



State of Vermont

AGENCY OF HUMAN SERVICES

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

September 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 July 1, 2016, with required certifications.

This cost allocation plan (CAP) amendment has one organizational change effective 7/1/16. The responsibility for the financial and programmatic oversight and management for Health Care Eligibility and Long Term Care determinations has been moved from the Department for Children and Families to the Department of Vermont Health Access. You will see this change reflected in the Department narratives as well as the RMTS procedure.

Additionally, we continue our efforts to improve our narrative format, content and design to provide more efficient and effective presentation to our federal partners. Included in this quarter submission are the description of the various statistical methods used in the department plans.

Please contact Jill Gould at (802)-241-0442 or [Jill.Gould@Vermont.gov](mailto:Jill.Gould@Vermont.gov) if you have any questions.

Sincerely,

Hal Cohen  
Secretary  
Agency of Human Services

cc: AHS Department Financial and CAP staff



State of Vermont Agency of Human Services

Cost Allocation Plan

Effective as of July 1, 2016

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## 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

September 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.

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

September 30, 2016  
Date of Execution

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

Program Code	Program Name	Description	Allocation Method
37994	SIM YR 3 Testing – Financial Manager	Financial staff position assigned directly to the SIM Grant	Direct to SIM Grant
37999	SIM YR 3 Testing – Staff	Non-IT Salary and Operating costs related to the SIM Grant	Direct to SIM Grant

**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 <del>GC-MCO Investment MCO-211 Contract</del>

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

Program Code	Program Name	Description	Allocation Method
<del>37701*</del>	<del>EBCP Contracts w/o 90/10</del>	<del>Contractual Costs associated with the Enterprise Business Capability Platform</del>	<del>Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD</del>

\* 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.

37095	DMH Business Administrator	Costs associated with DMH Specific Work	Direct to DMH
37195	Waterbury Change Management	Costs associated with Waterbury Change Management	Direct to Waterbury Change Management
37470	Rental Expenses—Middlebury	Janitorial Rental Expenses for Middlebury Offices	Direct to Administrative Funds
37705	EBCP Contracts Level 2	Contractual Costs associated with the Enterprise Business Capability Platform	Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD
41607	VHC/MAGI—E&E—Staff	Staff work related to Health Enterprise Eligibility and Enrollment system, DDI via VHC SI	Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD
41612	EBCP Staff L2	Staff expenses associated with the Enterprise Business Capability Platform	Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD
41701	Exchange Level 2 IT Staff and Operating	IT Salary and Operating costs related to the Level 2 OCHO 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 OCHO Exchange Grant	Direct to Exchange Level 2 (100%)

\* 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 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
41648	Children's Health Insurance Program (CHIP) Audit Fees	Cost of audit fees related to the CHIP.	Direct to CHIP - Admin
40007	Canaday Grant (awarded via Stern Center)	Cost of temporary staff covering the duties of a Behavioral Interventionist for the Woodside facility.	Direct to Canaday Grant
40001*	Location Costs – Barre District Office	This code is used for location costs, such as land, building and/or rental fees, at the Barre District Office.	Quarterly employee count across Barre district office staff.
40002*	Location Costs – St. Albans District Office	This code is used for location costs, such as land, building and/or rental fees, at the St. Albans District Office.	Quarterly employee count across St. Albans district office staff.
40003*	Location Costs – Burlington District Office	This code is used for location costs, such as land, building and/or rental fees, at the Burlington District Office.	Quarterly employee count across Burlington district office staff.
40004*	Location Costs – Rutland District Office	This code is used for location costs, such as land, building and/or rental fees, at the Rutland District Office.	Quarterly employee count across Rutland district office staff.
40005*	Location Costs – Springfield District Office	This code is used for location costs, such as land, building and/or rental fees, at the Springfield District Office.	Quarterly employee count across Springfield district office staff.
40006*	Location Costs – Morrisville District Office	This code is used for location costs, such as land, building and/or rental fees, at the Morrisville District Office.	Quarterly employee count across Morrisville district office staff.

\* 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.



40530.773 (Effective 4/1/16)	Child Care Subsidy March 2016 Adjustment	Child care subsidy payments made on behalf of IV-E eligible foster children	Direct to Title IV-E Child Development
40530.803 (Effective 4/1/16)	Child Care Subsidy - Adoption	Child care subsidy payments made on behalf of adopted IV-E eligible children	Direct to Title IV-E Adoption Assistance
41534	Home Heating Subsidies – State Portion of Supplemental Fuel Benefits	This code is used for supplemental fuel benefits funded by the State	Direct to State Fund
41535	Home Heating Subsidies – State Portion of Emergency Fuel Benefits	This code is used for emergency fuel benefits funded by the State	Direct to State Fund
37988	YR 2 SIM Testing – Contracts	Contracts approved by CMS using YR 2 testing and approved carryover identified subcontract funds.	Direct to SIM Grant
37989	YR 3 SIM Testing - Contracts	Contracts approved by CMS using YR 3 testing and approved carryover identified subcontract funds.	Direct to SIM Grant
41318	SNAP E&T Non Duals	This code is used for costs associated with the provision of program activities and case management to ABAWD participants.	Direct to SNAP E&T Non Duals
41779*	VHC Operations Staff	Cost associated with VHC Maintenance and Operations related staff and operating expenses	Quarterly VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP

\* 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.

41280	Reach Up Case Management & Reach Up E&T General Admin	This code is used for staff salaries and operating costs associated with District office self-support 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.	<del>Total salaries across RU Case Manager District staff (not including fringe)</del> ESD Reach Up Case Count Excluding Child, Federal Deferred and Sanctioned (TANF & State Fund)
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.	<del>Total salaries across RU Case Manager District staff (not including fringe)</del> ESD Reach Up Case Count Excluding Child, Federal Deferred and Sanctioned (TANF & State Fund)
41310	RU - Employment Training	Provision of program activities and case management to Reach Up participants.	ESD Reach Up <del>E&amp;T</del> Case Count <del>Excluding</del> Child, Federal Deferred and Sanctioned (TANF & State Fund)
41311.108	RU - Employment Training - (E&T) 100%	Provision of program activities and case management to Reach Up participants. Not matched.	ESD Reach Up <del>E&amp;T</del> Case Count <del>Excluding</del> Child, Federal Deferred and Sanctioned (TANF & State Fund)
41311.201	RU - Employment Training - (E&T) 100%	This code is used for staff salaries and operating costs associated with the provision of program activities and case management to Reach Up participants.	ESD Reach Up <del>E&amp;T</del> Case Count <del>Excluding</del> Child, Federal Deferred and Sanctioned (TANF & State Fund)

\* 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.

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 <del>E&amp;T</del> Case Count <del>Excluding Child, Federal Deferred and Sanctioned (TANF &amp; State Fund)</del> (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 <del>E&amp;T</del> Case Count <del>Excluding Child, Federal Deferred and Sanctioned (TANF &amp; State Fund)</del>

**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
41200*	Economic Services District Directors and Support Staff IT Purchases	Hardware/software purchases for ESD district offices. The District Director and Staff manage the office and provide administrative support and supervision to the field staff.	Total Salaries Across Field Staff (within Economic Services, not including fringe)
41260*	Business Office IT Purchases	Hardware/software purchases for the DCF Business Office, which manages all fiscal activities, and supports all operating and programmatic functions for the Department.	Total Salaries Across All DCF Staff (not including fringe)
44100	OEO Administration IT Purchases	Hardware/software purchases for OEO Administrative Office, which oversees all OEO functions and provides supervision to office staff.	Direct to State Fund

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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/MES-DDI (90%)
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**Category 6** – Updates in narrative wording only with no change in actual allocation method.

Program Code	Program Code Name	Description	Allocation Method
41293*	Legal Division Administrative Staff <del>for Economic Services Division</del>	This code is used for staff salaries and operating costs associated with administrative staff.	Quarterly Results of the Legal Time Study
41295*	Assistant Attorney General (AAG) Legal Division <del>for Economic Services</del>	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
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.	Economic Services Case Count Across Reach Up (TANF and State Fund)
40555	Child Development - SSBG	<del>Child Care Subsidy – Family Support Direct payments to foster parents and group homes.</del>	Direct to SSBG

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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 ( <b>GC-MCO Investment</b> ) – 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 <b>GC-MCO Investment</b> – Lamoille Valley Community Justice Project
40702	<b>GC-MCO Investment</b> Medical Sub Care	Costs directly associated with sub care treatment	Direct to <b>GC-MCO Investment</b> – Residential Care for Youth/Substitute Care
40710	GC Performance Contracts	Cost associated with Abusive Head Trauma Prevention-performance contracts	Direct to <b>GC-MCO Investment</b> - Prevent Child Abuse Vermont: Abusive Head Trauma Prevention
40703	<b>GC-MCO Investments</b> Lund Residential	MCO costs related to Lund residential services	Direct to <b>GC-MCO Investment</b> – MCO Lund Home
41501*	State Supplement Program – AABD-EP-Supplemental Security Income (SSI)	This code is used for AABD-Essential Persons-SSI payments .	Direct to <b>GC-MCO Investment</b> – Essential Person Program
41502.205*	State Supplemental Program – AABD CCL Level 3	This code is used for AABD – State Supplement benefits – SSI payments.	Direct to <b>GC-MCO Investment</b> - 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 <b>GC-MCO Investment</b> -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 <b>GC-MCO Investment</b> -AABD RES Level 4
41722	GA/GA Dental	This code is used for the direct costs related to providing Emergency Assistance.	Direct to <b>GC-MCO Investment</b> – General Assistance (GA) Medical Expenses
41726	GA Pharmacy	This code is used for the direct costs related to providing Emergency Assistance.	Direct to <b>GC-MCO Investment</b> - GA Medical Expenses

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41728	GA Vision/Physician	This code is used for the direct costs related to providing Emergency Assistance.	Direct to <b>GC-MCO Investment</b> – GA Medical Expenses
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 to <b>GC-MCO Investment</b> – Challenges for Change: DCF
37540	Building Bright Futures Direct Services (formerly Success by Six Program)	Costs for direct services to Building Bright Futures Program	<b>GC-MCO Investment</b> Criteria Percentage and General Fund
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.	Direct to <b>GC-MCO Investment</b> – Strengthening Families
40708	Children’s Integrated Services (CIS) Early Intervention (EI)	To support the work of CIS EI	Direct to <b>GC-MCO Investment</b> – CIS EI
40713	Therapeutic Child Care - Bonus	Rate differential paid for children with special needs to providers with special training.	Direct to <b>GC-MCO Investment</b> - Therapeutic Child Care

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

Program Code	Program Code Name	Description	Allocation Method
<del>37708</del>	<del>VHC/MAGI – E&amp;E – Staff</del>	<del>This code is used for staff work related to Health Enterprise Eligibility and Enrollment DDI via VHC SI.</del>	<del>Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD – E&amp;E/VIEWS DDI (90%) &amp; Exchange Level IC (100%)</del>
<del>41640</del>	<del>International Classification of Diseases (ICD-10) Staff Costs</del>	<del>This code is used for staff salaries and operating costs associated with the ICD-10 planning.</del>	<del>Direct to ICD-10 IAPD 90/10</del>

\* 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.

41151*	<del>ESD Health Care Administration Moved from DCF to DVHA</del>	<del>This code is used for staff salaries and operating costs associated with training and operating staff. The benefitting programs are State funds, GC admin, and CHIP admin</del>	<del>Quarterly Results of HAEU RMTS</del>
40065*	<del>Residential Licensing and Special Investigations Unit</del>	<del>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.</del>	<del>Quarterly Count of Eligible Cases Across Title IV E &amp; , Global Commitment, &amp; State Fund</del>
39725	<del>Women, Infants, and Children (WIC) General Administration</del>	<del>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 related charges are coded here.</del>	<del>Direct to WIC General Admin</del>
41150*	<del>Health Care Eligibility Moved from DCF to DVHA</del>	<del>This code is used for Health Access Eligibility Unit (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 admin, and CHIP admin</del>	<del>Quarterly Results of HAEU RMTS</del>

\* 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.

41152*	<del>Health Access Eligibility Unit (HAEU) Supervisors &amp; Admin Staff Moved from DCF to DVHA</del>	<del>This code is used for staff salaries and operating costs 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</del>	<del>Quarterly Results of HAEU RMTS</del>
41639	<del>ICD-10 Contractual Costs</del>	<del>Contractor expenses associated with the ICD-10 planning are coded here.</del>	<del>Direct to ICD-10 IAPD 90/10</del>
41211.103*	<del>CCFAP Eligibility Determinations, Outreach, and Operational Support for Economic Services</del>	<del>Personal services and operating expenses for CDD-CCFAP eligibility determination functions, outreach, and support to ensure that Vermonters with child care are aware of all the Economic Services programs that they are eligible for.</del>	<del>Total Salaries Across Economic Services (including field services, not including fringe)</del>
41166*	<del>Quality Assurance Health Specialist</del>	<del>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 sample cases to ensure actions are valid, analyzing delivery and payment system for potential problems and recommending improvements.</del>	<del>Actual Cases Reviewed by Quarter for CHIP &amp; GC</del>

\* 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.



41281	Reach Up E&T	This code is used for staff salaries and operating costs associated with District office self-support personnel for Employment and Training programs. Reach Up Case Managers provide support services, counseling and job search assistance to clients seeking employment opportunities.	Total E&T salaries across RU Case Manager District staff (not including fringe)
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 (not including fringe)

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

Program Code	Program Code Name	Description	Allocation Method
43976	VT Coordinated Legal Assistance for Seniors	Federal award to help assist Seniors with legal advice.	Direct to VT Coordinated Legal Assistance for Seniors

\* 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 Vermont Health Access (DVHA)

**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
37989	SIM YR 3 Testing-Contracts	Contracts approved by CMS using YR 3 Testing and approved Carryover identified subcontract Funds	Direct to SIM Grant
37999	SIM YR 3 Testing-Staff	Direct Staff and operating costs that are related to SIMS activities for YR 3 Testing Activities and approved Carryover Activities are coded here	Direct to SIM Grant
41141	Health Access Eligibility Unit Long Term Care Eligibility	Processes member applications and determines eligibility for Long Term Care coverage	Direct to Global Commitment Admin
41150	Health Access Eligibility Unit	Processes member applications and determines eligibility for Health Care Programs	Per RMTS enhanced OAPD statistic
41151	DVHA Health Care Admin	Support Health Access Eligibility Unit	Per RMTS OAPD statistic
41152	Health Access Eligibility Unit Supervisors	Oversee processing of member applications and eligibility determinations. Support Health Access Eligibility Unit staff	Per RMTS enhanced OAPD statistic
41781	Provider 6028 IAPD Staff	Staff costs associated with the introduction of new processes or modification of existing MMIS software to eliminate gaps between current Vermont procedures under ACA Rule 6028 and the MMIS system	Per approved Provider Enrollment IAPD

\* 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.

41782	Provider 6028 IAPD Contracts	Contractual costs associated with the introduction of new processes or modification of existing MMIS software to eliminate gaps between current Vermont procedures under ACA Rule 6028 and the MMIS system	Per approved Provider Enrollment IAPD
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**Category 6** – Updates in narrative wording only with no change in actual allocation method.

37702	Exchange Level 1C IT Contract	IT Consulting and contractual costs related to the Level 1c CCIIO Exchange Grant	Direct to Exchange Level 1C (100%)
37716	IE HC 90/10 Contracts	Contractual Expenses related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS-E&E/VIEWS DDI (90% <del>40</del> )
37717	IE HC 90/10 Staff	Staff work related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS-E&E/VIEWS DDI (90% <del>40</del> )
37727	EBCP Contracts L1C	Contractual Costs associated with the Enterprise Business Capability Platform	<del>Per Approved EBCP IAPD</del> Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD - E&E/VIEWS DDI (90%) & Exchange Level 1C (100%)
37728	Exchange Level 1C – IT <del>s</del> Staff and <del>e</del> Operating	Cost associated with Exchange Level 1C related IT staff and operating expenses	Direct to Exchange Level 1C (100%)
37729	EBCP Staff L1C	Staff Expenses associated with the Enterprise Business Capability Platform	<del>Per Approved EBCP IAPD</del> Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD - E&E/VIEWS DDI (90%) & Exchange Level 1C (100%)

\* 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.

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
39374	Breast & Cervical Cancer Admin	Direct Salary and Fringe for one FTE performing duties funded by a VDH grant	Direct to State Only Admin
41470	State Only Expenses	Administrative expenses for "State Only" programs	Direct to State Funds Only Admin
41482	Program Improvement	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	Total Hours Across All Other Program Codes
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 Other Program Codes
41488*	Pharmacy Unit	Implements and manages the pharmacy benefits for Medicaid and the VHAP, VHAP Pharmacy, VScript, VScript Expanded, Medicare Part D and VPharm plans. Ensures that the State's pharmacy benefit plans are implemented and administered appropriately	Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP and other benefiting Programs.

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		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.	
41497*	Administrative Services	Responsible for fiscal and operational activities, including budget items, AR, AP, payroll and expenses, contract and grant monitoring, federal reporting, cost allocation and overall human resources and building maintenance.	Total Hours Across All <b>Other</b> Program Codes
41613	MMIS-DDI Contracts	Contractual Expenses related to Health Enterprise MES DDI and IV&V	Direct to CMS-MMIS/MES – DDI <b>(90%)</b>
41614	ICD-10 Data Storage	Contractor expenses - associated with the ICD-10 planning	Direct to ICD-10 IAPD <b>(90%)</b>
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 <del>E</del> ligible 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 <del>E</del> ligible for Medicaid to GC Admin remainder to MCO.
41628*	Blueprint – Partnerships	Costs associated with Contractual and grant	Bi-Annual % of State population <del>E</del> ligible for Medicaid to GC Admin remainder to MCO.

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41637	MAPIR – State Customization – Contractual Costs	Contractor expenses – State Customization – contract associated with the Medical Assistance Provider Incentive Repository Program–	Direct to CMS-MMIS/MES – DDI (90%)
41639	ICD-10 – Contractual Costs	Contractor expenses – associated with the ICD-10 planning and Implementation	Direct to ICD-10 IAPD (90%)
41640	ICD-10 – Staff Costs	Work associated with the ICD-10 planning and Implementation	Direct to ICD-10 IAPD (90%)
41642	MMIS – DDI Staff	Staff work related to the development of the MMIS	Direct to CMS-MMIS/MES – DDI (90%)
41692*	HCR/HIT – Contracts	Compuware, Bi-state and any other “non-base” HCR expense	Bi-Annual % of State population <del>E</del> eligible for Medicaid to GC Admin remainder to MCO. Staff in this Program code also direct-code time as appropriate to other Program codes.
41693	HIT: Implementation and Operation- Staff	Staff Expenses related to Health Enterprise HIT, HIE, EHR, and Public Health Development and Implementation	Direct to CMS-HIT IAPD (90%)
41694	HIT: Implementation and Operation- Contractors	Contractual Costs related to Health Enterprise HIT HIE, EHR, and Public Health Development and Implementation	Direct to CMS-HIT IAPD (90%)
41698*	Substance Abuse Initiative	Expenses associated with the execution of substance abuse targeted programs including the “Team Care” and the “Hub and Spoke” models.	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs
41761	HSE Infrastructure Staff w/ Level 1C	Staff Expenses related to Health Enterprise shared component design and development	Per Negotiated PMO allocation of HSE sources
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 (100%)

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41764	Exchange Level 1C non-IT Contract	Non-IT Consulting and contractual costs related to the Level 1c CCIIO Exchange Grant	Direct to Exchange Level 1C (100%)
41773	CAQH ACA IAPD Contract	Cost associated with Vermont CAQH (Committee for Affordable Quality Healthcare) Core Operating Rules project related contract and consulting expenses	Direct to ACA CAQH Grant (90%)
41774	TMSIS Staff	Cost associated with TMSIS project related staff and operating expenses	Direct to T-MSIS grant (90%)
41775	TMSIS Contract	Cost associated TMSIS project related contract and consulting expenses	Direct to T-MSIS grant (90%)
41780	VHC eEligibility – (OAPD) eContracts	Cost associated with hosting, security, and maintenance & operations of VHC Medicaid eligibility related contract expenses, eligible for 75% match	Quarterly VHC Enrollment for Medicaid Enhanced FMAP, CHIP, Designated State Health Programs (DSHP) and QHP
41470	State Only Expenses	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to State Funds General Fund
41601	Medicaid	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Total Costs Across Global Commitment, Other Benefiting Programs (41601.115) (.116) GC - 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 - Program
41605	State-Only Pharmacy	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to State Funds General Fund
41610	HIV/INS	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to Global Commitment – MCO Investments – HIV Drug Coverage

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41620	Refugee Program	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to <del>RMA grant</del> <b>Refugee Medical Assistance - Program</b>
41643	Vermont Premium Assistance	Premium Assistance payments made on behalf of eligible members enrolled in a Qualified Health Plan	Direct to <del>GC</del> <b>Global Commitment Program</b> or Direct to <del>State</del> <b>General Funds</b> , Based on validation of remittance to carrier
41644	Cost Sharing reduction	Payments made on behalf of eligible members enrolled in a Qualified Health Plan, to assist with out of pocket medical costs	Direct to <del>State Funds</del> <b>General Fund</b>
41645	DSH	Medicaid Disproportionate Share Hospital Payments	Direct to DSH <del>Medicaid Allotment</del>
46405	Medicare Clawback	Per person per month payments made to CMS for Part D beneficiaries	Direct to <del>State Funds</del> <b>General Fund</b>

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

<del>37531</del>	<del>Refugee Administration</del>	<del>Costs associated with the administration of the Refugee program.</del>	<del>Direct to RMA Grant</del>
<del>37701*</del>	<del>EBCP Contracts L1C</del>	<del>Contractual Costs associated with the Enterprise Business Capability Platform</del>	<del>Per Approved EBCP IAPD</del>
<del>37703</del>	<del>VHC Open Enrollment</del>	<del>Staff work related to VHC Open Enrollment</del>	<del>Direct to IDT</del>
<del>37705</del>	<del>EBCP Contracts L2</del>	<del>Contractual Costs associated with the Enterprise Business Capability Platform</del>	<del>Per Approved EBCP IAPD</del>
<del>37711</del>	<del>Dual Eligible Program</del>	<del>Costs associated with dual eligible program</del>	<del>Direct to Duals Grant</del>
<del>37990</del>	<del>SIM YR 1 Testing Contracts</del>	<del>Contracts approved by CMS using YR 1 Testing and approved Carryover identified subcontract Funds</del>	<del>Direct to SIM Grant</del>
<del>37991</del>	<del>SIM YR 1 Testing Staff</del>	<del>Direct Staff and operating costs that are related to SIMS activities for Testing Activities and approved Carryover Activities</del>	<del>Direct to SIM Grant</del>

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41495*	Policy and Reporting	Represents DVHA in a variety of venues and 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.	Total Hours Across All Program Codes
41607	VHC/MAGI E&E Staff	Staff work related to Health Enterprise Eligibility and Enrollment DDI and IV&V	Per Approved E&E IAPD
41609	VHC/MAGI E&E Contracts	Contractual Expenses related to Health Enterprise Eligibility and Enrollment DDI and IV&V	Per Approved E&E IAPD
41612	EBCP Staff L2	Staff Expenses associated with the Enterprise Business Capability Platform	Per Approved EBCP IAPD
41617	ONC HIT 3013	Costs Associated with Vermont State HIT/HIE Program and eHealth Initiative	Per approved Health Enterprise IAPD
41701	Exchange Level 2—IT Staff and Operating	Cost associated with Exchange Level 2 related IT staff and operating expenses	Direct to Exchange Level 2
41704	Exchange Level 2—non-IT Staff and Operating	Cost associated with Exchange Level 2 related non-IT staff and operating expenses	Direct to Exchange Level 2

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41705	Exchange Level 2—IT Contractual	Cost associated with IT related Exchange Level 2 contracting and consulting expenses	Direct to Exchange Level 2
41706	Exchange Level 2—non-IT Contractual	Cost associated with non-IT Exchange Level 2 related contract and consulting expense	Direct to Exchange Level 2
41762	VHC/MAGI E&E-Cont_IC	Contractual Expenses related to Health Enterprise Eligibility and Enrollment DDI and IV&V	Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD—E&E/VIEWS DDI (90%) & Exchange Level IC (100%)
41765	Adult Medicaid Quality Grant Level 1 Staff	Costs associated with AMQ Level 1 related to staff expense	Direct to AMQ Grant
41766	Adult Medicaid Quality Grant Level 1 Contractual	Costs associated with AMQ Level 1 related to Contractual expense	Direct to AMQ Grant
41768	Exchange I Level 1b Non-IT Staff and Operating	Non-IT Salary and Operating costs related to the Level 1b CCHO Exchange Grant	Direct to Exchange Level 1B
41769*	Navigator—State	Non-IT Navigator grant costs related to the Level 1b CCHO Exchange Grant	Direct to Exchange Level 1B-NOA
41770*	Navigator—Allocated	Non-IT In-Person Assistor grant costs related to the Level 1b CCHO Exchange Grant	Quarterly enrollment for QHP and Medicaid Per Pending EBCP IAPD
41772	CAQH ACA IAPD Staff	Cost associated with Vermont CAQH (Committee for Affordable Quality Healthcare) Core Operating Rules project related staff and operating expenses	Direct to ACA CAQH Grant
41603	Civil Union	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to Global Commitment MCO Investments

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41646	Adult Medicaid Quality Grant Level 1 PIP	Adult Measures Grant performance improvement project	Direct to AMQ Grant
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## Vermont Department of Health (VDH)

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

Program Code	Program Name	Description	Allocation Method
39527	FINI SNAP Incentive	All costs of those activities and staff associated with the Food Insecurity Nutrition Incentive grant.	Direct to FINI SNAP Incentive
39142	BRACE Climate Change	All costs of those activities and staff associated with the Building Resilience Against Climate Change grant from the CDC.	Direct to BRACE Climate Change

**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
37999	SIM YR 3 Testing – Staff	Direct Staff and operating costs that are related to SIMS activities for YR 3 testing	Per Approved SIM NOA
39270	PH Emergency Response	All costs associated with activities in response to public health emergency events or exercises.	Direct to ELC Ebola Supplement
39232*	Medicaid Vaccines for Adults	Costs associated with providing vaccines to Medicaid eligible Adults	Direct to Global Commitment Program
39231*	Vermont Vaccine Purchasing Program	All costs associated with Providing vaccines for all Vermonters	<del>Allocated to Global Commitment Investment and</del> Direct to Vermont Vaccine Purchasing Program based on Medicaid Eligibility Rate for Adults
39471	Laboratory – Radiological, Vermont Yankee	Costs and activities associated with Vermont Yankee surveillance.	<del>Direct to Laboratory – Radiological, Vermont Yankee</del> Direct to VRERP

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39215	Tritium Leak 2010	All costs associated with the investigation of elevated tritium levels from Vermont Yankee	<del>Direct to Tritium Leak 2010-Direct to VRERP</del>
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**Category 7** – Deleted program. Program has expired or been terminated.

Program Code	Program Name	Description	Allocation Method
<del>37703</del>	<del>VHC Open Enrollment- Non IT Staff</del>	<del>Direct state staff expenses related to “volunteer” VHC Open Enrollment efforts—not associated with VHC DDI or otherwise funded first year operations.</del>	<del>Direct to VHC Open Enrollment—Non IT Staff.</del>
<del>37991</del>	<del>State Innovation Model (SIM or VHCIP)</del>	<del>Direct Staff and operational costs associated with SIM Project—testing years</del>	<del>Per Approved SIM NOA</del>
<del>37998</del>	<del>SIM YR 2 Testing</del>	<del>Direct Staff and operating costs that are related to SIMS activities for YR 2 Testing activities and approved carryover activities</del>	<del>Per Approved SIM NOA</del>
<del>39041*</del>	<del>Federally Qualified Health Center and Look Alike Funding</del>	<del>Payments associated with legislative funding for Federally Qualified Health Centers (FQHC) or for Federally Qualified Health Center look-alikes.</del>	<del>Direct to Global Commitment Investment.</del>
<del>39531*</del>	<del>CHAMPPS (Coordinated Healthy Activity, Motivation, and Prevention Programs)</del>	<del>Grants payments to community organizations to support the Coordinated Healthy Activity, Motivation and Prevention Programs (CHAMPPS)</del>	<del>Direct to Global Commitment Investment.</del>
<del>41704*</del>	<del>Exchange Level 2 non IT Staff</del>	<del>Non IT Salary and Operating costs related to the Level 2 OCHO Exchange Grant</del>	<del>Direct to Exchange Level 2</del>
<del>39871</del>	<del>State Epidemiological Outcomes Workgroup (SEOW) Program</del>	<del>All Costs associated with staffing and operating expenses for the State Epidemiological Outcomes Workgroup (SEOW) Program</del>	<del>Direct to State Epidemiological Outcomes Workgroup (SEOW) Program</del>

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39875	<del>Needs Assessment—Treatment</del>	<del>Staff time, contractual payments and all other costs associated with implementing the needs assessment contract for Treatment contract with began 9/26/97.</del>	<del>Direct to Needs Assessment Contract</del>
39876	<del>Needs Assessment—Prevention</del>	<del>Staff time, contractual payments and all other costs associated with implementing the needs assessment contract for Prevention contract.</del>	<del>Direct to Needs Assessment Contract</del>

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## Department of Mental Health (DMH)

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

<b>Program Code</b>	<b>Program Name</b>	<b>Description</b>	<b>Allocation Method</b>
2000.3*	MTCR Revenue	Client Billings and Other Revenues	Direct to Community Rehab and Treatment (CRT <del>Investment</del> Program and MCO 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 ( <del>Investment</del> CRT Program and MCO Investment)
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 ( <del>Investment</del> CRT Program and MCO Investment)
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 <del>Investment</del> Program and MCO Investment)

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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 <del>Investment</del> Program and MCO 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 Program and MCO Investment)
42769*	<del>Recovery Housing</del> Emergency Supports	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 – <del>MCO Investment</del> (CRT Program and MCO Investment)
42784*	CRT Housing Subsidies	Costs for housing subsidies as part of a comprehensive treatment plan.	Direct to Community Rehab and Treatment (CRT <del>Investment</del> Program and MCO Investment)

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42916*	CRT Secure Residential Recovery	Staff Time and Operating Costs associated with running the Secure Residential Recovery Facility	Direct to Community Rehab and Treatment (CRT Program and MCO Investment)
42647*	Brattleboro Retreat – CR	Costs associated with CRT Billings at Brattleboro	Direct to Community Rehab and Treatment (CRT Program and MCO Investment)
42650*	Brattleboro Retreat – M	Costs associated with CRT Medicaid billings at Brattleboro Retreat	Direct to (CRT <del>Global</del> Commitment (program and MCO Investment))

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### III. AMENDMENT TABLE

DCA Code		Quarter Ending	Status	App Letter Date
0540	16-4	06/30/16	Pending	
0540	16-3	03/30/16	Pending	
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

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0540	55	9/30/2006	Approved	8/13/2007
0540	54	6/30/2006	Approved	7/18/2007
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

\* 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™; 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™ 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™ 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™, 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.

