



September 28, 2018

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, 2018 with required certifications.

We continue our efforts to improve our narrative format, content, and design to provide more efficient and effective presentation to our federal partners. Enclosed is a Cost Impact Statement which identifies changes to program codes which effect FFP, along with our annual submission of all SPMP and RMTS materials. All changes have been identified by the use of red font.

Included in this quarter's submission are new program codes related to various Advanced Planning Documents which will be used to further identify project activities. The funding source for these new program codes remain the same and the changes do not have a federal impact on CMS-Medicaid Admin or other federal partners. Additionally, we have made minor wording changes in descriptions and allocations methods to ensure consistent wording for common cost pools across the AHS Department.

On an organizational level, this submission reflects changes due to the consolidation of IT services within the State. Per Governor Phil Scott's Executive Order 06-17, all State of Vermont IT staff were transferred to the Agency of Digital Services (ADS) effective with the SFY19 appropriated budget. Direct services provided by the ADS staff will be billed to Departments as an hourly rate. The hourly rates include salaries, benefits, and other operating and allocated costs paid by ADS. Only actual hours worked directly on projects/systems will be billed to the respective benefitting Agencies and Departments. The rates were developed by ADS according to type of service and have been submitted to HHS-CAS as part of the State of Vermont Statewide Cost Allocation Plan (SWCAP) for SFY'19. AHS estimates no significant federal financial impact resulting from this change in organization structure and billing method.

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

Sincerely,

Al Gobeille
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, 2018

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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 28, 2018
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 28, 2018
Date of Execution

II. COST IMPACT STATEMENT

Dept.	Program Code	Program Code Name	Description	Allocation Method	Comment/Impact	Federal Programs Impacted	Quarterly FFP Impact
AHS	37737	IE&E SNAP Rules	Salary, Operating and Contract Costs related to IE&E IAPD SNAP Business Rules Project	Direct to SNAP - ADP Development (Line 6)	Staff expenses related to IE&E IAPD SNAP Business Rules Project	SNAP	\$4,558
AHS	37845	EVV Staff	Staff work associated with the Electronic Visit Verification System (DDI)	Direct to CMS-EVV	Staff expenses related to the Electronic Visit Verification System (DDI)	CMS-EVV	\$1,354
AHS	37847	IE&E MPI Staff	Staff Expenses related to IEE MPI related to Enterprise Medicaid DDI	Direct to CMS-E&E (90/10)	Staff expenses related to IEE MPI related to Enterprise Medicaid DDI	CMS-E&E	\$3,224
DAIL	43964	TBI Grant	Expenses related to Traumatic Brain Injury State partnership program partner state funding opportunity	Direct to TBI Grant	100% Federal New federal grant funding a TBI limited service position (3year grant) and related expenses	AOD TBI State Demonstration Grant Program CFDA # 93.234	\$37,500
DAIL	37845	EVV Staff	Staff and operating costs associated with the Electronic Visit Verification System (DDI)	Direct to CMS - EVV	90% Federal 10% State Staff costs previously being coded to MMIS 41642 – now specific to EVV development	CMS-MMIS IAPD	\$9,207
FSD	40621	Domestic Violence Unit Admin and Meeting	Administrative activities including general time receiving or providing supervision, staff meetings, breaks, completing time reports/expense accounts, short breaks, and travel not related to training or any other activity.	Total salaries across the DV unit less 75% training	Previously all state funds. Activities reviewed, and relevant functions were determined IV-E eligible.	ACF: IV-E FC	\$2554

FSD	40622	Domestic Violence Unit Title IV-E Case Management	This code is used for cost associated with IV-E eligible case management activities in the Domestic Violence Unit. These activities include but are not limited to developing case plans, case plan review, and report-writing.	Title IV-E Foster Care Eligibility Rate (Line 5)	Previously 100%, now eligibility rate stat to Line 5 admin 50% and GF. Activities reviewed, and relevant functions were determined IV-E eligible.	ACF: IV-E FC	\$1,922
DVHA	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%) (99999.9024)	Reducing the amount for the creation of code 37822	CMS-Medicaid Admin	\$ (18,750)
DVHA	37822	Health Care Application Usability (HCAU) – Contracts	Contractual Expenses related to Health Care Application Usability (HCAU) related to Enterprise Integrated Eligibility DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)	New code in 6/30/18 for a new project in an IAPD. First time having charges hit.	CMS-Medicaid Admin	\$ 18,750
DVHA	37836	MMIS-Care Mgmt Contracts	Contract costs associated with the development of the MMIS for Care Management (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)	New code to identify contractual expense for subprojects with the MMIS IAPD reducing program code 41613	CMS-Medicaid Admin	\$ 611,322
DVHA	37841	MMIS-E Imaging Staff	Staff and operating costs associated with the development of the MMIS for Electronic Imaging (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)	New code to identify staff expenses for subprojects within the MMIS IAPD reducing program code 41642	CMS-Medicaid Admin	\$ 4,550
DVHA	37846	EVV Contracts	Contract costs associated with the Electronic Visit Verification System (DDI)	Direct to CMS – EVV IAPD (99999.9040)	New Program code to identify contractual expenses for a new project in an IAPD for EVV	CMS-Medicaid Admin	\$ 11,715
DVHA	41613	MMIS-DDI Contracts	Contractual Expenses related to Health Enterprise MMIS DDI and IV&V	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)	Reducing the amount for the creation of code 37836	CMS-Medicaid Admin	\$ (611,322)
DVHA	41642	MMIS – DDI Staff	Staff work related to the development of the MMIS	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)	Reducing the amount for the creation of code 37841	CMS-Medicaid Admin	\$ (4,550)

VDH	39339	PHER - Opioid Supplement	Costs associated with activities authorized by the CDC State Opiate Response Grant.	Direct to Public Health Emergency Response: Opioid Crisis	New Federal Grant: Public Health Emergency Response - Opioid Supplement	DHHS, CDC CFDA # 93.354	\$ 40,000
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III. AMENDMENT TABLE

DCA Code		Quarter Ending	Status	App Letter Date
6430	18-4	6/30/18	Pending	
6430	18-3	3/31/18	Pending	
6430	18-2	12/31/17	Pending	
6430	18-1	9/30/17	Pending	
6430	17-4	06/30/17	Approved	6/7/18
6430	17-3	03/31/17	Approved	8/7/2017
0540	17-2	12/31/16	Approved	2/15/2018
0540	17-1	09/30/16	Approved	4/5/2017
0540	16-4	06/30/16	Approved	4/19/2018
0540	16-3	03/31/16	Approved	3/30/2018
0540	16-2	12/31/15	Approved	3/28/2018
0540	16-1	9/30/2015	Approved	3/27/2018
0540	90	6/29/2015	Approved	3/26/2018
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

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.

V. ACRONYM LIST

3SQR.....	3Squares VT Program
AA.....	Adoption Assistance
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
ACH.....	Automated Clearing House
ACO.....	Accountable Care Organization
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
ADA.....	Americans with Disabilities Act
ADAP.....	Alcohol and Drug Abuse Programs
ADRC	Aging and Disability Resource Center Program
ADO.....	St. Albans District Office
ADPC.....	Application Document Processing Center
ADS.....	Agency of Digital Services
AGO.....	Attorney General's Office
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
AOT.....	Agency of Transportation
APD.....	Advance Planning Document
ARRA	American Recovery and Reinvestment Act
ASD.....	Adult Services Division
ASP	Attendant Services Program
AT	Assistive Technology
BAM.....	Business Account Manager
BASU.....	Business Analytics Support Unit
BBF.....	Building Bright Futures
BDO.....	Burlington District Office
BFIS	Building Bright Futures Information System
BHSIS.....	Behavioral Health Services Information System
BI.....	Business Intelligence
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
CCIO.....	Center for Consumer Information and Insurance Oversight
CCL.....	Community Care Level
CCMP	Chronic Care Management Program
CCWIS.....	Comprehensive Child Welfare Information System
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)
CMA	Cash and Medical Assistance
CNCS	Corporation for National and Community Service
CPU.....	Central Processing Unit
CRASH	Drinking Driver Rehabilitation Program
CRI.....	Cities Readiness Initiative
CRT.....	Community Rehabilitation & Treatment
CRU	Cash Receipts Unit
CSBG.....	Community Services Block Grant
CSHCN.....	Children with Special Healthcare Needs
CSHN.....	Children with Special Health Needs
CSNet.....	Child Support Network
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
DSH.....	Disproportionate Share Hospital
DSHP.....	Designated State Health Programs
DSR.....	Delivery System Reform
DUA.....	Data Use Agreement
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
EBP.....	Electronic Benefit Transfer
EBT.....	Evidence-Based Practice
ECCS.....	Early Childhood Comprehensive Systems
ECFMH.....	Early Childhood and Family Mental Health
ECM.....	Enterprise Content Management
EDI.....	Electronic Data Interchange
EDS.....	Electronic Data Systems Corporation (now Hewlett Packard)
E&E.....	Eligibility and Enrollment
EEO.....	Equal Employment Officer
EFT.....	Electronic Funds Transfer
EHR.....	Electronic Health Record
EI.....	Early Intervention
EITC.....	Earned Income Tax Credit
ELC.....	Epidemiology and Laboratory Capacity
ELC.....	Early Learning Challenge
EMS.....	Emergency Medical Services
EP.....	Essential Person
EPA.....	Environmental Protection Agency
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
ETV.....	Education Training Vouchers
EVV.....	Electronic Visit Verification System
EWIC.....	Electronic Benefits Issuance System for WIC
F&L.....	Food & Lodging
FAHC.....	Fletcher Allen Health Center
FAMIS.....	Financial Accounting and Management Information System
FC.....	Foster Care
FDA.....	Food and Drug Administration

FEMA	Federal Emergency Management Agency
FFP	Federal Financial Participation
FFY	Federal Fiscal Year
FICA	Federal Insurance Contribution Act
FINI	Food Insecurity Nutrition Incentive
FITP	Family Infant Toddler Program
FMAP	Federal Medicaid Assistance Participation
FMLA	Family Medical Leave Act
FNS	Food and Nutrition Services
FPL	Federal Poverty Level
FPLS	Federal Parent Location Services
FPR	Forest, Parks and Recreation
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
GIRO	Governor's Information and Referral Office
GMCB	Green Mountain Care Board
GME	Graduate Medical Education
GMET	Government Modernization and Efficiency Team
GMP	Green Mountain Power, Inc.
GMPCC	Green Mountain Psychiatric Care Center
HAEU	Health Access Eligibility Unit
HCAU	Health Care Usability Application
HCCVT	Healthy Child Care Vermont
HBKF	Healthy Babies, Kinds and Families
HC	Health Care
HCB	Home and Community Based
HCR	Health Care Reform
HDC	Hospital Data Council
HDO	Hartford District Office
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
HITECH	Health Information Technology for Economic and Clinical Health
HMIS	Housing Management Information System
HOP	Housing Opportunity Program
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

ICF/MR.....	Intermediate Care Facility for Individuals with Mental Retardation
ICPC.....	Interstate Compact on the Placement of Children
ICJ.....	Interstate Commission on Juveniles
ID	Identification
IDA	Individual Development Account
IDEA	Individuals with Disabilities Education Act
IDRP	Impaired Driver Rehabilitation Program
IDT.....	Interdepartmental Transfer
IE.....	Integrated Eligibility
IEE.....	Integrated Enrollment & Eligibility
IEHC	Integrated Eligibility Health Care
IFS.....	Integrated family Services
IGA	Intergovernmental Agreements
IID	Individuals with Intellectual Disabilities
ILEHP	Interdisciplinary Leadership Education for Health Professionals
INS.....	Insurance
IRS	Internal Revenue Service
IS	Information Services
ISD.....	Information Services Division
ISO.....	International Organization for Standardization
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
M&O.....	Maintenance & Operations
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
MAT.....	Medication Assisted Treatment
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
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

MNT.....	Manual Notification Tool
MOE.....	Maintenance of Effort
MOU	Memorandum of Understanding
MPRS.....	Motions, Petitions and Requests
MR	Mental Retardation
MSW	Master's Degree in Social Work
MSA.....	Master Settlement Agreement
MTCR.....	Middlesex Therapeutic Community Residence
NAS.....	Neonatal Abstinence Syndrome
NATAC.....	Nursing Assistant Testing and Competency
NATCP	Nurse Assistance Training and Competency
NCQA	National Committee for Quality Assurance
NFS	Nursing and Family Support
NICU.....	Newborn Intensive Care Unit
NOA.....	Notice of Award
NRC.....	Nuclear Regulatory Commission
NRFRPS.....	National Retail Food Regulatory Program Standards
NSIP.....	Nutrition Service Incentive Program
NSTW	Not Scheduled to Work
OAA.....	Older Americans Act
OADP.....	Operation Advance Planning Document
OASIS	Outcome and Assessment Information Set
OCCIIO.....	Office of Consumer and Insurance Oversight
OCS.....	Office of Child Support
OCSE.....	Office of Child Support Enforcement
OEO.....	Office of Economic Opportunity
OIG.....	Office of Inspector General
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
PBM.....	Pharmacy Benefit Management
PCAP.....	Public Assistance Cost Allocation Plan
PCG.....	Public Consulting Group, Inc.
PCMH	Program in Community Mental Health
PCSP	Patient Center Specialty Practice
PE.....	Presumptive Eligibility
PERM.....	Payment Error Rate Measurement
PETS	Pre-Employment Transition Services
PFOA	Perfluorooctanoic Acid
PH.....	Public Health
PHEP.....	Public Health Emergency Preparedness
PHER.....	Public Health Emergency Response
PHHS	Preventive Health and Health Services Block Grant
PIE	Payer Initiated Eligibility
PIP.....	Performance Improvement Project
PMPM.....	Per Member Per Month
PMO.....	Project Management Office
PNMI.....	Private Non-Medical Institution

POD.....	Promoting Opportunity Demonstration
POS.....	Point of Sale
PPHF.....	Prevention and Public Health Fund
PQA.....	Prior Quarter Adjustment
PREP.....	Personal Responsibility Education Program
PSI.....	Patient Safety Initiative
PT.....	Physical Therapy
QA.....	Quality Assurance
QC.....	Quality Control
QHMMI.....	Quality and Health Management and Measurement Improvement
QI.....	Quality Initiatives
QIO.....	Quality Improvements Organization
RES.....	Residential
RLSI.....	Residential Licensing and Special Investigations
RMA.....	Refugee Medical Assistance
RMTS.....	Random Moment Time Study
RRMC.....	Rutland Regional Medical Center
RS.....	Rate Setting
RTT.....	Race to the Top
RU.....	Reach Up Program
RWJ.....	Robert Wood Johnson
SACWIS.....	Statewide Automated Child Welfare Information System
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
SEFA.....	Schedule of Expenditures of Federal Awards
SI.....	System Integrator
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
SPDWP.....	Support for Public Drinking Water Program
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

SSDI.....	Social Security Disability Insurance
SSF.....	Solely State Funded
SSFP.....	Solely State Funded Program
SSI.....	Supplemental Security Income
SSMIS.....	Social Services Management Information System
SSNRI.....	Social Security Number Removal Initiative
SSP.....	Separate State Program
SRR.....	Secure Residential Recovery
ST.....	Speech Therapy
STC.....	Special Terms and Conditions
STD.....	Sexually transmitted Disease
STR.....	State Targeted Response
SUA.....	State Unit on Aging
SUD.....	Substance Use Disorder
SWICAP.....	State Wide Indirect Cost Allocation Plan
TANF.....	Temporary Assistance for Needy Families (Reach Up in VT)
TB.....	Tuberculosis
TBI.....	Traumatic Brain Injury
TCM.....	Targeted Case Management
TCP.....	Tobacco Control Program
TDO.....	Bennington District Office
THMs.....	Trihalomethanes
T-MSIS.....	Transformed Medicaid Statistical Information System
TPL.....	Third Party Liability
T&TA.....	Training and Technical Assistance
TTI.....	Transformation Transfer Initiative
UID.....	Unique Identification Number
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
VDH.....	Vermont Department of Health
VDO.....	Morrisville District Office
VDOL.....	Vermont Department of Labor
VHAP.....	VT Health Access Plan
VHC.....	Vermont Health Connect
VHCB.....	Vermont Housing and Conservation Board
VHCIP.....	Vermont Health Care Innovation Project
VHCURES.....	Vermont Healthcare Claims Uniform Reporting and Evaluation System
VHHIS.....	Vermont Household Health Insurance Survey
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
VMAP.....	Vermont Medication Assistance Program
VOCA.....	Victims of Crime Act
VOCs.....	Volatile Organic Compounds
VPCH.....	Vermont Psychiatric Care Hospital
VPharm.....	VT Pharmacy Program

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
VUHDDS.....	Vermont Uniform Hospital Discharge Data Set
WIC.....	Women Infants and Children
WISEWOMAN.....	Well-Integrated Screening & Evaluation for Women Across the Nation
WPR.....	Work Participation Rate
WTF.....	Weatherization Trust Fund
WX.....	Weatherization
QHP.....	Qualified Health Plan
YASI.....	Youth Assessment and Screening Instrument
YDO.....	Middlebury District Office
YR.....	Year
ZDO.....	State Office/Central Office (Waterbury)

VI. ADVANCE PLANNING DOCUMENTS AND MEMORANDUM OF UNDERSTANDING

Document ID	Name	Description	Approving Entity	Type	Submitted (S) Revised (R) Date	Approval Date
AHS-1	EBCP	HSE Platform (Infrastructure, Hosting, Security) and QHP allocation	CMS E&E	IAPDU	R 12/08/17 S 7/30/18	01/16/18 Pending
AHS-2	HITECH	HIE Expansion, EHRIP Operations (Program and Audit), HIT funded SMHP activities, and AHS Portfolio allocation	CMS-HIT	IAPDU	R 08/01/17 7/31/18	01/03/18 Pending
AHS-3	E&E	Integrated Eligibility Program, VHC E&E DDI, and AHS Portfolio allocation	CMS-E&E	IAPDU	R 2/28/18 R 06/30/18 R 7/9/18	04/16/18 Pending 8/21/18
AHS-4	MMIS	MMIS Replacement Program (PBM, Care Mgt, Core Ops, Specialized Program,) MAPIR, and AHS Portfolio allocation	CMS-MMIS	IAPDU	R 08/01/17 R 03/08/18	02/08/18 05/03/18
DCF-1	OCS	Child Support Enforcement System – ACCESS – 2017 (For SFY 2018)	ACF-OCS	OAPDU	S 9/15/17	10/2/17
DCF-2	SSMIS	Vermont Child Welfare Information Technology System - 2018	ACF	OAPDU	S 9/30/17	10/11/17
DCF-3	CCWIS	Comprehensive Child Welfare Information System (CCWIS) – (ref: VT_2017_12_01_DDS) 2018	ACF	PAPD	S 12/1/17	12/13/17
DCF-1	OCS	Child Support Enforcement System – ACCESS – 2018 (For SFY 2019)	ACF-OCS	OAPDU	S 5/1/18	Pending
DCF-2	SSMIS	Vermont Child Welfare Information Technology System - 2019	ACF	OAPDU	S 6/11/18	6/12/18
DVHA-2	T-MSIS	Transformed Medicaid Statistical Information System	CMS-MMIS	APD	R 9/8/16 R 12/29/17	8/25/2017 4/2/2018
DVHA-4	Provider Enrollment	ACA 6028 Rules Section 1104 of the Patient Protection and Affordable Care Act	CMS-MMIS	IAPD	R 10/26/15 R 6/27/2016	12/30/2015 7/25/2017
DVHA-8	PIE	Third Party Liability / Payer Initiated Eligibility	CMS-MMIS	APD	S 5/5/2016 R 10/27/17 R 7/24/2018	11/20/17
DVHA-9	OAPD	HSE Platform shared services architecture and governance	CMS-EE	OAPD	S 6/26/2015 R 5/16/2017	9/30/2016 7/3/2017
DVHA-10	Presumptive Eligibility	Presumptive Eligibility requirements and compliance with federal regulations	CMS-EE	APD	S 5/30/2017	7/25/2017

DVHA-12	SSNRI	New Medicare ID Card / Social Security Number Removal Initiative (SSNRI)	CMS- MMIS	APD	S 9/1/2017	10/30/2017
DVHA-13	EVV	Electronic Visit Verification	CMS- MMIS	IAPD	S 5/14/2018	7/24/2018

Secretary's Office (AHSCO)

ID	Department	Name	Description
SW-1	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
03400-MOU-ADS-FY19	All	ADS Services	Costs for services associated with all State provided IT services including: Project Management, system design, development, and implementation, and application maintenance and operations support.
03400-MOU-RTT-AOE-FY17 Amd AMD #1	AOE	Race to the Top – Early Learning Challenge	Costs for staffing and operating expenditures pursuant to the RTT-ELC grant
03400-MOU-RTT-DCF-FY17 Amd AMD #2	DCF	Race to the Top – Early Learning Challenge	Costs for staffing and operating expenditures pursuant to the RTT-ELC grant
03400-MOU-RTT-VDH-FY17 Amd AMD #1	VDH	Race to the Top – Early Learning Challenge	Costs for staffing and operating expenditures pursuant to the RTT-ELC grant
03400-MOA-REFUGEE-VDH-FY18	VDH	Refugee Health Program	Maintain and enhance a system for addressing the health needs of newly arriving refugees
03400-MOU-EOG-GIRO-FY18	EOG	GIRO	To support the two positions assigned to the Governors Information and Referral Office
03400-MOU-15ACH-DEC-FY18 AMD #1	DEC	SerVermont	Placing of 24 full-time AmeriCorps members with municipalities and non-profit organizations to implement strategies to protect and improve water quality in the Lake Champlain watershed.
03400-MOU-ADS-FY18	ADS	OAPD projects	Work associated with the design, development and implementation along the maintenance and operations associated the OAPD projects supported by AHS.
03400-MOU-AGO-FY18	AGO	AHS—Secretary's Office	The AGO will provide legal services performed by Jared Bianchi to the Agency of Human Services in such matters that come before the Agency and Agency's Departments that need legal counsel.

Department for Children and Families (DCF)

ID	Department	Name	Description
03440-MOU-VDH-18 (ADMIN/ESD)	Health (VDH)	SNAP Nutrition Education	Nutrition Education
JFI-VDOL-16 (ADMIN/ESD)	VT Department of Labor (VDOL)	Jobs for Independence	JFI Federal Award
JFI-VR-16 (ADMIN/ESD)	DAIL/VR	Jobs for Independence	Pilot assessment and case management services for the Supplemental Nutrition Assistance Program
03440-10034-18 (ADMIN/RU)	DAIL	VR/BAM	CWS Salesforce Licenses for Employment Consultants at VABIR and VAL
03440-ABAWD-18 (ESD/RU)	VT Department of Labor (VDOL)	Job Start T & TA	To Provide comprehensive employment services to Able-Bodied Adults Without Dependents (ABAWD) who are participants of the 3Squares VT program.
03440-10170-18 (ESD LIHEAP)	VT Department of Environmental Conservation (DEC)	Low Income Home Energy Assistance Program (LIHEAP)	To provide replacement of fuel tanks for clients eligible to receive crisis assistance under LIHEAP.
03440-28317-DAIL-16 (FSD)	DAIL	Vermont Communication Support Project (VCSP)	VCSP to develop and maintain the capacity to provide specialized communication accommodations for people with disabilities, to assure equal access to courts, administrative hearings and other relevant professional interactions.
03420-6811 (FSD)	Health (VDH)	Miscellaneous	VDH contributes to DCF's share of Child Abuse Physician Grant.
FSD-1	Fish & Wildlife	Other Grants, Awards, Scholarships_&_ Loans	Camp for Kids: Camp fund for scholarships – Green Mountain Conservation Camp – Lake Bomoseen
FSD-2 03440-28364-MOU-FY18	Forest, Parks & Recreation	Fam Preservation-Support – Family Park Passes	Family Park Passes: Pays for family passes
FSD-27	Disabilities, Aging and Independent Living	Miscellaneous Grants	Jobs Program: (Jump on Board for Success) to improve community functioning and employment outcomes of at risk transition-aged youth to secure paid employment and community supports.
03440-20 8362-18—CJA-MOU (FSD)	Vermont Department of Public Safety	Human Trafficking Training by GEMS	Continuous trainings on human trafficking presented by the Girls Educational Mentoring Services (GEMS)

03440-20425-MOUCJA168 (FSD)	Office of the Defender General	Juvenile Law Seminar	One-day training on Juvenile Law Seminar for all attorneys who practice juvenile law in Vermont.
03440-20263-18 VCIC (FSD)	Vermont Department of Public Safety	Vermont Criminal Information Systems program	Processing of criminal records
03440-28348-MOU-CJA17	State's Attorneys and Sheriffs	Children's Justice Act - Training	State Attorneys and Sheriffs Annual Summer Training
02160 RURAL17-3340 (FSD)	Vermont Center for Crime Victim Services (VCCVS)	Domestic Violence	Rural Sexual Assault, Domestic Violence, Dating Violence and Stalking Assistance Program
OCS-1	Disabilities Aging and Independent Living (DAIL)	Work 4 Kids Pilot	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
OCS-3	Department of Corrections	Prison Industry Enhancement Certificate Program (PIECP)	Withholding of child support from remuneration received by incarcerated individuals participating in the VT Correctional Industries' Federal Prison Industry Enhancement Certification Program (PIECP)
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
03480-32119-DCF-WS	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
Woodside-3	Vermont Agency of Education	School Lunch Program	DCF AP pays monthly to Woodside. Funding from AOE via transfer. Direct funding source
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
EITC	VT Department of Taxes	Earned Income Tax Credit (EITC) Agreement	Coordinated activities related to the reporting of TANF related Earning Income Tax payments.
MOU 03420-6978 FSD	VT Depart of Health Laboratory	SUBSTANCE ABUSE TESTING	provide substance abuse testing through urine screens for FSD offices statewide
03440-38354-18-CJA FSD	VT Center for Crime Victim Services	NE Regional Advanced Victim Services Training Conference	Training Conference consultant/Training fees, travel, meals and lodging

OCS - 4	VT State Treasure Office	Lockbox Billing Expenses	Lockbox Billing expenses paid by TRE for services performed on behalf of OCS
OCS - 5	VT State Treasure Office	Bank charge Billing Expenses	Bank charge Billing expenses paid by TRE for services performed on behalf of OCS
DVHA SSMIS	DVHA	FSD SSMIS Disaster Recovery Solution; Project 0154	Provides testing of the improved disaster recovery process for DCF critical system, SSMIS.
02160VOCA17-2-19139-R	VT Center for Crime Victim Services	VOCA Victim Assistance	To provide direct services to victims of all types or crimes
MOU-DMH113	DMH	SAMSA Rapid Rehousing	To provide rapid rehousing and prevention through the Housing Opportunity Grant Program

Department for Disabilities, Aging and Independent Living (DAIL)

ID	Department	Name	Description
03460-70002-189	DCF	3SquaresVT (3SVT)	Strengthening participation in the 3SquaresVT outreach program
DHR-DAIL-6	DHR	Invest EAP	Providing Employee Assistance program services for State of Vermont employees and eligible dependents
03460-40002	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
03460-40001	SOS	VT Board of Nursing	Ensuring a standard of education and competency of nursing assistants who seek to be, or are employed in, Vermont
03460-10001-189	VHCB	Home Access Program	Administration and operations for the VT Center for Independent Living Home Access Program
03460-70001-19	DCF	Senior Farmers Market Nutrition Program (SFMNP)	Implementation and management of the Farm to Family Program farmer's market coupon component of the SFMNP
03460-50003-18	DMH	Jump on Board for Success (JOBS)	Operating and funding of JOBS Programs
03460-50004-19	AOT/VTRANS	State of VT Disability Hiring Initiative	On-The-Job Training (OJT) to support DVR consumers

Department for Vermont Health Access (DVHA)

ID	Department	Name	Description
IGA - DAIL	DAIL	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	DCF	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	VDH	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	DMH	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)
IGA – AOE	AOE	Global Commitment Waiver IGA	This IGA specifies the responsibilities of DVHA and AOE under Vermont's Section 1115 waiver, with DVHA as the Public MCO (Managed Care Organization)
03410-01-17	GMCB	VHCURES and OneCare Data MOU	Transfer of OneCare and VHCURES data for GMCB statutory duty.
03410-02-17	DAIL	Social Assistance Management Software MOU	DAIL/DVHA Social Assistance Management Software (SAMS)
03410-03-17	DAIL	Blueprint Social Assistance Management Software Data Exchange MOU	DVHA/Blueprint for Health ("Blueprint") will receive personally identifiable information maintained in SAMS concerning recipients of home-delivered meals, case management services and caregiver services, which are provided by the AAAs and other local service providers.
03410-04-17	VDH	Data Use Agreement MOU	Supplements and provide guidance for the accompanying Data Use Agreement (DUA) between The Department of Vermont Health Access (DVHA) and The Vermont Department of Health (VDH).
03410-15-18	DOC	DOC/DVHA Serious Functional Impairment	DVHA provides DOC access to DVHA's developmental disabilities home & community-based services waiver claims data in order to verify inmate self-reports of serious functional impairment
03410-16-18	DOC	DOC/DVHA Health and Program Services	DOC and DVHA verification of health insurance status and facilitate enrollment access for all Vermonters re-entering the community after being in DOC custody

Vermont Department of Health

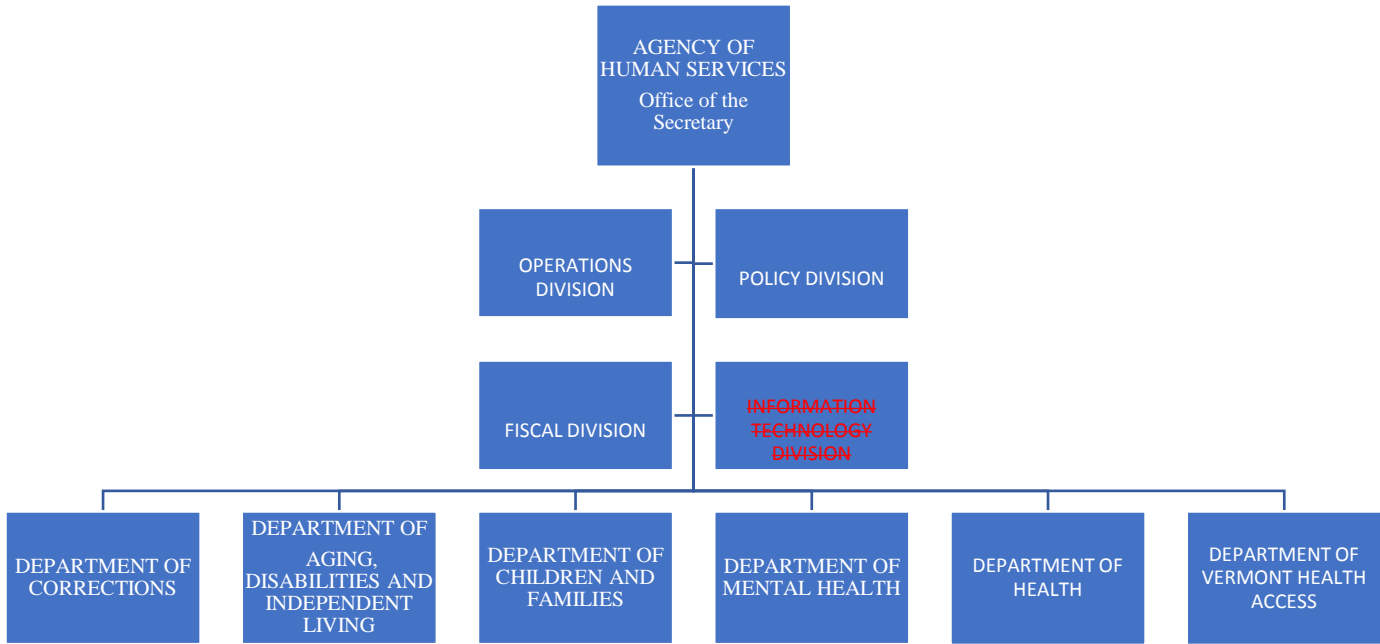
ID	Department	Name	Description
03420-6811	DCF	Nurturing Parenting Program	Prevent child abuse
03420-6965	Dept. of Liquor Control	Enhanced Identification Verification Services	To try and prevent and reduce underage drinking in VT.
03420-6980	Dept. of Liquor Control	ParentUp	Support the installation of ParentUp advertising on DLC alcohol delivery trucks
03420-6902	Dept. of Mental Health	Substance abuse treatment services	To better serve people with Substance abuse and Mental Health issues.
03420-6853	DVHA	ProviderLink paperless fax-based system Support impaired driver Rehab program	DVHA will allow VDH access to Covisint Corporation system for SFY 2019. Support Provider Link...paperless fax
03420-7227	DVHA	Blueprint	Support the capacity of advanced primary care practices and community health teams to better serve individuals with substance use and co-occurring disorders
03420-7095	DVHA	Tobacco Treatment Specialist	Providing Tobacco Treatment Specialist training to the Vermont Quit Partners for tobacco cessation groups
03330-0620 0002-2018	Green Mountain Care Board	Management & Analytics of Hospital Data	Hospital Discharge data sets
03330-001-18	Green Mountain Care Board	Hypertension Awareness	VDH shall include one question pertaining to hypertension awareness on the 2018 BRFSS survey
03420-6915	Office of the Attorney General	Legal Services	Investigation of complaints and reports of unprofessional conduct charges against physicians and other medical professionals.
03420-6975	Office of the Attorney General	Youth Substance Abuse Safety Program (YSASP)	To implement and or enhance the use of Screening, Brief Intervention and Referral to Treatment with the adolescent population in Vermont Court Diversion's YSASP program
03420-6976	Office of the Court Administrator	Drug Court	Support the cost of providing drug court
03420-0185	Vermont Agency of Transportation	Child Passenger Safety Program	VDH division of EMS will take on the day to day responsibility for the child Passenger Safety Program.
03420-0186	Vermont Agency of Transportation	Pedestrian safety	VDH will Take on the day to day responsibilities for the new Road Users Group Project.
03420-0194	Vermont Agency of Transportation	SIREN	Support one full-time staff position who will implement and manage the statewide Incident Reporting Network
03420-6765	VT Housing and Conservation Board	Lead poisoning prevention.	Prevent lead poisoning.
03420-7034 7276	VT Psychiatric Care Hospital	Hospital Preparedness	Hospital Preparedness for incidents of mass casualty incidents and patient surges

03420-6103	VT. Agency of Education	Physical activity	Support for the trainings and implementation of physical activity and physical education programs to youth.
03420-7154	Vermont Commission on Women	Workplace Accommodations Law	To support the creation and dissemination of a video to explain the new workplace accommodations law for pregnant women in Vermont.
03420-7168	DAIL	Hospital Licensing between VDH and DAIL	To support hospital licensure, survey & investigation of complaints.
03420-7222	Dept of Forests, Parks and Recreation	Energy Saving Tree Program	To offer free trees to property owners in urbanized areas of Rutland and Barre.
03420-7207	DCF	Farm to Family	To support Farm to Family coupons for Ladies First program participants.
03420-7277	Dept of Corrections	HIV oral fluid tests	To provide HIV testing to incoming inmates.
03420-F&L 2018	DEC	Public Water Systems	To support monitoring Transient Non-community public water systems.

Department of Mental Health

ID	Department	Name	Description
03420-7184	VDH	Epidemiologist	DMH to provide funding to VDH to support the Centers for Disease Control and Prevention assignee, who is serving as the lead Maternal and Child Health epidemiologist for the State of Vermont.
MOU-001	DAIL	VT Communication Support Project	Funding for the Vermont Communication Support Project, a DAIL program developed to provide and maintain the capacity for specialized communication accommodations for people with disabilities.
MOU-DMH-113	DCF	Housing Opportunity Grant	DMH to provide Block Grant funds to the Housing Opportunity Grant Program.
1-MOU-2018-06-26	DVHA	ProviderLink paperless fax-based system	DVHA will allow DMH access to Covisint Corporation system for SFY 2019

VII. Organizational Chart



VIII. FEDERAL CFDA NUMBERS

CFDA #	Federal Agency	Program Title
10.331	USDA-NIFA	SNAP Incentive-Food Insecurity Nutrition Incentive Grants Program
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	SNAP Jobs for Independence JFI-E&T Cluster
14.231	HUD	Emergency Shelter Grants Program
14.267	HUD	Continuum of Care 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
84.177	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
84.412A	DOE-OSERS	Race to the Top - Early Learning Challenge
84.421B	DOE	Disability Innovation Fund (DIF)
93.003	DHHS-ASPR	Hospital Bioterrorism
93.041	DHHS-AOACL	Special Programs for the Aging - Title VII, Chapter 3 - Programs for Prevention of Elder Abuse, Neglect, and Exploitation
93.042	DHHS-AOACL	Special Programs for the Aging - Title VII, Chapter 2 - Long Term Care Ombudsman Services for Older Individuals
93.043	DHHS-AOACL	Special Programs for the Aging - Title III, Part F - Disease Prevention and Health Promotion Services
93.044	DHHS-AOACL	Special Programs for the Aging - Title III, Part B - Grants for Supportive Services and Senior Centers
93.045	DHHS-AOACL	Special Programs for the Aging - Title III, Part C - Nutrition Services
93.048	DHHS-AOACL	Legal Assist-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
93.073	DHHS-CDC	ZIKA Birth Network Birth Defects and Developmental Disabilities—Prevention and Surveillance
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
93.090	DHHS-ACF	Guardianship Assistance
93.092	DHHS-ACF	Affordable Care Act (ACA) Personal Responsibility Education Program
93.094	DHHS-CDC	Well-Integrated Screening and Evaluation for Women Across the Nation-Farm to Family
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	Chronic Disease Disability-Disabilities Prevention
93.217	DHHS-OPA	Family Planning - Services
93.197	DHHS-CDC	Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children
93.224	DHHS-HRSA	Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)
93.234	DHHS_ACL	Traumatic Brain Injury State Demonstration Grant Program
93.236	DHHS-HRSA	Oral Health Workforce Grants to States to Support Oral Health Workforce Activities
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-Cooperative Agreements
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
93.314	DHHS-CDC	Early Hearing Detection and Intervention (CHIRP) Information System (EHDI-IS) Surveillance Program
93.323	DHHS-CDC	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
93.324	DHHS-ACL	State Health Insurance Assistance Program
93.336	DHHS-CDC	Behavioral Risk Factor Surveillance System
93.354	DHHS-CDC	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response
93.366	DHHS-CDC	State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes
93.369	DHHS-ACL	Independent Living- State Grants

93.426	DHHS-CDC	Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke-Financed in part by 2018 Prevention and Public Health Funds
93.464	DHHS-ACL	Assistive Technology
93.500	DHHS-OS	Pregnancy Assistance Fund Program
93.505	DHHS-HRSA	ACA Home Visiting Program
93.517	DHHS-AOA	Affordable Care Act – Aging and Disability Resource Center
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	PPHF—Community Transformation Grants and National Dissemination and Support for Community Transformation Grants—financed solely by Prevention and Public Health Funds
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-Child Support Enforcement Research
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
93.583	DHHS-ACF	Refugee and Entrant Assistance Wilson/Fish Program
93.590	DHHS-ACF	Community - Based Family Resource and Support Grants
93.591	DHHS-ACF	Community Based Child Abuse Prevention (CBCAP)
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
93.603	DHHS-ACF	Adoption Incentive
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 Abuse and Neglect State Grants
93.671	DHHS-ACF	Family Violence Prevention and Services/ Domestic Violence Shelter and Supportive Services
93.674	DHHS-ACF	Chafee Foster Care Independent Living
93.716	DHHS-ACF	ARRA—Temporary Assistance for Needy Families (TANF) Supplement
93.719	DHHS-OS	ARRA—State Grants to Promote Health Information Technology
93.733	DHHS-CDC	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance
93.735	DHHS-CDC	Tobacco Quitline-State Public Health Approaches for Ensuring Quitline Capacity
93.753	DHHS-CDC	Child Lead Poisoning Prevention Surveillance

93.758	DHHS-CDC	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)
93.761	DHHS-ACL	Fall Prevention Evidence-Based Falls Prevention Programs Financed Solely by Prevention and Public Health Funds (PPHF)
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
93.788	DHHS-SAMHSA	Opioid STR State Targeted Response
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 PHEP Ebola
93.870	DHHS-HRSA	Maternal, Infant and Early Childhood Home Visiting Grant Program
93.889	DHHS-OS	Bioterrorism Hospital Preparedness Program
93.898	DHHS-CDC	Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
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
93.961	DHHS-CMS	Vermont All-Payer ACO
93.977	DHHS-CDC	Preventive Health Services – Sexually Transmitted Diseases (STD) Prevention and 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	AmeriCorps 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

IX. COST ALLOCATION METHODOLOGIES AND DEPARTMENTAL ORGANIZATIONAL CHARTS

a. AHS Secretary's Office

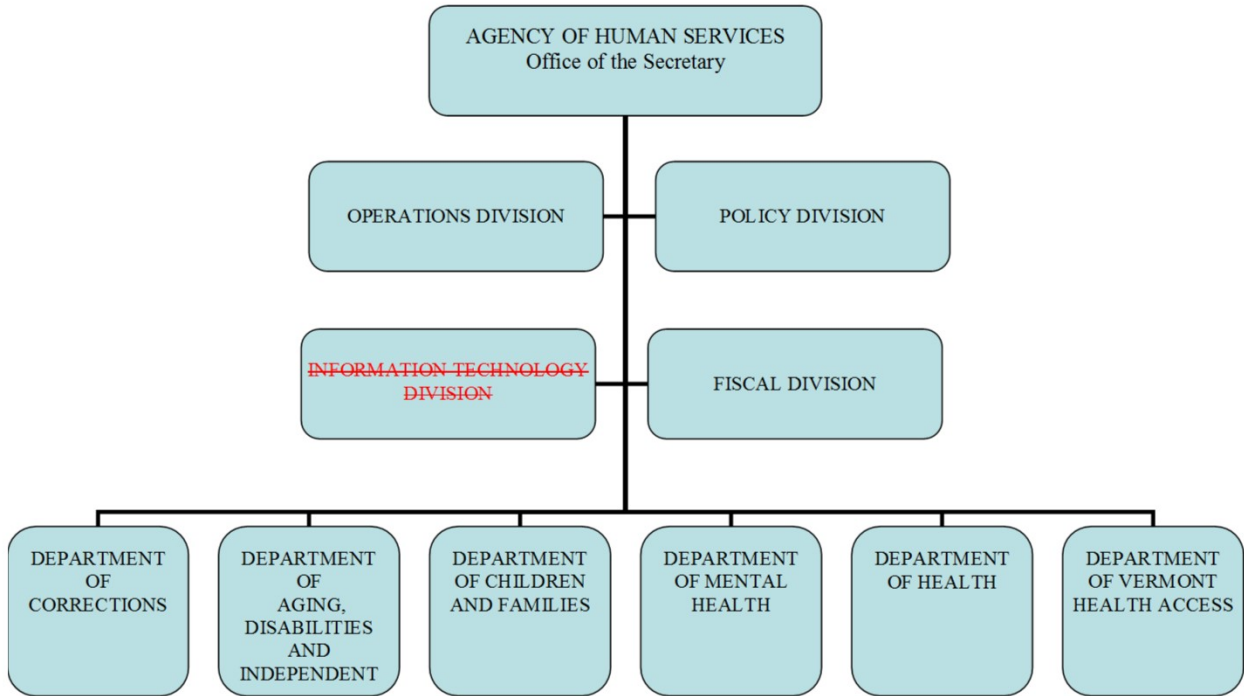
I. Introduction

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

II. Organizational Chart



III. Secretary's Office Cost Allocation Methodologies

With the January 1, 2017 extension of the Global Commitment to Health 1115 Waiver, administrative costs are not included in the budget neutrality agreement. Administrative costs will be reported on the appropriate CMS-64.10 Base reporting line. However, administrative costs associated with investments that are strictly administrative in nature are subject to the budget neutrality limit and are reported on the "Investments" or "DSR investments" waiver forms. Investment administrative costs for Green Mountain Care Board, Health Research and Statistics, Patient Safety Adverse Events, and Area Health Education Centers (AHEC) receive 50% FFP.

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 Name	Description	Allocation Method
10000.1	SWICAP- AHS	AHS Allocation of State Wide Indirect Costs	Positions Across 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

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 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.

The Portfolio Office is a multi-year, multi-phased portfolio of programs that are aimed at reshaping and enhancing business processes, improving public/private sector partnerships, optimizing information management and modernizing the IT environment, which will result in an end-to-end transformation of the customer experience.

The Health Care Reform unit is responsible for coordinating health care reform initiatives across state government by overseeing collaborations for health care reform among executive branch agencies, departments, offices and the Green Mountain Care Board. These efforts are designed around four goals: reducing health care costs and cost growth, assuring that all Vermonters have access to and coverage for high quality care, assuring greater fairness and equity in how we pay for health care, and improving the health of Vermont's population.

The Drug Policy unit will lead and strengthen Vermont's response to the opioid crisis by ensuring full interagency and intra-agency coordination between state and local governments in the areas of prevention, treatment, recovery and law enforcement activities.

Detailed explanations of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
37004	GIRO	Costs associated with Governor's Information and Referral Office	Direct to General Funds
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 unit.	Quarterly enrollment for GC, CHIP, and all other benefiting programs
37111	Portfolio Management Office	Costs associated with the Portfolio Management Office that cannot be attributed to the "PORT IAPDs" or another specific project	Total Salaries across the Portfolio Office
37210	Secretary's Office Staff	Costs associated with the Office of the AHS Secretary and Staff	Positions Across AHS
37221	Drug Abuse Prevention – Opiate Council	Costs associated with the Drug Abuse Prevention – Opiate Council	Direct to General Funds
37730	Medicaid Policy Unit	Costs associated with Medicaid Policy	Quarterly enrollment for GC, CHIP, and all other benefiting programs

37737	IE&E SNAP Rules	Salary, Operating and Contract Costs related to IE&E IAPD SNAP Business Rules Project	Direct to SNAP - ADP Development (Line 6)
41023	AHS Portfolio Operating Expenses	Operating expenses for the Portfolio Management Group	Total Salaries across the Portfolio Office
41731	Portfolio Management Staff	Staff expenses related to the Health Care Portfolio	Quarterly allocation based on VTHR Hours across AHS to the Direct to MMIS, IE and HITECH Program Codes Quarterly Allocation based on VTHR Hours across AHS to the Direct to MMIS, IE and HITECH (DDI only) Program Codes, CMS-MMIS/MES - DDI (90%), CMS-E&E/VIEWS DDI (90%), CMS HIT IAPD (90%)
41732	Portfolio Management Contracts	Contract expenses related to the Health Care Portfolio	Quarterly allocation based on VTHR hours across AHS to the Direct to MMISA, IE and HITECH program codes Quarterly Allocation based on VTHR Hours across AHS to the Direct to MMIS, IE and HITECH (DDI only) Program Codes, CMS-MMIS/MES - DDI (90%), CMS-E&E/VIEWS DDI (90%), CMS HIT IAPD (90%)

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.

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 Name	Description	Allocation Method
37050	Operational Services	Costs associated with Operational Services	Positions Across AHS
37181	Health Care Advocate – Vermont Legal Aid	Costs associated with the Health Care Advocate office.	Quarterly update based on total number of cases by coverage type provided by VT Legal Aid
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
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
37652	DDC Contracts	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
37655	DDC State Plan	Costs associated with the Developmental Disabilities State Plan	Direct to Developmental Disabilities Council
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
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 General Funds
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
37970	SerVermont Training & Technical Assistance (TTA)	Costs associated with carrying training and technical assistance for SerVermont programs	Direct to CNCS TTA Grant
37971	SerVermont – VISTA Training	Costs associated with operating the VISTA program	Direct to VISTA Training
37972	SerVermont – VISTA Cost Share	Costs associated with the CNCS Cost Share expenditures	Direct to VISTA Cost Share

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 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
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 Direct to General Funds
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 Direct to General Funds
42020	Healthcare Admin: 211 Contract	Contract for call center services for health care.	Direct to Investments (STC-79) – United Ways 2-1-1 (41)
42021	Healthcare Admin: 211 Contract – General Fund	Contract for call center services for human services referrals	Direct to General Funds

Organizational Unit 5: 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 and Medicaid 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 Care Portfolio.

Detailed explanations of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
37010	Fiscal-Operations Unit	Financial staff assigned directly to the Secretary's Office fiscal duties.	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.	Annual results of the AHS Schedule of Expenditures of Federal Awards (SEFA) by Department
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.	Annual results of the AHS Schedule of Expenditures of Federal Awards (SEFA) by Department
37021	Fiscal Analysis & Development	Oversees Medicaid reporting and budget staff	Total salaries of the Budget Services Unit and Medicaid Unit
37030	Budget Services Unit	Performs budget oversight and monitoring agency wide, preparation of quarterly cost allocation, fiscal support to grant programs administered through the Secretary's Office, and review of all Agency contracts.	Positions Across AHS
37040	Agency Chief Fiscal Officer	As the chief fiscal officer, this position has oversight and	Total salaries of Fiscal Division staff

		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.	
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.
37070	IT General	Costs associated with IT non-direct project activities related to the Secretary's Office general functions	Positions across AHS Secretary's Office
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
37073	IT Agency General Staff Costs	Projects and support that benefit all of AHS and have an agency-wide impact	Positions across AHS
37172	General Operating Expenses – State Funded	Routine operating expenses that are not allocable to federal programs	Direct to General Funds
37173	Staff Expenses – State Funded	Routine staff expenses that are not allocable to federal programs	Direct to General Funds
37180	Misc. Grants and Contracts	Grants and contracts managed by the Secretary's Office	Positions Across Non-Institutional AHS Staff Direct to General Funds
37308	Division of Rate Setting	Costs for the entire Rate Setting Unit	Direct to Medicaid – 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
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
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 (Lease #341)	Rental Expenses for St. Johnsbury Offices	Direct to Administrative Funds
37446	Rental Expenses – St. Johnsbury (Lease #1075)	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
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 Medicaid – Admin
37709	Global Commitment Payments	Expenses out of AHS Global Commitment appropriation	Direct to AHS GC Capitation Payments
37717	IE HC 90/10 Staff	Staff costs and operating expenses related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS-E&E/VIEWS DDI (90%)
37721	IEE Common Services – Staff	Staff costs and operating expenses related to planning work for Common Services related to Enterprise Integrated Medicaid DDI	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 VHC Enrollment for Global Commitment and Designated State Health Program (DSHP) (claim at 75% Medicaid FMAP), CHIP, and QHP
37833	MMIS-PBM Staff	Staff and operating costs associated with the development of the MMIS for Pharmacy Benefit Management (DDI)	Direct to CMS-MMIS/MES-DDI (90%)

37835	MMIS-Care Mgmt Staff	Staff and operating costs associated with the development of the MMIS for Care Management (DDI)	Direct to CMS-MMIS/MES-DDI (90%)
37837	MMIS-PMM Staff	Staff and operating costs associated with the development of the MMIS for Provider Management Module (DDI)	Direct to CMS-MMIS/MES-DDI (90%)
37839	MMIS-COB Staff	Staff and operating costs associated with the development of the MMIS for Coordination of Benefits (DDI)	Direct to CMS-MMIS/MES-DDI (90%)
37841	MMIS-E Imaging Staff	Staff and operating costs associated with the development of the MMIS for Electronic Imaging (DDI)	Direct to CMS-MMIS/MES-DDI (90%)
37843	MMIS-Business Objects Staff	Staff and operating costs associated with the development of the MMIS for Business Object (end of life Issue-DXC) (DDI)	Direct to CMS-MMIS/MES-DDI (90%)
37845	EVV Staff	Staff and operating costs associated with the Electronic Visit Verification System (DDI)	Direct to CMS-MMIS EVV IAPD (90%)
37847	IEEMPI-Staff	Staff Expenses related to IEE MPI related to Enterprise Medicaid DDI	Direct to CMS-MMIS/MES-DDI (90%)
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
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
41022	Fiscal Operating Expenses	Operating expenses for the Fiscal Office	Total Salaries of Fiscal Division staff
41642	MMIS – DDI Staff	Staff work associated with the development of the MMIS	Direct to CMS-MMIS/MES – DDI (90%)
41693	HIT: Implementation - Staff	Staff Expenses related to Health Enterprise HIT HIE, EHR, and Public Health Development and Implementation	Direct to CMS-HIT IAPD (90%)
42016	Health Care Administration: EQRO	Contractual payments for the External Quality Review of Global Commitment	Direct to Medicaid – Admin

Organizational Unit 6: 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
37006	EBCP Contracts 90/10-CMS	Contractual costs related to Health Information Exchange Expansion	Per Approved HIT IAPD
37070	IT General	Costs associated with IT non-direct project activities related to the Secretary's Office general functions	Positions 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	Staff DCF Costs	Staff costs solely for work on DCF projects or assistance to DCF staff	Direct to DCF
37186	Staff DAIL Costs	Staff costs solely for work on DAIL projects or assistance to DAIL staff	Direct to DAIL
37187	Staff DVHA Costs	Staff costs solely for work on DVHA projects or assistance to DVHA staff	Direct to DVHA
37188	Staff VDH Costs	Staff costs solely for work on VDH projects or assistance to VDH staff	Direct to VDH
37189	Staff DMH Costs	Staff costs solely for work on DMH projects or assistance to DMH staff	Direct to DMH
37191	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
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
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/VEWS DDI (90%)
37721	IEE Common Services— Staff	Staff expenses related to planning work for Common Services related to Enterprise Medicaid DDI	Direct to CMS E&E/VEWS DDI (90%)
37725	IT VHC System	Cost associated with VHC Maintenance and Operations related staff and operating expenses	Quarterly VHC Enrollment for Global Commitment and Designated State Health Program (DSHP) (claim at 75% Medicaid FMAP); CHP, and QHP
37728	Exchange Level 1C IT Staff	IT Salary and Operating Costs related to the Level 1C CCHO Exchange Grant	Direct to Exchange Level 1C
37825	IEE Portal Phase 1—Staff	Staff Expenses related to Customer Portal Phase 1: Verifications related to Enterprise Medicaid DDI	Direct to CMS E&E/VEWS DDI (90%)
40477	Comprehensive Child Welfare IT System (CCWIS)	Staff costs solely for work on the CCWIS project.	Direct to DCF
41382	MMIS PIE IAPD Staff	Staff expenses associated with the Payer Initiated Eligibility Inquiry Project	Direct to MMIS PIE IAPD
41388	IE Presumptive Eligibility (PE)	Staff and operational costs related to the IE PE IAPD	Direct to IE PE IAPD
41393	SSNRI (IAPD)—Staff	Staff work related to the MMIS & E&E SSNRI IAPD	Allocated 50% to MMIS SSNRI IAPD (90%) and 50% to EE SSNRI IAPD (90%)
41399	VHC—QHP	Staff expenses related to VHC Development—QHP	Direct to VHC Sustainability
41613	MMIS—DDI Contracts	Contractual Expenses related to Health Enterprise MMIS DDI and IV&V	Direct to CMS MMIS
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%)
41774	T MSIS Staff	Staff expenses related to T MSIS IAPD	Direct to T MSIS (90%)
41024	IT Operating Expenses	Operating expenses for IT	Total Salaries across IT Division

b. Department of Children and Family Services (DCF)

I. Introduction

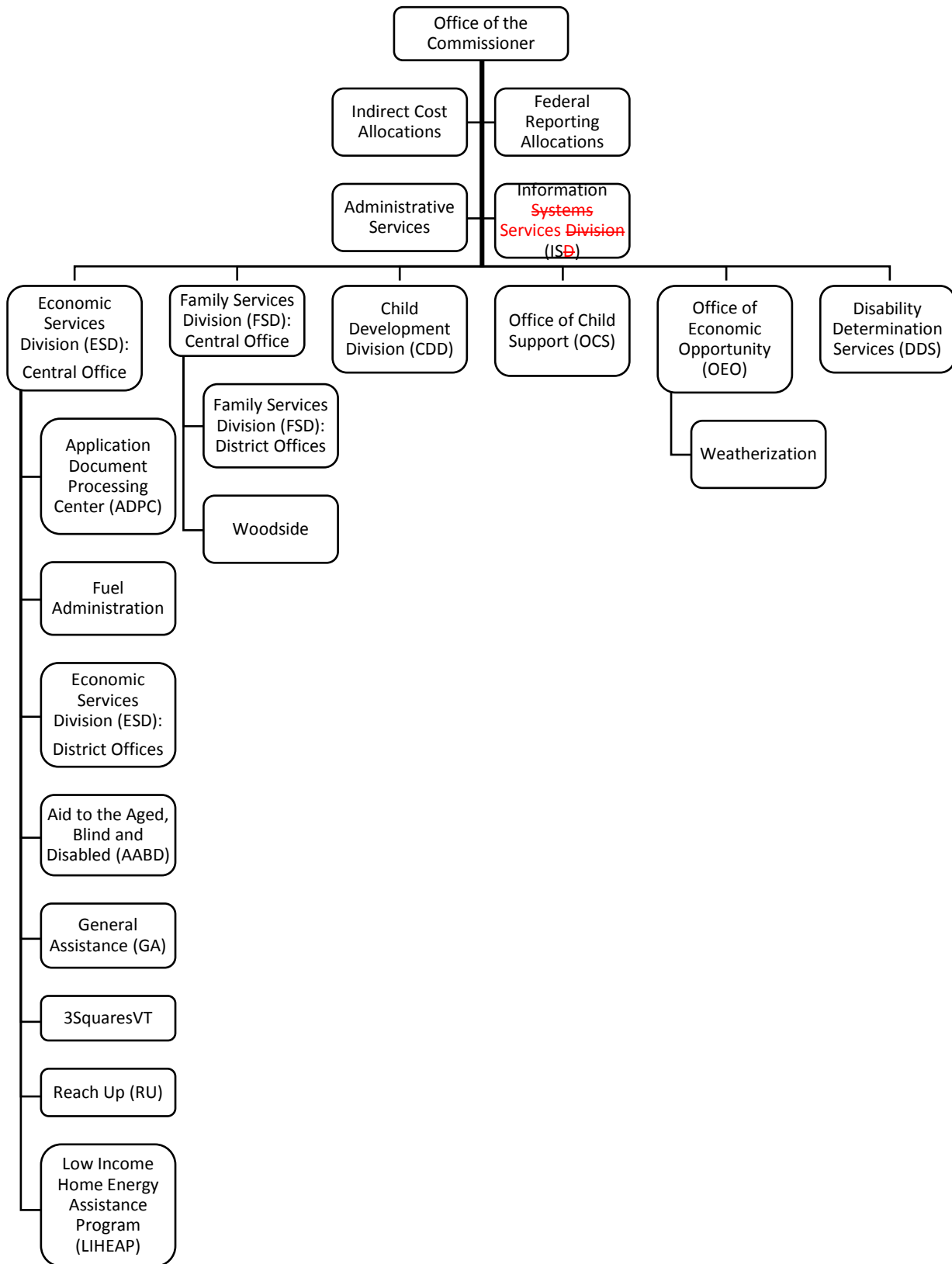
The following narrative and supporting schedules represent the public assistance cost allocation plan for the State of Vermont, Agency of Human Services (AHS), Department for Children and Family Services (DCF). DCF is the “single state agency” for the Title IV-E, Title IV-B, Title IV-D, Temporary Assistance to Needy Families (TANF), Child Care Development Fund (CCDF) and Food Stamps programs.

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.

II. Organizational Charts



III. Department for Children and Families Cost Allocation Methodologies

With the January 1, 2017 extension of the Global Commitment to Health 1115 Waiver, administrative costs are not included in the budget neutrality agreement. Administrative costs will be reported on the appropriate CMS-64.10 Base reporting line. However, administrative costs associated with investments that are strictly administrative in nature are subject to the budget neutrality limit and are reported on the “Investments” or “DSR investments” waiver forms. Investment administrative costs for Green Mountain Care Board, Health Research and Statistics, Patient Safety Adverse Events, and Area Health Education Centers (AHEC) receive 50% FFP.

The program codes shown within each organizational unit represent the most likely unit(s) to charge expenses to these cost pools (with the exception of Organizational Units 1 and 10, Indirect Cost Allocations and Federal Reporting Allocations). These organizational units provide general guidance on the appropriate program code usage, but do not limit the use of a program code across Divisions when necessary.

Organizational Unit 1: Indirect Cost Allocations

The Department for Children and Families (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.

