Vermont Department of Disabilities, Aging and Independent Living
Developmental Disabilities Services
Home and Community-Based Services (HCBS) Spreadsheet Manual

Effective July 1, 2017

April 2018 UPDATE (pages 8-9)

General Instructions – Important: Please Read

1. **Never** type over or alter any formulas (except for "Admin" column BB).
2. Under "Flexible Supports" and "Home Supports", use no more than two decimal points; do not round up.
3. Do **not** type text in cells where numbers ("units" or "hrs") or dollars ("ann cost") belong. Use Excel *Comment* function in a cell instead to document written notes wanted by the agency.
4. If a header allows for a description ("describe"), text is permitted.
5. Under units of service ("hrs", "days", "units"), document the number of service hours allocated to the person, not the number of hours provided (e.g., if a person has 4 hours of service with 2:1 staff to person ratio, record 4 hours, not the total 8 hours of staff time billed). Use the *Comment* function in the cell to indicate "2:1 ratio" or other relevant note.
6. Change font color to indicate funding source as follows:
   - **Red** – DCF funded (Department for Children and Families)
   - **Blue** – DMH funded (Department of Mental Health)
   - **Orange** – USP funded (Unified Service Plan)
   - **Pink** – DMH funded and USP funded combined
   - **Green** – AHS High Risk/AHS Special Services funded (Agency of Human Services)
   - **Brown** – DOC funded (Department of Corrections)
7. In **rare** circumstances, exceptions **may** be made to service definition business rules. These exceptions **must** be prior-approved by DAIL. If an exception has been granted, note this in the "Comment" section of the spreadsheet with the name of the DAIL staff who authorized it.

8. See current State System of Care Plan for DD Services Codes and Definitions (Attachment A, page 65) for more detailed descriptions of services. [VT State System of Care Plan for DD Services FY 15 - FY 17]

9. **Spreadsheet submissions**:

    a. All spreadsheet submissions must be made via DAIL's **GlobalSCAPE** secure FTP site. If you have problems accessing the site, contact Tela Torrey at tela.torrey@vermont.gov.

    b. DAIL will post the "Beginning" year spreadsheets in early August.

    c. The "Respread" is due back to DAIL no later than **September 15th**. All subsequent submissions are due on the **15th of the month**.

    d. DAIL will note all additions or corrections with green highlight on each "Approved" monthly spreadsheet. The "Comment" function is used to provide additional instructions where needed.

Questions?

Please contact Joanne Herring
241-0370
joanne.herring@vermont.org

Column	Name	Description	Business Rules
A	Chg (Change to row)	To indicate if a change has been made to a person's record so information can be verified or corrected by the other party (i.e., Joanne Herring or agency HCBS contact person).	Highlight cell and highlight change on existing row. If adding new row, highlight entire row. This is the required way to communicate to DAIL that an adjustment has been made.
B – K	DEMOGRAPHICS	These columns are for demographic type information that is written on the first line of a person's record only. This information is **overwritten if incorrect or changed** (history is not kept).	
B	Last Name	Last name of person. Should be person's given name and spelled correctly.	If person's last name changes, put previous name in parentheses after corrected name. Remove old name on following year's Respread. Move row(s) so last name shows up in correct alpha order.
C	First Name	First name of person. Should be person's given name and spelled correctly.	If person's first name changes, put previous name in parenthesis after corrected name.
D	Medicaid Number	Person's Medicaid number is the same as the person's Social Security Number (SSN). NOTE: do not put the person's parent's SSN or the Medicaid Unique ID number.	If the person's number changes (e.g., incorrect number listed, refugee gets permanent number assigned), overwrite the outdated number. Double check the number is correct.
E	DOB (Date of Birth)	Person's date of birth.	Format shows as MM/DD/YY, but check that year shows up as correct century. Double check the date id correct.
F	Address	The street address where the person lives (not PO Box).	If the person's address changes, overwrite the outdated address.
G	City	The town/city where the person lives.	If the person's address changes, overwrite the outdated address.
H	State	The state where the person lives.	If the person's address changes, overwrite the outdated address.
I	Zip code	The zip code where the person lives.	If the person's address changes, overwrite the outdated address.

