25	50/50	33/33/33
Referrals to Medicaid and/or Medical/Behavioral Health Services										
Referrals to Non- Medicaid/Non-Medical, Community Services	33/33/33	25/25/25/25	50/50	50/50	50/50	33/33/33	33/33/33	25/25/25/25	50/50	33/33/33
Program Specific Training or Reporting										
General Administrative and General Training Activities										
Paid Time Off										
Unpaid Time Off										
Non-DCF Activity or Other Emergency Situation										

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

Program/Activity	EP/GA and EA	All Programs	Other (Non- Case Related)
Eligibility Determination or Redetermination	50/50	20/20/20/20/20	
Utility Eligibility, Outreach, and Referrals			
Active Case Updates/Changes	50/50	20/20/20/20/20	
Fraud Referrals*	50/50	20/20/20/20/20	
Fair Hearings and Appeals**	50/50	20/20/20/20/20	
Reach up Sanctions			
Reach Up Controlled Vendor Payments			
Outreach and Education Activites***	50/50	20/20/20/20/20	
Referrals to Medicaid and/or Medical/Behavioral Health Services			
Referrals to Non- Medicaid/Non-Medical, Community Services	50/50	20/20/20/20/20	
Program Specific Training or Reporting			Direct to Program(s ) Indicated by Participan t's Response
General Administrative and General Training Activities			Reallocat ed
Paid Time Off			Reallocat ed
Unpaid Time Off			Remove
Non-DCF Activity or Other Emergency Situation			Direct to State General Funds

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

- \*Costs associated with Fraud Referrals for 3Squares are reported on line 5 of the SNAP Federal Report.
- \*\*Costs associated with Fair Hearings and Appeals for 3Squares are reported on line 8 of the SNAP Federal Report.
- \*\*\*Costs associated with Outreach and Education for 3Squares are reported on line 17 of the SNAP Federal Report.
- \*\*\*\*The Utility Discount program consists of Vermont Gas and Green Mountain Power. Billing to these companies will be split based on the percentages negotied in DCF's agreements with these companies.

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

Page 272 of 337

## **BPS Time Study**

#### Introduction

The purpose of this random moment time study (RMTS) is to measure the level of effort spent on various eligibility activities performed by Benefit Programs Specialists (BPS) in the State of Vermont. These staff, who are all state employees, perform integrated eligibility determination activities on behalf of residents in the state and clients served by the Department for Children and Families (DCF) and other Departments within the Agency of Human Services (AHS) umbrella. Organizationally, BPS staff work in the Economic Services Divisions (ESD) of DCF.

The time study is administered using EasyRMTS<sup>TM</sup>, which is a tool that has been developed by Public Consulting Group, Inc. (PCG). EasyRMTS<sup>TM</sup> is an automated, web-based RMTS application that gives users a comprehensive tool for administering a time study for federal claiming, cost allocation, or other similar activities. Fully customizable for an individual agency or school district's specific requirements, EasyRMTS<sup>TM</sup> gives an administrative user the capability to assign random moments, monitor staff participation, update respondents' information, create and produce reports for federal claiming and other purposes, and view and analyze tabulated responses from participating staff. Participants of an EasyRMTS<sup>TM</sup> administered time study only need to have access to the Internet and an e-mail address in order to receive and complete their assigned random moments.

The application serves its state and local government or school district users by allowing for a timely and effective system to record staff activities performed, especially with respect to key federal programs that are supported by their staff. The automated RMTS application was developed to comply with all federal rules and regulations related to cost allocation practices and claiming for reimbursement of federal dollars. The software supports accurate reporting of reimbursable administrative activities, which are generally required by federal approving agencies to be measured through a time study. EasyRMTS<sup>TM</sup> puts the least administrative burden on staff as possible while allowing users to measure their time and claim for federal revenue. The system allows participants to indicate directly, via a series of survey questions in the software, the activities and programs they are supporting.

The purpose of this manual is to provide step by step explanation of how to complete the Vermont DCF BPS RMTS. It has been created to assist DCF in managing and administering the RMTS. It serves as a procedural guide and instructional tool for sustaining the RMTS for its ongoing support of the cost allocation plan (CAP) process.

Please note that DCF is a state administered system. The use of the word "county" or "local office" indicates where the participant is physically located. The reference is still a person employed by the state.

#### **Operation**

There is a single RMTS (with 3,000 2,829 moments per quarter) operated for ESD BPS staff. PCG provides the EasyRMTS<sup>TM</sup> system (via a web-hosted service), generates each quarterly sample, provides assistance to DCF with monitoring participant responses, and provides customer service. The sample is generated using data from the payroll system on a quarterly basis. Participants are responsible for selecting activity and program codes when they respond to the RMTS. Initial training is provided by PCG, while annual refresher and ongoing new worker training is conducted by DCF. The following table displays the responsibilities of PCG and DCF when it comes to RMTS administration.

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Page 273 of 337

Task	DCF	PCG
Host EasyRMTS™ on Server		X
Provide DCF with System and Administrator Support/Address Technical Issues		X
with System		Λ
Gather Participant Rosters	X	
Support Users on System Use through Dedicated E-mail Address	X	X
Support Users on System Use through Dedicated Hotline		
(Note: the hotline will be staffed from 9:00 a.m. to 5:00 p.m. EST, excluding	X	X
weekends and holidays; a voice-mail box will always be available in the event that	Λ	Λ
a live worker is unable to answer immediately).		
Calendar and Work Schedule Maintenance	X	
Generate Monthly Response Reports	X	
Review Subsample Results for Quality Control	X	
Ongoing CAP Amendments for Changes to RMTS Activities	X	
Adding Activities to the Decision-Tree in EasyRMTS™	X	X
Quality Control (refer to the Quality Control section of this appendix)	X	X
Quarterly Moment Generation	X	
Quarterly Trainings for New Hires/Participants	X	
Annual Refresher Trainings	X	

## **Sampling Population**

The sampling population includes eligibility workers within DCF. These participants work to assess the need and determine eligibility for multiple public assistance programs. Specifically, workers included in the RMTS are Economic Services Division (ESD) Benefit Programs Specialists (BPS) within DCF.

BPS staff ensure that each person or family that applies for public assistance receives the type and level of assistance that they are eligible for. The BPS reviews the application and decides which forms and verifications are needed. The specialists then evaluate the information contained in all documents and uses complex policies and procedures to determine eligibility. The BPS also assess the needs of each person/family and provide appropriate information; making any referrals and/or contacts to persons/agencies to help them meet their needs. The BPS provide all families with information about the expectations and goals of DCF programs and maintaining eligibility. These positions also process changes as necessary on active cases.

Supervisors are not included in the RMTS.

On a quarterly basis, DCF updates the information for all staff members participating in the RMTS to account for new staff, terminated staff, and staff on long-term leave and updates the actual sample on a quarterly basis (for each new quarterly sample). Throughout the quarter and before the subsequent quarterly sample is drawn, RMTS administrators at DCF collect additions, deletions, and schedule changes and update the software system accordingly (note that these changes have no effect on the current sample). Changes are accepted by DCF until the sample is drawn for the next quarter. If a person leaves mid-way through the quarter, their supervisor notifies the RMTS administrators, and the leave information is noted so as to not initiate additional follow up. RMTS administrators change that individuals e-mail to a "dummy" e-mail address to stop e-mails from going out, but there is no type of replacement in the system. These moments are counted as non-responses.

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Page **274** of **337** 

It is important to note the DCF participants who have participated in the RMTS in the past, but whom are no longer in the sample selection (e.g., retired, left position), are not deleted from the EasyRMTS<sup>TM</sup> database but are deactivated so that prior quarter data is available for audit trail purposes.

### **Sampling Unit**

An RMTS asks a participant what they are doing at a specific moment in time (e.g., 11:48 a.m.). The RMTS sampling unit is defined as a single minute, or sixty second length of time, randomly selected within the workday of each participant. The moments for the participants occur between the work schedules assigned to the individual workers. The moments are drawn from the core hours for each working day in a quarter, exclusive of official state holidays. Participants receive the e-mail within a few minutes after their assigned random moment time. There is no pre-notification of when a participant will have a moment assigned to them.

## **Responses and Response Time**

Participants have 72 hours to respond to all moments. If the participant does not respond to their moment within the first 24 and 48 hours, reminder e-mails are sent to both the participant and their supervisor, requesting that they answer their moment. The moment expires after 72 hours. Reminder e-mails do not include the participant's username and password to ensure that only the participant has access to their unique login credentials and that no one other than the participant responds to their moments.

DCF RMTS administrators are cc'd on all reminder e-mails and follow-up with non-responders as needed. If a specific individual is identified as a non-responded, the RMTS administrators notify the specific supervisor so that person may be further trained on the importance of completing the RMTS. If a systemic issue is identified, communication is sent to all participants. PCG and DCF may also send out occasional e-mails over the holidays or other times when participation may be less to ensure that individuals are responding to the RMTS whenever possible.

## **Sampling Period**

The sampling period is a calendar quarter.

#### **Confidence and Precision Level**

This level is kept at 95% confidence level with +/- 2% precision for all activities. This level is consistent with federal regulations for statistical validity. Cost Allocation Services (CAS, formerly the Division of Cost Allocation or DCA) determines that statistically validity is met when the minimum number of moments received (responded to) as determined in the formula below.

## Sample Size

DCF generates 3,000 2,829 moments per quarter for the RMTS. This number is to ensure that 2,000 valid observations are obtained and is in compliance with the federally-required formula below. Specifically, the Public Assistance Cost Allocation Plan Review Guide states that:

The sample size needed may be determined from the formula included in the State Guide. The State Guide specifies that a minimum 2,000 valid observations per sample period be obtained. A "valid observation" is defined as any observation other than a "non-strike". A "non-strike" occurs whenever

a selected employee could not be contacted at the selected moment, i.e., the employee no longer works in the office, the employee is on a flex-schedule and not at work at the time of the observation, etc.

The formula used to determine the baseline number of moments is as follows:

$$N = \frac{P(1-P)}{\left(\begin{array}{c} SE \\ T \end{array}\right)^2}$$

Where N = Sample Size

P = Anticipated Rate of Occurrence of the Activities Being Observed

SE = Desired Sample Precision

T = Confidence Level Factor (1.96 for 95%)

With the updated system, DCF will update the maximum rate of occurrence and adjust the sample size as needed but also ensure the floor of moments responded to (2,000), as required by CAS.

## **Sample Calculation**

Solving for N (with a maximum rate of occurrence of 42 54%):

N= 
$$\frac{.42.54 (1-.54.42)}{0.02 2} = 2,459 \frac{2,338}{2,338}$$

As mentioned above, this formula will be recalculated and updated on an annual basis. If the formula indicates a number less than 2,000 at any point, DCF will generate enough moments to still maintain 2,000 valid samples.

Please note that because the BPS RMTS is a new process, the above formula is truly a sample calculation. Once the first quarter has been completed, the sample calculation will be updated with the actual maximum rate of occurrence.

## **Standard Observation Form and Definitions**

A standard observation form has been developed that includes numerous questions, up to 15 distinct activity codes and 23 program codes (including combinations of more than one program) that encompass the universe of activities that the population being surveyed performs.

- The sample is generated (e.g., moments are assigned to participants) just prior to the beginning of the quarter.
- E-mails are sent to the participant, indicating that they have been selected to report their activity for the moment shown (e.g., 10:12 a.m. on 1/5/14).
- The e-mail contains a username and password and link to the website to respond to the moment.
- The participant selects the link to the website. At the website, they logon and have access to the questions and activity/program codes.
- The participant answers the questions and selects the appropriate activity and program (client specific activities require the client's last name and last four digits of the client's social security number (SSN)).

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• There is no advance notification of moments.

Participants are sent 24 and 48-hour reminder e-mails (if the participant has not yet responded) and have 72 hours to complete each moment for it to be considered valid. Participants are not able to respond to moments once they have expired. Expired/non-response moments are not included in the RMTS activity percentage calculations.

A participant is asked numerous questions in the time study. The root question is "Were you working on a Case or on behalf of a client?" (Y/N). Below, is the sequence of questions depending on how they answer the root (first) question.

For answering "Yes" to case-related activity.

- 1. Please select the activity you are performing at the time of your moment, not the type of case.
- 2. Please select the program(s) you were supporting at the time of your moment.
- 3. Please provide the client's first initial, last name, and last four digits of the client's social security number (SSN).

For answering "No" to case-related activity.

1. Please select the activity you were performing at the time of your moment.

Below are the case specific activity codes:

Case Specific Activity Codes

- 1. Eligibility Determination or Redetermination
- 2. Utility Eligibility, Outreach, and Referrals
- 3. Active Case Updates/Changes
- 4. Fraud Referrals
- 5. Fair Hearings and Appeals
- 6. Reach Up Sanctions
- 7. Reach Up Controlled Vendor Payments
- 8. Outreach and Education Activities
- 9. Referrals to Medicaid and/or Medical/Behavioral Health Services
- 10. Referrals to Non-Medicaid/Non-Medical, Community Services

Below are the non-case specific activity codes:

Non-Case Specific Activity Codes

- 1. Program Specific Training or Reporting
- 2. General Administrative and General Training Activities

Below are the non-work related activity codes:

Non-Work Related Activity Codes

- 1. Paid Time Off (Annual/Sick/School/Administrative Leave/Comp)
- 2. Unpaid Time Off: Lunch or Not Scheduled to Work/Flex Time
- 3. Non-DCF Activity or Other Emergency Situation

Below are the program codes and combination codes:

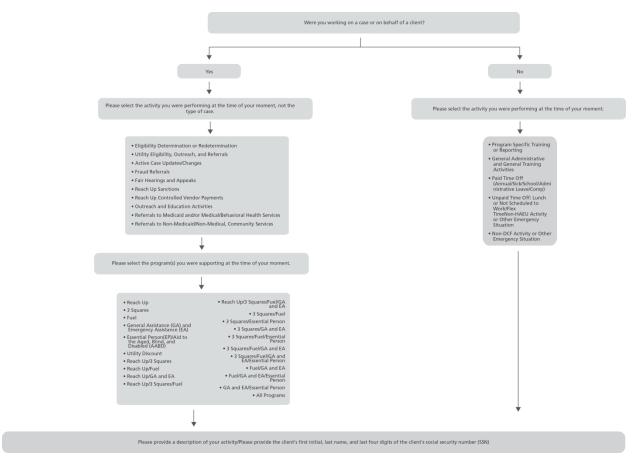
## **Program Codes**

- 1. Reach Up
- 2. 3 Squares
- 3. Fuel
- 4. General Assistance (GA) and Emergency Assistance (EA)
- 5. Essential Person (also called "Aid to the Aged, Blind, and Disabled (AABD)")
- 6. Medicaid
- 7. Social Security Income (SSI)
- 8. Utility Discount
- 9. Reach Up/3 Squares
- 10. Reach Up/GA
- 11. Reach Up/Fuel
- 12. Reach Up/3 Squares/Fuel
- 13. Reach Up/3 Squares/Fuel/GA and EA
- 14. 3 Squares/Fuel
- 15. 3 Squares/Essential Person
- 16. 3 Squares/GA and EA
- 17. 3 Squares/Fuel/Essential Person
- 18. 3 Squares/Fuel/GA and EA
- 19. 3 Squares/Fuel/GA and EA/Essential Person
- 20. Fuel/GA and EA
- 21. Fuel/GA and EA/Essential Person
- 22. GA and EA/Essential Person
- 23. All Programs: Reach Up/3 Squares/Fuel/GA and EA/Essential Person

Please note that the activity and program codes are not numbered in the system. In addition, the program codes are only options if the participant selects a particular activity. Some activity codes are also only shown for case-related work, while others only appear for non case-related or non work-related activities. Not all program codes are available for every activity selection.

Please refer to the allocation matrix for the valid combinations of activity/program codes available to participants through the decision tree nature of the EasyRMTS<sup>TM</sup> software. Additionally, the following graphic represents the questions participants are walked through in order to select an activity/program combination; this graphic is provided to participants are part of the training presentation.

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### **Date Stamp**

The moment date/time is provided to the participant in the e-mail notification and is viewed by the participant when they log in to EasyRMTS<sup>TM</sup> to complete their moment. Each response is date stamped when the participant responds to the moment.

#### **Help Desk**

A Help Desk is operated where participants can call (via an 800 number) and speak to PCG if they have questions. This number is contained in all e-mails and on the RMTS system when participants log in to the system. If someone is unavailable, they can leave a message. All messages related to questions asked about activities are logged. Participants can also respond to the e-mail that they receive and receive an e-mail response.

### **Training**

Employees must participate in a web-based training before completing their first random moment. Training sessions occur for all participants on an annual basis. Quarterly sessions are also held for workers who would like to attend or are required to attend additional trainings (participants who regularly fail to respond) as necessary. Periodic newsletters or memos are also sent to participants.

### **Analysis of Results**

Page 279 of 337

On a monthly basis, the results of the RMTS are compared to previous months to determine if there are any significant variances in the responses. If a significant variance is discovered, a review is conducted in order to determine the reason for the variance. If the reason for the variance is due to bias or improper technique, it will be determined whether to make a change to the RMTS form. Additional training may also be conducted. The state will also, as necessary, send communication and memorandum to participants to clarify any common issues.

On a monthly basis, reports are forwarded to the BPS RMTS coordinators so that they can follow up with non-responsive participants. Individual supervisors are involved as necessary. The system generates 24 and 48 hour follow-up e-mails. Additional follow-ups will be employed as necessary.

## **Evaluation and Modification of the System**

The RMTS system, observation form, and distribution procedures are continuously evaluated to identify necessary modifications in order to improve their efficiency and effectiveness. If modifications are determined necessary, they are made promptly.

## **Subsample Process**

For the entire BPS time study, 10% of all moments are randomly selected as part of the subsample process. Participants who are selected for the subsample are required to answer one additional question when responding to their moments, requiring them to write in their own words the activity they were performing. The RMTS administrators generate a report detailing those moments that have been selected as part of the subsample on the 18<sup>th</sup> day of the month (for moments that occurred in the first two weeks of the month) and 3<sup>rd</sup> day of every month (for moments that occurred in the second two weeks of the month). RMTS administrators will then review the reports, comparing the activity selection to the participants own description of their task to ensure that they match appropriately. If the activity selection does not match, RMTS administrators will contact the participants. If validation is not confirmed on any moments within the 10% subsample for whatever reason, these moments will be reallocated direct to state general fund. The RMTS statistic will be updated accordingly.

#### **Documentation**

All aspects of the RMTS process are documented. This documentation includes but is not limited to the following:

- Assigned moments e-mailed;
- Data related to tabulations;
  - Analysis of sample results; and
  - Final computation of results that are used in the cost allocation plan.

Procedural documentation is also kept on the procedures used.

## **Quality Control**

Page **280** of **337** 

Quality control is performed on the RMTS on an ongoing basis. Some codes require the participant to enter the client's first initial, last name, and last four digits of the client's social security number (SSN) during their random moment to ensure those cases are active for the department. For codes that require the participant to provide a description, those descriptions are reviewed by PCG and DCF to ensure the participants are using them appropriately. This information, along with other common participant errors recognized by PCG and DCF, is used to determine training needs.

The decision-tree setup of EasyRMTS<sup>TM</sup> ensures that participants cannot select incompatible combinations (please refer to the allocation matrix). If new activities are added or removed from the time study, EasyRMTS<sup>TM</sup> is reviewed and updated accordingly to ensure edits have been made correctly. Edits to the system are effective the first day of the quarter, in line with an accompanying CAP amendment. All amendments related to the RMTS process are prospective.

The following items, at a minimum, are reviewed throughout the quarter and prior to sample generation for the subsequent quarter:

- Identification of upcoming Vermont state or observed federal holidays (excluded from the sample).
- Data related to participant contact information, including full name and e-mail address.
- Participant roster updates to reactivate an employee who may have been on extended leave or to deactivate someone who will be on extended leave or no longer working in the BPS position at DCF.
- Workers who select the wrong activity (based on their own description of their work) are emailed directly to explain what the appropriate selection was so that the mistake does not
  continue to occur (either from reviewing the subsample moments or general observations
  regarding common mistakes made by participants).

Any employee on extended leave (exceeding six weeks during a single quarter) will be deactivated from the system until further notice. All other instances of leave will be determined on a case-by-case basis by RMTS administrators.

#### **Quarterly Calculation of Results**

DCF calculates the quarterly results based on the total number of moment received, minus the number of not scheduled to work (NSTW), and no response/invalid moments. Therefore, if 3,000 moments are generated and 500 of those moments received are a combination of unpaid time off, or NSTW, or invalid the denominator for the calculation is 2,500. All responses in the system, inclusive of NSTW, count as "responses" in determining the overall response rate.

#### **Contingency Plan**

In the event of a technical failure or emergency situation, when staff are not able to receive or respond to moments for longer than 5 days, DCF will take the following steps to ensure that a valid sample can still be obtained and that the time study's statistical validity is not compromised:

- 1. Upon resumption of the RMTS, DCF will determine how many moments were affected. DCF will then generate a concurrent sample, starting on the day the RMTS is resumed or shortly thereafter, containing the same number of moments that were affected by the outage through the end of the sample period. For example, if 200 moments were affected due to a technical failure DCF will
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- generate a second sample of 200 moments, to run concurrently with the original sample through the end of the sample period.
- 2. If the situation occurs closer to the end of the quarter and a concurrent sample is not possible or if the issue will be prolonged, the prior quarter RMTS results will be used for the affected quarter.

Any situation where either option is considered will be communicated with CAS and the appropriate cognizant agencies and documented in the RMTS backup and the backup for all claims prepared using this data.