Program Code	Program Name	Description	Allocation Method
1000.1	Statewide Indirect Cost Allocation Plan (SWICAP) – DCF	DCF allocation of Statewide Indirect Costs.	Total Salaries Across All DCF Staff (not including fringe)
1000.2	AHS Audit Unit	DCF allocation of costs related to Audit expenses	Total Salaries Across All DCF Staff (not including fringe)
1000.3	AHS Secretary’s Office	DCF allocation of AHS Secretary’s Office costs	Total Salaries Across All DCF Staff (not including fringe)
1000.4	AHS – Information Technology (IT)	DCF allocation of costs related to AHS Information Technology expenses.	Total Salaries Across All DCF Staff (not including fringe)
1000.5	Financial Statement and Internal Control Audit Expenses	DCF allocation of costs related to Statewide Audit and Internal Control Audit expenses	Total Salaries Across All DCF Staff (not including fringe)
1000. 6	Human Services Board	DCF allocation of Human Service Board costs.	Total Salaries Across All DCF Staff (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)
1000.9	Comprehensive Child Welfare Information System (CCWIS) – AHS Staff	AHS staff costs incurred for work on the DCF CCWIS Project	Direct to Title IV-E - FC In Placement Admin Costs – Agency Management (Line 13)
1000.10	Community Partner Grants	DCF allocation of Community Partner Grants.	Direct to General Fund
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)
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 Administrative Costs, Regular (Line 1b)
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Organizational Unit 2: Administrative Services

Administrative Services support all operations and programs at DCF. Tasks performed by the Commissioner and Business Office's 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 Name	Description	Allocation Method
37717	IE HC 90/10 Staff	Staff costs and operating expenses related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS - E&E/VIEWS DDI (90%)
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 General Fund
40442	DCF FSD Legal Staff	Lawyers and support staff responsible for working with the court system on behalf of children on DCF's caseload.	Title IV-E Foster Care Eligibility Rate
40500	Administrative Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Administrative Services.	Direct to General Fund
40701	Medicaid – Admin 50/50	Cost associated with Medicaid administration.	Direct to Medicaid – Admin 50/50 Line 49
40777.801	Unemployment Compensation	Costs associated with unemployment compensation charges.	Total Salaries Across All DCF Staff (not including fringe)
40900	Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to IDT

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)
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 and Fuel (TANF – Line 22a)
41293	Legal Division Administrative Staff	This code is used for staff salaries and operating costs associated with administrative staff.	Quarterly Results of the Legal Time Study

41294	Legal Counsel	Legal Counsel staff function in support of the Commissioner's Office to provide legal advice, represent the Department in the Legislature, write rules, propose statutes, and answer legal questions. The Office of Child Support has its own legal counsel staff.	Total Salaries Across All DCF Staff less OCS (not including fringe)
41295	Assistant Attorney General (AAG) Legal Division	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
41555.801	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 General Fund
41642	MMIS DDI Staff	Staff work associated with the development of the MMIS.	Direct to CMS-MMIS/MES-DDI (90%)
41648	Children's Health Insurance Program (CHIP) Audit Fees	Cost of audit fees related to the CHIP.	Direct to CHIP - Admin
41776	Registry Review Unit - Contracted Employees	Cost of contracted staff to conduct administrative and registry review services	Direct to General Fund
41777.801	Administrative Services General Fund	This code is used for general and administrative services. Staff in this unit include the director, and administrative support staff.	Direct to General Fund
41783	Registry Review Unit	This code is used for staff and operating costs for the Registry Review Unit, which is the intermediate administrative appeal system for Family Services Division decisions to substantiate child abuse and neglect. 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 General Fund

Organizational Unit 3: Information **Systems Services Division (ISD)**

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 Name	Description	Allocation Method
37717	IE HC 90/10 Staff	Staff costs and operating expenses related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS - E&E/VIEWS DDI (90%)
37995	Race to the Top (RTT) Early Learning Challenge (ELC) Grant	This code is used for Contractual staff salaries and operating costs associated with the Race to the Top Early Learning Challenge Grant.	Direct to Race to the Top
38015	Office of Child Support – General IT Support	This code is used for all Contractual salary costs associated with the general IT support of the Office of Child Support.	Total Salaries Across OCS (not including fringe) (Line 5)
38089	Office of Child Support – Crisys Project	This code is used for all Contractual salary costs associated with the Crisys Project for the Office of Child Support.	Direct to IV-D APD Operational Costs, APD Required (Line 5)
38090	Office of Child Support – Title IV-D IT Purchases	Hardware and software purchases for the Office of Child Support, including Staff equipment and general systematic updates, which directly supports the Title IV-D program.	Direct to IV-D APD Operational Costs, APD Required (Line 5)
38091	Office of Child Support – Non-Title IV-D IT Purchases	Hardware and software purchases for the Office of Child Support, including Staff equipment and general systematic updates.	Direct to General Fund
38092	OCS APD Contract Cost	Costs associated with the approved OCS APD contract costs are coded here.	Direct to IV-D APD Operational Costs, APD Required (Line 5)
40106	Child Development Division – IT Purchases related to the BFIS system	Hardware and software purchases for the Child Development Division, including Staff equipment and general systematic updates for the BFIS system.	Child Subsidy Case Count (TANF Line 22C/CCDF Line 1H1)
40469	RLSI IT Purchases	Hardware and software purchases for the Residential Licensing and Special Investigations Unit, including Staff equipment and general systematic updates.	Total Salaries across the Residential Licensing & Special Investigations Unit (not including fringe)
40470	DCF Commissioner’s Office - IT Purchases	Hardware and software purchases for the DCF Commissioner’s Office, including Staff equipment and general systematic updates.	Total Salaries Across All DCF Staff (not including fringe)

40471	Non-DCF IT Projects	This code is used for Contractual salary costs related to non-DCF (AHS and other AHS department) specific projects and support.	Direct to General Fund
40472	Economic Services Division – General IT Support	This code is used for all Contractual salary costs associated with the general IT support of the Economic Services Division.	Total Salaries Across Economic Services (including field staff, not including fringe)
40473	Economic Services Division - IT Purchases	Hardware and software purchases for the Economic Services Division, including Staff equipment and general systematic updates.	Total Salaries Across Economic Services (including field staff, not including fringe)
40474	Woodside – IT Purchases	Hardware and software purchases for the Woodside Treatment Facility, including Staff equipment and general systematic updates.	Direct to Woodside
40475	Family Services Division – General IT Support	This code is used for all Contractual salary costs associated with the general IT support of the Family Services Division.	Total Salaries Across Family Services (including Field Staff, not including fringe)
40476	Youth Assessment and Screening Instrument (YASI)	This code is used for Contractual salary and operating costs associated with the maintenance of the Youth Assessment and Screen Instrument (YASI) system.	Direct to General Fund
40477	Comprehensive Child Welfare Information System (CCWIS)	This code is used for Contractual salary and operating costs associated with the planning of the Comprehensive Child Welfare Information System (CCWIS).	Direct to Title IV-E - FC In Placement Admin Costs – Agency Management (Line 13)
40478	Child Development Division – General IT Support	This code is used for all Contractual salary costs associated with the general IT support of the Child Development Division.	Total Salaries Across Child Development (not including fringe)
40479	ACCESS Health Care	This code is used for Contractual salary costs associated with the support of Health Care data that is stored in the ACCESS system.	ACCESS Case Count between CHIP Admin and Medicaid Admin 50/50 (Line 49)
40480	Disability Determination Services - IT Purchases No SSA	Hardware and software purchases for the Disability Determination Services Division, including staff equipment and general systematic updates, which are not approved to be reimbursed by the SSA.	Direct to General Fund
40481	Child Development Division – IT Purchases	Hardware and software purchases for the Child Development Division, including staff equipment and general systematic updates, not specifically related to the BFIS system.	Total Salaries Across Child Development (not including fringe)

40482	Weatherization IT Purchases	Hardware and software purchases for the Weatherization unit within the Office of Economic Opportunity, including staff equipment and general systematic updates.	Direct to Weatherization (state funded)
40483	Family Services Division - IT Purchases	Hardware and software purchases for the Family Services Division, including staff equipment and general systematic updates.	Total Salaries Across Family Services (including Field Staff, not including fringe)
40484	Family Services Division District Offices - IT Purchases	Hardware and software purchases for the District Offices within the Family Services Division, including staff equipment and general systematic updates.	Total Salaries Across Family Services Field Staff (not including fringe)
40485	Family Services Division Legal Staff - IT Purchases	Hardware and software purchases for the Legal Staff within the Family Services Division, including staff equipment and general systematic updates.	Title IV-E Foster Care Eligibility Rate
40486	Financial Eligibility Specialists/Interviewers/Call Center Agents - IT Purchases	Hardware and software purchases for the Call Center staff within the Economic Services Division, including staff equipment and general systematic updates.	Results of the Economic Assistance Time Study
40487	LIHEAP - IT Purchases	Hardware and software purchases for the LIHEAP Benefits Program Staff within the Economic Services Division, including staff equipment and general systematic updates.	Direct to Home Heating Program/LIHEAP Admin
40488	Economic Services Division District Offices - IT Purchases	Hardware and software purchases for the District Offices within the Economic Services Division, including staff equipment and general systematic updates.	Total Salaries Across Economic Services Field Staff (not including fringe)
40489	Assistant Attorney General (AAG) - IT Purchases	Hardware and software purchases for the Assistant Attorney Generals within DCF, including staff equipment and general systematic updates.	Quarterly Results of the Legal Time Study
40490	Quality Control and Fraud Unit - IT Purchases	Hardware and software purchases for the Quality Control and Fraud Unit within the Economic Services Division, including staff equipment and general systematic updates.	Total Salaries Across Fraud Unit and the Quality Control Unit (not including fringe)
40491	Woodside – Title I IT Purchases	Hardware and software purchases for the Woodside Treatment Facility within the Family Services Division, including staff equipment and general systematic updates, which are approved and funded by the AOE Title I Grant.	Direct to Woodside

40492	SNAP Admin - IT Purchases	Hardware and software purchases, including staff equipment and general systematic updates, to be charged to the SNAP Admin program.	Direct to SNAP – Certified (Line 1)
40493	Business Office - IT Purchases	Hardware and software purchases for the Business Office of DCF, including staff equipment and general systematic updates.	Total Salaries Across All DCF Staff (not including fringe)
40494	Human Resources - IT Purchases	Hardware and software purchases for the Human Resources staff within DCF, including staff equipment and general systematic updates.	Total Salaries Across All DCF Staff (not including fringe)
40500	IT General Fund	This code is used for Contractual staff , operating, direct and miscellaneous non-federal expenditures within the IT Division.	Direct to General Fund
40701	Medicaid – Admin 50/50	Cost associated with Medicaid administration.	Direct to Medicaid – Admin 50/50 Line 49
40777.901	Unemployment Compensation	Costs associated with unemployment compensation charges.	Total Salaries Across the Information Technology Department (not including fringe)-Total Salaries Across All DCF Staff Less DDS (not including fringe)
40900	Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to IDT
41025	ACCESS OCS	This code is used for all Contractual salary and operating costs associated with supporting the ACCESS system.	Direct to Title IV-D APD Operational Costs, APD Required (Line 5)
41032	VT Department of Information and Innovation Agency of Digital Services – IT Invoices	Vermont Department of Information and Innovation Agency of Digital Services (DI ADS) 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 All DCF Staff Less DDS (not including fringe)
41033	ACCESS ESD	This code is used for all Contractual salary and operating costs associated with supporting the ESD ACCESS Mainframe.	Case Count Across Economic Services (Duplicated) (TANF - Line 22c)

41034	General ACCESS Maintenance (normally used only by the Database Administrator (DBAs))	This code is used for all Contractual 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 for Applicable Programs (TANF – Line 22C)
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 DH ADS and account for OCS and ESD system usage.	Central Processing Unit (CPU) Usage Commands for Applicable Programs (TANF – Line 22C)
41037	Social Services Management Information System (SSMIS) and FSDNet	This code is used for all Contractual salary and operating costs associated supporting and managing IT projects on behalf of FSD staff, specifically related to the SSMIS and FSDNet systems.	Total Salaries Across Family Services Division Operational Staff Using the System (not including fringe) (including Social Workers, Centralized Intake Staff, and Residential Licensing Staff)
41038	DCF IT Admin	This code is used for all Contractual 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) Total Salaries Across All DCF Staff Less DDS (not including fringe)
41039	ESD Homeless Management Information System (HMIS) Project	This code is used for all Contractual salary and operating costs associated with supporting the ESD Homeless Management Information System (HMIS) Project.	Direct to General Fund
41045	Bright Futures Information System (BFIS) (CDD, CIS, etc.)	This code is used for all Contractual salary and operating costs associated with IT Operations specifically supporting CDD staff and system needs.	Child Subsidy Duplicated Case Count (TANF Line 22A/CCDF Line 1H1)
41141	Long Term Care	This code is used for operating costs associated with processing long term care eligibility, including Operations and Quality Assurance staff.	Direct to Medicaid – Admin 50/50 Line 49
41162	Jobs for Independence (JFI) Award Pilot Project	This code is used for Contractual salaries and operating costs associated with the JFI pilot program.	Direct to JFI Award
41181	SNAP New Investment	This code is used for contractual, salaries, and operating costs associated with tracking the expense for the SNAP new investment project.	Direct to SNAP – Certified (Line 1)
41182	Able-Bodied Adults Without Dependents (ABAWD) New Investment	This code is used for Contractual staff salaries and operating costs associated with tracking the	Direct to SNAP – New Investment ABAWD (Line 19)

		expense for the ABAWD new investment project.	
41186	SNAP Rules Investment	This code is used for contractual and operating costs associated with tracking the expense for the SNAP Rules project.	Direct to SNAP - New Investment SNAP (Line 19)
41382	TPL PIE APD - Staff	The staffing cost for the Payer Initiated Eligibility inquiry project to implement the CMS 270/271 EDI transactions for the electronic data matching of coordination of benefits information.	Direct to CMS - MMIS PIE IAPD (90%)
41388	Presumptive Eligibility - Staffing	Staff Costs and operating expenses related to presumptive eligibility IAPD	Direct to CMS – IE Presumptive Eligibility (90%)
41393	SSNRI - Staffing (shared)	Staff costs and operating expenses related to the SSNRI IAPD	Allocated 50% to MMIS SSNRI IAPD (90%) and 50% to EE SSNRI IAPD (90%)
41395	SSNRI - Staffing EE Only	Staff costs and operating expenses related to the SSNRI IAPD	Direct to EE SSNRI IAPD (90%)
44110	Office of Economic Opportunity - IT Purchases	Hardware and software purchases for the Office of Economic Opportunity, including Staff equipment and general systematic updates.	Total Salaries Across OEO (not including fringe)
44120	Office of Economic Opportunity – General IT Support	This code is used for all Contractual salary and operating -costs associated with the general IT support of the Office of Economic Opportunity.	Total Salaries Across OEO (not including fringe)

Organizational Unit 4: Economic Services Division (ESD) Central Office

The Economic Services Division (ESD) Central Office oversees the 3Squares Program (SNAP program), Welfare-to-Work (Reach Up), Home Heating Assistance, General and Emergency Assistance, the Essential Person program (AABD), Global Commitment, Medicaid - Admin 50/50, and Children's Health Insurance Program (CHIP).

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
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%)
37717	IE HC 90/10 Staff	Staff costs and operating expenses related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS - E&E/VIEWS DDI (90%)
39705	Vermont Spay Neuter Incentive Program (VSNIP)	This code is used for salary and operating costs related to the VSNIP program. 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 VT Spay Neuter Incentive Program (VSNIP)
40350	Lifeline Program	This code is used for staff salaries associated with the federally mandated program, Lifeline. Lifeline is a phone service program dealing in landlines, cell phone and Q-link. ESD supports this program through the call center and ADPC unit.	Direct to Lifeline
40479	ACCESS Health Care	This code is used for salary costs associated with the support of Health Care data that is stored in the ACCESS system.	ACCESS Case Count between CHIP Admin and Medicaid Admin 50/50 (Line 49)
40495	BASU – ACCESS ESD	This code is used for all salary and operating costs associated with supporting the ESD ACCESS Mainframe.	Case Count Across Economic Services (Duplicated) (TANF – Line 22c)
40496	BASU – ACCESS OCS	This code is used for all salary and operating costs associated with supporting the ACCESS system.	Direct to Title IV-D APD Operational Costs, APD Required (Line 5)
40500	Economic Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Economic Services.	Direct to General Fund
40701	Medicaid – Admin 50/50	Cost associated with Medicaid administration.	Direct to Medicaid – Admin 50/50 Line 49

40705	Health Care – Citizenship	Costs associated with verifying citizenship of applicants for health care eligibility	Direct to Medicaid – Admin 50/50 Line 49
40777.101	Unemployment Compensation	Costs associated with unemployment compensation charges.	Total-Salaries Across Economic Services (including field services, not including fringe)
40800	Treasurer’s Office ACH Fee	This code is used for the non-Health Care Premium ACH Fees, for which the Treasurer’s Office processes on behalf of DCF.	Quarterly ACH count across Reach Up, LIHEAP and SNAP
40801	Treasurer’s Office Check Fee	This code is used for the Treasurer’s Office Check Fees, for which the Treasurer’s Office processes on behalf of DCF.	Quarterly check count across Reach Up, LIHEAP, SNAP and Medicaid - Admin 50/50
40802	Health Care Premium ACH Fee	This code is used for the Health Care Premium ACH Fees, for which the Treasurer’s Office processes on behalf of DCF.	Direct to Medicaid – Admin 50/50 Line 49
40900	Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to IDT
41075	Health Care Policy Analyst	All costs associated with the Health Care Policy Analyst that assists the Economic Services Policy, Planning, and Evaluation Director in the planning, development, and continuing assessment of Health Care programs, are coded here.	Quarterly number of paid claims for Medicaid – Admin 50/50 and CHIP Admin
41110	General Admin - Medicaid Admin 50/50 & CHIP	Costs related to CHIP & Medicaid – Admin 50/50 premiums and other related administrative costs.	Quarterly number of paid claims for Medicaid – Admin 50/50 and CHIP Admin
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 Medicaid – Admin 50/50 Line 49
41143	PERM (Payment Error Rate Measurement)	This code is used for contractual costs associated with complying with the federal mandate for PERM.	Direct to Medicaid – Admin 50/50 Line 49
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 General Fund) (TANF – Line 22b)

41158	Quality Assurance Unit Admin.	This code is used for staff salaries and operating costs associated with running the Quality Assurance Unit.	Total salaries across the Quality Assurance Unit (not including fringe)
41159	SNAP Audit Fee	Cost of audit fees related to the SNAP program	Direct to SNAP – 50% Unspecified Other (Line 26)
41162	Jobs for Independence (JFI) Award Pilot Project	This code is used for staff salaries and operating costs associated with 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 – 50% Unspecified Other (Line 26)
41164.101	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 – Certified (Line 1)
41164.998	SNAP Quality Assurance Prior Quarter Adjustment (PQA)	This code is used for various SNAP prior quarter adjustments, as needed.	Direct to SNAP Prior Quarter Adjustments
41165	SNAP Mandated Quality Control	This code is used for staff salaries, operating and travel costs associated with mandated SNAP quality control functions, involving 3Squares. This includes detailed analysis of sampled cases to ensure actions are valid, analyzing delivery and payment system for potential problems and recommending-improvements.	Direct to SNAP – Quality Control (Line 3)
41167	Quality Control Supervisor	This code is used for salary and operating costs of Quality Control Supervisors, who supervise staff in the quality control unit who review 3Square cases. 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 training Quality Control staff in the Federal guidelines.	Total salaries across the Quality Control Unit (not including fringe)
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 General Fund) (TANF – Line 22a)
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 Control Unit (not including fringe)

41175	Management Evaluations	This code is used for staff salaries associated with periodic compliance assessments of ESD program operations, which results in a report summarizing review findings, suggestions and initiatives.	Direct to SNAP - Management Evaluation (Line 4)
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 – Certified (Line 1)
41180	Quality Control/Treasury Offset Program Staff	This code is used for staff salaries and operating costs associated with Treasury Offset Program work involving SNAP. The program staff perform detailed analysis of TOPS sample cases to insure actions were valid.	Direct to SNAP Unspecified Other (Line 26)
41181	SNAP New Investment	This code is used for contractual, salaries, and operating costs associated with tracking the expense for the SNAP new investment project.	Direct to SNAP – Certified (Line 1)
41181.998	SNAP New Investment Prior Quarter Adjustment (PQA)	This code is used for various SNAP prior quarter adjustments, as needed.	Direct to SNAP Prior Quarter Adjustments
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 SNAP – New Investment ABAWD (Line 19)
41183	Cash Penalty	This code is used for costs associated with tracking the expenses for audit cash penalties.	Direct to General Fund
41184	QC/Treasury Offset Program Fraud Unit Supervisor	This code is used for the Fraud Unit Supervisor salaries and operating costs associated with work on the Treasury Offset Program for SNAP. The employee(s) performs detailed analysis of TOPS sample cases to insure actions were valid.	Direct to SNAP Unspecified Other (Line 26)
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,	Quarterly Results of the Economic Assistance BPS RMTS

		interviews, correspondence and other sources for the TANF, LIHEAP, Medicaid – Admin 50/50, General Fund, AABD and SNAP programs. Benefit Programs Specialists (BPS) participate in an RMTS.	
41186	SNAP Rules Investment	This code is used for contractual and operating costs associated with tracking the expense for the SNAP Rules project.	Direct to SNAP - New Investment SNAP (Line 19)
41195	Aid to the Aged, Blind, and Disabled	General administrative expenses that are direct charged to AABD are coded here.	Direct to AABD
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 Admin
41211	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 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.	Total Salaries Across Economic Services (including field staff, not including fringe)
41220	SNAP Medical Exams	Medical exams requested by Field Operations Staff as part of eligibility determination.	Direct to SNAP – Certified (Line 1)
41250	Electronic Benefit Transfer (EBT) Financial Services	Contract costs for EBT financial services related directly to SNAP are coded here.	Direct to SNAP – EBT Issuance (Line 2)
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 Reach Up are coded here.	Household Count by Funding Sources (TANF – Line 22a)
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 and Fuel (TANF - Line 22a)
41270.101	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 – Program Management, Administrative (Line 22a)
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 – Program Management, Administrative Costs (Line 22a)
41275	Fraud Investigator	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 Percentage of Fraud Investigations (TANF – Line 22a)
41276	Fraud Unit Supervisor	This code is used for salary and operating costs of Fraud Unit Supervisor, who supervise staff in the Fraud and Claims Establishment unit who 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.	Salaries Across Fraud investigation and Claims Establishment (not including fringe)
41293	Legal Division Administrative Staff	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	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
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 – Certified (Line 1)
41306	SNAP Program Coordination	This code is used for staff salaries and operating costs associated with SNAP coordination functions.	Direct to SNAP – Certified (Line 1)
41313	Fair Hearing 3SQR	This code is used for staff salaries and operating costs associated with 3Squares Fair Hearings.	Direct to SNAP - Fair Hearings (Line 8)
41315	SNAP Outreach	This code is used for salary and operating costs associated with providing SNAP outreach services to eligible low-income persons.	Direct to SNAP – Outreach (Line 17)
41316	SNAP Outreach (100% Other Entity Match)	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 (Line 17)
41317	SNAP Outreach Administration	This code is used for salary and administrative costs associated with providing SNAP Outreach services to eligible low-income persons.	Direct to SNAP – Outreach (Line 17)
41319	ESD Operating Costs – Eligible for SNAP Bonus Award	This code is used for the tracking of staff salaries and operating costs associated with the Economic Services Division, which are eligible for SNAP Bonus funding through approved spending plans.	Total-Salaries Across Economic Services (including field services, not including fringe)
41320	SNAP Nutrition Education	This code is used for salary and operating 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	Direct to SNAP Nutrition Education

		SNAP recipients and applicants and to other eligible low-income persons.	
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 Program Management, Assessment/Service Provision (Line 22b)
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 (State Fund)
41361	Farm to Family - Senior Coupons	This code is used for programmatic and administrative costs associated with Farm to Family Program.	Direct to Farm to Family Senior Coupons (Interdepartmental Funds)
41362	Farm to Family - WIC	This code is used for programmatic costs associated with Farm to Family Program.	Direct to Farm to Family WIC (Federal)
41363	Farm to Family Ladies First	This code is used for programmatic costs associated with Farm to Family Program.	Direct to Farm to Family Non-WIC (Interdepartmental Funds)
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 (Federal)
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 General Fund
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 General Fund
41555.201	SNAP State Exchange -Federal	This code is used for costs associated with travel expenditures for meetings and conferences relating to the administration of the Food Stamps Program.	Direct to SNAP – 100% State Exchange (Line 24)
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 – 100% State Exchange (Line 24)
41631	Gearwar	This code is used for programmatic costs associated with Gearwar	Direct to Global Commitment Program
41642	MMIS DDI Staff	Staff work associated with the development of the MMIS.	Direct to CMS-MMIS/MES-DDI (90%)
41777.101	Economic Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal	Direct to General Fund

		expenditures for the Economic Services Division.	
41777.998	General Fund Prior Quarter Adjustment	This code is used for various prior quarter adjustments related to General Fund expenditures, when needed.	Direct to General Fund
41779	VHC Operations	This code is used for salary and operating costs associated with VHC maintenance and operations.	Quarterly VHC Enrollment for Medicaid – Admin 50/50, CHIP, Designated State Health
44235	VT Gas program	This code is used for costs associated with the VT GAS Utility discount program.	Direct to VT Gas
44345	GMP Utility Eligibility	This code is used for costs associated with GMP expenditures in administrative appropriation	Direct to GMP Utility Eligibility

Organizational Unit 5: Economic Services Division (ESD): Application Document Processing Center (ADPC)

The Application Document Processing Center (ADPC) collects and processes benefit applications, and provides support to clients with benefit and application questions.

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
40350	Lifeline Program	This code is used for staff salaries associated with the federally mandated program, Lifeline. Lifeline is a phone service program dealing in landlines, cell phone and Q-link. ESD supports this program through the call center and ADPC unit.	Direct to Lifeline
40500	ADPC General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within ADPC.	Direct to General Fund
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 (TANF – Line 22a)
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 Eligibility Systems and Staffing (75%), 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)
41211	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 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	Total Salaries Across Economic Services (including field staff, not including fringe)

		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.	
41319	ESD Operating Costs – Eligible for SNAP Bonus Award	This code is used for the tracking of staff salaries and operating costs associated with the Economic Services Division, which are eligible for SNAP Bonus funding through approved spending plans.	Total Salaries Across Economic Services (including field services, not including fringe)
44235	VT Gas program	This code is used for costs associated with the VT GAS Utility discount program.	Direct to VT Gas
44345	Utility Eligibility	This code is used for costs associated with GMP expenditures in administrative appropriation	Direct to Utility Eligibility

Organizational Unit 6: Economic Services Division (ESD): Fuel Administration

The Fuel Administration unit manages the Low Income Home Energy Assistance Program (LIHEAP).

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
40500	Economic Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Economic Services.	Direct to General 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, Medicaid – Admin 50/50, General Fund, AABD and SNAP programs. Benefit Programs Specialists (BPS) participate in an RMTS.	Quarterly Results of the Economic Assistance BPS RMTS
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 Admin
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.	Direct to Home Heating Program/LIHEAP Admin
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 Admin
41319	ESD Operating Costs – Eligible for SNAP Bonus Award	This code is used for the tracking of staff salaries and operating costs associated with the Economic Services Division, which are eligible for SNAP Bonus funding through approved spending plans.	Total Salaries Across Economic Services (including field services, not including fringe)
41777.101	Economic Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures for the Economic Services Division.	Direct to General Fund

44235	VT Gas program	This code is used for costs associated with the VT GAS Utility discount program.	Direct to VT Gas
44345	Utility Eligibility	This code is used for costs associated with GMP expenditures in administrative appropriation	Direct to Utility Eligibility

Organizational Unit 7: Economic Services Division (ESD): District Offices

The Economic Services Division (ESD) District Offices administer the 3Squares Program (SNAP program), Welfare-to-Work (Reach Up), Home Heating Assistance, General and Emergency Assistance, the Essential Person program (AABD), Global Commitment, Medicaid - Admin 50/50, and Children's Health Insurance Program (CHIP).

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
40000	Location Costs – Brattleboro District Office	This code is used for location costs, such as land, building and/or rental fees, at the Brattleboro District Office.	Quarterly employee count across Brattleboro district office staff.
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.
40008	Location Costs – Newport District Office	This code is used for location costs, such as land, building and/or rental fees, at the Newport District Office.	Quarterly employee count across Newport district office staff.
40009	Location Costs – Bennington District Office	This code is used for location costs, such as land, building and/or rental fees, at the Bennington District Office.	Quarterly employee count across Bennington district office staff.
40012	Location Costs – Hartford District Office	This code is used for location costs, such as land, building and/or rental fees, at the Hartford District Office.	Quarterly employee count across Hartford district office staff.
40013	Location Costs – St. Johnsbury District Office	This code is used for location costs, such as land, building and/or rental fees, at the St. Johnsbury District Office.	Quarterly employee count across St. Johnsbury district office staff.
40014	Location Costs – Middlebury District Office	This code is used for location costs, such as land, building and/or rental fees, at the Middlebury District Office.	Total Salaries Across Field Staff (within Economic Services, not including fringe)

40500	Economic Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Economic Services.	Direct to General Fund
40900	Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to IDT
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 Medicaid – Admin 50/50 Line 49
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 General Fund) (TANF – Line 22b)
41171	Quality Assurance and Reach Up Claims Establishment	This code is used for staff salaries associated with claims establishment for dual-program cases, found as the result of quality assurance activities.	Percentage Direct to SNAP – Certified (Line 1) and Economic Case Count Across Reach Up (TANF and General Fund) TANF – Line 22a
41172	Quality Control and Reach Up Claims Establishment	This code is used for staff salaries associated with claims establishment for dual-program cases, found as the result of quality control activities.	Percentage Direct to SNAP – Quality Control (Line 3) and Economic Case Count Across Reach Up (TANF and General Fund) TANF - Line 22a
41173	Fraud and Reach Up Claims Establishment	This code is used for staff salaries associated with claims establishment for dual-program cases, found as the result of fraud investigation activities.	Percentage Direct to SNAP – Fraud Control (Line 5) and Economic Case Count Across Reach Up (TANF and General Fund) TANF - Line 22a
41174	Fraud Control Claims Establishment	This code is used for staff salaries associated with claims establishment for cases found as the result of fraud investigation activities.	Direct to SNAP – Fraud Control (Line 5)

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 – Capital (Line 1)
41177	Reach Up Claims Establishment	This code is used for staff salaries associated with claims establishment for Reach Up program cases, found as the result of investigation activities.	Economic Case Count Across Reach Up (TANF and General Fund) (TANF – Line 22a)
41179	Claims Establishment SNAP Mandated Quality Control	This code is used for Claims Establishment salaries, operating and travel costs associated with mandated SNAP quality control functions, involving 3Squares. This includes detailed analysis of sampled cases to ensure actions are valid, analyzing delivery and payment system for potential problems and recommending improvements.	Direct to SNAP – Quality Control (Line 3)
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, Medicaid – Admin 50/50, 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

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)
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.	Household Count by Funding Sources (TANF – Line 22b)
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.	Household Count by Funding Sources (TANF – Line 22b)
41319	ESD Operating Costs – Eligible for SNAP Bonus Award	This code is used for the tracking of staff salaries and operating costs associated with the Economic Services Division, which are eligible for SNAP Bonus funding through approved spending plans.	Total Salaries Across Economic Services (including field services, not including fringe)

Organizational Unit 8: Family Services Division (FSD) Central Office

The Division of Family Services (FSD) Central Office oversees juvenile justice services, including the Woodside facility and administers child welfare services, including foster care and adoptive services.

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
37515	Balanced and Restorative Justice	Costs associated with Balanced and Restorative Justice	Direct to General 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
40023	Centralized Intake and Emergency Services Admin	Administrative and general operating cost related to Centralized Intake and Emergency Services employees	Salaries across Centralized Intake and Emergency Services
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 Non - Assistance Under Prior Law, Child Welfare Services (Line 8a)
40026	Centralized Intake Unit - Temporary Employees	This code is used for salaries and operating cost associated with Temporary Employees in the 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 worker to conduct an assessment.	Direct to TANF Non - Assistance Under Prior Law, Child Welfare Services (Line 8a)
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
40041	Adoption & Guardianship Services - Temporary Employees	This code is used for salaries and operating cost associated with Temporary Employees in the Adoption & Guardianship Unit. 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
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	Direct to General Fund

		to manage particular situations. The Emergency Services Unit also takes report of alleged child abuse and neglect.	
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)
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 Non – Assistance Under Prior Law, Child Welfare Services (Line 8a)
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 (IV-E Line 7), Medicaid – Admin 50/50, & General 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)
40076	Family Services Deputy Commissioner's Office - Temporary Employees	Costs Associated with Temporary Employees related to 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)
40085	System of Care and Revenue Enhancement Unit	This code is used for salary and operating costs related to the System of Care and Revenue Enhancement Units. 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 (IV-E Line 8), Medicaid – Admin 50/50, & General Fund
40086	Foster Parent Retention & Recruitment - Temporary Employees	This code is used for salary and operating costs related to the System of Care Foster Parent Retention & Recruitment Temporary Staff. The System of Care Unit oversees the family-based system of care, which includes foster care, kinship care, adoption/guardianship and contracted post permanency services.	Title IV-E Foster Care Eligibility Rate
40400	FSD Act 1	Sexual Violence and Abuse Prevention activity per S.13	Direct to General Fund

40420	Extended Foster Care Support	Cost associated with extending foster care support past the age of 18.	Direct to General Fund
40421	Title IV-E Foster Care Audit Fees	Cost of audit fees related to Title IV-E Foster Care Program.	Direct to Title IV-E FC In Placement Admin Costs – Agency Management (Line 8)
40422	Title IV-E Adoption Assistance Audit Fees	Cost of audit fees related to Title IV-E Adoption Assistance Program.	Direct to Title IV-E AA Admin Costs, Agency (Line 23)
40439	Youth Justice Services-Council Costs (SAG Only)	Cost associated with the Juvenile Justice Delinquency Prevention Grant	Direct to Juvenile Justice Delinquency Prevention (JJDP)
40440	Youth Justice Services	Salary and operating costs associated with the Youth Justice Delinquency Prevention Program.	Direct to Juvenile Justice Delinquency Prevention (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
40477	Comprehensive Child Welfare Information System (CCWIS)	This code is used for salary and operating costs associated with the planning of the Comprehensive Child Welfare Information System (CCWIS).	Direct to Title IV-E - FC In Placement Admin Costs – Agency Management (Line 13)
40500	Family Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Family Services.	Direct to General 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 Investments (STC-79) – Prevent Child Abuse Vermont: Nurturing Parent (34)
40503	Lamoille Valley Community Justice Project	To provide health-focused case management, referral, outreach and wrap services to children of incarcerated parents.	Direct to Investments (STC-79) – Lamoille Valley Community Justice Project (62)
40510	Child Abuse Prevention and Treatment Act (CAPTA)	Costs associated with administration of CAPTA.	Direct to CAPTA Grant
40530.102	Family Services Title IV-E Maintenance Payments	Title IV-E eligible program expenditures including foster care, training.	Direct to Title IV-E Foster Care Maintenance Payments (Line 1a)
40530.202	Case Review Services/Foster Parent Recruitment and Support	Title IV-E eligible program expenditures including foster care recruitment and support..	Title IV-E Foster Care Eligibility Rate
40530.212	IV-E Case Planning and Management	Title IV-E eligible program expenditures including foster care case review and transportation.	Direct to In - Placements Administrative Costs – Case Planning and Management (Line 5)
40530.302	Title IV-E Foster Care Trainings	Title IV-E 75% FFP eligible program expenditures including training of Social Workers and the preparation of parental applications for foster care for appropriately caring for children in foster care.	Title IV-E Foster Care Eligibility Rate (IV-E Training) Enhanced
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 (Line 21)

40530.602	Title IV-E Adoptive Training - Short Term	Title IV-E 50% FFP eligible program expenditures including training of Social Workers and the preparation of parental applicants for adoption, for appropriately caring for children in adoption subsidy.	Title IV-E AA Eligibility Rate
40530.702	Permanent Guardianship	Title IV-E eligible program expenditures including foster care, subsidized adoptions, training, and 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 AA Admin Costs, Non-Recurring (Line 24)
40530.902	Title IV-E Adoption Training – Short Term	Title IV-E 75% FFP eligible program expenditures including training of Social Workers and the preparation of parental applicants for adoption, for appropriately caring for children in adoption subsidy.	Title IV-E AA Eligibility Rate (IV-E Training) Enhanced
40530.998	IV-E Prior Quarter Adjustments	This code is used for various Title IV-E prior quarter adjustments, as needed.	Direct to IV-E Prior Quarter Adjustments
40531	IV-E Eligibility Determination	Staff handle all aspect of determining children’s eligibility for Title IV-E	Direct to Title IV-E FC In Placement Admin Costs - Eligibility Determination (Line 6)
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
40555.102	Family Services – SSBG – Not Child Specific	Costs associated with children in custody that are SSBG eligible, but are not tracked specifically by child.	Direct to Social Services Block Grant (SSBG)
40556.102	Family Services - SSBG – Specific Child in Custody	To track expenditures for specific children in custody, which can be used in the TANF transfer to SSBG, contingent on TANF eligibility.	Direct to Social Services Block Grant (SSBG)
40560	Children’s Justice	Costs associated with administration of Children’s Justice Grant.	Direct to Children’s Justice Grant
40590	Title IV-B Part II Family Preservation	Costs associated with Family Preservation Grant.	Direct to IV-B Part II Family Preservation
40591	Title IV-B Part II Family Preservation – Case Worker Visitations	Family Preservation Grant to support the operational costs of case workers.	Direct to IV-B Part II Family Preservation Case Worker Visitations
40592	Adoption Savings	This code is used for costs that are identified as eligible Adoption Savings expenses.	Direct to Adoption Savings
40610	Domestic Violence Unit	Costs associated with staff administering the Domestic Violence Grant.	Direct to Domestic Violence
40611	VOCA Victim Assistance Grant	Costs associated with staff administering the VOCA Victim Assistance Grant.	Direct to VOCA Grant
40616	Domestic Violence Unit Sex Trafficking Prevention	Developing and implementing policies, documenting records, conduct screenings	Direct to IV-E Line 10b

		and/or determining services for victims related to sex trafficking.	
40618	Domestic Violence Unit Title IV-E Trainings- Enhanced	Title IV-E 75% FFP eligible program expenditures including training of Domestic Violence Staff for activities such as eligibility, fair hearings, rate setting, referral of services, placement, case reviews and management.	Title IV-E Foster Care Eligibility Rate (IV-E Training) Enhanced
40619	Domestic Violence Unit Title IV-E Trainings	Title IV-E eligible program expenditures including training of Domestic Violence Staff for activities such as state personnel policies, job performance skills, first aid or safety training, and other team building or ethics trainings.	Title IV-E Foster Care Eligibility Rate (IV-E Training)
40621	Domestic Violence Unit Admin and Meeting	Administrative activities including general time receiving or providing supervision, staff meetings, breaks, completing time reports/expense accounts, short breaks, and travel not related to training or any other activity.	Total salaries across the Domestic Violence unit less Title IV-E Training (Enhanced)
40622	Domestic Violence Unit Title IV-E Case Management	This code is used for cost associated with IV-E eligible case management activities in the Domestic Violence Unit. These activities include but are not limited to developing case plans, case plan review, and report-writing.	Title IV-E Foster Care Eligibility Rate (Line 5)
40623	Domestic Violence Unit Investigations and Open Cases	This code is used to for cost associated with Investigations and Open Cases in the Domestic Violence Unit. These activities include but are not limited to all activities around Safety Assessments, monitoring, and communication with families on cases.	Direct to General Fund
40624	Domestic Violence Unit Court Related Activities	This code is used to for cost associated with Court Related Activities in the Domestic Violence Unit. These activities include but are not limited to all court-related activities, including preparation and report-writing, and working AAG or prosecutor to prepare a case for court.	Title IV-E Foster Care Eligibility Rate (Line 5)
40625	Domestic Violence Unit Trainings	Domestic Violence Unit trainings for activities that are not Title IV-E eligible.	Direct to General Fund
40712	Vermont Coalition of Runaway Homeless Youth Program (VCRHYP) Performance Grants	Programmatic expenses associated with VCRHYP	Direct to Global Commitment - Program
40716	Youth Development	Costs associated with Youth Development.	Direct to Global Commitment - Program
40777.102	Unemployment Compensation	Costs associated with unemployment compensation charges.	Total Salaries Across Family Services (including Field Staff, not including fringe)
40900	Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to IDT

41602	Children's Health Insurance Program (CHIP) Costs in VCHRYP Program	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 General Fund

Organizational Unit 9: Family Services Division (FSD): District Offices

The Division of Family Services (FSD) District Offices administers juvenile justice services, including the Woodside facility and administers child welfare services, including foster care and adoptive services.

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
37515	Balanced and Restorative Justice	Costs associated with Balanced and Restorative Justice	Direct to General Fund
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 (TANF – Line 8a)
40011	Social Workers - Temporary Employees	Costs of temporary 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 (TANF – Line 8a)
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 (TANF – Line 8a)
40016	Social Workers Case Aides - Temporary Employees	Costs of temporary Case aide 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 (TANF – Line 8a)
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 (IV-E Line 7), Medicaid – Admin 50/50, & General Fund
40031	Resource Coordinators/ Temporary Employees – Recruitment Activities	Costs of Temporary staff that perform recruitment activities in response to local needs.	Quarterly Count of Eligible Cases Across Title IV-E (IV-E Line 7), Medicaid – Admin 50/50, & General 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	Quarterly Count of Eligible Cases Across Title IV-E (IV-E Line 5), Medicaid – Admin 50/50, & General Fund

		identified, assessed and appropriately supported as placement resources for children and youth.	
40033	Resource Coordinators/ Temporary Employees – Placement Activities	Costs of Temporary 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 (IV-E Line 5), Medicaid – Admin 50/50, & General 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 (IV-E Line 8), Medicaid – Admin 50/50, & General Fund
40035	Resource Coordinators/ Temporary Employees – Foster Parent Training	Costs of Temporary 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 (IV-E Line 8), Medicaid – Admin 50/50, & General Fund
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 - Temporary Employees	Cost of temporary 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)
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)
40400	FSD Act 1	Sexual Violence and Abuse Prevention activity per S.13	Direct to General Fund

40420	Extended Foster Care Support	Cost associated with extending foster care support past the age of 18.	Direct to General Fund
40500	Family Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Family Services.	Direct to General Fund
40510	Child Abuse Prevention and Treatment Act (CAPTA)	Costs associated with administration of CAPTA.	Direct to CAPTA Grant
40530.102	Family Services Title IV-E Maintenance Payments	Title IV-E eligible program expenditures including foster care, subsidized adoptions, training	Direct to Title IV-E Foster Care Maintenance Payments (Line 1a)
40530.202	Case Review Services/Foster Parent Recruitment and Support	Title IV-E eligible program expenditures including foster care recruitment and support.	Title IV-E Foster Care Eligibility Rate
40530.212	IV-E Case Planning and Management	Title IV-E eligible program expenditures including foster care case review and transportation.	Direct to In - Placements Administrative Costs – Case Planning and Management (Line 5)
40530.302	Title IV-E Foster and Adoptive Trainings	Title IV-E 75% FFP eligible program expenditures including training of Social Workers and the preparation of parental applications for foster care and adoption, for appropriately caring for children in foster care and on adoption subsidy.	Title IV-E Foster Care Eligibility Rate (IV-E Training) Enhanced
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 (Line 21)
40530.602	Title IV-E Adoptive Training - Short Term	Title IV-E 50% FFP eligible program expenditures including training of Social Workers and the preparation of parental applicants for adoption, for appropriately caring for children in adoption subsidy.	Adoption Assistance Eligibility Rate
40530.702	Permanent Guardianship	Title IV-E eligible program expenditures including foster care, subsidized adoptions, training, and 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 AA Admin Costs, Non-Recurring (Line 24)
40530.902	Title IV-E Adoption Training – Short Term	Title IV-E 75% FFP eligible program expenditures including training of Social Workers and the preparation of parental applicants for adoption, for appropriately caring for children in adoption subsidy.	Title IV-E AA Eligibility Rate (IV-E Training) Enhanced
40530.998	IV-E Prior Quarter Adjustments	This code is used for various Title IV-E prior quarter adjustments, as needed.	Direct to IV-E Prior Quarter Adjustments

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
40555.102	Family Services – SSBG – Not Child Specific	Costs associated with children in custody that are SSBG eligible, but are not tracked specifically by child.	Direct to Social Services Block Grant (SSBG)
40556.102	Family Services - SSBG – Specific Child in Custody	To track expenditures for specific children in custody, which can be used in the TANF transfer to SSBG, contingent on TANF eligibility.	Direct to Social Services Block Grant (SSBG)
40590	Title IV-B Part II Family Preservation	Costs associated with Family Preservation Grant.	Direct to IV-B Part II Family Preservation
40591	Title IV-B Part II Family Preservation – Case Worker Visitations	Family Preservation Grant to support the operational costs of case workers.	Direct to IV-B Part II Family Preservation Case Worker Visitations
40592	Adoption Savings	This code is used for costs that are identified as eligible Adoption Savings expenses.	Direct to Adoption Savings
40610	Domestic Violence Unit	Costs associated with staff administering the Domestic Violence Grant.	Direct to Domestic Violence
40700	Family Services	Direct payments to group homes and treatment providers.	Direct to Global Commitment - Program
40701	Medicaid – Admin 50/50	Cost associated with Medicaid administration.	Direct to Medicaid – Admin 50/50 Line 49
40702.102	Investment Residential Care for Youth/Substitute Care	Costs directly associated with sub care treatment	Direct to Investments (STC-79) – Residential Care for Youth/Substitute Care (1)
40702.302	Investment Medical Sub Care Services	Costs directly associated with sub care treatment	Direct to Investments (STC-79) - Medical Services (55)
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 General Fund

Organizational Unit 10: 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 Name	Description	Allocation Method
37540	Building Bright Futures Direct Services (formerly Success by Six Program)	Costs for direct services to Building Bright Futures Program	Vermont Household Health Insurance Survey (VHHIS) Percentage to General Fund and Investments (STC-79) – Building Bright Futures (35)
37560	Parent Child Centers	Costs associated with Parent Child Centers.	Direct to General Fund
37610	Community Based Child Abuse Prevention Grant (CBCAP)	Costs associated with CBCAP grants.	Direct to Community Based Child Abuse Prevention (CBCAP)
37611	CBCAP-Administration	Administrative costs associated with CBCAP grants.	Direct to Community Based Child Abuse Prevention (CBCAP)
37660	Children's Trust Fund Grant	Costs associated with Children's Trust Fund Grant.	Direct to Children's Trust Fund
37661	Children's Trust Fund Grant/Juvenile Justice and Delinquency Prevention (JJDP)	Costs associated with Children's Trust Fund Grant but charged to Juvenile Justice and Delinquency Prevention (JJDP) grants.	Direct to Juvenile Justice and Delinquency Prevention (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
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 (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
39600	IDEA Part C (formerly Early Intervention (EI), and Family Infant and Toddler Program)	Programmatic Costs associated with the Infant and Toddler Program.	Direct to Part-C Family Infant Toddler Program
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,	Total Salaries Across Child Development (not including fringe)

		and clerical and administrative support for the childcare program. Also includes the Assistant Attorney General assigned to Child Care Development.	
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.	Child Subsidy Case Count (TANF Line 11A/CCDF Line 1H3)
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	Child Subsidy Case Count (TANF Line 11A/CCDF Line 1H2)
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 Investments (STC-79)– Strengthening Families (26)
40500	Child Development General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Child Development.	Direct to General 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 Investments (STC-79) – Prevent Child Abuse Vermont: Nurturing Parent (34)
40530.703	Child Care Subsidy	IV-E eligible program expenditures for child subsidy payments	Direct to Title IV-E Foster Care Maintenance Payments (Line 1a)
40530.803	Child Care Subsidy - Adoption	Child care subsidy payments made on behalf of adopted IV-E eligible children	Direct to Title IV-E Adoption Assistance Payments (Line 21)
40540	Family Support Daycare Program	Administrative costs associated with Family Support Daycare Program	Direct to Title IV-B Child Welfare Services
40555.103	Child Development - SSBG	Child Care Subsidy – Family Support	Direct to Social Services Block Grant (SSBG)
40556.103	SSBG TANF Transfer	To track expenditures for the TANF transfer to SSBG	Direct to Social Services Block Grant (SSBG)
40570.103	Child Care Development Fund (CCDF) Eligibility Determinations Comingled (formerly Discretionary)	Administrative costs associated with the determination of CCDF eligibility.	Direct to CCDF – Certificate Program Costs/Eligibility Determination (Line 1H2) Comingled

40570.123	CCDF Travel Comingled (formerly Discretionary)	Travel costs associated with CCDF activities.	Direct to CCDF —Child Care Administration (Line 1a) Comingled
40570.203	CCDF Subsidy Protective and Family Services Comingled (formerly Discretionary)	Costs associated with protective and family services	Direct to CCDF – Direct Services (Line 1g) – Comingled
40570.303	CCDF Subsidy Employment and Training Comingled (formerly Discretionary)	Costs associated with employment and training	Direct to CCDF – Direct Services (Line 1g) - Comingled
40570.503	CCDF Quality Enhancements Comingled (formerly Discretionary)	Costs associated with quality enhancements	Direct to CCDF – Quality Activities Excluding Targeted Funds (Line 1b) - Comingled
40570.603	CCDF Resource Training Comingled (formerly Discretionary)	Costs associated with resource training	Direct to CCDF – Quality Activities Excluding Targeted Funds (Line 1b) - Comingled
40570.703	CCDF Infant Toddler Earmark Comingled (formerly Discretionary)	Costs associated with the infant toddler earmark	Direct to CCDF- Quality Activities Excluding Targeted Funds (Line 1f) – Comingled
40570.803	CCDF After School Certificate Discretionary	Costs associated with after school certificate	Direct to CCDF –Quality Activities Excluding Targeted Funds (Line 1b) - Comingled
40570.903	CCDF Referral Comingled (formerly Discretionary)	Costs associated with referrals	Direct to CCDF – All Other Nondirect Services (Line 1h3) - Comingled
40592	Adoption Savings	This code is used for costs that are identified as eligible Adoption Savings expenses.	Direct to Adoption Savings
40600.203	CCDF Subsidy Protective and Family Services Comingled (formerly Mandatory and Matching)	Costs associated with protective and family services	Direct to CCDF – Direct Services (Line 1g) - Comingled
40600.303	CCDF Subsidy Employment and Training Comingled (formerly Mandatory and Matching)	Costs associated with employment and training	Direct to CCDF – Direct Services (Line 1g) - Comingled
40600.503	CCDF Quality Enhancements Comingled (formerly Mandatory and Matching)	Costs associated with quality enhancements	Direct to CCDF – Quality Activities Excluding Targeted Funds (Line 1b) – Comingled
40600.603	CCDF Resource Training Comingled (formerly Mandatory and Matching)	Costs associated with resource training	Direct to CCDF– Quality Activities Excluding Targeted Funds (Line 1b) - Comingled
40615	Building Bright Futures	Costs associated with the Bright Futures Infrastructure Program	Direct to General Building Bright Futures Fund
40631.103	Child Development – TANF	Payments for Transportation and Subsidy eligibility.	Direct to TANF – Early Care and Education, Child Care (Line 11a)
40633	Child Development - TANF-MOE Only	Child subsidy payments	Direct to TANF – Early Care and Education, Child Care (Line 11a) – Column C MOE
40701	Medicaid – Admin 50/50	Cost associated with Medicaid administration.	Direct to Medicaid – Admin 50/50 Line 49
40707	Early Childhood & Family Mental Health (ECFMH) Program Staff	Program staff working on the ECFMH program	Direct to General Fund

40711	Children's Integrated Services	Programmatic expenses associated with CIS contracts.	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 Investments (STC-79) - Therapeutic Child Care (61)
40715	Children's Integrated Services – Non Medicaid	Programmatic expenses associated with CIS contracts that are not Medicaid eligible.	Direct to General Fund
40777.103	Unemployment Compensation	Costs associated with unemployment compensation charges.	Total Salaries Across Child Development (not including fringe)
40900	Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to IDT
41602	Children's Health Insurance Program (CHIP) Costs in Family Infant Toddler Program (FITP) and Healthy Babies Kids and Families (HBKF)	CHIP eligible costs in CIS.	Direct to CHIP - Program
41642	MMIS DDI Staff	Staff work associated with the development of the 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 General Fund

Organizational Unit 11: Office of Child Support (OCS)

The Office of Child Support (OCS) establishes and enforces child support court orders, locates missing parents, and ensures the steady flow of economic support to Vermont children

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
38010	Operations	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) (Line 1b)
38011	OCS Operations Support Staff	Unit is responsible for providing support for all facets of child support operations. This code is used for all salary and operating costs for general OCS Operations. Staff meetings, overall administration, and other general OCS activities are all coded here.	Total Salaries Across OCS Central Office Staff (not including fringe)
38012	OCS HR Deputy Director	This code is used for the OCS HR Deputy Director's salaries and operating costs. The Deputy Director oversees the Intercept, Record Center and Customer Services Units.	Total Salaries across OCS Intercept/Record Center/Customer Service Units (not including fringe)
38013	OCS Compliance Deputy Director	This code is used for the OCS Compliance Deputy Director's salaries and operating costs. The Deputy Director oversees the Operations Support and Cash Receipts/Quality Assurance Unit.	Total Salaries across OCS Operation Support/Cash Receipts/Quality Assurance Units (not including fringe)
38014	OCS Regional Deputy Director	This code is used for the OCS Regional Deputy Director's salaries and operating costs. The Deputy Director oversees the OCS Regional Offices.	Total Salaries Across District Offices (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

38021	OCS Quality Assurance	This code is used for staff salaries and operating costs associated with running the Quality Assurance Unit.	Direct to Title IV-D Administrative Costs, Regular (Line 1b)
38022	OCS Locate	This code is used for staff salaries and operating costs associated with running the Locate Unit.	Direct to Title IV-D Administrative Costs, Regular (Line 1b)
38025	CRU/QA Supervisor	This code is used for salary and operating costs of the Cash Receipts and Quality Assurance Supervisors, who supervise staff in the CRU/QA unit who perform child support accounting functions as well as billing activities and the maintenance of arrearage information on child support cases.	Total Salaries across the OCS Cash Receipts/Quality Assurance/Locate Units (not including fringe)
38030	Customer & Employer Services 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. Additionally, 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.	Quarterly Customer Contacts Across IV-D and Non-IV-D
38031	OCS Customer Serv. Temp.	This code is used for staff salaries and operating costs for Temporary Employees associated with running the Customer Service Unit.	Quarterly Customer Contacts Across IV-D and Non-IV-D
38035	OCS Customer Service Supervisor	This code is used for salary and operating costs of the Customer Service Supervisors, who supervise staff in the Customer Service unit who respond to telephone inquiries involving child support and researches complex issues for customers calling OCS. Additionally, 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.	Total Salaries across the OCS Customer Services Unit (not including fringe)

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
38045	OCS Intercept/Record Center Unit Supervisor	This code is used for salary and operating costs of the Intercept Supervisors, who supervise staff in the Intercept unit who process applications for child support services, receive and enter date for court orders into the mainframe, store and control all case files for legal actions and is responsible for administrative child support enforcement remedies.	Total Salaries across the OCS Intercept/Record Center Unit (not including fringe)
38054	OCS Process Mgmt. Support Staff	This code is used for staff salaries and operating costs for the OCS Process Management Support Staff. These activities include policy and procedures; developing goals, standards, and performance measures.	Quarterly Case Count Across IV-D and Non-IV-D
38055	OCS Process Management Deputy Director	This code is used for the OCS Process Management Supervisor's salaries and operating costs. The Process Management Supervisor oversees the OCS Process Management Unit.	Total Salaries Across the OCS Process Management Unit (not including fringe)
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 Administrative Costs, Regular (Line 1b)
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 Administrative Costs, Regular (Line 1b)
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 Administrative Costs, Regular (Line 1b)

38078	OCS Fees	This code is used to reimburse the State of Vermont Treasurer's Office for bank lockbox costs and credit card processing fees paid on behalf of the Office of Child Support within DCF.	Direct to Title IV-D Administrative Costs, Regular (Line 1b)
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 Administrative Costs, Regular (Line 1b)
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 Administrative Costs, Regular (Line 1b)
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 Administrative Costs, Regular (Line 1b)
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 Title IV-D Administrative Costs, Regular (Line 1b)
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.	Quarterly Customer Contacts Across IV-D and Non-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 Administrative Costs, Incentive Payments (Line 1a)
38211	Paralegal & Staff Attorneys	This code is used for staff salaries and operating costs for Paralegal, Paralegal Supervisors and Staff Attorneys working in the Office of Child Support.	Quarterly Customer Contacts Across IV-D and Non-IV-D
38212	Child Support Staff	This code is used for staff salaries and operating costs for Child Support Specialists and Child Support Supervisors working in the Office of Child Support.	Quarterly Customer Contacts Across IV-D and Non-IV-D
38213	District Office Coordinator	This code is used for staff salaries and operating costs for District Office Coordinators working in the Office of Child Support.	Quarterly Customer Contacts Across IV-D and Non-IV-D
38214	District Office Coordinator Temp.	This code is used for staff salaries and operating costs for the Temporary Child Support	Quarterly Customer Contacts Across IV-D and Non-IV-D

		Specialist working in the Office of Child Support	
40500	Child Support Services General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Child Support.	Direct to General Fund
40777.104	Unemployment Compensation	Costs associated with unemployment compensation charges.	Total Salaries Across OCS (not including fringe)
40900	Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to IDT
41777.104	Child Support General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Child Support	Direct to General Fund

Organizational Unit 12: Economic Services Division (ESD): Aid to the Aged, Blind and Disabled (AABD)

The Aid to the Aged, Blind and Disabled program, along with the Essential Person Program, helps Vermonters stay in their homes by contributing to the cost of having someone live with them to provide essential care.

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
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
41501.105	State Supplement Program – AABD-EP-Supplemental Security Income (SSI)	This code is used for AABD-Essential Persons-SSI payments.	Direct to Investments (STC-79) – Essential Person Program (59)
41501.205	State Supplemental Program – AABD – EP - SSI	This code is used for an end of year AABD – Essential Persons – SSI adjustment for the expenses that exceed Global Commitment.	Direct to AABD
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 Investments (STC-79) – Aid to the Aged, Blind and Disabled CCL Level III (56)
41502.305	State Supplemental Program – AABD RES Level 3	This code is used for AABD – State Supplement benefits – SSI payments.	Direct to Investments (STC-79) – Aid to the Aged, Blind and Disabled Res Care Level III (57)
41502.405	State Supplemental Program – AABD RES Level 4	This code is used for AABD – State Supplement benefits – SSI payments.	Direct to Investments (STC-79) – Aid to the Aged, Blind and Disabled Res Care Level IV (58)
41777.105	AABD General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within AABD.	Direct to General Fund

Organizational Unit 13: Economic Services Division (ESD): General Assistance (GA)

The Emergency and General Assistance programs helps Vermonters meet their emergency basic needs, including personal needs and incidentals, housing, fuel and utility expenses, and medical costs.

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
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 General Fund)
41712	General Assistance – Direct Payments for General Assistance	This code is used for the direct service costs paid to GA recipients, and costs to contractors and grantees for providing services directly benefitting GA clients.	Direct to General 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 General 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 General Fund
41721	GA Emergency Assistance	This code is used for the direct costs related to providing Emergency Assistance.	Direct to TANF – Non-Recurrent Short-Term Benefits (Line 15)
41722	GA Dental	This code is used for the direct costs related to providing Emergency Assistance.	Direct to Investments (STC-79) - GA Medical Expenses (60)
41726	GA Pharmacy	This code is used for the direct costs related to providing Emergency Assistance.	Direct to Investments (STC-79) - GA Medical Expenses (60)
41727	GA Abortions	This code is used for the direct costs related to providing Emergency Assistance.	Direct to General Fund
41728	GA Vision/Physician	This code is used for the direct costs related to providing Emergency Assistance.	Direct to Investments (STC-79) - GA Medical Expenses (60)
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 General Fund

Organizational Unit 14: Economic Services Division (ESD): 3SquaresVT

The 3SquaresVT program offers nutrition assistance to low income Vermonters and provides economic benefits to their communities.

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
41542	SNAP Cashout Payments – Over 65 no SSI	This code is used for the direct cost of food stamps given to eligible clients.	Direct to SNAP – Cashout (Line 31)
41544	SNAP Cashout Payments – Over 65 with SSI	This code is used for the direct cost of food stamps given to eligible clients.	Direct to SNAP – Cashout (Line 31)
41546	SNAP Cashout Payments – With SSI Disability	This code is used for the direct cost of food stamps given to eligible clients.	Direct to SNAP – Cashout (Line 31)

Organizational Unit 15: Economic Services Division (ESD): Reach Up (RU)

The Reach Up program helps eligible parents to gain job skills and find work so they can support their minor, dependent children.

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
40633.108	RU Child Care Support Services – TANF MOE Only	This code is used for child care support services within Reach Up.	Direct to TANF – Early Care and Education, Child Care (Line 11a) – Column B MOE
40634	Families Moved to SSP	This code is used for moving families from SSFP to SSP. These costs are considered Maintenance of Effort (MOE).	Direct to TANF – Basic Assistance (Line 6a) Column C MOE Separate State Program
40703	Lund Residential - Investments Mental Health Services	Costs for mental health services offered to clients 21 years and older, provided by Lund residential.	Direct to Investments (STC-79) –Lund Home (2)
40714	Lund Residential - Investments Substance Abuse Services	Costs for substance abuse services offered to clients 21 years and older, provided by Lund Residential.	Direct to Investments (STC-79) –Lund Home (2)
41270.108	TANF General Administration	This code is used for the cost of program participant insurance costs.	Direct to TANF – Program Management, Administrative Costs (Line 22a) Column B MOE
41310	RU - Employment Training	Provision of program activities and case management to Reach Up participants.	Direct to TANF –Work, Education, Training Activities - Additional Work Activities (Line 9c) Column B MOE
41311	SNAP 100% E&T ABAWD	This code is used for costs associated with the provision of program activities and case management for ABAWD participants.	Direct to SNAP – E&T 100% Grant (Line11)
41318.108	SNAP E&T ABAWD	This code is used for costs associated with the provision of program activities and case management to ABAWD participants.	Direct to SNAP - E&T 50% Grant (Line 12)
41318.998	SNAP E&T ABAWD (PQA)	This code is used for SNAP prior quarter adjustments related to E&T ABAWD, as needed.	Direct to SNAP Prior Quarter Adjustments
41330.108	Reach Up Assessment and Service Provision	This code is used for costs associated with case management to Reach Up participants and parent/child employment services, including screening and assessment, SSI/SSDI application services, and direct service provision.	Direct to TANF – Program Management, Assessment/Service Provision (Line 22b) Column B MOE
41342	Sex or Abstinence Education	Costs for comprehensive sex education or abstinence	Direct to TANF – Prevention if Out-of-wedlock Pregnancies (Line18) – Column B MOE

		education to reduce out-of-wedlock pregnancies.	
41345	RU Employment and Training Transportation	This code is used for costs related to transportation to related services.	Direct to TANF - Work Supports (Line 10) Column B MOE
41401	Reach Up Basic Assistance/Shelter	This code is used for costs associated with Reach Up benefits.	Direct to TANF – Basic Assistance (Line 6a) Column B MOE
41411	Reach Up (Unemployed Parents)	This code is used for the direct cost of cash assistance payments.	Direct to General Fund
41415	RU Support Services – State Only	This code is used for the direct cost of cash assistance payments.	Direct to General Fund
41417	Reach Up Basic Assistance/Solely State Funded (SSF)	This code is used for the direct cost of cash assistance payments.	Direct to General Fund
41418	RU Lund Residential– Private Nonmedical Institutions (PNMI) / Mental Health Services	GC program costs for PNMI and mental health services offered to clients 20 years and younger, provided by Lund Residential.	Direct to GC - Program
41419	RU Lund Residential– Substance Abuse (SA) Services	GC program costs for substance abuse services offered to clients 20 years and younger, provided by Lund Residential.	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 – Work, Education, Training Activities – Education and Training (Line 9b) Column B MOE
41422	Reach Up Temporary Shelter/Emergency Assistance	This code is used for temporary shelter, food and utility expenses to help clients avoid homelessness. This does not include education or training expenses.	Direct to TANF – Non-Recurrent Short-Term Benefits (Line 15) Column B MOE
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 – Work Supports (Line 10) Column B MOE
41432	Reach First	This code is used for assistance paid to a family the first four months of Reach Up eligibility	Direct to TANF – Non-Recurrent Short-Term Benefits (Line 15) Column B MOE
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-Basic Assistance (Line 6a) – Column C MOE Separate State Program
41458	Disposals	This code is used for the direct cost of cash assistance payments.	Direct to General Fund
41461	Single Parent – State Only	This code is used for the direct cost of cash assistance payments.	Direct to General Fund
41462	Two Parents – State Only	This code is used for the direct cost of cash assistance payments.	Direct to General Fund
41467	Two Parents over 60-month limit	This code is used for payments paid by State after the 60-month limit	Direct to General Fund

41468	Single Parent over 60-month limit	This code is used for payments paid by State after the 60-month limit	Direct to General Fund
41471	Child Only with Single Parent on SSI	This code is used for the direct cost of cash assistance payments.	Direct to TANF – Basic Assistance (Line 6a)
41472	Cash Assistance Payments (Post- Secondary Education)	This code is used for the direct cost of cash assistance payments.	Direct to General Fund
41473	Child Only with Two Parents on SSI	This code is used for the direct cost of cash assistance payments.	Direct to TANF – Basic Assistance (Line 6a) Column B MOE
41476	Two Parents Not Meeting Work Requirements	This code is used for the direct cost of cash assistance payments.	Direct to TANF – Basic Assistance (Line 6a) Column B MOE
41478	Childcare/Caretaker Deferment	This code is used for the direct cost of cash assistance payments.	Direct to General Fund
41479	Single Parent Working	This code is used for the direct cost of cash assistance payments.	Direct to TANF – Basic Assistance (Line 6a) Column B MOE
41480	Single Parent not Meeting Work Requirements	This code is used for the direct cost of cash assistance payments.	Direct to TANF – Basic Assistance (Line 6a)
41481	Cash Assistance Payments (minor parent not living with parent)	This code is used for the direct cost of cash assistance payments.	Direct to General Fund
41484	Absence	This code is used for the direct cost of cash assistance payments.	Direct to TANF – Basic Assistance (Line 6a) Column B MOE
41485	Two Parent Working	This code is used for the direct cost of cash assistance payments.	Direct to TANF – Basic Assistance (Line 6a) Column B MOE
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 General Fund

Organizational Unit 16: Economic Services Division (ESD): Low Income Home Energy Assistance Program (LIHEAP)

The Low Income Home Energy Assistance Program (LIHEAP) helps keep families safe and healthy through initiatives that assist families with energy costs.