Column	Name	Description	Business Rules
J	Lives with Family	Mark if the person lives with their family member who is unpaid.	Mark with “Y” (or “Yes”) on the first line next to address if person lives with family; otherwise leave blank. It reflects the current arrangements, so overwrite if situation changes. **Leave column blank if:** 1) Person does not live with a family member, 2) Family member is paid to support the person (e.g., sibling is a shared living provider), OR 3) Person lives in a “shared parenting” type situation (i.e., lives with family part-time and receives part-time paid home supports from shared living provider).
K	DA	Name of the person’s Designated Agency.	
L	Start Date 1	Original HCBS start date.	The “start date” is the date the person first started receiving HCBS. Contact previous agency for 1st start date if a person was on HCBS and terminated.
M	Term. Date 1	The date a person is terminated from HCBS for the 1st time.	Do not enter transfer dates here, only terminations.
N	Start Date 2	The date a person is added back to HCBS after being terminated.	Use this column for any subsequent start dates. OK to overwrite previous start date 2 if there are more than two start dates. Prior termination may have happened at another agency so you may need to contact that agency in order to get the original start date.
O	Term. Date 2	The date a person subsequently terminates from HCBS.	Use this column for any subsequent termination dates. OK to overwrite previous termination dates 2 if there are more than two termination dates.
P	HP Billing Code	The billing (procedure) code entered on an HP claim.	Must be **H2022 HW** as it is the only HCBS procedure code.

Column	Name	Description	Business Rules
Q	Rate Per Day	The daily billing rate assigned for a set range of days (dates of service). The XIX rate billed for on HP claims.	Stated as a formula. It needs to match the rate indicated on **column BH** of the same row.
R	Rate Start Date	The 1st day of service that is billed for using the rate described above. However, not every change in budget will result in a changed rate.	Any time a new row is inserted – this is the start date to that change. Stated as formula. It needs to match **column BK** for the same row.
S	Annual $ as of 7/1/[current year]	Estimated annualized budget per person. Only used for reconciliation purposes at the beginning of each fiscal year.	Column Q (daily rate) multiplied by 365 days. Always enter zero for any new rows added after the beginning of the fiscal year re-spread of costs. Also, **manually type in "suspension", "termination", "deceased", or "jail" in this column** if any of these events occur.
T – BB	FLEXIBLE SUPPORTS	These columns list the individual service/support categories available through HCBS. See "DD Service Codes and Definitions" (page 65 in State System of Care Plan for more detailed descriptions of supports: [VT State System of Care Plan for DD Services FY 15 - FY 17]	**Leave cell blank if there is no allocation unless there is a need to "zero out" an existing allocation.** Any service that shows an allocation **must** also have an annual amount of service filled in (hr/wk, days/yr, units/yr). Use no more than two decimal points; do not round up.
T	Service Coordination – hrs/wk	List the total hours per week that the person is authorized for this service. Service Definition Code: A01.	This column **must** be filled in **if** there is a cost amount (column U) showing an annual cost for service.
U	Service Coordination – ann cost	List the total annual cost authorized for this service.	Relates to column T. Calculation to establish cost must use unit service cost that is determined by the agency and which does **not exceed $51.00** per hour. For individuals/families who are self/family managing, the unit cost cannot exceed **$36.00** per hour.