## **HEAU Time Study**

The random moment time study (RMTS) is a survey process that includes all of the activities performed by the Economic Services Division (ESD), Health Access Eligibility Unit (HAEU) workers within the Vermont Department for Children and Families (DCF). The time study begins on July 1, 2015. Participating staff are those who support multiple programs administered by DCF in HAEU. Based on these observations, the total effort of a group of employees is determined with a high degree of confidence that approximates the same results as having observed employees for 100% of their time at work. The results of the RMTS are used in the quarterly cost allocation plan (CAP) to allocate department costs to reimbursable and non-reimbursable areas. This level of detail is required for DCF to participate in federal claiming efforts.

The RMTS must be conducted on a continuous basis to support quarterly claiming efforts.

We thank participants in advance for their time and cooperation. Please direct all questions to either Public Consulting Group, Inc. (PCG) at **vtdcfhaeu@pcgus.com** or DCF at **AHS.DCFHAEUSupervisor@state.vt.us**. Participants may also call the PCG hotline at 866-912-2984.

## **How to Complete the Random Moment Time Study**

Participants receive an e-mail that directs them to a website via a web link. Participants log in to the system and then answer several different questions. Depending on the answers to the questions, they select from a list of individual activity and program codes that fall under their subsequent programs.

After answering all of the questions provided, the user selects a Submit button to respond to the survey. The surveys must be completed within 72 hours. Participants receive a reminder e-mail 24 hours and 48 hours after each moment if the survey has not yet been completed. If a participant is working on a case, the worker is asked to provide the client's contact ID from VHC or UID from ACCESS as a unique case identifier.

The RMTS is mandatory and must be completed in a timely manner. Every survey that is assigned must be completed! Moments stay 'live' in the system for 72 hours so if a participant is on leave for a short time, they must still complete the moment upon their return.

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Page **282** of **337** 

### **ROOT QUESTIONS**

The following describes each of the activities available to RMTS participants. Activities performed and programs administered on behalf of the client are described below. The RMTS is a decision-tree based process whereby the response provided to each question determines what the subsequent question is. Please note that meetings, phone calls, e-mails, filing, driving, service requests, and similar other administrative tasks should be tied to the activity that they are in support of; these are not general administrative activities unless they are truly not tied to a case.

The first question a participant is asked when completing the time study is: Were you working on a Case or on behalf of a current or potential customer at the time of your moment?

The participant responds Yes or No.

If the participant selects "Yes", the second question asks: Which eligibility system were you working in at the time of your moment?

The participants responds "Vermont Health Connect (VHC)" or "ACCESS". After selecting one of the two responses, the participant is asked to identify their activity. Of the "Case Specific Activity Codes", only certain activities are available for selection in the RMTS system when the worker selects VHC or ACCESS. Please refer to the table following the "Case Specific Activity Codes" section for a crosswalk.

Participants are also asked to provide a Case Identifier. In VHC, this is the Contact ID; in ACCESS, this is the UID.

If the participant selects "No", the participant is asked to choose from a "Non-Case Specific Activity" or "Non-Work Related Activity").

## **CASE SPECIFIC ACTIVITY CODES**

Please select the case-specific activity you are performing in the eligibility system at the time of your moment.

### 1. Collection, Review, and Reconciliation of Application and Data

This activity includes conducting interviews, preliminary review of application forms, verification of documents, data entry, and documenting application/data in VHC or ACCESS. Any other related work that can be conducted in the office, in the field, by mail, or by telephone should also be coded here, including receiving information from others who may be filling out or compiling application on behalf of the client. This activity should only be selected if the worker is physically performing these activities, or related administrative tasks, within the VHC or ACCESS system.

### 2. Processing Change of Circumstances and/or Updating a Case

This activity should be selected when (documenting case notes or) processing a change of circumstance to the case (in a client record). Related to factors such as changes in employment status or number of children, supporting an audit request/case read by rerunning/correcting budgets or producing documents missing from the file, reviewing or performing a case read for accuracy, splitting a case, processing over/under payments (performing QA variances), or cleaning up the case file. This activity also includes generating notification letters and printing/copying and/or mailing notification letters to clients. This activity should only be selected if the worker is physically performing these activities, or related administrative tasks, within the VHC or ACCESS system.

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Page **283** of **337** 

## 3. Issuing Eligibility Notices to Customers

This activity should be selected when generating or printing eligibility notices to send to clients, including using the manual notification tool (MNT). This includes annual review (per year requests), term letters, denial letters, or a letter request for more information. This activity should only be selected if the worker is physically performing these activities, or related administrative tasks, within the VHC or ACCESS system.

## 4. On-going Case Reviews or Renewals

This activity includes reviewing case records, scheduling and conducting client interviews for renewal purposes, verifying documents, answering verification requests, data entry for eligibility renewal purposes, completing necessary online forms for eligibility reviews and renewals, and discussing eligibility review and renewal with a client or a DCF case participant. This activity can be completed when the client is present or on the telephone. This activity should only be selected if the worker is physically performing these activities, or related administrative tasks, within the VHC or ACCESS system.

## 5. Processing Cases for Eligibility Determinations

This activity includes scheduling and conducting client intake, reviewing case records, verifying documents, answering verification requests, preparing calculation entries or computations, data entry for eligibility purposes, completing necessary online forms to determine eligibility, and discussing eligibility determination requirements with a client or a DCF case participant. This activity can be completed when the client is present or on the telephone. This activity should only be selected if the worker is physically performing these activities, or related administrative tasks, within the VHC or ACCESS system.

# 6. Customer Service and E-mail/Portal Response Processing related to Eligibility Determination Issues

This activity should be selected when reviewing or responding to client's comments and questions via phone or e-mail/helpdesk portal. This includes time spent researching and reviewing the client's case, as well as researching policy regarding eligibility to make clear to the client what they qualify for. This activity can be completed when the client is on the telephone, through e-mail, or through the VHC portal inbox. This activity should only be selected if the worker is physically performing these activities, or related administrative tasks, within the VHC or ACCESS system.

# 7. Customer Service Response Processing related to General Processing Issues (not related to Eligibility Determinations)

This activity should be selected when reviewing or responding to client's comments and questions. This includes time spent researching and reviewing the client's case, answering questions related to premium processing, reconciling payment discrepancies, as well as researching policy specific to the question or concern being dealt with. This activity can be completed when the client is on the telephone, or through e-mail. Meetings, phone calls, e-mails, filing, driving, mailing, contact with case managers, service requests, and other similar administrative tasks associated with this activity should also be coded here.

# 8. Documenting, Initiating, Answering Case-related Questions for, or Testifying about Appeals (for the Appeals Unit to Process)

This activity involves responding to fair hearing requests, meeting with the client for pre-hearing conferences, attending administrative hearings, testifying at administrative hearings, attending an appeals case, or preparing pre-process or post-hearing paperwork or other documentation for any of these

Page **284** of **337** 

scenarios, including the 113 report. Meetings, phone calls, e-mails, filing, driving, mailing, contact with case managers, service requests, and other similar administrative tasks associated with this activity should also be coded here.

# 9. On-going Case Maintenance related to Plan Choice, including Referring Customers to Carriers

This activity should be selected when educating and advising a client on the plan options available to them. This also includes any time you spend researching the plans and providing the client with the contact information for the providers. Meetings, phone calls, e-mails, filing, driving, mailing, contact with case managers, service requests, and other similar administrative tasks associated with this activity should also be coded here.

# 10. Policy Development and Research related to Eligibility Determination Standards and Methodologies

This activity should be selected when reading, reviewing, or researching policy related to eligibility determination for a client. Meetings, phone calls, e-mails, filing, driving, mailing, contact with case managers, service requests, and other similar administrative tasks associated with this activity should also be coded here.

## 11. Phone-based Assistance to Fill Out Applications

This activity should be selected when assisting a client over the phone with filling out an eligibility related form or application, including answering any client questions about the form or necessary backup and supplemental documentation for the VHC system. Meetings, phone calls, e-mails, filing, mailing, contact with case managers, service requests, and other similar administrative tasks associated with this activity should also be coded here.

## 12. Referring Customers to Navigators

This activity should be selected when referring a client to a navigator for additional assistance in learning about their health insurance options and select/enroll in a health insurance plan. Meetings, phone calls, emails, filing, mailing, contact with case managers, service requests, and other similar administrative tasks associated with this activity should also be coded here.

#### 13. General Outreach and Marketing Activities, related to Open Enrollment

This activity should be used when performing activities related to education and outreach about the assistance programs offered by DCF. This activity includes any time spent educating clients about the benefits and availability of services, attending community events or fairs to speak to Vermonters about VHC, as well as encouraging clients to access the services and programs. This activity also includes all time spent compiling and distributing educational materials about the assistance program or assisting a client fill out a program application. Meetings, phone calls, e-mails, filing, driving, mailing, contact with case managers, service requests, and other similar administrative tasks associated with this activity should also be coded here.

#### 14. Premium Tax Credit Form (1095-A) Processing

This activity involves reviewing all 1095-A forms to ensure accuracy (dates, premiums, address, etc.) and to also ensure every form is mailed to clients. This activity also includes following up with client complaints regarding their 1095-A, correcting errors, and resending the form if necessary. Meetings, phone calls, e-mails, filing, mailing, contact with case managers, service requests, and other similar administrative tasks associated with this activity should also be coded here.

Page **285** of **337** 

#### 15. Referrals to Medicaid and/or Medical/Behavioral Health Services

This activity includes referral of client to medical or other governmental or private agencies for Medical/Behavioral Health services that are not part of the services offered by HAEU. Meetings, phone calls, e-mails, filing, driving, mailing, contact with case managers, service requests and other similar administrative tasks associated with this activity should also be coded here.

## 16. Referrals to Non-Medicaid/Non-Medical, Community Services

This activity includes referral of client to social services, housing agencies, or other governmental or private agencies for Non-Medical services that are not part of the services offered by HAEU. This activity includes time spent working with Community Connections and Community Partners. Meetings, phone calls, e-mails, filing, driving, mailing, contact with case managers, service requests, and other similar administrative tasks associated with this activity should also be coded here.

Activity	VHC	ACCESS
Collection, Review, and Reconciliation of Application and Data	X	X
Processing Change of Circumstances and Other Data Edits	X	X
Issuing Eligibility Notices to Customers	X	X
Ongoing Case Reviews or Renewals	X	X
Processing Cases for Eligibility Determinations	X	X
Customer Service and E-mail/Portal Response Processing related to Eligibility Determination Issues	X	X
Customer Service Response Processing related to General Processing Issues (not related to Eligibility Determinations)	X	X
Documenting, Initiating, Answering Case-related Questions for, or Testifying about Appeals (for the Appeals Unit to Process	X	X
On-going Case Maintenance related to Plan Choice, including Linking Referring Customers to Carriers	X	
Policy Development and Research related to Eligibility Determination Standards and Methodologies	X	X
Phone-based Assistance to Fill Out Applications	X	X
Referring Customers to Navigators	X	
General Outreach and Marketing Activities, related to Open Enrollment	X	
Premium Tax Credit Form (1095-A) Processing	X	
Referrals to Medicaid and/or Medical/Behavioral Health Services	X	X
Referrals to Non-Medicaid/Non-Medical, Community Services	X	X

#### NON-CASE SPECIFIC ACTIVITY CODES

## 1. Delivery of or Participation in HAEU-Specific Training and Staff Development

This activity should be used for trainings related to your job as a HAEU worker. The trainings can be on any specific program you support clients with. Examples include trainings on topics such as ADA, ACCESS, De-escalation (phone), Release One, Health Plan Selection, Customer Service, Eligibility Rules, Paper Application Processing, Benaissance, Systems 101, Interview Training, ININ phone system training, New Worker training, email system usage, fire drills, time study trainings, general office

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trainings. You will be asked to select which program/topic the training covered. Any administrative efforts related to this activity should also be coded here.

## 2. All Staff or Supervision Meetings

Please use this activity code for work-related conferences within your office or one-on-one with your supervisor to discuss non-case related issues. All meetings related to clients should be coded to a Case-Specific Activity Code. Any administrative efforts related to this activity should also be coded here.

#### 3. General Administrative Activities

This activity includes activities performed not related to case work and specific clients but necessary for your job. Examples include cleaning or organizing workspace, timesheet completion, preparation for or involvement in office functions, filling out personnel forms for human resources, mentoring new staff without a client present, general staff meetings not related to your cases, processing mail/faxes/e-mails not related to a case, testing computer systems, working with IT to fix a computer problem, reading new policies, completing general service requests not related to your cases, etc. You will be asked to describe the activity in your own words, and this activity should not be used for any phone call, email, documentation activity, travel to/from meetings with clients or required trainings that you attend, or filing activity if you can tie it to a specific case. Any administrative efforts related to this activity should also be coded here.

#### NON-WORK RELATED ACTIVITY CODES

## 4. Paid Time Off (Annual/Sick/School/Administrative Leave/Comp)

This activity is used when the participant is using regular annual leave for vacation, sick hours, Family Medical Leave Act (FMLA), banked leave time, union leave, or approved personal educational leave. Paid days not working due to a weather emergency would also be recorded here.

#### 5. Lunch/Break

Scheduled or unscheduled breaks (bathroom trips, lunch break, coffee breaks, and personal phone calls) should be coded here.

#### 6. Not Scheduled to Work/Flex

Use this activity code if you were either not scheduled to work at the time of the observation, (i.e., it is before your regular start time, or after your regular end time, or the sample is received at a time when you are not scheduled to work due to your adjusted work schedule.) For example,

- c) you flex on Monday and the sample is received on Monday.
- d) the sample is before or after you regular work hours (e.g., at 7:49 a.m. and you do not start until 8:00 a m)

Sick, vacation, annual leave, and "snow or weather" days should <u>not</u> be coded here.

#### 7. Unpaid Time Off

Any leave you take that you are not paid for should be coded here.

#### 8. Non-HAEU Activity or Other Emergency Situation

This activity should be used when the participant performs an activity unrelated to any responsibility that they would normally have as a HAEU worker at DCF. Examples may include performing a function for another state agency or working on non-human services activities in the event of a natural disaster. Participants are required to provide a brief description of the activity being performed when this activity is chosen.

## **HAEU Random Moment Time Study Matrix**

Program/Activity	VHC	ACCESS	Non Case-Specific	Non-Work
Collection, Review, and Reconciliation of				
Application and Data	Case Count between CHIP, VHC, and Medicaid 75%	Case Count between CHIP and Medicaid 50%		
Processing Change of Circumstances and/or				
Updating a Case	Case Count between CHIP, VHC, and Medicaid 75%	Case Count between CHIP and Medicaid 50%		
Issuing Eligibility Notices to Customers	Case Count between CHIP, VHC, and Medicaid 75%	Case Count between CHIP and Medicaid 50%		
On-going Case Reviews or Renewals	Case Count between CHIP, VHC, and Medicaid 75%	Case Count between CHIP and Medicaid 50%		
Processing Cases for Eligibility Determinations	Case Count between CHIP, VHC, and Medicaid 75%	Case Count between CHIP and Medicaid 50%		
Customer Service and E-mail/Portal Response Processing related to Eligibility Determination Issues	Case Count between CHIP, VHC, and Medicaid 75%	Case Count between CHIP and Medicaid 50%		
Customer Service Response Processing related to General Processing Issues (not related to Eligibility Determinations)	Case Count between CHIP, VHC, and Medicaid 50%	Case Count between CHIP and Medicaid 50%		
Documenting, Initiating, Answering Case-related Questions for, or Testifying about Appeals (for the Appeals Unit to Process)	Case Count between CHIP, VHC, and Medicaid 50%	Case Count between CHIP and Medicaid 50%		
On-going Case Maintenance related to Plan Choice, including Linking Referring Customers to Carriers	Case Count between CHIP, VHC, and Medicaid 50%			
Policy Development and Research related to Eligibility Determination Standards and Methodologies	Case Count between CHIP, VHC, and Medicaid 50%	Case Count between CHIP and Medicaid 50%		
Phone-based Assistance to Fill Out Applications	Case Count between CHIP, VHC, and Medicaid 50%	Case Count between CHIP and Medicaid 50%		
Referring Customers to Navigators	Case Count between CHIP, VHC, and Medicaid 50%			
General Outreach and Marketing Activities, related to Open Enrollment	Case Count between CHIP, VHC, and Medicaid 50%			
Premium Tax Credit Form (1095-A) Processing	Case Count between CHIP, VHC, and Medicaid 50%			
Referrals to Medicaid and/or Medical/Behavioral Health Services	Case Count between CHIP, VHC, and Medicaid 50%	Case Count between CHIP and Medicaid 50%		
Referrals to Non-Medicaid/Non-Medical, Community Services	State Funds	State Funds		
Delivery of or Participation in HAEU-Specific Training and Staff Development			Case Count between CHIP and Medicaid 50%	
All Staff or Supervision Meetings			Reallocated	
General Administrative Activities			Reallocated	
Paid Time Off (Annual/Sick/School/Administrative				
Leave/Comp)				Reallocated
Lunch/Break				Reallocated
Not Scheduled to Work/Flex				Remove
Unpaid Time Off				Remove
Non-HAEU Activity or Other Emergency Situation				Direct to State Funds

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## **HAEU RANDOM MOMENT TIME STUDY PROCEDURES**

#### RANDOM MOMENT TIME STUDY PROCEDURE MANUAL

## **Health Access Eligibility Unit Workers**

#### Introduction

The purpose of this random moment time study (RMTS) is to measure the level of effort spent on various eligibility activities performed by the Health Access Eligibility Unit (HAEU) workers in the State of Vermont. These staff, who are all state employees, perform Medicaid eligibility determination activities on behalf of residents in the state and clients served by the Department for Children and Families (DCF) and other Departments within the Agency of Human Services (AHS) umbrella. Organizationally, HAEU staff work within the Economic Services Division (ESD) of DCF.

The time study is administered using EasyRMTS<sup>TM</sup>, which is a tool that has been developed by Public Consulting Group, Inc. (PCG). EasyRMTS<sup>TM</sup> is an automated, web-based RMTS application that gives users a comprehensive tool for administering a time study for federal claiming, cost allocation, or other similar activities. Fully customizable for an individual agency or school district's specific requirements, EasyRMTS<sup>TM</sup> gives an administrative user the capability to assign random moments, monitor staff participation, update respondents' information, create and produce reports for federal claiming and other purposes, and view and analyze tabulated responses from participating staff. Participants of an EasyRMTS<sup>TM</sup> administered time study only need to have access to the Internet and an e-mail address in order to receive and complete their assigned random moments.

The application serves its state and local government or school district users by allowing for a timely and effective system to record staff activities performed, especially with respect to key federal programs that are supported by their staff. The automated RMTS application was developed to comply with all federal rules and regulations related to cost allocation practices and claiming for reimbursement of federal dollars. The software supports accurate reporting of reimbursable administrative activities, which are generally required by federal approving agencies to be measured through a time study. EasyRMTS<sup>TM</sup> puts the least administrative burden on staff as possible while allowing users to measure their time and claim for federal revenue. The system allows participants to indicate directly, via a series of survey questions in the software, the activities and programs they are supporting.

The purpose of this manual is to provide step by step explanation of how to complete the Vermont DCF HAEU RMTS. It has been created to assist DCF in managing and administering the RMTS. It serves as a procedural guide and instructional tool for sustaining the RMTS for its ongoing support of the cost allocation plan (CAP) process.

Please note that DCF is a state administered system. The use of the word "county" or "local office" indicates where the participant is physically located. The reference is still a person employed by the state.

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# **Operation**

There is a single RMTS (with 3,000 moments per quarter) operated for ESD HAEU workers. PCG provides the EasyRMTS<sup>TM</sup> system (via a web-hosted service), generates each quarterly sample, provides assistance to DCF with monitoring participant responses, and provides customer service. The sample is generated using data from the payroll system on a quarterly basis. Participants are responsible for selecting activity and program codes when they respond to the RMTS. Initial training is provided by PCG, while annual refresher and ongoing new worker training is conducted by DCF. The following table displays the responsibilities of PCG and DCF when it comes to RMTS administration.

Task	DCF	PCG
Host EasyRMTS™ on Server		X
Provide DCF with System and Administrator Support/Address Technical Issues		X
with System		Λ
Gather Participant Rosters	X	
Support Users on System Use through Dedicated E-mail Address	X	X
Support Users on System Use through Dedicated Hotline		
(Note: the hotline will be staffed from 9:00 a.m. to 5:00 p.m. EST, excluding	X	X
weekends and holidays; a voice-mail box will always be available in the event that	Λ	Λ
a live worker is unable to answer immediately).		
Calendar and Work Schedule Maintenance	X	
Generate Monthly Response Reports	X	
Review Subsample Results for Quality Control	X	
Ongoing CAP Amendments for Changes to RMTS Activities	X	
Adding Activities to the Decision-Tree in EasyRMTS <sup>TM</sup>		X
Quality Control (refer to the Quality Control section of this appendix)		X
Quarterly Moment Generation		
Quarterly Trainings for New Hires/Participants	X	
Annual Refresher Trainings	X	

# **Sampling Population**

The sampling population includes eligibility workers within DCF. These participants work to assess the need and determine eligibility for Medicaid. Specifically, workers included in the RMTS are Health Access Eligibility Unit (HAEU) workers.