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
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 Admin
41532.109	Home Heating Subsidies – Supplement Fuel Benefits	This code is used for the cost of direct assistance to families.	Direct to Home Heating Program/LIHEAP (Federally Funded)
41532.998	Home Heating Subsidies Prior Quarter Adjustment	This code is used for prior quarter adjustments related to supplemental fuel benefits, as needed.	Direct to Home Heating Program/LIHEAP (Federally Funded)
41533.109	Home Heating Subsidies – Emergency Fuel Benefits	This code is used for the cost of emergency assistance to families.	Direct to Home Heating Program/LIHEAP (Federally Funded)
41533.998	Home Heating Subsidies Prior Quarter Adjustment	This code is used for prior quarter adjustments related to emergency fuel benefits, as needed.	Direct to Home Heating Program/LIHEAP (Federally Funded)
41534.109	Home Heating Subsidies – State Portion of Supplemental Fuel Benefits	This code is used for supplemental fuel benefits funded by the State	Direct to Home Heating Program/LIHEAP (State Funded)
41534.998	Home Heating Subsidies Prior Quarter Adjustment	This code is used for prior quarter adjustments related to state share supplemental fuel benefits, as needed.	Direct to Home Heating Program/LIHEAP (State Funded)
41535	Home Heating Subsidies – State Portion of Emergency Fuel Benefits	This code is used for emergency fuel benefits funded by the State	Direct to Home Heating Program/LIHEAP (State Funded)
41536	Home Heating Subsidies – State Portion of Emergency Fuel Admin Costs	This code is used for emergency fuel administrative costs funded by the State.	Direct to Home Heating Program/LIHEAP (State Funded)
41537	Home Heating Subsidies – Supplemental Fuel Benefits for GA Clients	This code is used for the cost of direct LIHEAP assistance to GA clients.	Direct to Home Heating Program/LIHEAP (State Funded)
41538	LIHEAP Outreach	This code is used for the cost of outreach activities performed by community partners on behalf of the State.	Direct to Home Heating Program/LIHEAP (Federally Funded)
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 Home Heating Program/LIHEAP (State Funded)
44344	Emergency Heating System Grant Program (LIHEAP)	Provides resources to allow the replacement and repair of unsafe heating systems through the LIHEAP Program.	Direct to Home Heating Program/LIHEAP (Federally Funded)

Organizational Unit 17: 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 Name	Description	Allocation Method
40500	Office of Economic Opportunity (OEO) General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within OEO.	Direct to General Fund
40777.110	Unemployment Compensation	Costs associated with unemployment compensation charges.	Total Salaries Across OEO (not including fringe)
40900	Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to IDT
41318.110	SNAP E&T ABAWD	This code is used for costs associated with the provision of program activities and case management to ABAWD participants.	Direct to SNAP - E&T 50% Grant (Line 12)
41729	Challenges for Change (C4C) Community Initiative – HOP Grants	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 Investments (STC-79) – Challenges for Change: DCF (9)
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 General Fund
44100	OEO Administration	Costs to oversee all OEO functions and provides supervision to office staff.	Total Salaries Across OEO (not including fringe)
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)
44205	Department of Energy (DOE) Weatherization - Grant Expense	Federal funded grant portion of 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)
44210	Department of Energy (DOE) Weatherization	Costs associated with salary and operations for the DOE Weatherization Federal funded portion of statewide program. That is program works to reduce energy costs for low-income	Direct to Weatherization (federally funded)

		families, particularly for the elderly, people with disabilities, & children.	
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	Weatherization Trust Fund (WTF)	Costs associated with salary and operations using 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 Community Services Block Grant (CSBG) Program
44305	CSBG Administration	Administrative costs associated with CSBG.	Direct to Community Services Block Grant (CSBG) Admin
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 Community Services Block Grant (CSBG) Program
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 Individual Development Account (IDA)
44450	Homeless Assistance	State funded for the homeless and Emergency Shelter Grant	Direct to General Fund
44451	Supportive Housing – Global Commitment	Targeted Case Management (TCM) portion of Family Supportive Housing	Direct to Global Commitment Program
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 (Federal)
44462	HUD Essential Social Services	Social Services cost associated with the HUD Grant	Direct to Emergency Solutions Program (Federal)
44463	HUD Prevention	Prevention cost associated with the HUD Grant	Direct to Emergency Solutions Program (Federal)
44464	HUD Rapid Re-Housing	Rapid Re-Housing cost association with the HUD grant.	Direct to Emergency Solutions Program (Federal)
44465	HUD HMIS Data Collection	HMIS Data Collection cost associated with the HUD grant.	Direct to Emergency Solutions Program (Federal)
44600.110	Job Start Training and Technical Assistance (T & TA)	State funded to provide training, education, advice and other help	Direct to Job Start

		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.	
44600.998	Job Start T&TA Prior Quarter Adjustments	This code is used for prior quarter adjustments related to Job Start T&TA, as needed.	Direct to Job Start
44650	Continuum of Care Program – Domestic Violence Housing First (HUD Award)	This code is used for the administration and benefit expenditures for the Continuum of Care Program, Domestic Violence Housing First grant, which provides rental assistance and supportive services to individuals and families experiencing homelessness in VT.	Direct to Continuum of Care Program – Domestic Violence Housing First
44651	Continuum of Care Program – Coordinated Entry Partnership (HUD Award)	This code is used for the administration and benefit expenditures for the Continuum of Care Program, Coordinated Entry Partnership, which provides supportive services to individuals and families experiencing homelessness in VT.	Direct to Continuum of Care Program – Coordinated Entry Partnership

Organizational Unit 18: Weatherization

The Weatherization program provides supplemental funding to community partner organizations to provide weatherization services to lower-income Vermonters, including energy efficiency improvement projects, to reduce utility expenses for clients.

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
40500	Weatherization General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Weatherization.	Direct to General Fund
40777.111	Unemployment Compensation	Costs associated with unemployment compensation charges.	Total Salaries Across Weatherization (not including fringe)
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)
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	Weatherization Trust Fund (WTF)	Costs associated with salary and operations using WTF funding	Direct to Weatherization (state funded)
44245	Vermont Low Income Trust for Electricity (VLITE)	This code is used for costs associated with VLITE grant to Weatherization.	Direct to VLITE
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 (Federally Funded)
44344	Emergency Heating System Grant Program (LIHEAP)	Provides resources to allow the replacement and repair of unsafe heating systems through the LIHEAP Program.	Direct to Home Heating Program/LIHEAP (Federally Funded)

Organizational Unit 19: Woodside

The Woodside facility provides short and long-term placements and treatment services for youth, and provides medical and psychiatric services to residents.

Detailed explanation of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
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
40200	Woodside - Admin	Personal services and operating expenses directly associated with the operation of the Woodside Juvenile Treatment Facility.	Direct to Woodside
40210	Woodside – Treatment	Costs associated with the treatment services provided by the Woodside Juvenile Treatment Facility	Direct to Woodside
40220	Woodside – Education	Costs associated with the education services provided by the Woodside Juvenile Treatment Facility	Direct to Woodside
40500	Woodside General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within Woodside.	Direct to General Fund
40777.112	Unemployment Compensation	Costs associated with unemployment compensation charges.	Direct to Woodside
40900	Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to IDT

Organizational Unit 20: Disability Determination Services (DDS)

The division consists of professional disability adjudicators who work with part-time medical doctors representing a number of medical specialties. These professionals are supported by case processing support staff and other administrative staff. Besides salaries and operating costs, 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.

Program Code	Program Name	Description	Allocation Method
40223.113	DDS Social Security Cost - Personnel	This code is used for staff, operating, direct and miscellaneous federal expenditures to be billed directly to Social Security within DDS.	Direct to Social Security Personnel
40223.213	DDS Social Security Cost - Medical	This code is used for staff, operating, direct and miscellaneous federal expenditures to be billed directly to Social Security within DDS.	Direct to Social Security Medical
40223.413	DDS Social Security Cost - Other	This code is used for staff, operating, direct and miscellaneous federal expenditures to be billed directly to Social Security within DDS.	Direct to Social Security Other
40223.998	DDS Social Security Cost Prior Period Adjustment	This code is used for staff, operating, direct and miscellaneous federal expenditures to be billed directly to Social Security within DDS.	Direct to DDS Prior Quarter
40224	DDS Medicaid Cost	This code is used for staff, operating, direct and miscellaneous expenditures to be billed directly to Medicaid within DDS.	Direct to DDS Medicaid - Admin
40225.113	DDS Directors and Supervisors—Personnel	Management and Supervisors who oversee all professional, technical and administrative staff involved in the processing, adjudication and quality review of medical determinations for disability claims, and who plan and oversee the administrative, case processing and operations budget for the DDS.	Percentage of Social Security versus Medicaid – Admin 50/50 Costs - Personnel
40225.213	DDS Directors and Supervisors— Medical	Management and Supervisors who oversee all professional, technical and administrative staff involved in the processing, adjudication and quality review of medical determinations for disability claims, and who plan and oversee the administrative, case processing and operations budget for the DDS.	Percentage of Social Security versus Medicaid – Admin 50/50 Costs - Medical
40225.413	DDS Directors and Supervisors— Other	Management and Supervisors who oversee all professional, technical and administrative staff involved in the processing, adjudication and quality review of medical determinations for disability claims, and who plan and oversee the	Percentage of Social Security versus Medicaid – Admin 50/50 Costs - Other

		administrative, case processing and operations budget for the DDS.	
40226.113	DDS Support Staff - Personnel	Staff who provide administrative and technical supports to the Director, Supervisors and Adjudicators of the DDS	Percentage of Social Security versus Medicaid – Admin 50/50 Costs - Personnel
40226.213	DDS Support Staff - Medical	Staff who provide administrative and technical supports to the Director, Supervisors and Adjudicators of the DDS	Percentage of Social Security versus Medicaid – Admin 50/50 Costs - Medical
40226.413	DDS Support Staff - Other	Staff who provide administrative and technical supports to the Director, Supervisors and Adjudicators of the DDS	Percentage of Social Security versus Medicaid – Admin 50/50 Costs – Other
40227	DDS Adjudicators	Staff who obtain medical and vocational evidence on each disability applicant, analyze it in relation to federal policy, and make determinations of medical eligibility for the Social Security Disability Program	Percentage of Social Security versus Medicaid – Admin 50/50 Costs
40228	DDS – Medical Consultants	Physicians and Doctors of Psychology who are contracted to advise DDS Adjudicators in determining applicants’ medical eligibility for the Social Security Disability Program	Percentage of Social Security versus Medicaid – Admin 50/50 Costs
40229	DDS Information Technology Contracts & Staff Support	Contractual Expenses and staff who support SSA/DDS-specific IT, business applications, and federal SSA network connectivity and operations are coded here. They manage DDS systems and physical security procedures to comply with federal requirements. They also fingerprint, submit identity documents, and issue SSA PIV cards to staff.	Percentage of Social Security versus Medicaid – Admin 50/50 Costs
40500	Disability Determination Services (DDS) General Fund	This code is used for staff, operating, direct and miscellaneous non-federal expenditures within DDS.	Direct to General Fund
40777.113	Unemployment Compensation	Costs associated with unemployment compensation charges.	Percentage of Social Security versus Medicaid – Admin 50/50 Costs
40900	Interdepartmental Transfers	Costs associated with interdepartmental agreements.	Direct to IDT
41100.213	DDS Medical Case Processing Costs	Expenditures to providers who submit healthcare records to the DDS or perform consultative examinations for the purpose of disability determination. Also includes associated costs for consultative exams, such as interpreter services and client transportation.	Cases Across Social Security and Medicaid - Admin 50/50 - Medical

Organizational Unit 21: Federal Reporting Allocations

DCF is required to include in its federal reports costs incurred by other State of Vermont departments, and costs assessed by federal partners that are not paid through VISION, the State accounting system.

Detailed explanations of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
20000	Federal Parent Location Services (FPLS)	Fees charged by the Office of Child Enforcement within ACF, for use of the Federal Parent Location Services.	Direct to Title IV-D – Fees – FPLS (Line 10)
20001	Child Support Network (CSNet)	Fees charged by the Office of Child Enforcement within ACF, for the use of the Child Support Network.	Direct to Title IV-D – Fees – CSNet (Line 11)
20002	Pre-Offset Notices	Fees charged by the Office of Child Enforcement within ACF, for the printing and processing of Pre-Offset notices.	Direct to Title IV-D – Fees – Pre-Offset Services (Line 12)
20003	CSNet and Pre-Offset Notices	This code is used to consolidate the CSNet and Pre-Offset Notice fee. Per the Office of Child Support within ACF, these fees are considered routine administrative expenditures, eligible for federal funding, and are also reported on Line 1b of the <i>OCSE-396</i> .	Direct to Title IV-D - Administrative Costs, Regular (Line 1b)
20004	Program Income – Fees, Costs Recovered	Title IV-D program income, including \$25 Never Assistance Fees and transfers to abandoned property.	Direct to Title IV-D Program Income: Fees, Costs Recovered (Line 2a)
20005	Program Income – Interest, Other	Title IV-D program income, including interest on held funds and outstanding funds.	Direct to Title IV-D Program Income: Interest, Other (Line 2b)
20006	OCSE-34A Collections – IV-A	Federal Share of Title IV-A child support collections.	Direct to Title IV-D Federal Share of Title IV-A Child Support Collections (Line 9)
20007	IRS Refund Adjustment	Repayment to the Public Health Service for IRS tax offset collections forwarded to the State of Vermont and later returned to the IRS.	Direct to Title IV-D – Adjustments (Line 13)
20008	SNAP Outreach Salary	This code is used for salary and operating costs associated with providing SNAP outreach services to eligible low-income persons. This code is used for adjustments of costs that are coded in Vision in a variety of codes and/or are allocated cost. This code is mostly used in the obligation period to indicate prior FFY vs current FFY expense in the current quarter.	Direct to SNAP – Outreach (Line 17)

20009	SNAP Unspecified Other	This code is used for salary and operating costs associated with providing SNAP services to eligible low-income persons. Costs in this code are SNAP eligible but not specific to report to lines 1 through 25. This code is used for adjustments of costs that are coded in Vision in a variety of codes and/or are allocated cost. This code is mostly used in the obligation period to indicate prior FFY vs current FFY expense in the current quarter.	Direct to SNAP Unspecified Other (Line 26)
20022	USDA Farm Bill Reduction	Fees charged by the United States Department of Agriculture (USDA), as the result of the Farm Bill, to reduce State's federal SNAP claim. Annual reduction of \$398,000.00.	Direct to SNAP – Certified (Line 1) Federal Only
20041	Social Security Income (SSI) Reduction	This code is used to reduce the IV-E system claim for SSI funds that were received for the same case.	Direct to Title IV-E Foster Care Maintenance Payments (Line 1a)
20042	OCSE-34A Collections – IV-E	Federal Share of Title IV-E child support collections.	Direct to Title IV-E - Federal Share of Child Support Collections - From Form OCSE-34 (Line 3)
20043	University of Vermont (UVM) Training Gross Up – FC 50%	This code is used to gross up Title IV-E 50% FFP eligible program expenditures including training of Social Workers and the preparation of parental applicants for foster care and adoption, for appropriately caring for children in foster care and on adoption subsidy.	Direct to Title IV-E – FC In Placement Admin Costs – Agency Management (Line 8)
20044	University of Vermont (UVM) Training Gross Up – FC 75%	This code is used to gross up Title IV-E 75% FFP eligible program expenditures including training of Social Workers and the preparation of parental applicants for foster care and adoption, for appropriately caring for children in foster care and on adoption subsidy. This code is used to gross up the costs of Foster Care 75% expenditures.	Direct to Title IV-E – FC Training Costs, Staff and Provider 75% FFP (Line 15)
20045	University of Vermont (UVM) Training Gross Up – AA 50%	This code is used to gross up Title IV-E 50% FFP eligible program expenditures including training of Social Workers and the preparation of parental applicants for adoption, for	Direct to Title IV-E – AA Admin Costs, Agency (Line 23)

		appropriately caring for children in adoption subsidy. This code is used to gross up the costs of Adoption Assistance 50% expenditures.	
20046	University of Vermont (UVM) Training Gross Up – AA 75%	This code is used to gross up Title IV-E 75% FFP eligible program expenditures including training of Social Workers and the preparation of parental applicants for adoption, for appropriately caring for children in adoption subsidy. This code is used to gross up the costs of Adoption Assistance 75% expenditures.	Direct to Title IV-E – AA Training Costs, Staff and Provider 75% FFP (Line 25)
20102	Boys and Girls Club - MOE	Boys and Girls Club expenditures eligible for the State of Vermont to claim as third-party TANF MOE.	Direct to TANF – Services for Children and Youth (Line 17) Column c
20103	Earned Income Tax Credit (EITC)	State of Vermont Tax Department EITC expenditures eligible for federal TANF reimbursement.	Direct to TANF – Refundable Earned Income Tax Credits (Line 13) Federal Only Column A
20104	CCDF/TANF MOE Double Count	This code is used to capture expenditures reported on the CCDF report that are also allowable in the TANF report as MOE.	Direct to TANF - Early Care and Education, Child Care (Line 11a) – Column B MOE

c. 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

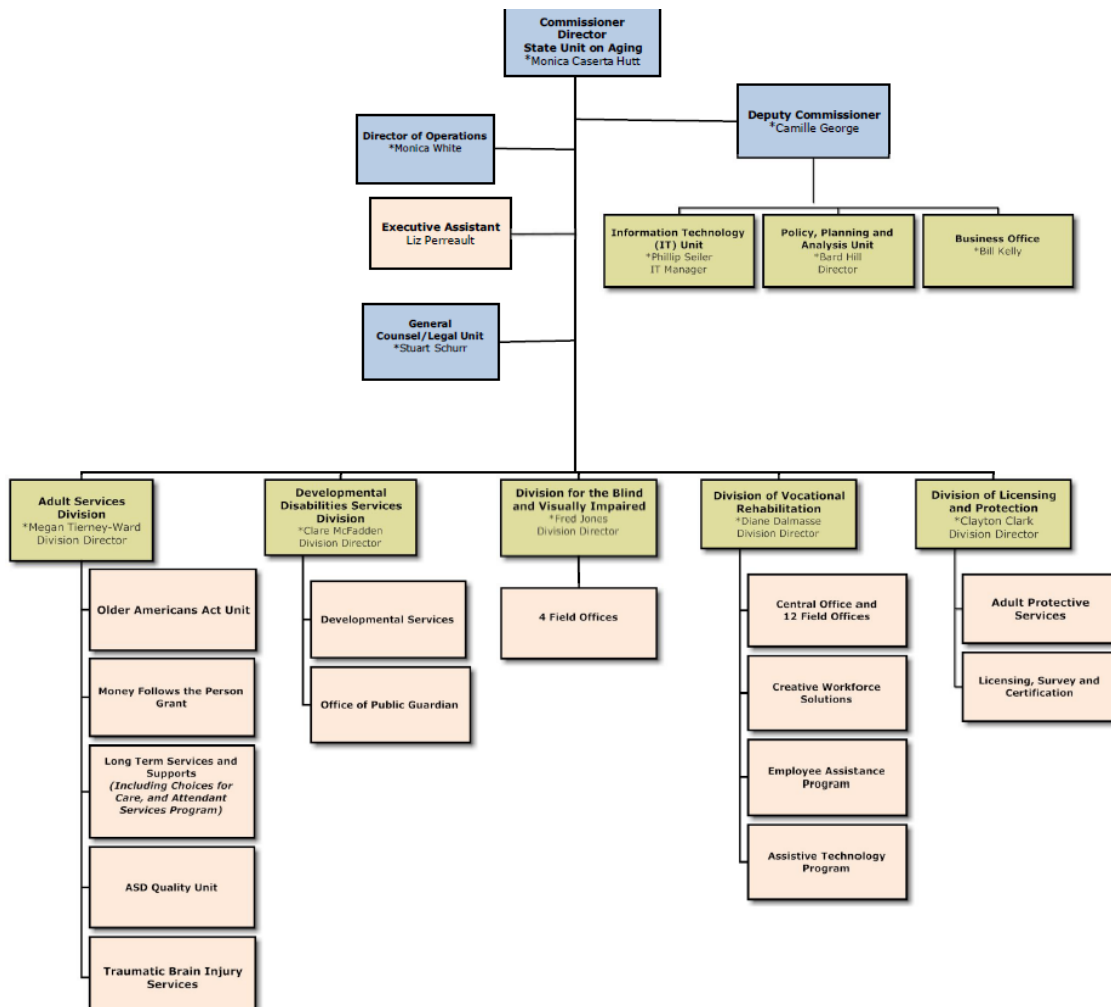
The Department of Aging and Independent Living is the center of the Agency of Human Services' program management and policy development with respect to older persons and persons with disabilities. The Department has the following goals:

- 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.

II. DAIL Organizational Chart

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



As of 10/2/2017

* = Identifies contacts for DAIL Senior Leadership

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

With the January 1, 2017 extension of the Global Commitment to Health 1115 Waiver, administrative costs are not included in the budget neutrality agreement. Administrative costs will be reported on the appropriate CMS-64.10 Base reporting line. However, administrative costs associated with investments that are strictly administrative in nature are subject to the budget neutrality limit and are reported on the “Investments” or “DSR investments” waiver forms. Investment administrative costs for Green Mountain Care Board, Health Research and Statistics, Patient Safety Adverse Events, and Area Health Education Centers (AHEC) receive 50% FFP.

Organizational Unit 1: Indirect Cost Allocations

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

Program Code	Program Code Name	Description	Allocation Method
1000.1	SWICAP	DAIL allocation of Statewide Indirect Costs	Total Salaries Across DAIL
1000.2	AHS Audit Unit	DAIL allocation of costs related to the AHS Audit Unit	Total Salaries Across DAIL
1000.3	AHS Secretary's Office	DAIL allocation of costs related to the AHS Secretary's Office	Total Salaries Across DAIL
1000.4	AHS Information Technology	DAIL allocation of costs related to AHS Information Technology	Total Salaries Across DAIL
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
1000.6	Human Services Board	DAIL allocation of costs related to the Human Services Board	Total Salaries Across DAIL
1000.7	Human Resources Investigations Unit	DAIL allocation of costs related to the Human Resources Investigations Unit	Total Salaries Across DAIL
1000.8	AHS Policy	DAIL allocation of costs related to AHS Policy	Total Salaries Across DAIL

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.

Program Code	Program Code Name	Description	Allocation Method
37700	Medicaid Administration	Staff and related expenses for administering DAIL's Medicaid programs.	Direct to Medicaid Administration
37717	IE HC 90/10 Staff	Staff costs and operating expenses related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS-E&E/IEWS DDI (90%)
37845	EVV Staff	Staff and operating costs associated with the Electronic Visit Verification System (DDI)	Direct to CMS – MMIS EVV IAPD (90%)
41642	MMIS – DDI Staff	Staff work associated with the development of the MMIS.	Direct to CMS-MMIS/MES – DDI (90%)
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	Investments (STC-79) – SASH (43)	Support and services at home (SASH)	Direct to Investments (STC-79)
43404	Investments (STC-79) – HomeSharing (77)	HomeSharing	Direct to Investments (STC-79)
43405	Investments (STC-79) – Self-Neglect (78)	Self-neglect initiative	Direct to Investments (STC-79)
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
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

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.

Program Code	Program Code Name	Description	Allocation Method
43030	ASD Managers and Support Staff	Managers and support staff in the Adult Services Division	Total Salaries Across ASD (Method M)
43040	Leave Time	Timesheet code for all hours reported not worked.	Quarterly Results of Individual Employees Positive Reporting
43070	ASD Division Director and Support Staff	Expenses associated with the Division Director and Administrative Staff who have broad responsibilities for programs operated within the division.	Total Costs Across ASD (Method A2)
37700	Medicaid Administration	Staff and related expenses for administering Vermont's Section 1115 Waivers of the Social Security Act and other Medicaid State Plan Services. Includes grant payments to Area Agencies on Aging for Medicaid outreach to Ombudsman Program.	Direct to Medicaid 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
37845	EVV Staff	Staff and operating costs associated with the Electronic Visit Verification System (DDI)	Direct to CMS – MIS EVV IAPD (90%)
39727	Commodities Supplemental Food Program	Delivery of Commodities to primarily Seniors	Direct to Commodities Supplemental Food Program

41620	Refugee Assistance Program	Expenses paid via weekly Medicaid draw for clients determined to be refugees.	Direct to Refugee Assistance Program
41642	MMIS – DDI Staff	Staff work associated with the development of the MMIS.	Direct to CMS – MMIS/MES – DDI (90%)
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 Medicaid Administration
43050	Attendant Services Program	Staff and expenses related to administering the Attendant Services Program, a program providing attendants to elderly persons and persons with disabilities who manage their own care.	Allocated to Title III-E, State Fund and Medicaid 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
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 Medicaid 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 SPMP – Staff 75/25 – Line 3a
43964	TBI Grant	Expenses related to Traumatic Brain Injury and limited service position	Direct to TBI Grant
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	ADRC – NWD	Expenses related to ADRC – No Wrong Door (NWD) Key Elements grant.	Direct to ADRC - NWD
43980	Senior Farmers Market	Food Coupons to Seniors for use at Farmer’s Markets	Direct to Senior Farmers Market
43982	MIPPA ACA 2008 LIS-MSP OR	Affordable Care Act Medicare Patients and Providers Act 2008 LIS/MSP Outreach Grants	Direct to MIPPA ACA 2008 LIS/MSP
43983	MIPPA ACA Medicare Enroll – AAAs	Affordable Care Act Medicare Patients & Providers Act Medicare Enrollment-AAAs Grant	Direct to MIPPA ACA Medicare Enroll - AAAs
43984	MIPPA ACA Medicare Enroll – ADRC	Affordable Care Act Medicare Patients & Providers Act Medicare Enrollment-ADRC Grant	Direct to MIPPA ACA Medicare Enroll - ADRC
43985	Emergency Preparedness	Expenses related to Emergency Preparedness	Direct to Emergency Preparedness
43991	Senior Community Service Employment Program	Federal Grant related to employment services for elders	Direct to Senior Community Service Employment Program
43992	Elderly & Disabled Transportation	Expenses related to a federal transportation grant	Direct to Elderly & Disabled Transportation
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	Investments (STC 79) – SASH (43)	Support and services at home (SASH)	Direct to Investments (STC-79)
43404	Investments (STC) – HomeSharing (77)	HomeSharing	Direct to Investments (STC-79)
43405	Investments (STC) – Self-Neglect (78)	Self-neglect initiative	Direct to Investments (STC-79)

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.

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

43500	General Fund	State funded programs	Direct to State Fund
43400	Investments (STC-79) – Mobility Training – Elderly Visually Impaired (63)	Mobility Training/Other Services – Elderly Visually Impaired	Direct to Investments (STC-79)
43750	Independent Living Grant Part B-SILC	Direct SILC expenses related to the Grant	Direct to Independent Living Grant Part B

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.

Program Code	Program Code Name	Description	Allocation Method
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) – minus participant support costs
43040	Leave Time	Timesheet code for all hours reported not worked.	Quarterly Results of Individual Employees Positive Reporting
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) – minus participant support costs
43690	Assistive Technology Grant	Federal Grant to help consumers receive information pertaining to assistive Technology and system changes	Direct to Assistive Technology Grant
43695	Assistive Technology Grant – state leadership	Federal Grant to help consumers receive information pertaining to assist tech and system changes– state leadership	Direct to Assistive Technology Grant

43696	Assistive Technology Grant – transition technical assistance	Federal Grant to help consumers receive information pertaining to assist tech and system changes	Direct to Assistive Technology Grant
43697	Assistive Technology Grant – transition related training	Federal Grant to help consumers receive information pertaining to assist tech and system changes	Direct to Assistive Technology Grant
43700	Employee Assistance	Expenses related to the EAP program	Direct to Employee Assistance
43725	EAP-VR Section 110	New federal requirements for Cost Allocations. Staff costs related to EAP VR.	Direct to Section 110
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
43745	Promoting Opportunity Demonstration	Expenses related to new federal program – ABT Associates (Social Security Administration)	Direct to ABT Associates
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

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
43815	Linking Learning to Careers (LLC)	Expenses related to DAIL VR Division Linking, Learning to Careers Project (LLC)	Direct to Linking Learning to Careers
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

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

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

Detailed explanations of individual functions are included below.

Program Code	Program Code Name	Description	Allocation Method
43020	Director, Nurse Survey & Staff	Expenses associated with the Division Director and Administrative Staff who have broad responsibilities for programs operated within the division.	Total Salaries Across DLP (Method J)
43040	Leave Time	Timesheet code for all hours reported not worked.	Quarterly Results of Individual Employees Positive Reporting
43070	Director and Administrative Support	Expenses for the Division director and administrative support that supports entire division.	Total Salaries Across DLP (Method I)
43100	Public Safety Fire Prevention	Expenses for staff of the Division of Fire Safety that work with the Survey and Certification staff on the licensure of facilities.	Total Salaries Across DLP programs that require facility inspections (Method H)
43110	Clinical Laboratory Cer. and Insp.	Costs incurred in the enforcement of federal regulations in federally certified clinical laboratories.	Direct to Clin Lab Cert and Insp
43120	Certification of Home Health Agencies	Costs incurred in the survey of Vermont Home Health Agencies to ensure compliance with all 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 residential care facilities; assisted living facilities; and therapeutic community residences.	Direct to State Funds
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 Medicaid 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 Medicaid Administration
43250	Outcome and Assess. Info Set (OASIS)	Cost associated with administration of the federally mandated home health agency Outcome and Assessment Information Set.	Direct to OASIS
43260	NATCEP Admin & Registry	Cost related to the nurse assistant testing competency evaluation program	Direct to NATCEP Admin & Registry and S&C Medicare XVIII LTC
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
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
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

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.

Program Code	Program Code Name	Description	Allocation Method
43030	DDSD Managers and Support Staff	Managers and support staff in the Developmental Disabilities Services Division	Total Salaries Across DDSD (Method M)
43040	Leave Time	Timesheet code for all hours reported not worked.	Quarterly Results of Individual Employees Positive Reporting
43070	DDSD Division Director and Support Staff	Expenses associated with the Division Director and Administrative Staff who have broad responsibilities for programs operated within the division.	Total Costs Across DDSD (Method A2)
37700	Medicaid 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 Medicaid 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
37845	EVV Staff	Staff and operating costs associated with the Electronic Visit Verification System (DDI)	Direct to CMS – MMIS EVV IAPD (90%)

41602	State Children's Health Insurance Program	Expenses related to the CHIP Program	Direct to CHIP
41620	Refugee Assistance Program	Expenses paid via weekly Medicaid draw for clients determined to be refugees.	Direct to Refugee Assistance Program
41642	MMIS – DDI Staff	Staff work associated with the development of the MMIS.	Direct to CMS-MMIS/MES DDI (90%)
42011	Guardianship Services Specialists	Provide Guardianship services to the eligible developmentally disabled population	Direct to DDSD Guardianship
42006	PASRR	Expenses related to Preadmission Screening and Record Review (PASRR).	Direct to Medicaid Admin - PASRR Preadmission Screening and Record Review
43021	Otto Johnson Trust	Expenses paid using Otto Johnson Special Fund revenue.	Direct to Otto Johnson
43500	General Fund	Programs that are entirely State funded	Direct to State Fund
43401	Investments (STC-79) – DS Special Payments (64)	DS special payments for medical services	Direct to Investments (STC-79)
43402	Investments (STC-79) – FFF/FMR (27)	Flexible family/respite funding	Direct to Investments (STC-79)
43406	Investments (STC-79) – Seriously Functionally Impaired -SFI (65)	Seriously functionally impaired	Direct to Investments (STC-79)

d. 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. Eligibility and Enrollment into Vermont's publicly funded programs is managed by the DVHA through the Health Access Eligibility and Enrollment Unit (HAEEU). The DVHA is the largest insurer in Vermont in terms of dollars spent and the second largest insurer in terms of covered lives.

The mission of the DVHA is to:

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

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

The goals of the Waiver include:

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

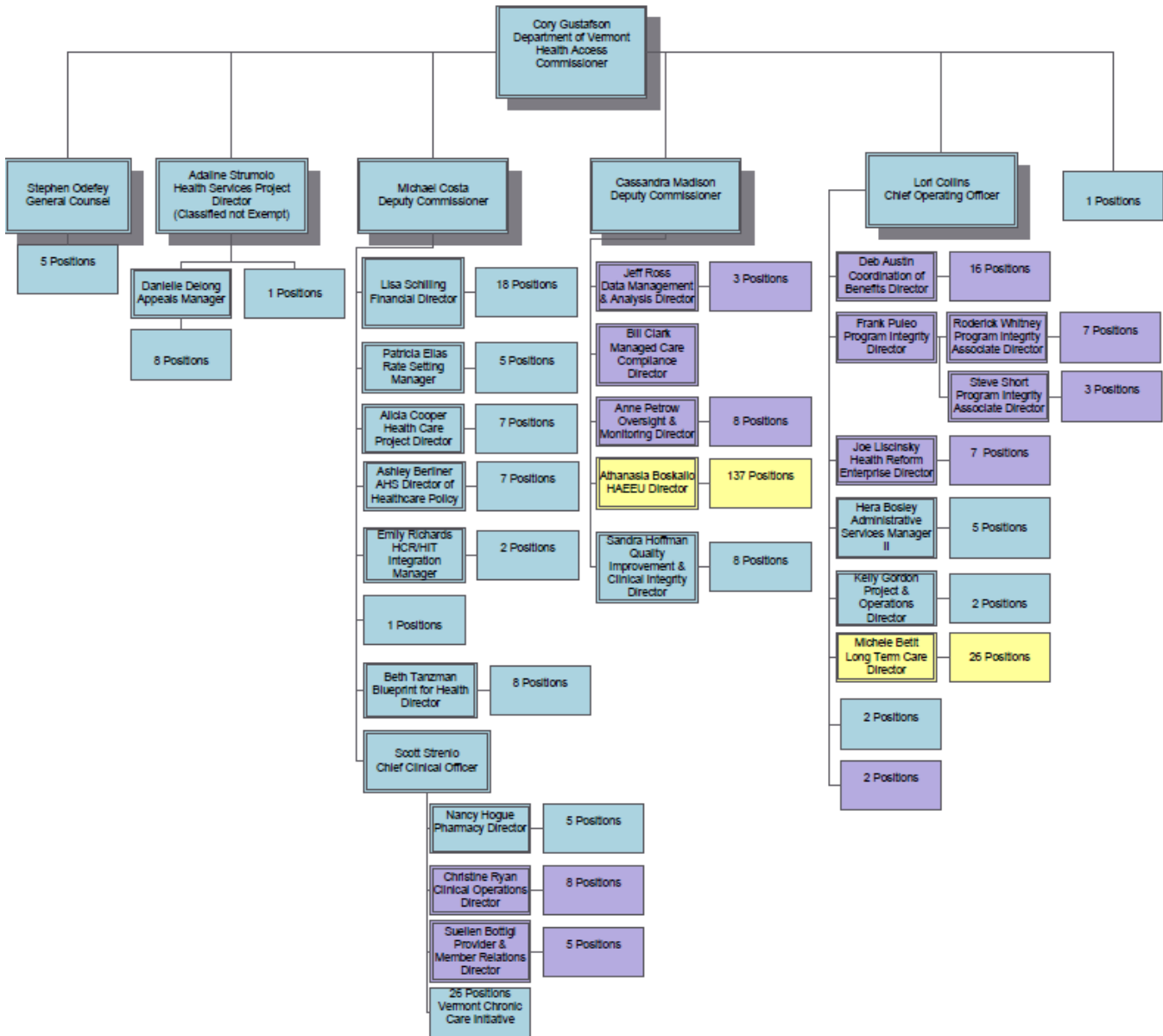
The Waiver became effective October 2005, and allows the State to deviate from traditional federal Medicaid law and regulations in the following key ways:

1. Imposes a per member per month cap on federal funds.
2. Establishes the DVHA as a non-risk pre-paid inpatient health plan (PiHP).
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.

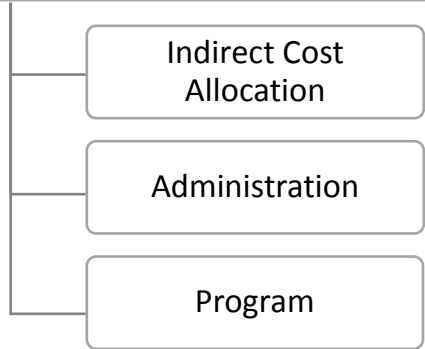
Within the Agency of Human Services (AHS), the Waiver will allow cross-departmental initiatives to obtain the greatest value from scarce health care dollars. The flexibility of the Waiver allows the State to effectively manage public resources, provide the tools necessary to make health care programs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

Under the Global Commitment to Health Waiver, the DVHA is a non-risk pre-paid inpatient health, and must meet rules for Medicaid managed care. The DVHA has intergovernmental agreements (IGAs) with the AHS and AHS departments that make them part of the non-risk pre-paid inpatient health within the framework of the Global Commitment to Health Waiver. The AHS departments are: DAIL, VDH, DMH, DCF. 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.

II. Organizational Chart



Department of Vermont Health Access



374 Positions
Essex
Waterbury
Williston

III. Department of Vermont Health Access Cost Allocation Methodologies

With the January 1, 2017 extension of the Global Commitment to Health 1115 Waiver, administrative costs are not included in the budget neutrality agreement. Administrative costs will be reported on the appropriate CMS-64.10 Base reporting line. However, administrative costs associated with investments that are strictly administrative in nature are subject to the budget neutrality limit and are reported on the “Investments” or “DSR investments” waiver forms.

Investment administrative costs for Green Mountain Care Board, Health Research and Statistics, Patient Safety Adverse Events, and Area Health Education Centers (AHEC) receive 50% FFP.

The program codes shown within each organizational unit represent the most likely unit(s) to charge expenses to these cost pools. These organizational units provide general guidance on the appropriate program code usage, but do not limit the use of a program code across Divisions when necessary.

Organizational Unit 1: Indirect Cost Allocations

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

Program Code	Program Name	Description	Allocation Method
1000.1	SWICAP	DVHA Allocation of Statewide Indirect Costs	Total Hours Across All Non-Indirect Program Codes
1000.2	AHS – Audit Unit	DVHA Allocation of costs related to the AHS Audit Unit	Total Hours Across All Non-Indirect Program Codes
1000.3	AHS – Secretary’s Office	DVHA Allocation of costs related to the AHS Secretary’s Office	Total Hours Across All Non-Indirect Program Codes
1000.4	AHS Information Technology	DVHA Allocation of costs related to AHS Information Technology	Total Hours Across All Non-Indirect 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 Non-Indirect Program Codes
1000.7	Human Resources Investigations Unit	DVHA Allocation of the costs associated with the Human Resources Investigations Unit	Total Hours Across All Non-Indirect Program Codes
1000.8	AHS Policy	DVHA Allocation of Field Services Costs	Total Hours Across All Non-Indirect Program Codes

Organizational Unit 2: Administration

Nature and Extent of Services: The DVHA is led by the Department of Vermont Health Access Commissioner, two Deputy Commissioners. One of the deputy commissioners is responsible for oversight of the Coordination of Benefits, Data, Program Integrity, Health Access Eligibility and Enrollment, and Medicaid Projects business units. The other deputy commissioner is responsible for the operations of the Business Office, Reimbursement, Payment Reform, and Health Services & Managed Care business units. The Department of Vermont Health Access Commissioner is responsible for oversight of all of DVHA's operations.

Program Code	Program Name	Description	Allocation Method
37006	EBCP Contracts 90/10 CMS	Contractual Costs Associated with the Enterprise Business Capability Platform	Per Approved EBCP IAPD , Direct to CMS-E&E/VIEWS DDI (90%), (99999.9024)
37704	HIE Contracts - Fair Share	Contractual Costs related to Health Information Exchange Expansion	Per Approved HIT IAPD; - CMS - HIT IAPD (90%) (99999.9027), HIT Fund (99999.1069)
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%) (99999.9024)
37717	IE HC 90/10 Staff	Staff costs and operating expenses related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37721	IEE Common Services - Staff	Staff costs and operating expenses related to Planning Work for Common Services related to Enterprise Integrated Eligibility DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37722	IEE Common Services - Contractual	Contractual Expenses related to Planning Work for Common Services related to Enterprise Integrated Eligibility DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37725	AHS-CO IT VHC-System	Cost associated with VHC Maintenance and Operations related staff and operating expenses	Quarterly VHC Enrollment for Medicaid, CHIP, Designated State Health Programs (DSHP) and QHP VHC Sustainability (99999.9005), CHIP – Admin (99999.9903), Eligibility Systems and Staffing (75%) (99999.9029)
37821	IEEHCUA - Staff	Staff Expenses related to Health Care Application Usability Application (HCAU) related to Enterprise Integrated Eligibility DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37822	IEEHCUA - Contractual	Contractual Expenses related to Health Care Application Usability Application (HCAU) related to Enterprise Integrated Eligibility DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)

37823	IEEECM - Staff	Staff Expenses related to Enterprise Content Management (ECM) related to Enterprise Integrated Eligibility DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37824	IEEECM - Contractual	Contractual Expenses related to Enterprise Content Management (ECM) related to Enterprise Integrated Eligibility DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37825	IEE Portal Phase 1 - Staff	Staff Expenses related to Customer Portal Phase I: Verifications related to Enterprise Integrated Eligibility DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37826	IEE Portal Phase 1 - Contractual	Contractual Expenses related to Customer Portal Phase I: Verifications related to Enterprise Integrated Eligibility DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37827	IEEBI - Staff	Staff Expenses related to Business Intelligence (BI) related to Enterprise Integrated Eligibility DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37828	IEEBI - Contractual	Contractual Expenses related to Business Intelligence (BI) related to Enterprise Integrated Eligibility DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37829	IEEPortalPhase2-Staff	Staff Expenses related to Customer Portal Phase II related to Enterprise Medicaid DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37830	IEEPortalPhase2-Contractual	Contractual Expenses related to Customer Portal Phase II related to Enterprise Medicaid DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37831	IEENotices-Staff	Staff Expenses related to IEE Notices related to Enterprise Medicaid DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37832	IEENotices-Contractual	Contractual Expenses related to IEE Notices related to Enterprise Medicaid DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
37833	MMIS-PBM Staff	Staff and operating costs associated with the development of the MMIS for Pharmacy Benefit Management (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
37834	MMIS-PBM Contracts	Contract costs associated with the development of the MMIS for Pharmacy Benefit Management (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)

37835	MMIS-Care Mgmt Staff	Staff and operating costs associated with the development of the MMIS for Care Management (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
37836	MMIS-Care Mgmt Contracts	Contract costs associated with the development of the MMIS for Care Management (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
37837	MMIS-PMM Staff	Staff and operating costs associated with the development of the MMIS for Provider Management Module (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
37838	MMIS-PMM Contracts	Contract costs associated with the development of the MMIS for Provider Management Module (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
37839	MMIS-COB Staff	Staff and operating costs associated with the development of the MMIS for Coordination of Benefits (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
37840	MMIS-COB Contracts	Contract costs associated with the development of the MMIS for Coordination of Benefits (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
37841	MMIS-E Imaging Staff	Staff and operating costs associated with the development of the MMIS for Electronic Imaging (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
37842	MMIS-E Imaging Contract	Contract costs associated with the development of the MMIS for Electronic Imaging (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
37843	MMIS-Business Objects Staff	Staff and operating costs associated with the development of the MMIS for Business Object (end of life Issue-DXC) (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
37844	MMIS-Business Objects Contracts	Contract costs associated with the development of the MMIS for Business Object (end of life Issue-DXC) (DDI)	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
37845	EVV Staff	Staff and operating costs associated with the Electronic Visit Verification System (DDI)	Direct to CMS – EVV IAPD (99999.9040)
37846	EVV Contracts	Contract costs associated with the Electronic Visit Verification System (DDI)	Direct to CMS – EVV IAPD (99999.9040)
37847	IEEMPI-Staff	Staff Expenses related to IEE MPI related to Enterprise integrated Medicaid DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)

37848	IEEMPI-Contractual	Contractual Expenses related to IEE MPI related to Enterprise integrated Medicaid DDI	Direct to CMS-E&E/VIEWS DDI (90%) (99999.9024)
39374	Breast & Cervical Cancer Admin	Direct Salary and Fringe for one FTE performing duties funded by a VDH grant	Direct to VDH IDT (99999.1400)
41037	SSMIS: Disaster Recovery Solution	Expenses related to DVHA employees working on the improved disaster recovery process for DCF's critical system known as the Social Services Management Information System (SSMIS)	Direct to DCF IDT (99999.1450)
41050	Enrollment Broker Services	Benefits counseling enrollment outreach and member services	Per OAPD, Quarterly Case Count Across AHS and VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP CHIP-Admin (99999.9903), Eligibility Systems and Staffing Medicaid (75%) OAPD (99999.9029), VHC Sustainability (99999.9005)
41051	Pharmacy Benefit Manager Services	Pharmacy Benefit Manager Services	Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs CHIP-Admin (99999.9903), Legacy MMIS Contracts O&M 75% - Line 4b (99999.9912)
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	Quarterly Enrollment for Global Commitment, CHIP, and all other benefiting programs CHIP-Admin (99999.9903), Medicaid-Admin 50/50 Line 49 (99999.9900)

		related government entities; and other interested parties providing evaluation and advice on the design and operations of all of DVHA's benefit programs	
41090	SPMP	Cost of time staff in positions requiring a professional medical certification or degree spent on duties and responsibilities that require professional medical knowledge and skills	Direct to SPMP – Staff 75/25 – Line 3a (99999.9908)
41120	Fiscal Intermediary	Cost of contractual services for the administration of Medicaid/CHIP program. Receives, organizes and processes bills for medical recipients, maintains and makes available on-line histories of benefits paid and develops new applications with the context of approved advance planning documents	Quarterly number of paid claims for Global Commitment to Legacy MMIS Contracts O&M 75% – Line 4b (99999.9912), CHIP-Admin (99999.9903), and All Other benefiting Programs
41141	Health Access Eligibility and Enrollment Unit Long Term Care Eligibility	Processes member applications and determines eligibility for Long Term Care coverage	Direct to Medicaid Admin 50/50 Line 49 (99999.9900)
41150	Health Access Eligibility and Enrollment Unit	Processes member applications and determines eligibility for Health Care Programs	Per RMTS enhanced OAPD statistic State Only Admin (99999.1500), VHC Sustainability (99999.9005), Eligibility Systems and Staffing Medicaid (75%) OAPD (99999.9029), Medicaid – Admin 50/50 Line 49 (99999.9900), CHIP- Admin (99999.9903)
41151	DVHA Health Care Admin	Support Health Access Eligibility and Enrollment Unit	Per RMTS OAPD statistic State Only Admin (99999.1500), VHC Sustainability (99999.9005), Medicaid – Admin 50/50 Line 49 (99999.9900), CHIP- Admin (99999.9903)
41152	Health Access Eligibility and Enrollment Unit Supervisors	Oversee processing of member applications and eligibility determinations. Support Health Access Eligibility and Enrollment Unit staff	Per RMTS enhanced OAPD statistic State Only Admin (99999.1500), VHC Sustainability (99999.9005), Eligibility Systems and Staffing Medicaid (75%) OAPD (99999.9029), Medicaid – Admin 50/50 Line 49 (99999.9900), CHIP- Admin (99999.9903)

41380	Robert Wood Johnson Grant	For the cost associated with the RWJ Grant which funds the gathering of substantive evidence on promising practices in and models of community participation	Direct to RWJ Grant (99999.1600)
41381	Vermont All-Payer ACO	For the contract costs associated with the Vermont All-Payer ACO which allows Vermont the opportunity to create a transformation payment model that moves all payers towards a value-based reimbursement system	Direct to All-Payer Model - ACO (99999.9915)
41382	TPL PIE APD - Staff	The staffing cost for the Payer Initiated Eligibility inquiry project to implement the CMS 270/271 EDI transactions for the electronic data matching of coordination of benefits information	Direct to CMS – MMIS PIE IAPD (90%) (99999.9039)
41383	MMIS M&O Staffing	The staffing costs associated with the operation of the certified MMIS	Direct to Legacy MMIS Staff O&M 75 % – Line 4a (99999.9911)
41384	TPL PIE APD - Contracts	For the contract cost of the Payer Initiated Eligibility inquiry project to implement the CMS 270/271 EDI transactions for the electronic data matching of coordination of benefits information	Direct to CMS – MMIS PIE IAPD (90%) (99999.9039)
41385	Clinical Unit Contracts	Contractual costs related to 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 clinical and service improvement, ensure resolution of identified problems and to	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)

		measure/monitor intervention results over time to assess the need for new improvement strategies	
41387	Presumptive Eligibility - Contracts	Contractual Costs related associated with the to Presumptive Eligibility IAPD	Direct to CMS – IE Presumptive Eligibility (90%) (99999.9036)
41388	Presumptive Eligibility - Staffing	Staff costs and operating expenses related to Presumptive Eligibility IAPD	Direct to CMS – IE Presumptive Eligibility (90%) (99999.9036)
41391	Opioid Prescribing QI Facilitation – NCQA, PCMH, PCSP	Contract expenses related to VDH-IDT	Direct to VDH IDT (99999.1400)
41392	SSNRI – Contracts	Contract expenses related to the SSNRI IAPD	Direct to CMS - MMIS SSNRI IAPD (90%) (99999.9038)
41393	SSNRI – Staffing (shared)	Staff costs and operating expenses related to the SSNRI IAPD	Allocated 50% to CMS - MMIS SSNRI IAPD (90%) (99999.9038) and 50% to CMS - EE SSNRI IAPD (90%) (99999.9037)
41394	Payment Reform – Staffing	Staffing expenses related to the Payment Reform team post-SIM funding	Direct to Medicaid – Admin 50/50 Line 49 (99999.9900)
41396	Tobacco Treatment Specialists	Expenses related to the Blueprint’s Health Services Area grants to support FreshStart tobacco cessation group counseling as part of the 802 Quits tobacco cessation services	Direct to VDH IDT (99999.1400)
41397	VDH MAT Learning Sessions	Contractual cost related to providing services for the organization, coordination, facilitation and delivery of the Blueprint sponsored medication assisted treatment program learning sessions.	Direct to VDH IDT (99999.1400)
41398	VHC Dev. 100% QHP Contract	Contractual Cost associated with the VHC Development for QHP	Direct to VHC Sustainability (99999.9005)
41399	VHC Dev. 100% QHP Staff	Staff costs and operating expenses related to VHC Development for QHP	Direct to VHC Sustainability (99999.9005)
41400	Medicaid Admin Contracts	Contractual Cost associated with Medicaid only admin contracts that will include AVS and AAA	Direct to Medicaid – Admin 50/50 Line 49 (99999.9900)
41402	DMH Covisint	Contract expenses related to DMH-IDT	Direct to DMH IDT (99999.1475)
41403	VDH Covisint	Contract expenses related to VDH-IDT	Direct to VDH IDT (99999.1400)
41470	State Only Expenses	Administrative expenses for “State Only” programs	Direct to State Only Admin (99999.1500)

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
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 CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
41488	Pharmacy Unit	Implements and manages the pharmacy benefits for Medicaid and the 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 CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
41489	Program Integrity	Responsible for maintaining the integrity of our Medicaid Program, including the	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs

		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	CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
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 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	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
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 CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
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 CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)

41495	Policy - Staffing	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	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
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, CHIP, and All Other benefiting Programs CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
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
41613	MMIS-DDI Contracts	Contractual Expenses related to Health Enterprise MMIS DDI and IV&V	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
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	Quarterly % of State population eligible for Medicaid to Medicaid - Admin 50/50 Line 49 (99999.9900) remainder to Investments (STC-79) - Vermont Information

		designed to increase access, improve the quality, and contain costs of healthcare for Vermonters	Technology Leaders/HIT/HIE/HCR (8) (99999.9101).
41627	Blueprint Administration	All costs associated with Blueprint for Health staff	Quarterly % of State attributed population eligible for Medicaid to Medicaid - Admin 50/50 Line 49 (99999.9900) remainder to Investments (STC-79) - Vermont Blueprint for Health (51) (99999.9102)
41628	Blueprint – Partnerships	Costs associated with Contractual and grant	Quarterly % of State attributed population eligible for Medicaid to Medicaid - Admin 50/50 Line 49 (99999.9900) remainder to Investments (STC-79) - Vermont Blueprint for Health (51) (99999.9102)
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 CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
41636	MAPIR – EHR Incentive Payments	EHR Incentive Payments to providers	Direct to CMS - HIT EHRIP (100%) (99999.9033)
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%) (99999.9022)
41642	MMIS – DDI Staff	Staff work related to the development of the MMIS	Direct to CMS-MMIS/MES – DDI (90%) (99999.9022)
41655	EBCP – Contracts (QHP)	Contractual costs associated with the Enterprise Business Capability Platform	Quarterly enrollment for QHP and Medicaid, per approved EBCP IAPD – CMS - E&E/VIEWS DDI (90%) per enrollment (99999.9024) and VHC Sustainability (99999.9005)
41656	EBCP – E&E - Staff	Staff costs associated with the Enterprise Business Capability Platform	Quarterly enrollment for QHP and Medicaid, per approved EBCP IAPD – CMS - E&E/VIEWS DDI (90%) per enrollment (99999.9024) and

			VHC Sustainability (99999.9005)
41658	OneCare QHMMI Investment	Contract payments associated with the Quality and Health Management and Measurement Improvement Project	Direct to DSR Investment (STC-83) – One Care VT ACO Quality & Health Management (81) (99999.9109)
41692	HCR/HIT – Contracts	Compuware, Bi-state and any other “non-base” HCR expense	Quarterly % of State attributed population eligible for Medicaid to Medicaid - Admin 50/50 Line 49 (99999.9900) remainder to Investments (STC-79) - Vermont Information Technology Leaders/HIT/HIE/HCR (8) (99999.9101) and HIT Fund (99999.1069) Effective 1/1/18.
41693	HIT: Implementation - Staff	Staff Expenses related to Health Enterprise HIT HIE, EHR, and Public Health Development and Implementation	Direct to CMS - HIT IAPD (90%) (99999.9027)
41694	HIT: Implementation - Contract	Contractual Costs related to Health Enterprise HIT HIE, EHR, and Public Health Development and Implementation	Direct to CMS - HIT IAPD (90%) (99999.9027)
41695	MAPIR Incentive Payments	EHR Incentive Payments for Eligible Hospitals	Direct to CMS - HIT EHRIP (100%) (99999.9033)
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 CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
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 CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
41703	GC Administrative Contracts	Contract Expenses associated with Administrative services charged to GC	Quarterly Enrollment for Global Commitment, CHIP, and All Other benefiting Programs CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
41731	Portfolio Management Staff	Staff expenses related to the Health Care Portfolio	Quarterly Allocation based on VTHR Hours Across AHS Direct to MMIS, IE and

			HITECH (DDI only) Program Codes, CMS-MMIS/MES - DDI (90%) (99999.9022), CMS-E&E/VIEWS DDI (90%) (99999.9024), CMS - HIT IAPD (90%) (99999.9027)
41732	Portfolio Management Contracts	Contract expenses related to the Health Care Portfolio	Quarterly Allocation based on VTHR Hours Across AHS Direct to MMIS, IE and HITECH (DDI only) Program Codes, CMS-MMIS/MES - DDI (90%) (99999.9022), CMS-E&E/VIEWS DDI (90%) (99999.9024), CMS - HIT IAPD (90%) (99999.9027)
41774	TMSIS Staff	Cost associated with TMSIS project related staff and operating expenses Staff and operating expenses related to T-MSIS IAPD	Direct to T-MSIS (90%) (99999.9021)
41775	TMSIS Contract	Cost associated TMSIS project related contract and consulting expenses Contractual Expenses related to T-MSIS IAPD	Direct to T-MSIS (90%) (99999.9021)
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, VHC Sustainability (99999.9005), CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
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, VHC Sustainability (99999.9005), CHIP – Admin (99999.9903), Medicaid - Admin 50/50 Line 49 (99999.9900)
41780	VHC Eligibility – (OAPD) Contracts	Cost associated with hosting, security, and maintenance & operations of VHC Medicaid eligibility related contract expenses, eligible for 75% match	Quarterly VHC Enrollment for Medicaid, CHIP, Designated State Health Programs (DSHP) and QHP VHC Sustainability (99999.9005), CHIP – Admin (99999.9903), Eligibility Systems and Staffing (75%) (99999.9029)

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 CMS – MMIS 6028 (90%) (99999.9034)
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 CMS – MMIS 6028 (90%) (99999.9034)

Organizational Unit 3: Program

Nature and Extent of Services: The following Program Codes, 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 Name	Description	Allocation Method
37714	Graduate Medical Education Payment	Graduate Medical Education Payment	Direct to Global Commitment Program (99999.9901)
41381	Vermont All-Payer ACO	For the contract costs associated with the Vermont All-Payer ACO which allows Vermont the opportunity to create a transformation payment model that moves all payers towards a value-based reimbursement system	Direct to All-Payer Model - ACO (99999.9915)
41470	State Only Expenses	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to General Fund (99999.9001)
41601	Medicaid	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Total Costs Across Global Commitment, Other Benefiting Programs (41601.115) to Global Commitment Program (99999.9901), (41601.116) to GC – Choices For Care Program (99999.9150), (41601.117) to GC Investments (STC-79) - Patient Safety Net Services (18) (99999.9106), (41601.216) to Money Follows the Person (99999.9904), (41601.317) to Investments (STC-79) – Family Supports (72) (99999.9108) and (41601.217) to Investments (STC-79) - Institution for Mental Disease Services: DVHA (7) (99999.9107) Based on CMS Invoice Billing
41602	CHIP Payments	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to CHIP – Program (99999.9902)
41605	State-Only Pharmacy	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to General Fund (99999.9001)
41610	HIV/INS	Healthcare related expenditures as identified on the MMIS quarterly expenditure reports	Direct to GC Investments–(STC-79)-HIV Drug Coverage (52) (99999.9104)

41615	Buy-in Part A	Medicare Part A premiums paid on behalf of Vermont residents	Total costs across Global Commitment Program (99999.9901), 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 Refugee Medical Assistance - Program (99999.9009)
41625	Vermont Legal Aid MAP	Payments to Vermont Legal Aid for services related to the Medicare Advocacy Project	Direct to Global Commitment Program (99999.9901)
41631	GEARWAR	Financial transactions resulting from outcome of Gearwar vs. Wilson legal action	Direct to Global Commitment Program (99999.9901)
41641	Buy-in Part B	Medicare Part B premiums paid on behalf of Vermont residents	Total costs across (41641.115 and 41641.116) Global Commitment Program (99999.9901), (41641.117) Investments (STC-79) - Buy-In (52) (99999.9103), (41641.118) Buy-In- Federal (99999.9906) and Other Benefitting Programs Based on CMS Invoice Billing
41643	Vermont Premium Assistance	Premium Assistance payments made on behalf of eligible members enrolled in a Qualified Health Plan	(41643.115) Direct to Global Commitment Program (99999.9901) or (41643.117; 41643.217) Direct to General Fund (99999.9001), 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 General Fund (99999.9001)
41645	DSH	Medicaid Disproportionate Share Hospital Payments	Direct to DSH (99999.9905)
41647	Drug Rebate	Drug Rebates received based on eligible Pharmacy expenditures	Allocated (41647.115 and 41647.116) to Global Commitment Program (99999.9901), (41647.118) to CHIP- Program (99999.9902), (41647.117) to Investments (STC-79) - Patient Safety Net Services (18) (99999.9106), (41647.217) to General Fund (99999.9001) and (41647.218) to ACA Drug Rebates (99999.9907) and Other Benefitting Programs by percent of total pharmacy spend for prior 4 quarters

41659	OneCare Advanced Cmty Care	Contract payments associated with the Advanced Community Care Coordination Project	Direct to DSR Investment (STC-83) – One Care VT ACO Advanced Community Care Coordination (82) (99999.9110)
46405	Medicare Clawback	Per person per month payments made to CMS for Part D beneficiaries	Direct to Clawback State Funds (99999.1100)

e. 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.

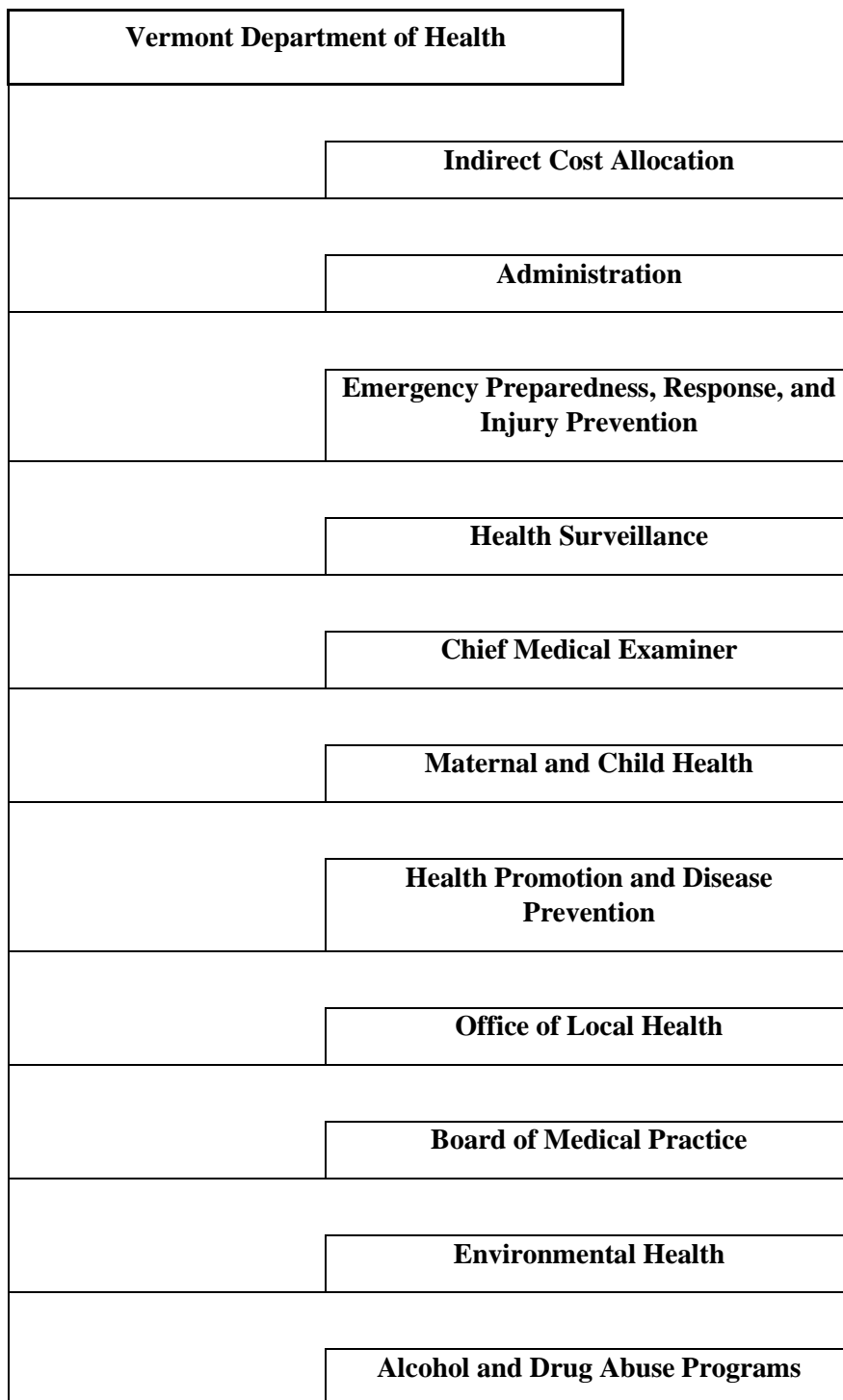
Goals:

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.

II. Organizational Chart

Vermont Department of Health



III. Vermont Department of Health Cost Allocation Methodologies

With the January 1, 2017 extension of the Global Commitment to Health 1115 Waiver, administrative costs are not included in the budget neutrality agreement. Administrative costs will be reported on the appropriate CMS-64.10 Base reporting line. However, administrative costs associated with investments that are strictly administrative in nature are subject to the budget neutrality limit and are reported on the “Investments” or “DSR investments” waiver forms. Investment administrative costs for Green Mountain Care Board, Health Research and Statistics, Patient Safety Adverse Events, and Area Health Education Centers (AHEC) receive 50% FFP.

Organizational Unit 1: Indirect Cost Allocations

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

Program Code	Program Name	Description	Allocation Method
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

Organizational Unit 2: Administration

Nature and Extent of Services: 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 Name	Description	Allocation Method
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
39012	Organ Donation	All costs of grants from the Department of health related to organ donation.	Direct to Organ Donation.
39014	Duty Officer Time	Standby time and work time associated with assignment as Duty Officer outside of normal business hours.	Allocated to Investments (STC-79) - Epidemiology (40) 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 Investments (STC-79) - Patient Safety - Adverse Events (47) 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
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 Investments (STC-79) - Area Health Education Centers (AHEC) (21)

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 Medicaid Administration
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)
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
39050	AHS IT projects	Costs associated with staff time and expenses related to tasks assigned to VDH IT by AHS Central Office IT	Direct to Medicaid Administration
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 to Medicaid Admin based on the percentage of the State's population on Medicaid, and then to Investments (STC-79) - Poison Control (48) 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
39532	Rural Health Office	Costs associated with activities related to the establishment and operation of a State Office of Rural Health.	Direct to Rural Health Office
39534	Rural Hospital Flexibility Program	Costs associated with the activities under the ongoing Rural Hospital Flexibility Program grant from HRSA to help stabilize rural hospitals and improve access to health services in rural communities.	Direct to Rural Hospital Flexibility Grant

39538	Hospital Preparedness	Costs associated with a program to support hospitals and other health care entities in preparing public health emergencies.	Direct to Hospital Preparedness
39539	Vermont Loan Repayment	Costs associated with grants to support educational loan repayment to health care professionals.	Direct to Investments (STC-79) - Physician/Dentist Loan Repayment Program (25)
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.
41642	MMIS - DDI Staff	Staff work associated with related to the development of the MMIS.	Direct to CMS-MMIS/MES - DDI (90%)
41693	HIT Implementation - 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 - Contract	Contractual costs related to Health Enterprise HIT HIE, EHR, and Public Health Development and Implementation.	Direct to CMS-HIT IAPD (90%)

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

Nature and Extent of Services: 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.

Program Code	Program Name	Description	Allocation Method
39101	Office of Public Health Preparedness Administration	Staff time and operating costs associated with overall administration of the Office of Public Health Preparedness.	Total Salaries across Office of Public Health Preparedness.
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
39176	PHEP Response to Zika	To use federal funds to support coordination for the public health response to a potential Zika outbreak	Direct to PHEP - Zika
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 Investments (STC-79) - Emergency Medical Services (19) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39181	EMS Program Services	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. Includes costs associated with statewide	Allocated to Investments (STC-79) - Emergency Medical Services (19) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.