\* 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
AABD.....	Aid to the Aged, Blind, & Disabled
AAG.....	Assistant Attorney General
ABLES.....	Adult Blood Lead Epidemiology Surveillance
ABAWD.....	Able-Bodied Adults without Dependents
ABD.....	Aged, Blind and Disabled
ACA.....	Affordable Care Act
ACCESS.....	The computer software system used by DCF and DVHA to track program eligibility information as well as economic services and child support activity
ACCS.....	Assistive Community Care Services
ACF.....	Administration for Children & Families
ADAP.....	Alcohol and Drug Abuse Programs
ADRC.....	Aging and Disability Resource Center Program
ADO.....	St. Albans District Office
ADPC.....	Application Document Processing Center
AHC.....	Arbour Health Care
AHCPR.....	Agency for Health Care Policy & Research
AHECs.....	Area Health Education Center
AHERA.....	Asbestos Hazard Emergency Response Act
AHS.....	Agency of Human Services
AHSCO.....	Agency of Human Services Central Office
AIDS.....	Acquired Immunodeficiency Syndrome
ALF.....	American Legacy Foundation
AMAP.....	Aids Medication Assistance Program
AoA.....	Agency of Administration
AoA.....	Administration on Aging
APD.....	Advance Planning Document
ARRA.....	American Recovery and Reinvestment Act
ASD.....	Adult Services Division
ASP.....	Attendant Services Program
AT.....	Assistive Technology
BDO.....	Burlington District Office
BFIS.....	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
BRACE.....	Building Resilience Against Climate Change Effects in VT
C4C.....	Challenges For Change
CAP.....	Cost Allocation Plan
CAPTA.....	Child Abuse Prevention and Treatment Act
CAQH.....	Committee for Affordable Quality Healthcare
CBCAP.....	Community Based Child Abuse Prevention
CC.....	Care Coordination
CCDF.....	Child Care Development Fund
CCFAP.....	Child Care Financial Assistance Program

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CCIO .....	Center for Consumer Information and Insurance Oversight
CCMP .....	Chronic Care Management Program
CDC .....	Centers for Disease Control and Prevention
CDD .....	Child Development Division
CECH.....	Clinicians Enhancing Child Health
CFC.....	Choices for Care
CFDA.....	Catalog of Federal Domestic Assistance
CFR.....	Code of Federal Regulations
CHAMPPS.....	Coordinated Healthy Activity, Motivation, and Prevention Programs
CHIP .....	Children's Health Insurance Program
CIS .....	Children's Integrated Services
CIT .....	Central Information Technology
CM .....	Case Management
CMHI.....	Child Mental Health Initiative
CME.....	Continuing Medical Education
CMS.....	Centers for Medicare & Medicaid Services (formerly HCFA)
CNCS.....	Corporation for National and Community Service
CPU .....	Central Processing Unit
CRASH.....	Drinking Driver Rehabilitation Program
CRI.....	Cities Readiness Initiative
CRT .....	Community Rehabilitation & Treatment
CSBG.....	Community Services Block Grant
CSHN.....	Children with Special Health Needs
CSRE .....	Comprehensive Systems Reform Effort
CSTE .....	Council of State and Territorial Epidemiologist
CVPS .....	Central Vermont Power Systems
DAs.....	Designated Agencies
DAIL.....	Department of Disabilities, Aging and Independent Living
DBA.....	Database Administrator
DBVI .....	Division for the Blind and Visually Impaired
DCF.....	Department for Children and Families
DD .....	Disability Determination
DDC.....	Developmental Disabilities Council
DDI.....	Design, Development & Implementation
DDS .....	Disability Determination Services
DDS .....	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
DOE .....	Department of Energy
DOH.....	Department of Health
DPS.....	Department of Public Safety
DS .....	Developmental Services

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DSH .....	Disproportionate Share Hospital
<b>DSHP.....</b>	<b>Designated State Health Programs</b>
DUALS .....	State Demonstrations to Integrate Care for Dual Eligible Individuals
DUR.....	Drug Utilization Review (Board)
DVHA.....	Department of Vermont Health Access
EA.....	Emergency Assistance
EAP.....	Employee Assistance Program
EBCP .....	Enterprise Business Capability Platform
EBT.....	Electronic Benefit Transfer
ECCS .....	Early Childhood Comprehensive Systems
ECFMH .....	Early Childhood and Family Mental Health
EDI.....	Electronic Data Interchange
EDS.....	Electronic Data Systems Corporation (now Hewlett Packard)
E&E .....	Eligibility and Enrollment
EFT .....	Electronic Funds Transfer
EHR .....	Electronic Health Record
EI .....	Early Intervention
ELC.....	Epidemiology and Laboratory Capacity
ELC.....	Early Learning Challenge
EMS .....	Emergency Medical Services
EP.....	Essential Person
EPSDT .....	Early & Periodic Screening, Diagnosis & Treatment
EQR .....	External Quality Review
EQRO .....	External Quality Review Organization
ESD.....	Economic Services Division (of the DCF)
E&T .....	Employment and Training
FAHC.....	Fletcher Allen Health Center
FEMA .....	Federal Emergency Management Agency
FFP.....	Federal Financial Participation
FFY.....	Federal Fiscal Year
FICA.....	Federal Insurance Contribution Act
FMAP.....	Federal Medicaid Assistance Participation
FPL .....	Federal Poverty Level
FSD.....	Family Services Division
FTE .....	Full Time Equivalent
FQHC.....	Federally Qualified Health Center
GA.....	General Assistance
GC.....	Global Commitment for Health 1115 Waiver
GCI .....	Global Commitment Investment
GF.....	General Fund
GMP.....	Green Mountain Power, Inc.
GMPCC .....	Green Mountain Psychiatric Care Center
HAEU .....	Health Access Eligibility Unit
HCCVT.....	Healthy Child Care Vermont
HBKF.....	Healthy Babies, Kinds and Families
HC.....	Health Care
<b>HCB.....</b>	<b>Home and Community Based</b>
HCR.....	Health Care Reform
HDC.....	Hospital Data Council
HDO.....	Hartford District Office

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HHA.....	Home Health Agency
HHS.....	Health and Human Services
HIE.....	Health Information Exchange
HIV.....	Human Immunodeficiency Virus
HIPAA.....	Health Insurance Portability & Accountability Act
HIT.....	Health Information Technology
HMIS.....	Housing Management Information System
HP.....	Hewlett Packard (Formerly EDS)
HPDP.....	Health Promotion and Disease Prevention
HR.....	Human Resources
HRSA.....	Health Resources and Services Administration
HSB.....	Human Services Board
HSE.....	Health Services Enterprise
HUD.....	Housing and Urban Development
IAPD.....	Implementation Advance Planning Document
ICD.....	International Classification of Diseases
ICF.....	Intermediate Care Facility
<b>ICF/MR.....</b>	<b>Intermediate Care Facility for Individuals with Mental Retardation</b>
IDA.....	Individual Development Account
IDT.....	Interdepartmental Transfer
IE.....	Integrated Eligibility
IFS.....	Integrated family Services
IGA.....	Intergovernmental Agreements
IID.....	Individuals with Intellectual Disabilities
ILEHP.....	Interdisciplinary Leadership Education for Health Professionals
<b>INS.....</b>	<b>Insurance</b>
IT.....	Information Technology
IV&V.....	Independent Verification and Validation
JAIBG.....	Juvenile Accountability Incentive Block Grant
JDO.....	St. Johnsbury District Office
JFI.....	Jobs for Independence
JJDP.....	Juvenile Justice and Delinquency Prevention
LAUNCH.....	Linking Actions for Unmet Needs in Children's Health
LDO.....	Brattleboro District Office
LIHEAP.....	Low-Income Home Energy Assistance Program
LIS/MSP.....	Low Income Subsidy/Medicare Savings Program
LTC.....	Long-Term Care
MAB.....	Medicaid Advisory Board
MAC.....	School Based Medicaid Administration Claiming
MAGI.....	Modified Adjusted Gross Income
MAP.....	Medicaid Assistance Program
MAPIR.....	Medical Assistance Provider Incentive Repository
MCE.....	Managed Care Entity
MCH.....	Maternal and Child Health
MCO.....	Managed Care Organization (Investments)
MDO.....	Barre District Office
MDS.....	Minimum Data Set
MEA.....	Medicare Enrollment Assistance
MES.....	Medicaid Enterprise System
MFP.....	Money Follows the Person

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MH.....	Mental Health
MHBG .....	Mental Health Block Grant
MIPPA .....	Medicare Patients and Providers Act
MIS .....	Management Information System
MKT .....	Market
MMA.....	Medicare Modernization Act
MMIS.....	Medicaid Management Information System
MOE.....	Maintenance of Effort
MOU.....	Memorandum of Understanding
MTCR.....	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.....	Notice of Award
NSIP.....	Nutrition Service Incentive Program
OAA.....	Older Americans Act
OADP .....	Operation Advance Planning Document
OASIS.....	Outcome and Assessment Information Set
OCCIO .....	Office of Consumer and Insurance Oversight
OCS .....	Office of Child Support
OEO.....	Office of Economic Opportunity
OLH.....	Office of Local Health
OMB .....	Office of Budget and Management
ONC.....	Office of National Coordinator
OOJJP .....	Office of Juvenile Justice and Delinquency Prevention
OR.....	Outreach
PASARR.....	Pre-Admission Screen and Resident Review
PASRR.....	Pre-Admission Screening and Record Review
PATH.....	Department of Prevention, Assistance, Transition, & Health Access
PCAP .....	Public Assistance Cost Allocation Plan
PCG .....	Public Consulting Group, Inc.
PERM .....	Payment Error Rate Measurement
PETS.....	Pre-Employment Transition Services
PFOA .....	Perfluorooctanoic Acid
PHEP .....	Public Health Emergency Preparedness
PHHS .....	Preventive Health and Health Services Block Grant
<b>PIP.....</b>	<b>Performance Improvement Project</b>
PMPM.....	Per Member Per Month
PMO.....	Project Management Office
PNML.....	Private Non-Medical Institution
PSI .....	Patient Safety Initiative
PT.....	Physical Therapy
QA .....	Quality Assurance
QI.....	Quality Initiatives
RMA .....	Refugee Medical Assistance
RMTS .....	Random Moment Time Study
RRMC.....	Rutland Regional Medical Center
RU.....	Reach Up Program
RWJ .....	Robert Wood Johnson

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SAMHSA.....	Substance Abuse and Mental Health Services Administration
S&C .....	Survey and Certification
SA .....	Substance Abuse
SAP .....	Student Assistance Programs
SAPT .....	Substance Abuse Prevention and Treatment
SBIRT .....	Screening, Brief Intervention, and Referral to Treatment
SCHIP .....	State Children’s Health Insurance Plan
SE.....	Supported Employment
SED.....	Serious Emotional Disturbance
SIM.....	State Innovative Model
SIREN.....	Statewide Incident Reporting Network for Emergency Medical Services
SDO.....	Springfield District Office
SEOW .....	State Epidemiological Outcomes Workgroup
SERC .....	Sustainable Energy Resources for Consumers
SFI .....	Serious Functional Impairment
SFY.....	State Fiscal Year
SNAP .....	Supplemental Nutrition Assistance Program
SNF.....	Skilled Nursing Facility
SOA .....	Service Oriented Architecture
SPA.....	State Plan Amendment
SPE .....	Strategic Prevention Enhancement
SPF.....	Strategic Prevention Framework
SMP .....	Skilled Medical Professional
SPMP .....	Skilled Professional Medical 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
SSMIS.....	Social Services Management Information System
SRR.....	Secure Residential Recovery
ST.....	Speech Therapy
STD.....	Sexually transmitted Disease
SUA .....	State Unit on Aging
SWICAP .....	State Wide Indirect Cost Allocation Plan
T&TA .....	Training and Technical Assistance
TANF.....	Temporary Assistance for Needy Families (Reach Up in VT)
TB .....	Tuberculosis
TBI.....	Traumatic Brain Injury
TDO.....	Bennington District Office
THMs.....	Trihalomethanes
T-MSIS .....	Transformed Medicaid Statistical Information System
TTI.....	Transformation Transfer Initiative
UMASS .....	University of Massachusetts
USDA .....	United States Department of Agriculture
UVM.....	University of Vermont
VADIC.....	Vermont Alcohol and Drug Information Clearinghouse
VCHIP .....	Vermont Child Health Improvement Project
VCHRYP .....	Vermont Coalition of Runaway and Homeless Youth Program

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VDH.....	Vermont Department of Health
VDO.....	Morrisville District Office
VDOL.....	Vermont Department of Labor
<b>VHAP.....</b>	<b>VT Health Access Plan</b>
VHC.....	Vermont Health Connect
VHCIP.....	Vermont Health Care Innovation Project
VIEWES.....	Vermont Integrated Eligibility Workflow System
VISION.....	Vermont's Integrated Solution for Information and Organizational Needs – the statewide accounting system
VISTA.....	Volunteers In Service To America
VLA.....	Vermont Legal Aid
VLITE.....	Vermont Low Income Trust for Electricity
VOCs.....	Volatile Organic Compounds
VPCH.....	Vermont Psychiatric Care Hospital
VPQHC.....	VT Program for Quality in Health Care
VR.....	Vocational Rehabilitation
VRERP.....	Vermont Radiological Emergency Response Plan
VSA.....	Vermont Statutes Annotated
VSH.....	Vermont State Hospital
VSNIIP.....	Vermont Spay and Neuter Incentive Program
VT.....	Vermont
VTracks.....	CDC Vaccine Tracking System
WIC.....	Women Infants and Children
WTF.....	Weatherization Trust Fund
WX.....	Weatherization
<b>QHP.....</b>	<b>Qualified Health Plan</b>
YDO.....	Middlebury District Office
YR.....	Year
ZDO.....	State Office/Central Office (Waterbury)

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## VI. ADVANCE PLANNING DOCUMENTS AND MEMORANDUM OF UNDERSTANDING

Document ID	Name	Description	Approving Entity	Type	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 <del>2/9/15</del> 5/9/16	S 12/23/14 R <del>4/9/15</del> Pending
AHS-3	HITECH	HIE Expansion, EHRIP Operations (Program and Audit), HIT funded SMHP activities, and HSE PMI allocation	CMS-HIT	IAPD	S 9/29/14 R <del>2/9/15</del> 06/7/16	S 10/6/14 R <del>5/13/15</del> Pending
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 R 7/23/15	S 12/29/14 R Pending
DCF-1	OCS	Child Support Enforcement System – ACCESS-2015	ACF-OCS	OAPDU	S 12/8/15	
DCF-1	OCS	Child Support Enforcement System – ACCESS - 2016	ACF-OCS	OAPDU	S June 2016	
DCF-2	SSMIS	Vermont Child Welfare Information Technology System	ACF-	OAPDU	S 10/22/15	A 10/30/15
DCF-2	SSMIS	Vermont Child Welfare Information Technology System - 2017	ACF-	OAPDU	S 9/30/16	
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 4/24/15 R 12/29/15 R 9/8/16	<del>R 11/13/13</del> 3/28/16
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 R 10/26/15	12/30/2015

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DVHA-5	HITECH	Health Information Technology (HIT) and Health Information Exchange (HIE)	CMS-MMIS	APD	S 8/7/2015 R 8/15/2016	10/15/2015
DVHA-6	MMIS v2.1	Service Oriented Architecture (SOA)	CMS-MMIS	APD	S 9/29/2015 R 8/15/2016	12/30/2015
DVHA-7	EBCP	Enterprise Business Capabilities Platform	CMS-MMIS	APD	S 9/30/2015 R 9/8/2016	1/5/2016
DVHA-8	PIE	Payer Initiated Eligibility	CMS-MMIS	APD	S 5/5/2016	Pending
DVHA-9	OAPD	HSE Platform shared services architecture and governance	CMS-MMIS	OAPD	6/26/2015	9/22/2015
DVHA-10	E&E	Phase 1 of the Integrated Eligibility Program	CMS-MMIS	APD	8/15/2016	pending

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## Secretary's Office (AHSCO)

ID	Department	Name	Description
SW-2	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-MOU-KEURIG-DEC-FY16	DEC	SerVermont	Assignment of one full-time AmeriCorps member with Vermont River Conservancy and Watersheds United to implement strategies to protect and improve water quality in the Lake Champlain watershed.
<del>03400-MOU-VHCIP-DDC-FY16</del>	<del>DDC</del>	<del>State Innovation Models</del>	<del>Cost for staffing, operating and contract expenditures pursuant to the SIM grant</del>
<del>03400-VHCIP-AOA-02</del>	<del>AOA</del>	<del>State Innovation Models</del>	<del>Cost for staffing, operating and contract expenditures pursuant to the SIM grant</del>
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 A#1	GMCB	State Innovation Models	Costs for staffing and contract expenditures pursuant to the SIM grant
03400-VHCIP-VDH-02-A#1	VDH	State Innovation Models	Cost for staffing, operating and contract expenditures pursuant to the SIM grant –Year 2
03400-MOU-VHCIP-AOA-03	AOA	State Innovation Models	Cost for staffing, operating and contract expenditures pursuant to the SIM grant – Year 3
<del>AHS-03400-MOU#12112015</del>	<del>DH</del>	<del>AHS Health and Human Services Enterprise</del>	<del>Staff costs of DH's management of services related to the Design, Development, and Implementation (DDI) work associated with the AHS Health and Human Services Enterprise ("HSE").</del>
<del>AHS-03400-MOU#12112015 Amd #1</del>	<del>DH</del>	<del>AHS Health and Human Services Enterprise</del>	<del>To update the budget.</del>

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## Department for Children and Family Services (DCF)

ID	Department	Name	Description
<del>ADMIN/CO</del>	<del>VT Department of Labor (VDOL)</del>	<del>Miscellaneous Grants</del>	<del>Contract#27372: Reimburse Dept. Housing. &amp; Comm. Develop for share of sponsorship of housing needs assessment</del>
<del>ADMIN/ESD</del>	<del>Office of VT Health Access (DVHA)</del>	<del>Other Contr and 3rd Pty Serv</del>	<del>Contract #26141: Reimburse DVHA for expenses related to task ORDR 4 of Contract #26141 between DVHA &amp; PHPG.</del>
03440-MOU-VDH (ADMIN/ESD)	Health (VDH)	SNAP Nutrition Education	<del>03440-MOU-VDH</del> Nutrition Education
03440-10098 (ADMIN/ESD)	Disabilities Aging and Independent Living (DAIL)	AAA SNAP Outreach DAIL	<del>MOU-03440-10098</del> SNAP Outreach Services
JFI-VDOL-16 (ADMIN/ESD)	VT Department of Labor (VDOL)	Jobs for Independence	<del>JFI-VDOL-16:</del> JFI Federal Award
DEC_DCF_MOA_ CFTRF (ESD/LIHEAP)	Environmental Conservation (DEC)	Home Heating Fuel Assistance Program <del>Asst Prog</del>	<del>DEC_DCF_MOA_CFTRF:</del> Low Income Home Htg Heating Oil tanks-crisis fuel tank replacement
03440-ABAWD- 17 (ESD/RU)	VT Department of Labor (VDOL)	Job Start T & TA	<del>MOU-03440-ABAWD:</del> To Provide comprehensive employment services to Able-Bodied Adults Without Dependents (ABAWD) who are participants of the 3Squares VT program.
SFMNP-DCF- DAIL-16-MOU (ADMIN/ESD)	DAIL	Senior Farmers Market Nutrition Program (SFMNP)	Farm to Family
JFI-VR-16 (ADMIN/ESD)	DAIL/VR	Jobs for Independence	Pilot assessment and case management services for the Supplemental Nutrition Assistance Program
03440-10034-17 (ADMIN/RU)	DAIL	VR/BAM	CWS Salesforce Licenses for Employment Consultants at VABIR and VAL
03440-10081-17 (ADMIN/RU)	DAIL	SSDI Application Assistance	To provide the Reach-Up population SSI and SSDI application assistance
03440-10082-17 (ADMIN/GA)	DAIL	SSI and SSDI Application Assistance	To provide the General Assistance population SSI and SSDI application assistance
FSD-1	Fish & Wildlife	Other Grants, Awards, Scholarships_&_ Loans	Camp for Kids: Camp fund for scholarships – Green <del>Mtn</del> Mountain Conservation Camp – Lake Bomoseen
FSD-2	Forest, Parks & Recreation	Fam Preservation- Support	Family Park Passes: Pays for family passes
FSD-3	Vermont Agency of Education	School Lunch Program	DCF AP pays monthly to Woodside. Funding from AOE via transfer. Direct funding source

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FSD-4	Vermont Center for Crime Victims Services (CCVS)	VT Rural Domestic Violence Project	CAP federal money transfer
FSD-16	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-27	Disabilities Aging and Independent Living (DAIL)	Miscellaneous Grants	Jobs Program: (Jump on Board for Success) Program to improve community functioning and employment outcomes of at risk transition-aged youth to secure paid employment & community supports
03420-6665 (FSD)	Health (VDH)	Miscellaneous	<del>VDH MOU # 03420-6665</del> Pay DCF share of Child Abuse Physician Grant
03440-20393 (FSD)	Judiciary (Office of Court Administrator)	JAIBG	<del>MOU-03440-20393:</del> Reimburse VT Judiciary Office of Court admin for FSD expenditures
03440-20394 (FSD)	Judiciary (Office of Court Administrator)	JAIBG	<del>MOU-03440-20394:</del> Reimburse VT Judiciary Office of Court admin for FSD expenditures
03440-20424-MOUCJA16 (FSD)	Vermont Department of Public Safety	Human Trafficking Training by GEMS	<del>03440-20424-MOUCJA16</del>
03440-20425-MOUCJA16 (FSD)	Office of the Defender General	Juvenile Law Seminar	<del>03440-20425-MOUCJA16</del>
03440-20263-17 VCIC (FSD)	Vermont Department of Public Safety	Vermont Criminal Information Systems program	Processing of criminal records
03440-28326-CJA16 (FSD)	State's Attorneys and Sheriffs	CHINS & TPR, Development Trauma in Child	Substance Abuse
02160-14Rural-03440 (FSD)	Vermont Center for Crime Victim Services (VCCVS)	Domestic Violence	<del>MOU-02160-14Rural-03440:</del> Rural Sexual Assault, Domestic Violence, Dating Violence and Stalking Assistance Program
FSD	<del>Vermont Department of Public Safety</del>	<del>Vermont Criminal Information Systems program</del>	<del>MOU-03440-20263-16-VCIC;</del> processing of criminal records
FSD	<del>Office of Court Administrator</del>	<del>Children's Justice</del>	<del>MOU-03440-20426-CJA15: Guardian and item professional development project national casa-conference support</del>

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FSD	State's Attorneys and Sheriffs	Juvenile Justice Delinquency	MOU 03440-20423 MOU JPD: Reduction of youth referred to criminal division
OCS-1	Disabilities Aging and Independent Living (DAIL)	Work 4 Kids Pilot <del>Other Contr and 3rd Pty Serv</del>	<del>Work 4 Kids Pilot:</del> To offer employment services and support to individuals who are delinquent in child support payments
OCS-2	Judiciary (Office of Court Administrator)	Family Court Transfer	MOU Cooperative Agreement: Court fees to resolve parentage, child support and medical support court cases and ensure compliance with court orders
Woodside-1	Vermont Agency of Education	Woodside Title 1 Neglected and Delinquent	MOU Cooperative Agreement: Provide supplemental educational services to youth in Woodside Juvenile Rehabilitation Center
Woodside -2	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
DDS-1	SSA Social Security Administration	Disability Determinations	SSA Social Security Administration
CDD-1	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)**

<b>ID</b>	<b>Department</b>	<b>Name</b>	<b>Description</b>
03440-10098-15-MOU	DCF	3SquaresVT (3SVT)	Strengthening participation in the 3SquaresVT outreach program
DAIL-1	AHS	VT Senior Corps Program (RSVP)	Administration and coordination of activities to develop, implement and operate the VT RSVP program
DAIL-2	DCF & DVHA	VT Enhanced Options Counseling Medicaid Reimbursement Pilot	Development, implementation, operation, monitoring and evaluation of the ADRC Medicaid Reimbursement Pilot Project
DAIL-3	AOA	Invest EAP	Farm First Program services for dairy producers and eligible dependents, administered by Invest EAP
DAIL-4	DHR	Invest EAP	Providing Employee Assistance program services for State of Vermont employees and eligible dependents
DAIL-5	DPS	Fire Safety	Facilitation and safety of residents and the public in facilities and to coordinate the fire safety and licensing activities of the respective departments
DAIL-6	SOS	VT Board of Nursing	Ensuring a standard of education and competency of nursing assistants who seek to be, or are employed in, Vermont
DAIL-7	VHCB	Home Access Program	Administration and operations for the VT Center for Independent Living Home Access Program
SMNP-DCF-DAIL-15-MOU	DCF	Senior Farmers Market Nutrition Program (SFMNP)	Implementation and management of the Farm to Family Program farmer's market coupon component of the SFMNP
DAIL-8	DMH	Jump on Board for Success (JOBS)	Operating and funding of JOBS program
DAIL-9	VDH	ARIS hiring packets	VDH to reimburse DAIL for VDH share of ARIS costs to produce and mail out flyers providing caregiver registry information managed by Rewarding Work, Inc.

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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 in 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	<i>Collaboration on the Resilient Vermont and Behavioral Health Screening and Intervention projects within InvestEAP-SIM</i>

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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
<del>03410-16-15</del>	<del>DVHA</del>	<del>VT Developmental Disabilities Council (VTDDC)</del>	<del>Establish a set of best practices in the delivery of health services to adult Vermonters with developmental disabilities using the CART model.</del>
Contract #25199	DVHA	UVM and State Agricultural College	UVM is responsible for the non-federal share of Graduate Medical Education (GME) payments
03420-6727	DVHA	VDH, Alcohol and Drug Abuse Program (ADAP)	The Contractor will continue to contribute to the rigorous and timely support of provider practices to meet the NCQA PCMH or PCSP standards
03420-MOU6853	DVHA	VDH, Alcohol and Drug Abuse Program (ADAP)	The Contractor will support the Impaired Driver Rehabilitation Programs (IDRP), formerly known as Project CRASH
03420-6839	DVHA	VDH, Alcohol and Drug Abuse Program (ADAP)	This MOU is for the purpose of supporting the capacity of advancing primary care practices and community health teams to better serve individuals with substance abuse and co-occurring disorders

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## Vermont Department of Health

ID	Department	Name	Description
6871	Rutland City Head Start	WIC	To support WIC and head start programs
6868	Office of the Court Administrator	Drug Court	Support the cost of providing drug court
02140- 75142- 101	Dept. of Public Safety	Vigilant Guard	Meals for Vigilant guard exercise
6853	DVHA	Support impaired driver Rehab program	Support ProviderLink..paperless fax
6851	Green Mountain Care Board	Management & Analytics.	Hospital discharge Data set
6839	DVHA	Health Access Blueprint	Support people with substance abuse issues
6816	DCF Dept. of Children & Families	Part time physician at UVMHC	Part time child abuse physician
6811	DCF Dept. of Children & Families	Nurturing Parenting Program	Prevent child abuse
6810	DCF Dept. of Children & Families	Ladies First Program	Provide funding to the Farmers Market for Ladies First eligible clients
16-7250- 8004-RA	US Dept. of Agriculture	Rabies Program	Technical phone assistance for questions about rabies.
6801	DOC	HIV oral Fluid tests	Given to jail/prison population
6799	DAIL	Shared Temp position	Shared position between DAIL and ADAP
6792	Secretary of State	Online business Service Center	Administer Commercial Code Laws and Regulations
6785	VT Agency of Transportation	Child passenger Safety	EMS to take on the day to day responsibilities of this program
6780 Pending	Alcohol and Drug Abuse Addiction (ADAP)	Support the CDC assignee position	<del>Lead MCH Epidemiologist for the State of Vermont</del>
6766	DVHA	<del>Ladies First Program</del>	<del>Pay a portion of salary and fringe of staff member working with the Ladies First program.</del>
6765	VT Housing and	Lead poisoning prevention.	Prevent lead poisoning.

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	Conservation Board		
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
<del>6665</del>	<del>DCF</del>	<del>Physician position at UVMHC</del>	<del>VDH RECEIVING \$20,000 for a Child abuse physician at UVMHC</del>
<del>6662</del>	<del>Dept. of Environmental Conservation</del>	<del>ECO AmeriCorps</del>	<del>Improve Lake Champlain Water Quality</del>
6656	DCF	SNAP ED program	Develop and implement Vermont's supplemental Nutritional Assistant Education Program
<del>6631</del>	<del>Agency of Human Services</del>	<del>Refugee Resettlement Program</del>	<del>Addressing health needs of Newly arriving refugees.</del>
<del>6624</del>	<del>Office of the Court Administrator</del>	<del>Drug Courts</del>	<del>Drug Treatment Court infrastructure in Chittenden, Rutland, Washington and Franklin Counties.</del>
<del>6619</del>	<del>Dept. of Corrections</del>	<del>HIV Tests</del>	<del>HIV oral Fluid Tests</del>
<del>6604</del>	<del>Dept. of Agriculture</del>	<del>Rabies Hotline</del>	<del>Rabies Hotline</del>
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.
<del>6586</del>	<del>Dept. of VT Health Access</del>	<del>Substance abuse and co-occurring disorders</del>	<del>Support the capacity of advanced primary care practices and community health teams to better serve individuals with substance use or co-occurring disorders.</del>
6581	Natural Resources	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.
<del>6566</del>	<del>DVHA</del>	<del>Medication Assisted Treatment</del>	<del>Federal grant writing proposals for Medication Assisted treatment—prescription drug &amp; Opioid Addiction.</del>

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6525	VT. Dept. of Environmental Conservation	Public water contamination	<del>How to jointly respond with VDH to certain conservation-contamination incidents at a VT public water systems.</del>
6523	VT. Dept. of Environmental Conservation	Hazardous site investigations	<del>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.</del>
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	<del>Prevent child abuse in VT and to coordinate and deliver nurturing parent program's statewide.</del>

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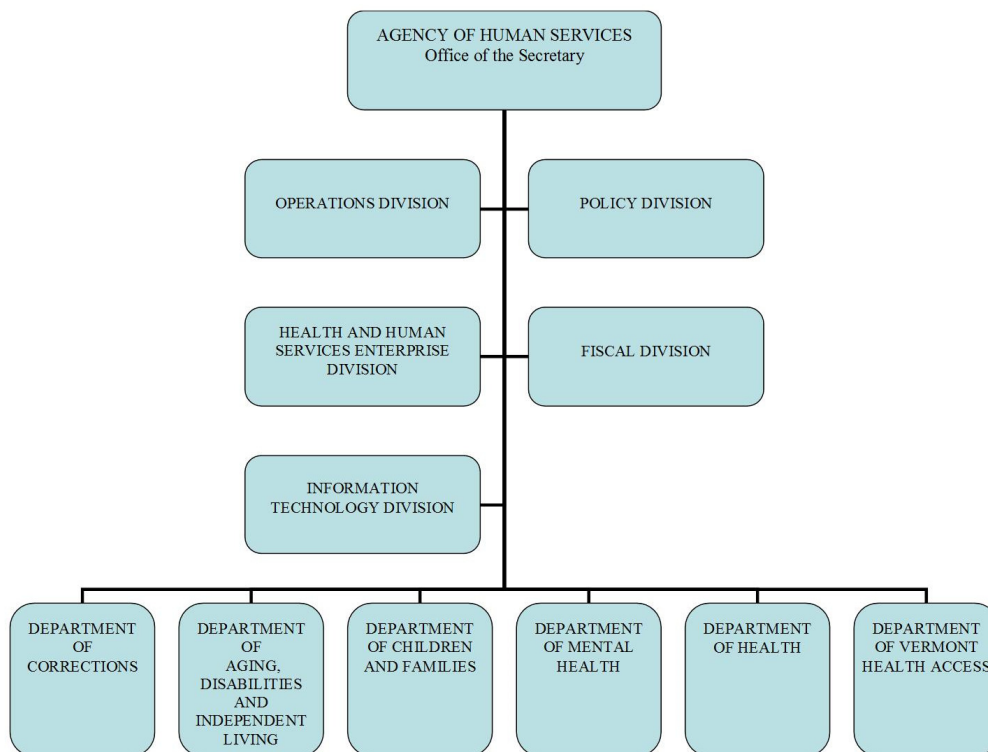


## Department of Mental Health

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**

<b>CFDA #</b>	<b>Federal Agency</b>	<b>Program Title</b>
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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93.043	DHHS-AOA	Special Programs for the Aging-Title III, Part F - Disease Prevention and Health Promotion Services
93.044	DHHS-AOA	Special Programs for the Aging - Title III, Part B - Grants for 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 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 Preparedness Aligned Cooperative Agreements
93.079	DHHS-CDC	Cooperative Agreements to Promote Adolescent Health through 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 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 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
93.184	DHHS-CDC	Disabilities Prevention
93.217	DHHS-OPA	Family Planning - Services
93.224	DHHS-HRSA	Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)
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
93.301	DHHS-HRSA	Small Rural Hospital Improvement Grants

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93.314	DHHS-CDC	Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program
93.323	DHHS-CDC	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
93.336	DHHS-CDC	Behavioral Risk Factor Surveillance System
93.500	DHHS-OS	Pregnancy Assistance Fund Program
93.505	DHHS-HRSA	ACA Home Visiting Program
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
93.521	DHHS-CDC	The Affordable Care Act: Building Epidemiology, Laboratory, and 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

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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
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 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

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## **IX. COST ALLOCATION METHODOLOGIES AND DEPARTMENTAL ORGANIZATIONAL CHARTS**

This Narrative is organized by Department

### **AHS Secretary's Office**

#### **I. Introduction**

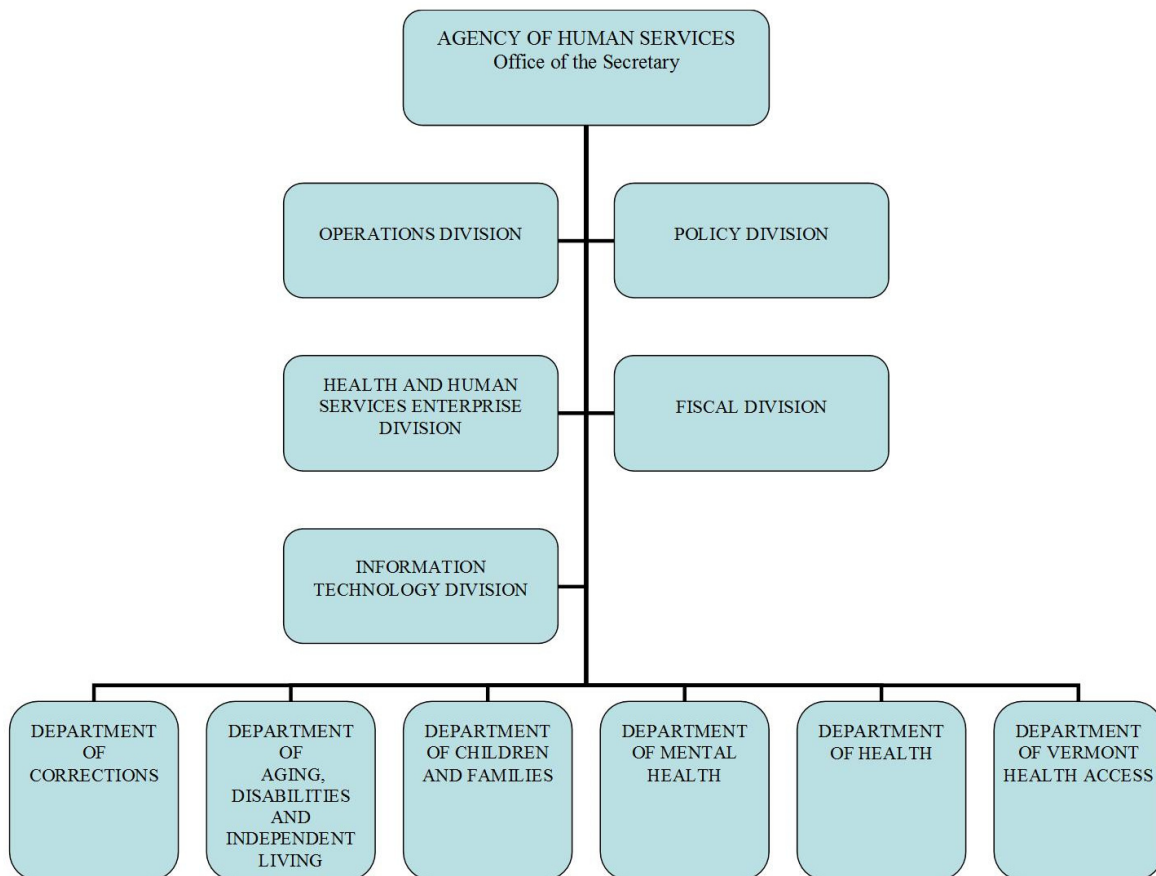
The following narrative represents the cost allocation plan (CAP) for the State of Vermont, Agency of Human Services (AHS). For purposes of this narrative, AHS is also referred to as the "Office of the Secretary", as it is the Secretary's Office, which through its six member Departments and a network 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 (DAAIL); 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

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## II. Organizational Chart



\* 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 Code	Program Code Name	Description	Allocation Method
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.

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.

Detailed explanations of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
37210*	Secretary's Office Staff	Costs associated with the Office of the AHS Secretary and Staff	Positions Across AHS
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
37730*	Medicaid Policy Unit	Costs associated with Medicaid Policy	Quarterly enrollment for GC, CHIP, and all other benefiting programs
<del>37095</del>	<del>DMH Business Administrator</del>	<del>Costs associated with DMH Specific Work</del>	<del>Direct to DMH</del>
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.

Detailed explanations of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
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 Board, and other administrative and judicial proceedings	Quarterly update based on caseload data provided by VT Legal Aid

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37220*	Human Services Board	This unit conducts fair hearings regarding clients who feel that they have been disadvantaged within the Agency of Human Services system.	Quarterly update based on Case Count of Results of Human Services Board fair hearings.
37250	Human Resources Investigation Staff	Investigation of Personnel Issues	Quarterly update based on Case Count of Results of HR Investigations case count
37650	DDC Administration	Administrative costs associated with the Developmental Disabilities Council.	Direct to Developmental Disabilities Council
37651	DDC Steering Committee	Costs associated with the Developmental Disabilities Council Steering Committee.	Direct to Developmental Disabilities Council
37653	DDC Leadership Series	Costs associated with Developmental Disabilities Council Leadership Series	Direct to Developmental Disabilities Council
37654	DDC Grants	Sub-grants used in the Developmental Disabilities Council Program.	Direct to Developmental Disabilities Council
37900	Tobacco Evaluation and Review Board	The purpose of this board is to recommend an annual budget, program criteria and policy initiatives, and for review and evaluation of Vermont's Comprehensive Tobacco Control Program.	Direct to Tobacco Funds
37961	SerVermont – Competitive grant	National and Community Service Act of 1990 for community based initiatives	Direct to CNCS AmeriCorps Competitive Grant
37962	SerVermont – Formula grant	National and Community Service Act of 1990 for community based initiatives	Direct to CNCS AmeriCorps Formula Grant
37964	SerVermont – Keurig	Keurig funding to support projects to improve the water quality of Lake Champlain.	Direct to Keurig Grant
37965	SerVermont – Administrative	Administrative cost for staff to support community based initiatives in education, public safety, health, and the environment.	Direct to CNCS AmeriCorps Operations Grant
37966	SerVermont – Administration – General Funds	Administrative cost for staff to support community based initiatives in education, public safety, health, and the environment.	Direct to State General Funds

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37968	SerVermont – CNCS Withholding	Administrative time for administering the competitive and formula grants	Direct to CNCS Withholding
37969	SerVermont – Volunteers in Service to America (VISTA) Supervision	VISTA provides full-time 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.	Direct to VISTA

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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.

Detailed explanations of individual functions are included below.

