Vermont Department of Disabilities, Aging and Independent Living
Developmental Disabilities Services
Home and Community-Based Services (HCBS) Spreadsheet Manual
<mark>**for DA/SSAs**</mark>

Fiscal Year 2024
Effective July 1, 2023

<u>**General Instructions**</u> **– Important: Please Read**

1. **Never** type over or alter any formulas (except for "Admin" column BF).

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. The "ann cost" should reflect the total cost of providing "2:1 ratio" services.

   See the <u>DDSD Encounter Data Submission Guidance for Home and Community-Based Services</u> for more details on frequency of services.

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)

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 (Column BS) of the spreadsheet with the name of the DAIL staff who authorized it.

8. See the Developmental Disabilities Services Codes and Definitions for Home and Community-Based Services for more detailed descriptions of services.

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 in the cell is used to provide additional instructions where needed.

<div align="center">

Questions?

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

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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 is 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 unpaid family member.	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 <u>blank</u> 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), <u>OR</u> 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 obtain 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	MMIS Billing Code	The billing (procedure) code entered on an MMIS claim.	Must be **99199 HW** as it is the only HCBS billing procedure code. The "HW" modifier must be used.

Column	Name	Description	Business Rules
Q	Rate Per Day	The daily rate assigned for a set range of days (dates of service). The rate per day is used to calculate the annualized agency authorization and adjustments to the Per Member Per Month (PMPM) rate billed to MMIS.	Stated as a formula. It needs to match the rate indicated on **column BJ** 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 BM** 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 – BD	FLEXIBLE SUPPORTS	These columns list the individual service/support categories available through HCBS. See Developmental Disabilities Services Codes and Definitions for Home and Community-Based Services for more detailed descriptions of supports:	**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: T1016	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 $59.57** per hour. For individuals/families who are self/family managing, the unit cost cannot exceed **$42.05** 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>: H2023, H2024, H2025 and T2019	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 in the cell 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	[Intentionally blank]	Not applicable.	DO NOT USE
Y	Employment Program Base – ann cost	List the annual cost for this infrastructure based on dividing the total annual allocation by a portion of the people who qualify for the service. <u>Service Definition Codes</u>: H2023, H2024, H2025 and T2019	This column **must** be filled in **if** the person is identified as being included in the Employment Program Base spread of those who are working or are in job development mode. This funding is intended to be used to reimburse for the activities of Supported Employment services and cannot be re-allocated to any other services category. This funding stays with the agency when a person transfers to another provider.
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>: T2021	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 in the cell 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 plus 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.

Column	Name	Description	Business Rules
AB	In-Home Family Supports – hrs/wk	List the total hours per week that the person is authorized for this service by the agency. Service Definition Code: T2017. Family is defined as related by blood or adoption.	**A person can only receive In-Home Family Supports if they:** Live with (unpaid) family. **They cannot receive In-Home Family Supports if they:** 1) Live on their own (with or without Supervised Living, OR 2) Live in Shared Living, Group Living or Staff Living. This column **must** be filled in **if** there is a cost amount (column AC) showing an annual cost for service. Put only numbers (no text) in this column. Use the *Comment* function in the cell for other notations, if needed.
AC	In-Home Family Supports – ann cost	List the total annual cost authorized for this service.	Relates to column AB.

AD	Respite Supports – Individual – hrs/wk	List the total hours per week that the person is authorized for this service by the agency.
		Service Definition Code: S5150
			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 AE).
			Put only numbers (no text) in this column. Use the *Comment* function in the cell 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.

Column	Name	Description	Business Rules

AF	Respite Supports – Individual – days/yr	List the total days per year that the person is authorized for this service by the agency. <u>Service Definition Code</u>: S5151	**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 in the cell 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	List the total units per year (units are based on the service definition) that the person is authorized for individual, family, or group therapy. <u>Service Definition Codes</u>: 90832, 90834, 90837, 90846, 90847 and 90853	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 in the cell to indicate the number of visits of each service.
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 number of units per year that the person is authorized for psychiatric and nursing services. <u>Service Definition Code</u>: 99211, 99212, 99213, 99214 or 99215	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 in the cell to indicate the number of visits of each service.

Column	Name	Description	Business Rules
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 – units/year or description	If services, list total number of units of service per year (hours or visits) and use the *Comment* function in the cell to note service received (e.g., eligibility assessment, psychosexual assessment). If equipment, provide a description of the type of equipment. <u>Service Definition Codes</u>: 90791, 90792, 96130, 96131, 96136, 96137, TBD for other clinical services.	This column **must** be filled in **if** the person is receiving the service (column AM). If a person is receiving more than one service, use the *Comment* function in the cell to indicate the number of visits of each service.
AM	Clinical Services – Assessment/Other – ann cost	List the total annual cost authorized for this service.	Relates to column AL. 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	Supportive Services – units/year	List the total number of units per year that the person is authorized for behavioral support, assessment, planning and consultation services; communication support (e.g., facilitated communication); and other supportive services (e.g., therapeutic horseback riding). <u>Service Definition Codes</u>: H2019, T2025, H2032	This column **must** be filled in **if** the person is receiving supportive services (column AO). If a person is receiving more than one service, use the *Comment* function in the cell to indicate the number of visits of each service.
AO	Supportive Services – ann cost	List the total annual cost authorized for this service.	Relates to column AN. 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. Funding for statewide communication training and consultation, provided through Howard Center and Washington County Mental Health, stays with those two agencies when a person transfers to another provider.
AP	Crisis Services – individual	List the total annual cost authorized for the service to the person. <u>Service Definition Codes</u>: H2011, H0046	