		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.	
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 Investments (STC-79)—Emergency Medical Services (19) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39183	EMS for Children	Staff time, contracts and other payments for the EMS for Children project.	Direct to EMS for Children
39189	Siren MOU with DPS	All costs associated with the SIREN project funded by the VT Dept. of Public Safety Agency of Transportation, Governor's Highway Safety Program.	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 AOT 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

39193	Road User Safety MOU	All costs associated with running the Road User Safety MOU from the Governor's Highway Safety Program.	Direct to Road User Safety MOU
39270	PH Emergency Response	All costs associated with activities in response to public health emergency events or exercises.	Direct to PH Emergency Response
39339	PHER - Opioid Supplement	Costs associated with activities authorized by the CDC State Opiate Response Grant.	Direct to Public Health Emergency Response: Opioid Crisis
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

Organizational Unit 4: Health Surveillance

Nature and Extent of Services: 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 Name	Description	Allocation Method
37717	IE HC 90/10 Staff	Staff costs and operating expenses related to Health Enterprise Integrated Eligibility DDI and IV&V	Direct to CMS – E&E/IEWS DDI (90%)
39049	Antibiotic Stewardship	Costs associated with antibiotic resistance and stewardship	Direct to Antibiotic Stewardship
39175	Zika Birth Info Network	All costs to establish and maintain a rapid active case surveillance system for birth defects in Vermont linked to the Zika virus.	Direct to Zika Birth Information Network Grant
39231	Vermont Vaccine Purchasing Program	All costs associated with Providing vaccines for all Vermonters	Direct to Vermont Vaccine Purchasing Program
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	Direct to Epi Lab Capacity

		Prevention and Public Health Funds	
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
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
39316	Immunization Information System	Costs associated with the implementation and operation of an immunization information system, including the development of an information system infrastructure.	Allocated to Immunization and to Medicaid Admin based on the percent of Immunization Registry records that pertain to Medicaid eligible persons
39317.1022	Epidemiology – General	Time and supplies used in day to day routine infectious disease epidemiology and disease control work.	Allocated to Investments (STC-79) - Epidemiology (40) 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 Investments (STC-79) - Epidemiology (40) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39322	Hepatitis B -Vaccinations - State Employees	Costs for staff time and vaccine to immunize State	Direct to Hepatitis B Vaccinations – State Employees

		employees, including vaccine administration, distribution, appointment-making and pre- and post-clinic activities.	
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
39329	HIV Care	Costs associated with the Ryan White (Title II) HIV Care project.	Direct to HIV Care
39330	AMAP Payments to EDS VMAP (Vermont Medication Assistance Program)	Payments to EDS for their reimbursements on behalf of the AIDS Vermont 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.	Allocated to Tuberculosis Control and Investments (STC-79) - TB Medical Services (74) based on availability of Tuberculosis Control grant award.
39333	TB Medical Services	Costs of clinical services and medication provided to tuberculosis patients in Vermont.	Allocated to Investments (STC-79) - TB Medical Services (74) and to State Funds based on the Medicaid enrolled percent 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
39335	Opioid Involved Morbidity	All costs associated with a program to enhance & improve: current methods for opioid overdose analysis & accessibility of data collected from the scene of investigation.	Direct to Opioid Involved Morbidity
39336	Public Health Emergency Preparedness 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 Investments (STC-79) - Enhanced Immunization (46)
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
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,	Allocated to Investments (STC-79) - Health Research and

		preservation, amendment and certification of vital records and the processing and publication of vital statistics.	Statistics (39) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39382	Vital Statistics	Costs associated with the analysis and dissemination of vital statistics.	Allocated to Investments (STC-79)—Health Research and Statistics (39) 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.	Allocated to Investments (STC-79) - Health Research and Statistics (39) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39385	GMCB VUHDDS MOU	Research staff time and any other costs associated with management and analytics for the Vermont Uniform Hospital Discharge Data Set.	Direct to Hospital Data Council
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
39396	Neonatal Abstinence Syndrome Surveillance	To conduct a comprehensive case finding and review of medical records to estimate the incidence and hospital utilization during the first year of life of NAS infants in Vermont.	Direct to NAS Surveillance
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 Investments (STC-79) - Health Laboratory (31) 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 Investments (STC-79) - Health Laboratory (31) 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 Investments (STC-79) - Health Laboratory (31) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
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 Investments (STC-79) - Health Laboratory (31) 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 Investments (STC-79) - Health Laboratory (31) 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 Investments (STC-79) - Health Laboratory (31) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39458	Urine Drug Program	Time and materials for urine drug analysis of clinical and correction samples	Allocated to Investments (STC-79) - Health Laboratory (31) 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 Investments (STC-79) - Health Laboratory (31) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.

39481	Laboratory Microbiology	Costs and activities associated with serology such as hepatitis, HIV, measles, mumps, rubella, syphilis and similar tests.	Allocated to Investments (STC-79) - Health Laboratory (31) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39485	Laboratory – Clinical Toxicology	Costs and activities associated with clinical toxicology, including blood lead testing.	Allocated to Investments (STC-79) - Health Laboratory (31) 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 maintaining 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
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

Organizational Unit 5: Chief Medical Examiner

Nature and Extent of Services: 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.

Program Code	Program Name	Description	Allocation Method
39161	Medical Examiners Program	Expenses incurred in performing autopsies and maintaining the Office of the Chief Medical Examiner.	Direct to Medical Examiner
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

Organizational Unit 6: Maternal and Child Health

Nature and Extent of Services: 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.

Detailed explanations of individual functions are included below.

Program Code	Program Name	Description	Allocation Method
37995	Race to the Top-ELC Grant	All costs associated with a State-wide project to improve early learning and development programs for children with high needs	Direct to Race to the Top
39517	Sex Offense Prevention	Costs associated with activities concerned with sex offense prevention, education, training, printing, research, media, etc. Staff time for all above activities.	Direct to PHHS Block Grant
39540	Rape Prevention and Education Program	Costs associated with a program for rape prevention and education.	Direct to Rape Prevention and Education Program
39551	Family Planning – Title X	Costs associated with grants and contracts for the family planning program including staff activities to develop and monitor programs.	Direct to Family Planning Program
39552	Family Planning – SSBG	Costs associated with grants and contracts for the family planning program.	Direct to Social Services Block Grant
39553	Family Planning	Costs associated with grants and contracts for the family planning program funded by GC Funds.	Direct to Investments (STC-79) - Family Planning (75)
39554	Family Planning Access Plan	Costs associated with the implementation of the state eligibility option for family planning services described in State Medicaid Director Letter #10-013 dated 2July2010	Direct to Investments (STC-79) - Family Planning (75)
39581	CSHN Administration	Staff time and operating costs associated with overall administration of the CSHN program.	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

39593	CSHN – Special Services	Costs associated with care and treatment for children and youth who have a chronic physical or developmental condition and who also require health and related services of a type or amount beyond that required by children generally.	Direct to MCH Grant
39596	Child Development Clinic	Costs associated with the Child Development Clinic.	Direct to MCH Grant
39599	Renal Disease	Payments made to the Vermont Kidney Association for Renal Patient Fund.	Direct to Investments (STC-79) - Renal Disease (73)
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
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
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
39721	WIC Supplemental Food	Daily EWIC payments, and other payments for direct purchase of food for families, and breast pumps and accessories.	Direct to WIC Supplemental Food
39725	WIC Program Management	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 benefit accountability.	Allocated to WIC Admin and Investments (STC-79) - WIC Coverage (37) based on availability of WIC Admin grant award.

		Examples include WIC administrative salaries/benefits and other costs necessary to conduct outreach, food benefit reconciliation, monitoring and payment, vendor monitoring, administrative record keeping and reporting.	
39731	WIC Breastfeeding Peer Counselor Program	All costs associated with development and implementation of a WIC breastfeeding peer counselor program.	Allocated to Breastfeeding Peer Counselor Project and to Investments (STC-79) - WIC Coverage (37) 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
39741	MCH Block Grant Planning, Evaluation & Administration	Staff time, purchased supplies, equipment and services and other costs of MCH Block Grant planning and evaluation.	Direct to MCH Grant
39742	State Systems Development Initiative (SSDI) MCH Primary Care Planning	Costs associated with activities related to the development of a comprehensive primary care system of services for children. A Surveillance Program to provide analytical support to the MCH Title V program.	Direct to State Systems Development Initiative (SSDI) 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 Medicaid 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 Medicaid Administration

39760	VCHIP SPMP	All SPMP Costs associated with VCHIP	Direct to Medicaid 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

Organizational Unit 7: Health Promotion and Disease Prevention

Nature and Extent of Services: 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.

Program Code	Program Name	Description	Allocation Method
39357	Breast and Cervical Cancer Screening Program	Costs associated with a 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
39368	Wisewoman Screening Program	Costs associated with a Well Integrated Screening & Evaluation for Women Across the Nation (WISEWOMAN) program.	Direct to Wisewoman
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
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
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
39564	Dental Services—Global Commitment Administration	Costs associated with claims processing for the Global Commitment program.	Direct to Medicaid Administration
39566	Dental Access Grants	Payments to dental providers, hospitals or schools to increase dental access to low income and Global Commitment recipients.	Direct to Medicaid 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 Investments (STC-79) - Fluoride Treatment (38) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39575	Dental Public Health in D.O.'s SPMP	All costs associated with SPMP tasks related to public health dental hygienists in district offices.	Direct to Medicaid 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

39577	Dental Public Health in D.O.'s non-SPMP	Costs associated with non-SPMP tasks related to public dental health outreach and promotion in district offices.	Direct to Medicaid Administration
39578	HRSA Oral Health Workforce	Activities enabling the Department to expand access to preventive and restorative dental services for individuals served by Federally Qualified Health Centers in Dental Health Professional Shortage Areas.	Direct to HRSA Oral Health Workforce
39621	CDC Tobacco Control	Costs associated with the CDC Tobacco Prevention and Control grant.	Direct to CDC Tobacco Control
39626	TCP Statewide Investment 76	All costs associated with STC-79 Investment #76 - Statewide Tobacco Cessation	Allocated to Investments (STC-79) - Statewide Tobacco Cessation (76) based on the Medicaid, Uninsured, and Underinsured, share of total state population.
39627	TCP Community Investment 50	All costs associated with STC-79 Investment #50 Tobacco Cessation: Community Coalitions.	Direct to Investments (STC-79) - Tobacco Cessation: Community Coalitions (50)
39628	Tobacco Control - MSA	All costs associated with Tobacco Control Program activities funded with the MSA fund appropriation.	Direct to Tobacco Settlement
39631	Tobacco Surveillance and Evaluation	Costs associated with tobacco surveillance and evaluation programs.	Direct to Tobacco Settlement
39634	Tobacco Quitline Capacity	All costs associated with CDC Quitline Capacity grant	Direct to Tobacco CDC Quitline Capacity
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	Direct to Public Health Actions (1305)

		obesity and associated chronic conditions with an emphasis on nutrition, activity, hypertension and diabetes awareness.	
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)
39642	Chronic Disease Disability	All costs associated with grant funding to be used to develop an internal capacity to incorporate evidence based strategies for individuals with disabilities into current health promotion/disease prevention efforts	Direct to Chronic Disease Disability
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

Organizational Unit 8: Office of Local Health

Nature and Extent of Services: 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.

Program Code	Program Name	Description	Allocation Method
39317.1025	Epidemiology – General	Time and supplies used in day to day routine infectious disease epidemiology and disease control work.	Allocated to Bioterrorism Preparedness Grant based on available funds, then to Investments (STC-79) - Epidemiology (40) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population.
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 OLH
39711	Clinic Activities – SPMP	Time of skilled medical personnel and other costs related to clinic services	Allocated to Medicaid Administration and to WIC Administration based on

		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.	Medicaid Eligibility Rate for WIC Clients.
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 benefit administration.	Allocated to Medicaid 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.	Allocated to WIC Admin and Investments (STC-79) - WIC Coverage (37) 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 Investments (STC-79) - WIC Coverage (37) based on availability of WIC Admin grant award.
39740	Help Me Grow Integration	Costs associated with the Help Me Grow - Early Care	Direct to Help Me Grow Integration

		Integration: Strengthening Early Care through Ensuring Early Detection, Referral, and Linkages to Services Project.	
39744	MCH – Pregnancy/Postpartum	Costs associated with Maternal and Child Health services benefiting pregnant and postpartum women. 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
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 SPMP	SPMP 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 Medicaid 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 Medicaid Administration
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 Medicaid 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	Direct to Medicaid Administration

		<p>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 clients and arranging transportation; eligibility determination; legal services including administrative appeals; and contract management.</p>	
39771	EPSDT Outreach and Informing	<p>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</p>	Direct to Medicaid Administration

		Medicaid beneficiaries ages zero through 20.	
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 Medicaid 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 Medicaid Administration
39774	Fostering Healthy Families SPMP	Time spent by VDH staff working collaboratively with DCF Family Services division staff on SPMP 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 Medicaid 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 Medicaid Administration
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-	Direct to Medicaid Administration

		regulated child programs, plus allowable costs associated with this work.	
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 Medicaid 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 Investments (STC-79) - VT Blueprint for Health (44)
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 Investments (STC-79) - VT Blueprint for Health (44) and Medicaid Administration (Based on Medicaid eligible population as a % of the total state population .)

Organizational Unit 9: Board of Medical Practice

Nature and Extent of Services: 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.

Program Code	Program Name	Description	Allocation Method
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.

Organizational Unit 10: Environmental Health

Nature and Extent of Services: 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.

Program Code	Program Name	Description	Allocation Method
39111	Environmental Toxicology – General	All costs associated with the investigation or control of environmental toxins, which cannot be coded to a more specific cost center.	Direct to Environmental Toxicology
39115	Indoor Radon Surveillance	Cost associated with providing information to general public, contractors, etc., concerning basic description of radon and methods of testing and 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
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 Investments (STC-79) - Healthy Homes and Lead Poisoning Prevention Program (49)
39121	EPA Lead Certification Project	Costs associated with establishing an EPA-authorized Lead Model Plan, including an equity project, processing of certification applications, public	Direct to EPA Lead Certification Project

		outreach, and enhanced tracking programs.	
39122	Act 165 Activities	Costs associated with carrying out the enforcement activities related to Act 165: An Act to Prevent Lead Poisoning in Children in Rental Housing and Child Care Facilities	Direct to Investments (STC-79) - Healthy Homes and Lead Poisoning Prevention Program (49)
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.	Allocated to Lead Poisoning Prevention based on available funds, then to Investments (STC-79) - Healthy Homes and Lead Poisoning Prevention Program (49)
39125	F&L Water Supply Program Support	Costs associated with F&L 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

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
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
39143	Cyanobacteria Monitoring Program	Costs associated with cyanobacteria monitoring	Direct to Cyanobacteria Monitoring
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 the administration of the food and lodging program. 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,	Direct to Food and Lodging

		work with programmer and statistician, data retrieval, etc.	
39155	Manufactured Food Regulatory Program	All costs of those activities associated with the conformance with the Manufactured Food Regulatory Program Standards	Direct to Manufactured Food Regulatory Program
39156	National Retail Food Regulatory Program Standards (NRRFPS)	All costs of those activities to advance conformance with the elements of retail standards.	Direct to National Retail Food Regulatory Program Standards (NRRFPS)
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	VT Yankee Post-Close Monitor	Costs incurred for post-closure monitoring activities at the Vermont Yankee nuclear power plant.	Direct to Vermont Yankee bill back
39216	NRC Agreement State	Costs incurred for activities related to becoming and operating as an NRC agreement state.	Direct to NRC Agreement State
39401	Environmental Health Administration	Staff time and operating costs associated with overall administration of the Environmental Health Division.	Total Salaries Across Environmental Health.

Organizational Unit 11: Alcohol and Drug Abuse Programs

Nature and Extent of Services: 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.

Program Code	Program Name	Description	Allocation Method
39801	Alcohol and Drug Abuse Programs Administration	Staff time and operating costs associated with overall administration of the Alcohol and Drug Abuse Programs	Total Salaries Across ADAP Program
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
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	SUD Prevention Community Programs	All costs associated with substance use disorder prevention community grant programs.	Direct to Substance Abuse Grant
39824	Rx Drug Disposal Activities	All costs associated with the new legislation authorizing Prescription Drug Disposal Activities (s.243 Legislation)	Direct to Rx Drug Disposal Activities
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	Direct to Medication Assisted Treatment

		individuals with opioid use disorders.	
39833	Impaired Driver Rehabilitation Program (IDRP)	Costs associated with the Impaired Driver Rehabilitation Program including DWI assessments and CRASH schools.	Allocated to Substance Abuse Block Grant and to General Fund based on availability of Substance Abuse Block Grant funding.
39838	Payments to Providers for Treatment – Residential	Payments to providers for residential treatment.	Direct Allocated to Substance Abuse Block Grant. and to Investments (STC-79) – Substance Use Disorder Treatment (30) based on availability of Substance Abuse Block Grant funding.
39845	Alcohol and Drug Abuse Programs Provider Monitoring	Costs associated with monitoring activities.	Allocated between Medicaid Administration and Substance Abuse Block Grant based on the quarterly Medicaid eligibility rate for ADAP clients Allocated to Medicaid Administration based on the quarterly Medicaid eligibility rate for ADAP clients, then to Substance Abuse Block Grant and to Investments (STC-79) - Substance Use Disorder Treatment (30) based on availability of Substance Abuse Block Grant funding.
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 monitoring and improvement of substance use disorder treatment system.	Allocated to Substance Abuse Block Grant and to Investments (STC-79) - Substance Use Disorder Treatment (30) based on availability of Substance Abuse Block Grant funding.
39860	ADAP non-SPMP	Costs associated with non-SPMP tasks related to Substance Use Disorder	Direct to Medicaid Administration

		pursuant to the Global Commitment State Plan.	
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	Allocated to Substance Abuse Block Grant and to Investments (STC-79) - Substance Use Disorder Treatment (30) based on availability of Substance Abuse Block Grant funding.
39863	School Based Substance Use Disorder Services	Costs associated with School Based Substance Use Disorder Services.	Allocated to Substance Abuse Grant and Medicaid Admin based on Medicaid allowable share of costs.
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
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
39874	Opioid State Targeted Response (STR) Cures - Administration	All costs related to the administration of funding to increase access to substance use disorder services, reduce unmet need, and reduce overdose related deaths related to prescription opioids.	Direct to Opioid STR - CURES
39875	Opioid State Targeted Response (STR) Cures - Treatment	All costs related to treatment activities of funding to increase access to substance use disorder services, reduce	Direct to Opioid STR - CURES

		unmet need, and reduce overdose related deaths related to prescription opioids.	
39876	Opioid State Targeted Response (STR) Cures - Prevention	All costs related to prevention activities of funding to increase access to substance use disorder services, reduce unmet need, and reduce overdose related deaths related to prescription opioids.	Direct to Opioid STR - CURES
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.	Allocated to state funds based on availability of state funding, then Direct to Investments (STC-79) - Recovery Centers (17)
39881	SPF Prescription Drugs – Administrative	All administrative costs associated with a program that will apply the existing state-wide Strategic Prevention Framework (SPF) infrastructure to prevent prescription drug misuse	Direct to Prescription Drugs SPF
39882	SPF Prescription Drugs – Data Collection	All data collection costs associated with a program that will apply the existing state-wide Strategic Prevention Framework (SPF) infrastructure to prevent prescription drug misuse.	Direct to Prescription Drugs SPF
39883	SPF Prescription Drugs – Direct Service	All direct service costs associated with a program that will apply the existing state-wide Strategic Prevention Framework (SPF) infrastructure to prevent prescription drug misuse.	Direct to Prescription Drugs SPF
39884	Substance Use Disorder– Transitional Housing	Costs associated with housing for clients who are engaged in substance use disorder treatment.	Allocated to Substance Abuse Block Grant and to Investments (STC-79) - Substance Use Disorder Treatment (30) based on availability of Substance Abuse Block Grant funding.

39885	Transitional Housing-Charitable Choice	Charitable Choice Grants that are non-Block Grant expenses.	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
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
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 Investments (STC-79) - Substance Use Disorder Treatment (30) based on availability of Substance Abuse Block Grant funding.
39893	Direct Outpatient Treatment Services	Payments to providers for outpatient, intensive outpatient, or clinical case management services.	Allocated to Substance Abuse Block Grant and to Investments (STC-79) - Substance Use Disorder Treatment (30) 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 Investments (STC-79) - Public Inebriate Services, C for C (23)

f. 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.

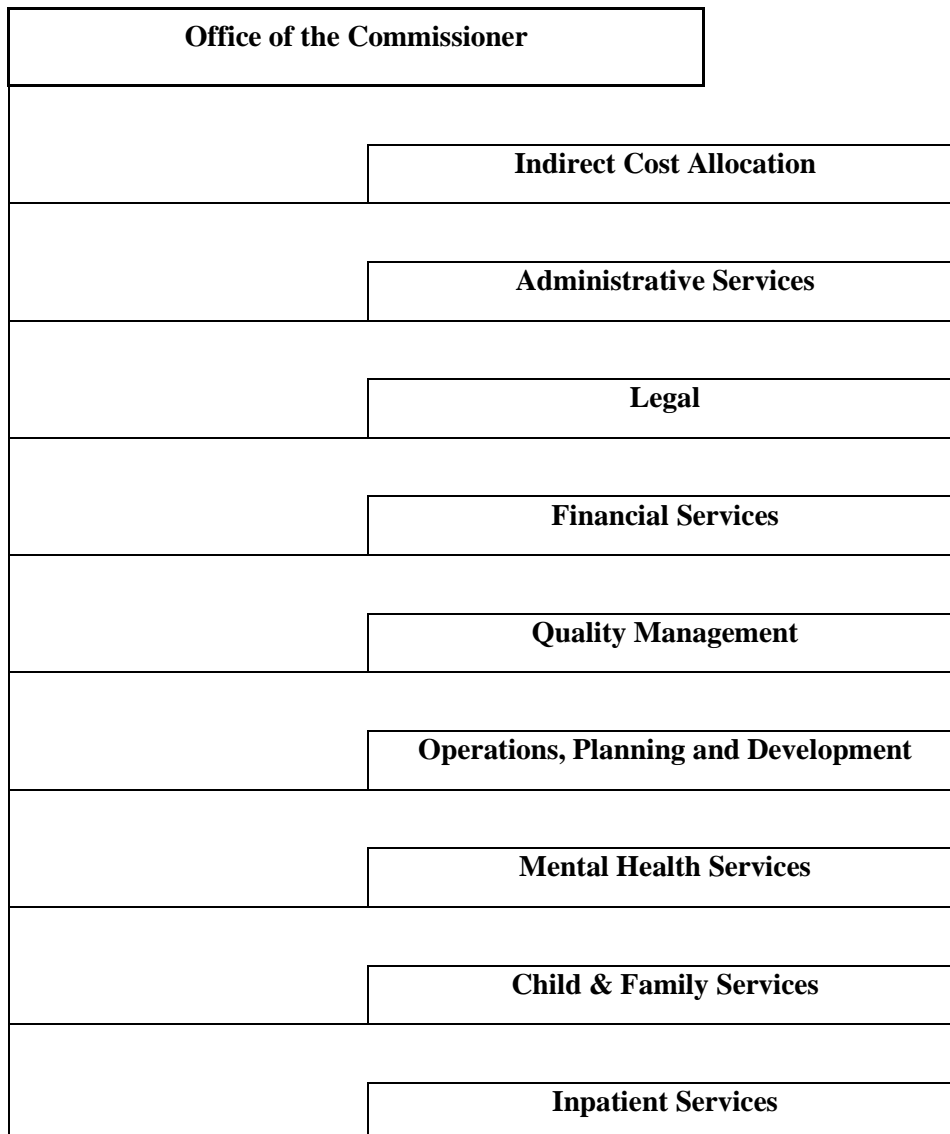
Our cost allocation plan (CAP) narrative is broken out into organizational areas called "cost centers" that are based on the sections of our organizational chart. Cost centers are comprised of various plan departments or units of cost that fall under each cost center.

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.

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



III. Vermont Department of Mental Health Cost Allocation Methodologies

With the January 1, 2017 extension of the Global Commitment to Health 1115 Waiver, administrative costs are not included in the budget neutrality agreement. Administrative costs will be reported on the appropriate CMS-64.10 Base reporting line. However, administrative costs associated with investments that are strictly administrative in nature are subject to the budget neutrality limit and are reported on the “Investments” or “DSR investments” waiver forms. Investment administrative costs for Green Mountain Care Board, Health Research and Statistics, Patient Safety Adverse Events, and Area Health Education Centers (AHEC) receive 50% FFP.

Organizational Unit 1: Indirect Cost Allocations

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

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

Organizational Unit 2: Administrative Services

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

Program Code	Program Code Name	Description	Allocation Method
41639	ICD-10 – Contractual Costs	Contractor expenses – 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/MES-DDI (90%)
42014	DMH Administration	Staff and operating 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

Organizational Unit 3: Legal

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

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

Organizational Unit 4: Financial Services

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

Program Code	Program Code Name	Description	Allocation Method
42014	DMH Administration	Staff and operating 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

Organizational Unit 5: Quality Management

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

Program Code	Program Code Name	Description	Allocation Method
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	Research and Statistics Staff Costs	Costs related to data collection, analysis, and reporting conducted by staff members	Costs of All Programs that use a grant account code, Including Community Health and all Inpatient Care costs
42648	Adult Division Only	Staff and operating costs associated with all adult programs administered by the department	Total Cost of All Adult Programs

Organizational Unit 6: Operations, Planning, and Development

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

Program Code	Program Code Name	Description	Allocation Method
42014	DMH Administration	Staff and operating 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 Investments (STC-79) – Acute Psychiatric Inpatient Services (13) 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

Organizational Unit 7: Mental Health Services

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 Investments (STC-79) – Institution for Mental Disease Services: DMH (3) - VPCH
2000.3	MTCR Revenue	Client Billings and Other Revenues	Direct to Investments (STC-79) – Mental Health CRT Community Support Services (16)
2000.4	Behavioral Health Services Information System (BHSIS) Revenue	Contract with Eagle Technologies, Inc. to support federal reporting requirements.	Costs of All Programs that use a grant account code, Including Community Health and all Inpatient Care costs
37712	Medicaid Program – Adults	Medicaid Fee for Service costs associated with mental health services for adults	Direct to Global Commitment (Program)
37719	Medicaid Program – VPCH	Medicaid Fee for Service costs associated with VPCH	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 Medicaid Admin
42014	DMH Administration	Staff and operating 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 Costs of All Programs Excluding Inpatient Care

42015	Community Mental Health Administration – Adults and Children	Staff and operating costs associated with overall administration of adult and children's mental health programs, excluding inpatient care	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 Investments (STC-79) – Acute Psychiatric Inpatient Services (13) 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 Investments (STC-79) – Acute Psychiatric Inpatient Services (13) by Statewide Medicaid Eligibility Rate
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 Investments (STC-79) – Special Payments for Treatment Plan Services (28)
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 Investments (STC-79) – Mental Health CRT Community Support Services (16)

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 Investments (STC-79) - Emergency Mental Health for Children and Adults (29)
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 Investments (STC-79) – Mental Health CRT Community Support Services (16) - Emergency
42730	Case Rate Payments	Payments to designated agencies for the provision of services for the adult CRT population	Direct to Case Rate Payments
42740	CRT Doc/Hospital for Adults	Inpatient or Private Psychiatric services provided to adult CRT patients	Direct to CRT Doc Hospital
42758	Jail Diversion Grant	Contracted activities associated with a grant from SAMHSA for the implementation of a jail diversion and trauma recovery program for adult Veterans	Direct to Jail Diversion (Fed)
42760	Outpatient Services for Adults	The costs associated with mental health assessment, counseling, case management, medication management, care coordination, and outreach supports for adults	Direct to Investments (STC-79) – MH Outpatient Services for Adults (66)
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 Investments (STC-79) – Mental Health CRT Community Support Services (16)

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 Investments (STC-79) – Mental Health CRT Community Support Services (16)
42768	CRT Peer Supports for Adults	Funds to develop peer-run or peer-guided recovery and peer support services for adults	Direct to Investments (STC-79) – Mental Health CRT Community Support Services (16)
42769	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 Investments (STC-79) – Emergency Support Fund (22)
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 Investments (STC-79) – Seriously Functionally Impaired: DMH (68)
42774	Transformation Grant	Costs of implementing new techniques to make Vermont's adult mental health services more computer-driven and recovery-oriented	Direct to MH Transformation Grant
42778	Employment Development Initiative Grant	Activities to support knowledge of evidence based employment practices and strengthen MH/SA treatment, and develop Supported Employment Champions workforce, including workshops, trainings, and consultation activities for adults	Direct to Employment Development Initiative
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 Investments (STC-79) – Mental Health CRT Community Support Services (16)
42916	CRT Secure Residential Recovery	Staff Time and Operating Costs associated with running the Secure Residential Recovery Facility	Direct to Investments (STC-79) – Mental Health CRT Community Support Services (16)

Organizational Unit 8: Child and Family Services

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

Program Code	Program Code Name	Description	Allocation Method
37713	Medicaid Program – Children	Medicaid Fee for Service costs associated with mental health services for children	Direct to Global Commitment (Program)
39757	EPSDT Administration Functions	Costs related to grants that pay for consultation and education services	Direct to Medicaid Admin
39851	Children’s Health Insurance Plan (CHIP)	Children’s Health Insurance Plan billings associated with children’s mental health	Direct to CHIP
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
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
42590	Promoting Integration of Primary and Behavioral Health Care Grant	To promote and develop full integration and collaboration in clinical practice between pediatric health care and mental health care, and support improvement of integrated care models for primary care and mental health care to improve the overall wellness and physical health status of children with mental health needs.	Direct to Promoting Integration of Primary and Behavioral Health Care Grant
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 Investments (STC-79) – Special Payments for Treatment Plan Services (28) Special Services
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 Investments (STC-79) – Mental Health Consumer Support Programs (79)
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 Investments (STC-79) - Emergency Mental Health for Children and Adults (29)

42649	Children's Division Only	Staff and operating costs associated with all children's programs administered by the department	Total Cost of All Children's Programs, Including Community Health
42757	Youth in Transition	Contracted activities associated with a grant from SAMHSA to develop a system of care for young adults, ages 16 – 21, with serious mental health problems	Direct to Youth in Transition Grant
42764	Children's Community Services	The costs associated with clinical assessment and individualized treatment, individual, group and family therapy, psychiatric 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 Investments (STC-79) Mental Health Children's Community Services (12)
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 Investments (STC-79) – Respite Services for Youth with SED and their Families (67)

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
39851	Children's Health Insurance Plan (CHIP)	Children's Health Insurance Plan billings associated with children's mental health	Direct to CHIP
42647	Brattleboro Retreat – CRT Investment	Costs associated with CRT Billings at Brattleboro	Direct to Investments (STC-79) – Mental Health CRT Community Support Services (16)
42650	Brattleboro Retreat – CRT Medicaid	Costs associated with CRT Medicaid billings at Brattleboro Retreat	Direct to CRT Global Commitment
42785	Psych Inpatient – RPMC – GC Invest	Rutland Regional Medical Center – Costs associated with Level One Care	Direct to Investments (STC-79) – Acute Psychiatric Inpatient Services (13)
42786	Psych Inpatient –BR – GC Invest	Brattleboro Retreat - Costs associated with Level One Care	Direct to Investments (STC-79) – Institution for Mental Disease Services: DMH (3) BR
42787	Psych Inpatient – RPMC – GC XIX	Rutland Regional Medical Center – Costs associated with Level One Care Medicaid Billings – GC Medicaid	Direct to RPMC Psych Inpatient Medicaid
42795	Psych Inpatient – Brattleboro Medicaid	Brattleboro Retreat – Medicaid costs associated with Level One care	Direct to BR Psych Inpatient Medicaid
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 Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH
42943	Adult Gen Routine Care	Staff time and operating costs associated with general routine patient care at VPCH	Direct to Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH
42944	Treatment Team	Staff time and operating costs associated with the VPCH Treatment Team	Direct to Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH
42945	Medical Records	Staff time and operating costs associated with medical records at the VPCH	Direct to Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH
42946	Nursing Administration	Staff time and operating costs associated with nursing administration	Allocated to direct Secure Res Recovery Operating (MTCR)

		and maintaining staffing levels at the VPCH	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 Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH
42948	Occupational Therapy	Staff time and operating costs associated with occupational therapy department at the VPCH	Direct to Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH
42949	Physical Therapy	Staff time and operating costs associated with physical therapy at the VPCH	Direct to Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH
42950	Pharmacy	Staff time and operating costs associated with pharmacy services at the VPCH	Direct to Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH
42951	Housekeeping	Staff time and operating costs associated with housekeeping at the VPCH	Direct to Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH
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 Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH
42954	Electronic Health Record – VPCH	Operating costs associated with the Electronic Health Record at VPCH	Direct to Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH
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 Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH
42956	Psych Inpat – VPCH – GC Invest	Inpatient Psychiatric services provided to adult patients at VPCH – GC Investment.	Direct to Investments (STC-79) – Institution for Mental Disease Services: DMH (3) VPCH

X. STATISTICAL INFORMATION

AHS Secretary's Office

Annual results of the AHS Schedule of Expenditures of Federal Awards by Department:

Costs associated with both the Audit Unit and the Federal Funds Management Unit.

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 associated 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 allocation based on VTHR hours across AHS to the Direct to MMIS, IE and HITECH program codes:~~

Quarterly Allocation based on VTHR Hours across AHS to the Direct to MMIS, IE and HITECH (DDI only)

Program Codes, CMS-MMIS/MES - DDI (90%), CMS-E&E/VIEWS DDI (90%), CMS HIT IAPD (90%):

Costs associated with specific program are allocated based on the quarterly VTHR hours during the quarter.

Quarterly VHC Enrollment for Global Commitment and Designated State Health Program (DSHP) (claim at 75% Medicaid FMAP), CHIP and QHP:

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

Quarterly update based on Case Count:

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

Quarterly update based on caseload:

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

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.

Department of Children and Family Services

Blended IV-E Pent Rate:

Costs associated with the Foster Care program are allocated based on the percentage of custody and adoption cases during the quarter that are Title IV-E eligible.

Case Count Between CHIP & Medicaid 50%:

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

Case Count Between CHIP, VHC & Medicaid 50%:

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

Case Count Between CHIP, VHC & Medicaid 75%:

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

Central Processing Unit (CPU) Usage Commands for Applicable Programs:

Costs associated with maintaining the ACCESS and FAMIS IT systems are allocated based on system usage by programs administered through each mainframe.

Child Subsidy Case Count:

Costs associated with the administration of the Child Development Division are allocated based on the results of case counts for each benefitting program during the quarter.

Child Subsidy Duplicated Case Count:

Costs associated with the Child Development Division IT system, BFIS, are allocated based on the results of case counts for each benefitting program during the quarter.

Economic Services Duplicated Case Count:

Costs associated with the Application Document Processing Center (ADPC) and ACCESS mainframe are allocated based on the results of case counts for each benefitting program during the quarter.

Medicaid-Admin 50/50 Eligibility Rate for Targeted Case Management:

Costs associated with Targeted Case Management (TCM) activities are allocated based on the results of eligible case counts for TCM and General Fund during the quarter.

IV-D Cases vs. Non-IV-D Cases:

Costs associated with the administration of the Office of Child Support are allocated based on the results of case counts for each benefitting program during the quarter.

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

Costs associated with the administration of the Office of Child Support are allocated based on the results of and average IV-D contact for each benefitting program during the quarter.

Percentage of EA and GA Dollars Spent (Allocated to TANF and State General Fund):

Costs associated with the administration of the General Assistance program are allocated based on the results of case counts for each benefitting program during the quarter.

Percentage of Medicaid-Admin 50/50 and SCHIP Eligibles:

Costs associated with specific programs are allocated based on the percentage of eligible paid claims during the quarter.

Percentage of SCHIP Eligibles as compared to the total Medicaid-Admin 50/50 Eligibles for the quarter. SCHIP current FF:

Costs associated with specific programs are allocated based on the percentage of eligible paid claims during the quarter.

Quarterly Employee Count Across ESD District Office:

Costs associated with office space in each ESD district location are allocated based on the number of Long Term Care versus ESD employees occupying space during the quarter.

Quarterly Percentage of Fraud Investigations:

Costs associated with the Fraud Investigative Unit in ESD are allocated based on the percentage of investigations completed for each benefitting program during the quarter.

Reach Up Case Count (Reach Up, First, Ahead):

Costs associated with Job Retention Support Services, Reach Up Operations and Reach Up Quality Assurance, are allocated based on the results of case counts for each benefitting program during the quarter.

Results of Family Services Time Study:

Survey process that includes all the activities performed by the Family Services Division (FSD), District Social Workers within the Vermont Department for Children and Families (DCF). The Random Moment Time Study (RMTS) calculates the proportion of worker time spent on various activities then allocates salary costs to the various benefitting programs. This level of detail is required for DCF to participate in federal claiming efforts.

Results of Legal Time Study:

Excel tracking system that includes all the activities performed by the Assistant Attorney Generals (AAG). Costs associated with specific programs are allocated based on the results of hours spent on activities specific to Vermont Department for Children and Families (DCF) departments during the quarter.

Results of Economic Assistance Time Study:

Survey process that includes all the activities performed by the Economic Services Division (ESD), Benefit Programs Specialists (BPS) within the Vermont Department for Children and Families (DCF). The Random Moment Time Study (RMTS) calculates the proportion of worker time spent on various activities then allocates salary costs to the various benefitting programs. This level of detail is required for DCF to participate in federal claiming efforts.

TANF, SNAP Issue & LIHEAP:

Costs associated with the Electronic Benefit Transfer (EBT) Administrator are allocated based on the administrative fees paid for each program, during the quarter.

Quarterly Count of Eligible Cases Across Title IV-E, Medicaid – Admin 50/50 & General Fund:

Costs associated with recruitment, placement, training, residential licensing and other administrative activities of the Foster Care program, are allocated based on the results of eligible cases during the quarter.

Title IV-E Adoption Assistance and Guardianship Assistance:

Costs associated with the Adoption and Guardianship Services Unit are allocated based on the percentage of custody and guardianship cases during the quarter that are Title IV-E eligible.

Title IV-E Eligibility Rate and Title IV-E Eligibility Rate (IV-E Training):

Costs associated with the training, case management and legal representation of the Foster Care program are allocated based on the Title IV-E eligible population in custody during the quarter.

Title IV-E Eligibility Rate and Title IV-E Eligibility Rate (IV-E Training)/(Enhanced):

Costs associated with the training, case management and legal representation of the Foster Care program are allocated based on the Title IV-E eligible population in custody during the quarter.

Household Count by Funding Sources:

Costs associated with Reach Up Case Management are allocated based on the funding eligibility of the population served during the quarter.

Quarterly ACH Count Across Reach Up, LIHEAP and SNAP:

Costs associated with the processing fees of Automated Clearing House (ACH's), are allocated based on the count of ACH transactions per program during the quarter.

Quarterly Check Count Across Reach Up, LIHEAP, SNAP and Medicaid-Admin 50/50:

Costs associated with the processing fees of cashing checks, are allocated based on the count of check transactions per program during the quarter.

Percentage of Social Security versus Medicaid-Admin 50/50 Costs:

Costs associated with the administration of the Disability Determination Services Division are allocated based on the percentage of eligible costs to each benefitting program during the quarter.

Cases Across Social Security and Medicaid-Admin 50/50:

Costs associated with the processing of medical cases are allocated based on the percentage of eligible cases to each benefitting program during the quarter.

Percentage Direct to SNAP Certified and Economic Case Count Across Reach Up:

Costs associated with dual program claim establishment cases are allocated based on the percentage of eligible costs to each benefitting program during the quarter.

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 DDS.

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.

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 15th/Total ACCS Beds on 15th”:

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 15th day following the month being reported.

Method Q “Number of ACCS Beds Paid by Title XIX Billed by 15th/Total ACCS Beds on 15th - 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 15th 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.

Department of Vermont Health Access

PU – CMS HIT 9027 & HIT Fund 1069:

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 – Investment Vermont Blueprint for Health (51):

This method is used for Administrative and Contractual costs for the DVHA Blueprint for Health Program. This attributed population distribution is based on clients receiving services from the Blueprint providers. It has been set up as a periodic update if a decision is made to change it.

PU - Investment VITL/HIT/HIE/HCR (8):

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

PU - MMIS, E&E90, CMS-HIT:

This allocation is used for 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 (Enrollment Broker Stat):

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.

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.

Results of HAEU Random Moment Time Study:

Due to the varying nature of HAEUU'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 HAEUU 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 HAEUU 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.

Results of HAEU Random Moment Time Study - 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.

Department of Health**Allocated to Investments (STC-79) - Emergency Medical Services (19) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population:**

Allocated to Investments and state funds per AHSCO determined rate.

Allocated to Investments (STC-79) - Health Laboratory (31) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population:

Allocated to Investments and state funds per AHSCO determined rate.

Allocated to Investments (STC-79) - Fluoride Treatment (38) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population:

Allocated to Investments and state funds per AHSCO determined rate.

Allocated to Investments (STC-79) - Health Research and Statistics (39) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population:

Allocated to Investments and state funds per AHSCO determined rate.

Allocated to Investments (STC-79) - Epidemiology (40) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population:

Allocated to Investments and state funds per AHSCO determined rate.

Allocated to Investments (STC-79) - Statewide Tobacco Cessation (76) based on the Medicaid, Uninsured, and Underinsured, share of total state population:

Allocated to Investments and state funds per AHSCO determined rate.

Allocated to Immunization and to Medicaid Admin based on the percent of Immunization Registry records that pertain to Medicaid eligible persons:

Allocated to Medicaid Admin 50/50 based on the percent of quarterly Immunization Registry records that pertain to Medicaid eligible persons. Remainder allocated to CDC Immunization Grant.

Allocated to Medicaid Admin based on the percentage of the State's population on Medicaid, and then to Investments (STC-79) - Poison Control (48) and to State Funds based on the Medicaid, Uninsured, and Underinsured, share of total state population:

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

Allocated 50% to Investments (STC-79) - Patient Safety - Adverse Events (47) and 50% to State Funds:

Allocated per legislative budget directive.

Allocated to Investments (STC-79) - TB Medical Services (74) and to State Funds based on the Medicaid enrolled percent of total TB Patients:

Medicaid eligibility rate based on Medicaid clients as percent of total clients served by the TB program.

Allocated to Tuberculosis Control and Investments (STC-79) - TB Medical Services (74) based on availability of Tuberculosis Control grant award:

Expenses are charged direct to Tuberculosis Control Grant first. If those funds are exhausted, the remaining quarterly expenses are allocated to Investments.

Allocated between Medicaid 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 Investments (STC-79) - VT Blueprint for Health (44) and Medicaid Administration (Based on Medicaid eligible population as a % of the total state population):

Allocated to Medicaid Admin based on Medicaid eligible population as a % of the total state population, remainder to Investments.

Allocated to Breastfeeding Peer Counselor Project and to Investments (STC-79) - WIC Coverage (37) 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 Investments.

Allocated to Medicaid 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 Substance Abuse Block Grant and to Investments (STC-79) - Substance Use Disorder Treatment (30) 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 Investments and state funds per AHSCO determined rate.

Allocated to Substance Abuse Grant and Medicaid 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 Investments (STC-79) - WIC Coverage (37) 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 Investments.

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:

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 OLH:

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

Total Salaries Across VDH:

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

Department of Mental Health**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.

XI. TIME TRACKING AND TIME STUDY INFORMATION

ESD Activity Instructions – Annual submission of RMTS documentation

ESD Matrix – Annual submission of RMTS documentation

ESD Procedures – Annual submission of RMTS documentation

ESD Time Study Instructions

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 vtcdfbps@pcgus.com or DCF at AHS.DCFESDOverdueReport@vermont.gov. 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 (<https://PCGEasyRMTS.com>). 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.

1. 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: Referrals to Medicaid and/or Medical/Behavioral Health Services

Program Code: Medicaid or SSI

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.
- l. Assisting a coworker with any of the above activities.

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

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, peer review, 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”.
- l. Assisting a coworker with any of the above.

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, peer review, 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, peer review, 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, peer review, contact with case managers, working in ININ, and other similar administrative tasks associated with this activity should also be coded here.

6. Reach Up Sanctions

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, peer review, 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, peer review, 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. Education Activities

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

- a. Educating potential clients about the benefits and availability of services;
- b. Compiling and distributing educational materials about assistance programs; and
- c. Assisting a client fill out a program application.

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

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
- 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.
- o. Assisting a coworker with non-case related items (ex. Using the copier, reviewing lobby tracking, etc).

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.

NON-WORK RELATED ACTIVITY CODES

2. 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.

3. 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.

4. 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.

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. Supplemental 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.

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.

Program Activity	Fuel/EP/GA and EA	EP/GA and EA	All Programs	Other (Non-Case Related)
Eligibility Determination or Redetermination	33/33/33	50/50	20/20/20/20/20	
Utility Eligibility and Outreach				
Active Case Updates/Changes	33/33/33	50/50	20/20/20/20/20	
Fraud Referrals*	33/33/33	50/50	20/20/20/20/20	
Fair Hearings and Appeals**	33/33/33	50/50	20/20/20/20/20	
Reach up Sanctions				
Reach Up Controlled Vendor Payments				
Education Activities***	33/33/33	50/50	20/20/20/20/20	
Referrals to Medicaid and/or Medical/Behavioral Health Services				
Referrals to Non-Medicaid/Non-Medical, Community Services	33/33/33	50/50	20/20/20/20/20	
Program Specific Training				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

*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.

ESD Procedures

RANDOM MOMENT TIME STUDY PROCEDURE MANUAL

Benefit Program Specialists

NOTE: THIS INFORMATION IS NOT FORWARDED TO TIME STUDY PARTICIPANTS

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™ (<https://PCGEasyRMTS.com>), 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 2,846 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.

Task	DCF	PCG
Host EasyRMTS™ on Server		X
Provide DCF with System and Administrator Support/Address Technical Issues with System		X

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

Sampling Population

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

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

Supervisors are not included in the RMTS.

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

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 2,831 moments per quarter for the RMTS. This number is to ensure that 2,000 valid observations are obtained and is in compliance with the federally-required formula below. Specifically, the Public Assistance Cost Allocation Plan Review Guide states that:

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

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

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

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)).
- There is no advance notification of moments.

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

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

For answering "Yes" to case-related activity.

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

For answering "No" to case-related activity.

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

Below are the case specific activity codes:

Case Specific Activity Codes

1. Eligibility Determination or Redetermination
2. Utility Eligibility, Outreach, and Referrals
3. Active Case Updates/Changes
4. Fraud Referrals
5. Fair Hearings and Appeals
6. Reach Up Sanctions
7. Reach Up Controlled Vendor Payments

8. Outreach and Education Activities
9. Referrals to Medicaid and/or Medical/Behavioral Health Services
10. Referrals to Non-Medicaid/Non-Medical, Community Services

Below are the non-case specific activity codes:

Non-Case Specific Activity Codes

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

Below are the non-work related activity codes:

Non-Work Related Activity Codes

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

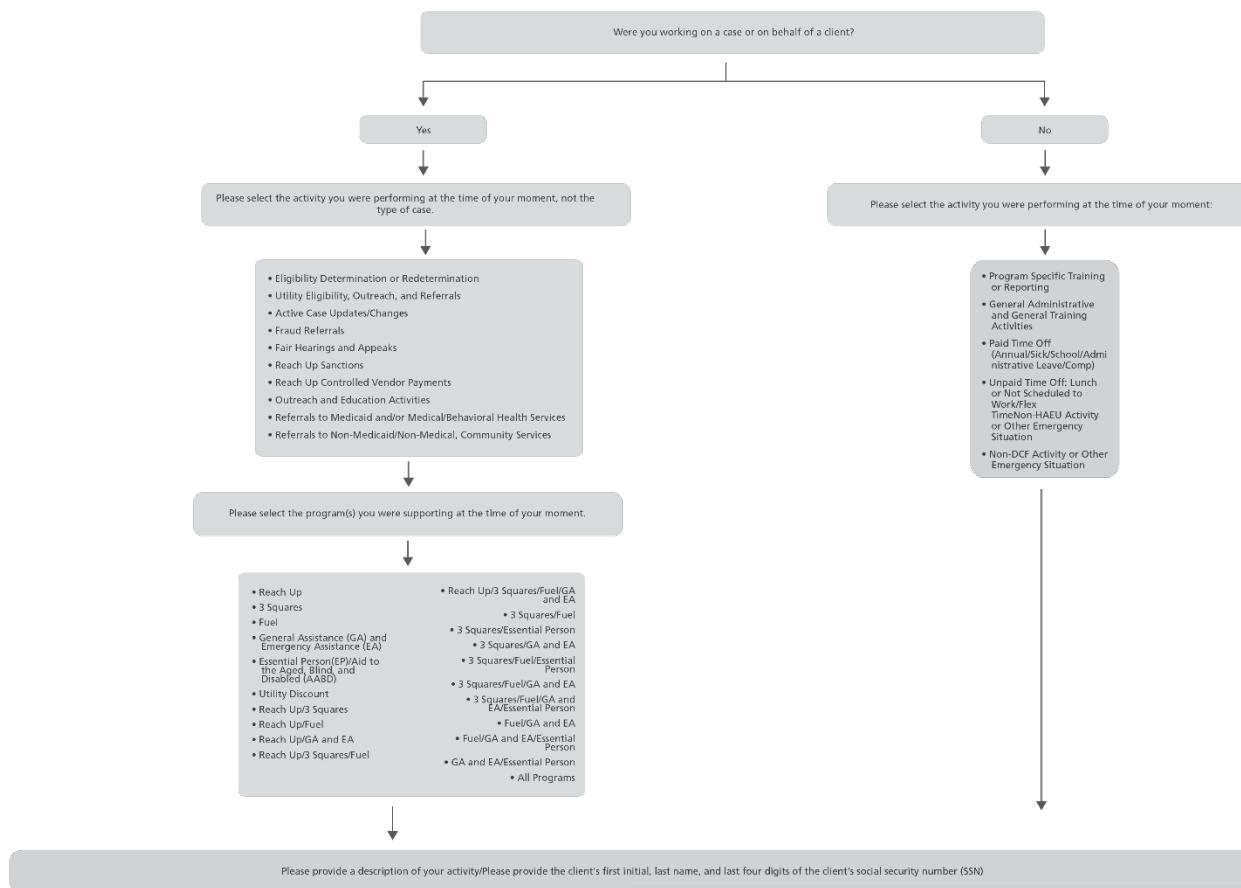
Below are the program codes and combination codes:

Program Codes

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

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

Please refer to the allocation matrix for the valid combinations of activity/program codes available to participants through the decision tree nature of the EasyRMTS™ 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.



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

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 18th day of the month (for moments that occurred in the first two weeks of the month) and 3rd day of every month (for moments that occurred in the second two weeks of the month). RMTS administrators will then review the reports, comparing the activity selection to the participants own description of their task to ensure that they match appropriately. If the activity selection does not match, RMTS administrators will contact the participants. If validation is not confirmed on any moments within the 10% subsample for whatever reason, these moments will be reallocated direct to state general fund. The RMTS statistic will be updated accordingly.

Documentation

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

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

Procedural documentation is also kept on the procedures used.

Quality Control

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 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.

FSD Activity Instructions – Annual submission of RMTS documentation

FSD Matrix - Annual submission of RMTS documentation; Updates in the current quarter

FSD Procedures – Annual submission of RMTS documentation; Updates in the current quarter

FSD Activity Instructions

This Desk Guide provides a description and examples for each code. The examples are not intended to be inclusive of every activity that may meet the definition. *Travel associated with the activity is included in the activity.*

Random Moment Time Study Codes

- I Investigation of Reports of Abuse and Neglect
- M Medicaid Case Management
- C Case Management to Children in their own homes (Child at risk of placement in foster care)
- V Case Management for Out-of-Home Care (IV-E Case Management)
- O Other Service Activity
- T Child Welfare Training
- G General Administration
- L Leave Time
- Z Position is vacant

I – Inv/Assess. of Ch. 49 Reports of Abuse & Neglect

- Activities conducted from the time a complaint is received until completion of the safety assessment.
- Activities following the safety assessment if the child is considered “safe” and the activities does not meet the definition of code M.
- **Take care to differentiate these initial investigation activities from service planning activities covered by other codes.**

M – Medicaid Case Management

Medicaid case management is a set of activities directed at assisting individuals and families to gain access to needed *medical (including mental health and substance abuse), social, educational, and other services.* Includes:

- **Comprehensive assessment** and periodic reassessment, including taking client history, identifying needs and gathering information from other sources, including family members.
- Developing and updating a **specific case plan**, including ensuring the active participation of the individual and family to develop those goals.
- **Referral**, scheduling appointments, and other activities that to help the individual obtain needed services.
- **Monitoring and follow-up activities**, including activities necessary to ensure that the plan is effectively implemented and adequately addresses the needs of the eligible individual, including contacts with family members and services providers, to ensure services are being delivered, they are adequate to meet the needs, or need adjusting.

C – Case Management for Children in their Own Homes (Includes services provided during the course of an investigation or assessment for a child who is unsafe or conditionally safe.)

Services to prevent the placement of children in out-of-home care. Criteria are met when the Safety Assessment indicates the child is conditionally safe or not safe and the risk assessment indicates at least moderate risk. Candidacy must be re-determined every six months. Examples:

- **Assessing** the child and family, exploring underlying issues such as family violence or substance abuse.
- Identifying **family strengths and needs, resources and support** systems, including both informal and family safety planning meetings.

- Exploring **whether it is safe** the child to remain in the home or return home.
- Obtaining information about the **child and family history**, current status through interviews and direct observation.
- Developing goals, **case plans** or written service agreements.
- **Case plan reviews**
- **Referral** to or arrangement for services to prevent removal of a child from home.
- **Case management and supervision.**
- Routine contacts, other **monitoring**, and communication with parents, children, or other care providers on the status of the child, the case plan and goals for the child, including discussion of policies regarding daily behavior management or supervision, special activities, etc.
- Participating in **team meetings**, *including Act 264, CPT Meetings or FSP meetings for non-DCF clients, directed at preventing out of home care.*
- Arranging for **Interstate Compact** case actions.
- Planning and completing **related paperwork** or data.
- Any **court-related activity** related to a child who is or will be the subject of a juvenile court petition but is not in DCF custody.
- Identifying and **preparing a child** for out of home placement.

V – Case Management Related to Out-of-Home Placements (IV-E Case Management)

Services to children living in out-of-home care that does not fit under Code M. Code V is also appropriate for activity that is not directed to a particular child but primarily supports the FSD programs of out-of-home care, such as foster care recruitment. Examples:

- **Developing goals, case plans**, and written service agreements.
- Case plan reviews
- **Case management and supervision**
- **Referral** to services to enhance the possibility of a child's return home.
- Routine **supervisory contacts** with children and families.
- Reviewing or explaining to parents, children, or care providers the administrative procedures of the agency.
- Routine contacts, other **monitoring**, and communication with parents, children, foster parents, or other providers on the status of the child, the case plan and the goals for the child, including discussion of policies regarding daily behavior management or supervision, special activities, etc.
- Participating in **team meetings**, Act 264, FSP, permanency planning meetings etc.
- Arranging for **Interstate Compact** case actions.
- Planning and completing **paperwork** or data that relate to the above activities
- Conducting and **ICPC homestudy**.
- Travel associated with any of the above activities.

Also, juvenile court-related activity involving a child who is in DCF custody.

Examples:

- Appearing in **juvenile court hearing** or status conference.
- **Preparing for a court hearing** or status conference.
- Documenting **reasonable efforts** findings.
- Working with an AAG or prosecutor to **prepare a case** for court.
- Preparing or presenting affidavits, disposition case plans, supplemental **court reports**, etc.

O – Other Service Activity

Use Code L to record service activity that does not reflect any of the prior codes, including:

- Providing investigation/assessment/prevention services to in-home clients who are not considered at risk of out of home care because the safety assessment indicates that children are “safe”. *Do not use this code if the service meets the definition of Code M.*
- Direct therapeutic counseling to a child at risk, the child’s family, or substitute care providers aimed improving the child’s or family’s problems, behaviors or home conditions.

T – Child Welfare Training

Applies to certain training activities. Examples:

- Participation in training designed enhance skills to serve children in DCF custody, or who are at high risk for placement outside the home, including child abuse and neglect issues but **not** including specific training on child abuse investigations.
- Participation in training for foster, kinship or adoptive families.
- Preparation of curriculum materials and presentation of formal training to FSD staff, foster or adoptive parents, residential providers and other partners

G – General Administration

Time spent on duties not described above, including supervision, staff meetings, breaks, completing time reports and expense accounts, training not related to child welfare, ACT 264 meetings on families not currently served by FSD, etc.

L – Leave Time

Time spent on any leave, including annual, comp, sick, or other leave approved under the state employees contract.

Z – Invalid Responses (vacant position) – Administrator and Supervisor use only

Code Z indicates that the employee is not longer employed with the agency. This code should only be used by the RMS Administrator or a Supervisor.

N – Not working

FSD Matrix

Case Type	Case Code	Service Phase	RMTS Code	Funding
Child Safety Intervention	CA, CI, CJ	All activities before completion of Safety Assessment	I	TANF
		After safety assessment, if all children assessed as safe.		
		Activities directed to assist families/individuals to access medical, behavioral, social and educational services. Includes gathering information to inform comprehensive assessment, developing a safety plan, referrals, monitoring implementation of plan.	M	
		Other services that do not meet the definition above.	O	Split
		After safety assessment if a child is assessed as unsafe/conditionally safe		
		Activities directed to assist families/individuals to access medical, behavioral, social and educational services. Includes gathering information to inform comprehensive assessment, developing a safety plan, referrals, monitoring implementation of plan.	M	XIX
		Services to prevent placement of a child out of home.	P	IV-E
		If petition is necessary, any pre-custody activities, including identifying a placement and preparing the child.	P	IV-E
		Other services that do not meet the definition above.	O	
CHINS (C) or (D) Assessment	UY	Activities directed to assist families/individuals to access medical, behavioral, social and educational services. Includes gathering information to inform comprehensive assessment, developing a safety plan, referrals, monitoring implementation of plan.	M	XIX
		Services to prevent placement of a child out of home.	P	IV-E
		If petition is necessary, any pre-custody activities, including identifying a placement and preparing the child.	P	IV-E
		Other services that do not meet the definition above.	O	
Intact Family (includes child in custody living at home)	CF, DP, DYCS, US, DSCC, DC, UC (not in placement)	Activities directed to assist families/individuals to access medical, behavioral, social and educational services. Includes gathering information to inform comprehensive assessment, developing a safety plan, referrals, monitoring implementation of plan.	M	XIX
		Act 264, CSP, LIT, CPT, FSP, FGC or other meetings when directed at preventing out of home placement, or planning for appropriate out of home placement.	P	IV-E
		Services to prevent placement of a child out of home.	P	IV-E
		If petition is necessary, any pre-custody activities, including identifying a placement and preparing the child.	P	IV-E
		Court hearings and preparation for court (pre or non-custody)	P	IV-E
		Court hearings and preparation for court (custody)	V	IV-E
		ICPC Homestudy, referrals. ICJ activities.	P	IV-E
		Other services that do not meet the definition above.	O	Split
		Out of Home Placement	CC, UC, DC, VC	Activities directed to assist families/individuals to access medical, behavioral, social and educational services. Includes gathering information to inform comprehensive assessment, developing a case plan, referrals, monitoring implementation of plan.
Act 264, CSP, LIT, CPT, FSP, FGC or other planning meeting.	M/V			XIX
Developing case plans, case plan review.	V			IV-E

Case Type	Case Code	Service Phase	RMTS Code	Funding
		Case management and monitoring that does not fit under M.	V	IV-E
		Team meetings that do not fit under M.	V	IV-E
		All court-related activities, including preparation and report-writing.	V	IV-E
		ICPC /ICJ activities	V	IV-E
Case not open	n/a	Act 264, CSP, LIT, CPT, FSP, FGC or other meetings when directed at preventing out of home placement, or planning for appropriate out of home placement	P	IV-E
Training	n/a	Participating in, preparing for, or delivering training designed to enhance skills to serve children in DCF custody or at high risk of coming into custody. Includes training for foster parents.	T	IV-E
		Specific training on child abuse investigations/assessments.	G	Split
General Administration	n/a	Time receiving or providing supervision, staff meetings, breaks, completing time reports/expense accounts, short breaks.	G	Split
Leave Time	n/a	Any approved leave time.	L	Split
Not Working	n/a	Time spent on lunch break or before or after normal work hours, if not working.	N	n/a

FSD Procedures

**DEPARTMENT FOR CHILDREN AND FAMILIES
FAMILY SERVICES SAMPLING PLAN**

INTRODUCTION

The purpose of this document is to describe the time study that the Vermont Department for Children and Families (DCF) administers to allocate social worker and certain other expenses. This methodology was originally approved in 1/1998. The allocation procedures generate a statement of costs allocable to each activity performed by social workers.

SUMMARY OF METHOD

DCF conducts a continuous Random Moment Time Study (RMTS) of the Department's social workers doing related Family Services Program activities. These studies determine the proportion of worker time spent on various activities.

The Family Services time study is based on a sample that is representative of the work done by all Department social workers for each three month period of the year. Each sample is based on sufficient size to ensure meeting requirements at the 95 percent confidence level, with a precision level of 2 percent.

In each quarter there are approximately 60 working days.

SAMPLING SIZE AND OUTPUT

Approximately 150 Social Worker employees working in 12 district offices participate in the time study.

Standard State of Vermont business hours are 7:45a.m. to 4:30p.m. with a 45 minutes lunch break. Some of the staff work a "flexible schedule." Many also work occasional overtime. Because these flexible and overtime schedules vary both between the 12 district offices and over time, we will sample from 7:00 a.m. to 6:59 p.m. Monday through Friday. While this definition of the universe will, on rare instances, miss occasional overtime, it will cover the vast majority of time spent in a reasonable and representative manner. Because staff generally work only eight of the twelve hours in the universe, oversampling will be employed.

SAMPLING PROCEDURE

Simple random sampling (using utility of SCO UNIX computer operating system) will be employed over a three-month (62 workday) period. We select a sample size intended to yield +/- 2% precision at the 95% confidence level.

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

Where	N	=	Sample Size
	P	=	Anticipated Rate of Occurrence of the Activities Being Observed
	SE	=	Desired Sample Precision (e.g., .02, .03, etc.)
	T	=	Confidence Level Factor (1.96 for 95%)
	n	=	Size of universe

On the first day of each quarter, before the start of business, 3802 moments will be selected randomly (using SCO UNIX random number generator) from the universe of 4,330,080 and stored in a database table containing staff ID, date, and time of day.

During the quarter, on each day prior to the start of business, an e-mail form will be generated for each random moment and sent to the staff person associated with that moment. Staff will reply to this message entering a code indicating their activity at the designated moment. These e-mail replies will be parsed and inserted into database table using an automated SCO UNIX shell script.

DESCRIPTION OF SOCIAL WORKER ACTIVITIES

All definitions include travel time associated with the activity.

IV-E CASE MANAGEMENT includes:

Foster Care Recruitment and licensing: Recruiting, licensing and approving of foster, kinship and adoptive homes.

Administrative and Dispositional Reviews: Writing case plans, and participating in administrative and dispositional review meetings and hearings.

Permanency Planning: Preparing for and participating in permanency planning consultations with the Permanency Planning Consultant, Adoption Social Worker and/or Assistant Attorney General.

Supervised Visits: Supervision of visits between children in custody and their parents and/or other family members.

Court-related activities: Preparing for and participating in judicial hearings and status conferences. Preparing affidavits, petitions, court reports, and other court-related activities. Time spent in complying with all court-ordered or court-requested activities.

INVESTIGATION AND ASSESSMENT includes:

All activities related to determining whether a child welfare emergency exists, including:

- receiving and responding to reports of child abuse or neglect, delinquency or CHINS(C);
- providing immediate response to such reports, including home visits, on-site therapy and counseling;
- assessment of risk;
- arranging for services for the child and family during an investigation and assessment;
- collaborating with police, court and legal personnel and other agencies in protecting children;
- assessing whether a child can remain at home through reasonable efforts;
- developing alternatives to avoid the necessity of separation of the child from the family.

MEDICAID CASE MANAGEMENT INCLUDES:

- Assessment -- Assessment of a person to determine service needs by:
 - o taking a client history and identifying needs;
 - o gathering information from family members, medical providers, educators and others to form a complete assessment; and,
 - o related documentation.
- Developing a case plan.
- Monitoring case plan implementation, including:
 - o arranging for ongoing assessment;
 - o arranging for support services needed to maintain the child at home or in substitute care.
 - o referrals and related activities to help an individual to obtain needed services.
 - o arranging parent-child/family visits; arranging supervision of visits;
- Monitoring the progress towards goals by maintaining contact with the child, his/her family, and service providers through home visits, telephone contact and correspondence.