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
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 supports and create community collaborations for individuals and families in need throughout the state.	Positions Across Non-Institutional AHS Staff
42020	211 Contract – MCO Investment	Contract for call center services for health care.	Direct to <del>GC-MCO Investment MCO—21—</del> <del>Contract</del>
42021	211 Contract – General Fund	Contract for call center services for human services referrals	Direct to State General Funds

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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.

Detailed explanations of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
37003	DCF Admin Costs	Staff costs associated with DCF related work	Direct to DCF
37111	HSE Program Director	Project work assigned by the AHS Secretary's Office	Total Salaries across Health and Human Services Enterprise Division
<del>37195</del>	<del>Waterbury Change Management</del>	<del>Costs associated with Waterbury Change Management</del>	<del>Direct to Waterbury Change Management</del>
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).

Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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 Offices	Direct to Administrative Funds
37430	Rental Expenses – Rutland – Merchants Row	Rental Expenses for Rutland Offices	Direct to Administrative 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. Johnsbury Offices	Direct to Administrative Funds
37460	Rental Expenses – St. Albans	Rental Expenses for St. Albans Offices	Direct to Administrative Funds
37470	<del>Rental Expenses – Middlebury</del>	<del>Janitorial Rental Expenses for Middlebury Offices</del>	<del>Direct to Administrative 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: Actuarial	Contractual payments for the PMPM limit actuarial certification	Direct to Global 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
37993	SIMS YR 2 Testing – Financial Manager	Financial staff position assigned directly to the SIM Grant	Direct to SIM Grant
37994	<del>SIM YR 3 Testing – Financial Manager</del>	<del>Financial staff position assigned directly to the SIM Grant</del>	<del>Direct to SIM Grant</del>
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

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37997	Race to the Top ELC Grant – Financial Manager	Financial staff position assigned directly to the Race to the Top Early Learning Challenge Grant	Direct to Race to the Top Grant
37998	SIMS YR 2 Testing – Staff	Non-IT Salary and Operating costs related to the SIM Grant	Direct to SIM Grant
37999	SIM YR 3 Testing – Staff	Non-IT Salary and Operating costs related to the SIM Grant	Direct to SIM Grant
42016*	Health Care Administration: EQRO	Contractual payments for the External Quality Review of Global Commitment	Direct to Global Commitment – Admin

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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	Allocation Method
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

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37193	IT Staff RS Costs	Staff costs solely for work on Rate Setting projects or assistance to Rate Setting staff	Direct to Rate Setting
37194	IT Staff DDC Costs	Staff costs solely for work on Developmental Disability Council projects or assistance to DD Council staff	Direct to DD Council
<del>37701*</del>	<del>EBCP Contracts w/o 90/10</del>	<del>Contractual Costs associated with the Enterprise Business Capability Platform</del>	<del>Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD</del>
<del>37705</del>	<del>EBCP Contracts Level 2</del>	<del>Contractual Costs associated with the Enterprise Business Capability Platform</del>	<del>Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD</del>
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)
37717	IE HC 90/10 Staff	Staff work related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS-E&E/VIEWS DDI (90%)
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 CCIO 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
<del>41607</del>	<del>VHC/MAGI E&amp;E Staff</del>	<del>Staff work related to Health Enterprise Eligibility and Enrollment system, DDI via VHC SI</del>	<del>Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD</del>
<del>41612</del>	<del>EBCP Staff L2</del>	<del>Staff expenses associated with the Enterprise Business Capability Platform</del>	<del>Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD</del>
41613	MMIS – DDI Contracts	Contractual Expenses related to Health Enterprise MMIS DDI and IV&V	Direct to CMS-MMIS

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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
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 MMIS	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%)
<del>41701</del>	<del>Exchange Level 2 IT Staff and Operating</del>	<del>IT Salary and Operating costs related to the Level 2 OCHO Exchange Grant</del>	<del>Direct to Exchange Level 2 (100%)</del>
<del>41704</del>	<del>Exchange Level 2 Non-IT Staff and Operating</del>	<del>Non-IT Salary and Operating costs related to the Level 2 OCHO Exchange Grant</del>	<del>Direct to Exchange Level 2 (100%)</del>
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 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.

\* 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.

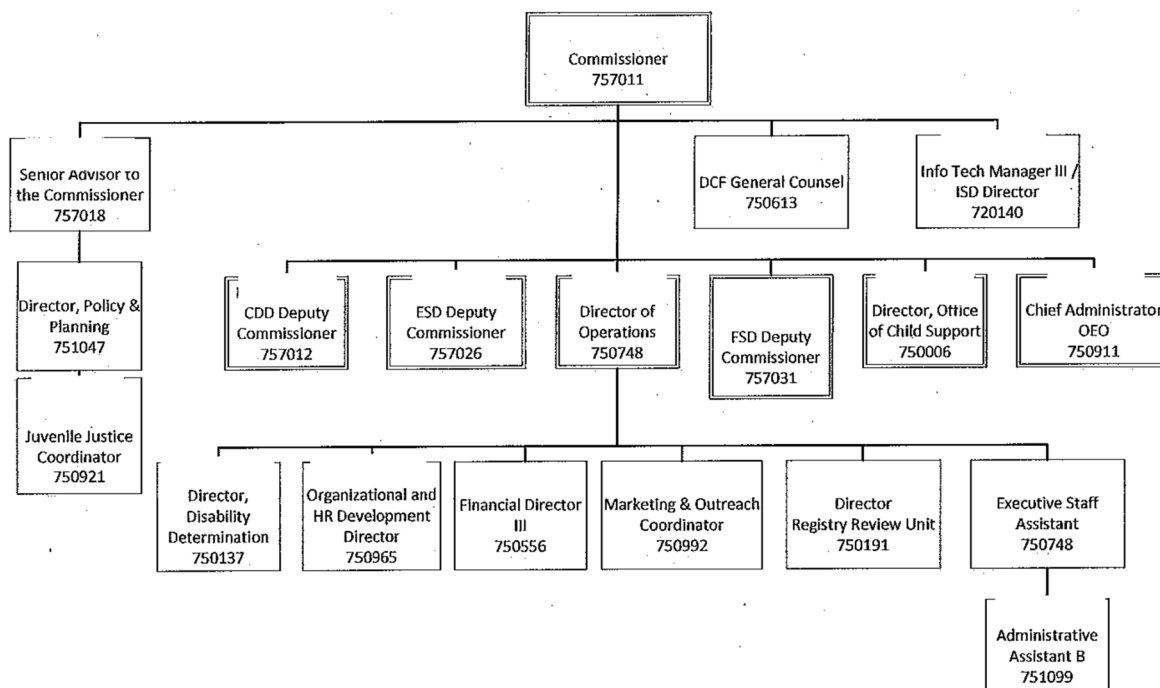


## II. DCF Organizational Charts

### Department for Children and Families

<b>Office of the Commissioner</b>	
	<b>Indirect Cost Allocation</b>
	<b>Administration &amp; Support</b>
	<b>Information Technology</b>
	<b>Family Services</b>
	<b>Economic Services</b>
	<b>Child Support Services</b>
	<b>Economic Opportunity</b>
	<b>Disability Determination</b>
	<b>Child Development</b>

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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.

Detailed explanation of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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 (not including fringe).
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 (not including fringe)
1000. 62*	Human Services Board FSD	DCF allocation of Human Service Board costs.	Total Salaries Across Family Services (including Field Staff, not including fringe)

\* 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.

1000. 63*	Human Services Board ESD	DCF allocation of Human Service Board costs.	Total Salaries Across Economic Services (including field staff, not including fringe)
1000. 64	Human Services Board OCS	DCF allocation of Human Service Board costs.	Direct to Title IV-D

\* 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)
<del>37708</del>	<del>VHC/MAGI E&amp;E Staff</del>	<del>This code is used for staff work related to Health Enterprise Eligibility and Enrollment DDI via VHC SI.</del>	<del>Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD E&amp;E/VIEWS DDI (90%) &amp; Exchange Level 1C (100%)</del>
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
40500.101	Administrative Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Administrative Services.	Direct to State Fund

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40570.101	CCDF Discretionary – Eligibility Determination	Costs associated with determining program eligibility	Direct to CCDF
40777*	Unemployment Compensation	Costs associated with unemployment compensation charges.	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 plan results and monitors the Department’s sub-recipients	Total Salaries Across All DCF Staff (not including fringe)
41294*	Legal Counsel	Legal Counsel staff function in support of the Commissioner’s Office to provide legal advice, represent the Department in	Total Salaries Across All DCF Staff excluding OCS (not including fringe)

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		the Legislature, write rules, propose statutes, and answer legal questions. The Office of Child Support has its own legal counsel staff.	
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
41618	HSE PMO - Staff	This code is used for staff expenses related to Health Enterprise 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%).
41640	<del>International Classification of Diseases (ICD-10) Staff Costs</del>	<del>This code is used for staff salaries and operating costs associated with the ICD-10 planning.</del>	<del>Direct to ICD-10 IAPD 90/10</del>
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/MES-DDI (90%)
41648	<del>Children's Health Insurance Program (CHIP) Audit Fees</del>	<del>Cost of audit fees related to the CHIP.</del>	<del>Direct to CHIP - Admin</del>
41776	Administrative Services and Registry Review Unit - Contracted Employees	Cost of contracted staff to conduct administrative and registry review services	Direct to State Fund

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41777.101	Administrative Services and Registry Review Unit	This code is used for general and administrative services in addition to the 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.	Direct to State Fund
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### 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
<del>37708</del>	<del>VHC/MAGI E&amp;E Staff</del>	<del>This code is used for staff work related to Health Enterprise Eligibility and Enrollment DDI via VHC SI.</del>	<del>Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD E&amp;E/VIEWS DDI (90%) &amp; Exchange Level 1C (100%)</del>
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, not including fringe)

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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, not including fringe)
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 (not including fringe)
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)

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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, not including fringe)
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 (not including fringe)
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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41151*	ESD Health Care Administration	This code is used for staff salaries and operating costs associated with training and operating staff. The benefitting programs are State funds, GC admin, and CHP admin	Quarterly Results of HAEU RMTS
41161	Jobs for Independence (JFI) Implementation	This code is used for staff salaries and operating costs associated with the implementation of the JFI pilot program.	Direct to State Fund
41162	Jobs for Independence (JFI) Award Pilot Project	This code is used for staff salaries and operating costs associated with the of the JFI pilot program.	Direct to JFI Award
41200*	Economic Services District Directors and Support Staff IT Purchases	Hardware/software purchases for ESD district offices. The District Director and Staff manage the office and provide administrative support and supervision to the field staff.	Total Salaries Across Field Staff (within Economic Services, not including fringe)
41260*	Business Office IT Purchases	Hardware/software purchases for the DCF Business Office, which manages all fiscal activities, and supports all operating and programmatic functions for the Department.	Total Salaries Across All DCF Staff (not including fringe)
41618	HSE PMO - Staff	This code is used for staff expenses related to Health Enterprise 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%).
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

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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/MES-DDI (90%)
41779*	VHC Operations Staff	Cost associated with VHC Maintenance and Operations related staff and operating expenses	Quarterly VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP
44100	OEO Administration IT Purchases	Hardware/software purchases for OEO Administrative Office, which oversees all OEO functions and provides supervision to office staff.	Direct to State Fund

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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.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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
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 non-custodial parents with access & visitation to their children.	Direct to Title IV-D - Access and Visitation
40007	Canaday Grant (awarded via Stern Center)	Cost of temporary staff covering the duties of a Behavioral Interventionist for the Woodside facility.	Direct to Canaday Grant

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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
40011	Social Workers - Contracted Employees	Costs of contracted staff providing 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
40015	Social Worker District Supervisors	Supervisory personnel who plan, assign and review the work of district office Assessment & Ongoing Social Workers. The programs being charged are State Funds, TANF, TCM (GC), and Title IV-E.	Quarterly results of the Family Services Time Study
40025	Centralized Intake Unit	Social workers in 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 TANF
40030*	Resource Coordinators – Recruitment Activities	Costs of staff that perform recruitment activities in response to local needs.	Quarterly Count of Eligible Cases Across Title IV-E, Global Commitment, & State Fund

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40031*	Resource Coordinators/ Contracted Employees – Recruitment Activities	Costs of contracted staff that perform recruitment activities in response to local needs.	Quarterly Count of Eligible Cases Across Title IV-E, Global Commitment, & State Fund
40032*	Resource Coordinators – Placement Activities	Costs of staff that screen all foster care applications, and assist social workers to ensure relative and natural supports are identified, assessed and appropriately supported as placement resources for children and youth.	Quarterly Count of Eligible Cases Across Title IV-E, Global Commitment, & State Fund
40033*	Resource Coordinators/ Contracted Employees – Placement Activities	Costs of contracted staff that screen all foster care applications, and assist social workers to ensure relative and natural supports are identified, assessed and appropriately supported as placement resources for children and youth.	Quarterly Count of Eligible Cases Across Title IV-E, Global Commitment, & State Fund
40034*	Resource Coordinators – Foster Parent Training	Costs of staff that provide foster care orientation and foundation training to all potential foster parents, and works with the training partnership to identify training needs and to arrange and coordinate on-going training to foster parents.	Quarterly Count of Eligible Cases Across Title IV-E, Global Commitment, & State Fund
40035*	Resource Coordinators/ Contracted Employees – Foster Parent Training	Costs of contracted staff that provide foster care orientation and foundation training to all potential foster parents, and works with the training partnership to identify training needs and to arrange and coordinate on-going training to foster parents.	Quarterly Count of Eligible Cases Across Title IV-E, Global Commitment, & State Fund

\* 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.



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, not including fringe)
40051*	Family Services District Directors and Staff - Contracted Employees	Cost of contractual staff 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, not including fringe)
40060*	Emergency Services Program	The Emergency Services unit provides emergency services at all times that a 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. The Emergency Services Unit also takes report of alleged child abuse and neglect.	Quarterly Count of Eligible Cases Across Title IV-E & ,Global Commitment, & State Fund

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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 (not including fringe)
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 (not including fringe)
40065*	<del>Residential Licensing and Special Investigations Unit</del>	<del>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.</del>	<del>Quarterly Count of Eligible Cases Across Title IV-E &amp; ,Global Commitment, &amp; State Fund</del>
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 (not including fringe)
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
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, not including fringe)

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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 (not including fringe)
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
40420	Extended Foster Care Support	Cost associated with extending foster care support past the age of 18.	Direct to State Fund
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

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40500.102	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 (GC-MCO Investment) – 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 GC-MCO Investment – 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 foster care, subsidized adoptions, training, transportation.	Title IV-E Foster Care Eligibility Rate
40530.302	Foster Parent Trainings	Title IV-E eligible program expenditures including foster care, subsidized adoptions, training, transportation.	Title IV-E Foster Care Eligibility Rate (IV-E Training)
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
40530.502	Training University of Vermont (UVM) students in Social Worker studies (degree program)	Title IV-E eligible program expenditures including foster care, subsidized adoptions, training, transportation.	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)

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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
40530.702	Permanent Guardianship	Title IV-E eligible program expenditures including foster care, subsidized adoptions, training, transportation.	Direct to Permanent Guardianship
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)
40531	IV-E Eligibility Determination	Staff handle all aspect of determining children’s eligibility for Title IV-E	Direct to Title IV-E (Eligibility Determination)
40535	Permanent Guardianship	Guardianship Assistance paid on behalf of Title IV-E eligible children	Direct to Permanent Guardianship
40550	Title IV-E Independent Living	Costs associated with administration of Independent Living program.	Direct to Title IV-E Independent Living
40551	Title IV-E Educational Training Vouchers (ETV)	Costs associated with Title IV-E Educational Training grant – ETV 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

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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	GC-MCO Investment Medical Sub Care	Costs directly associated with sub care treatment	Direct to GC-MCO Investment – Residential Care for Youth/Substitute Care
40710	GC Performance Contracts	Cost associated with Abusive Head Trauma Prevention-performance contracts	Direct to GC-MCO Investment - Prevent Child Abuse Vermont: Abusive Head 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, operating, direct and miscellaneous non-federal expenditures within Family Services.	Direct to State Fund

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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~~ (and Global Commitment and Children's Health Insurance Program (CHIP). ~~Effective 7/1/16, the Health Care Eligibility Unit and Choices for Care staff were transferred to the Department of Vermont Health Access (DHVA) for program administration.~~

Detailed explanation of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
<del>37708</del>	<del>VHC/MAGI-E&amp;E-Staff</del>	<del>This code is used for staff work related to Health Enterprise Eligibility and Enrollment DDI via VHC SI.</del>	<del>Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD -E&amp;E/VIEWS DDI (90%) &amp; Exchange Level 1C (100%)</del>
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 lvl 1C IT Staff	This code is used for IT Salary and Operating costs related to the Level 1C CCHIO 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

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39725	<del>Women, Infants, and Children (WIC) – General Administration</del>	<del>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 related charges are coded here.</del>	<del>Direct to WIC – General Admin</del>
40001*	Location Costs – Barre District Office	This code is used for location costs, such as land, building and/or rental fees, at the Barre District Office.	Quarterly employee count across Barre district office staff.
40002*	Location Costs – St. Albans District Office	This code is used for location costs, such as land, building and/or rental fees, at the St. Albans District Office.	Quarterly employee count across St. Albans district office staff.
40003*	Location Costs – Burlington District Office	This code is used for location costs, such as land, building and/or rental fees, at the Burlington District Office.	Quarterly employee count across Burlington district office staff.
40004*	Location Costs – Rutland District Office	This code is used for location costs, such as land, building and/or rental fees, at the Rutland District Office.	Quarterly employee count across Rutland district office staff.
40005*	Location Costs – Springfield District Office	This code is used for location costs, such as land, building and/or rental fees, at the Springfield District Office.	Quarterly employee count across Springfield district office staff.
40006*	Location Costs – Morrisville District Office	This code is used for location costs, such as land, building and/or rental fees, at the Morrisville District Office.	Quarterly employee count across Morrisville district office staff.
40500.101	Economic Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Economic Services.	Direct to State Fund
40703	GC-MCO Investments Lund Residential	MCO costs related to Lund residential services	Direct to GC-MCO Investment – MCO Lund Home
40705*	Health Care – Citizenship	Costs associated with verifying citizenship of applicants for health care eligibility	Direct to Global Commitment - Admin

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40900	Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to Interdepartmental Agreements
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 benefitting 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
41144*	ESD Health Care Admin LTC	This code is used for staff salaries and operating costs associated with LTC administrative and operating cost associated with training and operating staff.	Direct to Global Commitment Admin
41150*	<del>Health Care Eligibility</del>	<del>This code is used for Health Access Eligibility Unit (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 admin, and CHIP admin</del>	<del>Quarterly Results of HAEU RMTS</del>

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41151*	ESD Health Care Administration	This code is used for staff salaries and operating costs associated with training and operating staff. The benefitting programs are State funds, GC admin, and CHIP admin	Quarterly Results of HAEU RMTS
41152*	Health Access Eligibility Unit (HAEU) Supervisors & Admin Staff	This code is used for staff salaries and operating costs 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	Quarterly Results of HAEU RMTS
41155	Reach Up (RU) Operations	This code is used for staff salaries and operating costs associated with the Welfare-to-Work Director and staff who administer the Reach Up programs, including the case management and financial assistance components of Reach Up. The Director acts as project manager for such endeavors as state welfare reform, TANF reauthorization, and program redesign.	Economic Case Count Across Reach Up (TANF and State Fund)
41161	Jobs for Independence (JFI) Implementation	This code is used for staff salaries and operating costs associated with the implementation of the JFI pilot program.	Direct to State Fund
41162	Jobs for Independence (JFI) Award Pilot Project	This code is used for staff salaries and operating costs associated with the of the JFI pilot program.	Direct to JFI Award
41163	SNAP Other Support Services	This code is used for staff salaries associated with SNAP Support Services.	Direct to SNAP

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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
41165	SNAP Mandated Quality Control	This code is used for staff salaries and travel costs associated with mandated SNAP 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*	<del>Quality Assurance Health Specialist</del>	<del>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 sample cases to ensure actions are valid, analyzing delivery and payment system for potential problems and recommending improvements.</del>	<del>Actual Cases Reviewed by Quarter for CHIP &amp; GC</del>
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 (not including fringe)

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41168	Reach Up Quality Assurance	This code is used for staff salaries and travel costs associated with non-mandated RU quality assurance functions.	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 (not including fringe)
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 (not including fringe)
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 sources for the SNAP Program.	Direct to SNAP Certification
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

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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 office supervisory personnel, who plan, assign and review the work of eligibility specialists.	Quarterly Results of the Economic 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

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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, not including fringe)
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 (not including fringe)
41210	LIHEAP Benefits Program Staff	This code is used for staff salaries and operating costs associated with running the Home Heating Program.	Direct to Home Heating Program/LIHEAP
41211.101*	Economic Services Deputy Commissioner, Administrative Services Director, Operations Director and Support Staff	The Economic Services Deputy Commissioner is responsible for overseeing all of the Economic Services Division activities, including Support Staff that provide training and	Total-Salaries Across Economic Services (including field services, not including fringe)

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		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 staff are coded here.	
41212	Benefit Programs Administrator	This code is used for staff salaries and operating costs associated with supervising Home Heating Staff, Benefit Programs Support Staff and Systems Operations – Specialists.	Total-Salaries Across Heating (not including fringe)
41220	SNAP Medical Exams	Medical exams requested by Field Operations Staff as part of eligibility determination.	Direct to SNAP Administration
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

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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
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.	Direct to TANF
41271	Policy Analyst – Reach Up;	This code is used for staff salaries and operating costs associated with the policy analyst who specializes in TANF and/or RU planning, development, and assessment.	Direct to TANF
41275*	Fraud Investigators	Fraud Investigators and Staff investigate possible client fraud in all ESD 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 coded here.	Quarterly Count of Case By Program

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41280	Reach Up Case Management & Reach Up E&T General Admin	This code is used for staff salaries and operating costs associated with District office self-support 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.	<del>Total salaries across RU Case Manager District staff (not including fringe) ESD Reach Up Case Count Excluding Child, Federal Deferred and Sanctioned (TANF &amp; State Fund)</del>
<del>41281</del>	<del>Reach Up E&amp;T</del>	<del>This code is used for staff salaries and operating costs associated with District office self-support personnel for Employment and Training programs. Reach Up Case Managers provide support services, counseling and job search assistance to clients seeking employment opportunities.</del>	<del>Total E&amp;T salaries across RU Case Manager District staff (not including fringe)</del>
<del>41282</del>	<del>Reach Up Case Management</del>	<del>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.</del>	<del>Total RU CM salaries across RU Case Manager District staff (not including fringe)</del>
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.	<del>Total salaries across RU Case Manager District staff (not including fringe) ESD Reach Up Case Count Excluding Child, Federal Deferred and Sanctioned (TANF &amp; State Fund)</del>

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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 <del>for Economic Services Division</del>	This code is used for staff salaries and operating costs associated with administrative staff.	Quarterly Results of the Legal Time Study
41295*	<del>Assistant Attorney General (AAG) Legal Division for Economic Services</del>	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
41305	SNAP General Administration	This code is used for staff salaries and operating costs 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.	Direct to SNAP Administration
41306	SNAP Outreach	This code is used for staff salaries and operating costs associated with SNAP outreach functions.	Direct to SNAP Outreach
41310	RU - Employment Training	Provision of program activities and case management to Reach Up participants.	ESD Reach Up <del>E&amp;T</del> Case Count <del>Excluding Child, Federal Deferred and Sanctioned (TANF &amp; State Fund)</del>

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41311.108	RU - Employment Training - (E&T) 100%	Provision of program activities and case management to Reach Up participants. Not matched.	ESD Reach Up <del>E&amp;T</del> Case Count <del>Excluding Child, Federal Deferred and Sanctioned (TANF &amp; State Fund)</del>
41311.201	RU - Employment Training - (E&T) 100%	This code is used for staff salaries and operating costs associated with the provision of program activities and case management to Reach Up participants.	ESD Reach Up <del>E&amp;T</del> Case Count <del>Excluding Child, Federal Deferred and Sanctioned (TANF &amp; State Fund)</del>
41313	Fair Hearing 3SQRS	This code is used for staff salaries and operating costs associated with 3Squares Fair Hearings.	Direct to SNAP Fair Hearings
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.	<del>Economic Services</del> Case Count Across Reach Up (TANF and State Fund)
41315	SNAP Outreach	This code is used for costs associated with providing SNAP outreach services to eligible low-income persons.	Direct to SNAP Outreach
41316	SNAP Outreach 100%	This code is used for costs associated with providing SNAP outreach services to eligible low-income persons. Private match provided by sub-recipients.	Direct to SNAP Outreach

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41318	SNAP E&T Non Duals	This code is used for costs associated with the provision of program activities and case management to ABAWD participants.	Direct to SNAP E&T Non Duals
41320	SNAP Nutrition Education	This code is used for costs associated with providing nutrition education services to food stamp recipients and applicants and to other eligible low-income persons.	Direct to SNAP Nutrition Education
41321	SNAP Nutrition Education 100% Matched	This code is used for costs associated with providing nutrition education services to SNAP recipients and applicants and to other eligible low-income persons.	Direct to SNAP Nutrition Education
41330.108	Reach Up Verification - Services	This code is used for costs associated with case management to Reach Up participants and parent/child employment services.	Direct to TANF
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 <del>E&amp;T</del> Case Count Excluding Child, Federal Deferred and Sanctioned (TANF & State Fund) (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 <del>E&amp;T</del> Case Count Excluding Child, Federal Deferred and Sanctioned (TANF & State Fund)
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

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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 staff and operating costs associated with vouchers used at farmers markets.	Direct to Farm to Family Administration
41370	DCF - Child Nutrition – Clinicians Enhancing Child Health (CECH)	This code is used for costs associated with supporting Child Nutrition Program services that cannot be funded with SNAP outreach money.	Direct to State Fund
41401	Reach Up Basic Assistance/Shelter	This code is used for costs associated with Reach Up benefits.	Direct to TANF
41411	Reach Up (Unemployed Parents)	This code is used for the direct cost of cash assistance payments.	Direct to State Fund
41415	RU Support Services – State Only	This code is used for the direct cost of cash assistance payments.	Direct to State Fund
41417	Reach Up Basic Assistance/Solely State Funded (SSF)	This code is used for the direct cost of cash assistance payments.	Direct to State Fund
41419	RU Lund – Private Nonmedical Institutions (PNMI)/ Substance Abuse (SA) LUND GC Cost	This code is used for treatment cost paid to the Lund Center	Direct to GC - Program
41421	Reach Up Support Services– Education and Training	This code is used for the direct cost of cash assistance payments for education and training support.	Direct to TANF
41431	Reach Up Support Services – Work Supports	This code is used for the direct cost of cash assistance payments for supporting work search and retention.	Direct to TANF

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41432	Reach First	This code is used for assistance paid to a family the first four months of Reach Up eligibility	Direct to TANF
41433	Reach Ahead	This code is used for food assistance for client coming off Reach Up and going to work. These costs are considered Maintenance of Effort (MOE).	Direct to TANF-MOE
41458	Disposals	This code is used for the direct cost of cash assistance payments.	Direct to State Fund
41461	Single Parent – State Only	This code is used for the direct cost of cash assistance payments.	Direct to State Fund
41462	Two Parents – State Only	This code is used for the direct cost of cash assistance payments.	Direct to State Fund
41467	Two Parents over 60 month limit	This code is used for payments paid by State after the 60 month limit	Direct to State Fund
41468	Single Parent over 60 month limit	This code is used for payments paid by State after the 60 month limit	Direct to State Fund
41471	Child Only with Single Parent on SSI	This code is used for the direct cost of cash assistance payments.	Direct to TANF
41472	Cash Assistance Payments (Post- Secondary Education)	This code is used for the direct cost of cash assistance payments.	Direct to State Fund
41473	Child Only with Two Parents on SSI	This code is used for the direct cost of cash assistance payments.	Direct to TANF
41476	Two Parents Not Meeting Work Requirements	This code is used for the direct cost of cash assistance payments.	Direct to TANF
41478	Childcare/Caretaker Deferment	This code is used for the direct cost of cash assistance payments.	Direct to State Fund
41479	Single Parent Working	This code is used for the direct cost of cash assistance payments.	Direct to TANF
41480	Single Parent not Meeting Work	This code is used for the direct cost of cash assistance payments.	Direct to TANF
41481	Cash Assistance Payments (minor parent not living with parent)	This code is used for the direct cost of cash assistance payments.	Direct to State Fund

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41484	Absence	This code is used for the direct cost of cash assistance payments.	Direct to TANF
41485	Two Parent Working	This code is used for the direct cost of cash assistance payments.	Direct to TANF
41501*	State Supplement Program – AABD-EP-Supplemental Security Income (SSI)	This code is used for AABD-Essential Persons-SSI payments.	Direct to <b>GC-MCO Investment</b> – 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 <b>GC-MCO Investment</b> - 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 <b>GC-MCO Investment</b> -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 <b>GC-MCO Investment</b> -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
41534	<b>Home Heating Subsidies – State Portion of Supplemental Fuel Benefits</b>	<b>This code is used for supplemental fuel benefits funded by the State</b>	<b>Direct to State Fund</b>
41535	<b>Home Heating Subsidies – State Portion of Emergency Fuel Benefits</b>	<b>This code is used for emergency fuel benefits funded by the State</b>	<b>Direct to State Fund</b>
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

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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
41618	HSE PMO - Staff	This code is used for staff expenses related to Health Enterprise 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%).
41631	Gearwar	This code is used for programmatic costs associated with Gearwar	Direct to Global Commitment Program
<del>41639</del>	<del>ICD-10 Contractual Costs</del>	<del>Contractor expenses associated with the ICD-10 planning are coded here.</del>	<del>Direct to ICD-10 IAPD 90/10</del>
<del>41640</del>	<del>ICD-10 Staff Costs</del>	<del>This code is used for staff salaries and operating costs associated with the ICD-10 planning.</del>	<del>Direct to ICD-10 IAPD 90/10</del>
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/MES-DDI (90%)
41712	General Assistance – Direct Payments for General Assistance	This code is used for the direct costs related to providing GA services.	Direct to State Fund
41714	General Assistance –Direct Payments for a household with children	This code is used for the direct costs related to providing GA services.	Direct to State Fund
41716	General Assistance – Direct payments for pending SSI cases	This code is used for the direct costs related to providing GA services.	Direct to State Fund
41721	GA Emergency Assistance	This code is used for the direct costs related to providing Emergency Assistance.	Direct to TANF

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41722	GA/GA Dental	This code is used for the direct costs related to providing Emergency Assistance.	Direct to <b>GC-MCO Investment</b> — General Assistance (GA) Medical Expenses
41726	GA Pharmacy	This code is used for the direct costs related to providing Emergency Assistance.	Direct to <b>GC-MCO Investment</b> - GA Medical Expenses
41727	GA Abortions	This code is used for the direct costs related to providing Emergency Assistance.	Direct to State Fund
41728	GA Vision/Physician	This code is used for the direct costs related to providing Emergency Assistance.	Direct to <b>GC-MCO Investment</b> – GA Medical Expenses
41777.106	General Assistance General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures for the General Assistance program within the Economic Services Division.	Direct to State Fund
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

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44340.101	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.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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 (not including fringe)
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

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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 process of collecting child support for families.	Quarterly Customer Contacts Across IV-D and Non-IV-D
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
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

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38070	Legal	Costs incurred by the legal unit including but not limited to recording fees. This cost pool does not include family court cost, staff attorney or paralegal positions.	Direct to Title IV-D
38071	Sheriff Services	Costs incurred for sheriff services, return of service and non-service, including mileage reimbursement, postage, coping costs, etc.	Direct to Title IV-D
38075	Family Court Costs	The Office of Child Support will reimburse the Court Administrators 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.	Direct to Title IV-D
38080	Paternity Testing	Costs in this cost pool are for Contracts with private laboratories for genetic and other blood tests for use in paternity determination.	Direct to Title IV-D
38100	Intercept Unit	This unit is responsible for 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.	Direct to Title IV-D
38110	Training	This unit includes the 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.	Direct to Title IV-D

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38141	Behavioral Interventions for Child Support Services (BICS) Grant	To test and evaluate proposed behavioral interventions aimed at positively impacting child support collections for Vermont families.	Direct to BICS
38150	Employer Services Unit	This unit acts as a liaison between OCS and Vermont employer providing customer services directly to employers regarding availability of health insurance, wages withholding garnishments and new hire reporting	Direct to Title IV-D
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
40500.104	Child Support Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Child Support.	Direct to State Fund
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.

Detailed explanations of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
40500.110	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
41310	RU - Employment Training	Provision of program activities and case management to Reach Up participants.	ESD Reach Up <del>E&amp;F</del> Case Count <del>Excluding Child, Federal Deferred and Sanctioned (TANF &amp; State Fund)</del>
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 to <del>GC-MCO Investment</del> – 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)

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44210	Department of Energy (DOE) Weatherization	Federal 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 (federally funded)
44220	Emergency Heating System Grant Program	Special (State) funds, provides resources to allow the replacement and repair of unsafe heating systems.	Direct to Weatherization (state funded)
44240	DOE Weatherization (WX) & Weatherization Trust Fund (WTF)	Costs associated with salary and operations using both DOE WX & WTF funding	Direct to Weatherization (state funded)
44300	Community Services Block Grant (CSBG - Discretionary)	Federal funds-The primary goal is to eliminate poverty and provide training and technical assistance.	Direct to CSBG
44305	CSBG Administration	Administrative costs associated with CSBG.	Direct to CSBG
44310	CSBG	Federal funded, with a goal 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.	Direct to CSBG
44340.111	LIHEAP Weatherization Program	This code is used for costs associated with providing the Fuel Assistance program as part weatherization initiatives for the low income population.	Direct to Home Heating Program/LIHEAP
44350	Individual Development Account (IDA)	State funded, to provide financial literacy training and matched savings accounts for low-income Vermonters seeking home ownership, further education or to start their own business.	Direct to IDA
44450	Homeless Assistance	State funded for the homeless and Emergency Shelter Grant	Direct to State Fund

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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

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### 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.

Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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
40500.113	Disability Determination Services (DDS) General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within DDS.	Direct to State Fund

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41100	DDS Medical Exams	Review of medical evidence records necessary for Global Commitment eligibility determinations.	Direct to Social Security
41777.113	Disability Determination Services (DDS) General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within DDS	Direct to State Fund

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## 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

Detailed explanations of individual functions are included below.