Column	Name	Description	Business Rules
V	Employment Supports – hrs/wk	List the total <u>hours per week</u> that the person is authorized for this service by the agency including hours of transportation related to employment. <u>Service Definition Codes</u>: C01 – C04.	This column **must** be filled in **if** there is an annual cost for service (column W). Put only numbers (no text) in this column. Use the *Comment* function for other notations, if needed.
W	Employment Supports – ann cost	List the total annual cost authorized for this service. Unit cost includes direct service hours plus mileage.	Relates to column V.
X	Employment Supports – Goods	Not applicable.	DO NOT USE
Y	Employment Supports – ann cost (Goods)	Not applicable.	DO NOT USE
Z	Community Supports – hrs/wk	List the total <u>hours per week</u> that the person is authorized for this service by the agency. <u>Service Definition Code</u>: B01.	This column **must** be filled in **only if** there is an annual cost for service (column AA) showing individual Community Supports. Do **not** fill out amount if there are only infrastructure costs in column AA. Put only numbers (no text) in this column. Use the *Comment* function for other notations, if needed.
AA	Community Supports – ann cost	List the total annual cost authorized for this service. Unit cost includes direct service hours only (does not include mileage) – see Transportation (BA, BB) for recording mileage.	Relates to column Z. Infrastructure costs for these services (e.g., position used to develop community support options) must be included in the unit cost rate of just the individuals who receive Community Supports, as determined by the agency.
AB	Community Supports – Goods	Not applicable.	DO NOT USE
AC	Community Supports – Goods – ann cost	Not applicable.	DO NOT USE
AD	Respite Supports – Individual – hrs/wk	List the total hours per week that the person is authorized for this service by the agency. <u>Service Definition Code</u>: D01.	**A person can only receive respite if they:** 1) Live with (unpaid) family <u>OR</u>

Column	Name	Description	Business Rules
			2) Live with a shared living provider. **They cannot receive respite if they:** 1) Live on their own, OR 2) Live in Group Living or Staff Living. This column **must** be filled in **if** there is an annual cost for service (column AE). Put only numbers (no text) in this column. Use the *Comment* function for other notations, if needed.
AE	Respite Supports – Individual – ann cost	List the total annual cost authorized for this service (based on hourly respite).	Relates to column AD.
AF	Respite Supports – Individual – days/yr	List the total days per year that the person is authorized for this service by the agency. Service Definition Code: D02.	**A person can only receive respite if they:** 1) Live with (unpaid) family OR 2) Live with a shared living provider. **They cannot receive respite if they:** 1) Live on their own, OR 2) Live in Group Living or Staff Living. This column **must** be filled in **if** there is an annual cost for service (column AG). Put only numbers (no text) in this column. Use the *Comment* function for other notations, if needed.
AG	Respite Supports – Individual – ann cost	List the total annual cost authorized for this service (based on daily respite).	Relates to column AF.
AH	Clinical Services – Therapy – units/year or description	List the total units per year (i.e., hours or visits) that the person is authorized for individual, family or group therapy. Service Definition Codes: E02 – E04.	This column **must** be filled in **if** the person is receiving individual, family or group therapy (column AI). If a person is receiving more than one of these types of therapy, use the *Comment* function to indicate the number of visits of each service.

Column	Name	Description	Business Rules
AI	Clinical Services – Therapy – ann cost	List the total annual cost authorized for this service.	Relates to column AH. Should reflect costs for therapy authorized for the specific person. Nothing should be entered if the person does not receive therapy.
AJ	Clinical Services – Medication/Medical – units/year	List total units of service (i.e., visits) that the person is authorized for psychiatric and nursing services. Service Definition Code: E05.	This column **must** be filled in **if** the person is receiving psychiatric and/or nursing services (column AK). If a person is receiving both, use the *Comment* function to indicate the number of visits of each service.
AK	Clinical Services – Medication/Medical – ann cost	List the total annual cost authorized for this service.	Relates to column AJ. Should reflect costs for psychiatric and nursing services authorized for the specific person. Nothing should be entered if the person does not receive these services.
AL	Clinical Services – Assessment/Other Clinical Services – units/year or description	If services, list total units of service as number of hours or visits for which the person is authorized and use the *Comment* function to note service received (e.g., eligibility assessment, psychosexual assessment~~therapeutic horseback riding, facilitated communication~~). If equipment, provide a description of the type of equipment. Service Definition Codes: E01 & E08.	This column **must** be filled in **if** the person is receiving the service (column AM~~O~~). If a person is receiving more than one service, use the *Comment* function to indicate the number of visits of each service.
AM	Clinical Services – Assessment/Other Clinical Services – ann cost	List the total annual cost authorized for this service.	Relates to column AL~~N~~. Should reflect costs for service authorized for the specific person. Nothing should be entered if the person does not receive a service in this category.
AN	~~Clinical~~ Supportive Services – Behavioral ~~Consultation~~ Support/ Communication/ Other Supportive Services – ~~hrs~~units/year	List the total units of service (i.e., hours or visits) that the person is authorized for behavioral ~~consultation~~ support, assessment, planning and consultation services; communication support (e.g., facilitated communication); and other supportive services (e.g., therapeutic horseback riding). Service Definition Code: E07, N01, N02	This column **must** be filled in **if** the person is receiving ~~behavior consultation~~ supportive services (column AO~~M~~). If a person is receiving more than one service, use the *Comment* function to indicate the number of visits of each service. **Any new service that fits the Supportive Services definition must be documented in the AN and AO**