Case plan development: All activities associated with arranging and coordinating assessments, facilitating the development of the case plan. (Excludes time spent writing case plans and attending review meetings for children in custody, see IV-E Case Management.)

Case Supervision: Monitoring the implementation of the case plan, including:

- arranging for the ongoing assessment;
- arranging for support services specified in the case plan needed to maintain the child in his/her home or in substitute care. Arranging parent-child visits; arranging supervision of visits;
- monitoring the progress towards the goals of the case plan by maintaining contact with the child, his/her family, and service providers through home visits, telephone contact and correspondence.

Advocacy: Negotiating and coordinating otherwise inaccessible or unavailable health, mental health and educational services pursuant to the case plan.

Placement Activities: Facilitating the assessment of the child's placement needs, determining the availability of an appropriate placement, preparing the child and his/her family, coordinating and facilitating the placement.

THERAPEUTIC COUNSELING TO CHILDREN AND FAMILIES

Direct therapy to a child at risk, the child's family, or the child's substitute care providers aimed at improving the child's or family's problems, behaviors or home conditions.

ELIGIBILITY DETERMINATION

All activities directly necessary to determine and review eligibility for IV-E, Family Emergency Assistance and Medicaid, including determination of eligibility. Preparation of all forms and screens, processing of forms, documentation and verification of information.

CHILD WELFARE TRAINING

Time spent in or preparing for training related to child welfare issues, either as a participant or a trainer of other child welfare staff, foster or adoptive parents or contracted service providers. Includes training conducted by **SRS FSD** or other organization.

LEAVE TIME

Time spent on any kind of leave, including annual, compensatory, sick or other kinds of leave approved under the state employee's contract.

GENERAL ADMINISTRATION

Time spent on duties not described in any of the above categories, including time spent on breaks, in supervision, staff meetings, staff development days, time spent completing timers and contact notes, training not related to child welfare, treatment team meetings for families not currently served by **SRS FSD**, etc.

HAEU Activity Instructions – Annual submission of RMTS documentation

HAEU Matrix – Annual submission of RMTS documentation

HAEU Procedures – Annual submission of RMTS documentation; Updates in the current quarter

HAEU Activity Instructions

The random moment time study (RMTS) is a survey process that includes all the activities performed by the Economic Services Division (ESD), Health Access Eligibility and Enrollment Unit (HAEEU) workers within DVHA. The time study began on July 1, 2015. Participating staff are those who support multiple programs administered by DVHA in HAEEU. 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 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 vtdvhahaeu@pcgus.com or DVHA at AHS.DCFHAEUSupervisor@vermont.gov. 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.

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.

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 DVHA 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 DVHA case participant. This activity can be completed when the client is present or on the telephone. This activity should only be selected if the worker is physically performing these activities, or related administrative tasks, within the VHC or ACCESS system.

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

This activity should be selected when reviewing or responding to client’s comments and questions via phone or e-mail/helpdesk portal. This includes time spent researching and reviewing the client’s case, as well as researching policy regarding eligibility to make clear to the client what they qualify for. This activity can be completed when the client is

on the telephone, through e-mail, or through the VHC portal inbox. This activity should only be selected if the worker is physically performing these activities, or related administrative tasks, within the VHC or ACCESS system.

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

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

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

This activity involves responding to fair hearing requests, meeting with the client for pre-hearing conferences, attending administrative hearings, testifying at administrative hearings, attending an appeals case, or preparing pre-process or post-hearing paperwork or other documentation for any of these scenarios, including the 113 report. Meetings, phone calls, e-mails, filing, driving, mailing, contact with case managers, service requests, and other similar administrative tasks associated with this activity should also be coded here.

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

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

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

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

11. Phone-based Assistance to Fill Out Applications

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

12. Referring Customers to Navigators

This activity should be selected when referring a client to a navigator for additional assistance in learning about their health insurance options and select/enroll in a health insurance plan. Meetings, phone calls, 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 DVHA. 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 HAEEU. 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 HAEEU. This activity includes time spent working with Community Connections and Community Partners. Meetings, phone calls, e-mails, filing, driving, mailing, contact with case managers, service requests, and other similar administrative tasks associated with this activity should also be coded here.

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

Non-Case Specific Activity Codes

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

This activity should be used for trainings related to your job as a Vermont Healthcare Service Specialist (formerly HAEEU worker). These trainings can be on any specific program you support clients with. Examples include trainings on topics such as Siebel, ADA, ACCESS, Health Plan Selection, Customer Service, Eligibility Rules, Paper Application Processing, Wex, professional development trainings, 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.

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-HAEEU 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 HAEEU worker at DVHA. Examples may include performing a function for another state agency or working on non-human services activities in the event of a natural disaster.

Participants are required to provide a brief description of the activity being performed when this activity is chosen.

HAEU Matrix

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

HAEU Procedures

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 (HAEEU) 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 DVHA and other Departments within the Agency of Human Services (AHS) umbrella. Organizationally, HAEEU staff work within the Medicaid Policy, Fiscal & Support Services Division of DVHA.

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 DVHA HAEEU RMTS. It has been created to assist DVHA 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.

Operation

There is a single RMTS (with 2300 moments per quarter) operated for HAEEU workers. PCG provides the EasyRMTS™ system (via a web-hosted service), generates each quarterly sample, provides assistance to DVHA 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 DVHA. The following table displays the responsibilities of PCG and DVHA when it comes to RMTS administration.

Task	DVHA	PCG
Host EasyRMTS™ on Server		X
Provide DVHA 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

Task	DVHA	PCG
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 DVHA. 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 (HAEEU) workers.

HAEEU 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. HAEEU 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. HAEEU 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. HAEEU 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, DVHA 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 DVHA 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 DVHA 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 DVHA 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.

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.

DVHA 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 DVHA 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

DVHA 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%)

With the updated system, DVHA 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 ~~27~~ 24%):

$$N = \frac{.24 \del{27} (1 - .24 \del{27})}{(.02/1.96)^2} = \del{1,893} 1,752$$

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, DVHA will generate enough moments to still maintain 2,000 valid samples.

Please note that because the HAEEU 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.

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

Below are the non-case specific activity codes:

Non-Case Specific Activity Codes

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

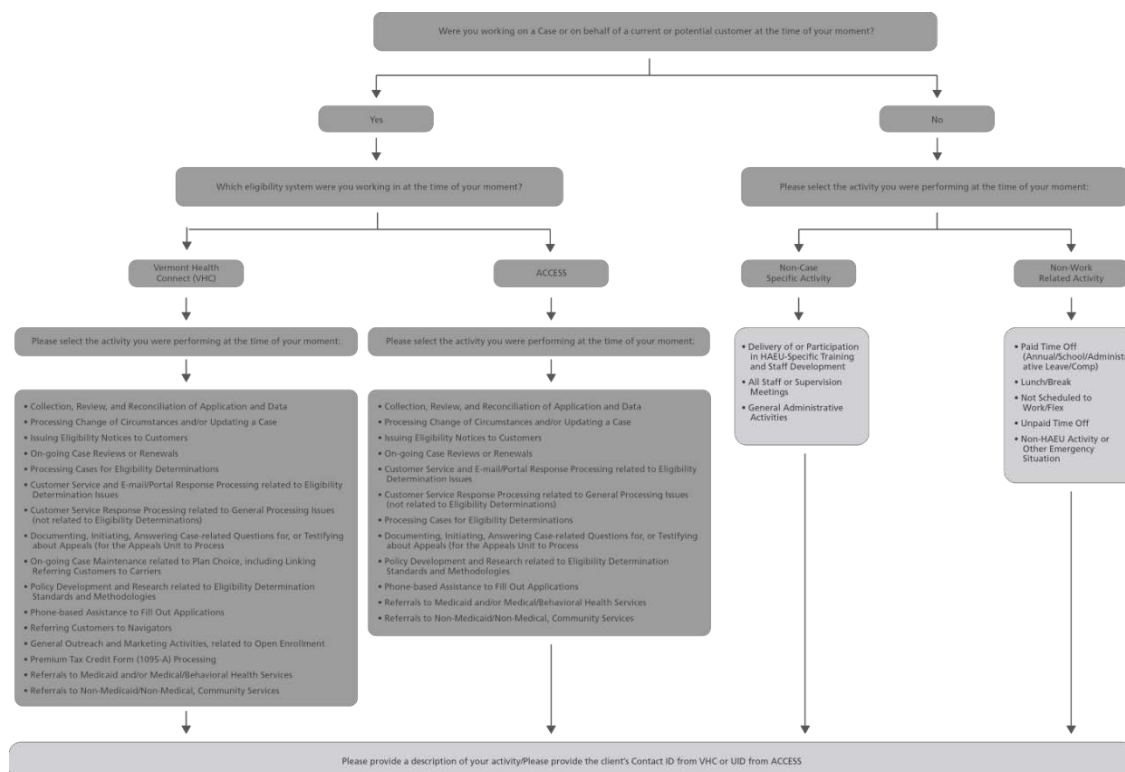
Below are the non-work related activity codes:

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-HAEEU 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.



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

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 HAEEU 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 HAEEU 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 18th day of the month (for moments that occurred in the first two weeks of the month) and 3rd 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.

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 DVHA to ensure the participants are using them appropriately. This information, along with other common participant errors recognized by DVHA, 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 HAEEU position at DVHA.
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

DVHA 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, DVHA 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, DVHA will determine how many moments were affected. DVHA 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 DVHA 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.

VDH Activity Instructions – Annual submission of RMTS documentation

VDH Procedures – Annual submission of RMTS documentation

VDH Activity Instructions

SCHOOL-BASED MEDICAID ADMINISTRATIVE CLAIMING (MAC) SERVICES

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SECTION I

INTRODUCTION

Supervisory Unions (SUs) are Local Educational Authorities (LEAs) that provide a range of health-related services to students on a daily basis to ensure their overall development. Some of the students served through school health programs are covered by Medicaid, a joint state and federal health care insurance program. Because Medicaid is funded at both the state and federal level, LEAs are eligible to be reimbursed for a portion of the costs associated with providing medical and administrative health services to students insured by Medicaid/Dr. Dynasaur. The Vermont Department of Health (VDH) is responsible for administering the Medicaid Administrative Claiming (MAC) program for the State of Vermont.

SUs provide two types of services that are eligible for Medicaid. They provide medical services (for example, occupational therapy, nursing or psychology services), and they also provide administrative services.

VDH determines reimbursable personnel costs for Medicaid administrative services through the following steps:

- (1) Accumulating personnel costs for those involved in administrative services.
- (2) Multiplying the costs by percentages of time spent on administrative services using a statewide Random Moment Time Study (RMTS); and
- (3) Multiplying the above by the relevant Medicaid eligibility percentages.

VDH uses a RMTS to determine percentages of staff time devoted to administrative services (step 2 above). This manual is intended to fully document the administration of the RMTS (Section II) and to provide guidance to SU personnel completing the RMTS (Section III). Section IV describes the MAC activity codes.

SECTION II

ADMINISTRATION OF THE RMTS

VDH has overall responsibility for the administration of the RMTS. VDH has contracted with the University of Massachusetts Medical School (UMASS) for the day to day administration of the RMTS. Each SU also has an assigned VDH School Liaison responsible for assisting with the administration of the RMTS in the SU, and working with the SU's Project Coordinator at the local level. Each SU that has signed a MAC agreement with VDH participates in the statewide RMTS.

RMTS Participants

All SU personnel to be included in the administrative services claim are required to participate in the RMTS, and will be included in the RMTS sampling pool.

Each SU participating in the MAC program must provide a list of personnel who provide Medicaid administrative activities at the beginning of the school year with quarterly updates. School personnel eligible to participate in the RMTS are based on the actual function that they perform rather than their job title.

There will be one statewide cost and RMTS pool for those personnel being claimed for administrative services. The information on these rosters will include the individual's name, job position, FTE, federally funded percentage, and ID number. Participants include salaried and contracted personnel, and full and part-time personnel. Staff are excluded from the cost pool and RMTS pool if they are reimbursed 100% by federal funds.

RMTS responses are aggregated across all SUs. Each SU will use the statewide RMTS time study results applied to each SU's costs, and each SU's reimbursable Medicaid Eligibility percentages.

A random sample of RMTS participants is asked to participate in the RMTS each quarter. All sampled time study participants who have not submitted their moment are contacted multiple times before the end of the grace period and reminded to complete the sampled moment. All coded responses are used in calculating the statewide time study percentages.

Minimum Response Rate and Non-Response Policy

To be sure the time study is completed properly, the VDH School Liaisons, Project Coordinators at the SU, and UMASS monitor response rates and provide assistance as needed, such as reminding individuals to complete the time study, and overall time study coordination.

If a RMTS participant has changed positions, and is no longer working in a position that is eligible to participate in the RMTS, or is on a leave of absence, any sampled moments for that participant would be excluded from the State's non-response rate calculation. Similarly, if a participant is no longer employed, or retired, their sampled moment(s) would also be excluded.

Except as stipulated in the paragraph above, the non-response rate includes any selected moments not completed by selected RMTS participants within five (5) school days. Responses not returned or not coded will not be included in the calculation of RMTS activity code percentages. If a RMTS participant submits an incomplete or contradictory response, UMASS coders will follow up to obtain additional information in order to code the response accurately.

If the statewide return rate does not reach 85% for a given quarter, all moments for which there is no response are treated as non-Medicaid activities. To ensure that enough moments are received to have a statistically valid sample, VDH will over-sample by 15%.

VDH will also monitor response rates by SU to ensure that all RMTS participants are returning moments. If a SU has non-returns greater than 15% in a quarter, VDH will send a notification letter.

If the statewide response rate does not reach 85% in a given quarter, School-Based Medicaid Providers who had received a notification letter within the last two years and whose response rate was lower than 85% in that quarter may be unable to claim reimbursement for that quarter. VDH reserves the right to grant exceptions to this rule on claiming prohibitions for

individual providers in instances of extreme unforeseen circumstances, such as a natural disaster, on a case-by-case basis. If a School-Based Medicaid Provider repeatedly has a response rate lower than 85%, VDH may impose sanctions. Possible sanctions may include, but are not limited to, conducting more frequent monitoring reviews, imposing a corrective action plan, and reducing or eliminating the providers claimed portion of the FFP distribution amount.

If the statewide response rate reaches or exceeds 85%, all non-responses will be discarded.

RMTS Moments

Each quarter, VDH will determine the dates that each SU will be in session based on individual SU calendars. All days including and through the end of the school year will be included in the potential days to be chosen for the RMTS, even if they do not correspond to the calendar or fiscal quarter end date.

The total pool of “moments” within the RMTS is represented by applying each school calendar and hours to potential RMTS participants eligible to participate in the RMTS for that SU. The total pool of moments for the quarter does not include weekends, holidays, hours during which employees are not scheduled to work, and school days in which students are not present (i.e. teacher in-service days).

Participants complete the time study for a randomly selected moment(s) during the three quarters that overlap with the school year. RMTS quarters are defined as:

- October – December
- January – March
- April – June

An average of the RMTS results from the prior three quarters is applied to the summer quarter, July-September. This approach aligns quarterly costs with quarterly time study results.

For the AAC claim for quarter ending 9/30/10 the average of the time study results for QEs 12/31/09, 3/31/10 and 6/30/10 will be used with the activity codes that are described in the July 2005 Time Study Manual for Administrative Activities.

Random Sampling of Moments/Participants

VDH uses a sampling methodology to achieve a level of precision of +/- 2% with a 95% confidence level for activities. Once compiled, the statewide time study pool is sampled to identify participants in the RMTS. The participant sample is selected from the statewide RMTS pool using a statistically valid random sampling technique. Using a statistically valid random sampling technique, a desired number of random moments is also selected. Each moment is for a specific one minute interval that is within school working hours. Next, each randomly selected moment is matched up, using a statistically valid random sampling technique, with an individual from the total pool of participants.

Each time the selection of a moment and the selection of a name occurs, both the moment and the name are returned to the overall sample pool to be available for selection again. In other words, the random selection process is done with replacement so that each moment and each person are available to be selected each time a selection occurs. This step guarantees the randomness of the selection process. Results from the power analysis indicate that 2,401 sampled moments are required for each quarter. VDH intends to oversample by 15% for a total of 2,761 moments. The statistician’s analysis with these results is included in section VI.

Each selected moment is defined as a specific one-minute unit of a specific day from the total pool of time study moments in the quarter and is assigned to a specific time study participant. Each moment selected from the pool is included in the time study and coded according to the documentation submitted by the participant.

Notify RMTS Participants about their Selected Moments and Monitor Responses

The RMTS participants are notified via email of their requirement to participate in the time study and of their sampled moment. Sampled participants will be notified of their sampled moment three days prior to the sampled moment, one hour prior to the sampled moment and at the sampled moment. At the prescribed moment, each sampled participant is asked to record and submit his/her activity for that particular moment online. The participant will also receive reminders two hours, 24 hours, 48 hours, 72 hours and 96 hours after the moment until the random moment is completed. The

participant will not have access to the moment after five school days have elapsed, and the moment will be considered “incomplete expired.”

VDH, UMASS, School Liaisons, and Project Coordinators will have access to reports that monitor the status of moments. Prior to calculating the time study results at the end of each quarter, UMASS will verify that at least 85% of the sampled moments have been completed.

Coding, Tabulating and Verifying RMTS Results

The time study will be completed online using a web-based system. All RMTS participants will see the same screens. The system will automatically code all responses when predefined answers are selected for all RMTS questions. For all the questions, the RMTS participant is free to write his/her own answer. Furthermore, the following instructions will be included on the screen, “Review the list of possible responses for each question. If the list does not contain an option that **accurately** describes your response to that question, use the box to type one that does. DO NOT include the proper names of students, parents, or co-workers.”

If the RMTS participant elects to type in his/her own answer for any question, UMASS will be responsible for coding the response. Coders at UMASS will see different screens than RMTS participants in the schools, so that they can review the answers, and select the appropriate MAC activity code. UMASS will follow up directly with RMTS participants whose responses do not provide enough information to code. Once the additional information is obtained, a code will be assigned. If additional information is not submitted, the moment will not be included in the calculation of the RMTS activity code percentages.

The online system has several features that assure that the RMTS is completed correctly. Predefined answers to each question are provided. RMTS participants may select from the list, or provide a written response if the provided lists of responses do not fully or accurately describe their activity. Respondents can select only one response for each question. Before the survey can be submitted online, the respondent must check a box that says, “I certify that this information is complete and accurate.” The VDH contractor (UMASS), the School Liaisons and the Project Coordinators can monitor the status of moments using online, real-time reports. The RMTS participant will also receive reminders two hours, 24 hours, 48 hours, 72 hours and 96 hours after the moment until the random moment is completed. The RMTS participant will not have access to the moment after five school days have elapsed, and the moment will be considered “incomplete expired.”

UMASS is responsible for tabulating the results from the online time studies. All coded responses are included in tabulating results.

Training

Three types of training will be conducted (1) School Liaison and Project Coordinator Training, (2) UMASS Coding Staff Training and (3) RMTS Participant Training. The following is an overview of each training type.

School Liaison and Project Coordinator Training

UMASS will provide initial training for the School Liaisons, which will include an overview of the RMTS software system and information on how to access and input information into the system. It is essential for the liaisons to understand the purpose of the RMTS, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program. VDH School Liaisons will provide the same training to the Project Coordinators at the SU level.

UMASS Coding Staff Training

Central Coders will be employed by UMASS. Each coder receives training by UMASS management staff. Coders review the documentation of RMTS participant activities performed during the selected moments. They will then determine the appropriate MAC activity code. Management staff review coded responses to ensure accuracy. When a RMTS participant chooses from the predefined answers, the coding will be completed systematically. If the RMTS participant writes a response to the RMTS questions, or chooses a combination of predefined answers that do not correspond to a MAC activity code, the central UMASS coder will manually select the appropriate MAC activity code. If the response provided is not sufficient to determine the appropriate MAC activity code, the central UMASS coder will contact the RMTS participant for additional information about the moment. Once the information is received, the moment will be

coded and included in the final time study percentage calculation. The moments and the assigned MAC codes will be reviewed for consistency and adherence to the state approved MAC activity codes.

UMASS/VDH will provide training to the central coding staff on an as-needed basis. On a quarterly basis, VDH will review a sample of the coding process and RMTS participant documentation for Quality Assurance. This is to assure the data submitted in the time study questionnaires support the code selected, and, therefore, show the coding process is valid and accurate. In addition to the quarterly review, at its discretion, VDH can review the completed coding and original RMTS documentation at any time throughout the claim process, or as needed for further review or audit purposes.

RMTS Participant Training

RMTS participants are trained on how to complete the RMTS through the use of online training instructions. Such instruction will include selecting answers from the list of predefined responses, drafting a written response, understanding the response deadline, and certifying and saving responses. Since RMTS participants will not be selecting MAC activity codes, the training will focus on program requirements and the completion of the RMTS survey. The sampled staff training will not include an overview of MAC activity codes since all coding will be completed by central UMASS coders.

Validation

UMASS will randomly select a 5% sample of coded responses which will be submitted to VDH each quarter for validation. The validation will consist of reviewing the RMTS participant responses and the corresponding code assigned by UMASS to determine if the code was accurate. VDH will review the results and independently code the activity and compare it to the MAC activity recorded by the coder. VDH will communicate validation results to UMASS, and will require them to submit a corrective action plan if there is a variance.

Oversight and Monitoring

VDH is responsible for oversight and monitoring of the RMTS program. In particular, VDH monitors the activities of its contractor (UMASS), and monitors the SUs. This includes training, data collection, and coding of responses.

1. VDH reviews and approves the process for identifying the population and the sampling methodology and results based on quarterly reports submitted by UMASS. UMASS will submit a population report before each quarter indicating the total population number by SU, and the sample size picked by UMASS. UMASS will submit a report before each quarter with the name of the sampled respondent, the SU, the job title, and the moment selected. UMASS will submit a report after the end of each quarter with the name of the sampled respondent, the SU, the job title, the moment selected, and the code assigned for that moment.
2. VDH reviews and approves all training materials. UMASS submits a quarterly report to VDH on training activities for the quarter.
3. VDH will review and approve system coding of predefined answers to activity codes.

Contact Information

EPSDT Program Chief
 Vermont Department of Health
 108 Cherry Street
 Burlington, Vermont 05402
 Phone (802) 863-7347
 Fax (802) 863-7229

University of Massachusetts Medical School
 Center for Health Care Financing
 333 South Street
 Shrewsbury, MA 01545
 Toll Free (800) 535-7641
 Fax (508) 856 7643
SchoolBasedClaiming@umassmed.edu

SECTION III

COMPLETING THE RMTS TIME STUDY

The purpose of Section III is to guide RMTS participants in completing the RMTS. For each randomly selected moment, the RMTS participant should select the answer which best answers the following questions:

- What were you doing?
- Who were you with? Please do not use actual names.
- Why were you performing this activity?
- In addition, sampled participants will certify the accuracy of their response prior to submission.

If none of the standard answers provided on the dropdown lists appropriately answer the question, the RMTS participant must provide a written response. The number of sampled moments must be completed within five school days after the sampled moment. Documentation of moments not received within the required time frame cannot be used in the calculation of the necessary number of moments needed to satisfy the level of precision of +/- 2% with a 95% confidence interval.

MAC Activity Codes

There is a code that will correspond with all functions performed by personnel completing the RMTS. It is important that time is tracked according to *the activity* being performed *rather than for whom* the activity is being performed (whether or not a student is on Medicaid is **not** relevant for the time study). The activities are segregated to identify reimbursable administrative time versus non-reimbursable time. The MAC activity codes will be used by UMASS to code the RMTS participant's responses. The following chart lists the activity codes used in the time study and indicates whether the activity code is Medicaid reimbursable administrative time or non-reimbursable time. These activity codes were adopted directly from the May 2003 CMS Administrative claiming guide. These MAC activity codes are mutually exclusive and ensure that there is no duplication. Activity codes are described in more detail in Section IV and examples are furnished.

CODE A Non-Medicaid/Dr. Dynasaur Outreach	
CODE B. Medicaid/Dr. Dynasaur Outreach	
CODE C. Facilitating Application for Non-Medicaid/Dr. Dynasaur Programs	
CODE D. Facilitating Medicaid/Dr. Dynasaur Eligibility Determination	
CODE E. School Related and Educational Activities	
CODE F. Direct Medical Services	
CODE G. Transportation for Non-Medicaid/Dr. Dynasaur Services	
CODE H. Transportation-Related Activities in Support of Medicaid/Dr. Dynasaur Covered Services	
CODE I. Non-Medicaid/Dr. Dynasaur Translation	
CODE J. Translation Related to Medicaid/Dr. Dynasaur Services	
CODE K. Program Planning, Policy Development, and Interagency	Coordination Related to Non-Medical Services
CODE L. Program Planning, Policy Development, and Interagency	Coordination Related to Medical Services
CODE M Non-Medical/Non-Medicaid/Dr. Dynasaur Related Training	
CODE N. Medical/Medicaid/Dr. Dynasaur Related Training	
CODE O. Referral, Coordination, and Monitoring of Non-Medicaid/Dr. Dynasaur Services	
CODE P. Referral, Coordination, and Monitoring of Medicaid/Dr. Dynasaur Services	
CODE Q. General Administration	

Using the Web-based RMTS

UMASS makes available to SUs, an easy-to-use, secure method of completing the RMTS that also complies with state and federal privacy guidelines, and eliminates the need for schools to maintain paper documentation.

Logging In

1. If you are logging in for the first time, you will receive an e-mail from Schoolbasedclaiming@umassmed.edu with your User ID, a temporary password, and a link to the website.

- Click on the link: <https://www.chcf.net/chcfweb/>
- Type in, or copy and paste, your temporary password. Click “OK”.
- You will be prompted to create a new, private password, made up of eight characters.

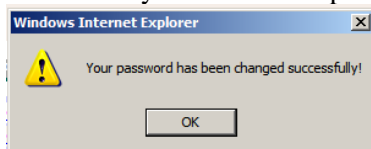
NOTE: Your password must be a combination of eight or more letters and numbers. It is case sensitive so the capital and lower-case letters that you choose must be used exactly as you indicate. Your password will expire every 90 days at which time the system will prompt you to create a new one.

- Your User ID, composed of parts of your last and first name, will appear in the User ID field.
- Verify the password by typing it in a second time.
- Click “Save”.

NOTE: The RMTS system is available 24 hours per day, 7 days per week.

NOTE: The project coordinator at the SU should verify with their information technology person for each of the school buildings, that the above web address, and emails from the address above are not filtered out, or blocked by security settings.

NOTE: You will also receive confirmation of your successful password change when logging in for the first time.



- If you have logged in before, log into the RMTS system with your current User ID and password. The User ID will be displayed automatically if the “Remember Me” box was previously clicked.
- The RMTS page will appear on your screen.

The screenshot shows the 'Random Moment Time Study' page. At the top, there is a header for the 'Center for Health Care Financing' and 'UMASS MEDICAL CENTER' with the tagline 'A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE'. The page title is 'SCHOOL-BASED MEDICAID PROGRAM'. A navigation bar includes 'My Profile | Home | Logoff' and 'State: VT School District: Demo S. U.'. The main content area is titled 'Random Moment Time Study' and contains a welcome message for Laura Vermont, explaining that she has been chosen to participate in the Vermont Medicaid Administrative Claiming Random Moment Time Study. It lists 'Active Moments' and 'Prior Moments' tabs. Under 'Active Moments', there are two links: 'Document your Activity for 07/19/2010 09:19 AM' and 'Document your Activity for 07/19/2010 12:54 PM'. A note explains that moments can be revised during a 5-day grace period. At the bottom, contact information is provided: 'For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call 1-800-535-6741 and press option 1.'

Explanation of RMTS Screen

1. In this screen, your name and SU appear in the heading. Review this information to make sure that it is correct.
2. Active Moments are any moments that are currently available to be completed and are within the allowable grace period.
3. Click on the moment to complete the RMTS survey.

NOTE: It is not possible to view future dates. Your moment will only appear AFTER the assigned time has passed. You do not need to complete the moment at the time it is assigned.

The screenshot shows the 'Active Moments' tab selected. The text reads: 'You have no active moments to complete at this time.' Below this, it says: 'If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.' A 'Please Note' section states: 'A prior moment may only be revised during the acceptable grace period for that moment. The Grace Period for completing or revising your activity is 5 day(s) from the Moment time.' A callout box at the bottom says: 'If you have completed all of your moments, have not been assigned a moment, or the time of your...'

Completing the RMTS

1. There are two ways to complete the RMTS survey:
 - a. Click on the "Answer the Question" link after each question and a list of predefined answers will appear. (See #1 in the screen print below.) Select the appropriate answer from the list by clicking on it.

SCHOOL-BASED MEDICAID PROGRAM

A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

Random Moment Time Study

Profile
 Participant : Laura Vermont Job Description : Nurse's Aide

Observation Moment : 07/19/2010 09:19 AM

* What were you doing? [Answer the Question](#)

* Who were you with? Please do not use actual names [Answer the Question](#)

* Why were you performing this activity ? [Answer the Question](#)

I certify that the answers submitted are accurate and complete.

- b. If none of the answers on the list are appropriate, type your possible responses for each question. If the list does not contain an option that accurately describes your activity, use the box to type one that does. DO NOT include the actual names of students, parents, or co-workers'. Click 'Save.'

Click on "Answer the Question" to get a list of responses

'Review the list of responses' **tely** describes your

[SERVICES \(OT, PT, SPEECH, AUDIOLOGY, PSYCH, NURSING\) UNDER THE SCOPE OF YOUR LICENSE](#)

[Providing OT, PT, Nursing, Speech, or Audiology services in the IEP to a student, provided under the scope of your license](#)

[Providing Psychological or Psychiatric services in the IEP to a student, provided under the scope of your license](#)

[Providing Personal Care services that are in the IEP](#)

[School closed due to inclement weather or other emergency](#)

[Training/professional development to improve/enhance the curriculum or educational instruction](#)

Review the list of possible responses for each question. If the list does not contain an option that accurately describes your activity, use the box to type one that does. DO NOT include the actual names of students, parents, or co-workers:

Then click "Save"

Use this text box to submit an answer that does not appear in the list of options

2. Repeat this process for all RMTS questions.

[Student\(s\)](#)
[Alone](#)
[School Staff](#)
[Parents/Guardians](#)
[School staff and parents/guardians](#)
[Students and School Staff](#)
[Not Applicable](#)
[Alone - telephone conversation](#)

Review the list of possible responses for each question. If the list does not contain an option that accurately describes your activity, use the box to type one that does. DO NOT include the actual names of students, parents, or co-workers:

Sample options for question #2. "Who were

3. The selected answers will appear below the question.

Random Moment Time Study

Profile
 Participant : Laura Vermont Job Description : Nurse's Aide

Observation Moment : 07/19/2010 09:19 AM

* What were you doing? [Answer the Question](#)
 First aid to students

* Who were you with? Please do not use actual names [Answer the Question](#)
 Parents/Guardians

* Why were you performing this activity ? [Answer the Question](#)

I certify that the answers submitted are accurate and complete.

Selected answers for an incomplete moment

4. Review your answers and click the box next to 'I certify that the answers submitted are accurate and complete.' Click 'Submit' to save.

Observation Moment : 07/19/2010 09:19 AM

* What were you doing? [Answer the Question](#)
 First aid to students

* Who were you with? Please do not use actual names [Answer the Question](#)
 Parents/Guardians

* Why were you performing this activity ? [Answer the Question](#)
 Supervising Staff

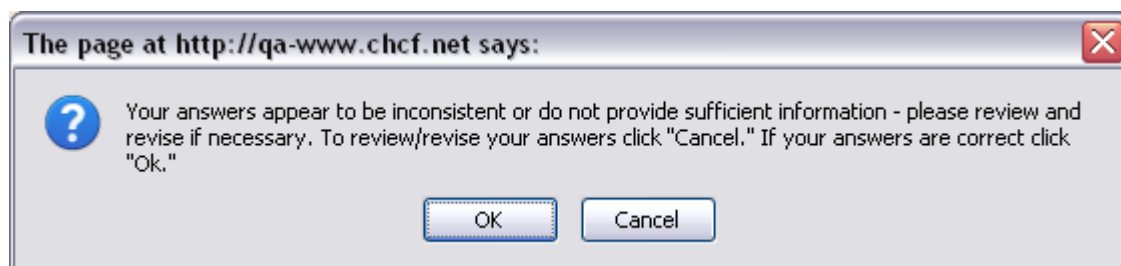
I certify that the answers submitted are accurate and complete.

Check the box to certify your

Then click

- If the answers you have chosen do not fit together, the system will ask you again if your answers are correct. At this point you can submit your answers the way they are, or review your moment.

NOTE: If you manually type an answer for any of the three questions, you will receive this prompt.



- Clicking 'Close' will move you away from this screen without saving the data.

NOTE: After one hour of inactivity, the system will log out and any answers not previously submitted will be lost.

Random Moment Time Study

Welcome Laura Vermont, You have been chosen to participate in the Vermont Me
are listed below. They will remain active for 5 school
participation!

Thank You for documenting your activity.

Active Moments

Prior Moments

Document your Activity for 07/19/2010 12:54 PM

If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.

Please Note: A prior moment may only be revised during the acceptable grace period for that moment. The Grace Period for completing or revising your activity is 5 day(s) from the Moment time.

Once your moment is submitted, the system will thank you for your participation and your completed moment will no longer appear on the "Active Moments" list

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call

Once a moment is completed by clicking the "submit" button, it is automatically moved to the "Prior Moments" screen.

- Click on 'Prior Moments.' You will see a list of moments.

Active Moments

Prior Moments

Prior Moments may be revised only if they fall within the acceptable grace period for that moment. If you need to revise your moment during the grace period, please click on the applicable moment time below, revise your answers and resave your moment.

07/19/2010 09:19 AM

- Click on the date and minute to review the answers submitted.
- Click on “Answer the Question” to edit your answer.

Observation Moment : 07/19/2010 09:19 AM

* What were you doing? [Answer the Question](#)
First aid to students

* Who were you with? Please do not use actual names [Answer the Question](#)
Student(s)

* Why were you performing this activity ? [Answer the Question](#)
To correct or ameliorate a medical condition

I certify that the answers submitted are accurate and complete.

- Select a new answer or type in an answer in the ‘Other’ box. If you type an answer in the text box, you will need to click “Save.”

Observation Moment : 07/19/2010 12:54 PM

* What were you doing? [Answer the Question](#)
I performing an activity.

* Who were you with? Please do not use actual names [Answer the Question](#)
I was with someone.

* Why were you performing this activity ? [Answer the Question](#)
I was doing this because...

I certify that the answers submitted are accurate and complete.

Sample of user typed

- You will be returned to the Prior Moments screen.

NOTE: Answers can only be edited prior to the end of the grace period.

SECTION IV – MAC ACTIVITY CODES AND EXAMPLES

CODE A. NON-MEDICAID/DR. DYNASAUR OUTREACH

This code should be used for activities that inform individuals about their eligibility for non-Medicaid/Dr. Dynasaur social, vocational and educational programs (including special education) and how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Informing families about wellness programs and how to access these programs.
2. Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices.
3. Conducting general health education programs or campaigns that address life-style changes in the general population (e.g., dental prevention, anti-smoking, alcohol reduction, etc.).
4. Conducting outreach campaigns that encourage persons to access social, educational, legal or other services not covered by Medicaid/Dr. Dynasaur.
5. Assisting in early identification of children with special medical/dental/mental health needs through various child find activities.
6. Outreach activities in support of programs that are 100 percent funded by state general revenue.
7. Developing outreach materials such as brochures or handbooks for these programs.
8. Distributing outreach materials regarding the benefits and availability of these programs.

CODE B. MEDICAID/DR. DYNASAUR OUTREACH

This code should be used for activities that inform eligible or potentially eligible individuals about Medicaid/Dr. Dynasaur and how to access the program. Such activities include bringing potential eligibles into the Medicaid/Dr. Dynasaur system for the purpose of the eligibility process. Outreach may only be conducted for the populations served by the school districts, i.e., students and their parents or guardians.

The following are examples of activities that are considered Medicaid/Dr. Dynasaur outreach:

1. Informing Medicaid/Dr. Dynasaur eligible and potential Medicaid/Dr. Dynasaur eligible children and families about the benefits and availability of services provided by Medicaid/Dr. Dynasaur (including preventive treatment, and screening) including services provided through the EPSDT program.
2. Developing and/or compiling materials to inform individuals about the Medicaid/Dr. Dynasaur program (including EPSDT) and how and where to obtain those benefits. Note: This activity should not be used when Medicaid/Dr. Dynasaur -related materials are already available to the schools (such as through the Medicaid//Dr. Dynasaur appropriate, school developed outreach materials should have prior approval of the Medicaid agency.
3. Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid/Dr. Dynasaur program, including EPSDT.
4. Assisting the Medicaid/Dr. Dynasaur agency to fulfill the outreach objectives of the Medicaid/Dr. Dynasaur program by informing individuals, students and their families about health resources available through the Medicaid program.
5. Providing information about Medicaid/Dr. Dynasaur, EPSDT screening (e.g., dental, vision) in schools that will help identify medical conditions that can be corrected or improved by services offered through the Medicaid program.
6. Contacting pregnant and parenting teenagers about the availability of Medicaid/Dr. Dynasaur prenatal, and well baby care programs and services.
7. Providing information regarding Medicaid/Dr. Dynasaur managed care programs and health plans to individuals and families and how to access that system.
8. Encouraging families to access medical/dental/mental health services provided by the Medicaid/Dr. Dynasaur program.

CODE C. FACILITATING APPLICATION FOR NON-MEDICAID/DR. DYNASAUR PROGRAMS

This code should be used for activities which inform an individual or family about programs such as Temporary Assistance for Needy Families (TANF), Food Stamps, Women, Infants, and Children (WIC), day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application.

1. Explaining the eligibility process for non-Medicaid/Dr. Dynasaur programs, including IDEA.
2. Assisting the individual or family collect/gather information and documents for the non-Medicaid/Dr. Dynasaur program application.

3. Assisting the individual or family in completing the application, including necessary translation activities.
4. Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program.
5. Developing and verifying initial and continuing eligibility for non-Medicaid/Dr. Dynasaur programs.
6. Providing necessary forms and packaging all forms in preparation for the non-Medicaid/Dr. Dynasaur eligibility determination.

CODE D. FACILITATING MEDICAID/DR. DYNASAUR ELIGIBILITY DETERMINATION

This code should be used for activities which assist individuals in the Medicaid/Dr. Dynasaur eligibility process. Include related paperwork, clerical activities, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility.

1. Verifying an individual's current Medicaid/Dr. Dynasaur eligibility status for purposes of the Medicaid/Dr. Dynasaur eligibility process.
2. Explaining Medicaid/Dr. Dynasaur eligibility rules and the Medicaid eligibility process to prospective applicants.
3. Assisting individuals or families to complete a Medicaid/Dr. Dynasaur eligibility application.
4. Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid/Dr. Dynasaur application.
5. Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
6. Referring an individual or family to the local Assistance Office to make application for Medicaid benefits.
7. Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application.
8. Participating as a Medicaid eligibility outreach outstation, but does not include determining eligibility.

CODE E. SCHOOL-RELATED AND EDUCATIONAL ACTIVITIES

This code should be used for school-related activities, including social services, educational services, teaching services, employment and job training, and other activities that are not Medicaid-related. These activities include the development, coordination, and monitoring of a student's education plan. Include related paperwork, clerical activities, or staff travel required to perform these activities.

1. Providing classroom instruction (including lesson planning).
2. Testing, correcting papers.
3. Developing, coordinating, and monitoring the Individualized Education Program (IEP) for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the actual IEP meetings with the parents. (If appropriate, this would also refer to the same activities performed in support of an Individualized Family Service Plan (IFSP).)
4. Compiling attendance reports.
5. Performing activities that are specific to instructional, curriculum, and student-focused areas.
6. Reviewing the education record for students who are new to the school district.
7. Providing general supervision of students (e.g., playground, lunchroom).
8. Monitoring student academic achievement.
9. Providing individualized instruction (e.g., math concepts) to a special education student.
10. Conducting external relations related to school educational issues/matters.
11. Compiling report cards.
12. Carrying out discipline.
13. Performing clerical activities specific to instructional or curriculum areas.
14. Activities related to the educational aspects of meeting immunization requirements for school attendance.
15. Compiling, preparing, and reviewing reports on textbooks or attendance.
16. Enrolling new students or obtaining registration information.
17. Conferencing with students or parents about discipline, academic matters or other school related issues.
18. Evaluating curriculum and instructional services, policies, and procedures.
19. Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction).
20. Translating an academic test for a student.

CODE F. DIRECT MEDICAL SERVICES

This code should be used when RMTS participants are providing care, treatment, and/or counseling services to an individual. This code also includes administrative activities that are an integral part of or extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, parent consultations, billing activities). This code also includes all related paperwork, clerical activities, or staff travel required to perform these activities.

1. Providing health/mental health services contained in an IEP.
2. Medical/health assessment and evaluation as part of the development of an IEP.
3. Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports.
4. Providing personal aide services.
5. Providing speech, occupational, physical and other therapies.
6. Administering first aid, or prescribed injection or medication to a student.
7. Providing direct clinical/treatment services.
8. Performing developmental assessments.
9. Providing counseling services to treat health, mental health, or substance abuse conditions.
10. Developing a treatment plan (medical plan of care) for a student if provided as a medical service.
11. Performing routine or mandated child health screens including but not limited to vision, hearing, dental, and EPSDT screens.
12. Providing immunizations.
13. Targeted Case Management (if provided or covered as a medical service under Medicaid).
14. Transportation (if covered as a medical service under Medicaid). See Code H on claiming for transportation as an administrative cost.
15. Activities that are services, or components of services, listed in the state's Medicaid plan.

CODE G. TRANSPORTATION FOR NON-MEDICAID/DR. DYNASAUR SERVICES

This code should be used when RMTS participants are assisting an individual to obtain transportation to services not covered by Medicaid/Dr. Dynasaur, or accompanying the individual to services not covered by Medicaid/Dr. Dynasaur. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Scheduling or arranging transportation to social, vocational, and/or educational programs and activities.

CODE H. TRANSPORTATION-RELATED ACTIVITIES IN SUPPORT OF MEDICAID/DR. DYNASAUR COVERED SERVICES

This code should be used when RMTS participants are assisting an individual to obtain transportation to services covered by Medicaid/Dr. Dynasaur. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Scheduling or arranging transportation to Medicaid covered services.

CODE I. NON-MEDICAID/DR. DYNASAUR TRANSLATION

This code should be used when RMTS participants are providing translation services for non-Medicaid/Dr. Dynasaur activities should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities. Non-Medicaid/Dr. Dynasaur translation can be reported in two ways: As a separate non-Medicaid/Dr. Dynasaur code (Code I.) or as an example within one or more non-Medicaid/Dr. Dynasaur activity codes.

1. Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand social, educational, and vocational services.
2. Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand state education or state-mandated health screenings (e.g., vision, hearing, scoliosis) and general health education outreach campaigns intended for the student population.
3. Developing translation materials that assist individuals to access and understand social, educational, and vocational services.

CODE J. TRANSLATION RELATED TO MEDICAID/DR. DYNASAUR SERVICES

Translation may be allowable as an administrative activity, if it is not included and paid for as part of a medical assistance service. However, translation must be provided either by separate units or separate employees performing solely translation functions for the school and it must facilitate access to Medicaid/Dr. Dynasaur covered services. Please note that a school district does not need to have a separate administrative claiming unit for translation. School employees who provide Medicaid/Dr. Dynasaur translation services should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities. Medicaid/Dr. Dynasaur translation can be reported in two ways: As a separate Medicaid code (Code J) or as an example within one or more Medicaid/Dr. Dynasaur activity codes.

1. Arranging for or providing translation services (oral and signing) that assist the individual to access and understand necessary care or treatment covered by Medicaid/Dr. Dynasaur.
2. Developing translation materials that assist individuals to access and understand necessary care or treatment covered by Medicaid/Dr. Dynasaur.

CODE K. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDICAL SERVICES

This code should be used when RMTS participants are performing activities associated with developing strategies to improve the coordination and delivery of non-medical services to school age children. Non-medical services may include social services, educational services, vocational services, and state or state education mandated child health screenings provided to the general school population. Employees whose position descriptions include program planning, policy development, and interagency coordination may use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Identifying gaps or duplication of non-medical services (e.g., social, vocational educational and state mandated general health care programs) to school age children and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity of non-medical school programs.
3. Monitoring the non-medical delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
5. Evaluating the need for non-medical services in relation to specific populations or geographic areas.
6. Analyzing non-medical data related to a specific program, population, or geographic area.
7. Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical problems.
8. Defining the relationship of each agency's non-medical services to one another.
9. Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services and state-mandated health screenings to the school populations.
10. Developing non-medical referral sources.
11. Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.

CODE L. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDICAL SERVICES

This code should be used when RMTS participants are performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to school age children, and when performing collaborative activities with other agencies and/or providers. Employees whose position descriptions include program planning, policy development, and interagency coordination may use this code. This code refers to activities such as planning and developing procedures to track requests for services; the actual tracking of requests for Medicaid/Dr. Dynasaur services would be coded under Code P, Referral, Coordination and Monitoring of Medical Services. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Identifying gaps or duplication of medical/dental/mental services to school age children and developing strategies to improve the delivery and coordination of these services.

2. Developing strategies to assess or increase the capacity of school medical/dental/mental health programs.
3. Monitoring the medical/dental/mental health delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with medical/dental/mental services and providers, including Medicaid/Dr. Dynasaur. (This does not include the actual tracking of requests for Medicaid services.)
5. Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
6. Analyzing Medicaid/Dr. Dynasaur data related to a specific program, population, or geographic area.
7. Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid/Dr. Dynasaur eligibles, and to increase provider participation and improve provider relations.
8. Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems.
9. Developing strategies to assess or increase the cost effectiveness of school medical/dental/mental health programs.
10. Defining the relationship of each agency's Medicaid/Dr. Dynasaur services to one another.
11. Working with Medicaid resources, such as the Medicaid/Dr. Dynasaur agency and Medicaid/Dr. Dynasaur managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships.
12. Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.
13. Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
14. Developing medical referral sources such as directories of Medicaid providers and managed care plans, who will provide services to targeted population groups, e.g., EPSDT children.
15. Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.
16. Evaluating Vermont School Nurse Report data, Immunization Status Report data, Youth Risk Behavior Survey data, Youth Health Survey data, etc. to determine needs for increased program development or to improve accessing medical or dental homes.

CODE M. NON-MEDICAL/NON-MEDICAID/DR. DYNASAUR RELATED TRAINING

This code should be used when RMTS participants are coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the Medicaid program. For example, training may include how to assist families to access the services of education programs, and how to more effectively refer students for those services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Non-medical/non-Medicaid training can be reported in two ways: As a separate code (Code M) or as an example within one or more non-medical/non-Medicaid activity codes.

1. Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.
2. Participating in or coordinating training that enhances IDEA child find programs.

CODE N. MEDICAL/MEDICAID/DR. DYNASAUR RELATED TRAINING

This code should be used when RMTS participants are coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer students for services. Include related paperwork, clerical activities, or staff travel required to perform these activities. Medical/Medicaid training can be reported in two ways: As a separate code (Code N) or as an example within one or more Medical/Medicaid activity codes.

1. Participating in or coordinating training that improves the delivery of medical/Medicaid/Dr. Dynasaur related services.
2. Participating in or coordinating training that enhances early identification, intervention, screening and referral of students with special health needs to such services (e.g., Medicaid/Dr. Dynasaur EPSDT services). (This is distinguished from IDEA child find programs.)
3. Participating in training on administrative requirements related to medical/Medicaid/Dr. Dynasaur services.

CODE O. REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAID/DR. DYNASAUR SERVICES

This code should be used when RMTS participants are making referrals for, coordinating, and/or monitoring the delivery of non-medical, such as educational services. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Making referrals for and coordinating access to social and educational services such as child care, employment, job training, and housing.
2. Making referrals for, coordinating, and/or monitoring the delivery of state education agency mandated child health screens (e.g., vision, hearing, scoliosis).
3. Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
4. Gathering any information that may be required in advance of these non-Medicaid related referrals.
5. Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid.
6. Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

Case Management. Note that case management as an administrative activity involves the facilitation of access and coordination of program services. Such activities may be provided under the term Case Management or may also be referred to as Referral, Coordination, and Monitoring of non-Medicaid Services.

Case management may also be provided as an integral part of the service and would be included in the service cost. School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of NON-Medicaid covered services.

CODE P. REFERRAL, COORDINATION, AND MONITORING OF MEDICAID/DR. DYNASAUR SERVICES

This code should be used when RMTS participants are making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid/Dr. Dinosaur covered) services. Referral, coordination and monitoring activities related to services in an IEP are reported in this code. Activities that are part of a direct service are not claimable as an administrative activity. Furthermore, **activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code F, Direct Medical Services.** Activities related to the development of an IEP should be reported under Code E, School Related and Educational Activities. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

1. Identifying and referring adolescents who may be in need of Medicaid family planning services.
2. Making referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations.
3. Making referrals for and/or scheduling EPSDT screens, inter-periodic screens, and appropriate immunization, but NOT to include the state-mandated health services.
4. Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid/Dr. Dinosaur.
5. Arranging for any Medicaid/Dr. Dinosaur covered medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
6. Gathering any information that may be required in advance of medical/dental/mental health referrals.
7. Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid/Dr. Dinosaur.
8. Providing follow-up contact to ensure that a child has received the prescribed medical/dental/mental health services covered by Medicaid/Dr. Dinosaur.
9. Coordinating the delivery of community based medical/dental/mental health services for a child with special/severe health care needs.
10. Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid/Dr. Dinosaur service providers as may be required to provide continuity of care.
11. Providing information to other staff on the child's related medical/dental/mental health services and plans.
12. Monitoring and evaluating the Medicaid/Dr. Dinosaur service components of the IEP as appropriate.
13. Coordinating medical/dental/mental health service provision with managed care plans as appropriate.

Case Management. Note that case management as an administrative activity involves the facilitation of access and coordination of services covered under the state's Medicaid/Dr. Dynasaur program. Such activities may be provided under the term Administrative Case Management or may also be referred to as Referral, Coordination, and Monitoring of Medicaid Services.

Case management may also be provided as an integral part of a medical service and would be included in the service cost. The state may also cover targeted case management as an optional service under Medicaid/Dr. Dynasaur.

School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of Medicaid/Dr. Dynasaur covered services. Include related paperwork, clerical activities or staff travel required to perform these activities.

CODE Q. GENERAL ADMINISTRATION

This code should be used when RMTS participants are performing activities that are not directly assignable to program activities. Include related paperwork, clerical activities, or staff travel required to perform these activities. Note that certain functions, such as payroll, maintaining inventories, developing budgets, executive direction, etc., are considered overhead and, therefore, are only allowable through the application of an approved indirect cost rate.

Below are typical examples of general administrative activities, but they are not all inclusive.

1. Taking lunch, breaks, leave, or other paid time not at work.
2. Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
3. Reviewing school or district procedures and rules.
4. Attending or facilitating school or unit staff meetings, training, or board meetings.
5. Performing administrative or clerical activities related to general building or district functions or operations.
6. Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.
7. Reviewing technical literature and research articles.
8. Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity
9. Data entry for Vermont School Nurse Report and Immunization Status Report

SECTION V TIME STUDY PARTICIPANTS

Speech/Language Therapist, Assistant or Aide
Occupational Therapist, Assistant or Aide
Physical Therapist Assistant or Aide
School Psychologist
Psychologist
Registered Nurse
Licensed Practical Nurse
Nurse's Aide
Audiologist/Hearing Impaired Specialist
Psychiatrist/Physician
Case Manager
School Adjustment Counselor
School Social Worker
Guidance Counselor
Certified Alcohol Counselors
Student Assistance Professionals (SAPS)
Home School Coordinators
Counselor/Mental Health Practitioner
Substance Abuse Workers
Project Coordinator
Dentist, Dental Hygienist
Special Education Director, Administrators/Assistants
Special Education clerical and technical support Personnel
Pupil Support Services Director, Administrators/Assistants
Pupil Support Services clerical and technical support Personnel
Health Coordinators
Nursing Director, Administrators/Assistants
Nursing clerical and technical support Personnel
Director of Guidance

NOTE School personnel eligible to participate in this program are based on the actual job function that they perform, not on their job title. Individuals who are expected to perform Medicaid related administrative activities should participate in the time study.

SECTION VI RESULTS OF POWER ANALYSIS

VDH will use the following statistical calculation to determine the number of moments required to meet the confidence level statewide. Computations are made using the statistical power analysis program nQuery Advisor 6.0 and are based on the tables by Machin and Campbell, which in turn were generated using the normal approximation to the binomial as described on pages 105-107 in Dixon and Massey. The expression for the sample size n is:

$$n = \left(\frac{Z_{1-\frac{\alpha}{2}}}{\omega} \right)^2 [\pi(1-\pi)]$$

where ω is the desired $1-\alpha$ interval width, $1-\alpha$ is assumed to be 95%, and π is the assumed true population proportion. The finite population adjusted sample size n_F is obtained by applying a finite population correction:

$$n_F = \frac{nN}{N-n}$$

VDH Procedures

SCHOOL-BASED MEDICAID ADMINISTRATIVE CLAIMING (MAC) SERVICES

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Overview

The School-Based Medicaid program allows School-Based Medicaid Providers to seek federal reimbursement through the Medicaid/Dr. Dynasaur program. The School-Based Medicaid program consists of two components – Direct Services Claiming (DSC) and Medicaid Administrative Claiming (MAC). Through MAC, School-Based Medicaid Providers may be reimbursed for participating in activities that support the administration of the State’s Medicaid program.

The Random Moment Time Study (RMTS) process identifies the portion of time that staff and contracted employees of each Supervisory Union (SU) spend performing reimbursable tasks under the School-Based Medicaid program. The results of the time study are used in the Medicaid Administrative Claim (MAC) for each SU. This RMTS Implementation Guide describes the steps SU’s must take as part of the RMTS process.

The Vermont Department of Health (VDH) has overall responsibility for the administration of the RMTS, but has contracted with the University of Massachusetts Medical School (UMASS) for the day-to-day administration of the RMTS. Each SU also must designate a local Project Coordinator who is responsible for coordinating the RMTS process for that SU.

VDH Central Office Staff

The oversight body for the MAC program is located at the VDH central office, and is administered by the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services program within the Division of Maternal and Child Health. The EPSDT Program Chief and designated staff are responsible for managing their MAC contract with their vendor (UMASS), working with the vendor on program oversight and development, review and approval of related manuals and training materials, processing MAC reimbursement to SUs, and developing and processing MAC agreements with SUs. VDH central office staff will work with supporting VDH personnel to assure proper administration and oversight of the MAC program at the local level (VDH School Liaisons). The EPSDT Program will work closely with UMASS and Center for Medicaid/Medicare Services (CMS) School-Based Claiming personnel to adhere to CMS guidelines for proper administration of the MAC program in the state of Vermont.

VDH School Liaisons

The VDH School Liaisons are located at each of the 12 VDH Office of Local Health district offices located throughout the state. Each district office is responsible for working with specific SUs. The Liaisons establish relationships and build rapport with the schools located in these SUs through their day to day interactions related to various public health programs and initiatives, coordinated school health work, other EPSDT-related work, as well as the MAC program specifically. Their programmatic role is supported by the guidance from the EPSDT program, located in the VDH central office in the Division of Maternal and Child Health. Central office personnel assure that the Liaisons have the knowledge and training necessary for proper implementation of the MAC program at the local level. The Liaisons then become the programmatic support persons for each of the SUs.

VDH School Liaisons will work closely with the project coordinators and SU staff responsible for all necessary rosters, calendars, and salary and fringe benefit information. The Liaisons provide assurance that the project coordinators and business office staff have appropriate knowledge of the program, supporting manuals and training materials, the required documentation and reports, as well as the timeline for when all items must be addressed or completed and submitted to the MAC vendor or VDH. The Liaisons are the primary contacts and the conduits for communications to and from the SUs, including information from VDH central office personnel. The Liaisons will be the SU’s contact person for questions, but if the SUs have questions beyond the Liaison’s knowledge base, the Liaison will contact central office for the information, and relay the answers and any supporting materials back to the SU. A constant and open line of communication between central office and the School Liaisons is essential for coordination and proper implementation of the MAC program.

SU Project Coordinators

Each SU will identify a Project Coordinator who is familiar with preventive health services and the school’s Coordinated School Health Program. The Project Coordinator will oversee the operation of the MAC agreement (between VDH and the SU), at the SU and work in a collaborative manner with their VDH district office to achieve EPSDT objectives. The Project Coordinator will work closely with the VDH School Liaisons, as well as all appropriate SU business office

personnel, to assure that all appropriate staff are trained and participating in the MAC processes, that all required information and paperwork is submitted to either the MAC vendor or VDH as appropriate, and to assure that the SU is taking the necessary steps to achieve at least 85% compliance with the RMTS, as discussed below.

Section I. Collection of Time Study Moments

The Vermont School-Based Medicaid program will use a Random Moment Time Study (RMTS) to collect the statewide time study data required for the MAC claims. To administer the RMTS, VDH will first identify individuals from all participating SUs who are eligible to participate in the time study. The State will then randomly select individuals to complete the time study. The number of individuals selected will be based on the number of moments needed to ensure a statistically valid statewide time study sample. The VDH will ensure an appropriate response rate both by encouraging individuals to complete a time study on their requested moment and by oversampling.

A. *Identify individuals to be included in cost pool*

Step 1: VDH will identify individuals to be included in the statewide cost pool using information supplied by the SUs. SUs will identify the personnel who are eligible to participate in the time study, based on the actual job function that they perform, not on their job title. Individuals who are expected to perform Medicaid-related administrative activities should participate in the time study. Staff are excluded from the cost pool if they are reimbursed 100% by Federal funds.

The following list contains individuals who participate in the RMTS.

- Speech/Language Therapist, Assistant or Aide
- Occupational Therapist, Assistant or Aide
- Physical Therapist Assistant or Aide
- School Psychologist
- Psychologist
- Registered Nurse
- Licensed Practical Nurse
- Nurse's Aide
- Audiologist/Hearing Impaired Specialist
- Psychiatrist/Physician
- Case Manager
- School Adjustment Counselor
- School Social Worker
- Guidance Counselor
- Certified Alcohol Counselor
- Student Assistance Professional (SAPS)
- Home School Coordinator
- Counselor/Mental Health Practitioner
- Substance Abuse Worker
- Project Coordinator
- Dentist, Dental Hygienist
- Special Education Director, Administrators/Assistant
- Special Education clerical and technical support Personnel
- Pupil Support Services Director, Administrators/Assistant
- Pupil Support Services clerical and technical support Personnel
- Health Coordinator
- Nursing Director, Administrators/Assistant
- Nursing clerical and technical support Personnel
- Director of Guidance

Step 2: For initial program implementation, each SU Project Coordinator will complete the RMTS participant template. SUs that enroll as providers subsequent to the initial implementation of the RMTS will also complete the RMTS participant template. On an ongoing basis, UMASS will send a list of participants for upcoming time studies to each SU's Project Coordinator 45 days before the start of each quarter. Each Project Coordinator should update the list of current participants and return it electronically no later than 30 days prior to the start of each quarter. VDH may grant exceptions to this deadline at its discretion.

Sample Time Study Template							
Employee ID #	Last Name	First Name	Email address	Job Description	Job Type	Fed Fund %	FTE
200	Smith	Mary	Msmith@yahoo.com	Registered Nurse	E	0	1
201	Doe	John	Johndoe@yahoo.com	Speech/language Therapist	C	20	1
202	Brown	Jane	JBrown@yahoo.com	Physical Therapist	E	2	.8
203	Jones	Ann	AJones@yahoo.com	Occupational Therapist	C	100	1

Sample Template Instructions

Populate the template by entering the Employee ID #, Last Name, First Name, and Email address. Select the job description from the dropdown. Enter 'E' in the Job Type column for an employee of the school district and 'C' for someone who is a contractor. Enter the percent of the salary that is federally funded in the Fed Fund % column and enter the full time equivalency in the FTE column.

B. Determine number of moments

The State will use the following statistical calculation to determine the number of moments required to meet the confidence level statewide. Computations are made using the statistical power analysis program nQuery Advisor 6.0 and are based on the tables by Machin and Campbell, which in turn were generated using the normal approximation to the binomial as described on pages 105-107 in Dixon and Massey. The expression for the sample size n is:

$$n = \left(\frac{Z_{1-\frac{\alpha}{2}}}{\omega} \right)^2 [\pi(1-\pi)]$$

where ω is the desired $1-\alpha$ interval width, $1-\alpha$ is assumed to be 95%, and π is the assumed true population proportion. The finite population adjusted sample size n_F is obtained by applying a finite population correction:

$$n_F = \frac{nN}{N-n}$$

Each SU must submit their annual school calendar prior to August 1st. An updated calendar, including any changes to the original calendar and the updated last day of school must be submitted by March 1st. VDH may grant exceptions to these deadlines at its discretion.

All individual minutes within the quarter are included in the potential minutes to be chosen as moments for the time study. The total pool of minutes for the quarter does not include weekends, holidays, time outside of normal working hours and school days on which students are not present (i.e. teacher in-service days).

VDH uses a sampling methodology to achieve a level of precision of +/- 2% with a 95% confidence level for activities. Once compiled, the statewide time study pool is sampled to identify participants in the RMTS. The participant sample is

selected from the statewide RMTS pool using a statistically valid random sampling technique. Using a statistically valid random sampling technique, a desired number of random moments is also selected. Each moment is for a specific one minute interval that is within school working hours. Next, each randomly selected moment is matched up, using a statistically valid random sampling technique, with an individual from the total pool of participants.

Each time the selection of a moment and the selection of a name occurs, both the moment and the name are returned to the overall sample pool to be available for selection again. In other words, the random selection process is done with replacement so that each moment and each person are available to be selected each time a selection occurs. This step guarantees the randomness of the selection process. Results from the power analysis indicate that 2,401 sampled moments are required for each quarter. VDH intends to oversample by 15% for a total of 2,761 moments. The statistician's analysis with these results is included in section VI.

Each selected moment is defined as a specific one-minute unit of a specific day from the total pool of time study moments in the quarter and is assigned to a specific time study participant. Each moment selected from the pool is included in the time study and coded according to the documentation submitted by the participant.

Participants complete the time study for a randomly selected moment(s) during the three quarters that overlap with the school year. RMTS quarters are defined as:

- October – December
- January – March
- April – June

The average of the RMTS results for the three prior quarters is applied to the summer quarter, July-September. For most schools, the summer quarter includes services provided to students who receive services during summer school and services provided during the beginning of the school year (late August and September). This approach aligns quarterly costs with quarterly time study results.

C. Random moment time study process

Names of the time study participants from each of the SU's list of time study participants will be placed into the statewide cost pool. From the pool, participant days and times will be randomly selected. Each participant selected will receive notification emails three (3) days prior, one (1) hour prior and at the time of the moment for which they have been selected. At the time of the moment for which they have been selected, each participant will answer the following three (3) questions and certify their responses:

- What were you doing?
- Who were you with? Please do not use actual names.
- Why were you performing this activity?
- In addition, sampled participants will certify the accuracy of their response prior to submission.

In order to answer these questions, the participant must access a secure, web-based system through which UMASS, on behalf of the VDH, administers the RMTS process. Additional details about the system are included in the attached Random Moment Time Study (RMTS) Manual. Within the system, the participant can select answers to the questions from a drop-down menu or, if none of the answers provided appropriately answer the questions, the participant should provide a written narrative response.

If this is not done at the time of the selected moment, reminder emails will be sent two (2) hours, 24 hours, 48 hours, 72 hours and 96 hours after the selected moment until the random moment is completed. After five (5) school days the participant will no longer be able to enter or edit data for the selected moment.

D. Non-responses and ensuring appropriate response rate

To ensure that the time study is completed properly, UMASS, in its role as the RMTS Administrator, and each SU's Project Coordinator monitor response rates and provide follow-up to participants who have not completed their

moment(s). If a participant has changed positions and is no longer working in a position that is eligible to participate in the RMTS, any sampled moments for that participant would be excluded from the State's non-response rate calculation. Similarly, if a participant is no longer employed or retired their sampled moment(s) would also be excluded.

Except as stipulated in the paragraph above, the non-response rate includes any selected moments not completed by selected RMTS participants within five (5) school days of the moment date.

To ensure that enough moments are received to have a statistically valid sample, VDH will over-sample by 15%.