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	GC-MCO Investment Criteria Percentage and General Fund
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
37988	YR 2 SIM Testing – Contracts	Contracts approved by CMS using YR 2 testing and approved carryover identified subcontract funds.	Direct to SIM Grant
37989	YR 3 SIM Testing - Contracts	Contracts approved by CMS using YR 3 testing and approved carryover identified subcontract funds.	Direct to SIM Grant

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37998	YR 2 SIM Testing – Staff	Direct staff and operating costs that are related to SIM activities for YR 2 testing activities and approved carryover activities.	Direct to SIM 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
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
39750.2*	NFS Grant	Programmatic Costs associated with the NFS Program.	Direct to Global Commitment - Admin
39751*	NFS – Non-SPMP	Staff costs associated with administering the NFS program.	Direct to Global Commitment - Admin
39763	Early Childhood Comp Systems (ECCS)	Federal funded early childhood program.	Direct to ECCS
40100*	Child Development Division Staff	Personal services 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 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 (not including fringe)
40105	Child Development Division - Operations and Licensing	Personal services and operating expenses for operational functions of the division, evaluation and investigatory work required for licensing day cares, pre-schools, non-recurring care and in-home care services. This code excludes eligibility determination functions/support.	BFIS Case Count

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40107	Child Development Division – Child Care Financial Assistance Program (CCFAP) Eligibility Determinations and Operational Support	Personal services and operating expenses for CDD CCFAP eligibility determination functions and support	BFIS Case Count
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.	Direct to <b>GC-MCO Investment</b> – Strengthening Families
40500.103	Child Development General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Child Development.	Direct to State Fund
40530.703	Child Care Subsidy	IV-E eligible program expenditures for child subsidy payments	Direct to Title IV-E Child Development
40530.773 (Effective 4/1/16)	Child Care Subsidy March 2016 Adjustment	Child care subsidy payments made on behalf of IV-E eligible foster children	Direct to Title IV-E Child Development
40530.803 (Effective 4/1/16)	Child Care Subsidy - Adoption	Child care subsidy payments made on behalf of adopted IV-E eligible children	Direct to Title IV-E Adoption Assistance
40540	Family Support Daycare Program	Administrative costs associated with Family Support Daycare Program	Direct to Title IV-B Child Welfare Services
40555	Child Development - SSBG	<del>Child Care Subsidy – Family Support Direct payments to foster parents and group homes.</del>	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

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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
40600.203	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
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 Global Commitment - Admin
40708	Children’s Integrated Services (CIS) Early Intervention (EI)	To support the work of CIS EI	Direct to <b>GC-MCO Investment</b> – CIS EI

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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 GC-MCO Investment - Therapeutic Child Care
41211.103*	<del>CCFAP Eligibility Determinations, Outreach, and Operational Support for Economic Services</del>	<del>Personal services and operating expenses for CDD-CCFAP-eligibility determination functions, outreach, and support to ensure that Vermonters with child care are aware of all the Economic Services programs that they are eligible for.</del>	<del>Total Salaries Across Economic Services (including field services, not including fringe)</del>
41602	CHIP Costs	CHIP eligible costs in CIS.	Direct to CHIP - Program
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/MES-DDI (90%)
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

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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:

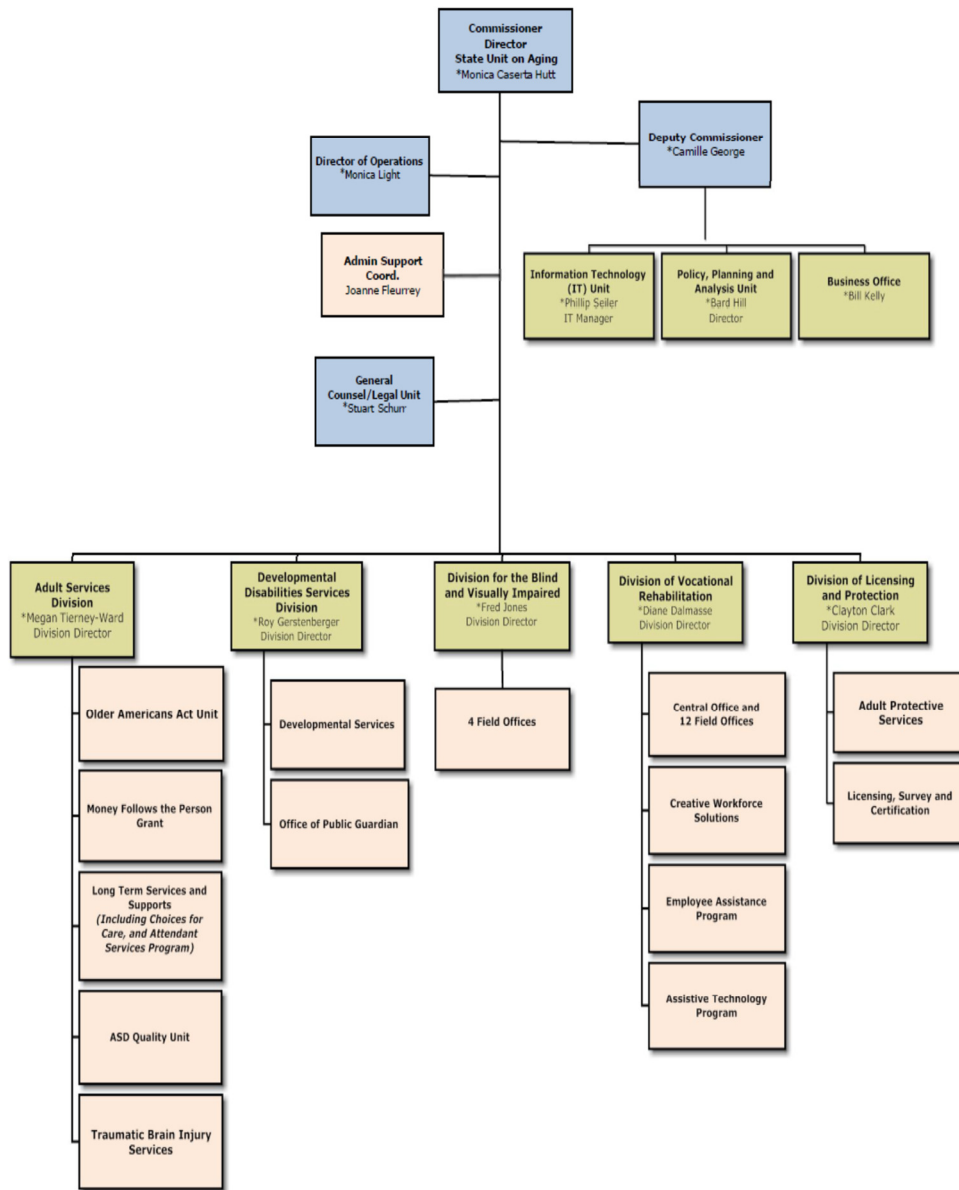
- Assist older persons and adults with physical disabilities to live as independently as possible.
- Assist persons with disabilities to find and maintain meaningful employment.
- Assure quality of care and life to individuals receiving health care and/or long term care services from licensed or certified 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. DAIL Organizational Chart

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



As of 1/1/2016

\* = Identifies contacts for DAIL Senior Leadership

\* 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.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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

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## 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.

Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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 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
43403	MCO Investments - SASH	Support and services at home (SASH)	Direct to MCO Investments

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43404	MCO Investments - HomeSharing	HomeSharing	Direct to MCO Investments
43405	MCO Investments – Self-Neglect	Self-neglect initiative	Direct to MCO Investments
43500	General Fund	Expenses that are entirely State funded	Direct to State Fund
43570	State Health Insurance Program	Area Agencies on Aging provide outreach and assistance to Medicare beneficiaries.	Direct to State Health Insurance Program Grant
43890	State Plan Administration and National Family Care Supplemental (III-E)	Activities related to administering OAA programs & for III-E services	Direct to Admin on Aging National Family Care Supplemental III-E
43955*	MCO Investments	State expense reportable under the Global Commitment Waiver	Direct to MCO Investments
43972	ADRC Options Counseling – AoA Enhanced Part A	Expenses related to AoA Enhanced ADRC Options Counseling.	Direct to ADRC Options Counseling – AoA Enhanced Part A
43976	VT Coordinated Legal Assistance for Seniors	Direct expenses related to the Vermont Coordinated Legal Assistance for Seniors federal award.	Direct to VT Coordinated Legal Assistance for Seniors

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### 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.

Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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	IEWS – Eligibility and Enrollment	Staff work related to Health Enterprise Eligibility and enrollment DDI and IV&V.	Per Approved Health Enterprise 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)

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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
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

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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
43534	AAA Preventative Health III-D	Expenses related to Admin on Aging Preventative Health	Direct to Admin on Aging Preventative Health Title III-D
43535	AAA Abuse Prevention VII	Expenses related to Admin on Aging Abuse Prevention	Direct to Admin on Aging Abuse Prevention VII
43536	Ombudsman Title VII	Expenses related to Ombudsman Title VII	Direct to Ombudsman 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 provide outreach and assistance to Medicare beneficiaries.	Direct to State Health Insurance Program Grant
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

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43890	State Plan Administration and National Family Care Supplemental (III-E)	Activities related to administering OAA programs & for III-E services	Direct to Admin on Aging National Family 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 Person grant.	Direct to MFP Grant
43898	MFP – Transition Coordinators Education Time	Expenses related to the federal Money Follows the Person grant.	Direct to MFP Grant
43901	MFP – Transition Coordinators Case Management Time (skilled nursing)	Expenses related to the federal Money Follows the Person grant.	Direct to MFP Grant
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

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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
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

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#### 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.

Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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

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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

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## 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.

Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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

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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)
43690	Assistive Technology Grant	Federal Grant to help consumers receive information pertaining to assistive Technology and system changes	Direct to Assistive Technology Grant
43700	Employee Assistance	Expenses related to the EAP program	Direct to Employee Assistance
43701	EAP VHCIP (SIM)	MOU with DVHA funded by SIM Grant	Direct to EAP VHCIP (SIM)
43730	Supported Employment Title VI-B	Expenses related to Supported Employment grant	Direct to Supported Employment Title VI-B
43731	Title VI SE Services to Youths	Supported Employment services for youth.	Direct to Title VI-C
43750	VR Independent Living Grant Part B	Direct expenses related to the Grant	Direct to Independent Living 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 Training Grant
43770	Section 110 (VR)	Expenses related to Section 110 grant.	Direct to Section 110 (VR)
43771	VDOL Evaluations	Expenses related to VDOL Evaluations	Direct to VDOL Evaluations
43775	VR Pets to Students	Expenses related to Pets to Students	Direct to Section 110
43780	VR UMASS BOND	Expenses related to grant from UMASS for Social Security Demonstration	Direct to VR UMASS BOND
43785	UMASS Progressive Employment	Expenses in developing and testing of VR's Progressive Employment Program as evidence-based program for job placements.	Direct to UMASS Progressive Employment
43790	Welfare to Work	Expenses related to Welfare to Work grant.	Direct to Welfare to Work

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43795	Community Action - SSI	Expenses related to VR Community Action - SSI applications	Direct to Community Action - SSI
43800	Innovation & Expansion	Expenses related to the Section 110 Grant	Direct to Section 110
43890	State Plan Administration and National Family Care Supplemental (III-E)	Activities related to administering OAA programs & for III-E services	Direct to Admin on Aging National Family Care Supplemental III-E
43891	Senior Community Service Employment Program - Supplemental	Federal Grant related to employment services for elders	Direct to Senior Community Service Employment Program - Supplemental
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

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## 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.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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)

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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 federal regulations related to HHA	Allocation Between Medicare (XVIII Funds), Medicaid (XIX Funds), 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	Direct to State Funds

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		residential care facilities; assisted living facilities; and therapeutic community residences.	
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

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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
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)

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43380	Hospice Surveys	Expenses incurred while certifying Hospice Agencies (includes complaints)	Direct to Medicare Non-SNF Personnel
43390	S&C Case Mix	Time spent mining data from nursing home assessments to be sent to Rate Setting.	Direct to S&C State General Funds
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
43955*	MCO Investments	State expenses reportable under the Global Commitment Waiver	Direct to MCO Investments
55555*	Communication	Expenses related to communication	Total Cost of Program Funds Expended in Quarter
66666*	Supplies	Expenses related to Supplies	Total Cost of Program Funds Expended in Quarter
77777*	Space	Expenses related to space	Total Cost of Program Funds Expended in Quarter
88888*	Equipment	Expenses related to equipment	Total Cost of Program Funds Expended in Quarter
43500	General Fund	Programs that are entirely State funded	Direct to State Fund

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

The Developmental Disabilities Services Division administers services to people with developmental disabilities, 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.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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	IEWS – Eligibility and Enrollment	Staff work related to Health Enterprise Eligibility and enrollment DDI and IV&V.	Per Approved Health Enterprise 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)

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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
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 DDS/D Guardianship
42006*	PASRR	Expenses related to Preadmission Screening and Record Review (PASRR).	Direct to PASRR
43021	Otto Johnson Trust	Expenses paid using Otto Johnson Special Fund revenue.	Direct to Otto Johnson

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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. **Effective July 1<sup>st</sup>, 2016, the Health Access Eligibility and Enrollment Unit and Long-Term Care Unit transferred from the Department of Children and Families to the Department of Vermont Health Access. This organizational shift was enacted at the legislative level, with the intent of aligning the functions of eligibility and enrollment with DVHA's management of Vermont's publicly funded health insurance programs. DVHA will benefit from increased efficiency and the ability to streamline numerous processes with eligibility workers situated within the Department. At the time of transfer, 147 employees from HAEEU and 27 employees from Long Term Care became part of DVHA. We have reflected these changes throughout the narrative, including DVHA's organizational chart. The acronym used for HAEEU was changed from HAEU beginning in State Fiscal Year 2016 to properly reflect the activities of both Eligibility and Enrollment from the unit. HAEEU now refers to the Health Access Eligibility and Enrollment Unit.**

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 1, 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 use 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.

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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.

### *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~~ University of Vermont Medical Center, 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.

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### 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.

### Vermont Department of Health (VDH)

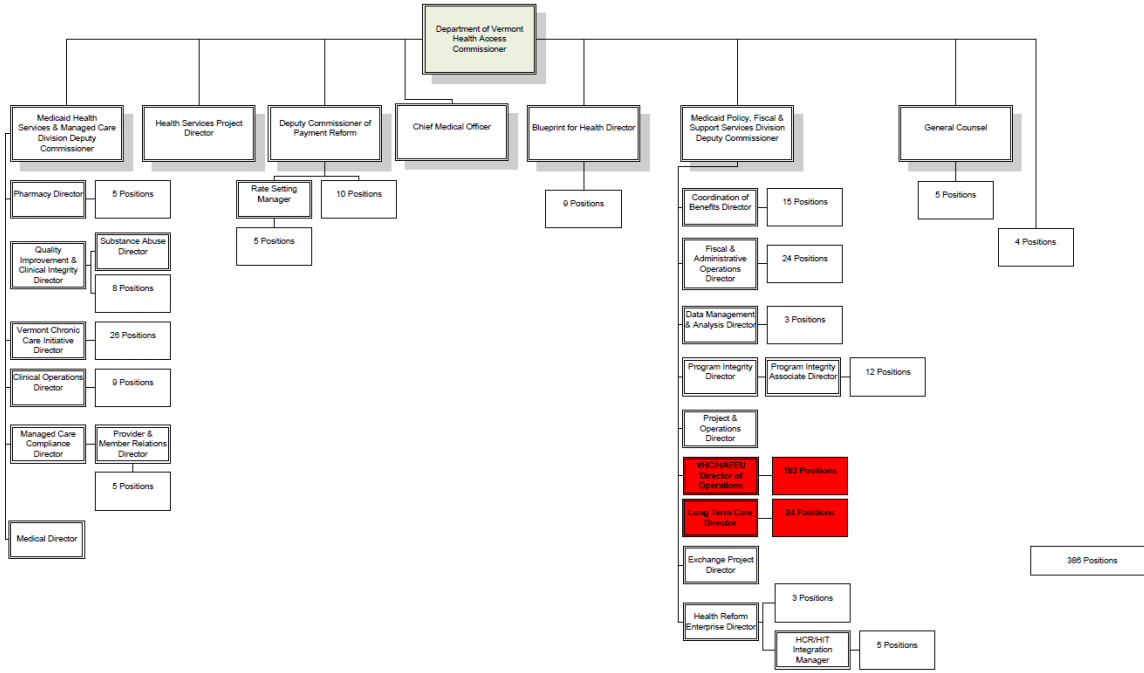
- Medicaid outreach and eligibility.
- Medical Practice Division (Quality Assurance).
- Selected Skilled Professional Medical Personnel.

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

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## II. DVHA Organizational Chart

# 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.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
1000.1*	SWICAP	DVHA Allocation of Statewide Indirect Costs	Total Hours Across All <b>Non-Indirect</b> Program Codes
1000.2	AHS – Audit Unit	DVHA Allocation of costs related to the AHS Audit Unit	Total Hours Across All <b>Non-Indirect</b> Program Codes
1000.3*	AHS – Secretary’s Office	DVHA Allocation of costs related to the AHS Secretary’s Office	Total Hours Across All <b>Non-Indirect</b> Program Codes
1000.4*	AHS Information Technology	DVHA Allocation of costs related to AHS Information Technology	Total Hours Across All <b>Non-Indirect</b> 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 <b>Non-Indirect</b> Program Codes
1000.7*	Human Resources Investigations Unit	DVHA Allocation of the costs associated with the Human Resources Investigations Unit	Total Hours Across All <b>Non-Indirect</b> Program Codes
1000.8	AHS Policy	DVHA Allocation of Field Services Costs	Total Hours Across All <b>Non-Indirect</b> 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 Health 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 Name	Description	Allocation Method
37006	EBCP Contracts DDI	Contractual Costs Associated with the Enterprise Business Capability Platform	Per Approved EBCP IAPD
<del>37531</del>	<del>Refugee Administration</del>	<del>Costs associated with the administration of the Refugee program.</del>	<del>Direct to RMA Grant</del>
<del>37701*</del>	<del>EBCP Contracts LIC</del>	<del>Contractual Costs associated with the Enterprise Business Capability Platform</del>	<del>Per Approved EBCP IAPD</del>
37702	Exchange Level 1C IT Contract	IT Consulting and contractual costs related to the Level 1c CCIIO Exchange Grant	Direct to Exchange Level 1C (100%)
<del>37703</del>	<del>VHC Open Enrollment</del>	<del>Staff work related to VHC Open Enrollment</del>	<del>Direct to IDT</del>
37704	HIE Contracts - Fair Share	Contractual Costs related to Health Information Exchange Expansion	Per Approved HIT IAPD
<del>37705</del>	<del>EBCP Contracts L2</del>	<del>Contractual Costs associated with the Enterprise Business Capability Platform</del>	<del>Per Approved EBCP IAPD</del>
37706	IEWS Training Contracts	Contractual Expenses related to Health Enterprise Eligibility and Enrollment training	Per Approved Health Enterprise IAPD
37707	IEWS Training Staff	Staff work related to Health Enterprise Eligibility and Enrollment training	Per Approved Health Enterprise IAPD

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37708	VHC/MAGI - E&E - Staff 1C	Staff work related to Health Enterprise Eligibility and Enrollment DDI and IV&V	Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD - E&E/VIEWS DDI (90%) & Exchange Level 1C (100%)
<del>37711</del>	<del>Dual Eligible Program</del>	<del>Costs associated with dual eligible program</del>	<del>Direct to Duals Grant</del>
37716	IE HC 90/10 Contracts	Contractual Expenses related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS- E&E/VIEWS DDI (90% <del>40</del> )
37717	IE HC 90/10 Staff	Staff work related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS- E&E/VIEWS DDI (90% <del>40</del> )
37718	HSE Analytics Contracts	Costs associated with HSE Shared Analytics	Per Approved Health Enterprise IAPD
37719	HSE SOA Software	Contractual cost related to SOA infrastructure licenses	Per Approved Health Enterprise IAPD
37727	EBCP Contracts L1C	Contractual Costs associated with the Enterprise Business Capability Platform	<del>Per Approved EBCP IAPD</del> Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD - E&E/VIEWS DDI (90%) & Exchange Level 1C (100%)
37728	Exchange Level 1C – IT <del>s</del> Staff and <del>e</del> Operating	Cost associated with Exchange Level 1C related IT staff and operating expenses	Direct to Exchange Level 1C (100%)
37729	EBCP Staff L1C	Staff Expenses associated with the Enterprise Business Capability Platform	<del>Per Approved EBCP IAPD</del> Quarterly enrollment for QHP and Medicaid, per

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			pending EBCP IAPD - E&E/VIEWS DDI (90%) & Exchange Level 1C (100%)
37988	SIM YR 2 Testing-Contracts	Contracts approved by CMS using YR 2 Testing and approved Carryover identified subcontract Funds	Direct to SIM Grant
37989	SIM YR 3 Testing-Contracts	Contracts approved by CMS using YR 3 Testing and approved Carryover identified subcontract Funds	Direct to SIM Grant
37999	SIM YR 3 Testing-Staff	Direct Staff and operating costs that are related to SIMS activities for YR 3 Testing Activities and approved Carryover Activities are coded here	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
39374	Breast & Cervical Cancer Admin	Direct Salary and Fringe for one FTE performing duties funded by a VDH grant	Direct to State Only Admin

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41050*	Enrollment Broker Services	Benefits counseling enrollment outreach and member services	Quarterly Case Count Across AHS and VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP
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41085*	DUR/MAB Board	Provide consultation and feedback on program design, management, and operations. The Drug 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 of all of DVHA's benefit programs.	Quarterly Enrollment for Global Commitment, CHIP, and all other benefiting programs
41090*	SPMP	Cost of time staff in positions requiring a professional medical certification or degree spent on duties and responsibilities that require professional medical knowledge and skills.	Direct to Global Commitment Admin
41120*	Fiscal Intermediary	Cost of contractual services for the administration of Medicaid/CHIP program. Receives, organizes and processes	Quarterly number of paid claims for Global Commitment, CHIP, and All Other benefiting Programs

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		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	
41141	Health Access Eligibility Unit Long Term Care Eligibility	Processes member applications and determines eligibility for Long Term Care coverage	Direct to Global Commitment Admin
41150	Health Access Eligibility Unit	Processes member applications and determines eligibility for Health Care Programs	Per RMTS enhanced OAPD statistic
41151	DVHA Health Care Admin	Support Health Access Eligibility Unit	Per RMTS OAPD statistic
41152	Health Access Eligibility Unit Supervisors	Oversee processing of member applications and eligibility determinations. Support Health Access Eligibility Unit staff	Per RMTS enhanced OAPD statistic
41470	State Only Expenses	Administrative expenses for “State Only” programs	Direct to State <del>Funds</del> Only Admin
41482	Program Improvement	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	Total Hours Across All <del>Other</del> Program Codes
41486*	Commissioner’s Office	Operations and oversight of DVHA units in both operations and the administration	Total Hours Across All <del>Other</del> Program Codes

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		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.	
41487*	Data Analysis Management	Provides data and analytical support to DVHA. Responds to Medicaid claims and enrollment data requests in a timely and accurate manner as well as providing analytical support to DVHA staff and units.	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs
41488*	Pharmacy Unit	Implements and manages the pharmacy benefits for Medicaid and the <del>VHAP, VHAP Pharmacy, VScript, VScript Expanded,</del> 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.	Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP and other benefiting Programs.

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41489*	Program Integrity	Responsible for maintaining the integrity of our Medicaid Program, including the provision of medically necessary 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 Residential Abuse Unit to investigate referred issues to determine if there is a problem.	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs
41490*	Clinical Unit	Manages Care Coordination (CC), Quality Initiatives (QI) and Prior 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	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs

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		clinical and service improvement, ensure resolution of identified problems and to measure/monitor intervention results over time to assess the need for new improvement strategies.	
41491*	Chronic Care Initiative	Extension of the above mentioned clinical unit responsibilities with the addition of make routine visits to provider/patients.	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs
41493*	Provider & Member Relations	Provide assistance to all provider groups for both incoming and outgoing communication regarding issues that affect providers.	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs
41495*	Policy and Reporting	<del>Represents DVHA in a variety of venues and 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.</del>	<del>Total Hours Across All Program Codes</del>

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41496*	Coordination of Benefits	Investigates claims potential for third party liability for areas of health insurance, court ordered medical support, Medicare Part D drug plans, estate recovery, cost effective health insurance, workers compensation and subrogation. When a liability is found, claims and/or liens are filed with the liable party obligating the party to reimburse the Medicaid paid claims.	Quarterly Enrollment for Global Commitment, and All Other benefiting Programs
41497*	Administrative Services	Responsible for fiscal and operational activities, including budget items, AR, AP, payroll and expenses, contract and grant monitoring, federal reporting, cost allocation and overall human resources and building maintenance.	Total Hours Across All Other Program Codes
41607	<del>VHC/MAGI E&amp;E Staff</del>	<del>Staff work related to Health Enterprise Eligibility and Enrollment DDI and IV&amp;V</del>	<del>Per Approved E&amp;E IAPD</del>
41609	<del>VHC/MAGI E&amp;E Contracts</del>	<del>Contractual Expenses related to Health Enterprise Eligibility and Enrollment DDI and IV&amp;V</del>	<del>Per Approved E&amp;E IAPD</del>
41612	<del>EBCP Staff L2</del>	<del>Staff Expenses associated with the Enterprise Business Capability Platform</del>	<del>Per Approved EBCP IAPD</del>
41613	MMIS-DDI Contracts	Contractual Expenses related to Health Enterprise MES DDI and IV&V	Direct to CMS-MMIS/MES – DDI (90%)
41614	ICD-10 Data Storage	Contractor expenses - associated with the ICD-10 planning	Direct to ICD-10 IAPD (90%)

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41617	ONC HIT 3013	<del>Costs Associated with Vermont State HIT-HIE Program and eHealth Initiative</del>	<del>Per approved Health Enterprise IAPD</del>
41618	HSE PMO - Staff	Staff Expenses related to Health Enterprise shared component design and development	Per Negotiated PMO allocation of HSE sources
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 <del>E</del> ligible 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 <del>E</del> ligible for Medicaid to GC Admin remainder to MCO.
41628*	Blueprint – Partnerships	Costs associated with Contractual and grant	Bi-Annual % of State population <del>E</del> ligible 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

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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
41636	MAPIR – EHR Incentive Payments	EHR Incentive Payments to providers	Direct to CMS - HIT EHRIP 100%
41637	MAPIR – State Customization – Contractual Costs	Contractor expenses – State Customization – contract associated with the Medical Assistance Provider Incentive Repository Program–	Direct to CMS-MMIS/MES – DDI (90%)
41639	ICD-10 – Contractual Costs	Contractor expenses – associated with the ICD-10 planning and Implementation	Direct to ICD-10 IAPD (90%)
41640	ICD-10 – Staff Costs	Work associated with the ICD-10 planning and Implementation	Direct to ICD-10 IAPD (90%)
41642	MMIS – DDI Staff	Staff work related to the development of the MMIS	Direct to CMS-MMIS/MES – DDI (90%)
41692*	HCR/HIT – Contracts	Compuware, Bi-state and any other “non-base” HCR expense	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.
41693	HIT: Implementation and Operation- Staff	Staff Expenses related to Health Enterprise HIT, HIE, EHR, and Public Health Development and Implementation	Direct to CMS-HIT IAPD (90%)
41694	HIT: Implementation and Operation- Contractors	Contractual Costs related to Health Enterprise HIT HIE, EHR, and Public Health Development and Implementation	Direct to CMS-HIT IAPD (90%)

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41695	MAPIR Incentive Payments	EHR Incentive Payments for Eligible Hospitals	Direct to CMS - HIT EHRIP 100%
41697*	Reimbursement Unit	Administrative expenses associated with the operation and oversight of Vermont's provider assessment, Disproportionate Share Hospital (DSH) payments, cost settlement process, and value based reimbursements.	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs
41698*	Substance Abuse Initiative	Expenses associated with the execution of substance abuse targeted programs including the "Team Care" and the "Hub and Spoke" models.	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs
41699*	Managed Care and Compliance	Executive salary expenses associated with Program Integrity, Provider and Member Services, and the Substance Abuse initiative	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs
<del>41701</del>	<del>Exchange Level 2—IT sStaff and oOperating</del>	<del>Cost associated with Exchange Level 2 related IT staff and operating expenses</del>	<del>Direct to Exchange Level 2</del>
41703*	GC Administrative Contracts	Contract Expenses associated with Administrative services charged to GC	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs
<del>41704</del>	<del>Exchange Level 2—non-IT Staff and oOperating</del>	<del>Cost associated with Exchange Level 2 related non-IT staff and operating expenses</del>	<del>Direct to Exchange Level 2</del>
<del>41705</del>	<del>Exchange Level 2—IT Contractual</del>	<del>Cost associated with IT related Exchange Level 2 contracting and consulting expenses</del>	<del>Direct to Exchange Level 2</del>
<del>41706</del>	<del>Exchange Level 2—non-IT Contractual</del>	<del>Cost associated with non-IT Exchange Level 2 related contract and consulting expense</del>	<del>Direct to Exchange Level 2</del>

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41761	HSE Infrastructure Staff w/ Level 1C	Staff Expenses related to Health Enterprise shared component design and development	Per Negotiated PMO allocation of HSE sources
<del>41762</del>	<del>VHC/MAGI E&amp;E Cont_1C</del>	<del>Contractual Expenses related to Health Enterprise Eligibility and Enrollment DDI and IV&amp;V</del>	<del>Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD— E&amp;E/VIEWS DDI (90%) &amp; Exchange Level 1C (100%)</del>
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 (100%)
41764	Exchange Level 1C non-IT Contract	Non-IT Consulting and contractual costs related to the Level 1c CCIIO Exchange Grant	Direct to Exchange Level 1C (100%)
<del>41765</del>	<del>Adult Medicaid Quality Grant Level 1 Staff</del>	<del>Costs associated with AMQ Level 1 related to staff expense</del>	<del>Direct to AMQ Grant</del>
<del>41766</del>	<del>Adult Medicaid Quality Grant Level 1 Contractual</del>	<del>Costs associated with AMQ Level 1 related to Contractual expense</del>	<del>Direct to AMQ Grant</del>
<del>41768</del>	<del>Exchange I Level 1b Non-IT Staff and Operating</del>	<del>Non-IT Salary and Operating costs related to the Level 1b CCHO Exchange Grant</del>	<del>Direct to Exchange Level 1B</del>
<del>41769*</del>	<del>Navigator—State</del>	<del>Non-IT Navigator grant costs related to the Level 1b CCHO Exchange Grant</del>	<del>Direct to Exchange Level 1B NOA</del>
<del>41770*</del>	<del>Navigator—Allocated</del>	<del>Non-IT In-Person Assistor grant costs related to the Level 1b CCHO Exchange Grant</del>	<del>Quarterly enrollment for QHP and Medicaid Per Pending EBCP IAPD</del>
<del>41772</del>	<del>CAQH ACA IAPD Staff</del>	<del>Cost associated with Vermont CAQH (Committee for Affordable Quality Healthcare) Core Operating Rules project related staff and operating expenses</del>	<del>Direct to ACA CAQH Grant</del>

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41773	CAQH ACA IAPD Contract	Cost associated with Vermont CAQH (Committee for Affordable Quality Healthcare) Core Operating Rules project related contract and consulting expenses	Direct to ACA CAQH <del>Grant</del> -(90%)
41774	TMSIS Staff	Cost associated with TMSIS project related staff and operating expenses	Direct to T-MSIS <del>grant</del> (90%)
41775	TMSIS Contract	Cost associated TMSIS project related contract and consulting expenses	Direct to T-MSIS <del>grant</del> (90%)
41778*	VHC Operations Contract	Cost associated with VHC Maintenance and Operations related contract expenses	Quarterly 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 VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP
41780	VHC eEligibility – (OAPD) eContracts	Cost associated with hosting, security, and maintenance & operations of VHC Medicaid eligibility related contract expenses, eligible for 75% match	Quarterly VHC Enrollment for Medicaid <del>Enhanced-FMAP</del> , CHIP, Designated State Health Programs (DSHP) and QHP
41781	Provider 6028 IAPD Staff	Staff costs associated with the introduction of new processes or modification of existing MMIS software to eliminate gaps between current Vermont procedures under ACA Rule 6028 and the MMIS system	Per approved Provider Enrollment IAPD

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41782	Provider 6028 IAPD Contracts	Contractual costs associated with the introduction of new processes or modification of existing MMIS software to eliminate gaps between current Vermont procedures under ACA Rule 6028 and the MMIS system	Per approved Provider Enrollment IAPD
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### Organizational Unit 3: Program

Nature and Extent of Services: The following **P**rogram **C**odes, Program Code Names, Descriptions, and Allocation Methods are for other programmatic costs associated with DVHA programs not including, salary, benefits, travel, and medical services contracts.

Program Code	Program Code Name	Description	Allocation Method
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 <del>State Funds</del> General Fund
41601	Medicaid	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Total Costs Across Global Commitment, Other Benefiting Programs (41601.115) (.116) <del>GC - MCO Investments (.117)</del> Based on CMS Invoice Billing
41602	CHIP Payments	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to CHIP - <del>Program</del>
<del>41603</del>	<del>Civil Union</del>	<del>Healthcare related expenditures as identified on the MMIS quarterly expenditure reports</del>	<del>Direct to Global Commitment MCO Investments</del>
41605	State-Only Pharmacy	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to <del>State Funds</del> General Fund
41610	HIV/INS	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to <del>Global Commitment -</del> MCO Investments <del>-</del> HIV Drug Coverage

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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
41620	Refugee Program	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to <del>RMA grant</del> 99999.9009 Refugee Medical Assistance - Program
41625	Vermont Legal Aid MAP	Payments to Vermont Legal Aid for services related to the Medicare Advocacy Project	Direct to Global Commitment Program
41631	GEARWAR	Financial transactions resulting from outcome of Gearwar vs. Wilson legal action	Direct to Global Commitment Program
41641	Buy-in Part B	Medicare Part B premiums paid on behalf of Vermont residents	Total costs across GC, CHIP, and Other Benefitting Programs Based on CMS Invoice Billing
46405	Medicare Clawback	Per person per month payments made to CMS for Part D beneficiaries	Direct to <del>State Funds</del> General Fund
41643	Vermont Premium Assistance	Premium Assistance payments made on behalf of eligible members enrolled in a Qualified Health Plan	Direct to <del>GC</del> Global Commitment Program or Direct to <del>State Funds</del> General Funds, Based on validation of remittance to carrier
41644	Cost Sharing reduction	Payments made on behalf of eligible members enrolled in a Qualified Health Plan, to assist with out of pocket medical costs	Direct to <del>State Funds</del> General Fund
41645	DSH	Medicaid Disproportionate Share Hospital Payments	Direct to DSH <del>Medicaid Allotment</del>
41646	<del>Adult Medicaid Quality Grant Level 1-PIP</del>	<del>Adult Measures Grant performance improvement project</del>	<del>Direct to AMQ Grant</del>

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41647	Drug Rebate	Drug Rebates received based on eligible Pharmacy expenditures	Allocated to Global Commitment Program, CHIP and Other Benefiting Programs by percent of total pharmacy 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:

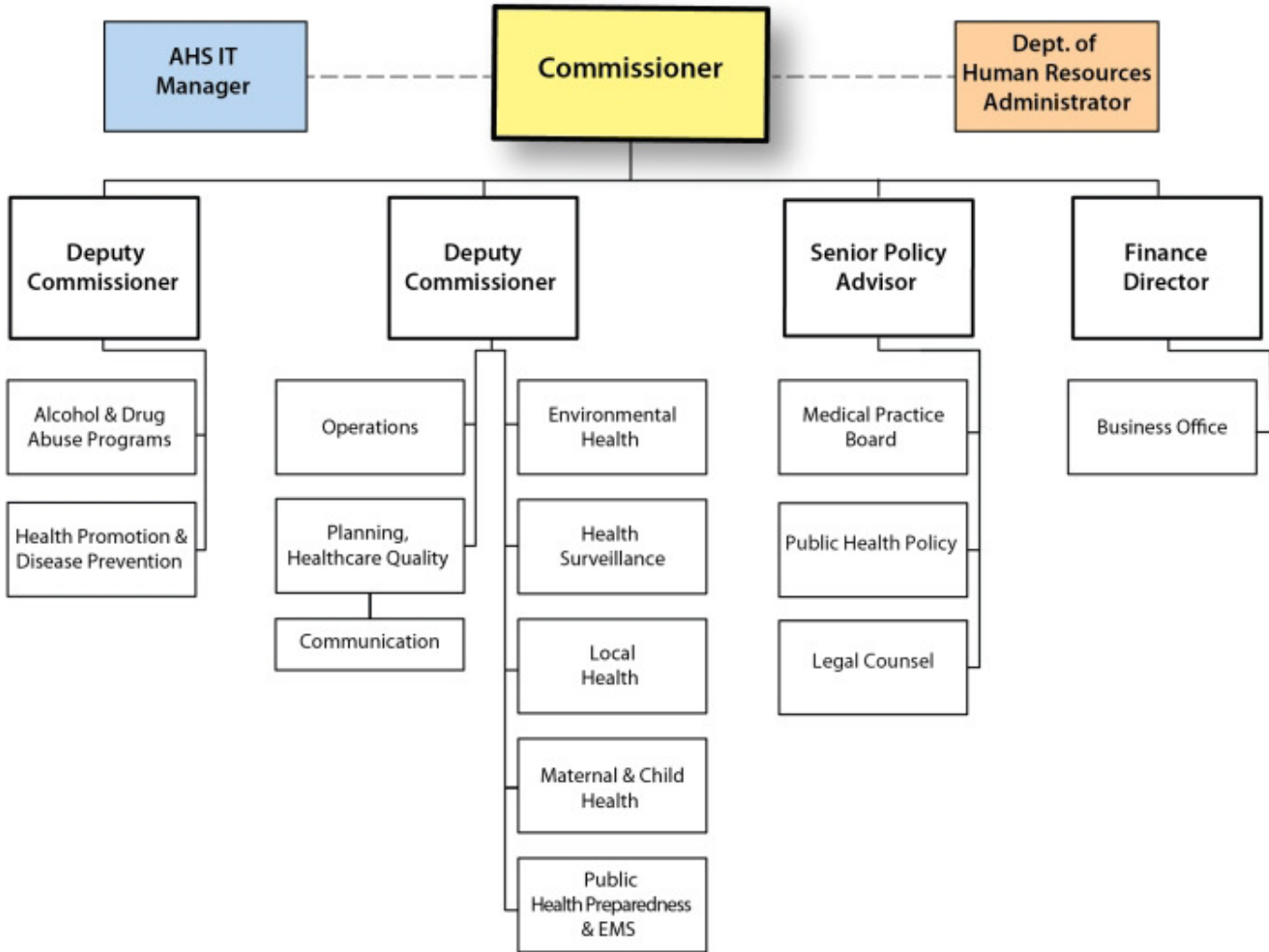
1. Effective and integrated public health programs
2. Communities with the capacity to respond to public health needs
3. Internal systems that provide consistent and responsive support
4. A competent and valued workforce that is supported in promoting and protecting the public's health
5. A public health 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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## II. Organizational Chart



4.2013

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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.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<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

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## 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.