HEAU staff ensure that each person or family that applies for health care programs, including health insurance exchange programs, through the Vermont Health Connect (VHC), the state's health insurance exchange (HIX) eligibility system. HAEU workers determine eligibility for Medicaid and work regularly in VHC. Customers are ultimately determined eligible for Medicaid, CHIP, or other insurance coverage through a qualified health plan. HEAU staff review the application and decides which forms and verifications are needed. The specialists then evaluate the information contained in all documents and uses standard policies and procedures to determine eligibility. HEAU staff provide all families with information about the expectations and goals of the Medicaid program. These positions also process changes as necessary on active cases.

Supervisors are not included in the RMTS.

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Page **290** of **337** 

On a quarterly basis, DCF updates the information for all staff members participating in the RMTS to account for new staff, terminated staff, and staff on long-term leave and updates the actual sample on a quarterly basis (for each new quarterly sample). Throughout the quarter and before the subsequent quarterly sample is drawn, RMTS administrators at DCF collect additions, deletions, and schedule changes and update the software system accordingly (note that these changes have no effect on the current sample). Changes are accepted by DCF until the sample is drawn for the next quarter. If a person leaves mid-way through the quarter, their supervisor notifies the RMTS administrators, and the leave information is noted so as to not initiate additional follow up. RMTS administrators change that individuals e-mail to a "dummy" e-mail address to stop e-mails from going out, but there is no type of replacement in the system. These moments are counted as non-responses.

It is important to note the DCF participants who have participated in the RMTS in the past, but whom are no longer in the sample selection (e.g., retired, left position), are not deleted from the EasyRMTS<sup>TM</sup> database but are deactivated so that prior quarter data is available for audit trail purposes.

## **Sampling Unit**

An RMTS asks a participant what they are doing at a specific moment in time (e.g., 11:48 a.m.). The RMTS sampling unit is defined as a single minute, or sixty second length of time, randomly selected within the workday of each participant. The moments for the participants occur between 8:00 a.m. to 4:30 p.m., and the moments are drawn from the core hours for each working day in a quarter, exclusive of official state holidays. Participants receive the e-mail within a few minutes after their assigned random moment time. There is no pre-notification of when a participant will have a moment assigned to them.

#### **Responses and Response Time**

Participants have 72 hours to respond to all moments. If the participant does not respond to their moment within the first 24 and 48 hours, reminder e-mails are sent to both the participant and their supervisor, requesting that they answer their moment. The moment expires after 72 hours. Reminder e-mails do not include the participant's username and password to ensure that only the participant has access to their unique login credentials and that no one other than the participant responds to their moments.

DCF RMTS administrators are cc'd on all reminder e-mails and follow-up with non-responders as needed. If a specific individual is identified as a non-responded, the RMTS administrators notify the specific supervisor so that person may be further trained on the importance of completing the RMTS. If a systemic issue is identified, communication is sent to all participants. PCG and DCF may also send out occasional e-mails over the holidays or other times when participation may be less to ensure that individuals are responding to the RMTS whenever possible.

# **Sampling Period**

The sampling period is a calendar quarter.

#### **Confidence and Precision Level**

This level is kept at 95% confidence level with +/- 2% precision for all activities. This level is consistent with federal regulations for statistical validity. Cost Allocation Services (CAS, formerly the Division of Cost Allocation or DCA) determines that statistically validity is met when the minimum number of moments received (responded to) as determined in the formula below.

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## Sample Size

DCF generates 3,000 2300 moments per quarter for the RMTS. This number is to ensure that 2,000 valid observations are obtained and is in compliance with the federally-required formula below. Specifically, the Public Assistance Cost Allocation Plan Review Guide states that:

The sample size needed may be determined from the formula included in the State Guide. The State Guide specifies that a minimum 2,000 valid observations per sample period be obtained. A "valid observation" is defined as any observation other than a "non-strike". A "non-strike" occurs whenever a selected employee could not be contacted at the selected moment, i.e., the employee no longer works in the office, the employee is on a flex-schedule and not at work at the time of the observation, etc.

The formula used to determine the baseline number of moments is as follows:

$$N= \begin{array}{c} P(1-P) \\ \hline SE \\ T \end{array} 2$$

Where N = Sample Size

P = Anticipated Rate of Occurrence of the Activities Being Observed

SE = Desired Sample Precision

T = Confidence Level Factor (1.96 for 95%)

With the updated system, DCF will update the maximum rate of occurrence and adjust the sample size as needed but also ensure the floor of moments responded to (2,000), as required by CAS.

#### **Sample Calculation**

Solving for N (with a maximum rate of occurrence of 42 27%):

N= 
$$\frac{.42.27 (1-.27.42)}{0.02 (1.96)^2} = 1,961.2,338$$

As mentioned above, this formula will be recalculated and updated on an annual basis. If the formula indicates a number less than 2,000 at any point, DCF will generate enough moments to still maintain 2,000 valid samples.

Please note that because the HAEU RMTS is a new process, the above formula is truly a sample calculation. Once the first quarter has been completed, the sample calculation will be updated with the actual maximum rate of occurrence.

# **Standard Observation Form and Definitions**

A standard observation form has been developed that includes numerous questions, up to 24 distinct activity codes that encompass the universe of activities that the population being surveyed performs.

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- The sample is generated (e.g., moments are assigned to participants) just prior to the beginning of the quarter.
- E-mails are sent to the participant, indicating that they have been selected to report their activity for the moment shown (e.g., 10:12 a.m. on 1/5/14).
- The e-mail contains a username and password and link to the website to respond to the moment.
- The participant selects the link to the website. At the website, they logon and have access to the questions and activity/program codes.
- The participant answers the questions and selects the appropriate activity and program (client specific activities require a patient identification number and/or name).
- There is no advance notification of moments.

Participants are sent 24 and 48-hour reminder e-mails (if the participant has not yet responded) and have 72 hours to complete each moment for it to be considered valid. Participants are not able to respond to moments once they have expired. Expired/non-response moments are not included in the RMTS activity percentage calculations.

A participant is asked numerous questions in the time study. The root question is "Were you working on a Case or on behalf of a current or potential customer at the time of your moment?" (Y/N). Below, is the sequence of questions depending on how they answer the root (first) question.

For answering "Yes" to case-related activity.

- 4. Which eligibility system were you working in at the time of your moment?
  - a. Vermont Health Connect (VHC)
  - b. ACCESS
- 5. Please select the activity you were performing at the time of your moment.
- 6. Please provide the client's contact ID from VHS or UID from ACCESS.

For answering "No" to case-related activity.

2. Please select the activity you were performing at the time of your moment.

Below are the case specific activity codes:

#### Case Specific Activity Codes

- 10. Collection, Review, and Reconciliation of Application and Data
- 11. Processing Change of Circumstances and/or Updating a Case
- 12. Issuing Eligibility Notices to Customers
- 13. On-going Case Reviews or Renewals
- 14. Processing Cases for Eligibility Determinations
- 15. Customer Service and E-mail/Portal Response Processing related to Eligibility Determination Issues
- 16. Customer Service Response Processing related to General Processing Issues (not related to Eligibility Determinations)
- 17. Documenting, Initiating, Answering Case-related Questions for, or Testifying about Appeals (for the Appeals Unit to Process)
- 18. On-going Case Maintenance related to Plan Choice, including Referring Customers to Carriers
- 19. Policy Development and Research related to Eligibility Determination Standards and Methodologies
- 20. Phone-based Assistance to Fill Out Applications
- 21. Referring Customers to Navigators
- \* With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

- 22. General Outreach and Marketing Activities, related to Open Enrollment
- 23. Premium Tax Credit Form (1095-A) Processing
- 24. Referrals to Medicaid and/or Medical/Behavioral Health Services
- 25. Referrals to Non-Medicaid/Non-Medical, Community Services

Below are the non-case specific activity codes:

Non-Case Specific Activity Codes

- 3. Delivery of or Participation in HAEU-Specific Training and Staff Development
- 4. All Staff or Supervision Meetings
- 5. General Administrative Activities

Below are the non-work related activity codes:

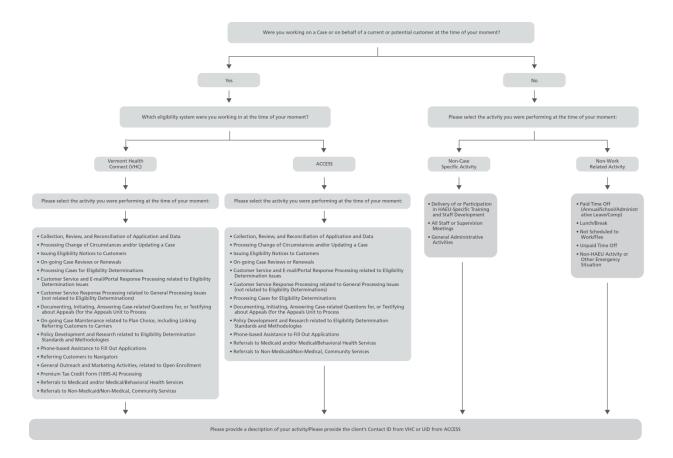
Non-Work Related Activity Codes

- 4. Paid Time Off (Annual/Sick/School/Administrative Leave/Comp)
- 5. Lunch/Break
- 6. Not Scheduled to Work/Flex
- 7. Unpaid Time Off
- 8. Non-HAEU Activity or Other Emergency Situation

Please note that the activity codes are not numbered in the system. Some activity codes are also only shown for case-related work, while others only appear for non case-related or non work-related activities.

Please refer to the allocation matrix for the valid combinations of eligibility system/activity codes available to participants through the decision tree nature of the EasyRMTS<sup>TM</sup> software. Additionally, the following graphic represents the questions participants are walked through in order to select an activity/program combination; this graphic is provided to participants as part of the training presentation.

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## **Date Stamp**

The moment date/time is provided to the participant in the e-mail notification and is viewed by the participant when they log in to EasyRMTS<sup>TM</sup> to complete their moment. Each response is date stamped when the participant responds to the moment.

# **Help Desk**

A Help Desk is operated where participants can call (via an 800 number) and speak to PCG if they have questions. This number is contained in all e-mails and on the RMTS system when participants log in to the system. If someone is unavailable, they can leave a message. All messages related to questions asked about activities are logged. Participants can also respond to the e-mail that they receive and receive an e-mail response.

# **Training**

Employees must participate in a web-based training before completing their first random moment. Training sessions occur for all participants on an annual basis. Quarterly sessions are also held for workers who would like to attend or are required to attend additional trainings (participants who regularly fail to respond) as necessary. Periodic newsletters or memos are also sent to participants.

#### **Analysis of Results**

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On a monthly basis, the results of the RMTS are compared to previous months to determine if there are any significant variances in the responses. If a significant variance is discovered, a review is conducted in order to determine the reason for the variance. If the reason for the variance is due to bias or improper technique, it will be determined whether to make a change to the RMTS form. Additional training may also be conducted. The state will also, as necessary, send communication and memorandum to participants to clarify any common issues.

On a monthly basis, reports are forwarded to the HAEU RMTS coordinators so that they can follow up with non-responsive participants. Individual supervisors are involved as necessary. The system generates 24 and 48 hour follow-up e-mails. Additional follow-ups will be employed as necessary.

# **Evaluation and Modification of the System**

The RMTS system, observation form, and distribution procedures are continuously evaluated to identify necessary modifications in order to improve their efficiency and effectiveness. If modifications are determined necessary, they are made promptly.

## **Subsample Process**

For the entire HAEU time study, 10% of all moments are randomly selected as part of the subsample process. Participants who are selected for the subsample are required to answer one additional question when responding to their moments, requiring them to write in their own words the activity they were performing. The RMTS administrators generate a report detailing those moments that have been selected as part of the subsample on the 18<sup>th</sup> day of the month (for moments that occurred in the first two weeks of the month) and 3<sup>rd</sup> day of every month (for moments that occurred in the second two weeks of the month). RMTS administrators will then review the reports, comparing the activity selection to the participants own description of their task to ensure that they match appropriately. If the activity selection does not match, RMTS administrators will contact the participants. If validation is not confirmed on any moments within the 10% subsample for whatever reason, these moments will be reallocated direct to state general fund. The RMTS statistic will be updated accordingly.

#### **Documentation**

All aspects of the RMTS process are documented. This documentation includes but is not limited to the following:

- Assigned moments e-mailed;
- Data related to tabulations;
  - Analysis of sample results; and
  - Final computation of results that are used in the cost allocation plan.

Procedural documentation is also kept on the procedures used.

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

Page 296 of 337

# **Quality Control**

Quality control is performed on the RMTS on an ongoing basis. Some codes require the participant to enter the case number they are working on during their random moment to ensure those cases are active for the department. For codes that require the participant to provide a description, those descriptions are reviewed by DCF to ensure the participants are using them appropriately. This information, along with other common participant errors recognized by DCF, is used to determine training needs.

The decision-tree setup of EasyRMTS<sup>TM</sup> ensures that participants cannot select incompatible combinations (please refer to the allocation matrix). If new activities are added or removed from the time study, EasyRMTS<sup>TM</sup> is reviewed and updated accordingly to ensure edits have been made correctly. Edits to the system are effective the first day of the quarter, in line with an accompanying CAP amendment. All amendments related to the RMTS process are prospective.

The following items, at a minimum, are reviewed throughout the quarter and prior to sample generation for the subsequent quarter:

- Identification of upcoming Vermont state or observed federal holidays (excluded from the sample).
- Data related to participant contact information, including full name and e-mail address.
- Participant roster updates to reactivate an employee who may have been on extended leave or to deactivate someone who will be on extended leave or no longer working in the HAEU position at DCF.
- Workers who select the wrong activity (based on their own description of their work) are emailed directly to explain what the appropriate selection was so that the mistake does not continue to occur (either from reviewing the subsample moments or general observations regarding common mistakes made by participants).

Any employee on extended leave (exceeding six weeks during a single quarter) will be deactivated from the system until further notice. All other instances of leave will be determined on a case-by-case basis by RMTS administrators.

## **Quarterly Calculation of Results**

DCF calculates the quarterly results based on the total number of moment received, minus the number of not scheduled to work (NSTW), and no response moments. Therefore, if 3,000 moments are generated and 500 of those moments received are a combination of unpaid time off or NSTW the denominator for the calculation is 2,500. All responses in the system, inclusive of NSTW, count as "responses" in determining the overall response rate.

#### **Contingency Plan**

In the event of a technical failure or emergency situation, when staff are not able to receive or respond to moments for longer than 5 days, DCF will take the following steps to ensure that a valid sample can still be obtained and that the time study's statistical validity is not compromised:

- 3. Upon resumption of the RMTS, DCF will determine how many moments were affected. DCF will then generate a concurrent sample, starting on the day the RMTS is resumed or shortly thereafter, containing the same number of moments that were affected by the outage through the end of the sample period. For example, if 200 moments were affected due to a technical failure DCF will
- \* With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

- generate a second sample of 200 moments, to run concurrently with the original sample through the end of the sample period.
- 4. If the situation occurs closer to the end of the quarter and a concurrent sample is not possible or if the issue will be prolonged, the prior quarter RMTS results will be used for the affected quarter.

Any situation where either option is considered will be communicated with CAS and the appropriate cognizant agencies and documented in the RMTS backup and the backup for all claims prepared using this data.

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

## **APPENDICES**

# 1. Accounting System Chart of Accounts.

The State of Vermont Financial and accounting system VISION is used to meet the state's accounting and financial reporting responsibilities. VISION is an acronym for Vermont Integrated System for Information and Organizational Needs. VISION is a PeopleSoft product.

VISION-Financials is a Web based Oracle/PeopleSoft enterprise financial management system utilizing the following modules: Travel & Expense, General Ledger, Accounts Payable, Purchasing, Accounts Receivable, Billing, Asset Management, Inventory, and Sub recipient Grant Tracking (VT custom module). The system is managed by the Department of Finance & Management in conjunction with the Department of Information & Innovation.

The Chart of Accounts for VISION include the following fields:

Chartfield Name	Length	Description
Business Unit	5 numeric	Identifies the Governmental Agency/Department established Statutorily or Administratively.
Account	6 numeric	Classifies the nature of the operation transactions. Holds the detail coding values for assets, liabilities, equity, revenues, and expenses/expenditure transactions.
Fund	5 numeric	Maintains the fiscal and accounting entities in which financial resources and the use of those resources are grouped according to Statute, regulation, or current accounting standards.
Dept ID	10 numeric	Identifies Governmental Agency/Department operation unit subdivisions.
Program	5 numeric	Maintains a description and a set of objectives toward which activities and resources are directed. AHS uses this field for CAP cost pools.
Class	5 alpha/numeric	Used to track activities relating to programs across program lines based on departmental, administrative, or legislative needs.
Project	15 alpha/numeric	Captures and controls project or grant information which funding sources are applied.
Affiliate	5 numeric	Reference Business unit for intrastate transactions

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

# 2. Summary Table of Unique Allocation Methods

Method Name	Method Description	Department
Admin Fund	Direct to Admin Fund	State of Vermont Agency of
		Human Services Secretary's Office
AHS	Direct to AHS	State of Vermont Agency of
		Human Services Secretary's Office
AHS Staff	Positions Across AHS	State of Vermont Agency of
		Human Services Secretary's Office
AHS Staff Less Non-	Number of Non-Institutional	State of Vermont Agency of
Institutional Staff	Positions Across AHS	Human Services Secretary's Office
AHS/CO Redirected Costs	Re-allocation	State of Vermont Agency of
		Human Services Secretary's Office
Audit TS	Results of Audit Time Study	State of Vermont Agency of
		Human Services Secretary's Office
CAQH ACA	Direct to CAQH ACA (90%)	State of Vermont Agency of
		Human Services Secretary's Office
Caseload	Results of Legal Aid Contract	State of Vermont Agency of
		Human Services Secretary's Office
CHIP	Direct to CHIP	State of Vermont Agency of
		Human Services Secretary's Office
CMS - E&E/VIEWS DDI	Direct to CMS-E&E/VIEWS DDI	State of Vermont Agency of
	(90%)	Human Services Secretary's Office
CMS-E&E/VIEWS &	QU - CMS-E&E/Views (65.5%) &	State of Vermont Agency of
Exchange Level 2	Exchange Level 2 (34.5%)	Human Services Secretary's Office
CMS-HIT IAPD	Direct to CMS-HIT IAPD (90%)	State of Vermont Agency of
		Human Services Secretary's Office
CMS-MMIS/MES	Direct to CMS-MMIS/MES - DDI	State of Vermont Agency of
	(90%)	Human Services Secretary's Office
CMS-MMIS/MES - CMS	QU - CMS-MMIS/MES DDI	State of Vermont Agency of
E&E/VIEWS DDI - EXCH	(31.44%); CMS E&E Views DDI	Human Services Secretary's Office
LVL 2 - CM	26.60%); Exchange Level 2	
	(33.04%) CMS-HIT IAPD (8.92%)	
CNCS Competitive	Direct to CNCS Competitive	State of Vermont Agency of
		Human Services Secretary's Office
CNCS Formula	Direct to CNCS Formula	State of Vermont Agency of
		Human Services Secretary's Office
CNCS Operations	Direct to CNCS Operations	State of Vermont Agency of
		Human Services Secretary's Office
CNCS Withholding	Direct to CNCS Withholding	State of Vermont Agency of
		Human Services Secretary's Office
DAIL	Direct to DAIL	State of Vermont Agency of
		Human Services Secretary's Office
DCF	Direct to DCF	State of Vermont Agency of
		Human Services Secretary's Office
DD Council	Direct to DD Council	State of Vermont Agency of
		Human Services Secretary's Office