If the statewide response rate does not reach 85% for a given quarter, all moments for which there is no response are treated as non-Medicaid activities. The VDH central office staff will send a notification letter to every SU whose response rate was lower than 85% in a given quarter. If the statewide response rate does not reach 85% in a given quarter, SUs who had received a notification letter within the last two years and whose response rate was lower than 85% in that quarter may be unable to claim reimbursement for that quarter. VDH reserves the right to grant exceptions to this rule on claiming prohibitions for individual SUs in instances of extreme unforeseen circumstances, such as a natural disaster, on a case-by-case basis. If a School-Based Medicaid Provider repeatedly has a response rate lower than 85%, VDH may impose sanctions. Possible sanctions may include, but are not limited to, conducting more frequent monitoring reviews, imposing a corrective action plan and reducing or eliminating the providers claimed portion of the FFP distribution amount.

If the statewide response rate reaches or exceeds 85%, all non-responses will be discarded.

A series of management reports will be available to monitor participation. All reports are real time and are accessible by each SU's Project Coordinator and VDH School Liaison. Refer to the attached Random Moment Time Study (RMTS) Manual for additional details and sample reports.

Section II. Coding of Time Study Moments

Individual time study responses will be coded by the vendor (UMASS), according to the time study codes described below. Most codes will be assigned based on a web-based algorithm that has been approved by the State. Additionally, a Central Coder at UMASS will be responsible for ensuring that results are appropriately coded. Staff from the VDH will review a 5% sample of coded responses each quarter to ensure appropriate coding.

A. *Coding the moments*

The time study will be completed online using a web-based system. The system will automatically code all responses when predefined answers are selected for the RMTS questions from provided drop-down menus, and the combination of predefined answers for the three questions indicate a response that is consistent with an activity code. However, study participants also have the option to write their own free-text answers to the questions. If the time study participant chooses to write in an answer for any question, a Central Coder employed by UMASS will be responsible for coding the response. The Central Coder will follow up directly with any time study participant whose response(s) does not provide enough information to accurately code the moment. Once the additional information is obtained, a code will be assigned. If additional information is not submitted, the moment will not be included in the calculation of the activity code percentages, and will count as a non response.

The web-based system will be used for tabulating the results from the on-line time studies. All coded responses are included in tabulating results.

B. *List of activity codes*

An activity code will correspond with time study responses submitted by time study participants. The activities are segregated to identify reimbursable versus non-reimbursable costs. The RMTS activity codes will be used by the Central Coder to code the participant's responses. The following chart lists the activity codes used in the time study and indicates whether the activity code is Medicaid reimbursable or non-reimbursable. Detailed descriptions of activity codes, including examples, are furnished.

Activity Codes	Reimbursable Category	Reimbursable Percent
A. Non-Medicaid /Dr. Dynasaur Outreach	No	Not applicable
B. Medicaid /Dr. Dynasaur Outreach	Administrative	100%
C. Facilitating Application for Non-Medicaid /Dr. Dynasaur Programs	No	Not applicable
D. Facilitating Medicaid /Dr. Dynasaur Eligibility Determination	Administrative	100%
E. School Related and Educational Activities	No	Not applicable
F. Direct Medical Services	No	Not applicable
G. Transportation for Non-Medicaid/Dr. Dynasaur Services	No	Not applicable
H. Transportation-Related Activities in Support of Medicaid/Dr. Dynasaur Covered Services	Administrative	Medicaid Eligibility %
I. Non-Medicaid/Dr. Dynasaur Translation	No	Not applicable
J. Translation Related to Medicaid/Dr. Dynasaur Services	Administrative	Medicaid Eligibility %
K. Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services	No	Not applicable
L. Program Planning, Policy Development, and Interagency Coordination Related to Medical Services	Administrative	Medicaid Eligibility %
M. Non-Medical/Non-Medicaid/Dr. Dynasaur Related Training	No	Not applicable
N. Medical/ Medicaid/Dr. Dynasaur Related Training	Administrative	Medicaid Eligibility %
O. Referral, Coordination, and Monitoring of Non-Medicaid/Dr. Dynasaur Services	No	Not applicable
P. Referral, Coordination, and Monitoring of Medicaid/Dr. Dynasaur Services	Administrative	Medicaid Eligibility %
Q. General Administration	Administrative	Allocated

CODE A. NON-MEDICAID/DR. DYNASAUR OUTREACH

This code should be used for activities that inform individuals about their eligibility for non-Medicaid/Dr. Dynasaur social, vocational and educational programs (including special education) and how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Informing families about wellness programs and how to access these programs.
2. Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices.
3. Conducting general health education programs or campaigns that address life-style changes in the general population (e.g., dental prevention, anti-smoking, alcohol reduction, etc.).
4. Conducting outreach campaigns that encourage persons to access social, educational, legal or other services not covered by Medicaid/Dr. Dynasaur.
5. Assisting in early identification of children with special medical/dental/mental health needs through various child find activities.
6. Outreach activities in support of programs that are 100 percent funded by state general revenue.
7. Developing outreach materials such as brochures or handbooks for these programs.
8. Distributing outreach materials regarding the benefits and availability of these programs.

CODE B. MEDICAID/DR. DYNASAUR OUTREACH

This code should be used for activities that inform eligible or potentially eligible individuals about Medicaid/Dr. Dynasaur and how to access the program. Such activities include bringing potential eligibles into the Medicaid/Dr. Dynasaur system for the purpose of the eligibility process. Outreach may only be conducted for the populations served by the school districts, i.e., students and their parents or guardians.

The following are examples of activities that are considered Medicaid/Dr. Dynasaur outreach:

1. Informing Medicaid/Dr. Dynasaur eligible and potential Medicaid/Dr. Dynasaur eligible children and families about the benefits and availability of services provided by Medicaid/Dr. Dynasaur (including preventive treatment, and screening) including services provided through the EPSDT program.
2. Developing and/or compiling materials to inform individuals about the Medicaid/Dr. Dynasaur program (including EPSDT) and how and where to obtain those benefits. Note: This activity should not be used when Medicaid/Dr. Dynasaur -related materials are already available to the schools (such as through the Medicaid/Dr. Dynasaur appropriate, school developed outreach materials should have prior approval of the Medicaid agency.
3. Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid/Dr. Dynasaur program, including EPSDT.
4. Assisting the Medicaid/Dr. Dynasaur agency to fulfill the outreach objectives of the Medicaid/Dr. Dynasaur program by informing individuals, students and their families about health resources available through the Medicaid program.
5. Providing information about Medicaid/Dr. Dynasaur, EPSDT screening (e.g., dental, vision) in schools that will help identify medical conditions that can be corrected or improved by services offered through the Medicaid program.
6. Contacting pregnant and parenting teenagers about the availability of Medicaid/Dr. Dynasaur prenatal, and well baby care programs and services.
7. Providing information regarding Medicaid/Dr. Dynasaur managed care programs and health plans to individuals and families and how to access that system.
8. Encouraging families to access medical/dental/mental health services provided by the Medicaid/Dr. Dynasaur program.

CODE C. FACILITATING APPLICATION FOR NON-MEDICAID/DR. DYNASAUR PROGRAMS

This code should be used for activities which inform an individual or family about programs such as Temporary Assistance for Needy Families (TANF), Food Stamps, Women, Infants, and Children (WIC), day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application.

1. Explaining the eligibility process for non-Medicaid/Dr. Dynasaur programs, including IDEA.
2. Assisting the individual or family collect/gather information and documents for the non-Medicaid/Dr. Dynasaur program application.
3. Assisting the individual or family in completing the application, including necessary translation activities.
4. Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program.
5. Developing and verifying initial and continuing eligibility for non-Medicaid/Dr. Dynasaur programs.
6. Providing necessary forms and packaging all forms in preparation for the non-Medicaid/Dr. Dynasaur eligibility determination.

CODE D. FACILITATING MEDICAID/DR. DYNASAUR ELIGIBILITY DETERMINATION

This code should be used for activities which assist individuals in the Medicaid/Dr. Dynasaur eligibility process. Include related paperwork, clerical activities, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility.

1. Verifying an individual's current Medicaid/Dr. Dynasaur eligibility status for purposes of the Medicaid/Dr. Dynasaur eligibility process.
2. Explaining Medicaid/Dr. Dynasaur eligibility rules and the Medicaid eligibility process to prospective applicants.
3. Assisting individuals or families to complete a Medicaid/Dr. Dynasaur eligibility application.
4. Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid/Dr. Dynasaur application.

5. Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
6. Referring an individual or family to the local Assistance Office to make application for Medicaid benefits.
7. Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application.
8. Participating as a Medicaid eligibility outreach outstation, but does not include determining eligibility.

CODE E. SCHOOL-RELATED AND EDUCATIONAL ACTIVITIES

This code should be used for school-related activities, including social services, educational services, teaching services, employment and job training, and other activities that are not Medicaid-related. These activities include the development, coordination, and monitoring of a student's education plan. Include related paperwork, clerical activities, or staff travel required to perform these activities.

1. Providing classroom instruction (including lesson planning).
2. Testing, correcting papers.
3. Developing, coordinating, and monitoring the Individualized Education Program (IEP) for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the actual IEP meetings with the parents. (If appropriate, this would also refer to the same activities performed in support of an Individualized Family Service Plan (IFSP).)
4. Compiling attendance reports.
5. Performing activities that are specific to instructional, curriculum, and student-focused areas.
6. Reviewing the education record for students who are new to the school district.
7. Providing general supervision of students (e.g., playground, lunchroom).
8. Monitoring student academic achievement.
9. Providing individualized instruction (e.g., math concepts) to a special education student.
10. Conducting external relations related to school educational issues/matters.
11. Compiling report cards.
12. Carrying out discipline.
13. Performing clerical activities specific to instructional or curriculum areas.
14. Activities related to the educational aspects of meeting immunization requirements for school attendance.
15. Compiling, preparing, and reviewing reports on textbooks or attendance.
16. Enrolling new students or obtaining registration information.
17. Confering with students or parents about discipline, academic matters or other school related issues.
18. Evaluating curriculum and instructional services, policies, and procedures.
19. Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction).
20. Translating an academic test for a student.

CODE F. DIRECT MEDICAL SERVICES

This code should be used when RMTS participants are providing care, treatment, and/or counseling services to an individual. This code also includes administrative activities that are an integral part of or extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, parent consultations, billing activities). This code also includes all related paperwork, clerical activities, or staff travel required to perform these activities.

1. Providing health/mental health services contained in an IEP.
2. Medical/health assessment and evaluation as part of the development of an IEP.
3. Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports.
4. Providing personal aide services.
5. Providing speech, occupational, physical and other therapies.
6. Administering first aid, or prescribed injection or medication to a student.
7. Providing direct clinical/treatment services.
8. Performing developmental assessments.
9. Providing counseling services to treat health, mental health, or substance abuse conditions.

10. Developing a treatment plan (medical plan of care) for a student if provided as a medical service.
11. Performing routine or mandated child health screens including but not limited to vision, hearing, dental, and EPSDT screens.
12. Providing immunizations.
13. Targeted Case Management (if provided or covered as a medical service under Medicaid).
14. Transportation (if covered as a medical service under Medicaid). See Code H on claiming for transportation as an administrative cost.
15. Activities that are services, or components of services, listed in the state's Medicaid plan.

CODE G. TRANSPORTATION FOR NON-MEDICAID/DR. DYNASAUR SERVICES

This code should be used when RMTS participants are assisting an individual to obtain transportation to services not covered by Medicaid/Dr. Dynasaur, or accompanying the individual to services not covered by Medicaid/Dr. Dynasaur. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Scheduling or arranging transportation to social, vocational, and/or educational programs and activities.

CODE H. TRANSPORTATION-RELATED ACTIVITIES IN SUPPORT OF MEDICAID/DR. DYNASAUR COVERED SERVICES

This code should be used when RMTS participants are assisting an individual to obtain transportation to services covered by Medicaid/Dr. Dynasaur. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Scheduling or arranging transportation to Medicaid covered services.

CODE I. NON-MEDICAID/DR. DYNASAUR TRANSLATION

This code should be used when RMTS participants are providing translation services for non-Medicaid/Dr. Dynasaur activities should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities. Non-Medicaid/Dr. Dynasaur translation can be reported in two ways: As a separate non-Medicaid/Dr. Dynasaur code (Code I.) or as an example within one or more non-Medicaid/Dr. Dynasaur activity codes.

1. Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand social, educational, and vocational services.
2. Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand state education or state-mandated health screenings (e.g., vision, hearing, scoliosis) and general health education outreach campaigns intended for the student population.
3. Developing translation materials that assist individuals to access and understand social, educational, and vocational services.

CODE J. TRANSLATION RELATED TO MEDICAID/DR. DYNASAUR SERVICES

Translation may be allowable as an administrative activity, if it is not included and paid for as part of a medical assistance service. However, translation must be provided either by separate units or separate employees performing solely translation functions for the school and it must facilitate access to Medicaid/Dr. Dynasaur covered services. Please note that a school district does not need to have a separate administrative claiming unit for translation. School employees who provide Medicaid/Dr. Dynasaur translation services should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities. Medicaid/Dr. Dynasaur translation can be reported in two ways: As a separate Medicaid code (Code J) or as an example within one or more Medicaid/Dr. Dynasaur activity codes.

1. Arranging for or providing translation services (oral and signing) that assist the individual to access and understand necessary care or treatment covered by Medicaid/Dr. Dynasaur.

2. Developing translation materials that assist individuals to access and understand necessary care or treatment covered by Medicaid/Dr. Dynasaur.

CODE K. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDICAL SERVICES

This code should be used when RMTS participants are performing activities associated with developing strategies to improve the coordination and delivery of non-medical services to school age children. Non-medical services may include social services, educational services, vocational services, and state or state education mandated child health screenings provided to the general school population. Employees whose position descriptions include program planning, policy development, and interagency coordination may use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Identifying gaps or duplication of non-medical services (e.g., social, vocational educational and state mandated general health care programs) to school age children and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity of non-medical school programs.
3. Monitoring the non-medical delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
5. Evaluating the need for non-medical services in relation to specific populations or geographic areas.
6. Analyzing non-medical data related to a specific program, population, or geographic area.
7. Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical problems.
8. Defining the relationship of each agency's non-medical services to one another.
9. Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services and state-mandated health screenings to the school populations.
10. Developing non-medical referral sources.
11. Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.

CODE L. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDICAL SERVICES

This code should be used when RMTS participants are performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to school age children, and when performing collaborative activities with other agencies and/or providers. Employees whose position descriptions include program planning, policy development, and interagency coordination may use this code. This code refers to activities such as planning and developing procedures to track requests for services; the actual tracking of requests for Medicaid/Dr. Dynasaur services would be coded under Code P, Referral, Coordination and Monitoring of Medical Services. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Identifying gaps or duplication of medical/dental/mental services to school age children and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity of school medical/dental/mental health programs.
3. Monitoring the medical/dental/mental health delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with medical/dental/mental services and providers, including Medicaid/Dr. Dynasaur. (This does not include the actual tracking of requests for Medicaid services.)
5. Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
6. Analyzing Medicaid/Dr. Dynasaur data related to a specific program, population, or geographic area.
7. Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid/Dr. Dynasaur eligibles, and to increase provider participation and improve provider relations.

8. Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems.
9. Developing strategies to assess or increase the cost effectiveness of school medical/dental/mental health programs.
10. Defining the relationship of each agency's Medicaid/Dr. Dynasaur services to one another.
11. Working with Medicaid resources, such as the Medicaid/Dr. Dynasaur agency and Medicaid/Dr. Dynasaur managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships.
12. Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.
13. Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
14. Developing medical referral sources such as directories of Medicaid providers and managed care plans, who will provide services to targeted population groups, e.g., EPSDT children.
15. Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.
16. Evaluating Vermont School Nurse Report data, Immunization Status Report data, Youth Risk Behavior Survey data, Youth Health Survey data, etc. to determine needs for increased program development or to improve accessing medical or dental homes.

CODE M. NON-MEDICAL/NON-MEDICAID/DR. DYNASAUR RELATED TRAINING

This code should be used when RMTS participants are coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the Medicaid program. For example, training may include how to assist families to access the services of education programs, and how to more effectively refer students for those services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Non-medical/non-Medicaid training can be reported in two ways: As a separate code (Code M) or as an example within one or more non-medical/non-Medicaid activity codes.

1. Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.
2. Participating in or coordinating training that enhances IDEA child find programs.

CODE N. MEDICAL/MEDICAID/DR. DYNASAUR RELATED TRAINING

This code should be used when RMTS participants are coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer students for services. Include related paperwork, clerical activities, or staff travel required to perform these activities. Medical/Medicaid training can be reported in two ways: As a separate code (Code N) or as an example within one or more Medical/Medicaid activity codes.

1. Participating in or coordinating training that improves the delivery of medical/Medicaid/Dr. Dynasaur related services.
2. Participating in or coordinating training that enhances early identification, intervention, screening and referral of students with special health needs to such services (e.g., Medicaid/Dr. Dynasaur EPSDT services). (This is distinguished from IDEA child find programs.)
3. Participating in training on administrative requirements related to medical/Medicaid/Dr. Dynasaur services.

CODE O. REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAID/DR. DYNASAUR SERVICES

This code should be used when RMTS participants are making referrals for, coordinating, and/or monitoring the delivery of non-medical, such as educational services. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Making referrals for and coordinating access to social and educational services such as child care, employment, job training, and housing.
2. Making referrals for, coordinating, and/or monitoring the delivery of state education agency mandated child health screens (e.g., vision, hearing, scoliosis).

3. Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
4. Gathering any information that may be required in advance of these non-Medicaid related referrals.
5. Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid.
6. Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

Case Management. Note that case management as an administrative activity involves the facilitation of access and coordination of program services. Such activities may be provided under the term Case Management or may also be referred to as Referral, Coordination, and Monitoring of non-Medicaid Services.

Case management may also be provided as an integral part of the service and would be included in the service cost.

School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of NON-Medicaid covered services.

CODE P. REFERRAL, COORDINATION, AND MONITORING OF MEDICAID/DR. DYNASAUR SERVICES

This code should be used when RMTS participants are making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid/Dr. Dynasaur covered) services. Referral, coordination and monitoring activities related to services in an IEP are reported in this code. Activities that are part of a direct service are not claimable as an administrative activity. Furthermore, **activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code F, Direct Medical Services.** Activities related to the development of an IEP should be reported under Code E, School Related and Educational Activities. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

1. Identifying and referring adolescents who may be in need of Medicaid family planning services.
2. Making referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations.
3. Making referrals for and/or scheduling EPSDT screens, inter-periodic screens, and appropriate immunization, but NOT to include the state-mandated health services.
4. Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid/Dr. Dynasaur.
5. Arranging for any Medicaid/Dr. Dynasaur covered medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
6. Gathering any information that may be required in advance of medical/dental/mental health referrals.
7. Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid/Dr. Dynasaur.
8. Providing follow-up contact to ensure that a child has received the prescribed medical/dental/mental health services covered by Medicaid/Dr. Dynasaur.
9. Coordinating the delivery of community based medical/dental/mental health services for a child with special/severe health care needs.
10. Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid/Dr. Dynasaur service providers as may be required to provide continuity of care.
11. Providing information to other staff on the child's related medical/dental/mental health services and plans.
12. Monitoring and evaluating the Medicaid/Dr. Dynasaur service components of the IEP as appropriate.
13. Coordinating medical/dental/mental health service provision with managed care plans as appropriate.

Case Management. Note that case management as an administrative activity involves the facilitation of access and coordination of services covered under the state's Medicaid/Dr. Dynasaur program. Such activities may be provided under the term Administrative Case Management or may also be referred to as Referral, Coordination, and Monitoring of Medicaid Services.

Case management may also be provided as an integral part of a medical service and would be included in the service cost. The state may also cover targeted case management as an optional service under Medicaid/Dr. Dynasaur. School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of Medicaid/Dr. Dynasaur covered services. Include related paperwork, clerical activities or staff travel required to perform these activities.

CODE Q. GENERAL ADMINISTRATION

This code should be used when RMTS participants are performing activities that are not directly assignable to program activities. Include related paperwork, clerical activities, or staff travel required to perform these activities. Note that certain functions, such as payroll, maintaining inventories, developing budgets, executive direction, etc., are considered overhead and, therefore, are only allowable through the application of an approved indirect cost rate.

Below are typical examples of general administrative activities, but they are not all inclusive.

1. Taking lunch, breaks, leave, or other paid time not at work.
2. Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
3. Reviewing school or district procedures and rules.
4. Attending or facilitating school or unit staff meetings, training, or board meetings.
5. Performing administrative or clerical activities related to general building or district functions or operations.
6. Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.
7. Reviewing technical literature and research articles.
8. Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity
9. Data entry for Vermont School Nurse Report and Immunization Status Report

C. Moment validation

Each quarter, UMASS will randomly select a 5% sample of coded responses for validation by VDH. The validation will consist of reviewing the participant responses and the corresponding code assigned by UMASS Central Coding Staff to determine if the coding was accurate. The VDH will review the results and independently code the activity and compare it to the MAC activity recorded by the original coder. VDH will communicate validation results to UMASS, and will require them to submit a corrective action plan if there is a variance.

D. Calculation of quarterly statewide time study results

Quarterly, the percentage for each activity code will be calculated by dividing the number of responses assigned to a specific activity code by the total number of responses assigned to all activity codes. All coded responses are included in tabulating results.

E. Medicaid eligibility percentage

The Medicaid Eligibility Percentage is defined as the ratio of Medicaid recipients to all students. This percentage is calculated by VDH for each SU, and is provided to UMASS for claim calculation on behalf of each SU.

Section III. Training

Three types of training will be conducted (1) School Liaison and Project Coordinator Training, (2) UMASS Coding Staff Training and (3) RMTS Participant Training. The following is an overview of each training type.

School Liaison and Project Coordinator Training

UMASS will provide a handbook to VDH outlining the RMTS process, including an overview of the RMTS software system and information on how to access and input information into the system. School Liaisons are also required to view

the online training modules. It is essential for the liaisons to understand the purpose of the RMTS, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program. VDH and School Liaisons will provide the same training to the Project Coordinators.

UMASS Coding Staff Training

Central Coders will be employed by UMASS and will review the documentation of RMTS participant activities performed during the selected moments. They will then determine the appropriate MAC activity code. When a RMTS participant chooses from the predefined answers, the coding will be completed systematically. If the RMTS participant writes a response to the RMTS questions, or chooses a combination of predefined answers that do not correspond to a MAC activity code, the central UMASS coder will manually select the appropriate MAC activity code. If the response provided is not sufficient to determine the appropriate MAC activity code, the central UMASS coder will contact the RMTS participant for additional information about the moment. Once the information is received the moment will be coded and included in the final time study percentage calculation. The moments and the assigned MAC codes will be reviewed for consistency and adherence to the state approved MAC activity codes.

UMASS/VDH will provide training to the central coding staff on an as-needed basis. On a quarterly basis, VDH will review a sample of the coding process and RMTS participant documentation for quality assurance to ensure the data submitted in the time study questionnaires support the code selected and therefore show the codes are valid and accurate. In addition to the quarterly review, at its discretion, VDH can review the completed coding and original RMTS documentation at any time throughout the claim process or as needed for further review or audit purposes.

RMTS Participant Training

RMTS participants are trained on understanding the purpose of the RMTS, and how to complete the RMTS through the use of online training instructions. Such instruction will include selecting answers from the list of predefined responses, entering a written response, understanding the response deadline, and certifying and saving responses. Since RMTS participants will not be selecting MAC activity codes, the training will focus on program requirements and the completion of the RMTS survey. The RMTS participant training will not include an overview of MAC activity codes since all coding will be completed by central UMASS coders.

Section IV. Oversight and Monitoring

VDH is responsible for oversight and monitoring of the RMTS program. In particular, VDH monitors the activities of its contractor (UMASS) and monitors the supervisory unions. This includes training, data collection and coding of responses.

4. VDH reviews and approves the process for identifying the population and the sampling methodology and results based on quarterly reports submitted by UMASS. UMASS will submit a population report before each quarter indicating the total population number by supervisory union/school district and the sample size picked by UMASS. UMASS will submit a report before each quarter with the name of the sampled respondent, the supervisory union/school district, the job title, and the moment selected. UMASS will submit a report after the end of each quarter with the name of the sampled respondent, the supervisory union/school district, the job title, and the moment selected, and the code assigned for that moment.
5. VDH reviews and approves all training materials. UMASS submits a quarterly report to VDH on training activities for the quarter.
6. VDH will review and approve system coding of predefined answers to activity codes.
7. VDH will review and approve all manuals created by UMASS.

APPENDICES

a. 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

b. Summary Table of Unique Allocation Methods

These allocation methods reflect allocation from the June 2018 quarter reports.

<i>Method Name</i>	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	Number of 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 Unit	PU - Audit Unit (SEFA)	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 - EE SSNRI	Direct to CMS - EE SSNRI (90%)	State of Vermont Agency of Human Services Secretary's Office
CMS - MMIS 6208	Direct to CMS - MMIS 6208	State of Vermont Agency of Human Services Secretary's Office
CMS - MMIS PIE	Direct to CMS - MMIS PIE IAPD (90%)	State of Vermont Agency of Human Services Secretary's Office
CMS - MMIS SSNRI	Direct to CMS - MMIS SSNRI (90%)	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
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 TTA	Direct to CNCS TTA Grant	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
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
Fed Funds Mgt Unit	PU - Federal Funds Management Unit (SEFA)	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 AHS GC Capitation Payments	State of Vermont Agency of Human Services Secretary's Office
Health Care Advocate	Results of VLA Health Care Advocate Contract	State of Vermont Agency of Human Services Secretary's Office
Health Care Portfolio	QU - based on VTHR hours across AHS - Direct to MMIS, IE and HITECH	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
IDT	Direct to IDT	State of Vermont Agency of Human Services Secretary's Office
IE-Presumptive Eligibility	Direct to IE PE IAPD	State of Vermont Agency of Human Services Secretary's Office
Investments 2-1-1	Direct to Investments (STC-79) - 2-1-1 Grant (41)	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
MCO - 211 CONTRACT	Direct to GC-MCO Investment	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 Admin	Direct to Medicaid - Admin 50/50 Line 49	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
Portfolio Mgt S&W	Total Salaries across the Portfolio Office	State of Vermont Agency of Human Services Secretary's Office
Race to the Top ELC Grant	Direct to Race to the Top Grant	State of Vermont Agency of 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 Social Services	Direct to Refugee Social Services Grant	State of Vermont Agency of Human Services Secretary's Office
SECRETARY'S OFFICE S&B (FOR AUDIT/FED MGT)	Total Salaries and Benefits for all Secretary's Office Employees minus Audit and Federal Mgt Staff	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
SNAP	Direct to SNAP Nutritional Education	State of Vermont Agency of Human Services Secretary's Office
SSNRI MMIS/EE	Allocated 50% MMIS SSNRI and 50% EE SSNRI	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
VDH	Direct to VDH	State of Vermont Agency of Human Services Secretary's Office
VHC DDI Enrollment	Results of Actual VHC DDI Enrollment Counts	State of Vermont Agency of Human Services Secretary's Office
VHC ENROLLMENT	Results of Actual VHC Enrollment Counts	State of Vermont Agency of Human Services Secretary's Office
VHC ENROLLMENT M&O	Results of Actual VHC Enrollment Counts for M&O	State of Vermont Agency of Human Services Secretary's Office
VHC SUSTAINABILITY	Direct to 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
VISTA COST SHARE	Direct to VISTA Cost Share	State of Vermont Agency of Human Services Secretary's Office
VISTA TRAINING	Direct to VISTA Training	State of Vermont Agency of Human Services Secretary's Office

3SQ1/AABD	PU - SNAP Line 1/AABD	State of Vermont Department of Children and Families
3SQ1/FUEL	PU - SNAP Line 1/Fuel	State of Vermont Department of Children and Families
3SQ1/FUEL/AABD	PU - SNAP Line 1/Fuel/AABD	State of Vermont Department of Children and Families
3SQ1/FUEL/GA	PU - SNAP Line 1/Fuel/GA	State of Vermont Department of 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
3SQ26/AABD	PU - SNAP Line 26/AABD	State of Vermont Department of Children and Families
3SQ26/FUEL	PU - SNAP Line 26/Fuel	State of Vermont Department of Children and Families
3SQ26/FUEL/AABD	PU - SNAP Line 26/Fuel/AABD	State of Vermont Department of Children and Families
3SQ26/FUEL/GA	PU - SNAP Line 26/Fuel/GA	State of Vermont Department of Children and Families
3SQ26/FUEL/GA/AABD	PU - SNAP Line 26/Fuel/GA/AABD	State of Vermont Department of Children and Families
3SQ26/GA	PU - SNAP Line 26/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
ADOPT	Direct to Adoption Incentive	State of Vermont Department of Children and Families
ADOPTION ASST (IVE LINE 21)	Direct to Title IV-E Adoption Assistance (IVE Line 21)	State of Vermont Department of Children and Families
ADOPTION ASST (IVE LINE 24)	Direct to Title IV-E Adoption Assistance (IVE Line 24)	State of Vermont Department of Children and Families
ADPC SALARY	Total Salaries - Across ADPC (not including fringe) (TANF - Line 22a)	State of Vermont Department of Children and Families
ADPC SALARY (Medicaid 75%)	Total Salaries - Across ADPC (not including fringe) (TANF - Line 22a, Medicaid 75%)	State of Vermont Department of Children and Families
ADPC SALARY (TANF - LINE 22C)	Total Salaries - Across ADPC (not including fringe) (TANF - Line 22c)	State of Vermont Department of Children and Families
BARRE QTR EMP. COUNT	Quarterly employee count across Barre district office staff	State of Vermont Department of Children and Families
BENNINGTON QTR EMP COUNT	Quarterly employee count across Bennington district office staff	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
Brattleboro QTR EMP. COUNT	Quarterly employee count across Brattleboro district office staff	State of Vermont Department of Children and Families
BURLINGTON QTR EMP. COUNT	Quarterly employee count across Burlington district office staff	State of Vermont Department of Children and Families
CANADAY	Direct to Canaday Grant	State of Vermont Department of Children and Families
CAPTA	Direct to CAPTA Grant	State of Vermont Department of Children and Families
Cases across SSA and Medicaid 50/50	Cases Across Social Security and Medicaid - Admin 50/50	State of Vermont Department of Children and Families
CASES ACROSS SSA AND MEDICAID 50/50 - MEDICAL	Cases Across Social Security and Medicaid - Admin 50/50 - Medical	State of Vermont Department of Children and Families
Cases Across SSA and Medicaid 50/50 - Other	Cases Across Social Security and Medicaid - Admin 50/50 - Other Costs	State of Vermont Department of Children and Families

CASES ACROSS SSA AND MEDICAID 50/50 - PERSONNEL	Cases Across Social Security and Medicaid - Admin 50/50 - Personnel	State of Vermont Department of Children and Families
CBFR	Direct to Community Based Child Abuse Prevention (CBCAP)	State of Vermont Department of Children and Families
CCCHIPXIX50	ACCESS Case Count between CHIP Admin and Medicaid Admin 50/50 (Line 49)	State of Vermont Department of Children and Families
CCCHIPXIX50VHC	Quarterly VHC Enrollment for Medicaid - Admin 50/50, CHIP, Designated State Health Programs (DSHP) and QHP	State of Vermont Department of Children and Families
CCCHIPXIX75VHC	Case Count Between Chip, VHC & Medicaid 75%	State of Vermont Department of Children and Families
CDD SALARY (TANF LINE 11A)	Total Salaries - Across Child Development (not including fringe) (TANF - Line 11a/CCDF Line 1a)	State of Vermont Department of Children and Families
CDD SALARY (TANF LINE 22A)	Total Salaries - Across Child Development (not including fringe) (TANF Line 22a/CCDF Line 1a)	State of Vermont Department of Children and Families
CDD SALARY (TANF LINE 22C/CCDF LINE 1H1)	Total Salaries - Across Child Development (TANF LINE 22C/CCDF LINE 1H1)	State of Vermont Department of Children and Families
CHILD CARE VDOL	Direct to Child Care Quality (VDOL)	State of Vermont Department of Children and Families
CHILD SUB CC (TANF 22C/CCDF 1H1)	Child Subsidy Case Count (TANF LINE 22C/CCDF LINE 1H1)	State of Vermont Department of Children and Families
CHILD SUBSIDY CASE COUNT (TANF LINE 11A/CCDF LINE 1H3)	Child Subsidy Case Count (TANF LINE 11A/CCDF LINE 1H3)	State of Vermont Department of Children and Families
CHILD SUBSIDY CASE COUNT (TANF LINE 22A/CCDF LINE 1H1)	Child Subsidy Case Count (TANF LINE 22A/CCDF LINE 1H1)	State of Vermont Department of Children and Families
CHILD SUBSIDY CASE COUNT (TANF LINE 22A/CCDF LINE 1H3)	Child Subsidy Case Count (TANF LINE 22A/CCDF LINE 1H3)	State of Vermont Department of Children and Families
CHILD SUBSIDY CASE COUNT (TANF LINE 22C/CCDF LINE 1A)	Child Subsidy Case Count (TANF LINE 22C/CCDF LINE 1A)	State of Vermont Department of Children and Families
CHILD SUBSIDY CC (TANF LINE 11A/CCDF LINE 1A)	Child Subsidy Case Count (TANF LINE 11A/CCDF LINE 1A)	State of Vermont Department of Children and Families
CHILD SUBSIDY CC (TANF LINE 11A/CCDF LINE 1H1)	Child Subsidy Case Count (TANF LINE 11A/CCDF LINE 1H1)	State of Vermont Department of Children and Families
CHILD SUBSIDY CC (TANF LINE 11A/CCDF LINE 1H2)	Child Subsidy Case Count (TANF LINE 11A/CCDF LINE 1H2)	State of Vermont Department of Children and Families
CHILD SUBSIDY CC (TANF LINE 22A/CCDF LINE 1A)	Child Subsidy Case Count (TANF LINE 22A/CCDF LINE 1A)	State of Vermont Department of Children and Families
CHILD SUBSIDY CC (TANF LINE 22C/CCDF LINE 1H3)	Child Subsidy Case Count (TANF LINE 22C/CCDF LINE 1H3)	State of Vermont Department of Children and Families
CHILD SUBSIDY DUP CASE COUNT (TANF 22C/CCDF 1A/IVE 8)	Child Subsidy Duplicated Case Count (TANF Line 22c/CCDF Line 1a/IVE Line 8)	State of Vermont Department of Children and Families

CHILD SUBSIDY DUP CASE COUNT (TANF LINE 22A/CCDF 1H1)	Child Subsidy Duplicated Case Count (TANF LINE 22A/CCDF 1H1)	State of Vermont Department of Children and Families
CHILD SUBSIDY DUP CASE COUNT (TANF LINE 22C/CCDF 1H1)	Child Subsidy Duplicated Case Count (TANF LINE 22C/CCDF 1H1)	State of Vermont Department of Children and Families
CHILDREN'S JUSTICE GRANT	Direct to Children's Justice Grant	State of Vermont Department of Children and Families
CPU (TANF LINE 22A)	Central Processing Unit (CPU) Usage Commands for Applicable Programs (TANF - Line 22a)	State of Vermont Department of Children and Families
CPU (TANF LINE 22C)	Central Processing Unit (CPU) Usage Commands for Applicable Programs (TANF - Line 22c)	State of Vermont Department of Children and Families
CS DUP CC (TANF LINE 22A/CCDF 1A, IVE 8)	Child Subsidy Duplicated Case Count (TANF LINE 22a/CCDF LINE 1A/IVE LINE 8)	State of Vermont Department of Children and Families
CS DUP CC (TANF LINE 22A/CCDF 1A)	Child Subsidy Duplicated Case Count (TANF LINE 22A/CCDF 1A)	State of Vermont Department of Children and Families
CSBG	Direct to Community Services Block Grant (CSBG) Admin	State of Vermont Department of Children and Families
CSBG PROGRAM	Direct To Community Services Block Grant (CSBG) Program	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) SALARY (TANF LINE 22A)	Total Salaries - Across Family Services (including Field Staff, not including fringe) (TANF Line 22a)	State of Vermont Department of Children and Families
CW AND YJ (FIELD STAFF) SALARY (TANF LINE 22C)	Total Salaries - Across Family Services (including Field Staff, not including fringe) (TANF - Line 22c)	State of Vermont Department of Children and Families
D EE SSNRI IAPD	Direct to CMS - EE SSNRI IAPD (90%)	State of Vermont Department of Children and Families
D MMIS SSNRI IAPD	Direct to CMS - MMIS SSNRI IAPD (90%)	State of Vermont Department of Children and Families
D TO ADOPTION SAVINGS	Direct To Adoption Savings	State of Vermont Department of Children and Families
D TO COC COORDINATED PARTNER	Direct to Continuum of Care Program - Coordinated Partnership	State of Vermont Department of Children and Families
D TO INTERDEPARTMENTAL PROJECTS	Direct to IDT	State of Vermont Department of Children and Families
D TO IV-D - ADJUSTMENTS	Direct to Title IV-D - Adjustments (Line 13)	State of Vermont Department of Children and Families
D TO IV-D - IV-A CHILD SUPPORT	Direct to Title IV-D - Federal Share of Title IV-A Child Support Collections (Line 9)	State of Vermont Department of Children and Families
D TO IV-D ADMIN COST INCNTV PYMTS (LINE 1A)	Direct to Title IV-D Administrative Costs, Incentive Payments (Line 1a)	State of Vermont Department of Children and Families
D TO IV-D CSNET	Direct to Title IV-D Fees - CSNet (Line 11)	State of Vermont Department of Children and Families

D TO IV-D FPLS	Direct to Title IV-D Fees - FPLS (Line 10)	State of Vermont Department of Children and Families
D TO IV-D INCOME - FEES, COSTS RECOVERED	Direct to Title IV-D Program Income - Fees, Costs Recovered (Line 2a)	State of Vermont Department of Children and Families
D TO IV-D INCOME - INTEREST, OTHER	Direct to Title IV-D Program Income - Interest, Other (Line 2b)	State of Vermont Department of Children and Families
D TO IV-D PRE-OFFSET	Direct to Title IV-D Fees - Pre-Offset Services (Line 12)	State of Vermont Department of Children and Families
D TO IV-E - OCSE 34 CHILD SUPPORT	Direct to Title IV-E Federal Share of Child Support Collections from Form OCSE-34 (Line 3)	State of Vermont Department of Children and Families
D TO IVE AA TRAIN 75FFP LINE25	Direct to IV-E AA Training Costs, Staff and Provider 75% FFP (Line 25)	State of Vermont Department of Children and Families
D TO IVE FC ELIG DET LINE6	Direct to IV-E FC In Placement Admin Costs - Eligibility Determinations (Line 6)	State of Vermont Department of Children and Families
D TO IVE FC TRAIN 75FFP LINE15	Direct to IV-E FC Training Costs, Staff and Provider 75% (Line 15)	State of Vermont Department of Children and Families
D TO TANF - EC AND ED CC (LINE 11A)	Direct to TANF Early Care and Education, Child Care (Line 11a) Column A	State of Vermont Department of Children and Families
D TO TANF - EC AND ED CC (LINE 11A, COL B MOE)	Direct to TANF Early Care and Education, Child Care (Line 11a) - Column B MOE	State of Vermont Department of Children and Families
D TO TANF - EC AND ED CC (LINE 11A, COL C MOE)	Direct to TANF Early Care and Education, Child Care (Line 11a) - Column C MOE Seperate State Program	State of Vermont Department of Children and Families
D TO TANF - SEX ED. (LINE 18, COL B MOE)	Direct to TANF Prevention of Out-of-Wedlock Pregnancies (Line 18) - Column B MOE	State of Vermont Department of Children and Families
D TO TANF NON-REC SHORT TERM BEN (LINE 15)	Direct to TANF Non-Recurrent Short Term Benefits (Line 15) Column A	State of Vermont Department of Children and Families
d to tanf non-rec short term ben (line 15) col b	Direct to TANF Non-Recurrent Short Term Benefits (Line 15) Column B MOE	State of Vermont Department of Children and Families
D TO TANF WORK, ED, TRN - ADDTL WRK LINE9C	Direct to TANF Work, Education, Training Activities - Additional Work Activities (Line 9c)	State of Vermont Department of Children and Families
D TO TANF WORK, ED, TRN- ADDTL WRK LINE9C COL B	Direct to TANF Work, Education, Training Activities - Additional Work Activities (Line 9c) - Column B MOE	State of Vermont Department of Children and Families
D TO TANF-PROG MGMT	Direct to TANF Program Management, Administrative Costs (Line 22a) - MOE SSP Column C	State of Vermont Department of Children and Families
D TO TANF-Prog MGMT ASSESS/SRVC PROV(LINE 22B)	Direct to TANF Program Management, Assessment/Service Provision (Line 22b)	State of Vermont Department of Children and Families
d to tanf-prog mgmt assess/srvc prov(line 22b) col b	Direct to TANF Program Management, Assessment/Service Provision (Line 22b) Column B MOE	State of Vermont Department of Children and Families
D TO TANF-PROG MGMT LINE 22A COL B	Direct to TANF Program Management, Administrative Costs (Line 22a) - Column B MOE	State of Vermont Department of Children and Families

DDS MEDICAID	Direct to Medicaid - Admin 50/50 Line 49 - DDS	State of Vermont Department of Children and Families
DIREC TO SNAP - FRAUD CONTROL (LINE 5)	Direct to SNAP Fraud (Line 5)	State of Vermont Department of Children and Families
DIRECT TO APPROVED HEALTH ENTERPRISE IAPD 41642	QU - Direct to CMS-MMIS/MES-DDI (90%) (41642)	State of Vermont Department of Children and Families
DIRECT TO CCDF - AWARDED (LINE 5 MNDTRY/MATCH/DISC)	Direct to CCDF - Awarded (Line 5) - Mandatory or Matching or Discretionary	State of Vermont Department of Children and Families
DIRECT TO CCDF - CERTIFICATE PROGRAM/ELIG DET (LINE 1H2 CMNG)	Direct to CCDF - Certificate Program Costs/Eligibility Determination (Line 1h2) - Comingled	State of Vermont Department of Children and Families
DIRECT TO CCDF - CHILD CARE ADMIN (LINE 1A CMNG)	Direct to CCDF - Child Care Administration (Line 1a) – Comingled	State of Vermont Department of Children and Families
DIRECT TO CCDF - DIRECT SERVICES (LINE 1G CMNG)	Direct to CCDF - Direct Services (Line 1g) - Comingled	State of Vermont Department of Children and Families
DIRECT TO CCDF - FED SHARE EXPENDITURES (LINE 3 MNDTRY/MATCH/DISC)	Direct to CCDF - Federal Share of Expenditures (Line 3) - Mandatory or Matching or Discretionary	State of Vermont Department of Children and Families
DIRECT TO CCDF - FED SHARE UNLIQ OBLIGATIONS (LINE 4 MNDTRY/MATCH/DISC)	Direct to CCDF - Federal Share of Unliquidated Obligations (Line 4) - Mandatory or Matching or Discretionary	State of Vermont Department of Children and Families
DIRECT TO CCDF - INFANT & TODDLER (LINE 1F DISC)	Direct to CCDF - Infant and Toddler Quality Activities (Line 1F) - Discretionary	State of Vermont Department of Children and Families
DIRECT TO CCDF - INFANT AND TODDLER FUNDS (LINE 1C) DISC	Direct to CCDF - Infant and Toddler Targeted Funds (Line 1C) - Discretionary	State of Vermont Department of Children and Families
DIRECT TO CCDF - NONDIRECT SERVICES (LINE 1H CMNG)	Direct to CCDF - Nondirect Services (Line 1h) - Comingled	State of Vermont Department of Children and Families
DIRECT TO CCDF - OTHER NONDIRECT SVCS (LINE 1H3)	Direct to CCDF - All Other Nondirect Services (Line 1h3) - Comingled	State of Vermont Department of Children and Families
DIRECT TO CCDF - PREK (LINE 2C MATCH/MOE)	Direct to CCDF - Pre-K (Line 2c) - Matching or MOE	State of Vermont Department of Children and Families
DIRECT TO CCDF - PRIVATE DONATED FUNDS (LINE 2B MATCH/MOE)	Direct to CCDF - Private Donated Funds (Line 2b) - Matching or MOE	State of Vermont Department of Children and Families
DIRECT TO CCDF - QUALITY ACTIVITIES (LINE 1B CMNG)	Direct to CCDF - Quality Activities Excluding Targeted Funds (Line 1b) – Comingled	State of Vermont Department of Children and Families
DIRECT TO CCDF - QUALITY EXPANSION (LINE 1D DISC)	Direct to CCDF - Quality Expansion Targeted Funds (Line 1d) - Discretionary	State of Vermont Department of Children and Families
DIRECT TO CCDF - REGULAR (LINE 2A MATCH/MOE)	Direct to CCDF - Regular (Line 2a) - Matching or MOE	State of Vermont Department of Children and Families

DIRECT TO CCDF - SCHOOL AGE RESOURCE (LINE 1E DISC)	Direct to CCDF - School Age/Resource and Referral Targeted Funds (Line 1e) - Discretionary	State of Vermont Department of Children and Families
DIRECT TO CCDF - STATE SHARE EXPENDITURES (LINE 2 MATCH/MOE)	Direct to CCDF - State Share of Expenditures (Line 2) - Matching or MOE	State of Vermont Department of Children and Families
DIRECT TO CCDF - SYSTEMS (LINE 1H1 CMNG)	Direct to CCDF - Systems (Line 1h1) - Comingled	State of Vermont Department of Children and Families
DIRECT TO CCDF - TRANSFER TANF (LINE 6 DISC)	Direct to CCDF - Transfer from TANF (Line 6) - Discretionary	State of Vermont Department of Children and Families
DIRECT TO CCDF - UNOBLIGATED BALANCE (LINE 7 MNDTRY/MATCH/DISC)	Direct to CCDF - Unobligated Balance (Line 7) - Mandatory or Matching or Discretionary	State of Vermont Department of Children and Families
DIRECT TO CHIP - ADMIN	Direct to CHIP - Admin	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 CMS - IE Presumptive Eligibility (90%)	Direct to CMS - IE Presumptive Eligibility (90%)	State of Vermont Department of Children and Families
DIRECT TO CONTINUUM OF CARE	Direct to Continuum of Care Program - Domestic Violence Housing First	State of Vermont Department of Children and Families
Direct to Domestic Violence VOCA Grant	Direct to Domestic Violence VOCA Grant	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 GLOBAL COMMITMENT - PROGRAM	Direct to Global Commitment - Program	State of Vermont Department of Children and Families
DIRECT TO ICD-10 IAPD 37716	QU - CMS-E&E/VIEWS DDI (90%)	State of Vermont Department of Children and Families
DIRECT TO ICD-10 IAPD 37717	QU - Direct to CMS-E&E/VIEWS DDI (90%) (37717)	State of Vermont Department of Children and Families
DIRECT TO IV-D - APD OPER COSTS (LINE 5)	Direct to Title IV-D APD Operational Costs, APD Required (Line 5)	State of Vermont Department of Children and Families
DIRECT TO IV-D ADMIN COSTS REGULAR (LINE 1B)	Direct to Title IV-D Administrative Costs, Regular (Line 1b)	State of Vermont Department of Children and Families
DIRECT TO IV-E - AA AGENCY (LINE 23)	Direct to Title IV-E AA Admin Costs, Agency (Line 23)	State of Vermont Department of Children and Families
DIRECT TO IV-E - AA DEMONSTRATION PROJECT (LINE 27)	Direct to Title IV-E AA Demonstration Project Costs (Line 27)	State of Vermont Department of Children and Families
DIRECT TO IV-E - AA NON-RECURRING (LINE 24)	Direct to Title IV-E AA Admin Costs, Non-Recurring (Line 24)	State of Vermont Department of Children and Families
DIRECT TO IV-E - AA TRAINING, PROF PARTNER (LINE 26)	Direct to IV-E - AA Training Costs, Professional Partner (Line 26)	State of Vermont Department of Children and Families
DIRECT TO IV-E - AA TRAINING, STAFF 75% FFP (LINE 25)	Direct to IV-E - AA Training Costs, Staff and Provider 75% FFP (Line 25)	State of Vermont Department of Children and Families

DIRECT TO IV-E - CANDIDATE ADMIN PREPLACEMENT (LINE 10A)	Direct to IV-E - FC Candidate Admin Costs - Pre-Placement Activities (Line 10a)	State of Vermont Department of Children and Families
DIRECT TO IV-E - CASE PLANNING AND MANAGEMENT (LINE 5)	Direct to IV-E In - Placements Administrative Costs – Case Planning and Management (Line 5)	State of Vermont Department of Children and Families
DIRECT TO IV-E - FC AGENCY MANAGEMENT (LINE 8)	Direct to Title IV-E FC In Placement Admin Costs - Agency Management (Line 8)	State of Vermont Department of Children and Families
DIRECT TO IV-E - FC CASE MANAGEMENT (LINE 5)	Direct to Title IV-E - FC In Placement Admin Costs - Case Planning and Management (Line 5)	State of Vermont Department of Children and Families
DIRECT TO IV-E - FC DEMONSTRATION PROJECT (LINE 17)	Direct to Title IV-E FC Demonstration Project Costs (Line 17)	State of Vermont Department of Children and Families
DIRECT TO IV-E - FC PROVIDER MANAGEMENT (LINE 7)	Direct to Title IV-E FC In Placement Admin Costs - Provider Management (Line 7)	State of Vermont Department of Children and Families
DIRECT TO IV-E - FC SACWIS DVLTMNT PROJECT 1, APD REQ (LINE 12)	Direct to Title IV-E FC SACWIS Developmental Costs Project 1, APD Required (Line 12)	State of Vermont Department of Children and Families
DIRECT TO IV-E - FC SACWIS DVLTMNT PROJECT 2, APD REQ (LINE 13)	Direct to IV-E - FC SACWIS Developmental Costs Project 2, APD Required (Line 13)	State of Vermont Department of Children and Families
DIRECT TO IV-E - FC SACWIS DVLTMNT, NO APD REQ (LINE 14)	Direct to IV-E - FC SACWIS Developmental Costs, No APD Required (Line 14)	State of Vermont Department of Children and Families
DIRECT TO IV-E - FC SACWIS OPERATIONAL (LINE 11)	Direct to Title IV-E FC SACWIS Operational Costs	State of Vermont Department of Children and Families
DIRECT TO IV-E - FC SEX TRAFFICKING ADMIN (LINE 10B)	Direct to Title IV-E FC Sex Trafficking Admin Costs (Line 10b)	State of Vermont Department of Children and Families
DIRECT TO IV-E - FC TRAINING, PROF PARTNER (LINE 16)	Direct to IV-E - FC Training Costs, Professional Partner (Line 16)	State of Vermont Department of Children and Families
DIRECT TO IV-E - GAP ADMIN, AGENCY (LINE 33)	Direct to Title IV-E GAP Admin Costs, Agency (Line 33)	State of Vermont Department of Children and Families
DIRECT TO IV-E - GAP ADMIN, NON-RECURRING (LINE 34)	Direct to Title IV-E GAP Admin Costs, Non-Recurring (Line 34)	State of Vermont Department of Children and Families
DIRECT TO IV-E - GAP DEMONSTRATION PROJECT (LINE 37A)	Direct to Title IV-E GAP Demonstration Project Costs (Line 37a)	State of Vermont Department of Children and Families
DIRECT TO IV-E - GAP POST DEMONSTRATION ASSISTANCE (LINE 37B)	Direct to IV-E - GAP Post Demonstration GAP Assistance and Service Costs (Line 37b)	State of Vermont Department of Children and Families
DIRECT TO IV-E - GAP TRAINING, PROF PARTNER (LINE 36)	Direct to IV-E - GAP Training Costs, Relative Guardian and Professional Partner (Line 36)	State of Vermont Department of Children and Families
DIRECT TO IV-E - GAP TRAINING, STAFF 75% FFP (LINE 35)	Direct to Title IV-E GAP Training Costs, Staff 75% FFP (Line 35)	State of Vermont Department of Children and Families

DIRECT TO JFI PILOT PROJECT	Direct To JFI Award	State of Vermont Department of Children and Families
Direct to MMIS PIE IAPD	Direct to CMS - MMIS PIE IAPD (90%)	State of Vermont Department of Children and Families
DIRECT TO RACE TO THE TOP ELC GRANT	Direct to Race to the Top	State of Vermont Department of Children and Families
Direct to SIM Grant	Direct to SIM Grant	State of Vermont Department of Children and Families
DIRECT TO SNAP - 100% STATE EXCHANGE (LINE 24)	Direct to SNAP 100% State Exchange (Line 24)	State of Vermont Department of Children and Families
DIRECT TO SNAP - 75% INDIAN ADMINISTRATION (LINE 25)	Direct to SNAP 75% Indian Administration (Line 25)	State of Vermont Department of Children and Families
DIRECT TO SNAP - ABAWD (LINE 15)	Direct to SNAP Employment and Training ABAWD Grant (Line 15)	State of Vermont Department of Children and Families
DIRECT TO SNAP - ADP DEVELOPMENT (LINE 6)	Direct to SNAP APD Development (Line 6)	State of Vermont Department of Children and Families
DIRECT TO SNAP - ADP OPERATIONS (LINE 7)	Direct to SNAP APD Operations (Line 7)	State of Vermont Department of Children and Families
DIRECT TO SNAP - CASHOUT (LINE 31)	Direct to SNAP Cashout (Line 31)	State of Vermont Department of Children and Families
DIRECT TO SNAP - CERTIFIED (LINE 1)	Direct to SNAP Certified (Line 1)	State of Vermont Department of Children and Families
DIRECT TO SNAP - CERTIFIED (LINE 1) FED ONLY	Direct to SNAP Certified (Line 1) Federal Only	State of Vermont Department of Children and Families
DIRECT TO SNAP - E&T 100% DUALS (LINE 11D)	Direct to SNAP Employment and Training 100% Duals (Line 11d)	State of Vermont Department of Children and Families
DIRECT TO SNAP - E&T 100% GRANT (LINE 11)	Direct to SNAP Employment and Training 100% Grant (Line 11)	State of Vermont Department of Children and Families
DIRECT TO SNAP - E&T 50% (LINE 12)	Direct to SNAP Employment and Training 50% Grant (Line 12)	State of Vermont Department of Children and Families
DIRECT TO SNAP - E&T 50% GRANT DUALS (LINE 12D)	Direct to SNAP Employment and Training 50% Grant Duals (Line 12d)	State of Vermont Department of Children and Families
DIRECT TO SNAP - E&T DEPENDENT CARE (LINE 13)	Direct to SNAP Employment and Training Dependent Care (Line 13)	State of Vermont Department of Children and Families
DIRECT TO SNAP - E&T TRANSPORTATION & OTHER (LINE 14)	Direct to SNAP Employment and Training Transportation & Other (Line 14)	State of Vermont Department of Children and Families
DIRECT TO SNAP - EBT STARTUP (LINE 22)	Direct to SNAP EBT Startup (Line 22)	State of Vermont Department of Children and Families
DIRECT TO SNAP - FAIR HEARINGS (LINE 8)	Direct to SNAP Fair Hearings (Line 8)	State of Vermont Department of Children and Families
DIRECT TO SNAP - ISSUANCE (LINE 2)	Direct to SNAP Issue (Line 2)	State of Vermont Department of Children and Families
DIRECT TO SNAP - ISSUANCE INDIRECT (LINE 21)	Direct to SNAP Issuance Indirect (Line 21)	State of Vermont Department of Children and Families
DIRECT TO SNAP - MANAGEMENT EVALUATION (LINE 4)	Direct to SNAP Management Evaluation (Line 4)	State of Vermont Department of Children and Families

DIRECT TO SNAP - NEW INVESTMENT ABAWD (LINE 19)	Direct to SNAP - New Investment ABAWD (Line 19)	State of Vermont Department of Children and Families
DIRECT TO SNAP - NEW INVESTMENT SNAP (LINE 19)	Direct to SNAP New Investment SNAP (Line 19)	State of Vermont Department of Children and Families
DIRECT TO SNAP - NUTRITION EDUCATION (LINE 18)	Direct to SNAP Nutrition Education (Line 18)	State of Vermont Department of Children and Families
DIRECT TO SNAP - OPTIONAL WORKFARE (LINE 16)	Direct to SNAP Optional Workforce (Line 16)	State of Vermont Department of Children and Families
DIRECT TO SNAP - OTHER (LINE 26)	Direct to SNAP 50% Unspecified Other (Line 26)	State of Vermont Department of Children and Families
DIRECT TO SNAP - OTHER ACTIVITIES (LINE 9)	Direct to SNAP Other Activities (Line 9)	State of Vermont Department of Children and Families
DIRECT TO SNAP - OUTREACH (LINE 17)	Direct to SNAP Outreach (Line 17)	State of Vermont Department of Children and Families
DIRECT TO SNAP - QUALITY CONTROL (LINE 3)	Direct to SNAP Quality Control (Line 3)	State of Vermont Department of Children and Families
DIRECT TO SNAP - SAVE (LINE 23)	Direct to SNAP SAVE (Line 23)	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 TANF - ASST UNDER PRIOR LAW EMRGNCY ASST (LINE 7C)	Direct to TANF Assistance Under Prior Law Emergency Assistance (Line 7c)	State of Vermont Department of Children and Families
DIRECT TO TANF - ASST UNDER PRIOR LAW FOSTER PAYMENTS (LINE 7A)	Direct to TANF Assistance Under Prior Law Foster Payments (Line 7a)	State of Vermont Department of Children and Families
DIRECT TO TANF - ASST UNDER PRIOR LAW JJ PAYMENTS (LINE 7B)	Direct to TANF Assistance Under Prior Law Juvenile Justice Payments (Line 7b)	State of Vermont Department of Children and Families
DIRECT TO TANF - BASIC ASST (LINE 6A)	Direct to TANF Basic Assitance (Line 6a)	State of Vermont Department of Children and Families
DIRECT TO TANF - BASIC ASST (LINE 6A) MOE B	Direct to TANF Basic Assistance (Line 6a) - Column B MOE	State of Vermont Department of Children and Families
DIRECT TO TANF - BASIC ASST (LINE 6A) MOE SSP C	Direct to TANF Basic Assistance (Line 6a) - Column C MOE Separate State Program	State of Vermont Department of Children and Families
DIRECT TO TANF - BASIC ASST REL FC MNTNCE PAYMENTS (LINE 6B)	Direct to TANF Basic Assistance Relative FC Maintenance Payments (Line 6b)	State of Vermont Department of Children and Families
DIRECT TO TANF - CW ADDITIONAL CW SERVICES (LINE 20C)	Direct to TANF Child Welfare, Additional Child Welfare Services (Line 20c)	State of Vermont Department of Children and Families
DIRECT TO TANF - CW ADOPTION SERVICES (LINE 20B)	Direct to TANF Child Welfare, Adoption Services	State of Vermont Department of Children and Families
DIRECT TO TANF - CW FAMILY SUPPT/PRSRVTN/RNFCTN SERVICES (LINE 20A)	Direct to TANF Child Welfare, Family Support/Family Preservation/Reunification Services (Line 20a)	State of Vermont Department of Children and Families

DIRECT TO TANF - EARLY CARE AND ED PRE-K/HEAD START (LINE 11B)	Direct to TANF Early Care and Education Pre-Kindergarten/Head Start (Line 11b)	State of Vermont Department of Children and Families
DIRECT TO TANF - FINANCIAL ED AND ASSET DVMPMNT (LINE 12)	Direct to TANF Financial Education and Asset Development	State of Vermont Department of Children and Families
DIRECT TO TANF - FTHRHD TWO-PARENT FAMILY FRMTN AND MNTNCE (LINE 19)	Direct to TANF Fatherhood and Two-Parent Family Formation and Maintenance Programs (Line 19)	State of Vermont Department of Children and Families
DIRECT TO TANF - HOME VISITING PROGRAMS (LINE 21)	Direct to TANF Home Visiting Programs (Line 21)	State of Vermont Department of Children and Families
DIRECT TO TANF - NON-ASST PRIOR LAW CWS (LINE 8A)	Direct to TANF Non-Assistance Under Prior Law Child Welfare Services (Line 8a)	State of Vermont Department of Children and Families
DIRECT TO TANF - NON-ASST PRIOR LAW EMRGC SVC (8C)	Direct to TANF Non-Assistance Under Prior Law Emergency Services (Line 8c)	State of Vermont Department of Children and Families
DIRECT TO TANF - NON-ASST UNDER PRIOR LAW JJ SERVI	Direct to TANF Non-Assistance Under Prior Law Juvenile Justice Services (Line 8b)	State of Vermont Department of Children and Families
DIRECT TO TANF - NON-EITC REFUNDABLE STATE TAX CREDITS (LINE 14)	Direct to TANF Non-EITC Refundable State Tax Credits	State of Vermont Department of Children and Families
DIRECT TO TANF - OTHER (LINE 23)	Direct to TANF Other (Line 23)	State of Vermont Department of Children and Families
DIRECT TO TANF - PROG MGMT ADMIN COSTS (LINE 22A)	Direct to TANF Program Management, Administrative Costs (Line 22a)	State of Vermont Department of Children and Families
DIRECT TO TANF - PROGRAM MNGMNT SYSTEMS (LINE 22C)	Direct to TANF Program Management, System (Line 22c)	State of Vermont Department of Children and Families
DIRECT TO TANF - PRVNTN OF OUT-OF-WEDLOCK PREGNANCIES (LINE 18)	Direct to TANF Prevention of Out-Of-Wedlock Pregnancies (Line 18)	State of Vermont Department of Children and Families
DIRECT TO TANF - REFUNDABLE EARNED INCOME TAX CRED	Direct to TANF Refundable Earned Income Tax Credits (Line 13) Column A	State of Vermont Department of Children and Families
DIRECT TO TANF - SERVICES FOR CHILDREN AND YOUTH (LINE 17)	Direct to TANF Services for Children and Youth (Line 17 Column C)	State of Vermont Department of Children and Families
DIRECT TO TANF - SUPPORTIVE SERVICES (LINE 16)	Direct to TANF Supportive Services (Line 16)	State of Vermont Department of Children and Families
DIRECT TO TANF - WORK SUPPORTS (LINE 10)	Direct to TANF Work Supports (Line 10)	State of Vermont Department of Children and Families
direct to tanf - work supports (line 10) column B	Direct to TANF Work Supports (Line 10) Column B MOE	State of Vermont Department of Children and Families
DIRECT TO TANF - WORK, ED, TRNG - ED AND TRNG (LIN	Direct to TANF Work, Education, Training Activities - Education and Training (Line 9b)	State of Vermont Department of Children and Families

direct to tanf - work, ed, trng - ed and trng (line 9b) col B	Direct to TANF Work, Education, Training Activities - Education and Training (Line 9b) Column B MOE	State of Vermont Department of Children and Families
DIRECT TO TANF - WORK, ED, TRNG - SUBSIDIZED EMPLMNT (LINE 9A)	Direct to TANF Work, Education, Training Activities - Subsidized Employment (Line 9a)	State of Vermont Department of Children and Families
DOE WX	PU - Percentage of DOE WX compared to Total Exp	State of Vermont Department of Children and Families
DOMESTIC VIOLENCE GRANTS	Direct to Domestic Violence	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 (TANF LINE 22A)	Case Count Across Economic Services (Duplicated) (TANF - Line 22a)	State of Vermont Department of Children and Families
ECONOMIC SERVICES DUP CASE COUNT (TANF LINE 22A, MEDICAID 75%)	Case Count Across Economic Services (Duplicated) (TANF - Line 22a, Medicaid 75%)	State of Vermont Department of Children and Families
ECONOMIC SERVICES DUP CASE COUNT (TANF LINE 22C)	Case Count Across Economic Services (Duplicated) (TANF - Line 22c)	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) SALARY	Total Salaries - Across Economic Services (including Field Staff, not including fringe) (TANF Line 22a)	State of Vermont Department of Children and Families
ES (FIELD STAFF) SALARY (LINE 22C)	Total Salaries - Across Economic Services (including Field Staff, not including fringe) (TANF - Line 22c)	State of Vermont Department of Children and Families
FAMILY INFANT TODDLER	Direct to Part-C Family Infant Toddler Program	State of Vermont Department of Children and Families
Family Pres. Case Worker Visit	Direct to IV-B Part II Family Preservation Case Worker Visitation	State of Vermont Department of Children and Families
FAMILY PRESERV. IV-B, II	Direct to IV-B Part II Family Preservation	State of Vermont Department of Children and Families
FAMILY SERVICES TIME STUDY (TANF LINE 22C)	Quarterly Results of Family Services Time Study (TANF - Line 22c)	State of Vermont Department of Children and Families
FAMILY SERVICES TIME STUDY (LINE 22A)	Quarterly Results of Family Services Time Study (TANF - Line 22a)	State of Vermont Department of Children and Families
FAMILY SERVICES TIME STUDY (TANF LINE 8A)	Quarterly Results of Family Services Time Study (TANF - Line 8a)	State of Vermont Department of Children and Families
FARM TO FAMILY	Direct to Farm to Family Administration (Federal)	State of Vermont Department of Children and Families
FF NON-WIC	Direct to Farm to Family Non-WIC (State Fund)	State of Vermont Department of Children and Families
FF SENIOR	Direct to Farm to Family Senior Coupons (Interdepartmental Funds)	State of Vermont Department of Children and Families
FF WIC	Direct to Farm to Family WIC (Federal)	State of Vermont Department of Children and Families