Detailed explanations of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
37703	VHC Open Enrollment—Non-IT Staff	Direct state staff expenses related to “volunteer” VHC Open Enrollment efforts—not associated with VHC DDI or otherwise funded first-year operations.	Direct to VHC Open Enrollment—Non-IT Staff.
37991	State Innovation Model (SIM or VHCIP)	Direct Staff and operational costs associated with SIM Project—testing years	Per Approved SIM NOA
37998	SIM YR 2 Testing	Direct Staff and operating costs that are related to SIMS activities for YR 2 Testing activities and approved carryover activities	Per Approved SIM NOA
37999	SIM YR 3 Testing – Staff	Direct Staff and operating costs that are related to SIMS activities for YR 3 testing	Per Approved SIM NOA
39001*	Administration-Departmental	Costs associated with overall management of VDH including: legal services, policy, development, planning, public affairs, administrative support, financial management and Board of Health activities.	Total Salaries Across VDH

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39009*	Administration-Leave Time	Time code for all staff paid for time not worked such as vacations, holidays, sick leave, personal time and compensatory time.	Quarterly Results of Individual Employees Positive Reporting
39011	Public Health Training Center	Costs associated with VDH participation in the New England Public Health Workforce Development Alliance.	Direct to Public Health Training Center
39012	Organ Donation	All costs of grants from the Department of health related to organ donation.	Direct to Organ Donation.
39013	Corrections Dept Quality Oversight	Expenditures associated with Quality Oversight of the Corrections Department.	Direct to Department of Corrections Quality Oversight
39014*	Duty Officer Time	Standby time and work time associated with assignment as Duty Officer outside of normal business hours.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39016*	Patient Safety Surveillance	All costs associated with activities related to patient safety surveillance and improvement system.	Allocated 50% to Global Commitment Investment and 50% to State Funds
39023	Hospital Licensing	Expenses related to license applications, developing rules and monitoring compliance with same, issuance of licenses and other activities.	Direct to Hospital Licensing

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39040*	Area Health Education Center program support	Payments to provide support to Area Health Education Centers (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.	Direct to Global Commitment Investment.
<del>39041*</del>	<del>Federally Qualified Health Center and Look-Alike Funding</del>	<del>Payments associated with legislative funding for Federally Qualified Health Centers (FQHC) or for Federally Qualified Health Center look-alikes.</del>	<del>Direct to Global Commitment Investment.</del>
39042*	Free Clinic Administrative Support	Payments to the Vermont coalition of clinics for the uninsured to provide outreach, enrollment, education, and care coordination to patients receiving services at any of the free clinics.	Direct to Global Commitment Administration
39043*	Tele-child psychiatry services	Payments associated with tele-child psychiatry patient consultation services and tele-education in the area of assessment, treatment, and referral of children with emotional or behavioral problems who are seen in federally qualified health centers.	Direct to Global Commitment Investment.
39044	Prescription Drug Education	Payments to support an evidence-based prescription drug education program, including Academic Detailing teams, for health care professionals.	Direct to Prescription Drug Education (Evidence-Based Education and Advertising special fund)

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39047	Statewide Quality Assurance System	Funding to VPQHC to implement and maintain a statewide quality assurance system to evaluate and improve the quality of healthcare services rendered in Vermont.	Direct to Statewide Quality Assurance System
39048	Building a Culture of Health	All costs of those activities associated with incorporating factors associated with quality-of-life into the State's analysis of health resources and expenditures.	Direct to Building a Culture of Health
39523*	Poison Control and Surveillance Activities	Activities associated with poison control and surveillance, including services currently provided by the Northern New England Poison Center.	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*	<del>CHAMPPS (Coordinated Healthy Activity, Motivation, and Prevention Programs)</del>	<del>Grants payments to community organizations to support the Coordinated Healthy Activity, Motivation and Prevention Programs (CHAMPPS)</del>	<del>Direct to Global Commitment Investment.</del>
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

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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 repayment to health care professionals.	Direct to Global Commitment Investment.
39541	Small Hospital Improvement	Costs associated with a project to assist small hospitals in implementing prospective payments systems, improving quality and complying with certain provisions of the Health Insurance Portability and Accountability Act (HIPAA).	Direct to Small Hospital Improvement Grant
39546	State Loan Repayment Program	All costs of those activities associated with the State Loan Repayment Program, funded under the grant from HRSA	Direct to State Loan Repayment Program.
39574	Oral Health Workforce	All personnel costs and associated expenditures for the Public Health Dental Hygienist covered by the UVM Medical Center grant.	Direct to Oral Health Workforce
41639	ICD-10 Contractual Costs	Contractual work associated with the ICD-10 planning & Implementation	Direct to ICD-10-IAPD

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41640	ICD-10 - Staff	Direct staff work associated with the ICD-10 planning & Implementation	Direct to ICD-10-IAPD
41642*	MMIS - DDI Staff	Staff work that is related to the replacement of the current MMIS. Medicaid claims payment system. Also known as Medicaid Enterprise System (MES) Design.	Direct to CMS-MMIS
41693	HIT: Implementation and Operation Staff.	Direct Staff work associated with State Medicaid Health Plan (SMHP) - HIT Implementation and Operation: HIE, EHR Incentive program, and Public Health	Direct to CMS-HIT
41694	HIT: Implementation and Operation Contract	Contractual work associated with State Medicaid Health Plan (SMHP) - HIT Implementation and Operation: HIE, EHR Incentive program, and Public Health	Direct to CMS-HIT
<del>41704*</del>	<del>Exchange Level 2 non-IT Staff</del>	<del>Non-IT Salary and Operating costs related to the Level 2 OCHO Exchange Grant</del>	<del>Direct to Exchange Level 2</del>

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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.)

Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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
39174	PHEP Ebola Supplement	All Costs associated with a project to support accelerated public health preparedness planning and response for Ebola.	Direct to PHEP Ebola Supplement

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39179*	EMS Special Fund	All costs to improve EMS services in Vermont through training and other activities underwritten by the insurance companies via a Special Fund. Costs eligible for Special Funds will not receive GC reimbursement.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39181*	EMS Program Services	Cost associated with statewide developmental and administrative activities including complaint investigation and technical consultation to services, hospitals and communities. Does not cover any costs associated with licensing, certification or with direct provision of patient services such as vehicles, equipment, training or provider personnel.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39182*	EMS Licensing	Staff time and other costs associated with the quality assurance functions performed by the Vermont Department of Health necessary to credential EMS personnel, vehicles and organizations. Activities related to regulation: licensing, ambulances, testing, certification, complaint investigation and training for either certification or re-certification.	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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39184	EMS – Highway Safety	Costs associated with the EMS Highway Safety Program.	Direct to EMS Highway Safety
39183	EMS for Children	Staff time, contracts and other payments for the EMS for Children project.	Direct to EMS for Children
39187	EMS Trauma Plan	Costs associated with a project to develop a new State Emergency Medical Service plan, including a Trauma Care System Plan.	Direct to EMS Trauma Plan
39189	Siren MOU with DPS	All costs associated with the SIREN project funded by the VT Dept. of Public Safety	Direct to IDT SIREN.
39190	Childhood Passenger Safety MOU with DPS	All costs of those activities associated with the Childhood Passenger Safety MOU with the DPS Governor’s Highway Safety Program	Direct to Childhood Passenger Safety MOU with DPS
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
39270	PH Emergency Response	All costs associated with activities in response to public health emergency events or exercises.	Direct to ELC Ebola Supplement

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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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\* 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: 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.)

Detailed explanations of individual functions are included below.

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
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
39231*	Vermont Vaccine Purchasing Program	All costs associated with Providing vaccines for all Vermonters	<del>Allocated to Global Commitment Investment and Direct to Vermont Vaccine Purchasing Program based on Medicaid Eligibility Rate for Adults</del>

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39232*	Medicaid Vaccines for Adults	Costs associated with providing vaccines to Medicaid eligible Adults	Direct to Global Commitment Program
39240	Epi Lab Capacity non-PPHF	All Costs of those activities of the Epi Lab Capacity program which are not funded by Prevention and Public Health Funds	Direct to Epi Lab Capacity
39241	ELC Ebola Supplement	All costs associated with a project to enhance healthcare infection control and laboratory biosafety under the Ebola supplement to the Epidemiology and laboratory Capacity Grant	Direct to ELC Ebola Supplement
39301*	Health Surveillance Administration	Staff time and operating costs associated with overall administration of the Health Surveillance Division	Total Salaries Across Health Surveillance Program
39309*	Health Surveillance – Leave Time	Time code for all staff paid for time not worked such as vacations, holidays, sick leave, personal time and compensatory time.	Quarterly Results of Individual Employees Positive Reporting
39311	Vaccines	Vaccine purchases	Direct to Vaccines
39313	Vaccinations	Costs of administration of vaccines to individuals by nurses, except when these activities are included in a more specific cost center, for example, Rabies Control or Hepatitis B.	Direct to Vaccines
39314	Immunization Services	Staff time and expenditures for Immunization Services. This includes the preparation of doctors' orders for vaccines and the distribution of vaccines to local providers.	Direct to Immunization
39315	Immunization Action Plan	Costs associated with activities related to day care facilities and follow-up of non-Global Commitment eligible children that are associated with the Immunization Action Plan. Follow-up activities for Global Commitment eligible clients are coded to EPSDT Administration functions.	Direct to Immunization

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39316	Immunization Information System	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 pre- and 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

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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
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	Costs associated with the analysis and dissemination of vital statistics.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39384*	Research and Statistics	Costs associated with the 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.	Allocated to Global 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 associated with the Health Risk Survey.	Direct to Health Risk Survey
39394	Behavioral Risk Factor Surveillance	Staff time and other costs associated with designing, administering and conducting the behavioral risk factor survey.	Direct to Behavioral Risk Factor Surveillance
39395	Pregnancy Risk Assessment Monitoring	Costs associated with planning, developing and implementing a pregnancy risk assessment monitoring system.	Direct to Pregnancy Risk Assessment Monitoring
39397	Electronic Death Registry System	All costs associated with the activities related to the creation of an electronic death registration system.	Direct to Electronic Death Registry System.
39398	Advanced Directives Registry	All costs associated with advanced directives registry.	Direct to Advanced Directives Registry
39432*	Laboratory Certification	Costs and activities associated with certification of other laboratories, except CLIA activities.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39434*	Laboratory Administration	Costs and activities associated with the overall administration of the laboratory which are not directly related to another functional area. This does not include training, meetings and other activities directly related to a specific program, but do include such activities when they are broader than a single function.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39451*	Laboratory Drinking Water, Microbiology	Costs and activities associated with microbiological water testing.	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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39452*	Laboratory Drinking water, Organic	Costs and activities associated with organic testing of drinking water related to VOCs and THMs (EPA method 524.2).	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39453*	Laboratory – Drinking Water, Inorganic, Other	Costs and activities associated with organic drinking water testing except for VOCs and THMs.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39454*	Laboratory Drinking Water, Inorganic	Costs and activities associated with inorganic testing of drinking water for metals.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39455*	Laboratory – Inorganic Drinking Water, Other	Costs and activities associated with inorganic testing of drinking water except for metals and radiological testing.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39456*	Laboratory – Miscellaneous Chemistry	Costs and activities associated with environmental lead, special projects and other chemistry work that is not described under other codes.	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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39458*	Urine Drug Program	Time and materials for urine drug analysis of clinical and correction samples	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39470*	Laboratory Radiochemistry	Costs and activities associated with radiochemistry water testing.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39471	Laboratory – Radiological, Vermont Yankee	Costs and activities associated with Vermont Yankee surveillance.	<del>Direct to Laboratory – Radiological, Vermont Yankee</del> Direct to VRERP
39472*	Laboratory – Radiological, Other	Costs and activities associated with radiological testing except water and Vermont Yankee surveillance.	Direct to Laboratory
39481*	Laboratory Microbiology	Costs and activities associated with serology such as hepatitis, HIV, measles, mumps, rubella, syphilis and similar tests.	Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39482*	Laboratory – Diagnostic Microbiology, Other	Costs and activities associated with parasitology and virology or other diagnostic microbiology excluding serology.	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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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.)	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
39526	Chronic Disease Self-Management Program – ARRA	All costs with efforts to build state infrastructure to implement evidence-based chronic disease self-management programs	Direct to Chronic Disease Self-Management Program – ARRA
39537	Minority Health	All costs associated with implementing the objectives of the Department's Minority Health Strategic Plan.	Direct to Minority Health
39544	Refugee Preventive Health	All costs associated with a set of preventive health services for refugees, funded under the new Refugee Preventive Health grant from the Administration for Children and Families	Direct to Refugee Preventive Health
39545	Domestic and Sexual Violence Prevention	To support the development of a state prevention plan on domestic and sexual violence.	Direct to 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.

Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
39161	Medical Examiners Program	Expenses incurred in performing autopsies and maintaining the Office of the Chief Medical Examiner.	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, etc. to assistant medical examiners.	Direct to Medical Examiner
39168	CME – Coverdell MOU	All costs related to the OCME program funded with Coverdell funds from the VT Dept. of Public Safety	Direct to CME – Coverdell MOU

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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 re-submission 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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Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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

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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 and children who receive care at University Orthopedics.	Direct to MCH Grant
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	HOP	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

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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
39597	ILEHP	Staff time and other costs associated with the Interdisciplinary Leadership Education for Health Professionals program.	Direct to MCH Grant
39598	NICU	Staff time and other costs related to services for children at the Newborn Intensive Care Unit.	Direct to MCH Grant
39599*	Renal Disease	Payments made to the Vermont Kidney Association for Renal Patient Fund.	Direct to Global Commitment Investment.
39600	Part C	Costs associated with the implementation of an early intervention program for children aged 0-36 months.	Direct to Part C
39603	Early Hearing Detection and Intervention Grant	Costs associated with the Children’s Hearing Intervention and Resources Project, the Early Detection and Intervention CDC Grant.	Direct to Early Hearing Detection and Intervention Grant
39606	Universal Newborn Hearing Screening	All costs associated with the activities authorized under a grant from HRSA to support a program of universal newborn hearing screening.	Direct to Universal Newborn Hearing Screening
39607*	ILEHP Services	All costs associated with grant payments to UVM for ILEHP services for Global Commitment eligible children.	Direct to Global Commitment Administration
39608	Integrated Community Systems for CSHCN	All costs of those activities associated with the Integrated Community Systems for CSHN, funded under a grant from HRSA	Direct to Integrated Community Systems for CSHCN
39610	Autism	All costs associated with a project to improve services for children youth with Autism Spectrum Disorder and other developmental disabilities	Direct to Autism
39701*	Maternal & Child Health Division Administration	Staff time and operating costs associated with overall administration of the Maternal Child Health Division.	Total Salaries Across MCH/OLH
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

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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	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.
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.
39735	WIC Infrastructure	All Costs associated with a WIC Infrastructure funded under a grant from the USDA	Direct to WIC Infrastructure
39736	Breast Feeding Peer Counseling	Costs associated with the PHHS Block Grant for expanded activity of Breast Feeding in Franklin and Grand Isle Counties	Direct to PHHS Block Grant
39738	WIC2Five	All costs associated with a project to use mobile health education messaging to support WIC program retention	Direct to WIC2Five

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39737	WIC EBT Planning	All costs associated with grant-funded WIC EBT planning activities	Direct to WIC EBT Planning.
39741	Maternal and Child Planning and Evaluation	Staff time, purchased supplies, equipment and services and other costs of MCH planning and evaluation.	Direct to MCH Grant
39742	MCH Primary Care Planning	Costs associated with activities related to the development of a comprehensive primary care system of services for children.	Direct to MCH - Primary Care Planning
39743	Newborn Screening	Staff and contract activity related to the Newborn Screening Program.	Direct to Newborn Screening
39758*	School Based MAC	Payments to schools of Federal Global Commitment funds to reimburse costs of the School Based MAC	Direct to Global Commitment Administration
39759*	VCHIP Non-SPMP	Costs associated with this project, a joint effort between UVM, the Office of VT Health Access and the Vermont Department of Health.	Direct to Global Commitment Administration
39760*	VCHIP SPMP	All SPMP Costs associated with VCHIP	Direct to Global Commitment Administration
39790	PREP-Personal Responsibility Education	All costs associated with a project to establish evidence-based comprehensive sexuality education for high risk and vulnerable youth in Vermont.	Direct to PREP-Personal Responsibility Education
39792	MCH Home Visiting	All costs associated with a project to establish an evidence-based nurse home visiting program for Vermont families with young children who are at risk.	Direct to MCH Home Visiting
39793	LAUNCH (Linking Actions for Unmet Needs in Children's Health)	All costs associated with a strength-based, family-centered, culturally competent community system for promoting young child wellness in all developmental domains. This project will serve children aged pre-natal through 8 yrs and their families.	Direct to LAUNCH
39794	Home Visiting Expansion	All costs associated with the expansion of the MCH Home Visiting program, funded under a supplementary grant from HRSA	Direct to MCH Home Visiting

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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.)

Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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
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 includes counseling, nutrition classes and physical activity classes.	Direct to Wisewoman

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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
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
39527	FINI SNAP Incentive	All costs of those activities and staff associated with the Food Insecurity Nutrition Incentive grant.	Direct to FINI SNAP Incentive

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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.
39575*	Dental Public Health in D.O.'s	All costs associated with public health dental hygienists in district offices.	Direct to Global Commitment Administration
39576	Oral Disease Prevention Program	All costs associated with supporting efforts to address activities associated with the CDC State-Based Oral Disease Prevention Program	Direct to Oral Disease Prevention Program
39621	Tobacco Control	Costs associated with the Tobacco Prevention and Control project.	Direct to Tobacco Control
39623	Tobacco Control – Other	Costs associated with tobacco control program activities that are not funded by CDC, RWJ, ALF or State Settlement funds and are not eligible for Global Commitment reimbursement.	Direct to Tobacco Control – Other

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39626*	Tobacco Countermarketing - GC Investment	Costs associated with tobacco countermarketing activities	Direct to Global Commitment Investment.
39627	Tobacco Community Based	Costs associated with tobacco community based programs.	Direct to Tobacco Settlement
39628	Tobacco Countermarketing	Costs associated with tobacco countermarketing activities.	Direct to Tobacco Settlement
39629	Tobacco Cessation	Costs associated with tobacco cessation programs.	Direct to Tobacco Settlement
39630	Tobacco Statewide	Costs associated with tobacco statewide programs.	Direct to Tobacco Settlement
39631	Tobacco Surveillance and Evaluation	Costs associated with tobacco surveillance and evaluation programs.	Direct to Tobacco Settlement
39634	Tobacco Control Supplement - CDC	All costs associated with Tobacco Control Supplement funded activities	Direct to Tobacco Control Supplement - CDC
39635	Community Transformation	All costs associated with the implementation of the Community Transformation Grant to strengthen local public health infrastructure in rural areas of Vermont	Direct to Community Transformation
39637	Public Health Actions (1305)	All costs associated with funding to be used to prevent and manage obesity and associated chronic conditions with an emphasis on nutrition, activity, hypertension and diabetes awareness.	Direct to Public Health Actions (1305)
39638	Public Health Actions- Heart Disease (1305)	All costs associated with enhanced heart disease & stroke prevention awareness	Direct to Public Health Actions (1305)
39639	Public Health Actions – Diabetes (1305)	All costs associated with enhanced diabetes awareness	Direct to Public Health Actions (1305)
39640	Public Health Actions – School Health (1305)	All costs associated with school health awareness	Direct to Public Health Actions (1305)
39641	Public Health Actions - Obesity (1305)	All costs associated with obesity prevention	Direct to Public Health Actions (1305)
41320	SNAP Nutrition Education	All costs Associated with the development and implementation of Vermont's Supplemental Nutrition Assistance Program Education (SNAP-Ed) nutrition education state Plan.	Direct to IDT SNAP Nutrition Education

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## Organizational Unit 8: Office of Local Health

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.)

Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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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39712*	Clinic Activities – Non-SPMP	Time of staff other than skilled professional medical personnel and other costs related to clinic services, including intake, assessment, diet screening, nutrition education and food delivery administration.	Allocated to Global Commitment Administration and to WIC Administration based on Medicaid Eligibility Rate for WIC Clients.
39722*	WIC Client Services	Costs expended to deliver food and other client services and benefits. Examples include: WIC staff salaries/benefits and medical supplies and equipment necessary to conduct diet and health assessments required in the certification process, 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 of WIC on its participants.	Allocated to WIC Admin and Global Commitment Investment based on availability of WIC Admin grant award.
39723	WIC Nutrition Education	Costs associated with all WIC nutrition education activities.	Direct to WIC Admin
39724*	WIC Breastfeeding Support	Time and operating expenses associated with promoting and supporting breastfeeding. May include group education, home visiting time, training, materials, travel and space rental.	Allocated to WIC Admin and Global Commitment Investment based on availability of WIC Admin grant award.
39744	MCH – Pregnancy/Postpartum	Costs associated with Maternal and Child Health services benefiting women 22 years of age or over. This covers all costs including staff activities, purchases and grants.	Direct to MCH Grant
39745	MCH – Infants	Costs associated with Maternal and Child Health services benefiting infants up to 12 months of age. This covers all costs including staff activities, purchases, grants and contracts.	Direct to MCH Grant
39746	MCH – Children	Costs associated with Maternal and 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.	Direct to MCH Grant

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39747	MCH – Adolescent Pregnancy/Postpartum	Costs associated with Maternal and Child Health services benefiting pregnant women who are under 22 years of age. This covers all costs including staff activities, purchases, grants and contracts.	Direct to MCH Grant
39749	OLH Maternal & Child Health Coordinators	Costs associated with staff time and expenses related to MCH coordination in Local Health District Offices	Direct to MCH Grant
39750*	Healthy Babies	Time spent in collaboration with DCF’s Child Development Division and community-based partner 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, protocols, and forms.	Direct to Global Commitment Administration
39751*	Healthy Babies – Non-SPMP	Time spent by Non-SPMP staff in collaboration with DCF’s Child Development Division and community-based partner 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, protocols, and forms.	Direct to Global Commitment Administration

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39756*	EPSDT Administration Functions 1	Costs associated with preliminary assessments in the home, comparing treatment to screening abnormalities 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.	Direct to Global Commitment Administration
39757*	EPSDT Administration Function 2	Costs associated with accounting and auditing; budgeting; program management for categories of 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 opinions, which would be allowable 75% functions; outreach activities such as notifying clients of required screens from a periodicity schedule, scheduling appointments, informing	Direct to Global Commitment Administration

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		clients and arranging transportation; eligibility determination; legal services including administrative appeals; and contract management.	
39766	Health Contract Services	Costs associated with activities by employees for/with schools and Headstart which have contracted with the Department of Health for school health services.	Direct to Health Contract Services
39771*	EPSDT Outreach and Informing	Development, evaluation, review and revision of EPSDT informing letters; completion of tasks that bring about 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.	Direct to Global Commitment Administration
39772*	EPSDT Systems/Infrastructure Building (SPMP)	Time and other costs for tasks that are intended to improve the system of care available to Medicaid/Dr. Dynasaur beneficiaries ages zero through 20 years and pregnant women and, in some instances, for Medicaid beneficiaries 21 years and older.	Direct to Global Commitment Administration
39773*	EPSDT Systems/Infrastructure Building (Non - SPMP)	Time and other costs for Non-SPMP staff tasks that are intended to improve the system of care available to Medicaid/Dr. Dynasaur beneficiaries ages zero through 20 years and pregnant women and, in some instances, for Medicaid beneficiaries 21 years and older.	Direct to Global Commitment Administration
39774*	Fostering Healthy Families	Time spent by VDH staff working collaboratively with DCF Family Services division staff on tasks that improve access to health services for and the health status of children and adolescents in state custody, plus allowable costs associated with this work.	Direct to Global Commitment Administration
39775*	Fostering Healthy Families (Non-SPMP)	Time and other costs for Non-SPMP staff tasks that are intended to improve the system of care available to Medicaid/Dr. Dynasaur beneficiaries ages zero through 20 years and pregnant women and, in some instances, for Medicaid beneficiaries 21 years and older.	Direct to Global Commitment Administration

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39776*	Healthy Child Care Vermont (HCCVT)	Time spent by VDH staff on tasks that are intended to improve the health of Medicaid/Dr. Dynasaur beneficiaries attending DCF-regulated child programs, plus allowable costs associated with this work.	Direct to Global Commitment Administration
39778*	School-Based Health Access Program	Time and associated costs for School-based Health Access Program or Coordinated School Health tasks that 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.	Direct to Global Commitment Administration
39780	Other Program Initiatives	Time and other costs related to program or special initiative activities when no other program code is available to use for this work.	Direct to Other Program Initiatives.
39030*	Blueprint Health Systems	All costs related to changing health systems to support care for people with chronic conditions as identified in the strategic plan. Does not include health systems work associated with a specific condition or funding source.	Direct to Global Commitment Investment.
39032*	Blueprint Community Support	All costs related to enhancing community infrastructure and programs to help people manage chronic conditions. Does not include community work associated with a specific condition or funding source.	Allocated Between Global Commitment Investment and Global Commitment Administration (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.

Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
39020	Medical Practice Board	Costs associated with the Medical Practice Board except those costs specifically described elsewhere.	Direct to Medical Practice Board.
39021	Vermont Practitioner Health Program	Costs associated with the Vermont Medical Society.	Direct to Medical 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

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## 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.)

Detailed explanations of individual functions are included below.

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

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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	PFOA response Bennington County	All costs associated with the public health response to the perfluorooctanoic Acid (PFOA) contamination incident in Bennington County	Direct to 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)
39142	BRACE Climate Change	All costs of those activities and staff associated with the Building Resilience Against Climate Change grant from the CDC.	Direct to BRACE Climate Change
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

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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 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	<del>Direct to Tritium Leak 2010</del> -Direct to VRERP
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 time

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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.)

Detailed explanations of individual functions are included below.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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
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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39825	Strategic Prevention Framework Partnership for Success (SPF-PFS)	All costs associated with the Strategic Prevention Framework initiative targeted to prevent the onset and reduce the progression of substance abuse.	Direct to Strategic Prevention Framework Partnership for Success (SPF-PFS)
39827	Strategic Prevention Framework Partnership for Success -- Community (SPF-PFS)	All community subgrant costs associated with the Strategic Prevention Framework Partnership for Success Grant.	Direct to Strategic Prevention Framework Partnership for Success (SPF-PFS)
39829	SEOW Supplement	All costs associated with activities of the State Epidemiological Outcomes Workgroup (SEOW)	Direct to Partnerships for Success III
39831*	Medication Assisted Treatment	All costs associated with a program to expand/enhance treatment service systems and recovery support services to individuals with opioid use disorders.	Direct to Medication Assisted Treatment
39832	Block Grant Administration	Costs associated with administration of grant.	Direct to Substance Abuse Grant
39833*	DDRP	Costs associated with the Drinking Driver Rehabilitation Program including DWI assessments and CRASH schools.	Allocated to HE ADAP DDRP Fees based on availability of revenue funds, then to Global Commitment Administration and Substance Abuse Block Grant based on the quarterly Medicaid eligibility rate for ADAP clients
39834*	Public Inebriate Program	Costs associated with program.	Direct to Global Commitment Investment.
39838*	Payments to Providers for Treatment – Residential	Direct payments.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.

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39841*	Payments to Providers for Treatment: Half-Way	Direct payments.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.
39844*	Payments to Providers for Treatment: Special Populations	Direct payments.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.
39845*	Alcohol and Drug Abuse Programs Provider Monitoring	Costs associated with monitoring activities.	Allocated between Global Commitment Administration and Substance Abuse Block Grant based on the quarterly Medicaid eligibility rate for ADAP clients
39846*	Payments to EDS for Global Commitment: General	Direct payments.	Direct to Global Commitment Program
39847*	GC Program: Outpatient	All costs associated with GC Program: Outpatient	Direct to Global Commitment Program
39848*	GC Program: Opiate	All costs associated with GC Program: Opiate	Direct to Global Commitment Program
39849*	GC Program: Residential	All costs associated with GC Program: Residential	Direct to Global Commitment Program
39851	Payments to EDS for CHIP	Payments to EDS on behalf of children eligible for the Children's Health Insurance Program.	Direct to CHIP Program
39853*	Treatment Improvement	Costs associated with tracking funds for accreditation and provider data collection.	Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding.

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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 Service and Planning Coordination funded through the Preventative Health Block Grant.	Direct to PHHS Block Grant
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	Payments to Providers for Opiate Treatment for Non-Medicaid Eligible Patients	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	Allocated to Substance Abuse Grant and Global Commitment Admin based on Medicaid allowable share of costs.

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

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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 Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39889	Substance Abuse Prevention Administration and Planning.	All costs associated with Substance Abuse Prevention including payroll, benefits, travel, operations, etc., for administration, planning, evaluation, and sub-recipient monitoring.	Direct to Substance Abuse Grant
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.

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

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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.

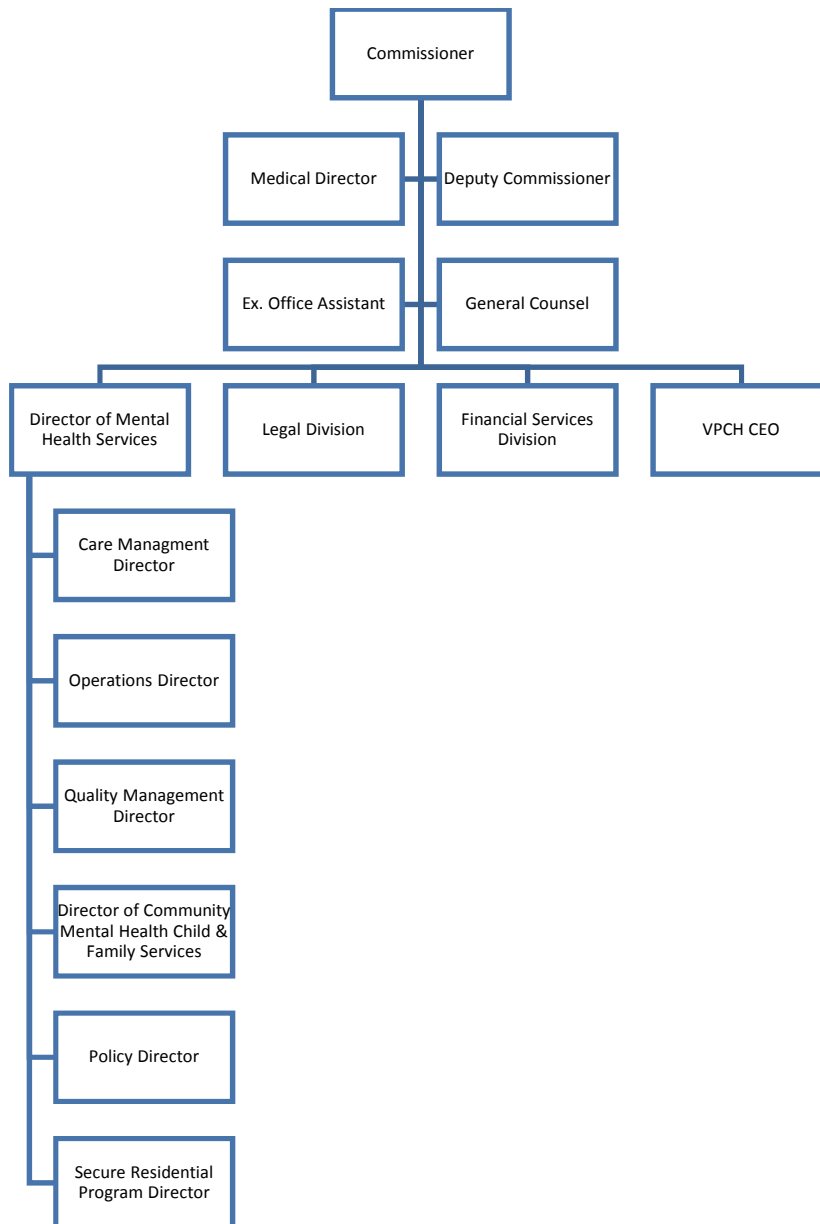
Staff at DMH direct code their time to the programs they support throughout their work day. DMH staff enters their time into the state's payroll system. When staffs enter timesheet information, they "direct code" their time and the data feeds the VISION accounting system. Staff performing support functions 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.

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## 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.

<b>Program Code</b>	<b>Program Name</b>	<b>Description</b>	<b>Allocation Method</b>
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.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<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.

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

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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.