Column	Name	Description	Business Rules
			columns. Existing services that fit the Supportive Services definition can remain in the AL and AN columns until the FY 19 respread.
AO	~~Clinical~~ Supportive Services – Behavioral ~~Consultation~~ Support/ Communication/ Other Supportive Services – ann cost	List the total annual cost authorized for this service.	Relates to column AN~~L~~. Should reflect costs for services authorized for the specific person. Nothing should be entered if the person does not receive a service in this category~~these services~~. ~~Nothing should be entered if the person does not receive behavior consultation.~~
AP	Crisis Services – individual	List the total annual cost authorized for the service to the person. Service Definition Codes: G01 – G02.	
AQ	Crisis Services – state	List the total annual cost authorized for the state crisis beds (VCIN I and VCIN II).	The cost for this service is updated yearly by DAIL and is spread across all recipients of HCBS on the beginning spreadsheet (except for HC). This funding stays with the agency when a person transfers to another provider.
AR	Crisis Services – local	List the annual cost spread across all recipients of HCBS to cover cost of local crisis bed.	For DAs/SSAs to support local crisis capacity. The cost for this service is determined by the DA.
AS – AY	HOME SUPPORTS	These columns list the four Home Support categories available through HCBS.	**A person may only be listed in one of the four Home Support categories.** For unique/intensive home support hybrids, such as additional hourly staff assisting in the home of a Shared Living provider), put the total amount under Shared Living and use the *Comment* function in Shared Living cell (AW) to indicate intensive home support hybrid. Use no more than two decimal points; do not round up.
AS	Supervised Lvg – hrs/wk	List the total hours per week that the person is authorized for this service by the agency.	**If receiving Supervised Living supports, the person must either:**

Column	Name	Description	Business Rules
		Service Definition Code: H01.	1) Live in a Supervised Living arrangement (i.e., live in own home and not with family), OR 2) Live with family (in which case column J **must** show "Y"). This column **must** be filled in **if** there is an annual cost for service (column AT). Put only numbers (no text) in this column. Use the *Comment* function for other notations, if needed.
AT	Supervised Lvg – ann cost	List the total annual cost authorized for this service (based on hourly support).	Relates to column AS.
AU	Staffed Lvg – ann cost	List the total annual cost authorized for this service. Service Definition Code: H02.	Is always hourly staff support – 365 days per year – 1 or 2 people per home.
AV	Group Lvg – ann cost	List the total annual cost authorized for this service. Service Definition Code: H03.	Is always hourly staff support – 365 days per year – 3 to 6 people per home.
AW	Shared Living – ann cost	List the total annual cost authorized for this service. Service Definition Code: H04 – H05.	Is always 365 days per year. If the person receives additional hours of paid support in the home in addition to the home provider, include that allocation in with the Shared Living annual cost. In these cases, put a note in the *Comment* section.
AX	Home Mod – describe	List a brief description of the Home Modification related to Home Supports.	This column **must** be filled in **if** there is an annual cost for Home Modification (column AY). See State System of Care Plan for more information about Home Modification.
AY	Home Mod – ann cost	List the total cost authorized for the Home Modification.	Relates to column AX. Must not exceed **$10,000** total per home.
AZ	ISO – ann cost	List the total annual cost authorized for Fiscal Employer/Agent (i.e., ARIS).	The cost for this service is **updated yearly by DAIL** and is spread across all HCBS recipients on the beginning spreadsheet. This funding stays with the agency when a person transfers to another provider.