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

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DVHA   Direct to DVHA   State of Vermont Agency of Human Services Secretary's Office	DOC	Direct to DOC	•
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HR Investigation  Results of HR Investigation Case Count  Human Services Secretary's Office  HSB Direct to Human Services Board ECD-10 IAPD (90%) Direct to ICD-10 IAPD (90%) Direct to IDT State of Vermont Agency of Human Services Secretary's Office  IDT Direct to IDT State of Vermont Agency of Human Services Secretary's Office  IT Salaries and Benefits Total Salaries of IT Staff State of Vermont Agency of Human Services Secretary's Office  IT Salaries and Benefits Total Salaries of IT Staff State of Vermont Agency of Human Services Secretary's Office  Keurig Direct to Keurig State of Vermont Agency of Human Services Secretary's Office  Keurig MCO - 211 Contract Direct to MCO - 211 Contract MCO - VSC VIT Direct to MCO - VSC VIT State of Vermont Agency of Human Services Secretary's Office  MCO - VSC VIT Direct to MCO - VSC VIT State of Vermont Agency of Human Services Secretary's Office  Medicaid Enrollment Results of Actual Medicaid Enrollment Counts State of Vermont Agency of Human Services Secretary's Office  State of Vermont Agency of Human Services Secretary's Office  State of Vermont Agency of Human Services Secretary's Office  State of Vermont Agency of Human Services Secretary's Office  Medicaid Enrollment Direct to Race to the Top Grant State of Vermont Agency of Vermont Agency of Human Services Secretary's Office	Ticarings	Results of TISB case Count	
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Human Services Secretary's Office	HSR		
ICD-10 IAPD (90%)  Direct to ICD-10 IAPD (90%)  Direct to IDT  Direct to IDT  State of Vermont Agency of Human Services Secretary's Office  IT Salaries and Benefits  Total Salaries of IT Staff  State of Vermont Agency of Human Services Secretary's Office  Keurig  Direct to Keurig  State of Vermont Agency of Human Services Secretary's Office  MCO - 211 Contract  Direct to MCO - 211 Contract  MCO - VSC VIT  Direct to MCO - VSC VIT  State of Vermont Agency of Human Services Secretary's Office  MCO - VSC VIT  Direct to MCO - VSC VIT  State of Vermont Agency of Human Services Secretary's Office  Medicaid Enrollment  Results of Actual Medicaid  Enrollment Counts  Race to the Top ELC Grant  Direct to Race to the Top Grant  State of Vermont Agency of Human Services Secretary's Office	TISE	Direct to Human Services Board	
Human Services Secretary's Office  IDT  Direct to IDT  State of Vermont Agency of Human Services Secretary's Office  IT Salaries and Benefits  Total Salaries of IT Staff  State of Vermont Agency of Human Services Secretary's Office  Keurig  Direct to Keurig  State of Vermont Agency of Human Services Secretary's Office  MCO - 211 Contract  Direct to MCO - 211 Contract  State of Vermont Agency of Human Services Secretary's Office  MCO - VSC VIT  Direct to MCO - VSC VIT  State of Vermont Agency of Human Services Secretary's Office  Medicaid Enrollment  Results of Actual Medicaid Enrollment Counts  Race to the Top ELC Grant  Direct to Race to the Top Grant  State of Vermont Agency of Human Services Secretary's Office	ICD-10 IAPD (90%)	Direct to ICD-10 IAPD (90%)	·
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Total Salaries of IT Staff  State of Vermont Agency of Human Services Secretary's Office  Keurig  Direct to Keurig  MCO - 211 Contract  Direct to MCO - 211 Contract  MCO - VSC VIT  Direct to MCO - VSC VIT  Medicaid Enrollment  Results of Actual Medicaid Enrollment Counts  Race to the Top ELC Grant  Total Salaries of IT Staff  State of Vermont Agency of Human Services Secretary's Office  State of Vermont Agency of Human Services Secretary's Office  State of Vermont Agency of Human Services Secretary's Office  State of Vermont Agency of State of Vermont Agency of Human Services Secretary's Office			
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MCO - 211 Contract  Direct to MCO - 211 Contract  MCO - VSC VIT  Direct to MCO - VSC VIT  State of Vermont Agency of Human Services Secretary's Office  Medicaid Enrollment  Results of Actual Medicaid Enrollment Counts  Race to the Top ELC Grant  Direct to MCO - VSC VIT  State of Vermont Agency of Human Services Secretary's Office  State of Vermont Agency of Human Services Secretary's Office  State of Vermont Agency of State of Vermont Agency of Human Services Secretary's Office			
MCO - VSC VIT Direct to MCO - VSC VIT State of Vermont Agency of Human Services Secretary's Office  Medicaid Enrollment Results of Actual Medicaid Enrollment Counts  Race to the Top ELC Grant Human Services Secretary's Office  State of Vermont Agency of Human Services Secretary's Office  State of Vermont Agency of State of Vermont Agency of Human Services Secretary's Office	MCO - 211 Contract	Direct to MCO - 211 Contract	·
MCO - VSC VIT Direct to MCO - VSC VIT Human Services Secretary's Office  Medicaid Enrollment Results of Actual Medicaid Enrollment Counts State of Vermont Agency of Human Services Secretary's Office  Race to the Top ELC Grant Direct to Race to the Top Grant State of Vermont Agency of State of Vermont Agency of	Mee 211 commet	Breet to Mee 211 contract	
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Medicaid EnrollmentResults of Actual MedicaidState of Vermont Agency of Human Services Secretary's OfficeRace to the Top ELC GrantDirect to Race to the Top GrantState of Vermont Agency of			•
Race to the Top ELC Grant Direct to Race to the Top Grant State of Vermont Agency of	Medicaid Enrollment	Results of Actual Medicaid	
Race to the Top ELC Grant Direct to Race to the Top Grant State of Vermont Agency of			
	Race to the Top ELC Grant		
			Human Services Secretary's Office

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

Rate Setting	Direct to Rate Setting	State of Vermont Agency of Human Services Secretary's Office
Refugee CMA	Direct to Refugee CMA Grant	State of Vermont Agency of
Refugee Civit	Direct to Refugee CWIT Grant	Human Services Secretary's Office
Refugee Discretionary	Direct to Refugee Discretionary	State of Vermont Agency of
Targeted Assistance	Targeted Assistance Grant	Human Services Secretary's Office
Refugee Elders		·
Refugee Elders	Direct to Refugee Elders Grant	State of Vermont Agency of
D.C. E. I.E. (1	D' 44 D.C. E. 1 T. 4.1	Human Services Secretary's Office
Refugee Formula Targeted	Direct to Refugee Formula Targeted	State of Vermont Agency of
Assistance	Assistance Grant	Human Services Secretary's Office
Refugee School	Direct to Refugee School Impact	State of Vermont Agency of
	Grant	Human Services Secretary's Office
Refugee Social Services	Direct to Refugee Social Services	State of Vermont Agency of
	Grant	Human Services Secretary's Office
Secretary's Office Salaries	Total Salaries and Benefits for all	State of Vermont Agency of
and Benefits	Secretary's Office Employees	Human Services Secretary's Office
Secretary's Office Staff	Number of Secretary's Office Staff	State of Vermont Agency of
	,	Human Services Secretary's Office
SIM Grant	Direct to SIM Grant	State of Vermont Agency of
~		Human Services Secretary's Office
SNAP	Direct to SNAP Nutritional	State of Vermont Agency of
Sivi	Education	Human Services Secretary's Office
State General Funds	Direct to State General Funds	State of Vermont Agency of
State General Lands	Direct to State General Lands	Human Services Secretary's Office
T-MSIS	Direct to T-MSIS (90%)	State of Vermont Agency of
1-141515	Direct to 1-MSIS (50%)	Human Services Secretary's Office
Tobacco Fund	Direct to Tobacco Fund	·
Tobacco Fund	Direct to Tobacco Fund	State of Vermont Agency of
TIDII	D' A VIDII	Human Services Secretary's Office
VDH	Direct to VDH	State of Vermont Agency of
		Human Services Secretary's Office
VHC Sustainability	VHC Sustainability	State of Vermont Agency of
		Human Services Secretary's Office
VISTA	Direct to VISTA	State of Vermont Agency of
		Human Services Secretary's Office
Waterbury Change	Direct to Waterbury Change	State of Vermont Agency of
Management	Management	Human Services Secretary's Office
3SQ1/AABD	PU - SNAP Line 1/AABD	State of Vermont Department of
		Children and Families
3SQ1/Fuel	PU - SNAP Line 1/Fuel	State of Vermont Department of
		Children and Families
3SQ1/Fuel /AABD	PU - SNAP Line 1/Fuel/AABD	State of Vermont Department of
		Children and Families
3SQ1/Fuel /GA	PU - SNAP Line 1/Fuel/GA	State of Vermont Department of
22 (11 401 / 011	2 STATE DIRECTION OF STATE	Children and Families
3SQ1/Fuel /GA/AABD	PU - SNAP Line 1/Fuel/GA/AABD	State of Vermont Department of
	I SIVII LINE I/I UCI/OA/AADD	Children and Families
3SQ1/GA	PU - SNAP Line 1/GA	State of Vermont Department of
22Q1/UA	1 U - SIVAL LINE I/UA	Children and Families
		Cinidien and Failines

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

3SQ17/AABD	PU - SNAP Line 17/AABD	State of Vermont Department of Children and Families
3SQ17/Fuel	PU - SNAP Line 17/Fuel	State of Vermont Department of Children and Families
3SQ17/Fuel /AABD	PU - SNAP Line 17/Fuel/AABD	State of Vermont Department of Children and Families
3SQ17/Fuel /GA	PU - SNAP Line 17/Fuel/GA	State of Vermont Department of Children and Families
3SQ17/Fuel /GA/AABD	PU - SNAP Line 17/Fuel/GA/AABD	State of Vermont Department of Children and Families
3SQ17/GA	PU - SNAP Line 17/GA	State of Vermont Department of Children and Families
3SQ5/AABD	PU - SNAP Line 5/AABD	State of Vermont Department of Children and Families
3SQ5/Fuel	PU - SNAP Line 5/Fuel	State of Vermont Department of Children and Families
3SQ5/Fuel /AABD	PU - SNAP Line 5/Fuel/AABD	State of Vermont Department of Children and Families
3SQ5/Fuel /GA	PU - SNAP Line 5/Fuel/GA	State of Vermont Department of Children and Families
3SQ5/Fuel /GA/AABD	PU - SNAP Line 5/Fuel/GA/AABD	State of Vermont Department of Children and Families
3SQ5/GA	PU - SNAP Line 5/GA	State of Vermont Department of Children and Families
3SQ8/AABD	PU - SNAP Line 8/AABD	State of Vermont Department of Children and Families
3SQ8/Fuel	PU - SNAP Line 8/Fuel PU - SNAP Line 8/Fuel/AABD	State of Vermont Department of Children and Families
3SQ8/Fuel /AABD	PU - SNAP Line 8/Fuel/GA  PU - SNAP Line 8/Fuel/GA	State of Vermont Department of Children and Families
3SQ8/Fuel /GA	PU - SNAP Line 8/Fuel/GA/AABD	State of Vermont Department of Children and Families
3SQ8/Fuel /GA/AABD 3SQ8/GA	PU - SNAP Line 8/GA	State of Vermont Department of Children and Families State of Vermont Department of
AABD	Direct to AABD	Children and Families  State of Vermont Department of
		Children and Families
AABD/GA	PU - AABD/GA	State of Vermont Department of Children and Families
ABAWD	Direct to SNAP E&T No Match	State of Vermont Department of Children and Families
Adopt	Direct to Adoption Incentive	State of Vermont Department of Children and Families
Adoption Asst	Direct to IV-E Adoption Assistance	State of Vermont Department of Children and Families
ADPC Hours	Total Hours - Employee Hours Across ADPC	State of Vermont Department of Children and Families

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

ADPC Salary	Total Salaries - Employee Salaries Across ADPC	State of Vermont Department of Children and Families
BBF DS	PU - Building Bright Futures Direct Services	State of Vermont Department of Children and Families
Blended IV-E Pent Rate	Blended IV-E Pent Rate	State of Vermont Department of Children and Families
CAPTA	Direct to CAPTA (Child Abuse and Neglect)	State of Vermont Department of Children and Families
Carlson	SNAP Prog Coord	State of Vermont Department of Children and Families
Case Count Across RU (ET)	Case Count Across RU (ET)	State of Vermont Department of Children and Families
Cases Reviewed	Actual Cases Reviewed by Quarter for CHIP and Global Commitment	State of Vermont Department of Children and Families
CBFR	Direct to CBCAP	State of Vermont Department of Children and Families
CCCHIPXIX50	Case Count between CHIP and Medicaid 50%	State of Vermont Department of Children and Families
CCCHIPXIX50VHC	Case Count between CHIP, VHC, and Medicaid 50%	State of Vermont Department of Children and Families
CCCHIPXIX75VHC	Case Count between CHIP, VHC, and Medicaid 75%	State of Vermont Department of Children and Families
CCDF 1	Direct to Child Care Development Fund (CCDF) - Discretionary	State of Vermont Department of Children and Families
CCDF 2	Direct to Child Care Development Fund (CCDF) - Mandatory and Matching	State of Vermont Department of Children and Families
CDD Hours	Total Hours - Employee Hours Across Child Development	State of Vermont Department of Children and Families
CDD Salary	Total Salaries - Employee Salaries Across Child Development	State of Vermont Department of Children and Families
Child Care VDOL	Direct to VDOL Grant	State of Vermont Department of Children and Families
Child Subsidy Case Count	Child Subsidy Case Count	State of Vermont Department of Children and Families
Child Subsidy Duplicated Case Count	Child Subsidy Duplicated Case Count	State of Vermont Department of Children and Families
Children's Justice Grant	Direct to Children's Justice Grant	State of Vermont Department of Children and Families
CPU	CPUs for Applicable Programs	State of Vermont Department of Children and Families
CSBG	Direct to CSBG	State of Vermont Department of Children and Families
CTF	Direct to Children's Trust Fund	State of Vermont Department of Children and Families
CW and YJ (Field Staff) Hours	Total Hours - Employee Hours Across Family Services (including Field Staff)	State of Vermont Department of Children and Families

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

CW and YJ (Field Staff) Hours	Total Salaries - Employee Salaries Across Family Services (including Field Staff)	State of Vermont Department of Children and Families
D to Interdepartmental Projects	Direct to Interdepartmental Projects	State of Vermont Department of Children and Families
D to MCO-AABD Admin	Direct to AABD Administration (MCO)	State of Vermont Department of Children and Families
D to MCO-AABD CCL Lev	Direct to MCO - Aid to the Aged, Blind and Disabled CCL Level III	State of Vermont Department of Children and Families
D to MCO-AABD Res Lev 3	Direct to MCO - Aid to the Aged, Blind and Disabled Res Care Level III	State of Vermont Department of Children and Families
D to MCO-AABD Res Lev 4	Direct to MCO - Aid to the Aged, Blind and Disabled Res Care Level IV	State of Vermont Department of Children and Families
D to MCO-Challenges for Change DCF	Direct to MCO - Challenges for Change: DCF	State of Vermont Department of Children and Families
D to MCO-CISEI	Direct to MCO - Children's Integrated Services Early Intervention	State of Vermont Department of Children and Families
D to MCO-EPP	Direct to MCO - Essential Person Program	State of Vermont Department of Children and Families
D to MCO-FITP	Direct to MCO - Family Infant Toddler Program	State of Vermont Department of Children and Families
D to MCO-Lamoille Valley	Direct to MCO - Lamoille Valley Community Justice Project	State of Vermont Department of Children and Families
D to MCO-Lund Home	Direct to MCO - Lund Home	State of Vermont Department of Children and Families
D to MCO-Medical Svcs	Direct to MCO - Medical Services	State of Vermont Department of Children and Families
D to MCO-PCAV Nurturing Parent	Direct to MCO - Prevent Child Abuse Vermont: Nurturing Parent	State of Vermont Department of Children and Families
D to MCO-PCAV Shaken Baby	Direct to MCO - Prevent Child Abuse Vermont: Shaken Baby	State of Vermont Department of Children and Families
D to MCO-Resi Care for Youth	Direct to MCO - Residential Care for Youth/Substitute Care	State of Vermont Department of Children and Families
D to MCO-Strengthening Family	Direct to MCO - Strengthening Families	State of Vermont Department of Children and Families
D to MCO-Therapeutic CC	Direct to MCO - Therapeutic Child Care	State of Vermont Department of Children and Families
D to SNAP Fraud	Direct to SNAP Administration - Line 5 Fraud	State of Vermont Department of Children and Families
Direct to ADRC Med	Direct to ADRC Med	State of Vermont Department of Children and Families
Direct to Approved Health Enterprise IAPD 41607	QU - Approved Health Enterprise IAPD 41607	State of Vermont Department of Children and Families
Direct to Approved Health Enterprise IAPD 41618	QU - Approved Health Enterprise IAPD 41618	State of Vermont Department of Children and Families

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

Direct to Approved Health	QU - Approved Health Enterprise	State of Vermont Department of
Enterprise IAPD 41642	IAPD 41642	Children and Families
Direct to Approved Health	QU - Approved Health Enterprise	State of Vermont Department of
Enterprise IAPD 41701	IAPD 41701	Children and Families
Direct to Approved IAPD	QU - Approved Health Enterprise	State of Vermont Department of
41763	IAPD 41763	Children and Families
Direct to BICS	Direct to BICS Grant	State of Vermont Department of
		Children and Families
Direct to CHIP - Program	Direct to CHIP - Program	State of Vermont Department of
		Children and Families
Direct to EBT Farmers	Direct to EBT Farmers MKT	State of Vermont Department of
MKT		Children and Families
Direct to Exchange level 2	Direct to Exchange level 2 100%	State of Vermont Department of
100%		Children and Families
Direct to Global	Direct to Global Commitment -	State of Vermont Department of
Commitment - Program	Program	Children and Families
Direct to IAPD 41762	QU - approved Health Enterprise	State of Vermont Department of
	IAPD 41762	Children and Families
Direct to ICD-10 IAPD	QU - ICD-10 IAPD 37708	State of Vermont Department of
37708		Children and Families
Direct to ICD-10 IAPD	QU - ICD-10 IAPD 37717	State of Vermont Department of
37717		Children and Families
Direct to ICD-10 IAPD	QU - ICD-10 IAPD 41609	State of Vermont Department of
41609		Children and Families
Direct to ICD-10 IAPD	QU - ICD-10 IAPD 41639	State of Vermont Department of
41639		Children and Families
Direct to ICD-10 IAPD	QU - ICD-10 IAPD 41640	State of Vermont Department of
41640		Children and Families
Direct to JFI Pilot Project	Direct to JFI Pilot Project	State of Vermont Department of
		Children and Families
Direct to MCO - GA	Direct to MCO - GA Medical	State of Vermont Department of
Medical Expenses	Expenses	Children and Families
Direct to Pregnancy	Direct to Pregnancy Assistance	State of Vermont Department of
Assistance		Children and Families
Direct to Race to the Top	Direct to Race to the Top ELC Grant	State of Vermont Department of
ELC Grant		Children and Families
Direct to Sexual Assault	Direct to Sexual Assault Education &	State of Vermont Department of
Prevention	Prevention	Children and Families
Direct to SNAP ET admin	Direct to SNAP ET admin Duals	State of Vermont Department of
Duals		Children and Families
Direct to SNAP Fair	Direct to SNAP Fair Hearings	State of Vermont Department of
Hearings		Children and Families
DIRECT to SNAP Federal	Direct to SNAP Federal State	State of Vermont Department of
State Exchange	Exchange	Children and Families
Direct to VHC State	Direct to VHC State	State of Vermont Department of
		Children and Families
DOE WX	Percentage of DOE WX compared to	State of Vermont Department of
	Total Exp	Children and Families

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

Domestic Violence Grants	Direct to Domestic Violence Grants	State of Vermont Department of Children and Families
ECCS	Direct to ECCS	State of Vermont Department of Children and Families
Economic Services DUP Case Count	Economic Services Duplicated Case Count	State of Vermont Department of Children and Families
Emergency Solutions Program	Direct to Emergency Solutions Program (Federal)	State of Vermont Department of Children and Families
ES (Field Staff) Hours	Total Hours - Employee Hours Across Economic Services (including Field Staff)	State of Vermont Department of Children and Families
ES (Field Staff) Salary	Total Salaries - Employee Salaries Across Economic Services (including Field Staff)	State of Vermont Department of Children and Families
ES Hours	Total Hours - Employee Hours related to Economic Services Programs	State of Vermont Department of Children and Families
ESD RU CC EX Child, FED DEF, and Sanctioned	ESD RU CC EX FED DEF, and Sanctioned	State of Vermont Department of Children and Families
Families to SSFP	Families to SSFP	State of Vermont Department of Children and Families
Family Infant Toddler	Direct to Early Intervention	State of Vermont Department of Children and Families
Family Preserv. IV-B, II	Direct to Family Preservation IV-B, Part 2	State of Vermont Department of Children and Families
Family Services Time Study	Results of Family Services Time Study	State of Vermont Department of Children and Families
Farm to Family	Direct to Farm to Family Administration	State of Vermont Department of Children and Families
FF Non-WIC	Direct to Farm to Farmily Non-WIC	State of Vermont Department of Children and Families
FF Senior	Direct to Farm to Family Senior Coupons	State of Vermont Department of Children and Families
FF WIC	Direct to Farm to Family WIC	State of Vermont Department of Children and Families
Field Office Hours	Total Hours - Employee Hours of all staff at Field Offices	State of Vermont Department of Children and Families
Field Office Salary	Total Salaries - Employee Salaries of all staff at Field Offices	State of Vermont Department of Children and Families
Field Staff (CW and YJ) Hours	Total Hours - Across Field Staff (within Family Services)	State of Vermont Department of Children and Families
Field Staff (CW and YJ) Salary	Total Salaries - Employee Salaries Across Field Staff (within Family Services)	State of Vermont Department of Children and Families
Field Staff (ES) Hours	Total Hours - Across Field Staff (within Economic Services)	State of Vermont Department of Children and Families

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

Field Staff (ES) Salary	Total Salaries - Employee Salaries Across Field Staff (within Economic Services)	State of Vermont Department of Children and Families
Final	NOT APPLICABLE	State of Vermont Department of Children and Families
Food Stamp Employment Training	Direct to SNAP Employment and Training	State of Vermont Department of Children and Families
Food Stamp Nutrition Education	Direct to SNAP Nutrition Education	State of Vermont Department of Children and Families
Food Stamps	Direct to SNAP Administration	State of Vermont Department of Children and Families
Food Stamps Outreach	Direct to SNAP Outreach	State of Vermont Department of Children and Families
Former PATH Time Study	Results of the Economic Assistance Time Study	State of Vermont Department of Children and Families
Fraud Investigations	Quarterly Percentage of Fraud Investigations	State of Vermont Department of Children and Families
FS Cashout	Direct to SNAP Cashout	State of Vermont Department of Children and Families
FS STATE EXCHANGE	Direct to SNAP State Exchange (State)	State of Vermont Department of Children and Families
FSC	Direct to SNAP - Certified	State of Vermont Department of Children and Families
FSI	Direct to SNAP - Issue	State of Vermont Department of Children and Families
Fuel/AABD/GA	PU - Fuel/AABD/GA	State of Vermont Department of Children and Families
Fuel/GA	PU - Fuel/GA	State of Vermont Department of Children and Families
GC Cups	Direct to GC ECFMH	State of Vermont Department of Children and Families
GC Woodside	Total GC elig Population compared to total population	State of Vermont Department of Children and Families
General Fund	Direct to State Funded	State of Vermont Department of Children and Families
Global Commitment - Admin	Direct to Global Commitment Admin	State of Vermont Department of Children and Families
GMP Weatherization OEO	Direct To GMP Weatherization OEO	State of Vermont Department of Children and Families
HAEU	Results of HAEU Random Moment Time Study	State of Vermont Department of Children and Families
HAEU50	Results of HAEU Random Moment Time Study - Not Enhanced	State of Vermont Department of Children and Families
Heating Hours	Total Hours - Across Heating	State of Vermont Department of Children and Families
Heating Salary	Total Salaries - Employee Salaries Across Heating	State of Vermont Department of Children and Families