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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 Program and MCO 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

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42307	Residential and Intensive Services Director	Responsible for overseeing technical assistance and secure residential staff	Full Time Equivalent Count across Technical Assistance 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 ( <del>Investment</del> CRT Program and MCO 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 ( <del>Investment</del> CRT Program and MCO 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)

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42760	Outpatient Services for Adults	The costs associated with mental health assessment, counseling, case management, medication management, care coordination, and outreach supports for adults	Direct to Outpatient Services for Adults (Global Commitment Investment)
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 <del>Investment</del> Program and MCO 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 <del>Investment</del> Program and MCO 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 Program and MCO Investment)
42769	<del>Recovery Housing</del> Emergency Supports	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 – <del>MCO Investment</del> (CRT Program and MCO Investment)
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

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

<b>Program Code</b>	<b>Program Code Name</b>	<b>Description</b>	<b>Allocation Method</b>
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

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42764	Children's Community Services	The costs associated with clinical assessment and individualized treatment, individual, group and family therapy, psychiatric 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	Direct to Children's Community Services (Investment)
42766	Respite Services for Youth with SED and their Families	The costs associated with respite services for short-term support and relief to the families of children and adolescents with significant mental health issues	Direct to Respite for SED Youth (Investment)

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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 –	Costs associated with CRT Billings at Brattleboro	Direct to Community Rehab and Treatment (CRT Program and MCO Investment)
42650	Brattleboro Retreat –	Costs associated with CRT Medicaid billings at Brattleboro Retreat	Direct to (CRT <del>Global Commitment</del> (program and MCO Investment))
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 that is being stepped down	Direct to State General Fund
42785	Psych Inpatient – RRMC – GC Invest	Rutland Regional Medical Center – Costs associated with Level One Care	Direct to RRMC Psych Inpatient (Investment)
42786	Psych Inpatient –BR – GC Invest	Brattleboro Retreat - Costs associated with Level One Care	Direct to BR Psych Inpatient (Investment)
42787	Psych Inpatient – RRMC – GC XIX	Rutland Regional Medical Center – Costs associated with Level One Care Medicaid Billings – GC Medicaid	Direct to RRMC Psych Inpatient Medicaid
42788	Psych Inpatient – FAHC – GC Invest	Fletcher Allen Health Care – Costs associated with Level One Care – GC Investment	Direct to FAHC Psych Inpatient (Investment)
42789	Psych Inpatient – FAHC – GC XIX	Fletcher Allen Health Care – Costs associated with Level One Care Medicaid Billings – GC Medicaid	Direct to FAHC Psych Inpatient Medicaid
42795	Psych Inpatient – Brattleboro Medicaid	Brattleboro Retreat – Medicaid costs associated with Level One care	Direct to BR Psych Inpatient Medicaid

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42796	Psych Inpatient – AHC – GC Investment	Arbour Health Care – Costs associated with Level One care – GC Investment	Direct to AHC Psych Inpatient (GC Investment)
42797	Psych Inpatient – AHC – GC Medicaid	Arbour Health Care – Costs associated with Level One care – GC Medicaid	Direct to AHC Psych Inpatient (GC Medicaid)
42798	Psychiatric Inpatient RRM Cost Settlement and Rate Setting	DMH’s reimbursement to DVHA for Rutland Regional Medical Center’s Involuntary Psychiatric Rate Setting expenses	Direct to RRM Psych Inpatient (Investment)
42799	Psychiatric Inpatient BR Cost Settlement and Rate Setting	DMH’s reimbursement to DVHA for Brattleboro Retreat’s Involuntary Psychiatric Rate Setting expenses	Direct to BR Psych Inpatient (Investment)
42800	Psychiatric Inpatient FAHC Cost Settlement and Rate Setting	DMH’s reimbursement to DVHA for Fletcher Allen Health Care’s Involuntary Psychiatric Rate Setting expenses	Direct to FAHC Psych Inpatient (Investment)
42901	Emergency VSH Patient Relocation	Costs incurred to relocate VSH patients during Hurricane Irene between 8/28/11 and 8/29/11	Direct to FEMA
42902	Relocation Expenses	Includes all staff overtime, mileage, and other expenses necessary due to the relocation of VSH patients	Direct to FEMA
42903	Brattleboro Retreat Renovations	Includes all expenses related to the necessary renovations to BR in order to temporarily care for the acute level of the VSH patients	Direct to FEMA
42904	Rutland Regional Medical Center Renovation	Includes all expenses related to the necessary renovations to RRM in order to temporarily care for the acute level of the VSH patients	Direct to FEMA
42905	State Run Acute Inpatient Morrisville	Includes all expenses related to the necessary renovations to in order to temporarily care for the acute level of the VSH patients	Direct to FEMA
42906	Rent at the Brattleboro Retreat	Includes the cost to rent the BR for VSH patients	Direct to FEMA
42907	Rent at the Fletcher Allen Health Care	Includes the cost to rent FAHC for VSH patients	Direct to FEMA
42908	Rent at the Rutland Regional Medical Center	Includes the cost to rent RRM for VSH patients	Direct to FEMA
42909	Temporary Acute Inpatient Facility Start Up	Costs of furnishing, fixtures, and other equipment for the temporary inpatient location in Morrisville	Direct to FEMA
42910	Acute Inpatient Facility Planning and Development	Costs associated with the planning, development, and construction of the new 15-25 bed state run inpatient facility	Direct to FEMA

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42911	Secure Residential Recovery Facility	Costs associated with building renovations, furnishings, fixtures, and other equipment of secure residential recovery facilities	Direct to FEMA
42940	Berlin Administration	Costs Associated with the Berlin Site	Direct to Berlin (GCI)
42942	Admin & Gen/Exec/BO/QA	Staff time and operating costs associated with administration of the Vermont Psychiatric Care Hospital (VPCH), including the Executive Office, QA, Admissions, Switchboard and other related services	Direct to VPCH (GCI)
42943	Adult Gen Routine Care	Staff time and operating costs associated with general routine patient care at VPCH	Direct to VPCH (GCI)
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 associated with food service at the VPCH	Allocated to Secure Residential Recovery Operating (MTCR) and Adult General (VPCH) based on meal count
42953	Laundry and Linen	Operating costs associated with laundry and linen services at the VPCH	Direct to VPCH (GCI)

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42954	Electronic Health Record – VPCH	Operating costs associated with the Electronic Health Record at VPCH	Direct to VPCH (GCI)
42955	Social Service Admin/Vol & Lib	Non-direct service staff time and operating costs associated with the social services, volunteer and library services at VPCH	Direct to VPCH (GCI)

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## X. STATISTICAL INFORMATION

### AHS Secretary's Office

#### **Position across AHS Secretary's Office:**

Costs associated with IT non-direct project activities related to the Secretary's Office general functions and all leave time. As well as costs associated with temporary IT technical staff.

#### **Positions Across AHS:**

Costs associated with the Office of the AHS Secretary and Staff, Operational Services, Budget Services Unit, General Operating Expenses, Miscellaneous Grants and Contracts, IT Agency General Staff Costs to support and benefit all AHS and have an agency-wide impact are allocated based on the number of positions Agency-wide.

#### **Positions Across AHS Non-Institutional Staff:**

Costs associated with the Policy Division

#### **Positions Across Non-Institutional AHS Staff:**

Costs associate with Service Coordination grants provided service coordination for families and individuals referred through the State as short term or temporary lead case management and Direct Service Dollar grants that provide direct support and create community collaboration for individuals and families in need throughout the state are allocated based on the number of non-institutional staff Agency-wide.

#### **Quarterly Case Count Across AHS and VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP:**

Costs associate with specific program are allocated based on the quarterly case count and enrollment numbers during the quarter.

#### **Quarterly enrollment for GC, CHIP, and all other benefiting programs:**

Costs associate with specific program are allocated based on the quarterly enrollment numbers during the quarter.

#### **Quarterly enrollment for QHP and Medicaid, per pending EBCP IAPD:**

Costs associate with specific program are allocated based on the quarterly enrollment numbers during the quarter.

#### **Quarterly results of Federal Funds Management Unit Financial AHS Time Study:**

Costs associated with specific programs are allocated based on results of submitted time studies on projects specific to Agency departments during the quarter.

#### **Quarterly results of the Audit Unit Time Study:**

Costs associated with the monitoring A133 audit issues and monitoring the agreements with sub-recipients throughout the Agency are allocated based on hours spent on monitoring specific to Agency departments during the quarter.

#### **Quarterly update based on Case Count:**

Costs associate with specific programs are allocated based on results of case count for each specific program during the quarter.

#### **Quarterly update based on caseload:**

Costs associate with specific programs are allocated based on results of case load for each specific program during the quarter.

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**Total Salaries:**

Salaries and expenses of selected program are allocated across programs based on a ratio of total direct salary costs expended in the quarter by each respective program.

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## Department of Children and Family Services

### Quarterly Child Subsidy Case Count:

Using the Excel file (CAP FYXX) in the email received monthly from CDD Operations, enter the unduplicated count in cell D1, then use formula (Count of party ID Child/Grand Total of Count of party ID Child) to determine the percentage of each case count. Then use the formula (Unduplicated count \* Percentage obtained in previous formula) to determine unduplicated case count for the month, and enter these figures under the reporting month in the cells corresponding to the program code in the CAP FYXX file received. This entry in CAP is a three month total.

### Quarterly Child Subsidy Duplicated Case Count:

Using the Excel file (CAP FYXX) in the email received monthly from CDD Operations, enter the “Count of Party ID Child” amounts under the reporting month in the cells corresponding to the program code in the CAP FYXX file received. This entry in CAP is a three month total.

### Central Processing Unit (CPU) Usage Commands:

Using the Excel file in the email received monthly from DCF Systems Analyst Dan Hegarty, which can also be found here: \AHS ALL SHARE\DCF Shared Financial Information\DII Billing\Fiscal Year 2016, enter the amount listed next to “Commands” in the reporting month column in the cells corresponding to the systems listed in column A. This entry in CAP is a three month total.

### Case Count Across TANF, SNAP Benefits Issued, Fuel, and WIC:

Using the Excel file in the email received monthly from the EBT Director, enter the figures for the reporting month as follows: 3 squares VT + FSCO under Food Stamp-Issue, Fuel under Fuel, Cash under TANF (RU), and WIC under Direct to WIC. This entry in CAP is a three month total.

### Total Hours Reported by Program for TANF, SNAP & GC:

Using the email received from Fraud and Claims Unit Supervisor monthly, enter the total hours into tab J1 in the DCF Cap Stats file. Then update the Fraud Unit Quality Assurance tab in the file per procedures. This will update the Total allocation formulas, then transfer the updated allocation figures to the Statsum spreadsheet. This entry in CAP is a three month total.

### IV-D Cases Vs Non IV-D Cases:

Using the Case Stats tab on the Excel file in the email received quarterly from the DCF Business Office Finance Manager I, take the quarterly number of IV-D Cases highlighted, then enter this number on the Statsum spreadsheet in the corresponding cell to Title IV-D. Take the quarterly number of Non IV-D/Registry cases highlighted, then enter this number on the Statsum spreadsheet in the corresponding cell to State Funded. This entry in CAP is a three month total.

### IV-D Customer Contacts vs Non IV-D Customer Contacts:

Using the Case Stats tab on the Excel file in the email received quarterly from the DCF Business Office Finance Manager I, take the quarterly number for sub-total IV-D under column mnth totals, and enter this number on the Statsum spreadsheet in the corresponding cell to Title IV-D. Take the quarterly number for sub-total non IV-D under column mnth totals, and enter this number on the statsum spreadsheet in the corresponding cell to State Funded. This entry in CAP is a three month average.

### Total Cost across EA and GA (allocated to TANF and State Fund):

Use a detailed expenditure query from our account system, VISION, to determine cost. Run Vision query VT\_Account\_Exp\_AllFields\_DTL\_C using reporting month's dates, GL Business Unit 03440, and Department 344006%. Copy all data in query from column A to column X down to the last line with data on it, then paste this

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into the GA and EA Statistic QX spreadsheet for the corresponding month found here:

\\ahs\ahsfiles\CO\Share\DCFBusinessOffice\FISCAL\SFY1X Files\CAP Stats FY20XX\QX SFYXX Month 201X\GA & EA (Method E). Update pivot table by changing data source to include all new data pasted from query. Enter GA Sum in State Funded cell under corresponding month on Statsum spreadsheet. Enter TANF Sum in TANF (RU) cell under corresponding month on Statsum spreadsheet. This entry in CAP is a three month total.

**Quarterly number of paid claims for GC, CHIP and All Other benefiting Programs:**

Using the Excel file in the email received quarterly from DVHA, use the total amount listed under the Paid Claims count from the tab labeled Qtr Stats. This total will be the sum of Draw Sections: GC and Former CFC + CHIP. The entry in CAP is a three month total.

**Quarterly Count of Case by Program:**

Using the Fraud cost Allocation Formula Report received monthly from the Fraud and Claims Supervisor, enter the amounts from the allocation column to the statsum sheet as: FS-Food Stamp Issue, RU-TANF (RU), EP-AABD, HC-Global Commitment Admin, SF-Home Heating program/Liheap, GA-State Funded. The entry in CAP is a three month total.

**Quarterly Count of Eligible Cases Across Title IV-E &, Global Commitment, & State Fund:**

Using the Sofhie2.ace report provided by the Financial Specialist III in the DCF Business Office quarterly, enter the amounts in the correct month within the table titled Method-Title IV-E & Medicaid Eligibility Rate in the FSD Stats tab as follows: Gen-State Funds, Title IV-E Foster Care Case Planning/Management, and Global Commitment. These figures will also post in the Statsum tab to complete this entry. The entry in CAP is a three month average.

**Title IV-E Foster Care Eligibility Rate:**

Using the Frepay.ace and Frepay4e.ace reports provided monthly by the Financial Specialist III, enter the amounts from the lines marked totals for each category in the FSD Stats tab. The total amount will update monthly when these entries are made, and will update the Statsum tab throughout the quarter. The entry to CAP is a three month average.

**Total Global Commitment eligible population compared to total population:**

Open monthly statewide foster care payroll listing (payelst.pdf) found here: Y:\AHS ALL SHARE\Reports\FSD District SSMIS docs\Business Office\Foster Care Monthly Reports\20XX-XX-XX. Search for Woodside Juvenile Rehab information in report. Add the number of days for clients with \$0 in the total column, then input this number as Regular (Non-Medicaid) amount under the corresponding month in the Statsum sheet. Subtract the above number of days from the total number of days for Woodside residents, then input this number in the GC (Medicaid) cell for the corresponding month. The entry to CAP is a three month total.

**Quarterly Results of the Legal Time Study:**

Using the Excel file in the email received quarterly from the AAG Administrative services coordinator; enter the hours worked into the AAG Time Study tab in the corresponding cells. The entry to CAP will be a total of the hours for the quarter.

**Duplicated Case Count across Economic Services:**

Open file copy of copy of DupCaseloadcount\_ESD updated monthly by the Performance Manager found here: Y:\AHS ALL SHARE\DCF Shared Financial Information\Financial\_Monitoring\ADMIN & ESD Bnfts\ESD Caseloads\_CAP. Update Statsum sheet with three most recent months, if quarter is not complete, email ESD Process and Performance manager for update. When update is made to Excel file you can update Statsum sheet. The entry to CAP is the total for the quarter.

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**Title IV-E Adoption Assistance Rate and Title IV-E Guardianship Rate:**

Using the Frepay.ace and Frepay4e.ace reports provided by the Financial Specialist III in the DCF Business Office monthly, enter the total amount in the sub adoption category from the Frepay.ace report under Method-Title IV-E Adoption Assistance Rate (Total in Custody) in the FSD Stats tab. Enter the amounts from the lines marked totals on the Frepay reports for each category in the FSD Stats tab in the Method-Title IV-E Eligibility Rates table, then enter the total amount in the sub adoption category from the Frepa4e.ace report in the IV-E Eligible table as Subsidized Adoption All. Using the Guardianship Cases Spreadsheet provided quarterly by the Financial Specialist III in the DCF Business Office input the number of guardianship cases in the corresponding month to the Method – Title IV-E Adoption Assistance Rate table as Total in Guardianship IVE Eligible to complete the formula for IV-E Eligible cases. The total amount will update monthly when these entries are made, and will update the Statsum tab throughout the quarter. The entry to CAP is a three month average.

**Economic Services Case Count across Reach Up (TANF and State Fund):**

Open file copy of copy of DupCaseloadcount\_ESD updated monthly by the Performance Manager found here: Y:\AHS ALL SHARE\DCF Shared Financial Information\Financial\_Monitoring\ADMIN & ESD Bnfts\ESD Caseloads\_CAP. Update Statsum sheet with three most recent months, then using only the RU totals, updated the RU case count method. This entry in CAP is a three month total.

**Quarterly Results of Family Services Time Study:**

Using the email received from [ssdb@ahs-ssmis-prod1.ahs.state.vt.us](mailto:ssdb@ahs-ssmis-prod1.ahs.state.vt.us) after generating the Random Moment Timer Statistic (RMTS) report in the SSMIS data base using the following method: Click on the link to the SSMIS data base to gain access, login with username and current password. Press <enter> to continue, input number 1 then press <enter> input the pay period dates for report required using the following format: Enter the first working day and the last working day in the date range you are requesting (!getts 00/00/0000 00/00/0000) press <enter>. Press the letter e to return to the main menu. Type exit to log out of the SSMIS data base. Once these steps are completed an automatic e-mail is generated providing the RMTS data for the period. Enter the numbers in the email next to the corresponding letters on the FSD Stats tab monthly and reallocate general admin and leave. This will also post to the Statsum tab. Entry to CAP is total for the quarter.

**Quarterly Results of the Economic Assistance BPS RMTS:**

Copy the entire Sample Results Report from EasyRMTS™ into the first tab of the Excel Results template. Using the spreadsheet used to review subsample responses throughout the quarter, copy only the incorrect subsample responses into the Subsample Invalidations tab. Make sure the value in cell C17 says “CHECK” before proceeding on the results matrix tab. In the Allocap tab in column D subtract one from each incorrect response from the subsample invalidations tab. Make sure the value in cell I141 says “CHECK” before proceeding. The formulas on the “AlloCAP” tab of the spreadsheet reallocate general admin & general training and paid time off to all other activities. Enter the amounts in Column H to the CAP. The entry to CAP is a total for the quarter.

**Economic Services Reach Up E&T Case Count:**

Using the e-mail from Karolyn White, ESD. Update Statsum sheet with caseload data for the current period. This entry in CAP is a three month total.

**Quarterly Employee Count Across ESD District Office Staff:**

Obtain on a monthly basis from Pam Dalley, DCF Operations, a head count of ESD employees versus LTC employees in the following ESD District Office locations (Note- these are the only districts location with LTC staff): Barre, St. Albans, Burlington, Rutland, Springfield and Morrisville. The entry into CAP is specific to each district office location, and is the average number of ESD employees for the period, and the average number of LTC employees for the period.

\* 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

### **Total Cost:**

Salaries and expenses of selected programs are allocated across divisions based on a ratio of total direct program costs expended in the quarter by each respective division.

### **Total Salaries:**

Salaries and expenses of selected programs are allocated across divisions based on a ratio of total salary costs expended in the quarter by each respective division.

### **Method A1 “Salary Cost Allocation of Indirect Costs to Divisions”:**

Salaries and expenses related to SWICAP and Commissioner’s Office are allocated across all DAIL Divisions based on a ratio of total salary costs expended in the quarter by DAIL staff.

### **Method A2 “Total Cost; Ratio of Total Direct Program Funds Expended in Quarter (ASD)”:**

Salaries and expenses related to the Division Director and Administrative Staff are allocated based on a ratio of total direct program costs expended in the quarter by ASD.

### **Method A2 “Total Cost; Ratio of Total Direct Program Funds Expended in Quarter (Blind and Visually Impaired)”:**

Salaries and expenses related to the Division Director and Administrative Staff are allocated based on a ratio of total direct program costs expended in the quarter by DBVI.

### **Method A2 “Total Cost; Ratio of Total Direct Program Funds Expended in Quarter (DS)”:**

Salaries and expenses related to the Division Director and Administrative Staff are allocated based on a ratio of total direct program costs expended in the quarter by DDSD.

### **Method A2 “Total Cost; Ratio of Total Direct Program Funds Expended in Quarter (Licensing and Protection)”:**

Salaries and expenses related to the Division Director and Administrative Staff are allocated based on a ratio of total direct program costs expended in the quarter by DLP.

### **Method A2 “Total Cost; Ratio of Total Direct Program Funds Expended in Quarter (Voc Rehab)”:**

Salaries and expenses related to the Division Director and Administrative Staff are allocated based on a ratio of total direct program costs expended in the quarter by Voc Rehab.

### **Method H “Costs for Buildings/Programs Requiring Inspections (Total Salary)”:**

Expenses related to fire Safety prevention services performed by the Department of Public Safety, on behalf of the Division of Licensing and Protection, are allocated to all programs serving health care facilities within the division. Allocation is based on a ratio of total salary costs expended in the quarter by DLP.

### **Method I “Total Salaries; Salary & Expenses in Quarter – Director of Division of Licensing and Protection (Personal Services)”:**

Salaries and expenses related to the Division Director and Administrative Staff within the Division of Licensing and Protection are allocated based on a ratio of total salary costs expended in the quarter by DLP.

### **Method J “Total Salaries; Salary & Expenses in Quarter – Licensure (Personal Services)”:**

Salaries and expenses related to the Division Director and Nurse Survey Staff within the Division of Licensing and Protection, are allocated based on a ratio of total salary costs expended in the quarter by DLP.

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**Method M “Total Salaries; Percentage of Salary Dollars Directly Charged (DS) 43030”:**

Salaries and expenses related to the Division Director and Administrative Staff are allocated based on a ratio of total salary costs expended in the quarter by DDS.

**Method M “Total Salaries; Percentage of Salary Dollars Directly Charged (ASD) 43030”:**

Salaries and expenses related to the Division Director and Administrative Staff are allocated based on a ratio of total salary costs expended in the quarter by ASD.

**Method O “Persons Served in Quarter by ASD”:**

Administrative expenses related to the Attendant Services Program are allocated to Title III-E, State Fund and Global Commitment Administration, based on number of persons served in the State Fund PDAC and Personal Services programs over the age 60, under the age 60, and total number of persons served in the Medicaid PDAC program, respectively.

**Method Q “Number of ACCS Beds Paid by Title XIX Billed by 15<sup>th</sup>/Total ACCS Beds on 15<sup>th</sup>”:**

Expenses related to the licensure of Level III Residential Care Homes are allocated to State Funds and Medicaid Administration based on a ratio of ACCS beds paid by Title XIX. The number of beds paid by Title XIX is a point in time statistic, as of the 15<sup>th</sup> day following the month being reported.

**Method Q “Number of ACCS Beds Paid by Title XIX Billed by 15<sup>th</sup>/Total ACCS Beds on 15<sup>th</sup> - Travel”:**

Travel expenses related to the licensure of Level III Residential Care Homes are allocated to State Funds and Medicaid Administration based on a ratio of ACCS beds paid by Title XIX. The number of beds paid by Title XIX is a point in time statistic, as of the 15<sup>th</sup> day following the month being reported.

**Method R “Ratio of Total Direct Program Funds Expended in Quarter by Regional Staff (Voc Rehab)”:**

Salaries and expenses related to the Division’s regional staff and operating expenses are allocated based on a ratio of total direct program costs expended in the quarter by Voc Rehab.

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## Department of Vermont Health Access

### **PU - CMS HIT 83% HIT Fund 17%:**

This method is used to allocate contractual costs for Health Information Exchange contracts, specifically agreements using HIT Fair Share funds. It is updated periodically per the IAPD Program Code allocation guide sent by AHS Central Office, and a change is only made if indicated in red font.

### **PU - MCO Blueprint State Pop %:**

This method is used for Administrative and Contractual costs for the DVHA Blueprint for Health Program. This population distribution is dictated by AHS Central Office. It has been set up as a periodic update if a decision is made to change it, but has been unchanged since its creation.

### **PU - MCO VITL State Pop %:**

This method is used for Health Care Reform and HIT Grants and Contracts. It is dictated by AHS Central Office, and is similar to the method described above – the exception is that the “MCO – Vermont Blueprint for Health” final receiver is replaced by “MCO - Vermont Information Technology Leaders/HIT/HIE/HCR.”

### **PU - MMIS 48.24%, E&E90 38.34%, CMS-HIT 13.42%:**

This allocation is used for HSE PMO Staff and Contractual expenses. It is updated periodically per the IAPD Program Code allocation guide sent by AHS Central Office, and a change is only made if indicated in red font.

### **QU - Quarterly combined AHS and VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP:**

This method is used to allocate costs to DVHA’s Enrollment Broker Services contract. It is updated every quarter according to the average enrollment count for CHIP, Global Commitment, and QHP populations specifically with Vermont Premium Assistance (VPA). The source data comes from the VHC Effectuation Report and AHS Central Office Enrollment Report.

### **QU - Quarterly Enrollment for Global Commitment, CHIP, and all other benefiting programs:**

This method is used for the admin costs of a variety of different units within DVHA, including: Data Unit, Program Integrity, Clinical Unit, VCCI, the Reimbursement unit, etc. This data is updated quarterly according to the average enrollment count for Global Commitment, CHIP and QHP populations without VPA. The source data comes from the VHC Effectuation Report and AHS Central Office Enrollment Report.

### **QU - Quarterly number of paid claims for Global Commitment, CHIP, and All Other benefiting Programs:**

This method is used to allocate dollars paid to DVHA’s Fiscal Intermediary. The method is updated quarterly and utilizes paid claim counts to Global Commitment and CHIP. The data is sourced from Hewlett-Packard Enterprise’s Draw Summary files.

### **QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs:**

This method is used to allocate costs to the DVHA Pharmacy unit and Pharmacy Benefit Manager. The method is updated quarterly and utilizes pharmacy paid claim count to Global Commitment and CHIP. The data is sourced from an MMIS-based query that is run by the DVHA Business Office.

### **QU - Quarterly VHC enrollment for GC, DSHP (75% FMAP), CHIP and QHP:**

This method is similar to “Case Count between CHIP, VHC, and Medicaid 75%” with the exception that the final receiver is labeled “OAPD”, and is used for OAPD related contractual and staff costs.

\* 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.

**QU - Quarterly VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP:**

This method is used to allocate costs to DVHA VHC Operations program codes. This data is updated quarterly according to the average enrollment count for Global Commitment, CHIP and QHP populations with VPA. The source data comes exclusively from the VHC Effectuation Report.

**QU - Quarterly VHC enrollment for MAGI and DSHP (90/10) and QHP Level 1C:**

This allocation method is used for Exchange Level 1 and Level 2 EBCP Contracts and Staff. The data is updated quarterly according to the average enrollment of QHP without VPA (allocating to Level 1C Final Receiver). A second line contains Medicaid, CHIP, and QHP with VPA which allocates to a 90/10 Integrated Eligibility IAPD. The source data comes exclusively from the VHC Effectuation Report.

**Quarterly Results of the HAEEU RMTS:**

Due to the varying nature of HAEEU's work, CMS and AHS Central Office agreed to the utilization of a Random Moment Time Study (RMTS) to allocate staff costs based activity. Each activity corresponds with a specific set of funding sources by population or by direct activity type. Throughout the quarter HAEEU staff are required to populate a randomized study and are prompted with questions about their most recent activities. These Sample Results from EasyRMTS™ feed into a spreadsheet that is used to manually populate intermediate codes in AlloCAP™ by activity type. A designated HAEEU supervisor reviews subsample responses throughout the quarter and invalidates incorrect responses. Based on the percentage splits in the intermediate codes, the funding is broken out by final receiver and program code. The data source for these samples is EasyRMTS™, and the data is uploaded quarterly. It becomes available on the first business day of the month after the end of a quarter.

**Quarterly Results of the HAEEU RMTS - Not Enhanced:**

This allocation method is identical to the one described above, with the exception that only non-enhanced Global Commitment activities are included in the data. Some examples of enhanced activities NOT included in the data are VHC eligibility determinations, case reviews, eligibility notices, etc. This method is updated quarterly, and the data source for samples is EasyRMTS™.

**Total hours across all program codes:**

This allocation method is used to distributed indirect costs for AHS Central Office. Based on a distribution of the DVHA staff hours per program code, the AlloCAP™ system is set up to group those codes by the appropriate Final Receiver. This data is updated quarterly, and is populated by the State of Vermont's VTHR system data.

**Total hours across all program - less BO:**

This allocation method is used for the DVHA Business Office and functions as described above, however the hours from the Business Office itself are removed as to not skew the distribution.

**Total hours across all program - less Commissioner's Office:**

This allocation method is used for the DVHA Commissioner's Office and functions as described above, however the hours from the Commissioner's Office itself are removed as to not skew the distribution.

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## Department of Health

### **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:**

Allocated to GC Admin based on Medicaid eligible population as a % of the total state population. Remainder allocated to GC-MCO investment and state funds per AHSCO determined rate.

### **Allocated 50% to Global Commitment Investment and 50% to State Funds:**

Allocated per legislative budget directive.

### **Allocated 90% to Global Commitment Investment and 10% to State Funds based on the Medicaid share of total TB Patients:**

90% of persons receiving TB services are Medicaid eligible.

### **Allocated between Global Commitment Administration and Substance Abuse Block Grant based on the quarterly Medicaid eligibility rate for ADAP clients:**

Medicaid eligibility rate based on Medicaid clients as percent of total clients served by the ADAP preferred provider network, and as reported to VDH by these providers.

### **Allocated Between Global Commitment Investment and Global Commitment Administration (Based on Medicaid eligible population as a % of the total state population.):**

Allocated to GC Admin based on Medicaid eligible population as a % of the total state population, remainder to GC-MCO investment.

### **Allocated to Breastfeeding Peer Counselor Project and to Global Commitment Investment based on availability of WIC Breastfeeding Peer Counseling grant award:**

Expenses are charged direct to Breastfeeding Peer Counselor Project grant first. If those funds are exhausted, the remaining quarterly expenses are charged to GC-MCO Investment.

### **Allocated to Global Commitment Administration and to WIC Administration based on Medicaid Eligibility Rate for WIC Clients:**

Medicaid eligibility rate is based on Medicaid enrollees as percent of total clients served by WIC clinics in the quarter.

### **Allocated to Global Commitment Investment and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population:**

Allocated to GC-MCO investment and state funds per AHSCO determined rate.

### **Allocated to HE ADAP DDRP Fees based on availability of revenue funds, then to Global Commitment Administration and Substance Abuse Block Grant based on the quarterly Medicaid eligibility rate for ADAP clients:**

Expenses are charged direct to HE ADAP DDRP Fees first. If revenue is less than expenses, the remaining quarterly expenses are allocated between GC-MCO Investment and state funds per the Medicaid eligibility rate based on Medicaid clients as percent of total clients served by the ADAP preferred provider network, and as reported to VDH by these providers.

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**Allocated to Substance Abuse Block Grant and to Global Commitment Investment based on availability of Substance Abuse Block Grant funding:**

Expenses are charged direct to Substance Abuse Block Grant first. If those funds are exhausted, the remaining quarterly expenses are allocated to GC-MCO investment and state funds per AHSCO determined rate.

**Allocated to Substance Abuse Grant and Global Commitment Admin based on Medicaid allowable share of costs:**

The Medicaid allowable share of costs is based on the number of Medicaid eligible students as a percent of the entire student population in the supervisory union or district.

**Allocated to WIC Admin and Global Commitment Investment based on availability of WIC Admin grant award:**

Expenses are charged direct to WIC Administration grant first. If those funds are exhausted, the remaining quarterly expenses are charged to GC-MCO Investment.

**Allocated to WIC MIS Planning & Implementation and Global Commitment Investment based on availability of WIC MIS Planning & Implementation grant award:**

Expenses are charged direct to WIC MIS Planning & Implementation grant first. If those funds are exhausted, the remaining quarterly expenses are charged to GC-MCO Investment.

**Total Salaries Across ADAP Program:**

Expenses related to ADAP Administration are allocated based on a ratio of total salary costs expended in ADAP in the quarter by VDH staff.

**Total Salaries Across Environmental Health:**

Expenses related to Environmental Health Administration are allocated based on a ratio of total salary costs expended in Environmental Health in the quarter by VDH staff.

**Total Salaries Across Health Promotion & Disease Prevention:**

Expenses related to Health Promotion & Disease Prevention Administration are allocated based on a ratio of total salary costs expended in Health Promotion & Disease Prevention in the quarter by VDH staff.

**Total Salaries Across Health Surveillance Program:**

Expenses related to Health Surveillance Administration are allocated based on a ratio of total salary costs expended in Health Surveillance in the quarter by VDH staff.

**Total Salaries Across MCH/OLH:**

Expenses related to MCH Administration are allocated based on a ratio of total salary costs expended in MCH in the quarter by VDH staff.

**Total Salaries across Office of Public Health Preparedness:**

Expenses related to Office of Public Health Preparedness Administration are allocated based on a ratio of total salary costs expended in Office of Public Health Preparedness in the quarter by VDH staff.

**Total Salaries Across VDH:**

Expenses related to AHSCO and OLH and VDH Administration are allocated based on a ratio of total salary costs expended in the quarter by all VDH staff.

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## Department of Mental Health

### **Allocated to Data Infrastructure and all DMH programs:**

DMH statistical unit's time and travel is direct coded to 42771. A journal entry is done in the business office to move the amount relating to statistic's time and travel in the amount of the quarterly letter given to the department for payment received from Behavioral Health Services Information System in accordance with Synectics for one quarter of the federal \$ to 42005. The statistic allocates the remainder of DMH's statistical unit's time to 42015.

### **Allocated to direct Secure Res Recovery Operating (MTCR) and Adult General (VPCH) cost centers based on FTE count:**

This statistic allocates costs of staff time associated with VPCH Nursing Administration to MTCR based on # of FTE of direct care staff at each facility.

### **Allocated to direct Secure Res Recovery Operating (MTCR) and Adult General (VPCH) cost centers based on meal count:**

This statistic allocates costs associated with VPCH dietary costs to MTCR based on # of meals for the facility.

### **Full Time Equivalent Count across Housing, Utilization Review, and Employment Supports:**

This statistic is the allocation of 42305 costs to 42015, 42306, and 42648 by FTE count in each program code.

### **Mental Health Distribution for Entire System of Care:**

This statistic allocates costs from 42014 to all receivers that are in that statistic as a % of each receiver.

### **Mental Health Distribution Including Community Care:**

This statistic allocates costs from 42015 to all receivers that are in that statistic as a % of each receiver.

### **Statewide Medicaid Eligibility Rate:**

This statistic allocates 42301, 42302, and 42306 to Global Commitment program vs MCO Investment by patient by new admissions to level 1 for the quarter.

### **Total Cost of All Adult Programs:**

42648 is allocated to all adult programs. This statistic is created from actual quarterly cost from department dept Id 3150070500. It is spread as a % of the total costs in 3150070500.

### **Total Cost of All Children's Programs, Including Community Health:**

42649 is allocated to all children's programs. This statistic is created from actual quarterly cost from department dept Id 3150070600. It is spread as a % of the total costs in 3150070600.

### **Total Costs of All Inpatient Programs:**

42321 is allocated to all inpatient programs. This statistic is created from actual quarterly cost from department dept Id 3150070300, 3150070700, and 3150070800. It is spread as a % of the total costs in 3150070300, 3150070700, and 3150070800.

### **Total Salaries across DMH Staff:**

AHS indirect costs are allocated by this statistic. Costs are provided by AHS

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## **XI. 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 [vtcfbbs@pcgus.com](mailto:vtcfbbs@pcgus.com) or DCF at [AHS.DCFESDOverdueReport@state.vt.us](mailto:AHS.DCFESDOverdueReport@state.vt.us). 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 not 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 QA 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.

\* 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.

## 6. Reach Up Sanctions

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;
- l. 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, 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 your 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 not 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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ESD Random Moment Time Study Matrix

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 TANF/State	Direct to SNAP	Direct to LIHEAP	Direct to State General Fund	Direct to Global Commitment				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 LIHEAP	Direct to State General Fund	Direct to Global Commitment				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 Activities***	Direct to TANF/State	Direct to SNAP	Direct to LIHEAP	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											

\* 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/Essential Person	3 Squares/GA and EA	3 Squares/Fuel /Essential Person	3 Squares/Fuel/G A and EA	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 Activities***	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										

\* 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 Activities***	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 Participant's Response
General Administrative and General Training Activities			Reallocated
Paid Time Off			Reallocated
Unpaid Time Off			Remove
Non-DCF Activity or Other Emergency Situation			Direct to State General Funds

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\*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 negotiated in DCF's agreements with these companies.