Column	Name	Description	Business Rules
AQ	Crisis Services – state	List the total annual cost authorized for the state crisis beds (VCIN I, VCIN II, VCIN III, and Intensive Treatment Services – "ITS" Beds). Service Definition Codes: H0046	The cost for this service is updated yearly by DAIL and is spread across all recipients of HCBS on the beginning spreadsheet. 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 all local crisis services (crisis assessment, support and referral, and crisis bed. Service Definition Codes: H2011, H0046	For DAs/SSAs to support local crisis capacity. The cost for this service is determined by the DA/SSA. This funding stays with the agency when a person transfers to another provider.
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 home support hybrids, where there are additional hourly workers assisting in the home of a Shared Living provider, use the Shared Living – Hourly column (AX and AY). Use no more than two decimal points; do not round up. In-home Family Supports for people who live with (unpaid) family members are tracked in columns AB and AC).
AS	Supervised Lvg – hrs/wk	List the total <u>hours per week</u> that the person is authorized for this service by the agency. Service Definition Code: S5135. Family is defined as related by blood or adoption and does not include a partner, spouse, or child.	**If receiving Supervised Living supports, the person must:** Live in a Supervised Living arrangement (i.e., live in own home or apartment with hourly supports and not with family), **The person cannot be:** Living with Family or a shared living provider. This column **must** be filled in **if** there is an annual cost for service (column AT). Put only numbers (no text) in this column.
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: T2016	Is always hourly staff support – 365 days per year – 1 or 2 people per home.

Column	Name	Description	Business Rules
AV	Group Lvg – ann cost	List the total annual cost authorized for this service. Service Definition Code: T2033	Is always hourly staff support – 365 days per year – 3 to 6 people per home.
AW	Shared Lvg – ann cost	List the total annual cost authorized for this service. Service Definition Code: S5140, S5145	Is always 365 days per year.
AX	Shared Lvg – Hourly – hrs/wk	List the total hours per week that the person is authorized for this service by the agency. Service Definition Code: T2017	Number of additional hours of paid workers assisting in the home of a shared living provider over and above the home provider allocation. This column **must** be filled in **if** there is an annual cost for service (column AY).
AY	Shared Lvg – Hourly – ann cost	List the total annual cost authorized for this service (based on hourly support).	Relates to column AX.
AZ	Home Mod/Remote Supports – describe	List a brief description of the Home Modification. Indicate "Safety Connection" when applicable. Service Definition Code: S5165 for Home Modifications. S5160 for Emergency Response System: installation and testing; S5161 for Remote Supports.	This column **must** be filled in **if** there is an annual cost for Home Modification (column BA). See State System of Care Plan for more information about Home Modification. A home modification and an Emergency Response System: installation and testing are typically done once and is not needed in subsequent years. Verify that this continues to be a needed service. Remote Supports would be considered an ongoing service.
BA	Home Mod/Remote Supports – ann cost	List the total cost authorized for the Home Modification, Emergency Response System: installation and testing and Remote Supports (i.e., Safety Connection).	Relates to column AZ. Must not exceed **$10,000** total per home for Home Modification. No maximum set for Emergency Response System: installation and testing or Remote Supports. Remove cost for the Home Modification and Emergency Response System: installation and testing once completed.
BB	[Intentionally blank]	Not applicable.	DO NOT USE
BC	Transportation – description	List the type of accessible transportation. Service Definition Code: T2039 for vehicle modifications.	"Van" if allocation is for accessible vehicle that is the primary means of transportation to provide access to the community.

Column	Name	Description	Business Rules
			This column **must** be filled in **if** there is an annual cost for Transportation (column BD).
BD	Transportation – ann cost	List the total annual cost of accessible transportation.	Relates to column BC. Accessible transportation expenses cannot exceed **$7,002.45** per person per year, ongoing.
BE	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.
BF3 (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.
BF	Admin	The annual amount of administration in a person's budget.	The agency administration rate (admin) (column BF, 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 (moving funds from one person to another).
BG	Total HCBS Costs	Annualized HCBS budget which includes direct services and admin costs.	A formula adding BE and BF should always be in this cell.
BH	Continues to be HCBS Eligible	The cell where you indicate that a person is Medicaid eligible and is eligible for HCBS by typing "Yes" or "No".	**DO NOT leave blank**.
BI	[Intentionally blank]	Not applicable.	DO NOT USE
BJ	FY [current year] Rate per Day	The rate per day is used to calculate the annualized agency authorization and adjustments to the PMPM rate billed to MMIS. The daily rate is calculated by dividing the annualized budget (BG) by 365 days.	
BK	[Intentionally blank]	Not applicable.	DO NOT USE