FIELD STAFF (CW AND YJ) SALARY (TANF LINE 22A)	Total Salaries - Across Family Services Field Staff (not including fringe) (TANF - Line 22a)	State of Vermont Department of Children and Families
FIELD STAFF (CW AND YJ) SALARY (TANF LINE 22C)	Total Salaries - Across Family Services Field Staff (not including fringe) (TANF - Line 22c)	State of Vermont Department of Children and Families
FIELD STAFF (CW AND YJ) SALARY (TANF LINE 8A)	Total Salaries - Across Family Services Field Staff (not including fringe) (TANF - Line 8a)	State of Vermont Department of Children and Families
FIELD STAFF (ES) SALARY	Total Salaries - Employee Salaries Across Field Staff (within Economic Services) TANF Line 22a and b	State of Vermont Department of Children and Families
FIELD STAFF (ES) SALARY (LINE 22C)	Total Salaries - Across Economic Services Field Staff (not including fringe) (TANF - Line 22c)	State of Vermont Department of Children and Families
FINAL	NOT APPLICABLE	State of Vermont Department of Children and Families
FOOD AND NUTRITION PROGRAM DIRECTOR	Total Salaries - Employee Salaries Across Food and Nutrition Unit	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
FORMER PATH TIME STUDY	Results of the Economic Assistance time study	State of Vermont Department of Children and Families
FORMER PATH TIME STUDY (LINE 22C)	Results of the Economic Assistance Time Study (TANF - Line 22c)	State of Vermont Department of Children and Families
FRAUD & RU CLAIMS EST.	PU - Percentage Direct to SNAP - Fraud Control (Line 5) and Economic Case Count Across Reach Up (TANF and General Fund) TANF - Line 22a	State of Vermont Department of Children and Families
FRAUD INVESTIGATIONS (TANF LINE 22A)	Quarterly Percentage of Fraud Investigations (TANF - Line 22a)	State of Vermont Department of Children and Families
FRAUD INVESTIGATIONS (TANF LINE 22C)	Quarterly Percentage of Fraud Investigations (TANF - Line 22c)	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
GENERAL FUND	Direct to General Fund	State of Vermont Department of Children and Families
HARTFORD QTR EMP COUNT	Quarterly employee count across Hartford district office	State of Vermont Department of Children and Families
HOME HEATING PROGRAM	Direct to Home Heating Program/LIHEAP (Federally Funded)	State of Vermont Department of Children and Families
HOME HEATING PROGRAM (ADMIN)	Direct to Home Heating Program/LIHEAP Admin	State of Vermont Department of Children and Families
Home Heating Program (State)	Direct to Home Heating Program/LIHEAP (State Funded)	State of Vermont Department of Children and Families
HOUSEHOLD COUNT (TANF 22A)	Household Count by Funding Sources (TANF - Line 22a)	State of Vermont Department of Children and Families
HOUSEHOLD COUNT (TANF 22B)	Household Count by Funding Sources (TANF - Line 22b)	State of Vermont Department of Children and Families

HOUSEHOLD COUNT (TANF 22C)	Household Count by Funding Sources (TANF - Line 22c)	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
IDA	Direct to Individual Development Account (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
Invest - AABD CCL Lev 3 (56)	Direct to Investments (STC-79) - Aid to the Aged, Blind and Disabled CCL Level III (56)	State of Vermont Department of Children and Families
Invest - AABD Res Care Lev 3 (57)	Direct to Investments (STC-79) - Aid to the Aged, Blind and Disabled Res Care Level III (57)	State of Vermont Department of Children and Families
Invest - AABD Res Care Lev 4 (58)	Direct to Investments (STC-79) - Aid to the Aged, Blind and Disabled Res Care Level IV (58)	State of Vermont Department of Children and Families
Invest - Building Bright Futures	PU - VT Household Health Insurance Survey (VHHIS) Percentage to General Fund and Investments (STC-79) - Building Bright Futures (35)	State of Vermont Department of Children and Families
Invest - Challenges for Change (9)	Direct to Investments (STC-79) - Challenges for Change: DCF (9)	State of Vermont Department of Children and Families
Invest - CIS EI (pending)	Direct to Investments (STC-79) - Children's Integrated Services Early Intervention (pending)	State of Vermont Department of Children and Families
Invest - EPP (59)	Direct to Investments (STC-79) - Essential Person Program (59)	State of Vermont Department of Children and Families
Invest - GA Med Expense (60)	Direct to Investments (STC-79) - GA Medical Expenses (60)	State of Vermont Department of Children and Families
Invest - Lamoille Valley (62)	Direct to Investments (STC-79) - Lamoille Valley Community Justice Project (62)	State of Vermont Department of Children and Families
Invest - Lund Home (2)	Direct to Investments (STC-79) - Lund Home (2)	State of Vermont Department of Children and Families
Invest - Medical Services (55)	Direct to Investments (STC-79) - Medical Services (55)	State of Vermont Department of Children and Families
Invest - Nurturing Parent (34)	Direct to Investments (STC-79) - Prevent Child Abuse Vermont: Nurturing Parent (34)	State of Vermont Department of Children and Families
Invest - Res Care Youth/Sub Care (1)	Direct to Investments (STC-79) - Residential Care for Youth/Substitute Care (1)	State of Vermont Department of Children and Families
Invest - Shaken Baby (33)	Direct to Investments (STC-79) - Prevent Child Abuse Vermont: Shaken Baby (33)	State of Vermont Department of Children and Families
Invest - Strengthening Families (26)	Direct to Investments (STC-79) - Strengthening Families (26)	State of Vermont Department of Children and Families
Invest - Therapeutic Child Care (61)	Direct to Investments (STC-79) - Therapeutic Child Care (61)	State of Vermont Department of Children and Families
IV-B CW SERV.	Direct to Title IV-B Family Services	State of Vermont Department of Children and Families
IV-D A&V	Direct to Title IV-D Access and Visitation	State of Vermont Department of Children and Families

IV-E AA ELIG TRAINING (ENHANCED)	Title IV-E AA Eligibility Rate (IV-E Training) Enhanced	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 ELIG TRAINING (ENHANCED)	Title IV-E Foster Care Eligibility Rate (IV-E Training) - Enhanced	State of Vermont Department of Children and Families
IV-E FOSTER CARE MAINT PAY	Direct to Title IV-E Foster Care Maintenance Payments (Line 1a)	State of Vermont Department of Children and Families
IV-E PQA	Direct to IV-E Prior Quarter Adjustments	State of Vermont Department of Children and Families
IV-E Training (Line 8)	Direct to Title IV-E Foster Care Training (50%)	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
JJDP	Direct to Juvenile Justice Delinquency Prevention (JJDP)	State of Vermont Department of Children and Families
JOB START PROGRAM	Direct to Job Start	State of Vermont Department of Children and Families
LEGAL	Quarterly Results of the Legal Time Study	State of Vermont Department of Children and Families
Lifeline	Direct to Lifeline	State of Vermont Department of Children and Families
Medicaid - Admin	Direct to Medicaid - Admin 50/50 Line 49	State of Vermont Department of Children and Families
MORRISVILLE QTR EMP. COUNT	Quarterly employee count across Morrisville district office staff	State of Vermont Department of Children and Families
NEWPORT QTR EMP COUNT	Quarterly employee count across Newport district office staff	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	Quarterly Case Count Across IV-D and Non IV-D	State of Vermont Department of Children and Families
OCS METHOD A (Line 5)	Quarterly Case Count Across IV-D and Non IV-D (Line 5)	State of Vermont Department of Children and Families
OCS METHOD B	Quarterly Customer Contacts Across IV-D and Non IV-D	State of Vermont Department of Children and Families
OCS METHOD B (Line 5)	Quarterly Customer Contacts Across IV-D and Non IV-D (Line 5)	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	Quarterly number of paid claims for Medicaid - Admin 50/50 and CHIP Admin	State of Vermont Department of Children and Families
Percent of SSA vs Medicaid 50/50	Percentage of Social Security versus Medicaid - Admin 50/50 Costs	State of Vermont Department of Children and Families
PERCENT OF SSA VS MEDICAID 50/50 - MEDICAL	Percentage of Social Security versus Medicaid - Admin 50/50 - Medical	State of Vermont Department of Children and Families
Percent of SSA Vs Medicaid 50/50 - Other	Percentage of Social Security versus Medicaid - Admin 50/50 - Other Costs	State of Vermont Department of Children and Families

Percent of SSA VS Medicaid 50/50 - Personnel	Percentage of Social Security versus Medicaid - Admin 50/50 - Personnel	State of Vermont Department of Children and Families
PERCENTAGE OF EA/GA DOLLARS	Cost Across EA and GA (Allocated to TANF and General Fund)	State of Vermont Department of Children and Families
PERMANENT GUARDIANSHIP	Direct to Permanent Guardianship	State of Vermont Department of Children and Families
QA & RU CLAIMS EST.	PU - Percentage Direct to SNAP - Certified (Line1) and Economic Case Count Across Reach Up (TANF and General Fund) TANF - Line 22a	State of Vermont Department of Children and Families
QC & RU CLAIMS EST.	PU - Percentage Direct to SNAP - Quality Control (Line3) and Economic Case Count Across Reach Up (TANF and General Fund) TANF - Line 22a	State of Vermont Department of Children and Families
Quarterly ACH Count	Quarterly ACH Count Across Reach Up, LIHEAP and SNAP	State of Vermont Department of Children and Families
Quarterly Check Count	Quarterly Check Count Across Reach Up, LIHEAP, SNAP and Medicaid - Admin 50/50	State of Vermont Department of Children and Families
RES LIC & SPEC INVEST UNIT (LINE 22A)	Total Salaries - Across Residential Licensing & Special Investigations Unit (not including fringe) (TANF - Line 22a)	State of Vermont Department of Children and Families
RES LIC & SPEC INVEST UNIT (LINE 22C)	Total Salaries - Across Residential Licensing & Special Investigations Unit (not including fringe) (TANF - Line 22c)	State of Vermont Department of Children and Families
RU/3DQ8/FUEL/GA (LINE 22C)	PU - RU/SNAP Line 8/Fuel/GA (Line 22c)	State of Vermont Department of Children and Families
RU/3SQ1	PU - RU/SNAP Line 1	State of Vermont Department of Children and Families
RU/3SQ1 (LINE 22C)	PU - RU/SNAP Line 1 (Line 22C)	State of Vermont Department of Children and Families
RU/3SQ1/FUEL	PU - RU/SNAP Line 1/Fuel	State of Vermont Department of Children and Families
RU/3SQ1/FUEL (LINE 22C)	PU - RU/SNAP Line 1/Fuel (Line 22c)	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 (LINE 22C)	PU - RU/SNAP Line 1/Fuel/GA (Line 22c)	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/3SQ1/FUEL/GA/AABD (LINE 22C)	PU - RU/SNAP Line 1/Fuel/GA/AABD (Line 22c)	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 (LINE 22C)	PU - RU/SNAP Line 17 (Line 22c)	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 (LINE 22C)	PU - RU/SNAP Line 17/Fuel (Line 22c)	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 (LINE 22C)	PU - RU/SNAP Line 17/Fuel/GA (Line 22c)	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/3SQ17/FUEL/GA/AABD (LINE 22C)	PU - RU/SNAP Line 17/Fuel/GA/AABD (Line 22c)	State of Vermont Department of Children and Families
RU/3SQ26	PU - RU/SNAP Line 26	State of Vermont Department of Children and Families
RU/3SQ26 (LINE 22C)	PU - RU/SNAP Line 26 (Line22c)	State of Vermont Department of Children and Families
RU/3SQ26/FUEL	PU - RU/SNAP Line 26/Fuel	State of Vermont Department of Children and Families
RU/3SQ26/FUEL (LINE22C)	PU - RU/SNAP Line 26/Fuel (Line 22c)	State of Vermont Department of Children and Families
RU/3SQ26/FUEL/GA	PU - RU/SNAP Line 26/Fuel/GA	State of Vermont Department of Children and Families
RU/3SQ26/FUEL/GA (LINE22C)	PU - RU/SNAP Line 26/Fuel/GA (Line22c)	State of Vermont Department of Children and Families
RU/3SQ26/FUEL/GA/AABD	PU - RU/SNAP Line 26/Fuel/GA/AABD	State of Vermont Department of Children and Families
RU/3SQ26/FUEL/GA/AABD (LINE 22C)	PU - RU/SNAP Line 26/Fuel/GA/AABD (Line22c)	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 (LINE 22C)	PU - RU/SNAP Line 5 (Line 22c)	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 (LINE 22C)	PU - RU/SNAP Line 5/Fuel (Line 22c)	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 (LINE 22C)	PU - RU/SNAP Line 5/Fuel/GA (Line 22c)	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/3SQ5/FUEL/GA/AABD (LINE 22C)	PU - RU/SNAP Line 5/Fuel/GA/AABD (Line 22c)	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 (LINE 22C)	PU - RU/SNAP Line 8 (Line 22c)	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 (LINE 22C)	PU - RU/SNAP Line 8/Fuel (Line 22c)	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/3SQ8/FUEL/GA/AABD (LINE 22C)	PU - RU/SNAP Line 8/Fuel/GA/AABD (Line 22c)	State of Vermont Department of Children and Families
RU/FUEL	PU - RU/Fuel	State of Vermont Department of Children and Families
RU/FUEL (LINE 22C)	PU - RU/Fuel (Line 22c)	State of Vermont Department of Children and Families
RU/GA	PU - RU/GA	State of Vermont Department of Children and Families
RU/GA (LINE 22C)	PU - RU/GA (Line 22c)	State of Vermont Department of Children and Families
RUCASECOUNT (TANF LINE 22A)	Economic Case Count Across Reach Up (TANF and General Fund) (TANF - Line 22a)	State of Vermont Department of Children and Families
RUCASECOUNT (TANF LINE 22B)	Economic Case Count Across Reach Up (TANF and General Fund) (TANF - Line 22b)	State of Vermont Department of Children and Families
RUCASECOUNT (TANF LINE 22B) COL B	Economic Case Count Across Reach Up (TANF Line 22B Column B MOE and General Fund)	State of Vermont Department of Children and Families
RUCASECOUNT (TANF LINE 22C)	Economic Case Count Across Reach Up (TANF and General Fund) (TANF - Line 22c)	State of Vermont Department of Children and Families
RUTLAND QTR EMP. COUNT	Quarterly employee count across Rutland district office staff	State of Vermont Department of Children and Families
Salaries OCS Central Office Staff	Total Salaries - Employee Salaries across OCS Central Office Staff	State of Vermont Department of Children and Families
SALARIES OCS CENTRAL OFFICE STAFF (LINE 5)	Total Salaries - Employee Salaries across OCS Central Office Staff (Line 5)	State of Vermont Department of Children and Families
Salaries OCS CRU/QA/Locate	Total Salaries - Employee Salaries across OCS Cash Receipts/ Quality Assurance/ Locate Units	State of Vermont Department of Children and Families
Salaries OCS CRU/QA/Locate (Line5)	Total Salaries - Employee Salaries across OCS Cash Receipts/ Quality Assurance/ Loacte Units (Line 5)	State of Vermont Department of Children and Families
Salaries OCS Customer Service Unit	Total Salaries - Employee Salaries across OCS Customer Service Unit	State of Vermont Department of Children and Families
SALARIES OCS CUSTOMER SERVICE UNIT (LINE 5)	Total Salaries - Employee Salaries across OCS Customer Services Unit (Line 5)	State of Vermont Department of Children and Families
Salaries OCS District Offices	Total Salaries - Employee Salaries across OCS District Offices	State of Vermont Department of Children and Families
SALARIES OCS DISTRICT OFFICES (LINE 5)	Total Salaries - Employee Salaries across OCS District Offices (Line 5)	State of Vermont Department of Children and Families
Salaries OCS Intercept/RC	Total Salaries - Employee Salaries across OCS Intercept/ Record Center Unit	State of Vermont Department of Children and Families

SALARIES OCS INTERCEPT/RC UNIT (LINE - 5)	Total Salaries - Employee Salaries across OCS Intercept/ Record Center Unit (Line 5)	State of Vermont Department of Children and Families
Salaries OCS Operations Support/ CRU/ QA (Line 5)	Total Salaries - Employee Salaries across OCS Operations Support/ Cash Receipts/ Quality Assurance Units (Line 5)	State of Vermont Department of Children and Families
Salaries OCS Operations Support/CRU/QA	Total Salaries - Employee Salaries across OCS Operation Support/Cash Receipts/ Quality Assurance Units	State of Vermont Department of Children and Families
Salaries OCS Process Management Unit	Total Salaries - Employee Salaries across OCS Process Management Unit	State of Vermont Department of Children and Families
Salaries OCS Process Management Unit (Line 5)	Total Salaries - Employee Salaries across OCS Process Management Unit (Line 5)	State of Vermont Department of Children and Families
SALARY (LESS DDS) (TANF LINE 22A/CCDF LINE 1H1)	Total Salaries - Across All DCF Staff less DDS (not including fringe) (TANF - Line 22a/CCDF Line 1H1)	State of Vermont Department of Children and Families
SALARY (LESS DDS) (TANF LINE 22C/CCDF LINE 1H1)	Total Salaries - Across All DCF Staff less DDS (not including fringe) (TANF - Line 22c/CCDF Line 1H1)	State of Vermont Department of Children and Families
SALARY (LESS OCS) TANF 22A	Total Salaries - Across All DCF Staff less OCS (not including fringe) (TANF Line 22a)	State of Vermont Department of Children and Families
SALARY (TANF - LINE 22A)	Total Salaries - Across All DCF Staff (not including fringe) (TANF Line 22A/CCDF Line 1a)	State of Vermont Department of Children and Families
SALARY (TANF - LINE 22C/CCDF LINE 1H1)	Total Salaries - Across All DCF Staff (not including fringe) (TANF - LINE 22C/CCDF LINE 1H1)	State of Vermont Department of Children and Families
SALARY FRAUD AND CLAIMS ESTABLISHMENT	Total Salaries - Across Fraud Investigations and Claims Establishment (not including fringe) (TANF - Line 22a)	State of Vermont Department of Children and Families
SALARY FRAUD AND CLAIMS ESTABLISHMET (TANF - Line 22c)	Total Salaries - Across Fraud Investigations and Claims Establishment (not including fringe) (TANF -Line 22c)	State of Vermont Department of Children and Families
SALARY FRAUD AND QUALITY UNIT (TANF LINE 22A)	Total Salaries - Across Fraud Unit and Quality Control (not including fringe) (TANF - Line 22a)	State of Vermont Department of Children and Families
SALARY FRAUD AND QUALITY UNIT (TANF LINE 22C)	Total Salaries - Across Fraud Unit and Quality Control (not including fringe) (TANF - Line 22c)	State of Vermont Department of Children and Families
SALARY IT (TANF LINE 22A)	Total Salaries - Across IT (not including fringe) (TANF - Line 22a)	State of Vermont Department of Children and Families
SALARY IT (TANF LINE 22C/CCDF LINE 1H1)	Total Salaries - Across IT (not including fringe) (TANF - Line 22c/CCDF Line 1H1)	State of Vermont Department of Children and Families
SALARY OCS	Total Salaries - Employee Salaries Across Office of Child Support (OCS) (Line 1b)	State of Vermont Department of Children and Families
Salary OCS Intercept/RC/Customer Service	Total Salaries - Employee Salaries across OCS Intercept/Record Center/ Customer Service Units	State of Vermont Department of Children and Families
SALARY OCS INTERCEPT/RC/CUSTOMER SERVICE (LINE 5)	Total Salaries - Employee Salaries across OCS Intercept/Record Center/ Customer Service Units (Line 5)	State of Vermont Department of Children and Families

SALARY OCS-(LINE 5)	Total Salaries - Employee Salaries Across Office of Child Support (OCS) (Line 5)	State of Vermont Department of Children and Families
SALARY OEO	Total Salaries - Employee Salaries Across Office of Economic Opportunity (OEO)	State of Vermont Department of Children and Families
SALARY QUALITY ASSURANCE	Total Salaries - Employee Salaries Across Quality Assurance	State of Vermont Department of Children and Families
SALARY QUALITY CONTROL	Total Salaries - Employee Salaries Across Quality Control	State of Vermont Department of Children and Families
SALARY SSMIS (TANF LINE 22A)	Total Salaries - Across Family Services Operational Staff Using the Systems (not including fringe) (TANF - Line 22a)	State of Vermont Department of Children and Families
SALARY SSMIS (TANF LINE 22C)	Total Salaries - Across Family Services Operational Staff Using the Systems (not including fringe) (TANF - Line 22c)	State of Vermont Department of Children and Families
SALARY WX	Total Salaries - Employee Salaries Across Weatherization	State of Vermont Department of Children and Families
SNAP PQA	Direct to SNAP Prior Quarter Adjustments	State of Vermont Department of Children and Families
SOCIAL SECURITY	Direct to Social Security	State of Vermont Department of Children and Families
Social Security Medical	Direct to Social Security Medical	State of Vermont Department of Children and Families
Social Security Other	Direct to Social Security Other	State of Vermont Department of Children and Families
Social Security Personnel	Direct to Social Security Personnel	State of Vermont Department of Children and Families
Social Security PQA	Direct to Social Security Prior Quarter	State of Vermont Department of Children and Families
SPRINGFIELD QTR EMP COUNT	Quarterly employee count across Springfield district office staff	State of Vermont Department of Children and Families
SSBG	Direct to Social Services Block Grant (SSBG)	State of Vermont Department of Children and Families
SSNRI Shared Staffing	PU - SSNRI Staffing (shared)	State of Vermont Department of Children and Families
ST. JOHNSBURY QTR EMO COUNT	Quarterly employee count across St. Johnsbury district office	State of Vermont Department of Children and Families
ST.ALBANS QTR EMP. COUNT	Quarterly employee count across St. Albans district office staff	State of Vermont Department of Children and Families
TANF FSI (LINE 22A)	Case Count Across TANF, SNAP Benefits Issued & Fuel (TANF - Line 22a)	State of Vermont Department of Children and Families
TANF FSI (LINE 22C)	Case Count Across TANF, SNAP Benefits Issued & Fuel (TANF - Line 22c)	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-E & Med Eligibility Rate (IVE Line 5)	Quarterly Count of Eligible Cases Across Title IV-E (IVE Line 5), Medicaid Admin 50/50, and General Fund	State of Vermont Department of Children and Families
Title IV-E & Med Eligibility Rate (IVE Line 8)	Quarterly Count of Eligible Cases Across Title IV-E (IVE Line 8), Medicaid Admin 50/50, and General Fund	State of Vermont Department of Children and Families

Title IV-E & Med Eligibility Rate (Line 7)	Quarterly Count of Eligible Cases Across Title IV-E (IVE Line 7), Medicaid Admin 50/50, and General Fund	State of Vermont Department of Children and Families
TITLE IV-E ADOP & GUARD	Title IV-E Adoption Assistance Rate and Title IV-E Guardianship Rate	State of Vermont Department of Children and Families
TITLE IV-E ADOPTION ASSISTANCE RATE	Title IV-E AA Eligibility Rate	State of Vermont Department of Children and Families
TITLE IV-E ELIGIBILITY RATE	Title IV-E Foster Care Eligibility Rate	State of Vermont Department of Children and Families
UTILITY	PU - Utility Eligibility Rate	State of Vermont Department of Children and Families
UTILITY ELIGIBILITY	Direct To Utility Eligibility	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 VT Spay Neuter Incentive Program (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
WOODSIDE	Direct to Woodside	State of Vermont Department of Children and Families
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 Antibiotic Stewardship	Direct to Antibiotic Stewardship	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 BEHAVIORAL RF SURV	Direct to Behavioral Risk Factor Surveillance	State of Vermont Department of Health
DIRECT TO BIOTERRORISM PREP.	Direct to Bioterrorism	State of Vermont Department of Health

DIRECT TO BRACE	Direct to BRACE (Building Resilience Against Climate Change Effects in VT)	State of Vermont Department of Health
Direct to BRACE Climate Change	Direct to BRACE Climate Change	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 CDC Quitline Capacity	Direct to CDC Quitline Capacity	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 Disability	Direct to Chronic Disease Disability	State of Vermont Department of Health
Direct to CJS Mini Grant	Direct to CJS Mini Grant	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 CULTURE OF HEALTH	Direct to Building a Culture of Health	State of Vermont Department of Health
Direct to Cyanobacteria Monitoring	Direct to Cyanobacteria Monitoring	State of Vermont Department of Health
DIRECT TO DOMESTIC AND SEXUAL VIOLENCE PREVENTION	Direct to Domestic and Sexual Violence Prevention	State of Vermont Department of Health
DIRECT TO EARLY HEARING DETECTION	Direct to Early Hearing Detection and 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 EMS FOR CHILDREN	Direct to EMS for Children	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 EVIDENCE-BASED FALL PREVENTION PROGRAM	Direct to Evidence-Based Fall Prevention Program	State of Vermont Department of Health
DIRECT TO FAMILY PLANNING	Direct to Family Planning Program	State of Vermont Department of Health
Direct to FINI SNAP Incentive	Direct to FINI SNAP Incentive	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 GLOBAL COMMITMENT PROGRAM	Direct to Global Commitment Program	State of Vermont Department of Health
Direct to Help Me Grow Integration	Direct to Help Me Grow Integration	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	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 HRSA Oral Health Workforce	Direct to HRSA Oral Health Workforce	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 IDT SNAP Nutrition Ed	Direct to IDT SNAP Nutrition Ed	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 RADON	Direct to Indoor Radon Surveillance	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 INV - AHEC (21)	Direct to Investments (STC-79) - Area Health Education Centers (AHEC) (21)	State of Vermont Department of Health
Direct to INV - Enhanced Immunization (46)	Direct to Investments (STC-79) - Enhanced Immunization (46)	State of Vermont Department of Health
DIRECT TO INV - FAMILY PLANNING (75)	Direct to Investments (STC-79) - Family Planning (75)	State of Vermont Department of Health
Direct to INV - Healthy Homes/Lead Poison Prev(49)	Direct to Investments (STC-79) - Healthy Homes and Lead Poisoning Prevention Program (49)	State of Vermont Department of Health

Direct to INV - Physician/Dentist Loan Repay (25)	Direct to Investments (STC-79) - Physician/Dentist Loan Repayment Program (25)	State of Vermont Department of Health
Direct to INV - Public Inebriate, C for C (23)	Direct to Investments (STC-79) - Public Inebriate Services, C for C (23)	State of Vermont Department of Health
Direct to INV - Recovery Centers (17)	Direct to Investments (STC-79) - Recovery Centers (17)	State of Vermont Department of Health
Direct to INV - Renal Disease (73)	Direct to Investments (STC-79) - Renal Disease (73)	State of Vermont Department of Health
DIRECT TO INV - STATEWIDE TOBACCO CESSATION (76)	Direct to Investments (STC-79) - Statewide Tobacco Cessation (76)	State of Vermont Department of Health
DIRECT TO INV - SUD TREATMENT (30)	Direct to Investments (STC-79) - Substance Use Disorder Treatment (30)	State of Vermont Department of Health
Direct to INV - VT Blueprint for Health (44)	Direct to Investments (STC-79) - VT Blueprint for Health (44)	State of Vermont Department of Health
Direct to INV - WIC Coverage (37)	Direct to Investments (STC-79) - WIC Coverage (37)	State of Vermont Department of Health
Direct to INV- Tobacco Cessation: Community (50)	Direct to Investments (STC-79) - Tobacco Cessation: Community Coalitions (50)	State of Vermont Department of Health
DIRECT TO KOMEN BREAST SERVICES	Direct to Komen Breast Services	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
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 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 Medicaid - Admin 50/50 Line 49	Direct to Medicaid - Admin 50/50 Line 49	State of Vermont Department of Health
DIRECT TO MEDICAL EXAMINER	Direct to Medical Examiner	State of Vermont Department of Health
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 NAS Surveillance	Direct to NAS Surveillance	State of Vermont Department of Health

Direct to National Retail Food Regulatory Program	Direct to National Retail Food Regulatory Program Standards (NRFRPS)	State of Vermont Department of Health
DIRECT TO NEWBORN SCREENING	Direct to Newborn Screening	State of Vermont Department of Health
Direct to Non-Federal SABG Treatment and ADMIN	Direct to Non-Federal SABG Treatment and ADMIN	State of Vermont Department of Health
Direct to NRC Agreement State	Direct to NRC Agreement State	State of Vermont Department of Health
DIRECT TO OPIOID ANTAGONIST PILOT	Direct to Opioid Antagonist Pilot	State of Vermont Department of Health
Direct to Opioid Involved Morbidity	Direct to Opioid Involved Morbidity	State of Vermont Department of Health
Direct to Opioid STR - CURES	Direct to Opioid STR - CURES	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 ORGAN DONATION	Direct to Organ Donation.	State of Vermont Department of Health
DIRECT TO OTHER PROGRAM INITIATIVES	Direct to Other Program Initiatives	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 PH Emergency Response	Direct to PH Emergency Response	State of Vermont Department of Health
Direct to PHEP - Zika	Direct to PHEP - Zika	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 PREG RA MONITORING	Direct to Pregnancy Risk Assessment Monitoring	State of Vermont Department of Health
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 Prescription Drugs SPF	Direct to Prescription Drugs SPF	State of Vermont Department of Health
DIRECT TO PRIMARY CARE	Direct to Primary Care	State of Vermont Department of Health
DIRECT TO PRIVATE WATER SUPPLIES	Direct to Private Water Supplies	State of Vermont Department of Health

DIRECT TO PROV-NON BLOCK	Direct to Payment to Providers for Residential Treatment-Non Block	State of Vermont Department of Health
DIRECT TO PUBLIC HEALTH ACTIONS (1305)	Direct to Public Health Actions (1305)	State of Vermont Department of Health
DIRECT TO RABIES CONTROL	Direct to Rabies Control	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 Road User Safety MOU	Direct to Road User Safety MOU	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
Direct to Rx Drug Disposal Activities	Direct to Rx Drug Disposal Activities	State of Vermont Department of Health
direct to SABG	Direct to Substance Abuse Block Grant	State of Vermont Department of Health
DIRECT TO SBIRT	Direct to SBIRT	State of Vermont Department of Health
DIRECT TO SCHOOL-BASED SURVEILLANCE	Direct to School-Based Surveillance	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 SPMP - Other Agency 75/25 - Line 3b	Direct to SPMP - Other Agency 75/25 - Line 3b	State of Vermont Department of Health
Direct to SPMP - Staff 75/25 - Line 3a	Direct to SPMP - Staff 75/25 - Line 3a	State of Vermont Department of Health
DIRECT TO SSBG	Direct to Social Services Block Grant	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 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-CHARITABLE CHOICE	Direct to Transitional Housing-Charitable Choice (state funds)	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 Vermont Yankee bill back	Direct to Vermont Yankee bill back	State of Vermont Department of Health
Direct to VT Vaccine Purchasing Program	Direct to VT Vaccine Purchasing Program	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 ADMIN	Direct to WIC Administration	State of Vermont Department of Health
DIRECT TO WIC FOOD	Direct to WIC Supplemental Food	State of Vermont Department of Health
DIRECT TO WIC INFRASTRUCTURE	Direct to WIC Infrastructure	State of Vermont Department of Health
DIRECT TO WISEWOMAN	Direct to Wisewoman	State of Vermont Department of Health
Direct to Zika Birth Information Network Grant	Direct to Zika Birth Information Network Grant	State of Vermont Department of Health
FINAL	NOT APPLICABLE	State of Vermont Department of Health
PU - INV - EMERGENCY MEDICAL SERVICES (19)	PU - Investments (STC-79) - Emergency Medical Services (19) per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health
PU - INV - Fluoride Treatment (38)	PU - Investments (STC-79) - Fluoride Treatment (38) per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health
PU - INV - Health Laboratory (31)	PU - Investments (STC-79) - Health Laboratory (31) per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health
PU - INV - Health Research and Statistics (39)	PU - Investments (STC-79) - Health Research and Statistics (39) per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health
PU - INV - Patient Safety (47) and State Fund	PU - Investments (STC-79) - Patient Safety - Adverse Events (47) and 50% to State Funds	State of Vermont Department of Health
PU - INV - Poison Control (48)	PU - Investments (STC-79) - Poison Control (48) per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health
PU - INV - POISON CONTROL (48) AND MEDICAID ADMIN	PU - Investments (STC-79) - Poison Control (48) and Medicaid Admin per % of state population Medicaid eligible	State of Vermont Department of Health
PU - INV - Statewide Tobacco Cessation (76)	PU - Investments (STC-79) - Statewide Tobacco Cessation (76) per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health
PU - INV - Substance Use Disorder Treatment (30)	PU - Investments (STC-79) - Substance Use Disorder Treatment (30) per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health
PU - INV (STC-79) - Epidemiology (40)	PU - Investments (STC-79) - Epidemiology (40) per M'caid,Unins,Underins % of state pop	State of Vermont Department of Health

QU - ADAP M'CAID ELIGIBLE	QU - ADAP M'caid Eligible - Medicaid Admin and SABG	State of Vermont Department of Health
QU - IMM and M'Caid Admin	QU - Immunization and Medicaid - Admin 50/50 Line 49	State of Vermont Department of Health
QU - Indirects Cancer Screening	QU - Indirects Cancer Screening	State of Vermont Department of Health
QU - Indirects Race to the Top	QU - Indirects Race to the Top	State of Vermont Department of Health
QU - Indirects Refugee Health	QU - Indirects Refugee Health	State of Vermont Department of Health
QU - Indirects Refugee Preventative Health	QU - Indirects Refugee Preventative Health	State of Vermont Department of Health
QU - Indirects Wisewoman	QU - Indirects Wisewoman	State of Vermont Department of Health
QU - INV - Epidemiology (40) PER MUU & PHEP FUNDS	QU - Investments (STC-79) - Epidemiology (40) per M'caid,Unins,Underins % of state pop per available PHEP funds	State of Vermont Department of Health
QU - INV - Hlthy Homes (49) & Lead Prev FUNDS	QU - Investments (STC-79) - Healthy Homes and Lead Poisoning Prevention Program (49) per available Lead Poisoning Prevention funds	State of Vermont Department of Health
QU - INV - SUD TREATMNT (30) PER MUU & SABG FUNDS	QU - Investments (STC-79) - Substance Use Disorder Treatment (30) per M'caid,Unins,Underins % of state pop per available SABG funds	State of Vermont Department of Health
QU - INV - TB Medical Services (74) per TB funds	QU - Investments (STC-79) - TB Medical Services (74) per available TB funds	State of Vermont Department of Health
QU - INV - TB Medical Services (74) per TB patient	QU - Investments (STC-79) - TB Medical Services (74) per Medicaid enrolled TB patients	State of Vermont Department of Health
QU - INV - VT Blueprint (44) and Medicaid Admin	QU - Investments (STC-79) - VT Blueprint for Health (44) and Medicaid Admin per % of state population Medicaid eligible	State of Vermont Department of Health
QU - INV - WIC Coverage (37) per WIC Admin funds	QU - Investments (STC-79) - WIC Coverage (37) per available WIC Admin funds	State of Vermont Department of Health
QU - INV - WIC Coverage (37) per WIC BFPC funds	QU - Investments (STC-79) - WIC Coverage (37) per available WIC Breastfeeding Peer Counseling funds	State of Vermont Department of Health
QU - SABG (Admin) and Non-Federal SABG	QU - SABG (Admin) and Non-Federal SABG	State of Vermont Department of Health
QU - SABG (TX) AND NON-FEDERAL SABG	QU - SABG TX and Non-Federal SABG per available SABG funds	State of Vermont Department of Health
QU - SAP TO SABG AND MEDICAID ADMIN	QU - SAP to SABG and Medicaid Admin per school invoices	State of Vermont Department of Health
QU - WIC CLINIC - WIC/M'caid - nonSPMP WIC Clients	QU - WIC CLINIC - WIC Admin and Medicaid non-SPMP Admin per M'caid Eligibility Rate for WIC Clients	State of Vermont Department of Health
QU - WIC CLINIC - WIC/M'caid - SPMP WIC Clients	QU - WIC CLINIC - WIC Admin and Medicaid SPMP Admin per M'caid Eligibility Rate for WIC Clients	State of Vermont Department of Health
QU - WIC CLINIC MEDICAID SPMP AND NON-SPMP	QU - WIC clinic Medicaid SPMP and non-SPMP assessment	State of Vermont Department of Health
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 OLH	Total Salaries Across OLH	State of Vermont Department of Health
TOTAL SALARIES ACROSS VDH	Total Salaries Across VDH	State of Vermont Department of Health
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 direct 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
DEPARTMENT SALARIES	Total Salaries Across DMH Staff	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 INVESTMENT (3)	Direct to Investments (STC-79) - Institution for Mental Disease Services: DMH (3) - BR	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 INVESTMENT (12)	Direct to Investments (STC-79) - Mental Health Children's Community Services (12)	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 CHIP ADMIN	Direct to CHIP Admin	State of Vermont Department of Mental Health
DIRECT TO CMS-MMIS	Direct to CMS-MMIS/MES - DDI (90%)	State of Vermont Department of Mental Health
DIRECT TO CONSUMER SUPPORT INVESTMENT (79)	Direct to Investments (STC-79) - Mental Health Consumer Support Programs (79)	State of Vermont Department of Mental Health
DIRECT TO CRT COMMUNITY INVESTMENT (16)	Direct to Investments (STC-79) - Mental Health CRT Community Support Services (16)	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 EMERG MH ADULTS- INVESTMENT (16)	Direct to Investments (STC-79) - Mental Health CRT Community Support Services (16) - Emergency	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 RECOVERY HOUSING INVESTMENT (22)	Direct to Investments (STC-79) - Emergency Support Fund (22)	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 MH INVESTMENT (29)	Direct to Investments (STC-79) - Emergency Mental Health for Children and Adults (29)	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 General Fund	Direct to General Fund	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 Homeless Block Grant	Direct to Homeless Block Grant	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 MEDICAID ADMIN 50/50 LINE 49	Direct to Medicaid Admin 50/50 Line 49	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 Transformation Grant	Direct to MH Transformation Grant	State of Vermont Department of Mental Health
Direct to Olmstead Grant	Direct to Olmstead Grant	State of Vermont Department of Mental Health
Direct to Other	Direct to Other	State of Vermont Department of Mental Health
DIRECT TO OUTPAT SERVICES ADULT INVESTMENT (66)	Direct to Investments (STC-79) - MH Outpatient Services for Adults (66)	State of Vermont Department of Mental Health
DIRECT TO PIPHBC	Direct to Promoting Integration of PHBC	State of Vermont Department of Mental Health
DIRECT TO REFUGEE PROGRAM	Direct to Refugee Medical Assistance - Program	State of Vermont Department of Mental Health
DIRECT TO RESPITE FOR SED YOUTH INVESTMENT (67)	Direct to Investments (STC-79) - Respite Services for Youth with SED and their Families (67)	State of Vermont Department of Mental Health
DIRECT TO RRMIC PSYCH INPATIENT INVESTMENT (13)	Direct to Investments (STC-79) - Acute Psychiatric Inpatient Services (13)	State of Vermont Department of Mental Health
Direct to RRMIC Psych Inpatient Medicaid	Direct to RRMIC Psych Inpatient Medicaid	State of Vermont Department of Mental Health
DIRECT TO SFI INVESTMENT (68)	Direct to Investments (STC-79) - Seriously Functionally Impaired: DMH (68)	State of Vermont Department of Mental Health
DIRECT TO SPECIAL SERVICES INVESTMENT (28)	Direct to Investments (STC-79) - Special Payments for Treatment Plan Services (28)	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 TTI	Direct to TTI	State of Vermont Department of Mental Health
DIRECT TO VPCH INVESTMENT (3)	Direct to Investments (STC-79) - Institution for Mental Disease Services: DMH (3) - VPCH	State of Vermont Department of Mental Health
FINAL	NOT APPLICABLE	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

GC Statewide Rate	Statewide Medicaid Eligibility Rate	State of Vermont Department of Mental Health
GC STATEWIDE RATE (MEDICAID ADMIN)	Statewide Medicaid Eligibility Rate (Medicaid Admin 50/50 Line 49)	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 - COMMUNITY (GC/CHIP ADMIN)	Mental Health Distribution Including Community Care (Medicaid Admin/CHIP Admin)	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 - ENTIRE SYSTEM OF CARE (GC/CHIP A	Mental Health Distribution for Entire System of Care (Medicaid Admin/CHIP Admin)	State of Vermont Department of Mental Health
MH DISTRIBUTION - INPATIENT	Mental Health Distribution for Inpatient Care Programs	State of Vermont Department of Mental Health
MH DISTRIBUTION - INPATIENT (MEDICAID ADMIN)	Mental Health Distribution for Inpatient Care Programs (Medicaid Admin)	State of Vermont Department of Mental Health
NEGOTIATED PMO ALLOCATION OF HSE SOURCES	Eligibility Systems and Staffing (75%)	State of Vermont Department of Mental Health
ACA CAQH Grant	Direct to ACA CAQH 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
AHS ENROLLMENT QE0917	QU - Quarterly Enrollment for Global Commitment, CHIP, and all other benefiting programs QE0917	State of Vermont Department of Vermont Health Access
CCCHIPXIX50	Case Count between CHIP and Medicaid 50%	State of Vermont Department of Vermont Health Access
CCCHIPXIX50VHC	Case Count between CHIP, VHC, and Medicaid 50%	State of Vermont Department of Vermont Health Access
CCCHIPXIX75VHC	Case Count between CHIP, VHC, and Medicaid 75%	State of Vermont Department of Vermont Health Access
CLAWBACK	Direct to Clawback State Funds	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 & HITFUND 9027&1069	PU - CMSHIT 9027 & HITFund 1069	State of Vermont Department of Vermont Health Access
CMSHIT & HITFUND 9027&1069 QE0617	PU - CMSHIT 9027 & HITFund 1069 QE0617	State of Vermont Department of Vermont Health Access
CMS-MMIS	Direct to CMS-MMIS	State of Vermont Department of Vermont Health Access
CMS-MMIS QE0317	Direct to CMS-MMIS QE0317	State of Vermont Department of Vermont Health Access

CMS-MMIS QE0617	Direct to CMS-MMIS QE0617	State of Vermont Department of Vermont Health Access
CMS-MMIS QE0917	Direct to CMS-MMIS QE0917	State of Vermont Department of Vermont Health Access
CMS-MMIS QE1217	Direct to CMS-MMIS QE1217	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 All-Payer Model - ACO	Direct to All-Payer Model - ACO	State of Vermont Department of Vermont Health Access
D TO BUY-IN - FEDERAL	Direct to Buy-in - Federal	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 - IE PRESUMPTIVE ELIGIBILITY (90%)	Direct to CMS - IE Presumptive Eligibility (90%)	State of Vermont Department of Vermont Health Access
D TO CMS - MMIS PIE IAPD (90%)	Direct to CMS - MMIS PIE IAPD (90%)	State of Vermont Department of Vermont Health Access
D TO CMS - SSNRI MMIS (90%)	Direct to CMS - SSNRI MMIS (90%)	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 E&E VIEWS DDI 90	Direct to CMS-E&E/VIEWS DDI (90%)	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 CMS MMIS MES DDI 90	Direct to CMS-MMIS/MES - DDI (90%)	State of Vermont Department of Vermont Health Access
D TO CMS-MMIS 6028 90/10	Direct to CMS-MMIS 6028 90/10	State of Vermont Department of Vermont Health Access
D TO DCF IDT	Direct to DCF IDT	State of Vermont Department of Vermont Health Access
D to DSH	Direct to DSH	State of Vermont Department of Vermont Health Access
D TO DSR INV (STC 83) - ONE CARE VT ACO	Direct to DSR Investment (STC-83) – One Care VT ACO Advanced Community Care Coordination (82)	State of Vermont Department of Vermont Health Access
D TO DSR INV (STC-83) – VT ACO Q&H MGMT (81)	Direct to DSR Inv (STC-83) – VT ACO Q&H Mgmt (81)	State of Vermont Department of Vermont Health Access
D TO EBP	Direct to EBP	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 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 INVESTMENTS BUY-IN	Direct to Investments Buy-In (52)	State of Vermont Department of Vermont Health Access
D TO INVESTMENTS FAMILY SUPPORTS	Direct to Investments Family Supports (72)	State of Vermont Department of Vermont Health Access
D TO INVESTMENTS HIV DRUG COVERAGE	Direct to Investments HIV Drug Coverage	State of Vermont Department of Vermont Health Access
D TO INVESTMENTS INST. FOR MENTAL DISEASE SRVS.	Direct to Investments Institution for Mental Disease Services (7)	State of Vermont Department of Vermont Health Access
D TO INVESTMENTS PATIENT SAFETY NET SERVICES	Direct to Investments Patient Safety Net Services (18)	State of Vermont Department of Vermont Health Access
D TO LEGACY MMIS STAFF O&M 75%	Direct to Legacy MMIS Staff O&M 75%– Line 4a	State of Vermont Department of Vermont Health Access
D TO MED ADMIN	Direct to Med Admin 50/50	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 SPMP STAFF 75/25	Direct to SPMP Staff 75/25	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 STATE ONLY	Direct to State Only (General Fund)	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
D TO VDH IDT	Direct to VDH IDT	State of Vermont Department of Vermont Health Access
D TO VHC SUSTAINABILITY	Direct to VHC Sustainability	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&E 90/10 QE0317	Direct to CMS-E&E (90/10) QE0317	State of Vermont Department of Vermont Health Access
E&E 90/10 QE0617	Direct to CMS-E&E (90/10) QE0617	State of Vermont Department of Vermont Health Access
E&E 90/10 QE0917	Direct to CMS-E&E (90/10) QE0917	State of Vermont Department of Vermont Health Access
E&E 90/10 QE1217	Direct to CMS-E&E (90/10) QE1217	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 (Enrollment Broker Stat)	State of Vermont Department of Vermont Health Access
Exchange Level 1C	Direct to Exchange Level 1C	State of Vermont Department of Vermont Health Access

FINAL	N/A	State of Vermont Department of Vermont Health Access
HAEU	Results of HAEU Random Moment Time Study	State of Vermont Department of Vermont Health Access
HAEU50	Results of HAEU Random Moment Time Study - Not Enhanced	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
IAPD - DII - VHC SUST	QU - Quarterly VHC enrollment for MAGI and DSHP (90/10) and VHC Sustainability	State of Vermont Department of Vermont Health Access
ICD-10 IAPD	Direct to ICD-10 IAPD	State of Vermont Department of Vermont Health Access
Investments - VITL	PU - Investments VITL/HIT/HIE/HCR (8)	State of Vermont Department of Vermont Health Access
INVESTMENTS - VITL HIT	PU - Investments VITL/HIT	State of Vermont Department of Vermont Health Access
Investments - VT Blueprint for Health	PU - Investments Vermont Blueprint for Health (51)	State of Vermont Department of Vermont Health Access
MMIS/EE/HIT	QU - Quarterly hours across MMIS/EE/HIT program codes	State of Vermont Department of Vermont Health Access
OAPD	QU - Quarterly VHC enrollment for GC, DSHP (75% FMAP), CHIP and QHP	State of Vermont Department of Vermont Health Access
OAPD - QE0317	QU - Quarterly VHC enrollment for GC, DSHP (75% FMAP), CHIP and QHP QE0317	State of Vermont Department of Vermont Health Access
OAPD - QE0916	QU - Quarterly VHC enrollment for GC, DSHP (75% FMAP), CHIP and QHP QE0916	State of Vermont Department of Vermont Health Access
OAPD QE0617	QU - Quarterly VHC enrollment for GC, DSHP (75% FMAP), CHIP and QHP QE0617	State of Vermont Department of Vermont Health Access
OAPD QE0917	QU - Quarterly VHC enrollment for GC, DSHP (75% FMAP), CHIP and QHP QE0917	State of Vermont Department of Vermont Health Access
OAPD QE1217	QU - Quarterly VHC enrollment for GC, DSHP (75% FMAP), CHIP and QHP QE1217	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
PHARM CLAIMS NON PBM	QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs Non Enhanced	State of Vermont Department of Vermont Health Access
PHARM CLAIMS QE0317-	QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs QE0317-	State of Vermont Department of Vermont Health Access
PHARM CLAIMS QE0317+	QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs QE0317+	State of Vermont Department of Vermont Health Access

PHARM CLAIMS QE0318-	QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs QE0318-	State of Vermont Department of Vermont Health Access
PHARM CLAIMS QE0318+	QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs QE0318+	State of Vermont Department of Vermont Health Access
PHARM CLAIMS QE0617-	QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs QE0617-	State of Vermont Department of Vermont Health Access
PHARM CLAIMS QE0617+	QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs QE0617+	State of Vermont Department of Vermont Health Access
PHARM CLAIMS QE0917-	QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs QE0917-	State of Vermont Department of Vermont Health Access
PHARM CLAIMS QE0917+	QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs QE0917+	State of Vermont Department of Vermont Health Access
PHARM CLAIMS QE1217-	QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs QE1217-	State of Vermont Department of Vermont Health Access
PHARM CLAIMS QE1217+	QU - Quarterly number of Pharmacy Claims paid for Global Commitment, CHIP, and All Other benefiting Programs QE1217+	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
SMHP HIT IAPD QE0317	Direct to CMS HIT IAPD QE0317	State of Vermont Department of Vermont Health Access
SMHP HIT IAPD QE0617	Direct to CMS HIT IAPD QE0617	State of Vermont Department of Vermont Health Access
SMHP HIT IAPD QE0917	Direct to CMS HIT IAPD QE0917	State of Vermont Department of Vermont Health Access
SMHP HIT IAPD QE1217	Direct to CMS HIT IAPD QE1217	State of Vermont Department of Vermont Health Access
SSNRI IAPD	PU - SSNRI IAPD (90%)	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
STAFF HOURS PI	Total Hours across all program codes less PI	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
VHC OPERATIONS QE0317	QU - Quarterly VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP QE0317	State of Vermont Department of Vermont Health Access
VHC OPERATIONS QE0617	QU - Quarterly VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP QE0617	State of Vermont Department of Vermont Health Access
VHC OPERATIONS QE0917	QU - Quarterly VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP QE0917	State of Vermont Department of Vermont Health Access
VHC OPERATIONS QE1217	QU - Quarterly VHC Enrollment for Global Commitment, CHIP, Designated State Health Programs (DSHP) and QHP QE1217	State of Vermont Department of Vermont Health Access
110 Blind	Direct to Section 110 (Blind)	State of Vermont Disabilities, Aging, and Independent Living
110 VR	Direct to Section 110 (Voc Rehab)	State of Vermont Disabilities, Aging, and Independent Living
AAA GF Transportation	AAA GF Transportation	State of Vermont Disabilities, Aging, and Independent Living
ASD SALARY	Total Salaries Method M - Percentage of Salary Dollars Directly Charged (ASD) (43030)	State of Vermont Disabilities, Aging, and Independent Living
CMSO ADRC Program Grant	Direct to CMSO ADRC Program Grant	State of Vermont Disabilities, Aging, and Independent Living
Comm Action - SSI	Direct to Community Action - SSI	State of Vermont Disabilities, Aging, and Independent Living
D TO EAP - JOBS FOR INDEPENDENCE	Direct to EAP - Jobs for Independence	State of Vermont Disabilities, Aging, and Independent Living
D TO GC-MEDICAID ADM-NATCP ADMIN	GC - Medicaid Admin - NATCP Admin & Registry	State of Vermont Disabilities, Aging, and Independent Living
D to GC-Medicaid Adm-PASRR	GC - Medicaid Admin - PASRR - Preadmission Screening and Record Review	State of Vermont Disabilities, Aging, and Independent Living
D TO IDT - SIMS	Direct to IDT - SIMS	State of Vermont Disabilities, Aging, and Independent Living
D TO MCO FF_RF	Direct to MCO - Family Flexible/Respite Funding	State of Vermont Disabilities, Aging, and Independent Living
D to MCO-DS	MCO - DS Special Payments for Medical Services	State of Vermont Disabilities, Aging, and Independent Living
D to MCO-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
D TO PROMOTING OPPORTUNITY DEMONSTRATION	Direct to Promoting Opportunity Demonstration	State of Vermont Disabilities, Aging, and Independent Living
Direct DRI	Direct to DRI Partnership New Paradigm	State of Vermont Disabilities, Aging, and Independent Living
Direct SE VI-B	Direct to Supported Employment Title VI-B	State of Vermont Disabilities, Aging, and Independent Living
Direct 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
Direct to AAA IIIC & Mcaid	Method P - Direct to AAA IIIC & Medicaid Admin	State of Vermont Disabilities, Aging, and Independent Living
Direct to AAA IIIC2	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 NWD	Direct to ADRC No Wrong Door Key Elements Grant	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 CHIP - Admin	Direct to CHIP - Admin	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
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 Linking Learning to Careers	Direct to Linking Learning to Careers (LLC)	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
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
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 Title VI-C	Direct to Supported Employment - Title VI-C	State of Vermont Disabilities, Aging, and Independent Living
Direct to Title VI-C (DBVI)	Direct to Title VI-C DBVI Supp Employment	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 VT Legal Assistance for Seniors	Direct to VT Legal Assistance for Seniors	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 & STATE GEN	PU - Allocation Between Medicaid and State General Fund for LTC 19	State of Vermont Disabilities, Aging, and Independent Living
MEDICAID & STATE GEN - TRAVEL	PU - Allocation Between Medicaid and State General Fund for LTC 19 - Travel	State of Vermont Disabilities, Aging, and Independent Living
MEDICARE & 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 - Preadmission Screening and Record Review	Direct to Medicaid Admin - 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
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 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
SPMP - 75/25	Direct to SPMP - staff 75/25 - line 3a	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

c. SPMP Job Descriptions and Claiming Methodology

VDH – Annual submission of SPMP documentation

DVHA – Annual submission of SPMP documentation

DAIL – Annual submission of SPMP documentation

VDH

SPMP Position Title	Job description	Claiming method
Public Health Nurse I Public Health Nurse II Public Health Nurse Supervisor Pediatric Nurse Public Health Nurse Administrator I Public Health Nurse Administrator II Public Health Nurse Director Nurse Program Coordinator	Provide professional assessment of the health status of Medicaid recipients, determine whether currently available medical care is adequate for that health status, make referrals for care that is appropriate for the assessed health status. Provide professional consultation and education to patients, other providers and to the public. Advise professionals on public health evidence-based services. Utilize data to interpret health status, risks and needs of individuals or groups to formulate professional interventions. For supervisors: responsibility for maintaining standards of nursing care operations, evaluation of clinical services. Provide consultation regarding clinical recommendations for programs.	For direct charges to Medicaid Administration SPMP, direct time reporting of all time worked. For time in clinic, direct charge of time actually worked in clinic distributed to Medicaid based on the number of Medicaid eligible in clinic.
Public Health Dental Hygienist Public Health Dental Hygienist III Oral Health Director	Provide Oral Health Risk Assessments. Provide prenatal oral health assessment and referral. For the Director: Oversees data collection and analysis and develops recommendations for programmatic changes, including changes for Medicaid.	Direct reporting of all time worked.
Public Health Nutritionist I Public Health Nutritionist II Public Health Nutritionist III	Obtains and uses nutritional assessment data (anthropometric, biochemical, clinical, dietary, and other data), develops nutrition care plans and may refer for care that is appropriate for the assessed nutritional status.	Direct reporting of all time worked.
CSHN Medical Social Worker Medical Social Worker Supervisor Clinical Services Director Nurse Practitioner – Child Development	Working with children with neurodevelopmental and high medical need, provides care coordination with community-based services including the Primary Medical Home specialty medical providers and tertiary care centers relevant to the child's diagnosis.	Direct reporting of all time worked

DVHA

SPMP Position Title	Job description	Claiming method
Nurse Administrator II Nurse Case Manager/Utilization Review Nurse I Nurse Case Manager/Utilization Review Nurse II Nursing Operations Director	Provide professional assessment of the health status of Medicaid recipients, determine whether currently available medical care is adequate for that health status, make referrals for care that is appropriate for the assessed health status. Provide professional consultation and education to patients, other providers and to the public. Advise professionals on public health evidence-based services. Utilize data to interpret health status, risks and needs of individuals or groups to formulate professional interventions. For supervisors: responsibility for maintaining standards of nursing care operations, evaluation of clinical services. Provide consultation regarding clinical recommendations for programs.	For direct charges to Medicaid Administration SPMP, direct time reporting of all time worked. For time in clinic, direct charge of time actually worked in clinic distributed to Medicaid based on the number of Medicaid eligible in clinic.
Public Health Dentist	Provide Oral Health Risk Assessments. Provide prenatal oral health assessment and referral. For the Director: Oversees data collection and analysis and develops recommendations for programmatic changes, including changes for Medicaid.	Direct reporting of all time worked.
DVHA Behavioral Health Concurrent Review Care Manager Clinical Social Worker Senior Autism Specialist	Working with children with neurodevelopmental and high medical need, provides care coordination with community-based services including the Primary Medical Home specialty medical providers and tertiary care centers relevant to the child's diagnosis.	Direct reporting of all time worked
DVHA Quality Improvement Director	Provide program development, contract negotiation, ongoing operation, compliance, reporting, and management of health care resources. Supervision is exercised over clinical and administrative staff.	Direct reporting of all time worked
Pharmacy Operations Manager Executive Director	Provide operational management and clinical oversight of the Pharmacy benefit programs. Overseeing and/or directing the performance of operational areas including claims processing, provider relations, and provider call centers. Assisting with second reconsideration drug coverage decisions, researching medication clinical criteria and consulting with the Medical Director on medication therap. Apply knowledge of pharmacy practice, pharmacy law and pharmacy Medicaid rules and polices to ensure areas of responsibility are operating at an optimum lever of performance.	For direct charges to Medicaid Administration SPMP, direct time reporting of all time worked. For time in clinic, direct charge of time actually worked in clinic distributed to Medicaid based on the number of Medicaid eligible in clinic. For time worked relating to the development of the MMIS, direct charge to MMIS- DDI.

DAIL

SPMP Position Title	Job description	Claiming method
Nurse Case Manager/Utilization Review Nurse I	Specialized nursing work at a professional level assessing, evaluating, documenting, and/or authorizing clinical service delivery. Provide inpatient and outpatient services, Skilled Nursing Minimum Data Set (MDS), clinical procedures, durable medical equipment, high tech nursing services, in home case and/or holistic clinical case management, to support health and health outcomes and payment for services for individuals with a variety of complex health conditions.	Direct reporting of all time worked.
Nurse Administrator I Nurse Administrator II	Administration, management, supervisory and quality oversight of program development, implementation and evaluation. Regulation and licensure of state and federal certified health care facilities. Policy administration, development of management and clinical systems, fiscal oversight, data and reporting to inform program operations, service quality and clinical and financial results.	Direct reporting of all time worked.
Nurse Quality Management Specialist	Specialized nursing work at a professional level involving highly advanced and comprehensive nursing administrative, consultative, technical and planning work. Provide responsive, high quality collaboration and well-coordinated services for the consumers and individuals served. Design, implement, evaluate and revise a comprehensive quality review process to promote health and safety.	Direct reporting of all time worked.

**d. Annual Time Tracking and Time Study
Training Presentations**



RANDOM MOMENT IN TIME STUDY

RMTS 2018

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WHAT IS THE PURPOSE
OF RMTS?

- RMTS is a system to collect information on how ESD time is spent and is used for funding purposes.
- Central Office is required to collect data which is then used to figure out how much funding is drawn down from state and federal resources each quarter.

pur·pose

/ˈpɜrpəs/

Noun

The reason for which something is done or created or for which something exists.

Coding is tied to the money we receive.



In order to capture all the federal dollars we are entitled to, we need to provide accurate RMTS data.

WHY CODING IS IMPORTANT

HOW RMTS FLOWS

1

BPS fills out RMTS

2

% of BPS time is allocated to specific program(s)

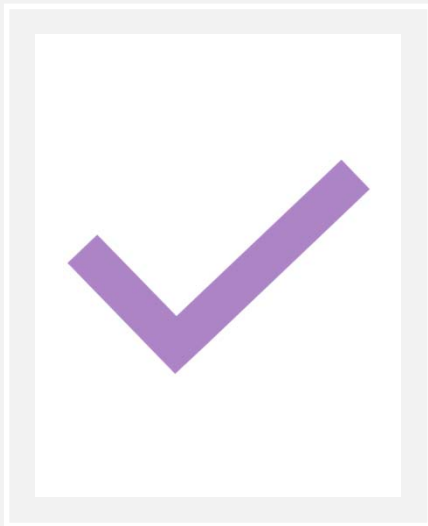
3

VT uses data to collect federal funding

4

VT has more money for benefits and jobs

RMTS MYTHS



Myth: “Big Brother” is tracking and judging my performance.

Fact: The time study is not about individual performance, it’s a tool that is collecting general data on how BPS time is being spent.

Myth: I don’t have the “right” answer.

Fact: The only “right” answer is the accurate description of what you were doing at the time of your “moment”.

TIME SENSITIVE

- Every moment must be answered within **72 hours** of when you receive it. If the moment is not answered in that given timeframe it will expire.
- You will receive 24 and 48 hour reminders if you do not respond. Your supervisor will also receive reminders.



WE NEED YOU!

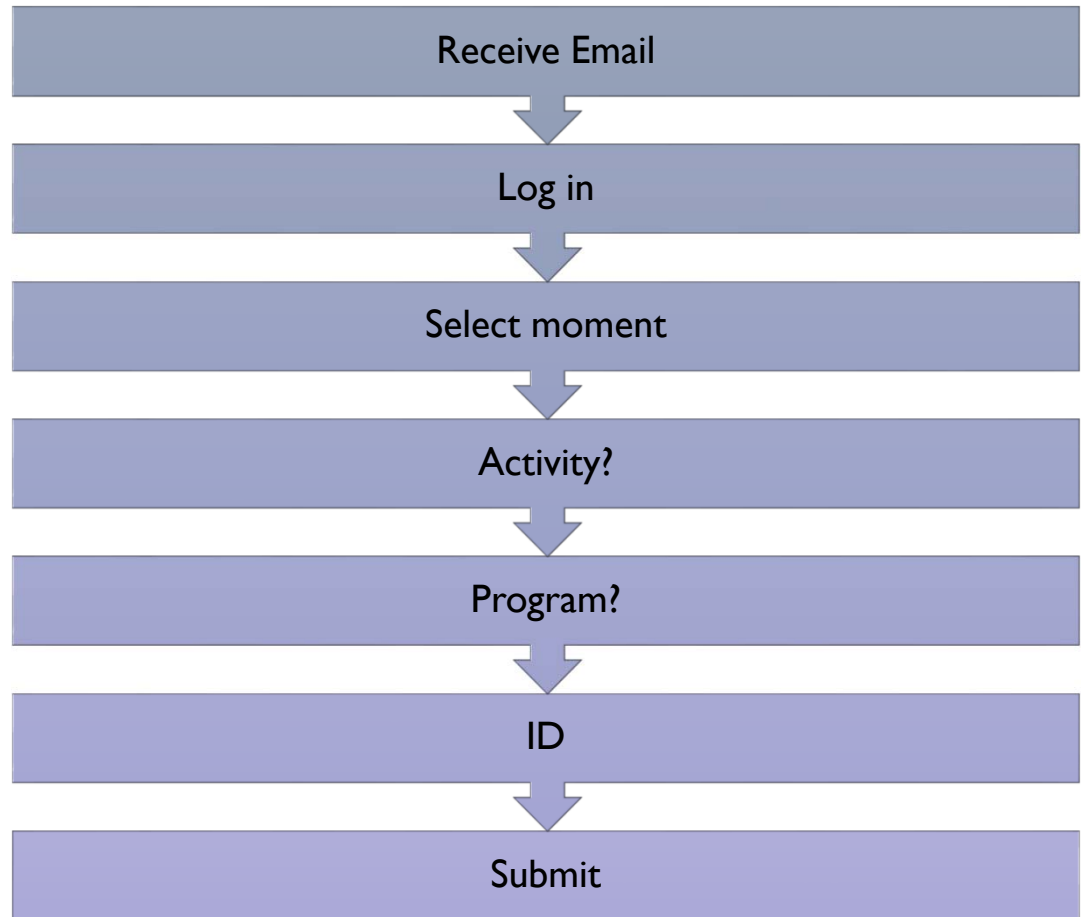
ESD needs 2,000 completed RMTS each quarter!