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## 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™, which is a tool that has been developed by Public Consulting Group, Inc. (PCG). EasyRMTS™ 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™ 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™ 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™ 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 2,829 moments per quarter) operated for ESD BPS staff. PCG provides the EasyRMTS™ 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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Task	DCF	PCG
Host EasyRMTS™ on Server		X
Provide DCF with System and Administrator Support/Address Technical Issues with System		X
Gather Participant Rosters	X	
Support Users on System Use through Dedicated E-mail Address	X	X
Support Users on System Use through Dedicated Hotline <i>(Note: the hotline will be staffed from 9:00 a.m. to 5:00 p.m. EST, excluding weekends and holidays; a voice-mail box will always be available in the event that a live worker is unable to answer immediately).</i>	X	X
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 ( <i>refer to the Quality Control section of this appendix</i> )	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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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™ 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 2,829 2,804 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***

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*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:

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

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 **54%**):

$$N = \frac{.54 (1-.54)}{\left(\frac{.02}{1.96}\right)^2} = 2,459$$

*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:

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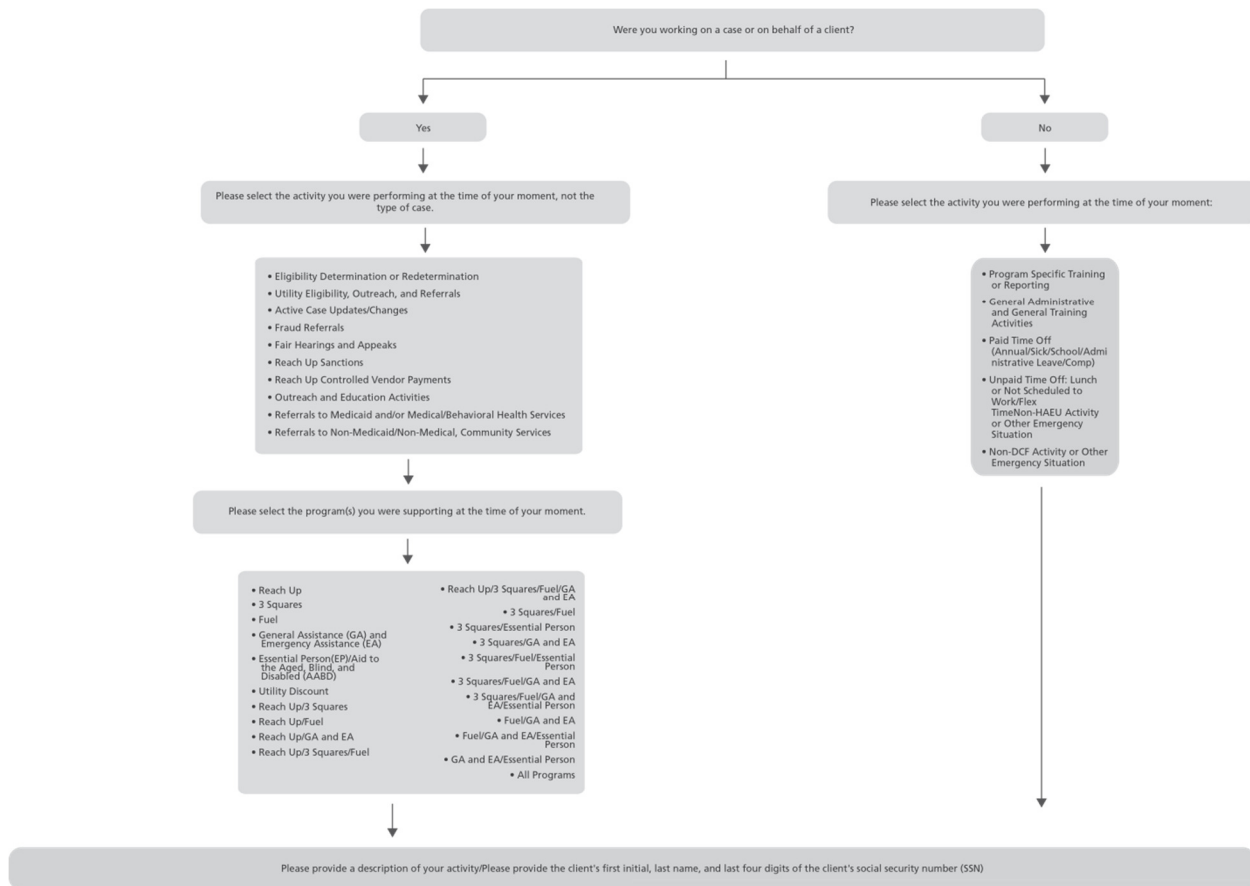
### Program Codes

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™ 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™ 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 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.

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## Quality Control

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™ 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™ 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 e-mailed 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:

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

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sample period. For example, if 200 moments were affected due to a technical failure DCF will 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.

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## **HAEUHAEU Time Study – Training**

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 and Enrollment Unit (~~HAEUHAEU~~) workers within ~~the Vermont Department for Children and Families (DCF)-DVHA~~. The time study ~~begins~~ began on July 1, 2015. Participating staff are those who support multiple programs administered by ~~DCF DVHA~~ in ~~HAEUHAEU~~. 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 DVHA~~ 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 ~~vtdefhaeu@pegus.com~~ [vtvhaeueu@pcgus.com](mailto:vtvhaeueu@pcgus.com) or ~~DCF DVHA~~ at [AHS.DCFHAEUSupervisor@state.vt.us](mailto: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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## 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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### **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 **DCFDVHA** 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 **DCFDVHA** 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.

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**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 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.

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### 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, e-mails, 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 **DCFVHA**. 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.

### 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 **HAEUHAEU**. 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 **HAEUHAEU**. 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	ACCES
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

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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 **HAEUHAEU** -Specific Training and Staff Development

This activity should be used for trainings related to your job as a **HAEUHAEU** 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 Wex**, Systems 101, Interview Training, ININ phone system training, New Worker training, email system usage, fire drills, time study trainings, general office 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.

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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 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.

### 2. Lunch/Break

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

### 3. 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, you flex on Monday and the sample is received on Monday. The sample is before or after your 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 not be coded here.

### 4. Unpaid Time Off

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

### 5. Non-~~HAEUHAEU~~ 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 ~~HAEUHAEU~~ worker at ~~DCFDVHA~~. 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.

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## HAEUHAEU 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 HAEUHAEU 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-HAEUHAEU Activity or Other Emergency Situation				Direct to State Funds

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## ~~HAEUHAEU~~ 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 and Enrollment Unit (~~HAEUHAEU~~) 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) DVHA~~ and other Departments within the Agency of Human Services (AHS) umbrella. Organizationally, ~~HAEUHAEU~~ staff work within the ~~Medicaid Policy, Fiscal & Support Economic Services Division (ESD) of DCFDVHA~~.

The time study is administered using EasyRMTS™, which is a tool that has been developed by Public Consulting Group, Inc. (PCG). EasyRMTS™ 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™ 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™ 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™ 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 ~~DCFDVHA HAEUHAEU~~ RMTS. It has been created to assist ~~DCFDVHA~~ 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 DCFDVHA 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 3,000,2300 moments per quarter) operated for HAEUHAEU workers. PCG provides the EasyRMTS™ system (via a web-hosted service), generates each quarterly sample, provides assistance to DCFDVHA 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 DCFDVHA. The following table displays the responsibilities of PCG and DCFDVHA when it comes to RMTS administration.

Task	DCF DVHA	PCG
Host EasyRMTS™ on Server		X
Provide DCFDVHA with System and Administrator Support/Address Technical Issues with System		X
Gather Participant Rosters	X	
Support Users on System Use through Dedicated E-mail Address	X	X
Support Users on System Use through Dedicated Hotline <i>(Note: the hotline will be staffed from 9:00 a.m. to 5:00 p.m. EST, excluding weekends and holidays; a voice-mail box will always be available in the event that a live worker is unable to answer immediately).</i>	X	X
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 <i>(refer to the Quality Control section of this appendix)</i>	X	X
Quarterly Moment Generation	X	
Quarterly Trainings for New Hires/Participants	X	
Annual Refresher Trainings	X	

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## Sampling Population

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

**HAUEEU** 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. **HAUEEU** 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. **HAUEEU** 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. **HAUEEU** 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.

On a quarterly basis, **DCFVHA** 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 **DCFVHA** 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 **DCFVHA** 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 **DCFVHA** 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™ 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.

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## 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.

~~DCFDVHA~~ 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 ~~DCFDVHA~~ 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

~~DCFDVHA~~ generates 2,300 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:

$$N = \frac{P(1-P)}{(SE/T)^2}$$

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%)

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With the updated system, ~~DCFDVHA~~ 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 30%):

$$N = \frac{.30 (1-.30)}{(.02/1.96)^2} = 2,038$$

**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, ~~DCFDVHA~~ will generate enough moments to still maintain 2,000 valid samples.**

Please note that because the ~~HAEUHAEU~~ 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.

1. The sample is generated (e.g., moments are assigned to participants) just prior to the beginning of the quarter.
2. 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).
3. The e-mail contains a username and password and link to the website to respond to the moment.
4. The participant selects the link to the website. At the website, they logon and have access to the questions and activity/program codes.
5. The participant answers the questions and selects the appropriate activity and program (client specific activities require a patient identification number and/or name).
6. 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.

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For answering “Yes” to case-related activity.

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

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. Collection, Review, and Reconciliation of Application and Data
2. Processing Change of Circumstances and/or Updating a Case
3. Issuing Eligibility Notices to Customers
4. On-going Case Reviews or Renewals
5. Processing Cases for Eligibility Determinations
6. Customer Service and E-mail/Portal Response Processing related to Eligibility Determination Issues
7. Customer Service Response Processing related to General Processing Issues (not related to Eligibility Determinations)
8. Documenting, Initiating, Answering Case-related Questions for, or Testifying about Appeals (for the Appeals Unit to Process)
9. On-going Case Maintenance related to Plan Choice, including Referring Customers to Carriers
10. Policy Development and Research related to Eligibility Determination Standards and Methodologies
11. Phone-based Assistance to Fill Out Applications
12. Referring Customers to Navigators
13. General Outreach and Marketing Activities, related to Open Enrollment
14. Premium Tax Credit Form (1095-A) Processing
15. Referrals to Medicaid and/or Medical/Behavioral Health Services
16. Referrals to Non-Medicaid/Non-Medical, Community Services

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Below are the non-case specific activity codes:

Non-Case Specific Activity Codes

1. Delivery of or Participation in **HAEUHAEU** -Specific Training and Staff Development
2. All Staff or Supervision Meetings
3. General Administrative Activities

Below are the non-work related activity codes:

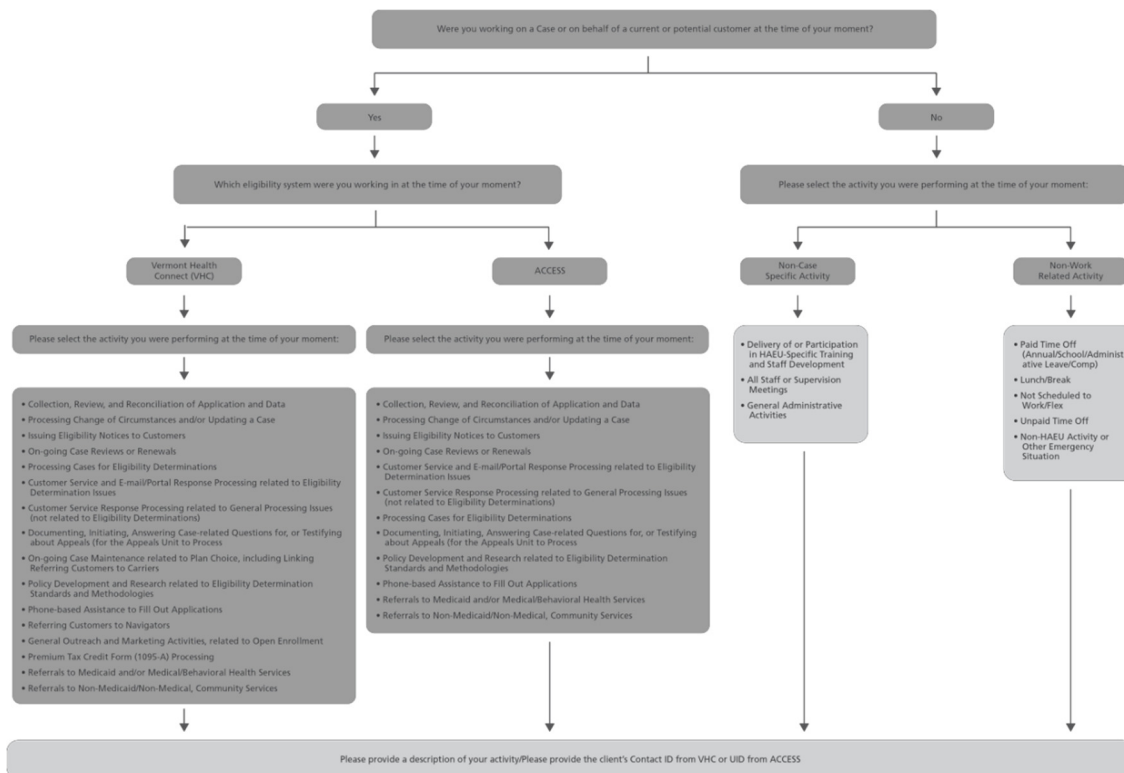
Non-Work Related Activity Codes

7. Paid Time Off (Annual/Sick/School/Administrative Leave/Comp)
8. Lunch/Break
9. Not Scheduled to Work/Flex
10. Unpaid Time Off
11. Non-**HAEUHAEU** 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™ 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™ 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.

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## Analysis of Results

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 **HAEUHAEU** 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 **HAEUHAEU** 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 participant's 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:

1. Assigned moments e-mailed;
2. Data related to tabulations;
  - a. Analysis of sample results; and
3. Final computation of results that are used in the cost allocation plan. Procedural documentation is also kept on the procedures used.

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## 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 **DCFDVHA** to ensure the participants are using them appropriately. This information, along with other common participant errors recognized by **DCFDVHA**, is used to determine training needs.

The decision-tree setup of EasyRMTS™ 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™ 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:

1. Identification of upcoming Vermont state or observed federal holidays (excluded from the sample).
2. Data related to participant contact information, including full name and e-mail address.
3. 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 **HAEUHAEU** position at **DCFDVHA**.
4. Workers who select the wrong activity (based on their own description of their work) are e- mailed 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

**DCFDVHA** 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, **DCFDVHA** 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:

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1. Upon resumption of the RMTS, ~~DCFDVHA~~ will determine how many moments were affected. ~~DCFDVHA~~ 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 ~~DCFDVHA~~ will 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.

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## 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

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## 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-Institutional Staff	Number of Non-Institutional Positions Across AHS	State of Vermont Agency of 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 (90%)	State of Vermont Agency of Human Services Secretary's Office
CMS-E&E/VIEWS & Exchange Level 2	QU - CMS-E&E/Views (65.5%) & Exchange Level 2 (34.5%)	State of Vermont Agency of 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 (90%)	State of Vermont Agency of Human Services Secretary's Office
CMS-MMIS/MES DDI - CMS E&E/VIEWS DDI - CMS HIT IAP EXCH LVL 2 - CM	QU - CMS-MMIS/MES DDI ( <del>31.44%</del> 48.24%); CMS E&E Views DDI ( <del>26.60%</del> 38.24%); <del>Exchange Level 2 (33.04%)</del> CMS-HIT IAPD ( <del>8.92%</del> 13.42%)	State of Vermont Agency of Human Services Secretary's Office
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

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DMH	Direct to DMH	State of Vermont Agency of Human Services Secretary's Office
DOC	Direct to DOC	State of Vermont Agency of Human Services Secretary's Office
DVHA	Direct to DVHA	State of Vermont Agency of Human Services Secretary's Office
Exchange Level 1C	Direct to Exchange Level 1C (100%)	State of Vermont Agency of Human Services Secretary's Office
Exchange Level 2	Direct to Exchange Level 2 (100%)	State of Vermont Agency of Human Services Secretary's Office
Exchange Level 2 & GC Admin	QU - Exchange Level 2 (34.5%); GC-Admin (65.5%)	State of Vermont Agency of Human Services Secretary's Office
Federal Funds Management TS	Results of Federal Funds Management Unit Time Study	State of Vermont Agency of Human Services Secretary's Office
Final	NOT APPLICABLE	State of Vermont Agency of Human Services Secretary's Office
Financial Statement and Internal Controls	State Auditor's Office Single Audit Invoice	State of Vermont Agency of Human Services Secretary's Office
Fiscal Analysis & Development S&W	Total Salaries and Benefits for all Fiscal Division Staff Reporting to Unit Chief	State of Vermont Agency of Human Services Secretary's Office
Fiscal Division S&W	Total Salaries and Benefits for all Fiscal Division Staff	State of Vermont Agency of Human Services Secretary's Office
GC Admin	Direct to Global Commitment - Admin	State of Vermont Agency of Human Services Secretary's Office
GC Payments	Direct to Global Commitment - Program	State of Vermont Agency of Human Services Secretary's Office
Hearings	Results of HSB Case Count	State of Vermont Agency of Human Services Secretary's Office
HR Investigation	Results of HR Investigation Case Count	State of Vermont Agency of Human Services Secretary's Office
HSB	Direct to Human Services Board	State of Vermont Agency of Human Services Secretary's Office
ICD-10 IAPD (90%)	Direct to ICD-10 IAPD (90%)	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
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	State of Vermont Agency of Human Services Secretary's Office

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Race to the Top ELC Grant	Direct to Race to the Top Grant	State of Vermont Agency of Human Services Secretary's Office
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 Human Services Secretary's Office
Refugee Discretionary Targeted Assistance	Direct to Refugee Discretionary Targeted Assistance Grant	State of Vermont Agency of Human Services Secretary's Office
Refugee Elders	Direct to Refugee Elders Grant	State of Vermont Agency of Human Services Secretary's Office
Refugee Formula Targeted Assistance	Direct to Refugee Formula Targeted Assistance Grant	State of Vermont Agency of Human Services Secretary's Office
Refugee School	Direct to Refugee School Impact Grant	State of Vermont Agency of Human Services Secretary's Office
Refugee Social Services	Direct to Refugee Social Services Grant	State of Vermont Agency of Human Services Secretary's Office
Secretary's Office Salaries and Benefits	Total Salaries and Benefits for all Secretary's Office Employees	State of Vermont Agency of 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 Education	State of Vermont Agency of Human Services Secretary's Office
State General Funds	Direct to State General Funds	State of Vermont Agency of Human Services Secretary's Office
T-MSIS	Direct to T-MSIS (90%)	State of Vermont Agency of Human Services Secretary's Office
Tobacco Fund	Direct to Tobacco Fund	State of Vermont Agency of 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 Management	Direct to Waterbury Change Management	State of Vermont Agency of Human Services Secretary's Office
12/31/15 Method	12/31/15 Title IV-E & Global Commitment Eligibility Rate (remainder to TANF, Woodside)	State of Vermont Department of Children and Families
3/31/16 Method	3/31/16 Title IV-E & Global Commitment Eligibility Rate (remainder to TANF, Woodside)	State of Vermont Department of Children and Families
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

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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 Children and Families
3SQ1/Fuel /GA/AABD	PU - SNAP Line 1/Fuel/GA/AABD	State of Vermont Department of Children and Families
3SQ1/GA	PU - SNAP Line 1/GA	State of Vermont Department of Children and Families
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	State of Vermont Department of Children and Families
3SQ8/Fuel /AABD	PU - SNAP Line 8/Fuel/AABD	State of Vermont Department of Children and Families
3SQ8/Fuel /GA	PU - SNAP Line 8/Fuel/GA	State of Vermont Department of Children and Families
3SQ8/Fuel /GA/AABD	PU - SNAP Line 8/Fuel/GA/AABD	State of Vermont Department of Children and Families
3SQ8/GA	PU - SNAP Line 8/GA	State of Vermont Department of Children and Families
AABD	Direct to AABD	State of Vermont Department of Children and Families
AABD/GA	PU - AABD/GA	State of Vermont Department of Children and Families

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ABAWD	Direct to <del>SNAP E&amp;T No Match</del> ABAWD Reinvestment	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
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

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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
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 3	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

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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
<del>Direct to Approved Health Enterprise IAPD 41607</del>	<del>QU—Approved Health Enterprise IAPD 41607</del>	<del>State of Vermont Department of Children and Families</del>
Direct to Approved Health Enterprise IAPD 41618	QU - Approved Health Enterprise IAPD 41618	State of Vermont Department of Children and Families
Direct to Approved Health Enterprise IAPD 41642	QU - Approved Health Enterprise IAPD 41642	State of Vermont Department of Children and Families
<del>Direct to Approved Health Enterprise IAPD 41701</del>	<del>QU—Approved Health Enterprise IAPD 41701</del>	<del>State of Vermont Department of Children and Families</del>
Direct to Approved IAPD 41763	QU - Approved Health Enterprise IAPD 41763	State of Vermont Department of 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 MKT	Direct to EBT Farmers MKT	State of Vermont Department of Children and Families
Direct to Exchange level 2 100%	Direct to Exchange level 2 100%	State of Vermont Department of Children and Families
Direct to Global Commitment - Program	Direct to Global Commitment - Program	State of Vermont Department of Children and Families
<del>Direct to IAPD 41762</del>	<del>QU—approved Health Enterprise IAPD 41762</del>	<del>State of Vermont Department of Children and Families</del>
Direct To IAPD 41607 VHC/MAGI E&E Staff	QU - Direct to Approved Health Enterprise IAPD 41607	State of Vermont Department of Children and Families
Direct To IAPD 41701 Exchange Level 2 IT Staff & O	QU - Direct to Approved Health Enterprise 41701 Exchange Level 2 100%	State of Vermont Department of Children and Families
Direct to ICD-10 IAPD 37708	QU - ICD-10 IAPD 37708	State of Vermont Department of Children and Families
<del>Direct T0 ICD-10 IAPD 37716</del>	<del>QU - ICD-10 IAPD 37716</del>	<del>State of Vermont Department of Children and Families</del>
Direct to ICD-10 IAPD 37717	QU - ICD-10 IAPD 37717	State of Vermont Department of Children and Families
<del>Direct to ICD-10 IAPD 41609</del>	<del>QU—ICD-10 IAPD 41609</del>	<del>State of Vermont Department of Children and Families</del>
Direct to ICD-10 IAPD 41639	QU - ICD-10 IAPD 41639	State of Vermont Department of Children and Families
Direct to ICD-10 IAPD 41640	QU - ICD-10 IAPD 41640	State of Vermont Department of Children and Families
Direct to JFI Pilot Project	Direct to JFI Pilot Project	State of Vermont Department of Children and Families

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Direct to MCO - GA Medical Expenses	Direct to MCO - GA Medical Expenses	State of Vermont Department of Children and Families
Direct to Pregnancy Assistance	Direct to Pregnancy Assistance	State of Vermont Department of Children and Families
Direct to Race to the Top ELC Grant	Direct to Race to the Top ELC Grant	State of Vermont Department of Children and Families
Direct to Sexual Assault Prevention	Direct to Sexual Assault Education & Prevention	State of Vermont Department of Children and Families
Direct to SNAP ET admin Duals	Direct to SNAP ET admin Duals	State of Vermont Department of Children and Families
Direct to SNAP Fair Hearings	Direct to SNAP Fair Hearings	State of Vermont Department of Children and Families
DIRECT to SNAP Federal State Exchange	Direct to SNAP Federal State Exchange	State of Vermont Department of Children and Families
Direct to VHC State	Direct to VHC State	State of Vermont Department of Children and Families
DOE WX	<b>PU</b> - Percentage of DOE WX compared to Total Exp	State of Vermont Department of Children and Families
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
<b>Families to SSFP</b>	<b>Families to SSFP</b>	<b>State of Vermont Department of Children and Families</b>
<b>Exchange Level 1C</b>	<b>Direct to Exchange Level 1C</b>	<b>State of Vermont Department of Children and Families</b>
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

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Farm to Family	Direct to Farm to Family Administration	State of Vermont Department of Children and Families
FF Non-WIC	Direct to Farm to Family 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
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

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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
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

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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
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

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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
RU/3SQ5/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

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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
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

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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
<del>aaaa</del>	<del>fixes</del>	<del>State of Vermont Department of Health</del>
<del>ADAP Leave Time</del>	<del>ADAP Leave Time</del>	<del>State of Vermont Department of Health</del>
<del>Admin Leave Time</del>	<del>Admin Leave Time</del>	<del>State of Vermont Department of Health</del>
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

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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
Direct to Chronic Disease Self-Management Program	Direct to Chronic Disease Self-Management Program - ARRA	State of Vermont Department of Health
Direct to CISS	Direct to CISS	State of Vermont Department of Health
Direct to CME-Coverdell MOU	Direct to CME-Coverdell MOU	State of Vermont Department of 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 Transformation	Direct to Community Transformation	State of Vermont Department of Health
Direct to Comp Cancer Control	Direct to Comprehensive Cancer Control	State of Vermont Department of Health
Direct to Conference	Direct to Conference Costs	State of Vermont Department of Health
Direct to CSHN-SS	Direct to CSHN-Special Services	State of Vermont Department of Health
Direct to CSTE Avian Flu	Direct to CSTE - Avian Flu Trainings	State of Vermont Department of Health
Direct to Culture of Health	Direct to Building a Culture of Health	State of Vermont Department of Health
Direct to Dental-Other	Direct to Dental Services - All Other Programs	State of Vermont Department of Health
Direct to Department of Corrections Quality Oversight QUALITY OVERSIGHT	Direct to Department of Corrections Quality Oversight	State of Vermont Department of Health
<del>Direct to Diabetes</del>	<del>Direct to Diabetes Services Improvement</del>	<del>State of Vermont Department of Health</del>

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Direct to Domestic and Sexual Violence Prevention	Direct to Domestic and Sexual Violence Prevention	State of Vermont Department of Health
Direct to Early Childhood Comp Systems	Direct to Early Childhood Comp Systems	State of Vermont Department of Health
Direct to Early Hearing Detection	Direct to Early Hearing Detection & Intervention Grant	State of Vermont Department of Health
Direct to ELC Ebola Supplement	Direct to ELC Ebola Supplement	State of Vermont Department of Health
Direct to Electronic Death Registry System	Direct to Electronic Death Registry System	State of Vermont Department of Health
Direct to EMS Data Mgmt	Direct to EMS Data Mgmt	State of Vermont Department of Health
Direct to EMS for Children	Direct to EMS for Children	State of Vermont Department of Health
Direct to EMS Program Services	Direct to EMS Program Services	State of Vermont Department of Health
Direct to Env. Toxicology	Direct to Environmental Toxicology	State of Vermont Department of Health
Direct to Environmental Public Health Tracking	Direct to Environmental Public Health Tracking	State of Vermont Department of Health
Direct to EPA Lead	Direct to EPA Lead Certification Program	State of Vermont Department of Health
Direct to Epi Lab Capacity non-PPHF	Direct to Epi Lab Capacity non-PPHF	State of Vermont Department of Health
Direct to Epi Lab Capacity PPHF	Direct to Epi Lab Capacity PPHF	State of Vermont Department of Health
Direct to Epidemiology	Direct to Epidemiology	State of Vermont Department of Health
Direct to Evidence-Based Fall Prevention Program	Direct to Evidence-Based Fall Prevention Program	State of Vermont Department of Health
Direct to Exchange Level 2 Non-IT Staff	Direct to Exchange Level 2	State of Vermont Department of Health
Direct to Family Planning Program	Direct to Family Planning Program	State of Vermont Department of 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 - Surv.	Direct to Food & Lodging	State of Vermont Department of Health
Direct to Food Protection Task Force	Direct to Food Protection Task Force	State of Vermont Department of Health
Direct to General Fund	Direct to General Fund	State of Vermont Department of Health
Direct to Global Commitment Admin	Direct to Global Commitment Admin	State of Vermont Department of Health
Direct to Global Commitment Program	Direct to Global Commitment Program	State of Vermont Department of Health

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Direct to HE ADAP DDRP Fees	Direct to HE ADAP DDRP Fees	State of Vermont Department of 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 Health
Direct to Hep. B	Direct to Hepatitis B- State Employees	State of Vermont Department of Health
Direct to HIV Care	Direct to HIV Care	State of Vermont Department of Health
Direct to HIV/Prevention Grant	Direct to HIV/Prevention Grant	State of Vermont Department of Health
Direct to Hospital Data Council	Direct to Hospital Data Council	State of Vermont Department of Health
Direct to Hospital Licensing	Direct to Hospital Licensing	State of Vermont Department of Health
Direct to Hospital Preparedness	Direct to Hospital Preparedness	State of Vermont Department of Health
Direct to Hospital Preparedness Program Ebola	Direct to Hospital Preparedness Program Ebola	State of Vermont Department of 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 VTRCKS	Direct to Immunization VTRCKS	State of Vermont Department of Health
Direct to Indoor Air	Direct to Indoor Air Risk Assessment	State of Vermont Department of Health
Direct to Indoor Radon	Direct to Indoor Radon Surveillance	State of Vermont Department of Health
Direct to Injury	Direct to Injury Prevention Services	State of Vermont Department of Health
Direct to Integrated Community Systems for CSHCN	Direct to Integrated Community Systems for CSHCN	State of Vermont Department of Health
Direct to JAIBG	Direct to JAIBG	State of Vermont Department of Health
Direct to Komen Breast Services	Direct to Komen Breast Services	State of Vermont Department of Health
Direct to Lab-Radio Yankee	Direct to Laboratory - Radiological Vermont Yankee	State of Vermont Department of Health
Direct to Ladies First	Direct to Ladies First	State of Vermont Department of Health
Direct to LAUNCH	Direct to LAUNCH (Linking Actions for Unmet Needs in Children's Health)	State of Vermont Department of Health
Direct to Lead Investigation	Direct to Lead Investigation	State of Vermont Department of Health

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Direct to Lead Poisoning Prevention	Direct to Lead Poisoning Prevention	State of Vermont Department of 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 Inspections	State of Vermont Department of Health
Direct to Manufactured Food Regulatory Program	Direct to Manufactured Food Regulatory Program	State of Vermont Department of Health
Direct to MCH	Direct to CHP - Maternal and Child Health	State of Vermont Department of Health
Direct to MCH Grant	Direct to MCH Block Grant	State of Vermont Department of Health
Direct to MCH Home Visiting	Direct to MCH Home Visiting	State of Vermont Department of Health
Direct to MCH PCP	Direct to MCH - Primary Care Planning	State of Vermont Department of Health
Direct to MCO - (CHAMPPS)	Direct to MCO - (CHAMPPS)	State of Vermont Department of Health
Direct to MCO - AHEC	Direct to MCO - Area Health Education Centers (AHEC)	State of Vermont Department of Health
Direct to MCO - Blueprint	Direct to MCO - Blueprint	State of Vermont Department of Health
Direct to MCO - Enhanced Immunization	Direct to MCO - Enhanced Immunization	State of Vermont Department of Health
Direct to MCO - Family Planning	Direct to MCO - Family Planning	State of Vermont Department of Health
Direct to MCO - FQHC Lookalike	Direct to MCO - FQHC Lookalike	State of Vermont Department of Health
Direct to MCO - Healthy Homes and Lead	Direct to MCO - Healthy Homes and Lead Poisoning Prevention	State of Vermont Department of Health
Direct to MCO - Medicaid Vaccines	Direct to MCO - Medicaid Vaccines	State of Vermont Department of Health
Direct to MCO - Physician Loan Repayment	Direct to MCO - Physician/Dentist Loan Repayment Program	State of Vermont Department of Health
Direct to MCO - Public Inebriate Services, C for C	Direct to MCO - Public Inebriate Services, C for C	State of Vermont Department of Health
Direct to MCO - Recovery Centers	Direct to MCO - Recovery Centers	State of Vermont Department of Health
Direct to MCO - Renal Disease	Direct to MCO - Renal Disease	State of Vermont Department of Health
Direct to MCO - Tobacco cessation	Direct to MCO - Tobacco Cessation	State of Vermont Department of Health
Direct to MCO - WIC Coverage	Direct to MCO - WIC Coverage	State of Vermont Department of Health
<del>Direct to MCO OBSOLETE effective QE-0316</del>	<del>Direct to MCO OBSOLETE effective QE-0316</del>	<del>State of Vermont Department of Health</del>
Direct to Medical Examiner	Direct to Medical Examiner	State of Vermont Department of Health

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Direct to Medical Practice Board	Direct to Medical Practice Board	State of Vermont Department of Health
Direct to Medication Assisted Treatment	Direct to Medication Assisted Treatment	State of Vermont Department of Health
Direct to Minority Health	Direct to Minority Health	State of Vermont Department of Health
Direct to NASHP	Direct to NASHP	State of Vermont Department of Health
Direct to National Retail Food Regulatory Program	Direct to National Retail Food Regulatory Program Standards (NRFRRPS)	State of Vermont Department of Health
Direct to NE Bladder Cancer Registry	Direct to NE Bladder Cancer Registry	State of Vermont Department of Health
Direct to Newborn Screening	Direct to Newborn Screening	State of Vermont Department of Health
Direct to NON-MCO - SABG Treatment and SA GF Admin	Direct to NON-MCO - SABG Treatment and SA GF ADMIN	State of Vermont Department of Health
Direct to OJJDP	Direct to OJJDP	State of Vermont Department of Health
Direct to Opioid Antagonist Pilot	Direct to Opioid Antagonist Pilot	State of Vermont Department of Health
Direct to Oral Disease Prevention Program	Direct to Oral Disease Prevention Program	State of Vermont Department of 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 PFOA Response Bennington County	Direct to PFOA Response Bennington County	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

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Direct to PREP-Personal Responsibility Education	Direct to PREP-Personal Responsibility Education	State of Vermont Department of Health
Direct to Prescr Drug overdose prev	Direct to Prescription Drug Overdose Prevention	State of Vermont Department of Health
Direct to Prescription Drug Education (Evidence Based Education and Advertising Special Fund.	Direct to Prescription Drug Education (Evidence Based Education and Advertising Special Fund.	State of Vermont Department of Health
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
<del>Direct to Public Health Infrastructure</del>	<del>Direct to Public Health Infrastructure</del>	<del>State of Vermont Department of Health</del>
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. Flexibility	Direct to Rural Hospital Flexibility Grant	State of Vermont Department of Health
<del>Direct to SABG</del>	<del>Direct to Substance Abuse Block Grant</del>	<del>State of Vermont Department of Health</del>
Direct to SAP	Direct to Student Assistance Programs	State of Vermont Department of Health