Column	Name	Description	Business Rules
BL	[Intentionally blank]	Not applicable.	DO NOT USE
BM	Effective Date	The start date for any change in a person's budget or service plan.	BM should always match column R for the same change (same row).
BN	End Date	The end date for a particular date range.	This date must be manually entered into the spreadsheet.
BO	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 one fiscal year.**
BP	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 BO by BJ.
BQ – BX	ADJUSTMENTS		
BQ	Eff. Date	The same as columns BM and R of the same row.	This date is manually entered.
BR	End Date	June 30th is almost always the end date unless the adjustment is temporary.	Temporary adjustments include one-time increases, suspensions, jail, etc.
BS	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)
BT	Funding Source	Where the funding came from or goes to when new funding is added or removed from the person's HCBS budget.	Column BT, row 6 has a *Comment* function in the cell listing the different funding sources that can be used here.

Column	Name	Description	Business Rules
			Leave the funding source blank for a person transferring from one provider to another.
BU	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 BQ & BR of the same row.
BV	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 is always a positive number and a decrease in funding a negative. **Leave this cell blank for one-time increases or decreases (suspensions).**
BW	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.
BX	Annualization	This number represents the difference between BV and BW. 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.
BY – CN	SOURCES OF FUNDS		The original formulas that came under these columns must **ALWAYS** be included in newly added rows.
BY	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 (BT and manually type in the one-time addition to your one-time fund balance (a negative number in column BW). This column should always contain the original formula.
BZ	One Time GC Payment – Expenses	This column is the same as BY except it's used to keep track of one-time expenses. The total of BY and	Enter **Expense One Time** under the funding source column (BT) and manually type in the one-time

Column	Name	Description	Business Rules
		BZ at the bottom of the two columns gives the running balance of the one-time fund**.	expense to your one-time fund balance (a positive number in column BW). This cell should always contain the original formula. **The maximum amount of one-time per person per fiscal year is $5,000.**
CA	Internal Adjustment – Revenue	Columns CA and CB keep a running balance of your agency's internal adjustment fund. Internal adjustments are when funds transfer from one person to another (or more than one person).	Enter **Revenue Internal Adjustment** under the funding source column (BT) and the negative amount of the budget reduction in column BV (annual change column).
CB	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 CA and CB give the running balance of this fund.	Enter **Expense Internal Adjustment** under the funding source column (BT) and the positive amount of the budget increase in column BV (annual change column).
CC	Rescission – Annualized	This column tracks the annualized reduction in an individual's budget due to a rescission.	Enter **Rescission** under the funding source column (BT) and the negative annualized reduction to the client's budget in the annual chance column (BV).
CD	Rescission – Reduction	This column tracks the portion of the annualized rescission that covers the current fiscal year.	Enter **Rescission** under the funding source column (BT) and the negative annualized reduction to the client's budget in the annual chance column (BV).
CE	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 (BT). Enter the negative amount of the person's budget reduction in the annual change column (BV).
CF	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 (BT). Enter the

Column	Name	Description	Business Rules
			positive amount of the person's budget increase in the annual change column (BV).
CG	FY [subsequent year] Annualized Transfers Revenue	DAIL internal use.	Let the formulas calculate the annualized amounts needed for transfer the following year.
CH	FY [subsequent year] Annualized Transfers Expenses	DAIL internal use.	Let the formulas calculate the annualized amounts needed for transfer the following year.
CI	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 (BT) and the negative amount of the annualized budget reduction in column BV (annual change column).
CJ	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 (BT) and the positive amount of the annualized budget increase in column BV (annual change column). **The Equity and Public Safety Funding Committees will not review new funding proposals under $4,500.**
CK	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 (BT) and manually type in the one-time return to the Equity Fund balance (a negative number in column BW). This column should always contain the original formula.
CL	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 (BT) and manually type in the one-time expense in column BW. This cell should always contain the original formula.
CM	DMH Match	Some DDS HCBS are partially or entirely funded by the Department of Mental Health (DMH).	**Type "DMH Match"** in column BT 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

Column	Name	Description	Business Rules
			should be entered in column BV for an increase and a negative amount for a decrease.
CN	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 BT 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 amount should be entered in column BV for an increase and a negative amount for a decrease.
CO	[Intentionally blank]	Not applicable.	DO NOT USE
CP – CW	Temporary Changes Related to Difficulty of Care Stipends	Used to document the Difficulty of Care (DOC) COVID Stipends to Shared Living Providers and Unpaid Family Caregivers.	The DAIL Business Office will notify agencies as to when the Difficulty of Care Stipends will be allowed.
BN-BQ	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.**