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Home Heating Program	Direct to Home Heating Program/LIHEAP	State of Vermont Department of Children and Families
Homeless Rural Youth	Direct to Homeless Rural Youth	State of Vermont Department of Children and Families
Hours	Total Hours - Across DCF	State of Vermont Department of Children and Families
Hours (Less DDS)	Total Hours - Across DCF less DDS	State of Vermont Department of Children and Families
Hours by Quarter (TANF, FS, Medicaid)	Hours per quarter for TANF, SNAP, and Global Commitment	State of Vermont Department of Children and Families
Hours IT	Total Hours - Across IT	State of Vermont Department of Children and Families
Hours OCS	Total Hours - Across Office of Child Support (OCS)	State of Vermont Department of Children and Families
Hours OEO	Total Hours - Across Office of Economic Opportunity (OEO)	State of Vermont Department of Children and Families
Hours SSMIS	Total Hours - Across Family Services Operational Staff using the Systems	State of Vermont Department of Children and Families
Hours WOODSIDE	Total Hours - Across Woodside	State of Vermont Department of Children and Families
HS Collab. Grant	Direct to Head Start Collaborative Grant	State of Vermont Department of Children and Families
I N&D	Direct to Title I Neglected & Delinquent	State of Vermont Department of Children and Families
IDA	Direct to IDA	State of Vermont Department of Children and Families
Independent Living IV-E	Direct to Title IV-E Independent Living	State of Vermont Department of Children and Families
IV-B CW Serv.	Direct to Title IV-B Family Services	State of Vermont Department of Children and Families
IV-D A&V	Direct to Title IV-D Access and Visitation	State of Vermont Department of Children and Families
IV-E CD	Direct to Title IV-E Child Development	State of Vermont Department of Children and Families
IV-E Elig Training	Title IV-E Eligibility Rate (IV-E Training)	State of Vermont Department of Children and Families
IV-E Eligibility	Direct to Title IV-E Foster Care Eligibility	State of Vermont Department of Children and Families
IV-E Foster Care Maint Pay	Direct to Title IV-E Foster Care Maintenance Payments	State of Vermont Department of Children and Families
IV-E P&M	Direct to Title IV-E Foster Care Case Planning & Management	State of Vermont Department of Children and Families
IV-E Training	Direct to Title IV-E Foster Care Training (50%)	State of Vermont Department of Children and Families
IV-E Training 75	Direct to Title IV-E Foster Care Training (75%)	State of Vermont Department of Children and Families

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IV-E/EVT	Direct to Title IV-E/EVT	State of Vermont Department of Children and Families
JAIBG	Direct to Juvenile Accountability Incentive Block Grant	State of Vermont Department of Children and Families
JJDP	Direct to JJDP	State of Vermont Department of Children and Families
Job Start Program	Direct to Job Start Program	State of Vermont Department of Children and Families
Legal	Results of Legal Time Study	State of Vermont Department of Children and Families
None	No Allocation Method - To Be Adjusted	State of Vermont Department of Children and Families
OCS Method A	IV-D Cases vs. Non IV-D Cases	State of Vermont Department of Children and Families
OCS Method B	IV-D Customer Contacts vs. Non IV-D Customer Contacts	State of Vermont Department of Children and Families
OVHA/SCHIP 2	Percentage of SCHIP Eligibles as compared to the total Global Commitment Eligibles for the quarter. SCHIP current FFP.	State of Vermont Department of Children and Families
OVHA/SCHIP Eligibles	Percentage of Global Commitment and SCHIP Eligibles	State of Vermont Department of Children and Families
Percentage of EA/GA Dollars	Percentage of EA and GA Dollars Spent (Allocated to TANF and State General Fund)	State of Vermont Department of Children and Families
Permanent Guardianship	Direct to Permanent Guardianship	State of Vermont Department of Children and Families
RU/3SQ1	PU - RU/SNAP Line 1	State of Vermont Department of Children and Families
RU/3SQ1/FUEL	PU - RU/SNAP Line 1/Fuel	State of Vermont Department of Children and Families
RU/3SQ1/FUEL/GA	PU - RU/SNAP Line 1/Fuel/GA	State of Vermont Department of Children and Families
RU/3SQ1/FUEL/GA/AABD	PU - RU/SNAP Line 1/Fuel/GA/AABD	State of Vermont Department of Children and Families
RU/3SQ17	PU - RU/SNAP Line 17	State of Vermont Department of Children and Families
RU/3SQ17/Fuel	PU - RU/SNAP Line 17/Fuel	State of Vermont Department of Children and Families
RU/3SQ17/Fuel/GA	PU - RU/SNAP Line 17/Fuel/GA	State of Vermont Department of Children and Families
RU/3SQ17/Fuel/GA/AABD	PU - RU/SNAP Line 17/Fuel/GA/AABD	State of Vermont Department of Children and Families
RU/3SQ5	PU - RU/SNAP Line 5	State of Vermont Department of Children and Families
RU/3SQ5/Fuel	PU - RU/SNAP Line 5/Fuel	State of Vermont Department of Children and Families

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RU/3SQ/Fuel/GA	PU - RU/SNAP Line 5/Fuel/GA	State of Vermont Department of Children and Families
RU/3SQ5/Fuel/GA/AABD	PU - RU/SNAP Line 5/Fuel/GA/AABD	State of Vermont Department of Children and Families
RU/3SQ8	PU - RU/SNAP Line 8	State of Vermont Department of Children and Families
RU/3SQ8/Fuel	PU - RU/SNAP Line 8/Fuel	State of Vermont Department of Children and Families
RU/3SQ8/Fuel/GA	PU - RU/SNAP/Fuel Line 8/GA	State of Vermont Department of Children and Families
RU/3SQ8/Fuel/GA/AABD	PU - RU/SNAP Line 8/Fuel/GA/AABD	State of Vermont Department of Children and Families
RU/Fuel	PU - RU/Fuel	State of Vermont Department of Children and Families
RU/GA	PU - RU/GA	State of Vermont Department of Children and Families
RUCaseCount	Reach Up Case Count (Reach Up, First, Ahead)	State of Vermont Department of Children and Families
Salary	Total Salaries - Employee Salaries Across DCF	State of Vermont Department of Children and Families
Salary (Less OCS)	Total Salaries - Employee Salaries Across DCF less OCS	State of Vermont Department of Children and Families
Salary Fraud and Quality Unit	Total Salaries - Employee Salaries Across Fraud Unit and Quality Assurance	State of Vermont Department of Children and Families
Salary IT	Total Salaries - Employee Salaries across IT	State of Vermont Department of Children and Families
Salary OCS	Total Salaries - Employee Salaries Across Office of Child Support (OCS)	State of Vermont Department of Children and Families
Salary OEO	Total Salaries - Employee Salaries Across Office of Economic Opportunity (OEO)	State of Vermont Department of Children and Families
Salary Quality Assurance	Total Salaries - Employee Salaries Across Quality Assurance	State of Vermont Department of Children and Families
Salary RU CM DIST Staff	Total Salaries - Employee Salaries Across RU Case Manager District Staff	State of Vermont Department of Children and Families
Salary SSMIS	Total Salaries - Employee Salaries Across Family Services Operational Staff using the Systems	State of Vermont Department of Children and Families
Salary WOODSIDE	Total Salaries - Employee Salaries Across Woodside	State of Vermont Department of Children and Families
Salary (LESS DDS)	Total Salaries - Employee Salaries Across DCF less DDS	State of Vermont Department of Children and Families
SNAP New Investment	Direct to SNAP New Investment	State of Vermont Department of Children and Families

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Social Security	Direct to Social Security	State of Vermont Department of Children and Families
SSBG	Direct to SSBG	State of Vermont Department of Children and Families
TANF	Direct to TANF	State of Vermont Department of Children and Families
TANF FSI	TANF, SNAP Issue & WIC	State of Vermont Department of Children and Families
TCM	Direct to TCM	State of Vermont Department of Children and Families
TCM Medicaid	Global Commitment Eligibility Rate for Targeted Case Management	State of Vermont Department of Children and Families
Title IV-D	Direct to Title IV-D	State of Vermont Department of Children and Families
Title IV-E & Medicaid Eligibility Rate	Title IV-E & Global Commitment Eligibility Rate (remainder to TANF, Woodside)	State of Vermont Department of Children and Families
Title IV-E Adop & Guard	Title IV-E Adoption Assistance and Guardianship Assistance	State of Vermont Department of Children and Families
Title IV-E Adoption Assistance Rate	Title IV-E Adoption Assistance Rate	State of Vermont Department of Children and Families
Title IV-E Eligibility Rate	Title IV-E Eligibility Rate	State of Vermont Department of Children and Families
Total E&T Salaries Across RU CM DIST	Direct to Total E&T Salaries across RU CM Dist	State of Vermont Department of Children and Families
Total RU CM Salaries Across RU CM	Direct to Total RU CM Salaries across RU CM	State of Vermont Department of Children and Families
Utility	PU - Contractual Agreement for VT Gas and GM Power	State of Vermont Department of Children and Families
Utility Eligibility	Direct to Utility Eligibility	State of Vermont Department of Children and Families
VIEWS-DDI	Direct to VIEWS-DDI	State of Vermont Department of Children and Families
VLITE	Direct to Vlite	State of Vermont Department of Children and Families
VT Gas Program	Direct to VT Gas	State of Vermont Department of Children and Families
VT Spay Neuter Incentive Program	Direct to VSNIP	State of Vermont Department of Children and Families
Weather Fed	Direct to Weatherization (federally funded)	State of Vermont Department of Children and Families
Weatherization	Direct to Weatherization (State Funded)	State of Vermont Department of Children and Families
WIC	Direct to WIC - General Administration	State of Vermont Department of Children and Families
Woodside	Direct to Woodside	State of Vermont Department of Children and Families

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aaaa	fixes	State of Vermont Department of Health
ADAP-Leave Time	ADAP-Leave Time	State of Vermont Department of Health
Admin-Leave Time	Admin-Leave Time	State of Vermont Department of Health
DIRECT TO ABLES	Direct to ABLES	State of Vermont Department of Health
DIRECT TO ABS	Direct to Abstinence Education	State of Vermont Department of Health
Direct to Accreditation for State Food Testing Lab	Direct to Accreditation for State Food Testing Laboratories	State of Vermont Department of Health
Direct to Adolescent Grant	Direct to Adolescent Treatment System Enhancement Grant	State of Vermont Department of Health
Direct to Adult Viral Hepatitis	Direct to Adult Viral Hepatitis	State of Vermont Department of Health
Direct to Advanced Directives Registry	Direct to Advanced Directives Registry	State of Vermont Department of Health
Direct to AIDS Services Support	Direct to AIDS Services Support	State of Vermont Department of Health
Direct to AIDS Surveillance	Direct to AIDS Surveillance	State of Vermont Department of Health
Direct to Asbestos Cert.	Direct to Asbestos Certification, Notification & Technical	State of Vermont Department of Health
Direct to Asbestos in Schools	Direct to Asbestos in Schools	State of Vermont Department of Health
Direct to Asthma	Direct to Asthma	State of Vermont Department of Health
Direct to Autism	Direct to Autism	State of Vermont Department of Health
Direct to Behavioral RF Surv	Direct to Behavioral Risk Factor Surveillance	State of Vermont Department of Health
Direct to Bioterrorism Prep.	Direct to Bioterrorism	State of Vermont Department of Health
Direct to BRACE	Direct to BRACE (Building Resilience Against Climate Change Effects in VT)	State of Vermont Department of Health
Direct to Breast & Cerv Cancer Screening	Direct to Cancer Screening	State of Vermont Department of Health
Direct to Cancer Registry	Direct to Cancer Registry	State of Vermont Department of Health
Direct to Chemical Disclosure Program	Direct to Chemical Disclosure Program	State of Vermont Department of Health
Direct to Childhood Passenger Safety Mou with DPS	Direct to Childhood Passenger Safety Mou with DPS	State of Vermont Department of Health
Direct to CHIP program	Direct to CHIP Program	State of Vermont Department of Health

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D:	D:	
Direct to Chronic Disease	Direct to Chronic Disease Self-	State of Vermont Department of
Self-Management Program	Management Program - ARRA	Health
Direct to CISS	Direct to CISS	State of Vermont Department of Health
Direct to CME-Coverdell	Direct to CME-Coverdell MOU	State of Vermont Department of
MOU		Health
Direct to CMS-E&E (90/10)	Direct to CMS-E&E (90/10)	State of Vermont Department of
,	, ,	Health
Direct to CMS-HIT	Direct to CMS-HIT grant	State of Vermont Department of
		Health
Direct to CMS-MMIS	Direct to CMS-MMIS	State of Vermont Department of
		Health
Direct to Community	Direct to Community Transformation	State of Vermont Department of
Transformation		Health
Direct to Comp Cancer	Direct to Comprehensive Cancer	State of Vermont Department of
Control	Control	Health
Direct to Conference	Direct to Conference Costs	State of Vermont Department of
	211000 03 031100 03313	Health
Direct to CSHN-SS	Direct to CSHN-Special Services	State of Vermont Department of
	Breet to estin special services	Health
Direct to CSTE Avian Flu	Direct to CSTE - Avian Flu	State of Vermont Department of
Brice to CSTE Tivian Tia	Trainings	Health
Direct to Culture of Health	Direct to Building a Culture of	State of Vermont Department of
Direct to Culture of Health	Health	Health
Direct to Dental-Other	Direct to Dental Services - All Other	State of Vermont Department of
Breet to Bentar Striet	Programs	Health
Direct to Department of	Direct to Department of Corrections	State of Vermont Department of
Corrections Quality	Quality Oversight	Health
Oversight QUALITY		
OVERSIGHT		
Direct to Diabetes	Direct to Diabetes Services	State of Vermont Department of
	Improvement	Health
Direct to Domestic and	Direct to Domestic and Sexual	State of Vermont Department of
Sexual Violence Prevention	Violence Prevention	Health
Direct to Early Childhood	Direct to Early Childhood Comp	State of Vermont Department of
Comp Systems	Systems	Health
Direct to Early Hearing	Direct to Early Hearing Detection &	State of Vermont Department of
Detection Detection	Intervention Grant	Health
Direct to ELC Ebola	Direct to ELC Ebola Supplement	State of Vermont Department of
Supplement	Direct to Lie Looid Supplement	Health
Direct to Electronic Death	Direct to Electronic Death Registry	State of Vermont Department of
Registry System	System System	Health
Direct to EMS Data Mgmt	Direct to EMS Data Mgmt	State of Vermont Department of
Direct to Livid Data Wigilit	Direct to Livis Data Wighit	Health
Direct to EMS for Children	Direct to EMS for Children	State of Vermont Department of
Direct to Livid for Children	Direct to Livis for Clindren	Health
Direct to EMS Program	Direct to EMS Program Sarvigas	
Direct to EMS Program Services	Direct to EMS Program Services	State of Vermont Department of Health
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	T=	T
Direct to Env. Toxicology	Direct to Environmental Toxicology	State of Vermont Department of Health
Direct to Environmental	Direct to Environmental Public	State of Vermont Department of
Public Health Tracking	Health Tracking	Health
Direct to EPA Lead	Direct to EPA Lead Certification	State of Vermont Department of
Direct to El A Lead		
	Program	Health
Direct to Epi Lab Capacity	Direct to Epi Lab Capacity non-	State of Vermont Department of
non-PPHF	PPHF	Health
Direct to Epi Lab Capacity	Direct to Epi Lab Capacity PPHF	State of Vermont Department of
PPHF		Health
Direct to Epidemiology	Direct to Epidemiology	State of Vermont Department of
Direct to Epideiniology	Direct to Epideimology	_
		Health
Direct to Evidence-Based	Direct to Evidence-Based Fall	State of Vermont Department of
Fall Prevention Program	Prevention Program	Health
Direct to Exchange Level 2	Direct to Exchange Level 2	State of Vermont Department of
Non-IT Staff		Health
Direct to Family Planning	Direct to Family Planning Program	State of Vermont Department of
,	Direct to Failing Flaining Flogram	
Program		Health
Direct to Fish Testing	Direct to Fish Testing	State of Vermont Department of
		Health
Direct to Fluoridation	Direct to Fluoridation	State of Vermont Department of
		Health
Direct to Food & Lodging	Direct to Food & Lodging	State of Vermont Department of
Direct to Food & Lodging -	Direct to Food & Lodging	
Surv.		Health
Direct to Food Protection	Direct to Food Protection Task Force	State of Vermont Department of
Task Force		Health
Direct to General Fund	Direct to General Fund	State of Vermont Department of
		Health
Direct to Global	Direct to Global Commitment Admin	State of Vermont Department of
Commitment Admin	Breet to Groom Commitment rannin	Health
	D: Cl. 1.1 C	
Direct to Global	Direct to Global Commitment	State of Vermont Department of
Commitment Program	Program	Health
Direct to Health Contract	Direct to Health Contract Services	State of Vermont Department of
		Health
Direct to Health Promotion	Direct to Health Promotion	State of Vermont Department of
Brief to Hearth Fromotion	Breet to Health Fromotion	Health
Discrete Head	Dimental Hemoticis D. Cont.	
Direct to Hep. B	Direct to Hepatitis B- State	State of Vermont Department of
	Employees	Health
Direct to HIV Care	Direct to HIV Care	State of Vermont Department of
		Health
Direct to HIV/Prevention		
	Direct to HIV/Prevention Grant	State of Vermont Department of
	Direct to HIV/Prevention Grant	State of Vermont Department of
Grant		Health
Grant Direct to Hospital Data	Direct to HIV/Prevention Grant  Direct to Hospital Data Council	Health State of Vermont Department of
Grant Direct to Hospital Data Council	Direct to Hospital Data Council	Health
Grant Direct to Hospital Data Council	Direct to Hospital Data Council	Health State of Vermont Department of Health
Grant Direct to Hospital Data		Health State of Vermont Department of Health State of Vermont Department of
Grant Direct to Hospital Data Council Direct to Hospital Licensing	Direct to Hospital Data Council  Direct to Hospital Licensing	Health State of Vermont Department of Health State of Vermont Department of Health
Grant Direct to Hospital Data Council	Direct to Hospital Data Council	Health State of Vermont Department of Health State of Vermont Department of

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Di contra de la	Di contra de la contra del la contra del la contra del la contra de la contra del la c	I G CXX
Direct to Hospital	Direct to Hospital Preparedness	State of Vermont Department of
Preparedness Program Ebola	Program Ebola	Health
Direct to ICD-10-IAPD	Direct to CMS ICD-10-IAPD	State of Vermont Department of
		Health
Direct to Immunization	Direct to Immunization	State of Vermont Department of
		Health
Direct to Immunization	Direct to Immunization VTRCKS	State of Vermont Department of
VTRCKS		Health
Direct to Indoor Air	Direct to Indoor Air Risk Assessment	State of Vermont Department of
Direct to indoor 7 in	Direct to indoor 7 in 143k 7435essment	Health
Direct to Indoor Radon	Direct to Indoor Radon Surveillance	State of Vermont Department of
Direct to indoor Radon	Direct to fildoor Radon Surveillance	Health
D' T '	Di u I i D	
Direct to Injury	Direct to Injury Prevention Services	State of Vermont Department of
		Health
Direct to Integrated	Direct to Integrated Community	State of Vermont Department of
Community Systems for	Systems for CSHCN	Health
CSHCN		
Direct to JAIBG	Direct to JAIBG	State of Vermont Department of
		Health
Direct to Komen Breast	Direct to Komen Breast Services	State of Vermont Department of
Services		Health
Direct to Lab-Radio Yankee	Direct to Laboratory - Radiological	State of Vermont Department of
Direct to Lab Radio Tankee	Vermont Yankee	Health
Direct to Ladies First	Direct to Ladies First	State of Vermont Department of
Direct to Ladies First	Direct to Ladies First	Health
D. 11 TAIDICH	D' ( A LAUNCH (I : 1 : A (:	
Direct to LAUNCH	Direct to LAUNCH (Linking Actions	State of Vermont Department of
	for Unmet Needs in Children's	Health
	Health)	
Direct to Lead Investigation	Direct to Lead Investigation	State of Vermont Department of
		Health
Direct to Lead Poisoning	Direct to Lead Poisoning Prevention	State of Vermont Department of
Prevention		Health
Direct to Lead Safe Housing	Direct to Lead Safe Housing	State of Vermont Department of
		Health
Direct to Mammo Ins	Direct to Mammography X-ray Unit	State of Vermont Department of
Birect to ividimino mis	Inspections	Health
Direct to Manufactured	Direct to Manufactured Food	State of Vermont Department of
Food Regulatory Program	Regulatory Program	Health
Direct to MCH	Direct to CHP - Maternal and Child	State of Vermont Department of
D. Maria	Health	Health
Direct to MCH Grant	Direct to MCH Block Grant	State of Vermont Department of
		Health
Direct to MCH Home	Direct to MCH Home Visiting	State of Vermont Department of
Visiting		Health
Direct to MCH PCP	Direct to MCH - Primary Care	State of Vermont Department of
	Planning	Health
Direct to MCO -	Direct to MCO - (CHAMPPS)	State of Vermont Department of
(CHAMPPS)		Health
(CITIMIT D)		Housti