Column	Name	Description	Business Rules
BA	Transportation – description	List the amount or type of Transportation.	List either: 1) Miles per year (for Community Supports transportation, OR 2) "Van" if allocation is for accessible vehicle that is the primary means of transportation to provide access to the community. Community Supports transportation is not allowed if accessible transportation allocation is used. This column **must** be filled in **if** there is an annual cost for Transportation (column BB). See State System of Care Plan for more information about Transportation.
BB	Transportation – ann cost	List the total annual cost authorized for Transportation (mileage cost of Community Support transportation or cost of bus pass or alternative transportation **OR** cost of accessible transportation). Service Definition Code: I01.	Relates to column BA. Reasonable transportation expenses, including accessible transportation expenses, cannot exceed **$6,475** per person per year, ongoing.
BC	Subtotal	The annualized total of all direct service costs (including program infrastructure costs).	Always drag formula down from row above. This will ensure that the correct formula is being used.
BB3 (Row 3)	Admin Rate	The administration rate used to calculate the admin portion of a person's annualized budget.	This rate is determined by the DAIL business office after reviewing and approving the agency's budget submission for that fiscal year. Please **DO NOT** change that rate.
BD	Admin	The annual amount of administration in a person's budget.	The agency administration rate (admin) (column BD, row 3) is used for calculating the annualized admin amount for people already receiving HCBS effective July 1st. New people added after the approved re-spread are approved with a 5% admin rate. 5% is also the rate for increased funding for existing people after the re-spread. The admin amount stays the same for internal adjustments

Column	Name	Description	Business Rules
			(moving funds from one person to another).
BE	Total HCBS Costs	Annualized HCBS budget which includes direct services and admin costs.	A formula adding BC and BD should always be in this cell.
BF	Continues to be HCBS Eligible	The cell where you indicate that a person is Medicaid eligible by typing ”Yes” or “No”.	**DO NOT leave blank**.
BG	FY [current year] Macro Code	X8102, X8103, X8104, X8105, X8106, X8107, X8108, X8109, X8100, X8101 – These ten macro codes have daily billing rates assigned to each. X8099 is used for one-time increases and anything over $78,236. X8123 is used for anything over $100,000. Alternatively, an agency can use X8099 and X8123 exclusively.	Each code has a daily rate assigned to it in the spreadsheet’s macro. The rate automatically pops up when typing **Control + P.**
BH	FY [current year] Rate per Day	The daily billing rate used to draw down Medicaid through HP. The rate billed is either the rate that comes closest to the approved annualized budget (BE) when multiplied by 365 days or the rate calculated by dividing the annualized budget by 365.	See current list for daily rates most commonly used for DDS HCBS billing. Special rates are used for one-time increases and annualized budgets over $78,236
BI	FY [current year] Proc Code Ann Amt	The daily rate multiplied by 365 days. This is often slightly more or less than the approved annual budget (BC).	This figure represents the actual Medicaid revenue an agency would collect for an individual over 365 days. This cell should always have a formula in it multiplying BG by 365 days.
BJ	Difference Net HCBS to Proc Code	This column shows the variance between the person’s annualized budget and actual XIX revenue over 365 days.	This variance should always be within $4000 (plus or minus) of the approved annualized budget with an exception for one-time increases. There should always be a formula here.
BK	Effective Date	The start date for any change in a person’s budget or service plan.	BK should always match column R for the same change (same row).
BL	End Date	The end date for a particular date range.	This date must be manually entered into the spreadsheet.
BM	Number of Days	The number of days calculated for a date range of service.	This column must have the formula that calculates the number of days between two dates and there **NEVER can be more than 365 days per person in**