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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 Hosp	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
<del>Direct to SNAP</del>	<del>Direct to SNAP Nutrition Education</del>	<del>State of Vermont Department of Health</del>
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
Direct to State Epidemiological Outcomes Workgroup	Direct to State Epidemiological Outcomes Workgroup (SEOW) Program	State of Vermont Department of Health
Direct to State Loan Repayment Program	Direct to State Loan Repayment Program	State of Vermont Department of Health
Direct to Statewide Quality Assurance System	Direct to Statewide Quality Assurance System	State of Vermont Department of Health
Direct to STDs	Direct to Sexually Transmitted Diseases	State of Vermont Department of Health
Direct to Support for Public Drinking Water Progra	Direct to Support for Public Drinking Water Programs (SPDWP)	State of Vermont Department of Health
Direct to Tobacco Control	Direct to Tobacco Control	State of Vermont Department of Health
Direct to Tobacco Control - Other	Direct to Tobacco Control - Other	State of Vermont Department of Health
Direct to Tobacco Control Supplement CDC	Direct to Tobacco Control Supplement CDC	State of Vermont Department of Health
Direct to Tobacco Settlement	Direct to Tobacco Settlement	State of Vermont Department of Health
Direct to Transitional Housing	Direct to Transitional Housing Grant	State of Vermont Department of Health
Direct to Transitional Housing-Charitable Choice	Direct to Transitional Housing-Charitable Choice (state funds)	State of Vermont Department of Health
Direct to Tritium Leak 2010	Direct to Tritium Leak 2010	State of Vermont Department of Health

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Direct to Tuberculosis	Direct to Tuberculosis Control	State of Vermont Department of Health
Direct to Universal Newborn	Direct to Universal Newborn Hearing Grant	State of Vermont Department of 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 Enrollment - Non IT Staff	Direct to VHC Open Enrollment - Non IT Staff	State of Vermont Department of 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 Planning	Direct to WIC EBT Planning	State of Vermont Department of 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
<del>Emergency Preparedness-Leave Time</del>	<del>Emergency Preparedness-Leave Time</del>	<del>State of Vermont Department of Health</del>
<del>Environmental Health-Leave Time</del>	<del>Environmental Health-Leave Time</del>	<del>State of Vermont Department of Health</del>
Final	Not Applicable	State of Vermont Department of Health
Leave time	Leave Time Program Codes only	State of Vermont Department of Health
<del>Health Surveillance Leave Time</del>	<del>Health Surveillance Leave Time</del>	<del>State of Vermont Department of Health</del>
<del>HPDP Leave Time</del>	<del>HPDP Leave Time</del>	<del>State of Vermont Department of Health</del>
<del>Injury CPSC</del>	<del>Direct to Injury CPSC</del>	<del>State of Vermont Department of Health</del>
<del>MPB Leave Time</del>	<del>MPB Leave Time</del>	<del>State of Vermont Department of Health</del>
<del>OLH and MCH Leave Time</del>	<del>OLH and MCH Leave Time</del>	<del>State of Vermont Department of Health</del>
PU MCO Blueprint	PU - MCO - Blueprint & Global Commitment Admin per M'caid eligible % of population	State of Vermont Department of Health
PU MCO EMS	PU - MCO - EMS per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health

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PU MCO Epidemiology	PU - MCO - Epidemiology per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health
PU MCO Fluoride	PU - MCO - Fluoride per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health
PU MCO Health Laboratory	PU - MCO - Health Laboratory per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health
PU MCO Health Research and Stats	PU - MCO - Health Research and Statistics per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health
PU MCO Patient Safety	PU - MCO - Patient Safety - Adverse Events, 50% to State Funds	State of Vermont Department of Health
PU MCO POISON CONTROL	PU - MCO - Poison Control based on state M'caid eligibility rate and GC admin 27%	State of Vermont Department of Health
PU MCO Substance Abuse	PU - MCO – Substance Abuse per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health
PU MCO TB	PU - MCO - TB based on M'caid share of total TB patients	State of Vermont Department of Health
QU - ADAP M'caid Eligible	QU - ADAP M'caid Eligible - GC Admin and SABG	State of Vermont Department of Health
QU - MCO – Substance Abuse and SABG Funds	QU - MCO - Substance Abuse per M'caid,Unins,Underins % of state pop and Substance Abuse Block Grant per available SABG funds	State of Vermont Department of Health
QU - MCO - Vaccine	QU - MCO - Vaccine Purchasing Program Allocated based on Med Elig. Rate for Adults	State of Vermont Department of Health
QU - MCO - WIC Coverage and WIC Admin	QU - MCO - WIC coverage and WIC Admin per available WIC Admin funds	State of Vermont Department of Health
QU - MCO WIC coverage and WIC BF Peer Counselor	QU - MCO - WIC coverage and WIC Breast Feeding Peer Counselor Project per available WIC BF funds	State of Vermont Department of Health
QU – QE0316 ADAP M'CAID Eligible	QU - QE0316 ADAP M'CAID Eligible - GC admin and SABG	State of Vermont Department of Health
QU - QE1215 ADAP M'CAID Eligible	QU - QE1215 ADAP M'CAID Eligible - GC admin and SABG	State of Vermont Department of Health
QU - SAP to SABG and GC Admin	QU - SAP to SABG and GC Admin per school invoices	State of Vermont Department of Health
QU - WIC Clinic GC/WIC	QU - WIC CLINIC GC Admin and WIC Admin per M'caid Eligibility Rate for WIC Clients.	State of Vermont Department of Health
SABG	Direct to Substance Abuse Grant	State of Vermont Department of Health

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<del>Skilled Nursing</del>	<del>Direct to Skilled Nursing</del>	<del>State of Vermont Department of Health</del>
Total Salaries Across ADAP	Total Salaries Across ADAP	State of Vermont Department of Health
Total Salaries Across Emergency Preparedness	Total Salaries Across Emergency Preparedness	State of Vermont Department of Health
Total Salaries Across Environmental Health	Total Salaries Across Environmental Health	State of Vermont Department of Health
Total Salaries Across Health Surveillance	Total Salaries Across Health Surveillance	State of Vermont Department of Health
Total Salaries Across HPDP	Total Salaries Across Health Promotion & Disease Prevention	State of Vermont Department of Health
Total Salaries Across MCH	Total Salaries Across Maternal Child Health (MCH)	State of Vermont Department of Health
Total Salaries across MPD	Total Salaries across Medical Practice Board	State of Vermont Department of Health
Total Salaries Across VDH	Total Salaries Across VDH	State of Vermont Department of Health
<del>IEWS E&amp;E</del>	<del>PU—CMS—E&amp;E/IEWS (25.95%), Exchange Level 1 (74.05%)</del>	<del>State of Vermont Department of Health</del>
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 Health
<del>WIC Food Packages</del>	<del>Direct to WIC Food Packages</del>	<del>State of Vermont Department of Health</del>
<del>WIC Loving Support</del>	<del>Direct to WIC Loving Support</del>	<del>State of Vermont Department of Health</del>
<del>WIC Special Health Provider</del>	<del>Direct to WIC Provider Collaboration</del>	<del>State of Vermont Department of Health</del>
Adult Programs	Total Cost of All Adult Programs	State of Vermont Department of Mental Health
Allocated Meals to MTCR and VPCH	Allocated to Direct Secure Res Recovery Operating (MTCR) and Adult General (VPCH) cost centers based on meal count	State of Vermont Department of Mental Health
Allocated to MTCR and VPCH	Allocated to dDirect Secure Res Recovery Operating (MTCR) and Adult General (VPCH) cost centers based on FTE count	State of Vermont Department of Mental Health
Child Programs	Total Cost of All Children's Programs, Including Community Health	State of Vermont Department of Mental Health
Data Infrastructure Staff Costs	Allocated to Data Infrastructure and all DMH programs (Total Costs)	State of Vermont Department of Mental Health

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Department Salaries	Total Salaries Across DMH Staff	State of Vermont Department of Mental Health
Direct to Acute Care-Non-Springfield (GCI)	Direct to Acute Care-Non-Springfield (GCI)	State of Vermont Department of Mental Health
Direct to AHC Psych Inpatient GC Medicaid	Direct to AHC Psych Inpatient GC Medicaid	State of Vermont Department of Mental Health
Direct to AHC Psych Inpatient GCI	Direct to AHC Psych Inpatient GCI	State of Vermont Department of Mental Health
Direct to Berlin Administration	Direct to Berlin Administration	State of Vermont Department of Mental Health
Direct to BR Psych Inpatient	Direct to BR Psych Inpatient	State of Vermont Department of Mental Health
Direct to BR Psych Inpatient Medicaid	Direct to BR Psych Inpatient Medicaid	State of Vermont Department of Mental Health
Direct to Brattleboro Retreat - PNMI clients	Direct to Brattleboro Retreat - PNMI clients	State of Vermont Department of Mental Health
Direct to Case Rate Payments	Direct to Case Rate Payments	State of Vermont Department of Mental Health
Direct to Children's Community	Direct to Children's Community	State of Vermont Department of 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 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 Payments	State of Vermont Department of Mental Health
Direct to CRT Community	Direct to CRT Community	State of Vermont Department of Mental Health
Direct to CRT Consumer Support Prgms-MCO (Invest)	Direct to CRT Consumer Support Programs-MCO (Investment)	State of Vermont Department of Mental Health
Direct to CRT Doc/Hospital	Direct to CRT Doc/Hospital	State of Vermont Department of Mental Health
Direct to CRT Doc/Hospital (GCI)	Direct to CRT Doc/Hospital (GCI)	State of Vermont Department of Mental Health
Direct to CRT Emergency MH for Adults-MCO (Investment)	Direct to CRT Emergency MH for Adults-MCO (Investment)	State of Vermont Department of Mental Health
Direct to CRT Global Commitment (program)	Direct to CRT Global Commitment (program)	State of Vermont Department of Mental Health
Direct to CRT Housing Subsidies-MCO (Investment)	Direct to CRT Housing Subsidies-MCO (Investment)	State of Vermont Department of Mental Health
Direct to CRT Peer Supports-MCO (Investment)	Direct to CRT Peer Supports-MCO (Investment)	State of Vermont Department of Mental Health

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Direct to CRT Recovery Housing-MCO (Investment)	Direct to CRT Recovery Housing-MCO (Investment)	State of Vermont Department of Mental Health
Direct to CRT Secure Residential Recovery-MCO (Investment)	Direct to CRT Secure Residential Recovery-MCO (Investment)	State of Vermont Department of Mental Health
Direct to Data Infrastructure	Direct to Data Infrastructure	State of Vermont Department of Mental Health
Direct to Emergency Adult MH	Direct to Adults Emergency MH	State of Vermont Department of Mental Health
Direct to Emergency Adult MH - CRT	Direct to Adults Emergency MH - CRT	State of Vermont Department of Mental Health
Direct to Emergency Child MH	Direct to Children's Emergency MH	State of Vermont Department of Mental Health
Direct to Employment Development Initiative	Direct to Employment Development Initiative	State of Vermont Department of Mental Health
Direct to Facility Lease GMPCC (GCI)	Direct to Facility Lease GMPCC (GCI)	State of Vermont Department of Mental Health
Direct to FAHC Psych Inpatient	Direct to FAHC Psych Inpatient	State of Vermont Department of Mental Health
Direct to FAHC Psych Inpatient Medicaid	Direct to FAHC Psych Inpatient Medicaid	State of Vermont Department of Mental Health
Direct to GC for Acute Psych Care	Direct to GC for Acute Psych Care	State of Vermont Department of Mental Health
Direct to General Fund	Direct to General Fund	State of Vermont Department of Mental Health
Direct to Global Commitment Admin	Direct to Global Commitment Admin	State of Vermont Department of Mental Health
Direct to Global Commitment Professional Medical	Direct to Global Commitment Professional Medical	State of Vermont Department of Mental Health
Direct to Global Commitment Program	Direct to Global Commitment 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 Grant	Direct to Homeless Block Grant	State of Vermont Department of 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 Mental Health
Direct to MH Block Grant	Direct to MH Block Grant	State of Vermont Department of Mental Health
Direct to MH Elder Care	Direct to MH Elder Care	State of Vermont Department of Mental Health
Direct to MH Transformation Grant	Direct to MH Transformation Grant	State of Vermont Department of Mental Health

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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 Services for Adults (GCI)	Direct to Outpatient Services for Adults (GCI)	State of Vermont Department of Mental Health
Direct to Peer Supports	Direct to Peer Supports	State of Vermont Department of Mental Health
Direct to Recovery Housing - MCO Investment	Direct to Recovery Housing - MCO Investment	State of Vermont Department of Mental Health
Direct to Refugee Program	Direct to Refugee Program	State of Vermont Department of Mental Health
Direct to Relocation Expenses	Direct to FEMA Proj-Relocation Expenses	State of Vermont Department of Mental Health
Direct to Respite for SED Youth	Direct to Respite for SED Youth	State of Vermont Department of Mental Health
Direct to RRMC Psych Inpatient	Direct to RRMC Psych Inpatient	State of Vermont Department of Mental Health
Direct to RRMC Psych Inpatient Medicaid	Direct to RRMC Psych Inpatient Medicaid	State of Vermont Department of Mental Health
Direct to SAMHSA	Direct to SAMHSA	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 Lease (GCI)	Direct to Secure Residential Lease (GCI)	State of Vermont Department of Mental Health
Direct to Secure Residential Rec Fac Devel	Direct to Secure Residential Rec Fac Devel	State of Vermont Department of 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 Mental Health
Direct to SOA Infrastructure Componets - Staff	Direct to SOA Infrastruction Components - Staff	State of Vermont Department of Mental Health
Direct to Special Services	Direct to Special Services`	State of Vermont Department of Mental Health
Direct to Special Services (GCI)	Direct to Special Services (GCI)	State of Vermont Department of Mental Health
Direct to SRR	Direct to Secure Residential Recovery	State of Vermont Department of Mental Health
Direct to SSBG	Direct to Social Services Block Grant	State of Vermont Department of Mental Health
Direct to Staff Secure Transport	Direct to Staff Secure Transport	State of Vermont Department of Mental Health
Direct to the SIM Grant (federal)	Direct to the SIM Grant (federal)	State of Vermont Department of Mental Health
Direct to TTI	Direct to TTI	State of Vermont Department of Mental Health

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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 Housing, Utilization Review, and Employment Supports	State of Vermont Department of Mental Health
FTE - TA and Secure	Full Time Equivalent Count across Technical Assistance and Secure Residential	State of Vermont Department of Mental Health
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 - Community	Mental Health Distribution Including Community Care	State of Vermont Department of Mental Health
MH Distribution - Entire System of Care	Mental Health Distribution for Entire System of Care	State of Vermont Department of Mental Health
MH DISTRIBUTION - INPATIENT	Total Cost of Mental Health Distribution for Inpatient Care Programs	State of Vermont Department of Mental Health
Negotiated PMO allocation of HSE sources	Negotiated PMO allocation of HSE sources	State of Vermont Department of Mental Health
ACA CAQH Grant	Direct to ACA CAQH Grant	State of Vermont Department of Vermont Health Access
Adult Medicaid Quality	Direct to AMQ Grant	State of Vermont Department of Vermont Health Access
AHS Enrollment	QU - Quarterly Enrollment for Global Commitment, CHIP, and all other benefiting programs	State of Vermont Department of Vermont Health Access
CHIPRA	Direct to Maine CHIPRA Grant	State of Vermont Department of Vermont Health Access
Clawback	Direct to Clawback State Funds	State of Vermont Department of Vermont Health Access
CMS HIT 81.35 HITFUND 18.65	PU - CMS HIT 81.35% HIT Fund 18.65%	State of Vermont Department of 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 57.41	PU - CMSHIT 42.59%, HIT Fund 57.41%	State of Vermont Department of Vermont Health Access

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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 TRADITIONAL	Direct to CFC GC traditional	State of Vermont Department of Vermont Health Access
D to CMS E&E VIEWS DDI 50	Direct to CMS-E&E/VIEWS DDI (50%)	State of Vermont Department of Vermont Health Access
D to CMS E&E VIEWS DDI 75	Direct to CMS-E&E/VIEWS DDI (75%)	State of Vermont Department of Vermont Health Access
D to CMS MMIS MES DDI 75	Direct to CMS-MMIS/MES - DDI (75%)	State of Vermont Department of Vermont Health Access
D to DSH	Direct to DSH	State of Vermont Department of Vermont Health Access
D to Elig System and Staff 75	Direct to Eligibility Systems and Staffing (75%)	State of Vermont Department of 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 Vermont Health Access
D to MCO - Civil Union	Direct to MCO - Civil Union	State of Vermont Department of Vermont Health Access
D to MCO - Family Supports	Direct to MCO - Family Supports	State of Vermont Department of Vermont Health Access
D to MCO - HIV Drug Coverage	Direct to MCO - HIV Drug Coverage	State of Vermont Department of Vermont Health Access
D to MCO - Inst for Mental Disease	Direct to MCO - Institution for Mental Disease Services	State of Vermont Department of Vermont Health Access
D to MCO - Patient Safety Net	Direct to MCO - Patient Safety Net Services	State of Vermont Department of Vermont Health Access
D to Medicaid Buy-In	Direct to Medicaid Buy-In	State of Vermont Department of Vermont Health Access
D to MFP	Direct to MFP	State of Vermont Department of Vermont Health Access
D TO SCHIP Program	Direct to CHIP Program	State of Vermont Department of Vermont Health Access
D to SIM	Direct to SIM Grant	State of Vermont Department of Vermont Health Access
D to State	Direct to State Only	State of Vermont Department of Vermont Health Access
D to State Admin Funds	Direct to State Admin Funds	State of Vermont Department of Vermont Health Access
D to T-MSIS	Direct to T-MSIS Grant	State of Vermont Department of Vermont Health Access

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E&E 50 53% / EXLV2	PU - CMS-E&E/Views 50/50 53% Exchange Level 2 47%	State of Vermont Department of Vermont Health Access
E&E 75 65.5/ EXLV 2	PU - CMS 75 65.5%, Exch Level 2 34.5%	State of Vermont Department of Vermont Health Access
E&E 90 53/EXLV1	PU - CMS E&E 90/10 53%, Exch Level 1 47%	State of Vermont Department of 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 Level 2 47%	State of Vermont Department of Vermont Health Access
E&E90 65.5/EXLV1	PU - CMS E&E 90/10 65.5%, Exch Level 1 34.5%	State of Vermont Department of Vermont Health Access
E&E90 65.5/EXLV2	PU - CMS E&E 90/10 65.5%, Exch Level 2 34.5%	State of Vermont Department of Vermont Health Access
ENROLLMENT BROKER SERVICES	QU - Quarterly combined AHS and VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP	State of Vermont Department of Vermont Health Access
EXCH LEV 1B 47/ GC 53	PU - Exchange Level 1B 47%, GC 53%	State of Vermont Department of 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
Exchange Level 1C	Direct to Exchange Level 1C	State of Vermont Department of Vermont Health Access
Exchange Level 2	Direct to Exchange Level 2	State of Vermont Department of Vermont Health Access
Final	N/A	State of Vermont Department of Vermont Health Access
GC 65.5 EX LV 1 34.5	PU - GC Waiver 65.5%, Ex Lv 1b 34.5%	State of Vermont Department of Vermont Health Access
HP Paid Claims	QU - Quarterly number of paid claims for Global Commitment, CHIP, and All Other benefiting Programs	State of Vermont Department of Vermont Health Access
HP UNITS (COB)	QU - Quarterly Enrollment for Global Commitment, and All Other benefiting Programs	State of Vermont Department of Vermont Health Access
IAPD - DII	QU - Quarterly VHC enrollment for MAGI and DSHP (90/10) and QHP Level 1C	State of Vermont Department of Vermont Health Access
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 Vermont Health Access

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MCO VITL	PU - MCO VITL State Pop %	State of Vermont Department of Vermont Health Access
MMIS 17.5, E&E90 39.7 CMS-HIT 6.1 EXLV2 36.7	PU - MMIS 17.5%, E&E90 39.7%, CMS-HIT 6.1%, Ex Lv 2 36.7	State of Vermont Department of Vermont Health Access
MMIS 17.5, E&E90 39.7, CMS-HIT 6.1, EXLV1 36.7	PU - MMIS 17.5%, E&E90 39.7%, CMS-HIT 6.1%, ExLv1 36.7	State of Vermont Department of Vermont Health Access
MMIS 26.5/E&E90 26.5/ EXLV1C 47	PU - MMIS 26.5%, E&E90 26.5%, Exch Level 1C 47%	State of Vermont Department of Vermont Health Access
MMIS 31.44, E&E90 26.6, CMS-HIT 8.92, EXLV233.04	PU - MMIS <del>31.44%</del> 48.24%, E&E90 <del>26.6%</del> 38.34%, CMS-HIT <del>8.92%</del> 13.42%, <del>EXLV2</del> 33.04	State of Vermont Department of Vermont Health Access
MMIS 33.34/E&E90 33.33/ CMSHIT 33.33	PU - MMIS 33.34%, E&E90 33.33%, CMS-HIT 33.33	State of Vermont Department of Vermont Health Access
MMIS/E&E90 26.5/ LVL2 47	PU - MMIS 26.5%, E&E90 26.5%, Exch Level 2 47%	State of Vermont Department of Vermont Health Access
MMIS75 EE75 EXCH LEV 2	PU - MMIS 75 26.5% EE 75 26.5% Exch Lev 2 47%	State of Vermont Department of Vermont Health Access
PHARM Claims	QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs	State of Vermont Department of Vermont Health Access
Quarterly Medicaid Only Enrollment	QU - GC and CHIP enrollment (Medicaid Only)	State of Vermont Department of Vermont Health Access
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 Vermont Health Access
SMHP HIT IAPD	Direct to CMS HIT IAPD	State of Vermont Department of Vermont Health Access
Staff Hours	Total Hours across all program codes	State of Vermont Department of Vermont Health Access
Staff Hours BO	Total Hours across all program codes less BO	State of Vermont Department of Vermont Health Access
Staff Hours Commish	Total Hours across all program codes less commissioner's office	State of Vermont Department of Vermont Health Access
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

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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
<del>D TO EAP - Jobs For Independence</del>	<del>Direct to EAP - Jobs for Independence</del>	<del>State of Vermont Disabilities, Aging, and Independent Living</del>
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-PASRR	GC - Medicaid Admin - PASRR - Preadmission Screening and Record Review	State of Vermont Disabilities, Aging, and Independent Living
<del>D TO IDT - SIMS</del>	<del>Direct to IDT - SIMS</del>	<del>State of Vermont Disabilities, Aging, and Independent Living</del>
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 Svcs.-Elderly 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
<del>Direct TBI Vets</del>	<del>Direct to TBI—Vets Info &amp; Referral Grant</del>	<del>State of Vermont Disabilities, Aging, and Independent Living</del>
Direct to AAA AP	Direct to Admin on Aging Abuse Prevention VII	State of Vermont Disabilities, Aging, and Independent Living
Direct to AAA IIIB	Direct to Admin on Aging Support Services III-B	State of Vermont Disabilities, Aging, and Independent Living
Direct to AAA IIIC	Direct to Admin on Aging Congregate Meals III-C-1	State of Vermont Disabilities, Aging, and Independent Living

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Direct to AAA IIC & Mcaid	Method P - Direct to AAA IIC & Medicaid Admin	State of Vermont Disabilities, Aging, and Independent Living
Direct to AAA IIC2	Direct to Admin on Aging Delivered Meal III-C-2	State of Vermont Disabilities, Aging, and Independent Living
Direct to AAA Ombudsman	Direct to Admin on Aging Ombudsman Activity VII	State of Vermont Disabilities, Aging, and Independent Living
Direct to AAA PH	Direct to Admin on Aging Preventative Health IIID	State of Vermont Disabilities, Aging, and Independent Living
Direct to Add'l Mcaid 1115	Direct to Add'l Medicaid Admin 50% for LTC 1115	State of Vermont Disabilities, Aging, and Independent Living
direct to Add'l Med 1115	Direct to Add'l Medicaid Admin LTC 1115 75%	State of Vermont Disabilities, Aging, and Independent Living
Direct to ADRC OC - AOA Enhanced	Direct to ADRC Options Counseling AOA Enhanced	State of Vermont Disabilities, Aging, and Independent Living
Direct to ADRC Options Counseling	Direct to ADRC Options Counseling	State of Vermont Disabilities, 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 Grant	State of Vermont Disabilities, Aging, and Independent Living
Direct to CDC Grant	Direct to CDC Grant	State of Vermont Disabilities, Aging, and Independent Living
Direct to Civil Monetary Fund	Direct Allocation to Civil Monetary Funds	State of Vermont Disabilities, Aging, and Independent Living
Direct to CLIA P	Direct to CLIA - Personal	State of Vermont Disabilities, Aging, and Independent Living
Direct to CLIA T	Direct to CLIA Travel	State of Vermont Disabilities, Aging, and Independent Living
Direct to CMS VIEWS	CMS E&E / VIEWS	State of Vermont Disabilities, Aging, and Independent Living
Direct to CMS-CSRE DDAS	Direct to CMS-CSRE System Change DDAS	State of Vermont Disabilities, Aging, and Independent Living
Direct to CMS-MMIS	CMS-MMIS	State of Vermont Disabilities, Aging, and Independent Living
Direct to Commodities	Direct to Commodities Suppl. Food	State of Vermont Disabilities, Aging, and Independent Living
Direct to Corrections SSA Billing	Direct to Corrections SSA Billing	State of Vermont Disabilities, Aging, and Independent Living
Direct to DDAS Guardianship	Direct to ASD Guardianship	State of Vermont Disabilities, Aging, and Independent Living
Direct to DHHS Real Choices Change - DDAS	Direct to DHHS Real Choices - DDAS	State of Vermont Disabilities, 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

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Direct to Eld & Dis. Trans.	Direct to Elderly & Disabled Transportation	State of Vermont Disabilities, Aging, and Independent Living
Direct to Emergency Preparedness	Direct to Emergency Preparedness	State of Vermont Disabilities, Aging, and Independent Living
Direct to Employ. For elders	Direct to Senior Community Service Employ. Program	State of Vermont Disabilities, Aging, and Independent Living
Direct to Employee Assistance	Direct to Employee Assistance	State of Vermont Disabilities, Aging, and Independent Living
Direct to Energy	Direct to Energy Outreach Grant	State of Vermont Disabilities, Aging, and Independent Living
Direct to F&NS	Direct to Food & Nutrition Services	State of Vermont Disabilities, Aging, and Independent Living
Direct to General Fund	Direct to State General Fund	State of Vermont Disabilities, Aging, and Independent Living
Direct to General Fund - DDAS	Direct to State General Fund - DDAS	State of Vermont Disabilities, Aging, and Independent Living
Direct to General Fund - Voc Rehab	Direct to State General Fund - Voc Reha	State of Vermont Disabilities, Aging, and Independent Living
Direct to Home Health Hotline	Direct to Medicare (XVIII)	State of Vermont Disabilities, 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 (Blind)	State of Vermont Disabilities, Aging, and Independent Living
Direct to IL VR	Direct to Independent Living Grant (VR)	State of Vermont Disabilities, Aging, and Independent Living
Direct to Innovation	Direct to Innovation & Expansion (Blind & Visually Impaired)	State of Vermont Disabilities, 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 Admin	Direct to Medicaid Administration 75% (L&P)	State of Vermont Disabilities, Aging, and Independent Living
Direct to Mcaid Admin 75% Travel	Direct to Medicaid Administration 75%- Travel	State of Vermont Disabilities, Aging, and Independent Living
Direct to Mcaid Admin Baseline Travel	Direct to Medicaid Administration Baseline- Travel	State of Vermont Disabilities, Aging, and Independent Living
Direct to Medicaid	Direct to Medicaid Program	State of Vermont Disabilities, Aging, and Independent Living
Direct to Medicaid & GF (LP)	Direct to Medicaid & General Fund (L&P) (37700)	State of Vermont Disabilities, Aging, and Independent Living
Direct to Medicaid Adm 50% - DDAS	Direct to Medicaid Adm 50% - DDAS	State of Vermont Disabilities, Aging, and Independent Living
Direct to Medicaid Adm 75%	Direct to Medicaid Adm 75%	State of Vermont Disabilities, Aging, and Independent Living
Direct to Medicaid Admin	Direct to Medicaid Administration - Baseline	State of Vermont Disabilities, Aging, and Independent Living
Direct to Medicaid Admin 50%	Direct to Medicaid Admin 50% - Comm Office	State of Vermont Disabilities, Aging, and Independent Living

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Direct to Medicaid Program DDAS	Direct to Medicaid Program DDAS	State of Vermont Disabilities, Aging, and Independent Living
Direct to Medicare	Direct to Medicare (XVIII Funds)	State of Vermont Disabilities, Aging, and Independent Living
Direct to Medicare - T	Direct to Medicare (XVIII Funds) - Travel	State of Vermont Disabilities, Aging, and Independent Living
Direct to Medicare & GF	Direct to Medicare and GF (43150)	State of Vermont Disabilities, Aging, and Independent Living
Direct to Medicare Non SNF & SNF	Direct to Medicare Non-SNF & SNF (43320)	State of Vermont Disabilities, Aging, and Independent Living
direct to Medicare Supplemental for Equipment	Direct to Medicare Supplemental for Equipment	State of Vermont Disabilities, Aging, and Independent Living
Direct to Medicare Tr & GF	Direct to Medicare & GF - Travel (43150)	State of Vermont Disabilities, 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 LIS/MSP	Direct to MIPPA 2007 LIS/MSP Outreach	State of Vermont Disabilities, Aging, and Independent Living
DIRECT TO MIPPA 2008 LIS/MSP	Direct to MIPPA 2008 LIS/MSP Outreach	State of Vermont Disabilities, Aging, and Independent Living
DIRECT TO MIPPA MEA - AAA	Direct to MIPPA Medicare Enrollment Assistance - AAA	State of Vermont Disabilities, Aging, and Independent Living
DIRECT TO MIPPA MEA - ADRC	Direct to MIPPA Medicare Enrollment Assistance - ADRC	State of Vermont Disabilities, Aging, and Independent Living
DIRECT TO MIPPAA AAAS	Direct to MIPPAA AAAs	State of Vermont Disabilities, Aging, and Independent Living
DIRECT TO MIPPAA ADRC	Direct to MIPPAA ADRC	State of Vermont Disabilities, Aging, and Independent Living
DIRECT TO MIPPAA LIS-MSP	Direct to MIPPAA LIS-MSP	State of Vermont Disabilities, Aging, and Independent Living
Direct to Mobile Low Vision	Direct to Mobile Low Vision	State of Vermont Disabilities, Aging, and Independent Living
Direct to Nat Fam Care Supp	Direct to Admin on Aging National Family Care Supplemental III-E	State of Vermont Disabilities, 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 Association	State of Vermont Disabilities, 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
Direct to Nursing Home Diversion Grant	Direct to Nursing Home Diversion Grant	State of Vermont Disabilities, Aging, and Independent Living
Direct to OASIS	Direct to OASIS	State of Vermont Disabilities, Aging, and Independent Living
Direct to OASIS Space	Direct to OASIS - Space	State of Vermont Disabilities, Aging, and Independent Living

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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 Otto Johnson	Direct to Otto Johnson Fund	State of Vermont Disabilities, Aging, and Independent Living
Direct to Refugee	Direct to Refugee Assistance Program	State of Vermont Disabilities, 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 Voc	Direct to Rehab Training Voc Rehab	State of Vermont Disabilities, Aging, and Independent Living
Direct to RSA System Change	Direct to RSA System Change Grant	State of Vermont Disabilities, Aging, and Independent Living
Direct to RU - Non VR	Direct to Reach Up Non-VR	State of Vermont Disabilities, Aging, and Independent Living
Direct to RU - Pilot	Direct to Reach Up Pilot	State of Vermont Disabilities, Aging, and Independent Living
DIRECT TO S&C	PU - Allocation to S&C XVIII , State & XIX - Equip	State of Vermont Disabilities, Aging, and Independent Living
DIRECT TO S&C SNF & NON-SNF	PU - Allocation to S&C XVIII Non-SNF & LTC XVIII SNF	State of Vermont Disabilities, Aging, and Independent Living
DIRECT TO S&C XVIII TRAVEL	PU - Allocation to S&C XVIII Non SNF Travel	State of Vermont Disabilities, Aging, and Independent Living
Direct to SCHIP	Direct to SCHIP	State of Vermont Disabilities, Aging, and Independent Living
Direct to SCSEP - Supp	Direct to SCSEP - Supplemental	State of Vermont Disabilities, Aging, and Independent Living
Direct to Senior Center Grant	Direct to Senior Center Grant	State of Vermont Disabilities, Aging, and Independent Living
Direct to Seniors Farmer Market	Direct to Seniors Farmers Market	State of Vermont Disabilities, Aging, and Independent Living
DIRECT TO SIMS GRANT	Direct to SIMS Grant	State of Vermont Disabilities, Aging, and Independent Living
DIRECT TO SOA INFRASTRUCTURE	QU - Allocation to SOA Infrastructure Component	State of Vermont Disabilities, 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. Plan	Direct to State Health Insurance Program	State of Vermont Disabilities, Aging, and Independent Living
Direct to State Improvement Grant	Direct to State Improvement Grant	State of Vermont Disabilities, Aging, and Independent Living
Direct to TBI Employment Grant	Direct to TBI Employment Grant for Vets	State of Vermont Disabilities, Aging, and Independent Living
Direct to TBI Planning	Direct to TBI Planning Grant	State of Vermont Disabilities, Aging, and Independent Living
Direct to TBI VT Fund	Direct to VT TBI Fund—21994	State of Vermont Disabilities, Aging, and Independent Living

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Direct to Title VI-C	Direct to Supported Employment - Title VI-C	State of Vermont Disabilities, Aging, and Independent Living
Direct to UMASS Progressive Employment	UMASS Progressive Employment	State of Vermont Disabilities, 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 Training Grant	Direct to VR Quality Training Grant	State of Vermont Disabilities, Aging, and Independent Living
Direct to VR UMASS Bond	Direct to VR UMASS Bond	State of Vermont Disabilities, Aging, and Independent Living
Direct to WIPAG	Direct to Work Incentives Planning & Assistance Grant	State of Vermont Disabilities, 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 - Percentage of Salary Dollars Directly Charged (DS) (43030)	State of Vermont Disabilities, Aging, and Independent Living
Engineering	Total Salaries - Method H - Costs for Bulidings/Programs Requiring Inspections (Total Salary)	State of Vermont Disabilities, Aging, and Independent Living
Final	Not Applicable	State of Vermont Disabilities, Aging, and Independent Living
Global Commitment - CNOM	Direct to Global Commitment - CNOM	State of Vermont Disabilities, Aging, and Independent Living
ICF/MR	PU - Allocation Between XIX, and State for ICF/MRs	State of Vermont Disabilities, Aging, and Independent Living
ICF/MR TRAVEL	PU - Allocation Between XIX, and State for ICF/MRs - Travel	State of Vermont Disabilities, Aging, and Independent Living
Indirect - DBVI	Total Cost Allocation of Indirects for DBVI	State of Vermont Disabilities, Aging, and Independent Living
Indirect - DS	Total Cost Allocation of Indirects for DS	State of Vermont Disabilities, Aging, and Independent Living
Indirect A1	Method A1-Salary Cost Allocation of Indirect Costs to Divisions	State of Vermont Disabilities, Aging, and Independent Living
Indirect-ASD	Total Cost Allocation of Indirects for ASD	State of Vermont Disabilities, Aging, and Independent Living
Indirect-DVR	Total Cost Allocation of Indirects for DVR	State of Vermont Disabilities, Aging, and Independent Living
Indirect-L&P	Total Cost Allocation of Indirects for L&P	State of Vermont Disabilities, Aging, and Independent Living
Medicaid and State Gen	PU - Allocation Between Medicaid and State General Fund for LTC 19	State of Vermont Disabilities, Aging, and Independent Living
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

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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
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

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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
Survey & Cert. (MDS)	PU - Allocation Between XVIII, XIX, and State Based on Homes Certification Surveys and Certifications Procedures (MDS)	State of Vermont Disabilities, Aging, and Independent Living

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