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Direct to MCO - AHEC	Direct to MCO - Area Health	State of Vermont Department of
Direct to MCO - ATTEC	Education Centers (AHEC)	Health
Direct to MCO. Plus mint	`	
Direct to MCO - Blueprint	Direct to MCO - Blueprint	State of Vermont Department of
Di ata MGO, E I	D' MGO E 1	Health
Direct to MCO - Enhanced	Direct to MCO - Enhanced	State of Vermont Department of
Immunization	Immunization	Health
Direct to MCO - Family	Direct to MCO - Family Planning	State of Vermont Department of
Planning		Health
Direct to MCO - FQHC	Direct to MCO - FQHC Lookalike	State of Vermont Department of
Lookalike		Health
Direct to MCO - Healthy	Direct to MCO - Healthy Homes and	State of Vermont Department of
Homes and Lead	Lead Poisoning Prevention	Health
Direct to MCO – Physician	Direct to MCO - Physician/Dentist	State of Vermont Department of
Loan Repayment	Loan Repayment Program	Health
Direct to MCO - Public	Direct to MCO - Public Inebriate	State of Vermont Department of
Inebriate Services, C for C	Services, C for C	Health
Direct to MCO - Recovery	Direct to MCO - Recovery Centers	State of Vermont Department of
Centers	Direct to Meo - Recovery centers	Health
Direct to MCO - Renal	Direct to MCO - Renal Disease	State of Vermont Department of
Disease	Direct to MCO - Kenai Disease	Health
	Discoult MGO Talana Caratian	
Direct to MCO - Tobacco	Direct to MCO - Tobacco Cessation	State of Vermont Department of
cessation	71 7160 7176	Health
Direct to MCO - WIC	Direct to MCO - WIC Coverage	State of Vermont Department of
Coverage		Health
Direct to MCO OBSOLETE	Direct to MCO OBSOLETE	State of Vermont Department of
effective QE 0316	effective QE 0316	Health
Direct to Medical Examiner	Direct to Medical Examiner	State of Vermont Department of
		Health
Direct to Medical Practice	Direct to Medical Practice Board	State of Vermont Department of
Board		Health
Direct to Medication	Direct to Medication Assisted	State of Vermont Department of
Assisted Treatment	Treatment	Health
Direct to Minority Health	Direct to Minority Health	State of Vermont Department of
j		Health
Direct to NASHP	Direct to NASHP	State of Vermont Department of
		Health
Direct to National Retail	Direct to National Retail Food	State of Vermont Department of
Food Regulatory Program	Regulatory Program Standards	Health
1 000 Regulatory 1 logiani	(NRFRPS)	11Caiui
Direct to NE Bladder	Direct to NE Bladder Cancer	State of Vermont Denoutment of
		State of Vermont Department of
Cancer Registry	Registry	Health State of Warrant Parameters of
Direct to Newborn	Direct to Newborn Screening	State of Vermont Department of
Screening	Di NOVINGO S. T.	Health
Direct to NON-MCO -	Direct to NON-MCO - SABG	State of Vermont Department of
SABG Treatment and SA	Treatment and SA GF ADMIN	Health
GF Admin		
Direct to OJJDP	Direct to OJJDP	State of Vermont Department of
		Health

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Direct to Opioid Antagonist Pilot	Direct to Opioid Antagonist Pilot	State of Vermont Department of Health
Direct to Oral Disease	Direct to Oral Disease Prevention	State of Vermont Department of
Prevention Program	Program	Health
Direct to Oral Health Workforce	Direct to Oral Health Workforce	State of Vermont Department of Health
Direct to Organ Donation	Direct to Organ Donation	State of Vermont Department of Health
Direct to Other Hosp Req	Direct to Other Hospital Data Requests	State of Vermont Department of Health
Direct to Other Program Initiatives	Direct to Other Program Initiatives	State of Vermont Department of Health
Direct to Part C	Direct to Part C	State of Vermont Department of Health
Direct to Partnership for Success (SPF-PFS)	Direct to Partnership for Success (SPF-PFS)	State of Vermont Department of Health
Direct to Partnerships for Success III	Direct to Partnerships for Success III	State of Vermont Department of Health
Direct to PHEP Ebola Supplement	Direct to PHEP Ebola Supplement	State of Vermont Department of Health
Direct to PHHS Block Grant	Direct to PHHS Block Grant	State of Vermont Department of Health
Direct to Population	Direct to Population	State of Vermont Department of Health
Direct to Preg RA Monitoring	Direct to Pregnancy Risk Assessment Monitoring	State of Vermont Department of Health
Direct to PREP-Personal	Direct to PREP-Personal	State of Vermont Department of
Responsibility Education	Responsibility Education	Health
Direct to Prescr Drug	Direct to Prescription Drug Overdose	State of Vermont Department of
overdose prev	Prevention	Health
Direct to Prescription Drug Education (Evidence Based	Direct to Prescription Drug Education (Evidence Based	State of Vermont Department of Health
Education and Advertising Special Fund.	Education and Advertising Special Fund.	
Direct to Prescription Drug Monitoring	Direct to Prescription Drug Monitoring	State of Vermont Department of Health
Direct to Prescription Drug Monitoring - Enhanced	Direct to Prescription Drug Monitoring - Enhanced	State of Vermont Department of Health
Direct to Primary Care	Direct to Primary Care	State of Vermont Department of Health
Direct to Private Water Supplies	Direct to Private Water Supplies	State of Vermont Department of Health
Direct to Prov-Non Block	Direct to Payment to Providers for Residential Treatment-Non Block	State of Vermont Department of Health
Direct to Public Health Actions (1305)	Direct to Public Health Actions (1305)	State of Vermont Department of Health
Direct to Public Health Infrastructure	Direct to Public Health Infrastructure	State of Vermont Department of Health

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Direct to Public Health Training Center	Direct to Public Health Training Center	State of Vermont Department of Health
Direct to Rabies Control	Direct to Rabies Control	State of Vermont Department of Health
Direct to Rabies Voucher	Direct to Rabies Voucher Redemption	State of Vermont Department of Health
Direct to Race to the Top	Direct to Race to the Top	State of Vermont Department of Health
Direct to Radiation Ins	Direct to Radiation Inspections	State of Vermont Department of Health
Direct to Rape Prevention	Direct to Rape Prevention & Education Program	State of Vermont Department of Health
Direct to Refugee Health	Direct to Refugee Health	State of Vermont Department of Health
Direct to Refugee Preventive Health	Direct to Refugee Preventive Health	State of Vermont Department of Health
Direct to Rosen	Direct to Jamie Rosen Fund	State of Vermont Department of Health
Direct to Rural Health Office	Direct to Rural Health Office	State of Vermont Department of Health
Direct to Rural Hosp.	Direct to Rural Hospital Flexibility	State of Vermont Department of
Flexibility	Grant	Health
Direct to SAP	Direct to Student Assistance	State of Vermont Department of
	Programs	Health
Direct to SBIRT	Direct to SBIRT	State of Vermont Department of Health
Direct to School Health Program	Direct to School Health Program	State of Vermont Department of Health
Direct to School-Based Surveillance	Direct to School-Based Surveillance	State of Vermont Department of Health
Direct to SIM Grant	Direct to SIM Grant	State of Vermont Department of Health
Direct to Siren MOU with DPS	Direct to Siren MOU with DPS	State of Vermont Department of Health
Direct to Small Hos	Direct to Small Hospital Improvement	State of Vermont Department of Health
Direct to SMS Monitoring	Direct to SMS Monitoring	State of Vermont Department of Health
Direct to SNAP	Direct to SNAP Nutrition Education	State of Vermont Department of Health
Direct to SPF - SPE	Direct to SPF - SPE	State of Vermont Department of Health
Direct to SSBG	Direct to Social Services Block Grant	State of Vermont Department of Health
Direct to State Data	Direct to State Data Infrastructure	State of Vermont Department of Health

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Direct to State	Direct to State Epidemiological	State of Vermont Department of
Epidemiological Outcomes Workgroup	Outcomes Workgroup (SEOW) Program	Health
Direct to State Loan	Direct to State Loan Repayment	State of Vermont Department of
Repayment Program	Program	Health
Direct to Statewide Quality	Direct to Statewide Quality	State of Vermont Department of
Assurance System	Assurance System	Health
Direct to STDs	Direct to Sexually Transmitted	State of Vermont Department of
	Diseases	Health
Direct to Support for Public	Direct to Support for Public Drinking	State of Vermont Department of
Drinking Water Progra	Water Programs (SPDWP)	Health
Direct to Tobacco Control	Direct to Tobacco Control	State of Vermont Department of Health
Direct to Tobacco Control -	Direct to Tobacco Control - Other	State of Vermont Department of
Other		Health
Direct to Tobacco Control	Direct to Tobacco Control	State of Vermont Department of
Supplement CDC	Supplement CDC	Health
Direct to Tobacco	Direct to Tobacco Settlement	State of Vermont Department of
Settlement		Health
Direct to Transitional	Direct to Transitional Housing Grant	State of Vermont Department of
Housing	D: T	Health
Direct to Transitional	Direct to Transitional Housing-	State of Vermont Department of Health
Housing-Charitable Choice Direct to Tritium Leak 2010	Charitable Choice (state funds)  Direct to Tritium Leak 2010	State of Vermont Department of
Direct to Tittum Leak 2010	Direct to Thituin Leak 2010	Health
Direct to Tuberculosis	Direct to Tuberculosis Control	State of Vermont Department of Health
Direct to Universal	Direct to Universal Newborn Hearing	State of Vermont Department of
Newborn	Grant	Health
Direct to Vaccines	Direct to Vaccines	State of Vermont Department of Health
Direct to VDH/UVM Grant	Direct to VDH/UVM Grant	State of Vermont Department of Health
Direct to VHC Open	Direct to VHC Open Enrollment -	State of Vermont Department of
Enrollment - Non IT Staff	Non IT Staff	Health
Direct to Vital Statistics	Direct to Vital Statistics	State of Vermont Department of Health
Direct to Water Supply	Direct to Water Supply Program Support	State of Vermont Department of Health
Direct to WIC EBT	Direct to WIC EBT Planning	State of Vermont Department of
Planning		Health
Direct to WIC Infrastructure	Direct to WIC Infrastructure	State of Vermont Department of Health
Direct to WIC2Five	Direct to WIC2Five	State of Vermont Department of Health
Direct to Wisewoman	Direct to Wisewoman	State of Vermont Department of Health

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

Emergency Preparedness-	Emergency Preparedness-Leave	State of Vermont Department of
Leave Time	Time	Health
Environmental Health-	Environmental Health-Leave Time	State of Vermont Department of
Leave Time		Health
Final	Not Applicable	State of Vermont Department of
		Health
Health Surveillance-Leave	Health Surveillance-Leave Time	State of Vermont Department of
Time		Health
HPDP-Leave Time	HPDP-Leave Time	State of Vermont Department of
		Health
Injury CPSC	Direct to Injury CPSC	State of Vermont Department of
		Health
MPB-Leave Time	MPB-Leave Time	State of Vermont Department of
		Health
OLH and MCH-Leave Time	OLH and MCH-Leave Time	State of Vermont Department of
		Health
PU MCO Blueprint	PU - MCO - Blueprint & Global	State of Vermont Department of
	Commitment Admin per M'caid	Health
	eligible % of population	
PU MCO EMS	PU - MCO - EMS per	State of Vermont Department of
	M'caid,Unins,Underins % of state	Health
	pop	
PU MCO Epidemiology	PU - MCO - Epidemiology per	State of Vermont Department of
	M'caid,Unins,Underins % of state	Health
	pop	
PU MCO Fluoride	PU - MCO - Fluoride per	State of Vermont Department of
	M'caid,Unins,Underins % of state	Health
	pop	
PU MCO Health Laboratory	PU - MCO - Health Laboratory per	State of Vermont Department of
	M'caid,Unins,Underins % of state	Health
	pop	
PU MCO Health Research	PU - MCO - Health Research and	State of Vermont Department of
and Stats	Statistics per M'caid, Unins, Underins	Health
	% of state pop	
PU MCO Patient Safety	PU - MCO - Patient Safety - Adverse	State of Vermont Department of
	Events, 50% to State Funds	Health
PU MCO POISON	PU - MCO - Poison Control based on	State of Vermont Department of
CONTROL	state M'caid eligibility rate and GC	Health
	admin 27%	
PU MCO Substance Abuse	PU - MCO – Substance Abuse per	State of Vermont Department of
	M'caid,Unins,Underins % of state	Health
DV114G0 FFD	pop	
PU MCO TB	PU - MCO - TB based on M'caid	State of Vermont Department of
	share of total TB patients	Health
QU - ADAP M'caid Eligible	QU - ADAP M'caid Eligible - GC	State of Vermont Department of
	Admin and SABG	Health

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QU - MCO – Substance	QU - MCO - Substance Abuse per	State of Vermont Department of
Abuse and SABG Funds	M'caid, Unins, Underins % of state	Health
riouse und Sribo i unds	pop and Substance Abuse Block	Treater
	Grant per available SABG funds	
QU - MCO - Vaccine	QU - MCO - Vaccine Purchasing	State of Vermont Department of
QC MCG vaccine	Program Allocated based on Med	Health
	Elig. Rate for Adults	Ticartii
QU - MCO - WIC Coverage	QU - MCO - WIC coverage and WIC	State of Vermont Department of
and WIC Admin	Admin per available WIC Admin	Health
and wie Aumin	funds	Health
QU - MCO WIC coverage	QU - MCO - WIC coverage and WIC	State of Vermont Department of
and WIC BF Peer Counselor	Breast Feeding Peer Counselor	Health
	Project per available WIC BF funds	Treater
QU - SAP to SABG and GC	QU - SAP to SABG and GC Admin	State of Vermont Department of
Admin	per school invoices	Health
QU - WIC Clinic GC/WIC	QU - WIC CLINIC GC Admin and	State of Vermont Department of
Qu' - Wie einne de, Wie	WIC Admin per M'caid Eligibility	Health
	Rate for WIC Clients.	Heatti
SABG	Direct to Substance Abuse Grant	State of Vermont Department of
	Breet to substance House Grant	Health
Skilled Nursing	Direct to Skilled Nursing	State of Vermont Department of
Skined Turising	Breet to skined I talsing	Health
Total Salaries Across ADAP	Total Salaries Across ADAP	State of Vermont Department of
Total Salaries Across ADA	Total Salaries Across ADA	Health
Total Salaries Across	Total Salaries Across Emergency	State of Vermont Department of
Emergency Preparedness	Preparedness	Health
Total Salaries Across	Total Salaries Across Environmental	State of Vermont Department of
Environmental Health	Health	Health
Total Salaries Across Health	Total Salaries Across Health	State of Vermont Department of
Surveillance	Surveillance	Health
Total Salaries Across HPDP	Total Salaries Across Health	State of Vermont Department of
	Promotion & Disease Prevention	Health
Total Salaries Across MCH	Total Salaries Across Maternal Child	State of Vermont Department of
	Health (MCH)	Health
Total Salaries across MPD	Total Salaries across Medical	State of Vermont Department of
	Practice Board	Health
Total Salaries Across VDH	Total Salaries Across VDH	State of Vermont Department of
		Health
VIEWS-E&E	PU - CMS - E&E/VIEWS (25.95%),	State of Vermont Department of
	Exchange Level 1 (74.05%)	Health
VRERP	Direct to VRERP	State of Vermont Department of
		Health
WIC Admin	Direct to WIC Admin	State of Vermont Department of
		Health
WIC Food	Direct to WIC Supplemental Food	State of Vermont Department of
	2 note to 1,10 supplemental 1 ood	Health
WIC Food Packages	Direct to WIC Food Packages	State of Vermont Department of
	2 Tool to The Lood Luckuges	Health
	1	1100101

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WIC Loving Support	Direct to WIC Loving Support	State of Vermont Department of Health
WIC Special Health	Direct to WIC Provider	State of Vermont Department of
Provider	Collaboration	Health
Adult Programs	Total Cost of All Adult Programs	State of Vermont Department of
		Mental Health
Allocated Meals to MTCR	Allocated to Direct Secure Res	State of Vermont Department of
and VPCH	Recovery Operating (MTCR) and	Mental Health
	Adult General (VPCH) cost centers	
All All MTCD 1	based on meal count	G. A. G.M. A. D. A. A. G.
Allocated to MTCR and VPCH	Allocated to dDrect Secure Res	State of Vermont Department of Mental Health
VPCH	Recovery Operating (MTCR) and Adult General (VPCH) cost centers	Mentai Heattii
	based on FTE count	
Child Programs	Total Cost of All Children's	State of Vermont Department of
Cinia i rograms	Programs, Including Community	Mental Health
	Health	
Data Infrastructure Staff	Allocated to Data Infrastructure and	State of Vermont Department of
Costs	all DMH programs (Total Costs)	Mental Health
Department Salaries	Total Salaries Across DMH Staff	State of Vermont Department of
		Mental Health
Direct to Acute Care-Non-	Direct to Acute Care-Non-	State of Vermont Department of
Springfield (GCI)	Springfield (GCI)	Mental Health
Direct to AHC Psych	Direct to AHC Psych Inpatient GC	State of Vermont Department of
Inpatient GC Medicaid	Medicaid  Divini AUC Part I I I I I I I I I I I I I I I I I I I	Mental Health
Direct to AHC Psych Inpatient GCI	Direct to AHC Psych Inpatient GCI	State of Vermont Department of Mental Health
Direct to Berlin	Direct to Berlin Administration	State of Vermont Department of
Administration	Direct to Bernii Administration	Mental Health
Direct to BR Psych Inpatient	Direct to BR Psych Inpatient	State of Vermont Department of
Breet to Bre I syen inpution	Breet to Bit i syen inpution	Mental Health
Direct to BR Psych Inpatient	Direct to BR Psych Inpatient	State of Vermont Department of
Medicaid	Medicaid	Mental Health
Direct to Brattleboro Retreat	Direct to Brattleboro Retreat - PNMI	State of Vermont Department of
- PNMI clients	clients	Mental Health
Direct to Case Rate	Direct to Case Rate Payments	State of Vermont Department of
Payments		Mental Health
Direct to Children's	Direct to Children's Community	State of Vermont Department of
Community	Discrete Decrees to the EDC for CHID	Mental Health
Direct to CHIP	Direct to Payments to EDS for CHIP	State of Vermont Department of Mental Health
Direct to CMS-MMIS	Direct to CMS-MMIS	State of Vermont Department of
Direct to Civin-ivilyi	Direct to Civio-ivilying	Mental Health
Direct to Consumer Support	Direct to Consumer Support	State of Vermont Department of
	= == == = = = = = = = = = = = = = = =	Mental Health
Direct to CRT	Direct to CRT Doc/Hospital	State of Vermont Department of
	Payments	Mental Health

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		1
Direct to CRT Community	Direct to CRT Community	State of Vermont Department of Mental Health
Direct to CRT Consumer	Direct to CRT Consumer Support	State of Vermont Department of
Support Prgms-MCO	Programs-MCO (Investment)	Mental Health
(Invest)	Trograms West (investment)	
Direct to CRT Doc/Hospital	Direct to CRT Doc/Hospital	State of Vermont Department of
Direct to CRT Doc/Hospitar	Direct to CK1 Doc/Hospital	Mental Health
Direct to CDT Desc/Henrital	Discrete CDT Des /Heavitel (CCI)	
Direct to CRT Doc/Hospital	Direct to CRT Doc/Hospital (GCI)	State of Vermont Department of
(GCI)		Mental Health
Direct to CRT Emergency	Direct to CRT Emergency MH for	State of Vermont Department of
MH for Adults-MCO	Adults-MCO (Investment)	Mental Health
(Investment)		
Direct to CRT Global	Direct to CRT Global Commitment	State of Vermont Department of
Commitment (program)	(program)	Mental Health
Direct to CRT Housing	Direct to CRT Housing Subsidies-	State of Vermont Department of
Subsidies-MCO	MCO (Investment)	Mental Health
(Investment)	into (invosiment)	1.1011tul 110ultil
Direct to CRT Peer	Direct to CPT Poor Supports MCO	State of Vermont Department of
	Direct to CRT Peer Supports-MCO	Mental Health
Supports-MCO (Investment)	(Investment)	
Direct to CRT Recovery	Direct to CRT Recovery Housing-	State of Vermont Department of
Housing-MCO (Investment)	MCO (Investment)	Mental Health
Direct to CRT Secure	Direct to CRT Secure Residential	State of Vermont Department of
Residential Recovery-MCO	Recovery-MCO (Investment)	Mental Health
(Investment)		
Direct to Data Infrastructure	Direct to Data Infrastructure	State of Vermont Department of
		Mental Health
Direct to Emergency Adult	Direct to Adults Emergency MH	State of Vermont Department of
MH		Mental Health
Direct to Emergency Adult	Direct to Adults Emergency MH -	State of Vermont Department of
MH - CRT	CRT	Mental Health
Direct to Emergency Child	Direct to Children's Emergency MH	State of Vermont Department of
	Direct to Children's Emergency Wifi	
MH Discrete Franklands	Direct to English (D. 1	Mental Health
Direct to Employment	Direct to Employment Development	State of Vermont Department of
Development Initiative	Initiative	Mental Health
Direct to Facility Lease	Direct to Facility Lease GMPCC	State of Vermont Department of
GMPCC (GCI)	(GCI)	Mental Health
Direct to FAHC Psych	Direct to FAHC Psych Inpatient	State of Vermont Department of
Inpatient		Mental Health
Direct to FAHC Psych	Direct to FAHC Psych Inpatiet	State of Vermont Department of
Inpatient Medicaid	Medicaid	Mental Health
Direct to GC for Acute	Direct to GC for Acute Psych Care	State of Vermont Department of
Psych Care	2 need to 30 for field i syon care	Mental Health
Direct to General Fund	Direct to General Fund	State of Vermont Department of
Direct to General Fund	Direct to Ocheral Fullu	_
Di e Cl. 1	D: Cl.1.1C	Mental Health
Direct to Global	Direct to Global Commitment Admin	State of Vermont Department of
Commitment Admin		Mental Health