Column	Name	Description	Business Rules
			one fiscal year.
BN	FY [current year] Revenue	The Medicaid revenue earned for each person for each date range indicated. The bottom of this column indicates the total revenue drawn down by the agency for the entire program.	The column should always contain a formula multiplying BM by BH.
BO – BV	ADJUSTMENTS		
BO	Eff. Date	The same as columns BK and R of the same.	This date is manually entered.
BP	End Date	June 30th is almost always the end date unless the adjustment is temporary.	Temporary adjustments include one-time increases, suspensions, jail, etc.
BQ	Comment	A very brief narrative explaining the reason for any adjustment.	**Indicate specific reason for adjustment**; for example: - Internal Adjustment - Termination (specify why) - Suspension (specify why) Note: HCBS can only be suspended for 6 months maximum after which it **must** be terminated. - New Consumer - Transfer (specify to/from which agency - Contributions from other sources (DMH, DCF)
BR	Funding Source	Where the funding came from or goes to when new funding is added or removed from the person's HCBS budget.	Column BR, row 6 has a *Comment* listing the different funding sources that can be used here. Leave the funding source blank for a person transferring from one provider to another.
BS	FY [current year] Days	The number of days each adjustment covers.	This column should always have a formula calculating the number of days based upon what is entered in columns BO & BP of the same row.
BT	Annual Change	The annualized amount of a funding increase or decrease.	The number should always equal the difference between the newly entered annualized budget amount and the previous one. An increase in funding

Column	Name	Description	Business Rules
			is always a positive number and a decrease in funding a negative. **Leave this cell blank for one-time increases or decreases (suspensions).**
BU	FY [current year] Adjustment	The portion of an annualized increase or decrease that covers the current fiscal year. The number reflects the dollar amount effecting the person's current HCBS allocation.	There should always be a formula in this cell that automatically calculates the current fiscal year adjustment amount. The exception being for a one-time increase or decrease where this cell is manually typed over to include the one-time amount.
BV	Annualization	This number represents the difference between BT and BU. The amount needed to be added on to (or removed from) the beginning HCBS allocation of the following fiscal year so that the entire annualized budget increase/decrease is accounted for.	There should always be a formula here calculating each person's annualization amount. The total of which appears at the bottom of the spreadsheet and is added to the agency's total year-end HCBS allocation for a beginning allocation amount for the following fiscal year.
BW – CL	SOURCES OF FUNDS		The original formulas that came under these columns must **ALWAYS** be included in newly added rows.
BW	One Time GC Payment –Revenue	This column helps keep track of one-time dollars added to your agency's one-time fund.	Enter **Revenue One Time** under the funding source column (BR and manually type in the one-time addition to your one-time fund balance (a negative number in column BU). This column should always contain the original formula.
BX	One Time GC Payment – Expenses	This column is the same as BW except it's used to keep track of one-time expenses. The total of BW and BX at the bottom of the two columns gives the running balance of the one-time fund**.**	Enter **Expense One Time** under the funding source column (BR) and manually type in the one-time expense to your one-time fund balance (a positive number in column BU). This cell should always contain the original formula. **The maximum amount of one-time per person per fiscal year is $5,000.**
BY	Internal Adjustment – Revenue	Columns BY and BZ keep a running balance of your agency's internal adjustment fund. Internal	Enter **Revenue Internal Adjustment** under the funding source column (BR) and the negative