- You can access the EasyRMTS™ system anywhere there is an internet connection, including on your smart phone!
- If you are out of the office you may check your email to respond to moments received during your absence.

WORKING WITH THE RMTS EMAIL BASED SYSTEM



OVERVIEW



THE EMAIL

You will receive an email that contains information that you have been selected to complete a Random Moment in Time Study for Vermont ESD. The subject of the email will read:

“URGENT! TIME SENSITIVE RMTS RESPONSE REQUIRED.”



LOG IN

You will be asked to log on to <https://pcgeasyrmts.com/> using the user name and password provided in the email. This link is contained in the email. Note: The RMTS e-mail will come from vtdcfbps@pcgus.com

EasyRMTS™
Random Moment Time Study Software

Welcome to EasyRMTS™

If you have any questions on how to login or the process, please contact your system administrator. The contact details for the system administrator are listed on the moment emails that notified you to log into the system.

Please Login

User Name:

Password:

Login

[Forgot Password](#)

Please be advised that as of Saturday, June 16th, the web address for PCG's EasyRMTS™ system will change to <https://pcgeasyrmts.com>. The old web address will be re-directed to the new website for 6 months before being decommissioned. This web address change will also require any saved bookmarks or passwords to be updated. If you have any questions or concerns regarding these changes, please contact PCG. Thank you, PCG EasyRMTS™ Team



SELECT MOMENT

Once you are logged in, you'll select the specific moment to respond to. If you have multiple outstanding moments, they will all be listed.



ACTIVITY

- Next, you will be prompted **“Please select the type of activity you were working on”**
- You will select the applicable activity category from the drop-down list and click “next”.

Once the “Activity” category is selected, you’ll be asked to select the **specific program you were supporting.**

It is important to select the activity and programs that best represent what you were doing.

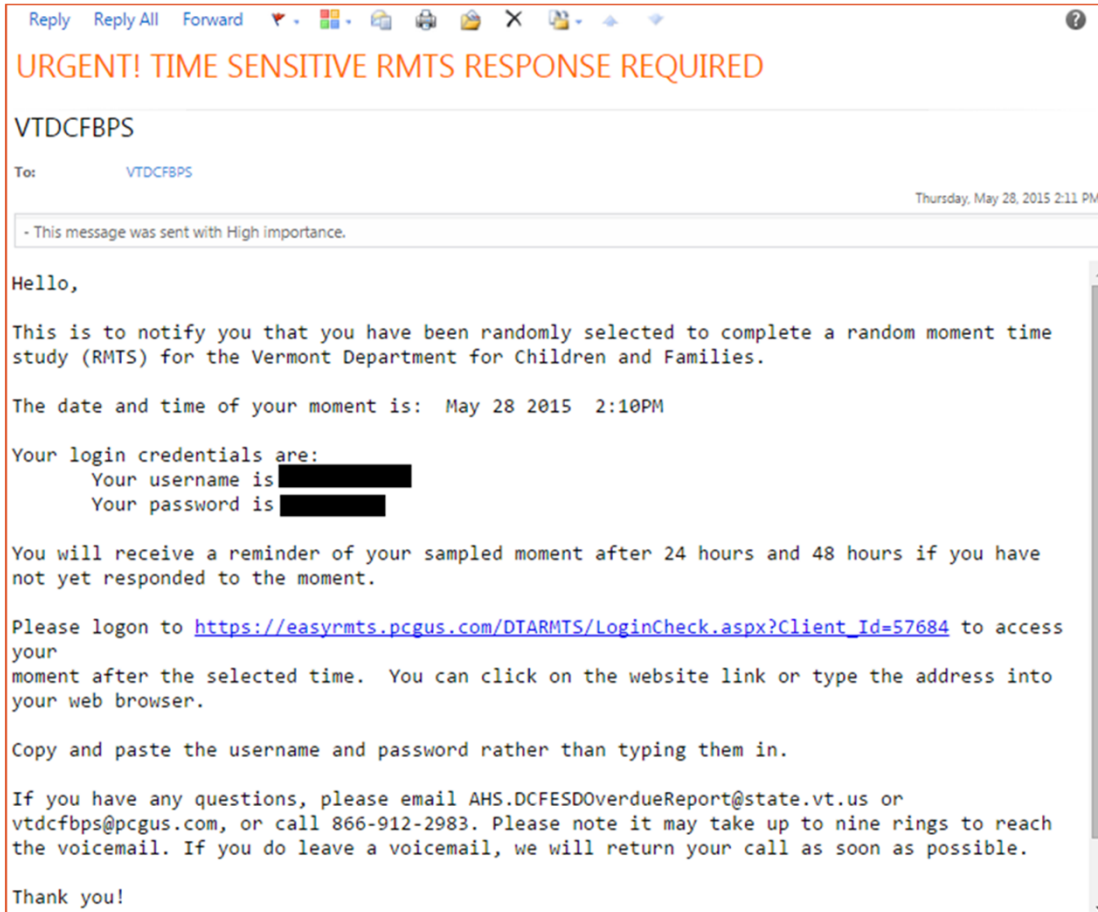


MORE INFORMATION

You may be asked
to provide a Case
ID or a
description,
depending on the
answers provided.



You will “Submit”
the response once
the survey has
been completed.



RMTS EMAIL
FORMAT

Welcome to RMTS

PCG's expertise can be leveraged to ensure maximum recovery of all available federal funds and to ensure that documentation and training procedures are in place. We can also help ensure your agency's practices are compliant with all federal and state regulations.

PCG helps agencies develop random moment time studies and, with our EasyRMTS™ software, works with agencies to streamline and/or automate existing practices. Services may include:

- Review of procedures for administering time study software
- Ensuring compliance with federal and state guidelines
- Review of program, activity, and/or valid combination selections available in the time study
- Review of allocation and claiming methodologies for time study results
- Conducting focus groups for workers participating in random moment time studies to ensure applicability and understanding of the time study system
- Delivering recommendations and change plans for all of the above areas
- Developing training programs to comply with federal requirements for regular training of new and ongoing staff

[Learn more](#)

Please Login

User Name:

Password:

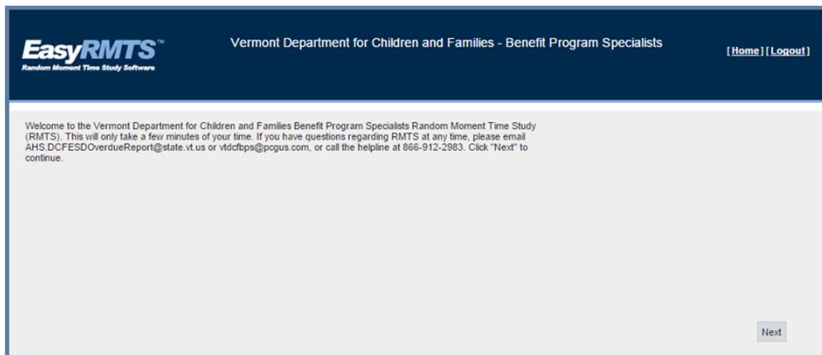
Login

[Forgot Password](#)

LOGIN PAGE

Enter your User Name and Password to log in.

WELCOME SCREEN



The welcome screen contains important messages regarding the time study. After reading them, you will select “Next” to continue.

MOMENT LIST

Any moment that is “open” (not answered within 72 hours) is listed here.

Participants can only respond to one moment at a time.

Select “Respond” to answer a moment.



The screenshot displays the EasyRMTS web application interface. At the top, the logo for EasyRMTS (Random Moment Time Study Software) is visible on the left, and the text "Vermont Department for Children and Families - Benefit Program Specialists" is on the right, along with "[Home]" and "[Logout]" links. Below the header, the main content area is titled "Moment List". It contains a table with two columns: "Moments" and "Respond". The table lists two moments: "9/21/2015 12:47:00 PM" and "9/21/2015 1:04:00 PM", each with a "Respond" button. Below the table, there is a section titled "Instructions and Activity Descriptions" with two links: "Activity Descriptions" and "RMTS Instructions".

Moments	
9/21/2015 12:47:00 PM	Respond
9/21/2015 1:04:00 PM	Respond

Instructions and Activity Descriptions

[Activity Descriptions](#)

[RMTS Instructions](#)

*Note: An Activity Descriptions Link and RMTS instructions link are listed on this screen to provide access to this training presentation and the Activities Description document that we will go over at the end of this presentation.

WORKING ON BEHALF OF A CLIENT?

Please select if your activity
was client related or not.

EasyRMTS™
Random Moment Time Study Software

Vermont Department for Children and Families - Benefit Program Specialists

[\[Home\]](#) [\[Logout\]](#)

Moment Response

Were you working on a Case or on behalf of a client?

--Select-- ▾
--Select--
Yes
No

Moment Response

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

--Select--

- Select--
- Eligibility Determination or Redetermination
- Utility Eligibility and Outreach
- Active Case Updates/Changes**
- Fraud Referrals
- Fair Hearings and Appeals
- Reach Up Sanctions
- Reach Up Controlled Vendor Payments
- Outreach and Education Activities
- Referrals to Medicaid and/or Medical/Behavioral Health Services
- Referrals to Non-Medicaid/Non-Medical, Community Services

TYPE OF ACTIVITY

Depending on whether or not the activity is customer related, you will then be asked to select the specific activity you were performing.

PROGRAM(S) BEING SUPPORTED

Depending on your previous answer, you will be asked to select the specific program, or combination of programs you were supporting.

EasyRMTS™ Vermont Department for Children and Families - Benefit Program Specialists [\[Home\]](#) [\[Logout\]](#)
Random Moment Time Study Software

Moment Response

Please select the program(s) you were supporting at the time of your moment.

--Select--
--Select--
Reach Up
3 Squares
Fuel
General Assistance (GA) and Emergency Assistance (EA)
Essential Person (also called "Aid to the Aged, Blind, and Disabled (AABD)")
Reach Up/3 Squares
Reach Up/3 Squares/Fuel
Reach Up/3 Squares/Fuel/GA and EA
3 Squares/Fuel
3 Squares/Fuel/GA and EA
3 Squares/Fuel/GA and EA/Essential Person
Fuel/GA and EA
Fuel/GA and EA/Essential Person
GA and EA/Essential Person
All Programs: Reach Up/3 Squares/Fuel/GA and EA/Essential Person

CUSTOMER INFORMATION

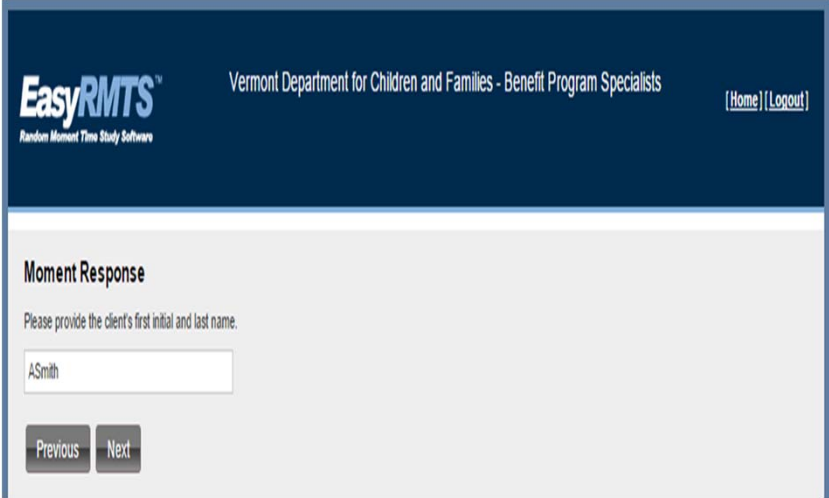
After selecting the customer related activity you were performing, you will be required to provide the following customer information:

First Initial

Last Name; AND

Last four digits of the SSN

This is NOT a HIPPA violation!



The screenshot displays the EasyRMTS web application interface. The header includes the logo for EasyRMTS (Random Moment Time Study Software) and the text "Vermont Department for Children and Families - Benefit Program Specialists" with links for "[Home]" and "[Logout]". The main content area is titled "Moment Response" and contains the instruction "Please provide the client's first initial and last name." Below this is a text input field with the value "ASmith" and two buttons labeled "Previous" and "Next".

Moment Response

Please provide a description of your activity.

I was on my lunch break.

[Previous](#) [Next](#)

NOT CUSTOMER RELATED

If your activity is not customer related you will be asked to describe the activity you were performing in your own words.

EDITING

We all make mistakes, so the system has an “Edit” button. If your response is incorrect, please select the “Edit” button and you will be able to start over from the initial question.

The screenshot displays the EasyRMTS web interface. At the top, the logo for EasyRMTS (Random Moment Time Study Software) is on the left, and the text 'Vermont Department for Children and Families - Benefit Program Specialists' is in the center. On the right, there are links for '[Home]' and '[Logout]'. Below the header, the page title is 'Moment Response Summary'. It contains five questions with their respective answers: Question 1: 'Were you working on a Case or on behalf of a client?' Answer: 'Yes'; Question 2: 'Please select the activity you were performing at the time of your moment, not the type of case.' Answer: 'Active Case Updates/Changes'; Question 3: 'Please select the program(s) you were supporting at the time of your moment.' Answer: '3 Squares'; Question 4: 'Please provide the client's first initial and last name.' Answer: 'ASmith'; Question 5: 'Please provide the LAST FOUR DIGITS ONLY of the client's social security number.' Answer: '7642'. At the bottom, there is a checkbox for 'I certify that my moment response accurately reflects the activity I was performing at the time of my moment.' and two buttons: 'Edit' and 'Submit Response'.

MOMENT RESPONSE SUBMIT SCREEN

Moment Response Summary

Question 1 : Were you working on a Case or on behalf of a client?

Answer: Yes

Question 2 : Please select the activity you were performing at the time of your moment, not the type of case.

Answer: Active Case Updates/Changes

Question 3 : Please select the program(s) you were supporting at the time of your moment.

Answer: 3 Squares

Question 4 : Please provide the client's first initial and last name.

Answer: ASmith

Question 5 : Please provide the LAST FOUR DIGITS ONLY of the client's social security number.

Answer: 7642

I certify that my moment response accurately reflects the activity I was performing at the time of my moment.

Edit

Submit Response

CONFIRMATION PAGE

- This screen confirms that the moment has been submitted.
- If you have more than one open moment, you can return to the “moment list” screen to answer any other outstanding moments.

The screenshot shows the 'Moment Response Summary' page in the EasyRMTS system. The page header includes the 'EasyRMTS' logo, the text 'Random Moment Time Study Software', and the user's role 'Vermont Department for Children and Families - Benefit Program Specialists'. There are links for '[Home]' and '[Logout]'. The main content area lists five questions and their corresponding answers: Question 1 (Were you working on a Case or on behalf of a client? Answer: Yes), Question 2 (Please select the activity you were performing at the time of your moment, not the type of case. Answer: Active Case Updates/Changes), Question 3 (Please select the program(s) you were supporting at the time of your moment. Answer: 3 Squares), Question 4 (Please provide the client's first initial and last name. Answer: ASmith), and Question 5 (Please provide the LAST FOUR DIGITS ONLY of the client's social security number. Answer: 7642). Below the questions, there is a checked checkbox for 'I certify that my moment response accurately reflects the activity I was performing at the time of my moment.', a thank you message, and two buttons: 'Print' and 'Return to Moment List'.

EasyRMTS™
Random Moment Time Study Software

Vermont Department for Children and Families - Benefit Program Specialists [\[Home\]](#) [\[Logout\]](#)

Moment Response Summary

Question 1 : Were you working on a Case or on behalf of a client?
Answer: Yes

Question 2 : Please select the activity you were performing at the time of your moment, not the type of case.
Answer: Active Case Updates/Changes

Question 3 : Please select the program(s) you were supporting at the time of your moment.
Answer: 3 Squares

Question 4 : Please provide the client's first initial and last name.
Answer: ASmith

Question 5 : Please provide the LAST FOUR DIGITS ONLY of the client's social security number.
Answer: 7642

I certify that my moment response accurately reflects the activity I was performing at the time of my moment.
Thank you for completing your moment, it has been successfully submitted!

[Print](#) [Return to Moment List](#)

A NOTE ABOUT CODES

Some codes you will use frequently and others you may never use. That's OK. It's not about the diversity of what you do, it's about correctly coding your activities!





THE
SUBSAMPLE
PROCESS

“You have been selected for the federally required 10% subsample process to review the activity/program you have selected. Please describe in your own words what you were doing at the time of your assigned moment.”

SUBSAMPLES

Federal regulations require that 10% of the time study moments be checked for accuracy.

- This subsample is randomly generated.
- You are notified and asked a final question that requires you to describe your activity in your own words.
- When notified, please be as descriptive as possible in your responses and try not to use acronyms.
 - ****This is not optional****

WHAT HAPPENS TO A SUBSAMPLE?

Here is Trish Tyo from ESD Operations.

It is her responsibility to compare the subsample descriptions you write against the program/activity code that was selected to see if they match/are accurate.

If your written response does not correspond to the codes in the survey, we may need to throw the response away and start again.



ACTIVITY CODES:
CHOOSING THE MOST
ACCURATE DESCRIPTION
FOR YOUR ACTIVITY

CHOOSING THE APPROPRIATE CODES

Take a minute to analyze your activity. Choose the answer that best reflects what you were doing at that moment.

The activity descriptions, along with the training presentation are available in the EasyRMTS system.

They can be downloaded as a PDF through the Activities Descriptions link on the moment list.

3 ACTIVITY CODE TYPES

1. Case Specific
(you will also need
to choose a
program)

2. Non-Case
Specific

3. Non-Work
Related

WERE YOU WORKING
ON A CASE OR ON
BEHALF OF A
CUSTOMER?

If “No”, you will be asked
to choose a work related
“activity”.

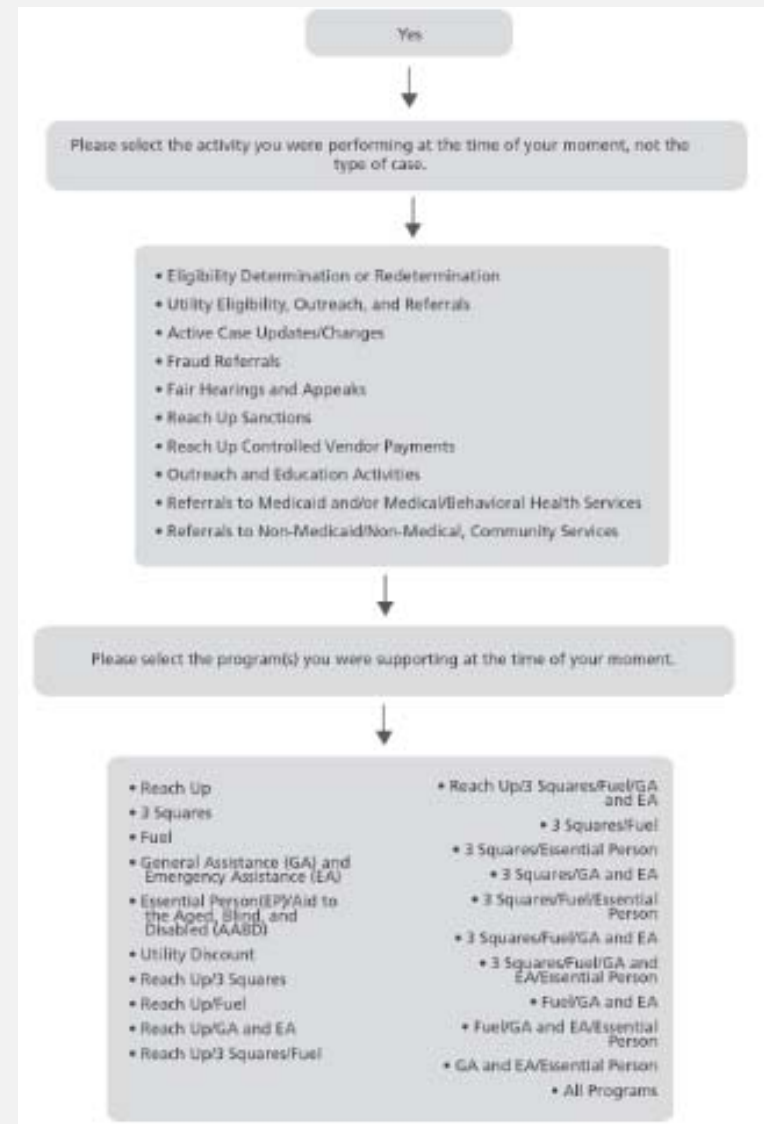
No

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

- Program Specific Training or Reporting
- General Administrative and General Training Activities
- Paid Time Off (Annual/Sick/School/Administrative Leave/Comp)
- Unpaid Time Off: Lunch or Not Scheduled to Work/Flex Time/Non-HAEU Activity or Other Emergency Situation
- Non-DCF Activity or Other Emergency Situation

WERE YOU WORKING
ON A CASE OR ON
BEHALF OF A
CUSTOMER?

If “Yes”, you will be asked
to choose a case related
activity.






CASE SPECIFIC ACTIVITY CODES

I. ELIGIBILITY DETERMINATION OR RE-DETERMINATION

- Scheduling and conducting client initial interviews;
- Reviewing case records for initial eligibility determination or redetermination;
- Verifying documents;
- Conducting verification requests;
- Verifying factors related to eligibility;
- Preparing calculation entries or computations;
- Data entry for eligibility purposes (including filling out forms specifically used for Reach Up Financial Assistance);
- Issuing vouchers for prescriptions, dental emergencies, or durable medical equipment (specifically for General Assistance clients);
- Completing necessary online forms to determine eligibility;
- Discussing eligibility determination requirements with a client or a DCF case participant; and
- 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.



2. UTILITY ELIGIBILITY, OUTREACH, AND REFERRALS

- This activity includes all efforts made to determine or re-determine eligibility for Vermont Gas and Green Mountain Power utility discount programs.
- *Please note, the only program allowed for selection after choosing this activity is “Utility Discount”.*
- This includes phone calls, emails, collateral calls, filing, mailing, ININ, case management contact, and other administrative tasks, in addition to direct customer contact.

3. ACTIVE CASE UPDATES/CHANGES

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

- Splitting a case or transferring a case to another worker, county, or district;
- Performing QA variances;
- Cleaning up the case file;
- Generating, printing/copying, and/or mailing notification letters to clients; and
- 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.

- Documenting changes regarding employment status;
- Documenting changes regarding the number of children in the household;
- 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;
- Processing a 218E;
- Processing over/under payments;

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

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

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

- Responding to fair hearing requests;
- Meeting with the client for pre-hearing conferences;
- Attending administrative hearings;
- Testifying at administrative hearings;
- Attending an appeals case; and
- 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.

5. FAIR HEARINGS AND APPEALS

6. REACH UP SANCTIONS

Includes processing payments to landlords on behalf of the Reach Up customer until the customer complies with penalties and attends a follow up meeting with the BPS.

Please note that the only program allowed for selection after choosing this activity is “Reach Up”.

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.

7. REACH UP CONTROLLED VENDOR PAYMENTS

Should be selected when monitoring and making **controlled vendor payments** for various expenses, including money mismanagement or processing payment requests from the customer.

Please note that the only program allowed for selection after choosing this activity is “Reach Up”.

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.

8. EDUCATION ACTIVITIES

Includes:

- Educating potential customers about the benefits and availability of services;
- Encouraging current customers to access state and federal services and programs;
- Compiling and distributing educational materials about assistance programs; and
- Assisting a current customer with filling out a new 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 OTHER MEDICAL/BEHAVIORAL HEALTH SERVICES

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

- Working with Community Connections related to the medical needs of the customer;
- Connecting customers with medical/behavioral health services; and
- Coordinating medical/behavioral health services for the customer.

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

Includes referral of customer 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:

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

***NOT to 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.

WHAT ARE THE
CONSEQUENCES
OF INACCURATE
CODING?



INACCURATE CODING CAN LEAD TO INACCURATE FUNDING



Incorrect coding can mean that we don't capture all the federal dollars we are entitled to, which may not seem like a "big deal", but it can matter when determining things like whether or not we get a new position in an office that needs help. Small inaccuracies can really add up over time!

NON-
CASE
SPECIFIC
ACTIVITY
CODES



I. PROGRAM SPECIFIC TRAINING OR REPORTING

Used for program specific trainings related to your job as a BPS staff person. 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:

- Reach Up Financial Assistance;
- 3Squares;
- Fuel;
- Medicaid;
- SSI;
- General Assistance/Emergency Assistance;
- Essential Person;
- 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

1. Attending work-related conferences within your office;
2. Attending conferences or one-on-ones with your supervisor to discuss non-case related issues;
3. Attending general trainings not specifically related to your job as a BPS participant, such as:
 - Domestic Violence;
 - Long Term Care;
 - Eligibility Redetermination;
 - Interview Training;
 - Using the ININ phone system;
 - Email system usage;
 - Fire drills;
 - RMTS training;
 - General office procedures trainings; or
 - Mentoring New Workers on any of these programs.
4. Bathroom or Personal Breaks;
5. Cleaning or organizing your workspace;
6. Entering timesheet info in PeopleSoft
7. Filling out or looking at the "Daily Duties" spreadsheet;
8. Preparing for or involvement in office functions;
9. Covering the front desk (greeting clients and answering phones);
10. Filling out personnel forms for human resources;
11. Attending general staff meetings not related to your cases;
12. Processing general mail/faxes/e-mails not related to a case;
13. Testing computer systems or working with IT to fix a computer problem; and
14. 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.

BATHROOM BREAKS ARE WORK RELATED!



Bathroom breaks are highlighted because they are frequently mis-coded as time off. They aren't. We are getting paid during this type of break so they are added to the list of General Administrative activities.

NON-
WORK
RELATED
ACTIVITY
CODES



PAID TIME OFF

(ANNUAL/SICK/SCHOOL/ADMINISTRATIVE)

Used when you are not working but are 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.

UNPAID TIME OFF
(LUNCH, NOT SCHEDULED
TO WORK, FLEX TIME)

Lunch or any approved leave you take that you are not paid for should be coded here. Or if you were 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,

- 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.).

Note: Sick, vacation, annual leave, and “snow or weather” days should not be coded here unless you are not using sick or vacation pay to cover them.

LET'S TALK ABOUT LUNCH

Lunch is considered “unpaid” time and should be coded as such.

We are currently having an issue where a statistically impossible number of people are having “lunch” during their moment. Please only use this code if you are actually taking your lunch break when the moment comes in. If you are working a case or doing administrative tasks, it needs to be coded as such.

CLARIFICATION

Stretching your back, getting a drink, going to the restroom, saying “hi” to a co-worker are all coded as “General Administrative”.

The “Paid Time Off” code is used for Annual or Sick leave, or any other time you are not at the office, but getting paid for it.

“Unpaid Time Off” is used for lunch and other times when you are not scheduled to work. This is why it is important for your schedule to be correct in the system. If you are not scheduled to work, you should not be receiving RMTS emails. If you are, report it to your supervisor.

3. NON-DCF ACTIVITY OR OTHER EMERGENCY

- Used when you perform an activity unrelated to any responsibility that you would normally have as an employee of DCF.

Examples:

- Performing a function for another state agency or working on non-human services activities in the event of a natural disaster.
- Donating blood.
- Participants are required to provide a brief description of the activity being performed when this activity is chosen.





PROGRAM CODES

When you are asked to select the relevant program(s) choose only the program(s) that you are supporting that client with gaining access to, updating the case notes for, or educating them about at that moment.

CHOOSING THE RIGHT CODES

**SELECT THE PROGRAM OR
COMBINATION OF PROGRAMS**

Reach Up

3SquaresVT

Fuel

**General Assistance
(GA) and
Emergency
Assistance (EA)**

**Essential Person
(also called “Aid to
the Aged, Blind, and
Disabled (AABD)”)**

Medicaid

**Social Security
Income (SSI)**

Utility Discount

EXAMPLE

I'm processing an application where the customer is applying for Fuel, 3SVT, and Reach Up.

I receive a "moment".

I know that at the exact time, I was asking them about their fuel dealer, so I will choose the Fuel program code.

That means that "moment" will be covered by the Fuel program budget.

1

You are walking down the hall to refill your water bottle between customers.

2

Is it considered a case-related activity?
Yes or No?

3

No

4

Select **General Training and General Administrative Activities**

EXAMPLE

FAQ

IS WORKING ON DAILIES
CONSIDERED
“ELIGIBILITY
DETERMINATION”
OR
“ACTIVE CASE CHANGES?”

Is it a pending application for identified programs or a case due for recertification?

If yes, select “Eligibility Determination or Redetermination”.

Is it changes or updates to an already active case?

If yes, select: “Active Case Changes/Updates”

WHAT IF I
AM
ASSISTING
A CO-
WORKER?

- Answering a procedural question?
 - Choose “General Administrative and Training Activities” and “Attending General Trainings”
- Conducting a Peer Review?
 - Choose “Specific Case Activity” and “Eligibility Determination”

REVIEW



An RMTS moment comes in at 12:02 PM. You don't see it until 2:25 PM. Because it's around lunch time, you code it as "Unpaid Time Off" even though you are not sure you were at lunch at that time? What are the possible ramifications?

- A. Vermont's RMTS data shows there is too much "Unpaid Time Off" being taken.
- B. It may invalidate our data with the Feds.
- C. We can't collect federal dollars for the activity so VT has less money to hire more front line workers
- D. All of the above.

QUESTION ONE

D. All of the above.

CORRECT ANSWER

QUESTION TWO

You are in the office's morning meeting receiving your daily work assignment. No specific cases are being discussed. How do you code this?

“General Administrative
Activity”

and

“Attending general staff
meetings not related to cases.”

CORRECT ANSWER

QUESTION THREE

You are working ININ and a call comes through from a current 3SVT customer reporting a change in address. You update the address in ACCESS. How would you code this?

“Active case Changes/Updates”
and
“Documenting case notes or a
change to the case in a client
record.”

CORRECT ANSWER

QUESTION FOUR

You were assisting a co-worker with determining self-employment income for a new 3SVT, Fuel and Reach Up application.
How should this be coded?

“Eligibility Determination or Redetermination- 3SVT, Reach Up and Fuel” because the work you were doing together was case specific.

CORRECT ANSWER

QUESTION FIVE

You were eating lunch. How should this be coded?

“Unpaid time off”

CORRECT ANSWER

QUESTION SIX

You were helping a co-worker with a Skype issue. How should this be coded?

“General Administrative and Training” because it is a non-case specific issue.

CORRECT ANSWER

QUESTION SEVEN

A participant calls wanting to know why her RU is going down next month. You let her know that without a current housing form her grant will be smaller, and send her the documents needed to have her benefits readjusted and make a CATN.

How should this be coded?

“Reach Up”
and
“Active Case
Updates/Changes” because you
were documenting case notes,
printing and mailing notices,
etc.

CORRECT ANSWER

You have completed the 2018 RMTS Training!

- The Activity Descriptions, along with this training presentation, are available to staff each time they access the EasyRMTS™ system. They can be downloaded through the Activity Descriptions Link on the moment list screen as a PDF.
- If you are unsure about the activity categories or have any other time study questions, please contact your supervisor.

CONGRATULATIONS!

HAEUU

Random Moment Time Study
Training

Department of Vermont Health Access



Course Outline

- What is the Time Study?
- RMTS Myths
- E-mail-based system
- Things to remember!
- Subsampling
- Where to go with questions?
- Which activity should I select?



What's Up with Time Studies?



- The time study is continuous
- RMTS is a federally approved process where participants are emailed a short survey and asked to indicate what they were doing at an assigned time through a series of questions
- The time study is required to determine the amount of time spent on various activities
- Based on these results, DVHA determines the amount that can be charged to various funding sources



RMTS Myths

- The time study is not a *big brother* tool to monitor workers
- It is not a job performance evaluation tool
- The RMTS cannot be used to determine what a single worker is doing throughout the day
- No answer is better than another (the “right” answer is the truth; what you were doing at the time of your moment)

MYTH BUSTED





E-mail Based System

1. You will receive an e-mail that contains information that you have been selected to complete a random moment for Vermont DVHA

The subject of the e-mail will read: "URGENT! TIME SENSITIVE RMTS RESPONSE REQUIRED"

2. Log on to <https://easyrmts.pcgus.com/DTARMTS/> using the user name and password provided in the e-mail. This link is contained in the e-mail

The RMTS e-mail participants receive comes from vtDCFhaeu@pcgus.com

3. Once you are logged in, you can select the specific moment to respond to. If you have multiple outstanding moments, each moment will be listed
4. The first question will always ask "*Were you working on a Case or on behalf of a current or potential customer at the time of your moment?*"
5. If you select Yes to the first question, you will be prompted to select "Which eligibility system were you working in at the time of your moment?"





E-mail Based System

6. Next, you will be prompted to select the activity you were working on. **Select the activity that best represents what you were doing, NOT the type of case or the funding source you think you are supporting.** You select the applicable activity category from the drop-down list and select "Next"

7. You will be asked to provide a Case ID (*Contact ID from VHC or UID from ACCESS*) and a description, depending on the answers you previously provided

8. Click submit to respond once the survey has been completed

The moment must be answered within 72 hours. If the moment is not answered in the given time frame, the moment expires and CANNOT be answered

* *You will receive a 24 and 48 hour reminder if you have not responded beforehand*



Email Format

URGENT! TIME SENSITIVE RMTS RESPONSE REQUIRED

VTDCFHAEU

To: VTDCFHAEU

Tuesday, May 26, 2015 12:31 PM

- This message was sent with High importance.

Hello,

This is to notify you that you have been randomly selected to complete a random moment time study (RMTS) for the Vermont Department for Children and Families.

The date and time of your moment is: **May 26 2015 12:21PM**

Your login credentials are:

Your username is [REDACTED]
Your password is [REDACTED]

You will receive a reminder of your sampled moment after 24 hours and 48 hours if you have not yet responded to the moment.

Please logon to https://easyrmts.pcgus.com/DTARMTS/LoginCheck.aspx?Client_Id=57685 to access your moment after the selected time. You can click on the website link or type the address into your web browser.

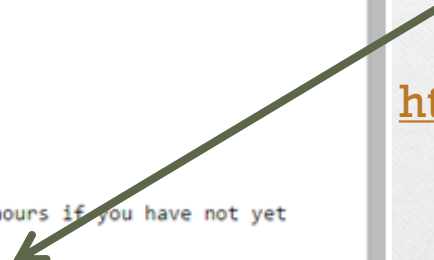
Copy and paste the username and password rather than typing them in.

If you have any questions, please email AHS.DCFHAEUSupervisor@state.vt.us or vtdcfhaeu@pcgus.com, or call 866-912-2984. Please note it may take up to nine rings to reach the voicemail. If you do leave a voicemail, we will return your call as soon as possible.

Thank you!

Select the Link in the e-mail:

[https://easyrmts.pcgus.com/DTARMTS/LoginCheck.aspx?Client Id=52974](https://easyrmts.pcgus.com/DTARMTS/LoginCheck.aspx?Client_Id=52974)



Login Page

Enter User
Name and
Password to
Login



Welcome to RMTS

PCG's expertise can be leveraged to ensure maximum recovery of all available federal funds and to ensure that documentation and training procedures are in place. We can also help ensure your agency's practices are compliant with all federal and state regulations.

PCG helps agencies develop random moment time studies and, with our EasyRMTS™ software, works with agencies to streamline and/or automate existing practices. Services may include:

- Review of procedures for administering time study software
- Ensuring compliance with federal and state guidelines
- Review of program, activity, and/or valid combination selections available in the time study
- Review of allocation and claiming methodologies for time study results
- Conducting focus groups for workers participating in random moment time studies to ensure applicability and understanding of the time study system
- Delivering recommendations and change plans for all of the above areas
- Developing training programs to comply with federal requirements for regular training of new and ongoing staff

[Learn more](#)

Please Login

User Name:

Password:

• The user name or password provided is incorrect

Login

[Forgot Password](#)



Welcome Screen



Vermont Department for Children and Families - Health Access Eligibility Unit

[\[Home\]](#) [\[Logout\]](#)

Welcome to the Vermont Department for Children and Families Health Access Eligibility Unit Random Moment Time Study (RMTS). This will only take a few minutes of your time. If you have questions regarding RMTS at any time, please email AHS.DCFHAEUSupervisor@state.vt.us or vtdcfhaeu@pcgus.com or call the helpline at (866)912-2984. Click "Next" to continue.

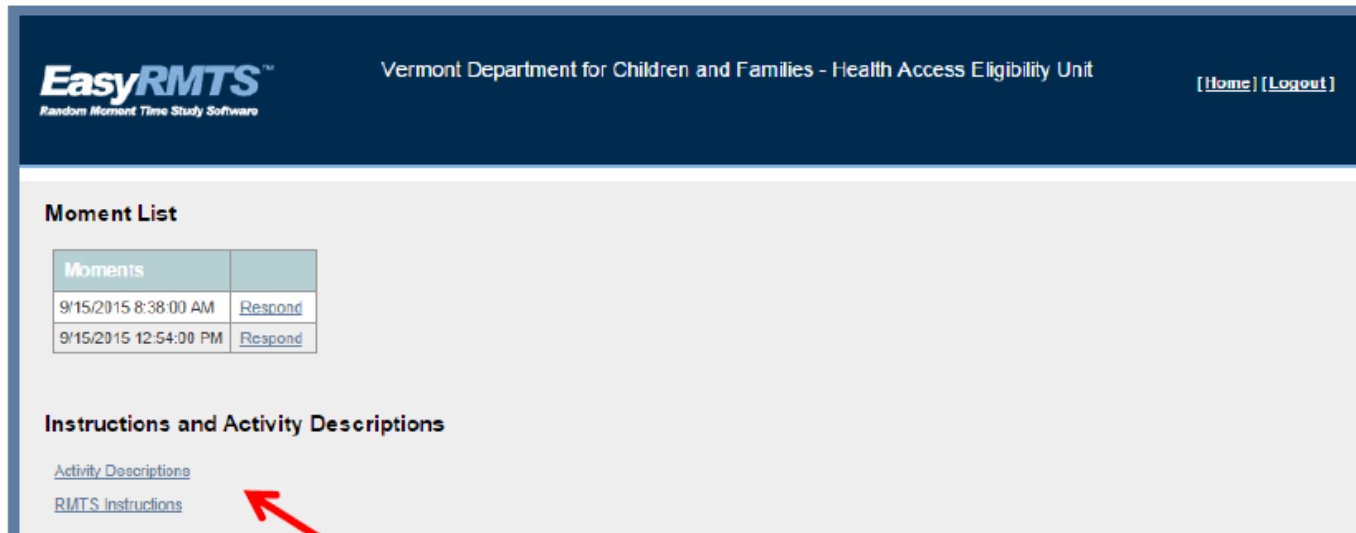
The welcome screen
contains important
messages regarding
the time study

Next

Select Next to Continue



Example: Moment List



The screenshot shows the EasyRMTS web application interface. At the top left is the logo for EasyRMTS™, Random Moment Time Study Software. To the right of the logo is the text "Vermont Department for Children and Families - Health Access Eligibility Unit" and further right are links for "[Home]" and "[Logout]". Below the header is a section titled "Moment List" containing a table with two rows of moments. Each row has a timestamp and a "Respond" link. Below the table is a section titled "Instructions and Activity Descriptions" with two links: "Activity Descriptions" and "RMTS Instructions". A red arrow points to the "Activity Descriptions" link.

EasyRMTS™
Random Moment Time Study Software

Vermont Department for Children and Families - Health Access Eligibility Unit

[Home] [Logout]

Moment List

Moments	
9/15/2015 8:38:00 AM	Respond
9/15/2015 12:54:00 PM	Respond

Instructions and Activity Descriptions

[Activity Descriptions](#)

[RMTS Instructions](#)

*Note: An Activity Descriptions Link is listed on this screen to provide access to the Activities Description document

Any Moment that is *open* (not answered within 72 hours) will be listed here

You can only respond to one moment at a time

Select *Respond* to answer a moment



Initial Question

EasyRMTS™
Random Moment Time Study Software

Vermont Department for Children and Families - Health Access Eligibility Unit

[\[Home\]](#) [\[Logout\]](#)

Moment Response

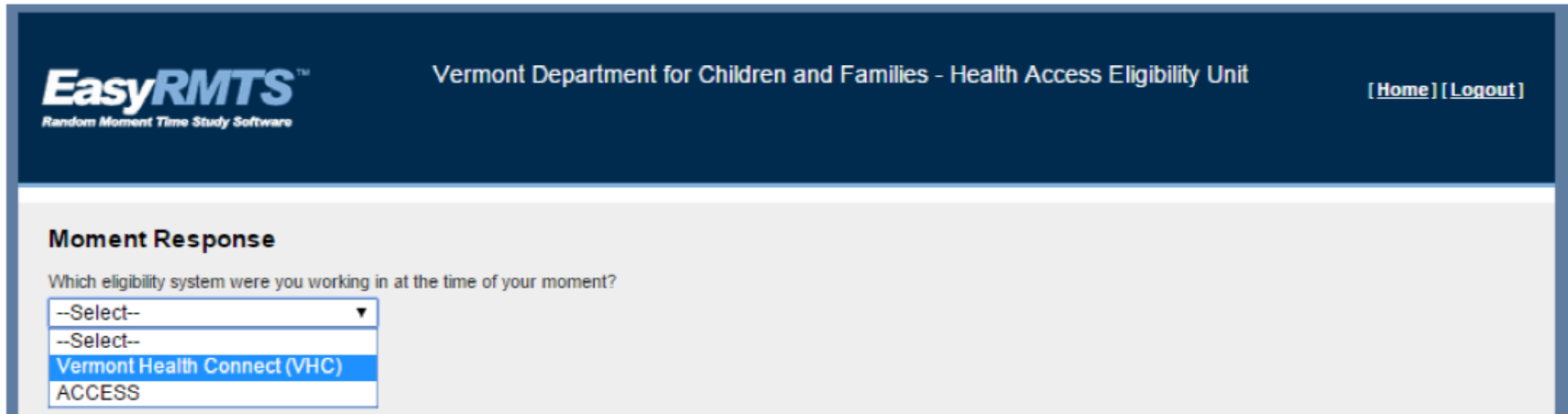
Were you working on a Case or on behalf of a current or potential customer at the time of your moment?

--Select-- ▼
--Select--
Yes
No

Select if your activity was customer related
or not, then select Next to Continue



Program/Activity Category Screen



The screenshot displays the 'EasyRMTS' software interface. The header includes the logo 'EasyRMTS™ Random Moment Time Study Software' on the left, the text 'Vermont Department for Children and Families - Health Access Eligibility Unit' in the center, and navigation links '[Home] [Logout]' on the right. The main content area is titled 'Moment Response' and contains the question 'Which eligibility system were you working in at the time of your moment?'. Below the question is a dropdown menu with the following options: '--Select--', '--Select--', 'Vermont Health Connect (VHC)', and 'ACCESS'. The 'Vermont Health Connect (VHC)' option is currently selected and highlighted in blue.

Depending on whether the activity is customer related or not, as chosen on the previous screen, you will be guided to your second question



Program/Activity Category Screen



Vermont Department for Children and Families - Health Access Eligibility Unit

[\[Home\]](#) [\[Logout\]](#)

Moment Response

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

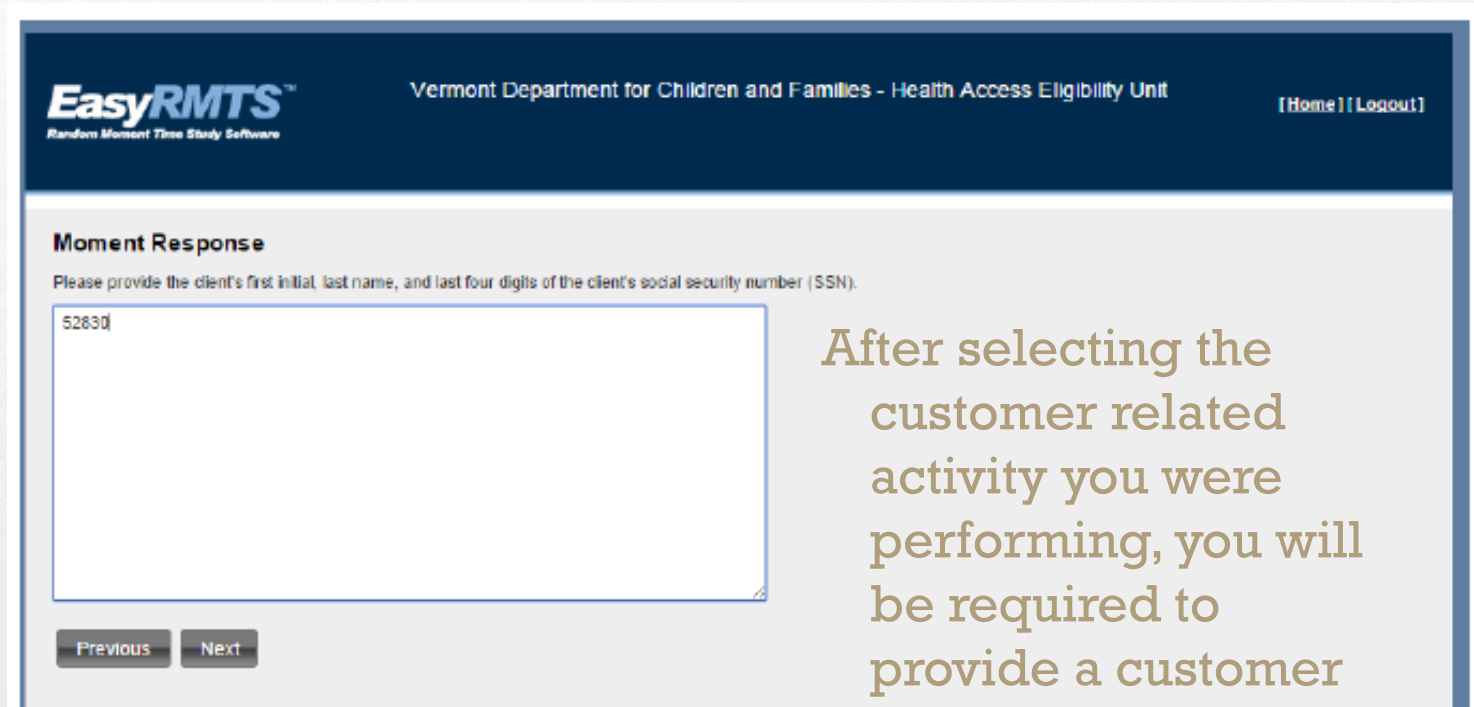
--Select-- ▼

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

Depending on your previous answer, you may then be asked to select the specific activity you were performing



Example: Program/Activity Category Screen



EasyRMTS™
Random Moment Time Study Software

Vermont Department for Children and Families - Health Access Eligibility Unit

[Home] [Logout]

Moment Response

Please provide the client's first initial, last name, and last four digits of the client's social security number (SSN).

52830

Previous Next

After selecting the customer related activity you were performing, you will be required to provide a customer identifier:

- VHC – Contact ID
- ACCESS – UID



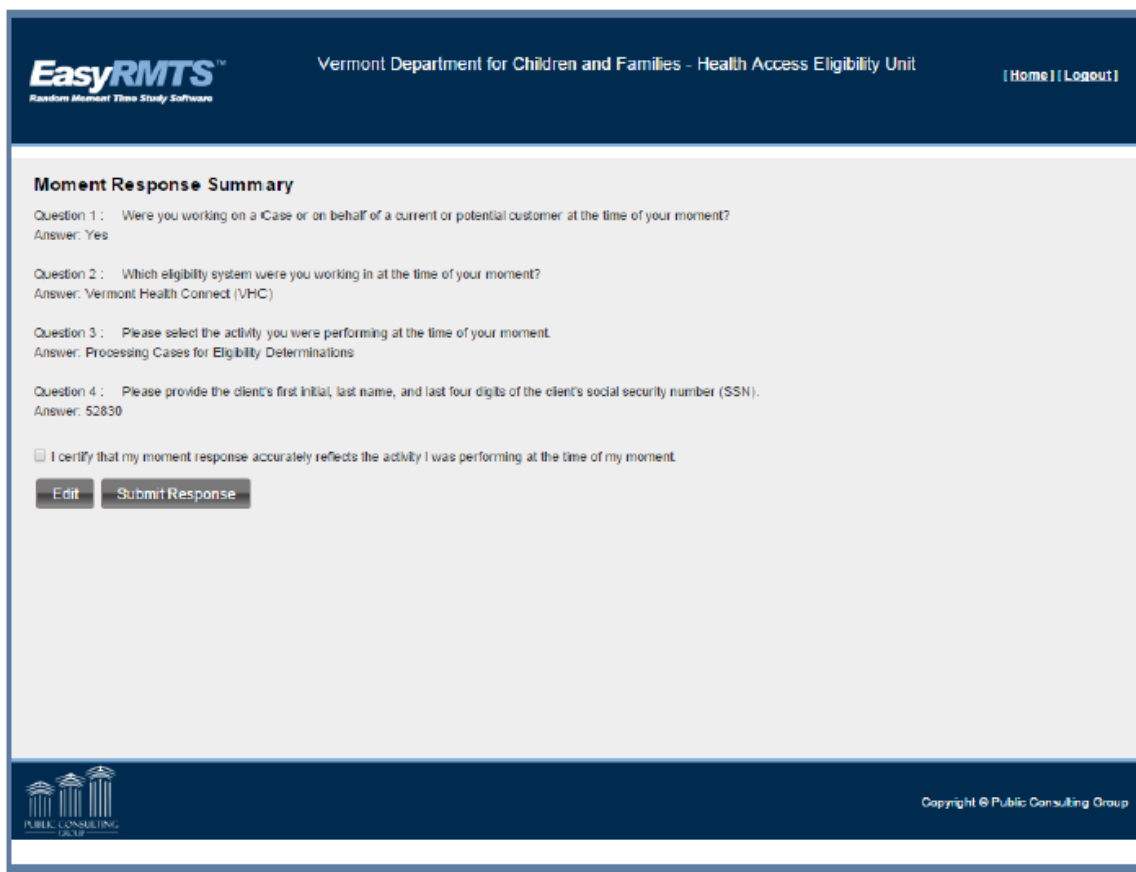
Example: Program/Activity Category Screen

The screenshot shows a web application interface. At the top, there is a dark blue header with the logo "EasyRMTS™" on the left, the text "Vermont Department for Children and Families - Health Access Eligibility Unit" in the center, and links for "[Home]" and "[Logout]" on the right. Below the header, the main content area has a title "Moment Response" and a prompt "Please provide a description of your activity." A text input field contains the text "I was data entering a clerks income information into the system to determine Medicaid eligibility." At the bottom of the form, there are two buttons: "Previous" and "Next".

If your activity is not customer related, you will be asked to describe the activity you were performing in your own words



Moment Response Submit Screen



The screenshot shows a web interface for 'EasyRMTS™ Random Moment Time Study Software'. The header includes the Vermont Department for Children and Families - Health Access Eligibility Unit and navigation links for Home and Logout. The main content area is titled 'Moment Response Summary' and lists four questions with their respective answers. A checkbox for certification is present, along with 'Edit' and 'Submit Response' buttons. The footer contains the Public Consulting Group logo and copyright information.

EasyRMTS™
Random Moment Time Study Software

Vermont Department for Children and Families - Health Access Eligibility Unit [\[Home \]](#) [\[Logout \]](#)

Moment Response Summary

Question 1: Were you working on a Case or on behalf of a current or potential customer at the time of your moment?
Answer: Yes


Question 2: Which eligibility system were you working in at the time of your moment?
Answer: Vermont Health Connect (VHC)

Question 3: Please select the activity you were performing at the time of your moment.
Answer: Processing Cases for Eligibility Determinations

Question 4: Please provide the client's first initial, last name, and last four digits of the client's social security number (SSN).
Answer: 52830

I certify that my moment response accurately reflects the activity I was performing at the time of my moment.

[Edit](#) [Submit Response](#)

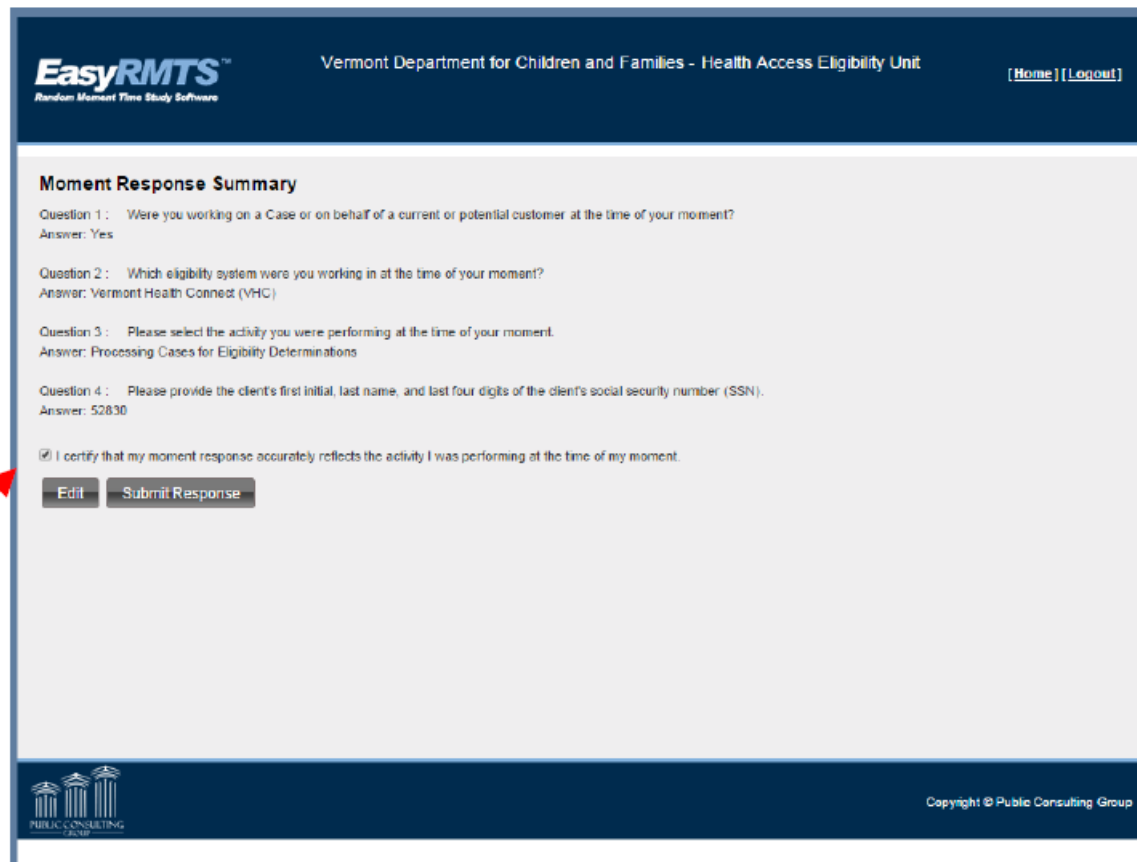
 PUBLIC CONSULTING GROUP
Copyright © Public Consulting Group

If your response is incorrect, please select the edit button and you will be able to start over from the initial question to make the appropriate edits



Moment Response Submit Screen

If the response is accurate, check the box and then select *Submit*



EasyRMTS™
Random Moment Time Study Software

Vermont Department for Children and Families - Health Access Eligibility Unit [\[Home\]](#) [\[Logout\]](#)

Moment Response Summary


Question 1 : Were you working on a Case or on behalf of a current or potential customer at the time of your moment?
Answer: Yes

Question 2 : Which eligibility system were you working in at the time of your moment?
Answer: Vermont Health Connect (VHC)

Question 3 : Please select the activity you were performing at the time of your moment.
Answer: Processing Cases for Eligibility Determinations

Question 4 : Please provide the client's first initial, last name, and last four digits of the client's social security number (SSN).
Answer: 52830

I certify that my moment response accurately reflects the activity I was performing at the time of my moment.

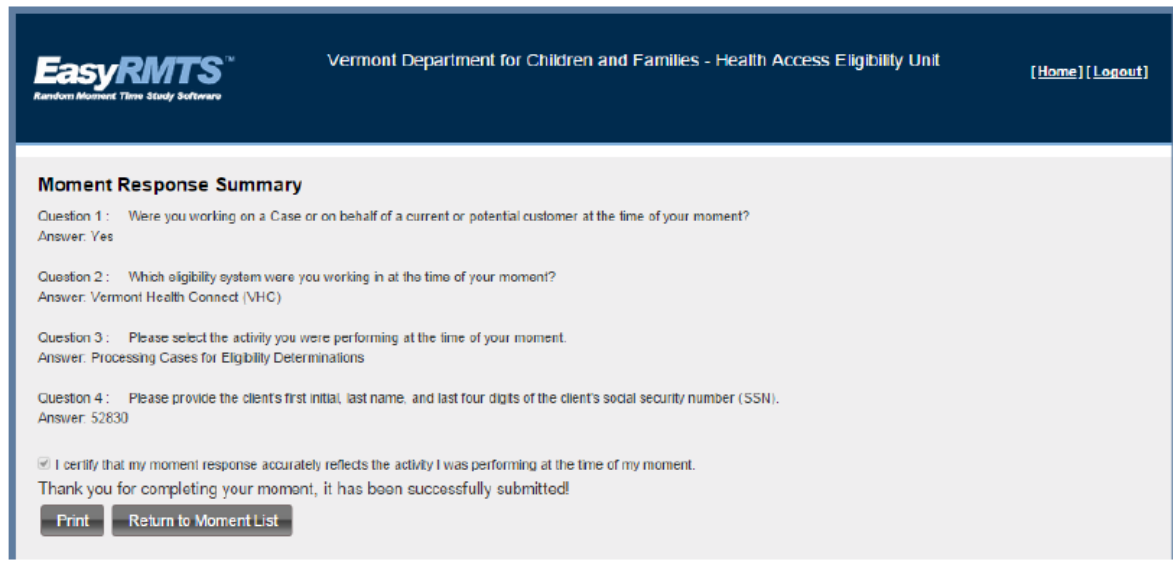
 PUBLIC CONSULTING GROUP

Copyright © Public Consulting Group

YOU MUST SELECT THE SUBMIT BUTTON TO COMPLETE THE SURVEY



Confirmation Page



The screenshot shows a confirmation page for the EasyRMTS system. The header includes the logo for EasyRMTS (Random Moment Time Study Software) and the text 'Vermont Department for Children and Families - Health Access Eligibility Unit'. There are links for '[Home]' and '[Logout]'. The main content area is titled 'Moment Response Summary' and lists four questions with their respective answers. A checkbox is checked, indicating that the user certifies the accuracy of their response. At the bottom, there are two buttons: 'Print' and 'Return to Moment List'.

EasyRMTS™
Random Moment Time Study Software

Vermont Department for Children and Families - Health Access Eligibility Unit [\[Home\]](#) [\[Logout\]](#)

Moment Response Summary

Question 1 : Were you working on a Case or on behalf of a current or potential customer at the time of your moment?
Answer: Yes

Question 2 : Which eligibility system were you working in at the time of your moment?
Answer: Vermont Health Connect (VHC)

Question 3 : Please select the activity you were performing at the time of your moment.
Answer: Processing Cases for Eligibility Determinations

Question 4 : Please provide the clients first initial, last name, and last four digits of the client's social security number (SSN).
Answer: 52830

I certify that my moment response accurately reflects the activity I was performing at the time of my moment.
Thank you for completing your moment, it has been successfully submitted!

[Print](#) [Return to Moment List](#)

This screen confirms that the moment has been submitted

If you have more than one moment you can return to the *moment list* screen to answer any other outstanding moments



Things to remember



- The Activity Descriptions, along with this training presentation, are available to staff each time they access the EasyRMTS™ system. They can be downloaded through the Activity Descriptions Link on the moment list screen as a PDF
- Make sure you enter the appropriate client's identification information. **If you are in VHC, please provide the Contact ID; if you are in ACCESS, please provide the UID.** This information is required, and it is not a HIPAA violation
- Take a minute to analyze your activity. Pick the answer that best reflects what you are doing at that moment
- Once you have completed the review of this training, sign the roster on the filing cabinet outside of Brian Irish's cube.
- If you are out of the office at the end of the week, you may check your email over the weekend to respond to moments that were received in your absence. The Department's response rate needs and appreciates your help!



Subsample Process

- Federal regulations require that 10% of the time study moments be validated
- Moments selected for the 10% subsample will be notified and asked a final question that requires the participant to describe their activity in their own words

You have been selected for the federally required 10% subsample process to review the activity/program you selected. Please describe in your own words what you were doing at the time of your assigned moment.

- Please be as descriptive as possible in your responses and try not to use acronyms
- DVHA RMTS administrators will review the responses against the program/activity code selected for accuracy
- If the written response does not correspond to the responses in the survey, the response may be invalidated



What Should I Do if I Have Questions?

If you are unsure about the activity categories or have any other time study questions, please contact:

AHS.DCFHAEUSupervisor@Vermont.gov

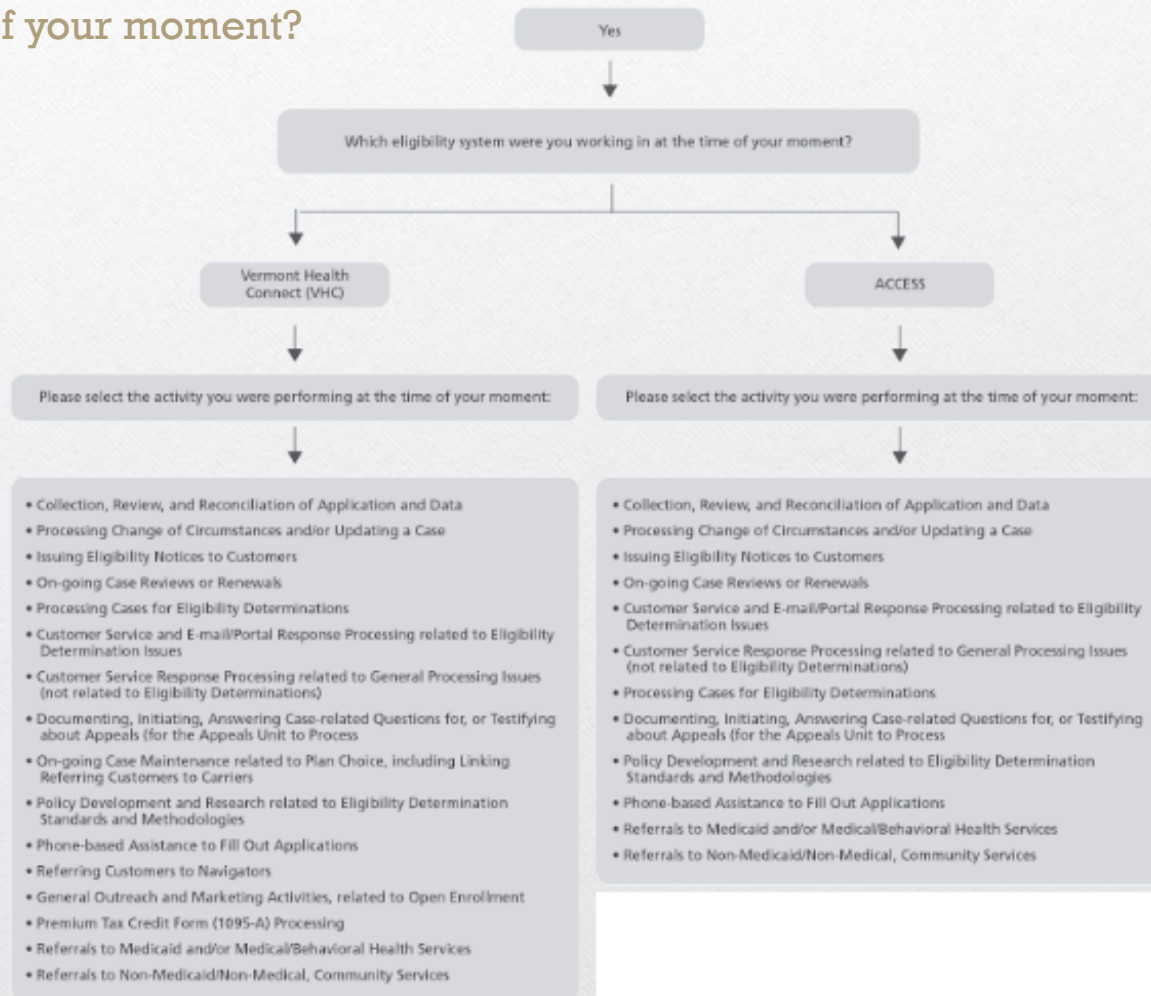
vtdcfhaeu@pcgus.com

1-866-912-2984



What Activity Should I Select?

Were you working on a Case or on behalf of a current or potential customer at the time of your moment?



What Activity Should I Select?

Were you working on a Case or on behalf of a current or potential customer at the time of your moment?