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Direct to Global	Direct to Global Commitment	State of Vermont Department of
Commitment Professional	Professional Medical	Mental Health
Medical Direct to Global	Direct to Global Commitment	State of Vermont Department of
Commitment Program	Program	State of Vermont Department of Mental Health
Direct to GMPCC GCI	Direct to GMPCC GCI	State of Vermont Department of
		Mental Health
Direct to Health Enterprise IAPD	Direct to Health Enterprise IAPD	State of Vermont Department of Mental Health
Direct to Homeless Block	Direct to Homeless Block Grant	State of Vermont Department of
Grant	21000 00 1101101000 21001 011111	Mental Health
Direct to Housing Subsidies	Direct to Housing Subsidies	State of Vermont Department of
		Mental Health
Direct to ICD-10 IAPD	Direct to Approved ICD-10 IAPD	State of Vermont Department of
Direct to MH Block Grant	Direct to MH Block Grant	Mental Health State of Vermont Department of
Direct to Will Block Grant	Direct to Will Block Grant	Mental Health
Direct to MH Elder Care	Direct to MH Elder Care	State of Vermont Department of
		Mental Health
Direct to MH	Direct to MH Transformation Grant	State of Vermont Department of
Transformation Grant		Mental Health
Direct to Olmstead Grant	Direct to Olmstead Grant	State of Vermont Department of Mental Health
Direct to Other	Direct to Other	State of Vermont Department of
		Mental Health
Direct to Outpatient	Direct to Outpatient Services for	State of Vermont Department of
Services for Adults (GCI)	Adults (GCI)	Mental Health State of Vermont Department of
Direct to Peer Supports	Direct to Peer Supports	State of Vermont Department of Mental Health
Direct to Recovery Housing	Direct to Recovery Housing - MCO	State of Vermont Department of
- MCO Investment	Investment	Mental Health
Direct to Refugee Program	Direct to Refugee Program	State of Vermont Department of
Direct to Relocation	Direct to FEMA Proj-Relocation	Mental Health State of Vermont Department of
Expenses Expenses	Expenses	Mental Health
Direct to Respite for SED	Direct to Respite for SED Youth	State of Vermont Department of
Youth	1	Mental Health
Direct to RRMC Psych	Direct to RRMC Psych Inpatient	State of Vermont Department of
Inpatient		Mental Health
Direct to RRMC Psych	Direct to RRMC Psych Inpatient	State of Vermont Department of
Inpatient Medicaid Direct to SAMHSA	Medicaid Direct to SAMHSA	Mental Health State of Vermont Department of
DIECT TO SAMINSA	Direct to SAMIDSA	State of Vermont Department of Mental Health
Direct to Secure Residential	Direct to Secure Residential	State of Vermont Department of
		Mental Health
Direct to Secure Residential	Direct to Secure Residential Lease	State of Vermont Department of
Lease (GCI)	(GCI)	Mental Health

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Direct to Secure Residential	Direct to Secure Residential Rec Fac	State of Vermont Department of
Rec Fac Devel	Devel	Mental Health
Direct to SFI	Direct to SFI	State of Vermont Department of
		Mental Health
Direct to SOA Infrastructure	Direct to SOA Infrastructure	State of Vermont Department of
Direct to Boll inituation	Breet to Soff Influstrateure	Mental Health
Direct to SOA Infrastructure	Direct to SOA Infrastruction	State of Vermont Department of
		Mental Health
Componets - Staff	Components - Staff	
Direct to Special Services	Direct to Special Services`	State of Vermont Department of
		Mental Health
Direct to Special Services	Direct to Special Services (GCI)	State of Vermont Department of
(GCI)		Mental Health
Direct to SRR	Direct to Secure Residential	State of Vermont Department of
	Recovery	Mental Health
Direct to SSBG	Direct to Social Services Block Grant	State of Vermont Department of
		Mental Health
Direct to Staff Secure	Direct to Staff Secure Transport	State of Vermont Department of
Transport		Mental Health
Direct to the SIM Grant	Direct to the SIM Grant (federal)	State of Vermont Department of
(federal)	Direct to the Shvi Grant (reactar)	Mental Health
Direct to TTI	Direct to TTI	
Direct to 111	Direct to 111	State of Vermont Department of
D' 1/GGI	D' 1/CCD	Mental Health
Direct to VPCH Final (GCI)	Direct to VPCH Final (GCI)	State of Vermont Department of
		Mental Health
Direct to VPCH GCI	Direct to VPCH GCI	State of Vermont Department of
		Mental Health
Direct to VSH	Direct to VSH	State of Vermont Department of
		Mental Health
FINAL	NOT APPLICABLE	State of Vermont Department of
		Mental Health
FTE - Acute Pat Care	Acute Pat Care - Based on FTE	State of Vermont Department of
		Mental Health
FTE - Housing/UR/Emp	Full Time Equivalent Count across	State of Vermont Department of
TTE Trousing/CtvEmp	Housing, Utilization Review, and	Mental Health
	Employment Supports	Wientar Hearth
FTE - TA and Secure		State of Varmont Department of
FIE - IA and Secure	Full Time Equivalent Count across Technical Assistance and Secure	State of Vermont Department of
		Mental Health
	Residential	
GC Statewide Rate	Statewide Medicaid Eligibility Rate	State of Vermont Department of
		Mental Health
IDT	IDT	State of Vermont Department of
		Mental Health
INPATIENT PROGRAMS	Total Cost of All Inpatient Programs	State of Vermont Department of
		Mental Health
MH Distribution -	Mental Health Distribution Including	State of Vermont Department of
Community	Community Care	Mental Health
MH Distribution - Entire	Mental Health Distribution for Entire	State of Vermont Department of
		Mental Health
System of Care	System of Care	IVICIIIAI I ICAIIII

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MH DISTRIBUTION -	Total Cost of Mental Health	State of Vermont Department of
INPATIENT	Distribution for Inpatient Care	Mental Health
	Programs	Tyloman Trouter
Negotiated PMO allocation	Negotiated PMO allocation of HSE	State of Vermont Department of
of HSE sources	sources	Mental Health
ACA CAQH Grant	Direct to ACA CAQH Grant	State of Vermont Department of
Tierreright Grunt	Breet to Herr eright of and	Vermont Health Access
Adult Medicaid Quality	Direct to AMQ Grant	State of Vermont Department of
Tidan Wedicard Quarty	Direct to hiving Grain	Vermont Health Access
AHS Enrollment	QU - Quarterly Enrollment for	State of Vermont Department of
THIS Emonment	Global Commitment, CHIP, and all	Vermont Health Access
	other benefiting programs	Vermont Hearth Access
CHIPRA	Direct to Maine CHIPRA Grant	State of Vermont Department of
CIII KA	Direct to Maine CIII RA Grant	Vermont Health Access
Clawback	Direct to Clawback State Funds	State of Vermont Department of
Clawback	Direct to Clawback State Funds	•
CMC HIT 01 25 HITEHNE	DII CMC IIIT 01 250/ IIIT E 1	Vermont Health Access
CMS HIT 81.35 HITFUND	PU - CMS HIT 81.35% HIT Fund	State of Vermont Department of
18.65	18.65%	Vermont Health Access
CMS HIT EHRIP 100%	Direct to CMS HIT EHRIP 100%	State of Vermont Department of
		Vermont Health Access
CMSHIT 42.59/HIT FUND	PU - CMSHIT 42.59%, HIT Fund	State of Vermont Department of
57.41	57.41%	Vermont Health Access
CMS-MMIS	Direct to CMS-MMIS	State of Vermont Department of
		Vermont Health Access
D to ACA Drug Rebates	Direct to ACA Drug Rebates	State of Vermont Department of
		Vermont Health Access
D TO CFC GC	Direct to CFC GC traditional	State of Vermont Department of
TRADITIONAL		Vermont Health Access
D to CMS E&E VIEWS	Direct to CMS-E&E/VIEWS DDI	State of Vermont Department of
DDI 50	(50%)	Vermont Health Access
D to CMS E&E VIEWS	Direct to CMS-E&E/VIEWS DDI	State of Vermont Department of
DDI 75	(75%)	Vermont Health Access
D to CMS MMIS MES DDI	Direct to CMS-MMIS/MES - DDI	State of Vermont Department of
75	(75%)	Vermont Health Access
D to DSH	Direct to DSH	State of Vermont Department of
		Vermont Health Access
D to Elig System and Staff	Direct to Eligibilty Systems and	State of Vermont Department of
75	Staffing (75%)	Vermont Health Access
D TO GC ADMIN	Direct to GC Admin	State of Vermont Department of
·	-	Vermont Health Access
D to GC Program	Direct to GC Program	State of Vermont Department of
		Vermont Health Access
D to IDT	Direct to IDT	State of Vermont Department of
		Vermont Health Access
D to MCO - Buy-In	Direct to MCO - Buy-In	State of Vermont Department of
D to MCO - Duy-III	Direct to MeO - Buy-III	Vermont Health Access
D to MCO - Civil Union	Direct to MCO - Civil Union	
D to MCO - CIVII UIIIOII	Direct to MCO - CIVII UIIIOII	State of Vermont Department of
		Vermont Health Access

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D to MCO - Family	Direct to MCO - Family Supports	State of Vermont Department of
Supports	Direct to MCO - Paining Supports	Vermont Health Access
D to MCO - HIV Drug	Direct to MCO - HIV Drug Coverage	State of Vermont Department of
Coverage	Direct to WCO - Th' Diug Coverage	Vermont Health Access
D to MCO - Inst for Mental	Direct to MCO - Institution for	State of Vermont Department of
Disease	Mental Disease Services	Vermont Health Access
D to MCO - Patient Safety	Direct to MCO - Patient Safety Net	State of Vermont Department of
Net	Services	Vermont Health Access
D to Medicaid Buy-In	Direct to Medicaid Buy-In	State of Vermont Department of
D to Wedicaid Buy-in	Direct to Wedlead Buy-In	Vermont Health Access
D to MFP	Direct to MFP	State of Vermont Department of
D to WII I	Direct to Wil 1	Vermont Health Access
D TO SCHIP Program	Direct to CHIP Program	State of Vermont Department of
D 10 SCIII 1 logram	Direct to CIIII Trogram	Vermont Health Access
D to SIM	Direct to SIM Grant	State of Vermont Department of
D to Silvi	Direct to Shvi Grant	Vermont Health Access
D to State	Direct to State Only	State of Vermont Department of
D to State	Direct to State Only	Vermont Health Access
D to State Admin Funds	Direct to State Admin Funds	State of Vermont Department of
D to State Manini I ands	Direct to State Admin Lands	Vermont Health Access
D to T-MSIS	Direct to T-MSIS Grant	State of Vermont Department of
D to 1-MSIS	Direct to 1-MSIS Grant	Vermont Health Access
E&E 50 53% / EXLV2	PU - CMS-E&E/Views 50/50 53%	State of Vermont Department of
ECE 30 33/0 / EXE V2	Exchange Level 2 47%	Vermont Health Access
E&E 75 65.5/ EXLV 2	PU - CMS 75 65.5%, Exch Level 2	State of Vermont Department of
ECC 73 03.37 ETTE V 2	34.5%	Vermont Health Access
E&E 90 53/EXLV1	PU - CMS E&E 90/10 53%, Exch	State of Vermont Department of
2002 3 0 00, 2122 1	Level 1 47%	Vermont Health Access
E&E 90/10	Direct to CMS-E&E (90/10)	State of Vermont Department of
		Vermont Health Access
E&E90 53 /EXLV2 47	PU - CMS E&E 90/10 53%, Exch	State of Vermont Department of
	Level 2 47%	Vermont Health Access
E&E90 65.5/EXLV1	PU - CMS E&E 90/10 65.5%, Exch	State of Vermont Department of
	Level 1 34.5%	Vermont Health Access
E&E90 65.5/EXLV2	PU - CMS E&E 90/10 65.5%, Exch	State of Vermont Department of
	· · · · · · · · · · · · · · · · · · ·	
ENROLLMENT BROKER		
	·	_
	Commitment, CHIP, Designated	
	QHP	
EXCH LEV 1B 47/ GC 53	PU - Exchange Level 1B 47%, GC	State of Vermont Department of
	53%	Vermont Health Access
Exch Lvl2 34.5 GC 65.5	PU - Exch Lvl2 34.5 GC 65.5	State of Vermont Department of
		Vermont Health Access
Exchange Level 1B	Direct to Exchange Level 1B	State of Vermont Department of
=	_	Vermont Health Access
E&E90 65.5/EXLV2  ENROLLMENT BROKER SERVICES  EXCH LEV 1B 47/ GC 53  Exch Lvl2 34.5 GC 65.5	Level 1 34.5%  PU - CMS E&E 90/10 65.5%, Exch Level 2 34.5%  QU - Quarterly combined AHS and VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP  PU - Exchange Level 1B 47%, GC 53%  PU - Exch Lvl2 34.5 GC 65.5	Vermont Health Access  State of Vermont Department of Vermont Health Access

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Exchange Level 1C	Direct to Exchange Level 1C	State of Vermont Department of
E-share Land 2	Direct to Emphasical Lengt 2	Vermont Health Access
Exchange Level 2	Direct to Exchange Level 2	State of Vermont Department of
Time 1	NT/A	Vermont Health Access
Final	N/A	State of Vermont Department of
	777 GGWL (777) 77 11	Vermont Health Access
GC 65.5 EX LV 1 34.5	PU - GC Waiver 65.5%, Ex Lv 1b	State of Vermont Department of
	34.5%	Vermont Health Access
HP Paid Claims	QU - Quarterly number of paid	State of Vermont Department of
	claims for Global Commitment,	Vermont Health Access
	CHIP, and All Other benefiting	
	Programs	
HP UNITS (COB)	QU - Quarterly Enrollment for	State of Vermont Department of
	Global Commitment, and All Other	Vermont Health Access
	benefiting Programs	
ICD-10 IAPD	Direct to ICD-10 IAPD	State of Vermont Department of
		Vermont Health Access
MCO Blueprint	PU - MCO Blueprint State Pop %	State of Vermont Department of
into a primaprima	To mee gracement species	Vermont Health Access
MCO VITL	PU - MCO VITL State Pop %	State of Vermont Department of
Med VIII	TO MES VIIE State Top 70	Vermont Health Access
MMIS 17.5, E&E90 39.7	PU - MMIS 17.5%, E&E90 39.7%,	State of Vermont Department of
CMS-HIT 6.1 EXLV2 36.7	CMS-HIT 6.1%, Ex Lv 2 36.7	Vermont Health Access
MMIS 17.5, E&E90 39.7,	PU - MMIS 17.5%, E&E90 39.7%,	State of Vermont Department of
		Vermont Health Access
CMS-HIT 6.1, EXLV1 36.7	CMS-HIT 6.1%, ExLv1 36.7	
MMIS 26.5/E&E90 26.5/	PU - MMIS 26.5%, E&E90 26.5%,	State of Vermont Department of
EXLV1C 47	Exch Level 1C 47%	Vermont Health Access
MMIS 31.44, E&E90 26.6,	PU - MMIS 31.44%, E&E90 26.6%,	State of Vermont Department of
CMS-HIT 8.92,	CMS-HIT 8.92%, EXLV2 33.04	Vermont Health Access
EXLV233.04		
MMIS 33.34/E&E90 33.33/	PU - MMIS 33.34%, E&E90	State of Vermont Department of
CMSHIT 33.33	33.33%, CMS-HIT 33.33	Vermont Health Access
MMIS/E&E90 26.5/ LVL2	PU - MMIS 26.5%, E&E90 26.5%,	State of Vermont Department of
47	Exch Level 2 47%	Vermont Health Access
MMIS75 EE75 EXCH LEV	PU - MMIS 75 26.5% EE 75 26.5%	State of Vermont Department of
2	Exch Lev 2 47%	Vermont Health Access
PHARM Claims	QU - Quarterly number of Pharmacy	State of Vermont Department of
	Claims paid for Global Commitment,	Vermont Health Access
	CHIP, and All Other benefiting	
	Programs	
Refugee Administration	Direct to RMA Admin	State of Vermont Department of
	-	Vermont Health Access
Refugee Program	Direct to Refugee Program	State of Vermont Department of
	2 i cot to refugee i logium	Vermont Health Access
SMHP HIT IAPD	Direct to CMS HIT IAPD	State of Vermont Department of
	Direct to Civis IIII IAID	Vermont Health Access
Staff Hours	Total Hours agrees all program and as	State of Vermont Department of
Start Hours	Total Hours across all program codes	_
		Vermont Health Access

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VHC Operations	QU - Quarterly VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP	State of Vermont Department of Vermont Health Access
110 Blind	Direct to Section 110 (Blind)	State of Vermont Disabilities, Aging, and Independent Living
110 VR	Direct to Section 110 (Voc Rehab)	State of Vermont Disabilities, Aging, and Independent Living
AAA GF Transportation	AAA GF Transportation	State of Vermont Disabilities, Aging, and Independent Living
ASD Salary	Total Salaries Method M - Percentage of Salary Dollars Directly Charged (ASD) (43030)	State of Vermont Disabilities, Aging, and Independent Living
CMSO ADRC Program Grant	Direct to CMSO ADRC Program Grant	State of Vermont Disabilities, Aging, and Independent Living
Comm Action - SSI	Direct to Community Action - SSI	State of Vermont Disabilities, Aging, and Independent Living
D TO AT - DPS Equipment Distribution	Direct to AT - DPS Equipment Distribution	State of Vermont Disabilities, Aging, and Independent Living
D to GC-Medicaid Adm- NATCP Admin	GC - Medicaid Admin - NATCP Admin & Registry	State of Vermont Disabilities, Aging, and Independent Living
D to GC-Medicaid Adm-	GC - Medicaid Admin - PASRR -	State of Vermont Disabilities,
PASRR	Preadmission Screening and Record Review	Aging, and Independent Living
D TO MCO FF_RF	Direct to MCO - Family Flexible/Respite Funding	State of Vermont Disabilities, Aging, and Independent Living
D to MCO-DS	MCO - DS Special Payments for Medical Services	State of Vermont Disabilities, Aging, and Independent Living
D to MCO-Elder	MCO - Elder Coping with MMA	State of Vermont Disabilities, Aging, and Independent Living
D to MCO-Homesharing	MCO - HomeSharing	State of Vermont Disabilities, Aging, and Independent Living
D to MCO-Mobility	MCO - Mobility Training/Other SvcsElderly Visually Impaired	State of Vermont Disabilities, Aging, and Independent Living
D to MCO-Quality Review	MCO - Quality Review of Home Health Agencies	State of Vermont Disabilities, Aging, and Independent Living
D to MCO-SASH	MCO - Support and Services at Home (SASH)	State of Vermont Disabilities, Aging, and Independent Living
D to MCO-Self-Neglect	MCO - Self-Neglect Initiative	State of Vermont Disabilities, Aging, and Independent Living
D to MCO-SFI	MCO - Seriously Functionally Impaired: DAIL	State of Vermont Disabilities, Aging, and Independent Living
Direct DRI	Direct to DRI Partnership New Paradigm	State of Vermont Disabilities, Aging, and Independent Living
Direct SE VI-B	Direct to Supported Employment Title VI-B	State of Vermont Disabilities, Aging, and Independent Living
Direct TBI Vets	Direct to TBI - Vets Info & Referral Grant	State of Vermont Disabilities, Aging, and Independent Living