Column	Name	Description	Business Rules
		adjustments are when funds transfer from one person to another (or more than one person).	amount of the budget reduction in column BT (annual change column).
BZ	Internal Adjustment – Expenses	A provider loses any remaining funds not allocated back into person specific budgets at fiscal year-end. The bottom of the spreadsheet under columns BY and BZ give the running balance of this fund.	Enter **Expense Internal Adjustment** under the funding source column (BR) and the positive amount of the budget increase in column BT (annual change column).
CA	Rescission – Annualized	This column tracks the annualized reduction in an individual's budget due to a rescission.	Enter **Rescission** under the funding source column (BR) and the negative annualized reduction to the client's budget in the annual chance column (BT).
CB	Rescission – Reduction	This column tracks the portion of the annualized rescission that covers the current fiscal year.	Enter **Rescission** under the funding source column (BR) and the negative annualized reduction to the client's budget in the annual chance column (BT).
CC	FY [current year] – Transfers Revenue	Mainly used for DAIL internal use. Occasionally another Department (other than DMH or DCF) within the state transfers funds to pay for a particular person's budget. This would be a GC Transfer. Occasionally, an agency may choose to transfer funding from one of their other revenue sources to HCBS (fee-for-service TCM) or vice versa. This would be a Medicaid Transfer if XIX or GC Transfer, depending on the source.	Enter **Revenue GC Transfer** or **Revenue Medicaid Transfer**, depending on the type of funding moved, under the funding source column (BR). Enter the negative amount of the person's budget reduction in the annual change column (BT).
CD	FY [current year] – Transfers Expenses	Same as above, column CE. Used when increasing a person's budget using external funding.	Enter **Expense GC Transfer** or **Expense Medicaid Transfer**, depending on the type of funding moved, under the funding source column (BR). Enter the positive amount of the person's budget increase in the annual change column (BT).
CE	FY [subsequent year] Annualized Transfers Revenue	DAIL internal use.	Let the formulas calculate the annualized amounts needed for transfer the following year.
CF	FY [subsequent year] Annualized Transfers Expenses	DAIL internal use.	Let the formulas calculate the annualized amounts needed for transfer the following year.

Column	Name	Description	Business Rules
CG	Equity Fund GC – Revenue	This cell calculates the general fund dollars returned to the Equity Fund for various reasons such as terminations, deaths, unused funding and moves to group homes.	Enter **Revenue Equity Fund** under the funding source column (BR) and the negative amount of the annualized budget reduction in column BT (annual change column).
CH	Equity Fund GC – Expenses	This cell calculates the cost of new funding for new and existing consumers approved by the Equity Funding Committee and Public Safety Funding Committee.	Enter **Expense Equity Fund** under the funding source column (BR) and the positive amount of the annualized budget increase in column BT (annual change column). **The Equity and Public Safety Funding Committees will not review new funding proposals under $4,500.**
CI	Equity Fund GC – One Time – Revenue	Rarely used function where previously awarded one-time dollars from Equity is returned.	Enter **One Time Equity Revenue** under the funding source column (BR) and manually type in the one-time return to the Equity Fund balance (a negative number in column BU). This column should always contain the original formula
CJ	Equity Fund GC – One Time – Expenses	Occasionally the Equity or Public Safety Funding Committees will approve one-time funding. This column tracks those approvals.	Enter **One Time Equity Expense** under the funding source column (BR) and manually type in the one-time expense in column BU. This cell should always contain the original formula.
CK	DMH Match	Some DDS HCBS are partially or entirely funded by the Department of Mental Health (DMH).	**Type "DMH Match"** in column BR for a person whose budget is funded entirely or partially by Department of Mental Health and has his/her funding increased or decreased. A positive amount should be entered in column BT for an increase and a negative amount for a decrease.
CL	DCF Match	Some HCBS for children are funded under the custody of Department for Children and Families (DCF) and have their budgets funded 100% by that Department.	Type "**DCF Match"** in column BR for a person whose budget is funded entirely or partially by Department for Children and Families and has his/her funding increased or decreased. A positive

Column	Name	Description	Business Rules
			amount should be entered in column BT for an increase and a negative amount for a decrease
BL-BO	Reconciliation (Bottom of Worksheet)	This section details the provider's beginning allocation total as well as providing an up-to-date current allocation where all new current fiscal year adjustments are added to the beginning allocation amount. This revised allocation figure is then compared to the approved current year revenue. The total XIX revenue approved must balance out with the revised allocation figure and have no more than a plus or minus $4,000 variance. The bottom part of the reconciliation section shows the revised allocation and adds to that the annualization of current fiscal year adjustments. This figure gives the following fiscal year's beginning allocation amount. All of these numbers change monthly due to new adjustments, with the exception of the current fiscal year's beginning allocation amount.	**Never change or alter any formulas in this section.**