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Direct to AAA AP	Direct to Admin on Aging Abuse	State of Vermont Disabilities,
Direct to That Th	Prevention VII	Aging, and Independent Living
Direct to AAA IIIB	Direct to Admin on Aging Support	State of Vermont Disabilities,
Direct to 7 Har His	Services III-B	Aging, and Independent Living
Direct to AAA IIIC	Direct to Admin on Aging	State of Vermont Disabilities,
Direct to 7 Max me	Congregrate Meals III-C-1	Aging, and Independent Living
Direct to AAA IIIC &	Method P - Direct to AAA IIIC &	State of Vermont Disabilities,
Meaid Meaid	Medicaid Admin	Aging, and Independent Living
Direct to AAA IIIC2	Direct to Admin on Aging Delivered	State of Vermont Disabilities,
Direct to AAA IIIC2	Meal III-C-2	Aging, and Independent Living
Direct to AAA Ombudsman		
Direct to AAA Ollibudsiliali	Direct to Admin on Aging	State of Vermont Disabilities,
D' A A A DII	Ombudsman Activity VII	Aging, and Independent Living
Direct to AAA PH	Direct to Admin on Aging	State of Vermont Disabilities,
51	Preventative Health IIID	Aging, and Independent Living
Direct to Add'l Mcaid 1115	Direct to Add'l Medicaid Admin 50%	State of Vermont Disabilities,
	for LTC 1115	Aging, and Independent Living
direct to Add'l Med 1115	Direct to Add'l Medicaid Admin	State of Vermont Disabilities,
	LTC 1115 75%	Aging, and Independent Living
Direct to ADRC OC - AOA	Direct to ADRC Options Counseling	State of Vermont Disabilities,
Enhanced	AOA Enhanced	Aging, and Independent Living
Direct to ADRC Options	Direct to ADRC Options Counseling	State of Vermont Disabilities,
Counseling		Aging, and Independent Living
Direct to Asst Tech	Direct to Assistive Tech Grant	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to AT-IDEA	Direct to AT-IDEA-DOE Grant	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to Bioterrorism	Direct to Bioterrorism Preparedness	State of Vermont Disabilities,
	Grant	Aging, and Independent Living
Direct to CDC Grant	Direct to CDC Grant	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to Civil Monetary	Direct Allocation to Civil Monetary	State of Vermont Disabilities,
Fund	Funds	Aging, and Independent Living
Direct to CLIA P	Direct to CLIA - Personal	State of Vermont Disabilities,
	21100 to 6211 1 015011	Aging, and Independent Living
Direct to CLIA T	Direct to CLIA Travel	State of Vermont Disabilities,
Direct to CERT I	Direct to CERT Haver	Aging, and Independent Living
Direct to CMS VIEWS	CMS E&E / VIEWS	State of Vermont Disabilities,
Direct to CIVIS VIEWS	CIVIS EXEL / VIL WS	Aging, and Independent Living
Direct to CMS-CSRE	Direct to CMS-CSRE System	State of Vermont Disabilities,
DDAS	Change DDAS	Aging, and Independent Living
Direct to CMS-MMIS		
Direct to Civis-Miviis	CMS-MMIS	State of Vermont Disabilities,
Direct to Comp. 197	Direct to Comment to Control	Aging, and Independent Living
Direct to Commodities	Direct to Commodities Suppl. Food	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to Corrections SSA	Direct to Corrections SSA Billing	State of Vermont Disabilities,
Billing		Aging, and Independent Living
Direct to DDAS	Direct to ASD Guardianship	State of Vermont Disabilities,
Guardianship		Aging, and Independent Living

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D: 44 DIHIGD 1	D. 11 DIHIG D. 1 Cl. :	G. ( CV
Direct to DHHS Real	Direct to DHHS Real Choices -	State of Vermont Disabilities,
Choices Change - DDAS	DDAS	Aging, and Independent Living
Direct to DOL Eval	DOL Evaluations	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to DUALS Project	Direct to DUALS	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to Eld & Dis. Trans.	Direct to Elderly & Disabled	State of Vermont Disabilities,
	Transportation	Aging, and Independent Living
Direct to Emergency	Direct to Emergency Preparedness	State of Vermont Disabilities,
Preparedness		Aging, and Independent Living
Direct to Employ. For elders	Direct to Senior Community Service	State of Vermont Disabilities,
	Employ. Program	Aging, and Independent Living
Direct to Employee	Direct to Employee Assistance	State of Vermont Disabilities,
Assistance	r	Aging, and Independent Living
Direct to Energy	Direct to Energy Outreach Grant	State of Vermont Disabilities,
Direct to Energy	Direct to Energy Statement State	Aging, and Independent Living
Direct to F&NS	Direct to Food & Nutrition Services	State of Vermont Disabilities,
Direct to Tarks	Direct to 1 ood & Nutrition Services	Aging, and Independent Living
Direct to General Fund	Direct to State General Fund	State of Vermont Disabilities,
Direct to General Fund	Direct to State General Fund	Aging, and Independent Living
Direct to General Fund -	Direct to State General Fund - DDAS	State of Vermont Disabilities,
DDAS	Direct to State General Fund - DDAS	· · · · · · · · · · · · · · · · · · ·
	Disease Consul Front Was	Aging, and Independent Living
Direct to General Fund -	Direct to State General Fund - Voc	State of Vermont Disabilities,
Voc Rehab	Reha	Aging, and Independent Living
Direct to Home Health	Direct to Medicare (XVIII)	State of Vermont Disabilities,
Hotline	107 10 1 1 D	Aging, and Independent Living
Direct to ICD-10 IAPD	ICD-10 IAPD	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to IL Blind	Direct to Independent Living Grant	State of Vermont Disabilities,
	(Blind)	Aging, and Independent Living
Direct to IL VR	Direct to Independent Living Grant	State of Vermont Disabilities,
	(VR)	Aging, and Independent Living
Direct to Innovation	Direct to Innovation & Expansion	State of Vermont Disabilities,
	(Blind & Visually Impaired)	Aging, and Independent Living
Direct to J&J	Direct to Johnson & Johnson Grant	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to L&P Medicaid	Direct to Medicaid Administration	State of Vermont Disabilities,
Admin	75% (L&P)	Aging, and Independent Living
Direct to Mcaid Admin 75%	Direct to Medicaid Administration	State of Vermont Disabilities,
Travel	75% - Travel	Aging, and Independent Living
Direct to Mcaid Admin	Direct to Medicaid Administration	State of Vermont Disabilities,
Baseline Travel	Baseline- Travel	Aging, and Independent Living
Direct to Medicaid	Direct to Medicaid Program	State of Vermont Disabilities,
Direct to Medicaid	Direct to Medicald Hogiani	Aging, and Independent Living
Direct to Medicaid & GF	Direct to Medicaid & General Fund	State of Vermont Disabilities,
(LP)	(L&P) (37700)	Aging, and Independent Living
Direct to Medicaid Adm	Direct to Medicaid Adm 50% -	State of Vermont Disabilities,
50% - DDAS	DDAS	Aging, and Independent Living

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Direct to Medicaid Adm	Direct to Medicaid Adm 75%	State of Vermont Disabilities,
75%		Aging, and Independent Living
Direct to Medicaid Admin	Direct to Medicaid Administration -	State of Vermont Disabilities,
	Baseline	Aging, and Independent Living
Direct to Medicaid Admin	Direct to Medicaid Admin 50% -	State of Vermont Disabilities,
50%	Comm Office	Aging, and Independent Living
Direct to Medicaid Program	Direct to Medicaid Program DDAS	State of Vermont Disabilities,
DDAS	8	Aging, and Independent Living
Direct to Medicare	Direct to Medicare (XVIII Funds)	State of Vermont Disabilities,
2110000001120020020		Aging, and Independent Living
Direct to Medicare - T	Direct to Medicare (XVIII Funds) -	State of Vermont Disabilities,
Direct to Wedicare	Travel	Aging, and Independent Living
Direct to Medicare & GF	Direct to Medicare and GF (43150)	State of Vermont Disabilities,
Direct to Medicale & Gr	Direct to Medicale and GF (45150)	
D' ( M 1' N	D' 44 M 1' NI CNIE 0 CNIE	Aging, and Independent Living
Direct to Medicare Non	Direct to Medicare Non-SNF & SNF	State of Vermont Disabilities,
SNF & SNF	(43320)	Aging, and Independent Living
direct to Medicare	Direct to Medicare Supplemental for	State of Vermont Disabilities,
Supplemental for Equipment	Equipment	Aging, and Independent Living
Direct to Medicare Tr & GF	Direct to Medicare & GF - Travel	State of Vermont Disabilities,
	(43150)	Aging, and Independent Living
DIRECT TO MFP GRANT	Direct to Money Follows the Person	State of Vermont Disabilities,
		Aging, and Independent Living
DIRECT TO MIPPA 2007	Direct to MIPPA 2007 LIS/MSP	State of Vermont Disabilities,
LIS/MSP	Outreach	Aging, and Independent Living
DIRECT TO MIPPA 2008	Direct to MIPPA 2008 LIS/MSP	State of Vermont Disabilities,
LIS/MSP	Outreach	Aging, and Independent Living
DIRECT TO MIPPA MEA -	Direct to MIPPA Medicare	State of Vermont Disabilities,
AAA	Enrollment Assistance - AAA	Aging, and Independent Living
DIRECT TO MIPPA MEA -	Direct to MIPPA Medicare	State of Vermont Disabilities,
ADRC	Enrollment Assistance - ADRC	Aging, and Independent Living
DIRECT TO MIPPAA	Direct to MIPPAA AAAs	State of Vermont Disabilities,
AAAS	Direct to Will I AA AAAs	Aging, and Independent Living
DIRECT TO MIPPAA	Direct to MIPPAA ADRC	State of Vermont Disabilities,
ADRC	Direct to MIFFAA ADRC	I
	Direct to MIPPAA LIS-MSP	Aging, and Independent Living
DIRECT TO MIPPAA LIS-	Direct to MIPPAA LIS-MSP	State of Vermont Disabilities,
MSP	D' M 1 '1 Y Y''	Aging, and Independent Living
Direct to Mobile Low	Direct to Mobile Low Vision	State of Vermont Disabilities,
Vision		Aging, and Independent Living
Direct to Nat Fam Care	Direct to Admin on Aging National	State of Vermont Disabilities,
Supp	Family Care Supplemental III-E	Aging, and Independent Living
Direct to NATCEP	Direct to NATCEP (43260)	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to Nat'l Gov'r Ass'n	Direct to National Governor's	State of Vermont Disabilities,
	Association	Aging, and Independent Living
Direct to NSIP	Direct to NSIP Grant	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to Nurse Aid Testing	Direct to Nurse Aid Testing	State of Vermont Disabilities,
		Aging, and Independent Living
		1 - 5 - 15, and macpondent Living

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Direct to Name of House	Direct to Manaina Hama Diversion	State of Variant Dischilities
Direct to Nursing Home	Direct to Nursing Home Diversion	State of Vermont Disabilities,
Diversion Grant	Grant	Aging, and Independent Living
Direct to OASIS	Direct to OASIS	State of Vermont Disabilities,
D: O A GYG G	D' O A GYG . G	Aging, and Independent Living
Direct to OASIS Space	Direct to OASIS - Space	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to OASIS T	Direct to OASIS-Travel	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to Older AM	Total Cost to Older Americans Act	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to Refugee	Direct to Refugee Assistance	State of Vermont Disabilities,
	Program	Aging, and Independent Living
Direct to Rehab Training	Direct to Rehab Training Grant	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to Rehab Training	Direct to Rehab Training Voc Rehab	State of Vermont Disabilities,
Voc		Aging, and Independent Living
Direct to RSA System	Direct to RSA System Change Grant	State of Vermont Disabilities,
Change	,	Aging, and Independent Living
Direct to RU - Non VR	Direct to Reach Up Non-VR	State of Vermont Disabilities,
	1	Aging, and Independent Living
Direct to RU - Pilot	Direct to Reach Up Pilot	State of Vermont Disabilities,
	2 noor to round op r not	Aging, and Independent Living
DIRECT TO S&C	PU - Allocation to S&C XVIII, State	State of Vermont Disabilities,
Diffeet 10 sec	& XIX - Equip	Aging, and Independent Living
DIRECT TO S&C SNF &	PU - Allocation to S&C XVIII Non-	State of Vermont Disabilities,
NON-SNF	SNF & LTC XVIII SNF	Aging, and Independent Living
DIRECT TO S&C XVIII	PU - Allocation to S&C XVIII Non	State of Vermont Disabilities,
TRAVEL	SNF Travel	Aging, and Independent Living
Direct to SCHIP	Direct to SCHIP	State of Vermont Disabilities,
Direct to Serin	Direct to Serin	Aging, and Independent Living
Direct to SCSEP - Supp	Direct to SCSEP - Supplemental	State of Vermont Disabilities,
Direct to SCSEF - Supp	Direct to SCSEF - Supplemental	1
Dinast to Sanian Contan	Direct to Senior Center Grant	Aging, and Independent Living
Direct to Senior Center	Direct to Senior Center Grant	State of Vermont Disabilities,
Grant	D' G . E . M. 1 .	Aging, and Independent Living
Direct to Seniors Farmer	Direct to Seniors Farmers Market	State of Vermont Disabilities,
Market	D	Aging, and Independent Living
DIRECT TO SIMS GRANT	Direct to SIMS Grant	State of Vermont Disabilities,
		Aging, and Independent Living
DIRECT TO SOA	QU - Allocation to SOA	State of Vermont Disabilities,
INFRASTRUCTURE	Infrastructure Component	Aging, and Independent Living
Direct to SSBG - DDAS	Direct to SSBG - DDAS	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to State Health Ins.	Direct to State Health Insurance	State of Vermont Disabilities,
Plan	Program	Aging, and Independent Living
Direct to State Improvement	Direct to State Improvement Grant	State of Vermont Disabilities,
Grant	<u> </u>	Aging, and Independent Living
Direct to TBI Employment	Direct to TBI Employment Grant for	State of Vermont Disabilities,
Grant	Vets	Aging, and Independent Living
	1 2 44	1 6 6,

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Direct to TDI Diamina	Direct to TDI Diaming Creat	State of Vermont Disabilities
Direct to TBI Planning	Direct to TBI Planning Grant	State of Vermont Disabilities,
D' 44 TDI VEE 1	D' 44 VETDLE 1 21004	Aging, and Independent Living
Direct to TBI VT Fund	Direct to VT TBI Fund - 21994	State of Vermont Disabilities,
2: 2:1 11		Aging, and Independent Living
Direct to Title VI-C	Direct to Supported Employment -	State of Vermont Disabilities,
	Title VI-C	Aging, and Independent Living
Direct to UMASS	UMASS Progressive Employment	State of Vermont Disabilities,
Progressive Employment		Aging, and Independent Living
Direct to VDV AT Grant	Direct to VDV AT Grant	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to Vend	Direct to Vending & Other	State of Vermont Disabilities,
		Aging, and Independent Living
Direct to VR Quality	Direct to VR Quality Training Grant	State of Vermont Disabilities,
Training Grant	211000 to 111 Quantity Training Grant	Aging, and Independent Living
Direct to VR UMASS Bond	Direct to VR UMASS Bond	State of Vermont Disabilities,
Direct to VK CIVII ISS Boild	Direct to VK CWI ISS Bolid	Aging, and Independent Living
Direct to WIPAG	Direct to Work Incentives Planning	State of Vermont Disabilities,
Direct to WIFAG	& Assistance Grant	
D: AWW		Aging, and Independent Living
Direct WtW	Direct to Welfare-to-Work	State of Vermont Disabilities,
		Aging, and Independent Living
DS Salary	Total Salaries - Method M -	State of Vermont Disabilities,
	Percentage of Salary Dollars Directly	Aging, and Independent Living
	Charged (DS) (43030)	
Engineering	Total Salaries - Method H - Costs for	State of Vermont Disabilities,
	Bulidings/Programs Requiring	Aging, and Independent Living
	Inspections (Total Salary)	
Final	Not Applicable	State of Vermont Disabilities,
		Aging, and Independent Living
Global Commitment -	Direct to Global Commitment -	State of Vermont Disabilities,
CNOM	CNOM	Aging, and Independent Living
ICF/MR	PU - Allocation Between XIX, and	State of Vermont Disabilities,
	State for ICF/MRs	Aging, and Independent Living
ICF/MR TRAVEL	PU - Allocation Between XIX, and	State of Vermont Disabilities,
ICI/WIK TRAVEL	State for ICF/MRs - Travel	Aging, and Independent Living
Indirect - DBVI	Total Cost Allocation of Indirects for	
munect - DB v1		State of Vermont Disabilities,
I I' / DC	DBVI	Aging, and Independent Living
Indirect - DS	Total Cost Allocation of Indirects for	State of Vermont Disabilities,
	DS	Aging, and Independent Living
Indirect A1	Method A1-Salary Cost Allocation of	State of Vermont Disabilities,
	Indirect Costs to Divisions	Aging, and Independent Living
Indirect-ASD	Total Cost Allocation of Indirects for	State of Vermont Disabilities,
	ASD	Aging, and Independent Living
Indirect-DVR	Total Cost Allocation of Indirects for	State of Vermont Disabilities,
	DVR	Aging, and Independent Living
Indirect-L&P	Total Cost Allocation of Indirects for	State of Vermont Disabilities,
	L&P	Aging, and Independent Living
Medicaid and State Gen	PU - Allocation Between Medicaid	State of Vermont Disabilities,
1.12dicaid and batte Gen	and State General Fund for LTC 19	Aging, and Independent Living
	and State Ocheral Pully 101 LTC 19	1 15 mg, and muchendent Living

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Medicaid and State Gen - Travel	PU - Allocation Between Medicaid and State General Fund for LTC 19 - Travel	State of Vermont Disabilities, Aging, and Independent Living
Medicaid and State	PU - Allocation between Medicare Non-SNF, S&C State and GF Vermont for Subcontracts	State of Vermont Disabilities, Aging, and Independent Living
NATAC Admin	PU - Allocation Between XVIII and XIX Based on Certified and Participating Facilities (for NATAC Admin)	State of Vermont Disabilities, Aging, and Independent Living
Number of ACCS Beds	Method Q - Number of ACCS Beds Paid by Title XIX Billed by 15th/Total ACCS Beds on 15th	State of Vermont Disabilities, Aging, and Independent Living
Number of ACCS Beds Travel	Method Q - Number of ACCS Beds Paid by Title XIX Billed by 15th/Total ACCS Beds on 15th- Travel	State of Vermont Disabilities, Aging, and Independent Living
PASRR	Direct to PASRR	State of Vermont Disabilities, Aging, and Independent Living
Persons ASD	Method O - Persons Served in Quarter by ASD	State of Vermont Disabilities, Aging, and Independent Living
Persons Voc	Method D - Persons Served in Quarter by Voc Rehab	State of Vermont Disabilities, Aging, and Independent Living
Ratio ASD	Total Cost - Method A2 - Ratio of Total Direct Program Funds Expended in Quarter (ASD)	State of Vermont Disabilities, Aging, and Independent Living
Ratio BLIND	Total Cost - Method A2 - Ratio of Total Direct Program Funds Expended in Quarter (Blind and Visually Impaired)	State of Vermont Disabilities, Aging, and Independent Living
Ratio DS	Total Cost - Method A2 - Ratio of total direct program funds expended in quarter (DS)	State of Vermont Disabilities, Aging, and Independent Living
Ratio L&P	Total Cost - Method A2 - Ratio of Total Direct Program Funds Expended in Quarter (Licensing and Protection)	State of Vermont Disabilities, Aging, and Independent Living
Ratio VR	Method R - Ratio of Total Direct Program Funds Expended in Quarter by Regional Staff (Voc Rehab)	State of Vermont Disabilities, Aging, and Independent Living
Ratio VR 2	Total Cost - Method A2 - Ratio of Total Direct Program Funds Expended in Quarter (Voc Rehab)	State of Vermont Disabilities, Aging, and Independent Living
S&C Allocation fo MDS Supplies	PU - Allocation between LTC XVIII SNF, XIX SNF, State GF for MDS Supplies	State of Vermont Disabilities, Aging, and Independent Living

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S&C allocation for MDS Consultants	PU - Allocation between LTC XVIII SNF, XIX SNF, State GF for MDS Consultants	State of Vermont Disabilities, Aging, and Independent Living
S&C Allocation for MDS Equipment	PU - Allocation between LTC XVIII SNF, XIX SNF, State GF for MDS Equipment	State of Vermont Disabilities, Aging, and Independent Living
S&C Allocation for MDS Personal	PU - Allocation between LTC XVIII SNF, XIX SNF, State GF for MDS Personal	State of Vermont Disabilities, Aging, and Independent Living
S&C Allocation for MDS Subcontracts	PU - Allocation between LTC XVIII SNF, XIX SNF, State GF for MDS Subcontracts	State of Vermont Disabilities, Aging, and Independent Living
S&C Allocation for MDS Travel	PU - Allocation between LTC XVIII SNF, XIX SNF, State GF for MDS Travel	State of Vermont Disabilities, Aging, and Independent Living
Salary & Exp – Lic	Total Salaries - Method J - Salary & Expenses in Quarter - Licensure (Personal Services)	State of Vermont Disabilities, Aging, and Independent Living
Salary & Exp - Lic (T)	Total Costs - in Quarter - Licensure (Travel)	State of Vermont Disabilities, Aging, and Independent Living
Salary & Exp - Lic Dir	Total Salaries - Method I - Salary & Expenses in Quarter - Director of Division of Licensing and Protection (Personal Services)	State of Vermont Disabilities, Aging, and Independent Living
Salary & Exp - Lic Dir (T)	Total Costs in Quarter - Director of Division of Licensing and Protection (Travel)	State of Vermont Disabilities, Aging, and Independent Living
Salary & Exp - Lic Dir Vac	Total Salaries - Method K - Salary & Expenses in Quarter - Long Term Care Vacations, Training, and Other Time	State of Vermont Disabilities, Aging, and Independent Living
Survey & Cert	PU - Allocation Between XVIII, XIX, and State Based on Homes Certification Surveys and Certifications Procedures (for Nursing Homes)	State of Vermont Disabilities, Aging, and Independent Living
Survey & Cert (MDS) T	PU - Allocation Between XVIII, XIX, and State Based on Homes Certification Surveys and Certifications Procedures (MDS) - Travel	State of Vermont Disabilities, Aging, and Independent Living
Survey & Cert T	PU - Allocation Between XVIII, XIX, and State Based on Homes Certification Surveys and Certifications Procedures (for Nursing Homes) – Travel	State of Vermont Disabilities, Aging, and Independent Living

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.

Survey & Cert. (MDS)	PU - Allocation Between XVIII,	State of Vermont Disabilities,
	XIX, and State Based on Homes	Aging, and Independent Living
	Certification Surveys and	
	Certifications Procedures (MDS)	

<sup>\*</sup> With the October 1, 2005 implementation, of the Global Commitment to Health 1115 Waiver, all administrative costs allocated to the Global Commitment Waiver are now claimed at the program rate and reported on line 49 of the CMS-64. Those Program Codes with the asterisk are affected by Global Commitment. The Global Commitment Waiver was renewed on January 1, 2015.