



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Staff Associate
Date: August 19, 2021
Subject: Grant Request – JFO #3063

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration.

JFO #3063 – One (1) limited-service position, Quality and Data Specialist, to the VT Dept. of Disabilities, Aging and Independent Living to accommodate an increase in necessary tracking and grant efficiencies for the Money Follows the Person program. This program helps people living in long-term care institutions return to their communities with supports. Federal statutory changes and additional monies have increased the number of eligible grant recipients in Vermont. This position is fully funded from previously approved grant JFO #2510 and is valid through 12/31/2024.

[Received August 13, 2021]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by September 2, 2021 we will assume that you agree to consider as final the Governor's acceptance of this request.

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Agency of Human Services/Department of Disabilities, Aging and Independence Date: 5/7/2021

Name and Phone (of the person completing this request): Angela Smith-Dieng, 802-989-0454

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # 2510

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

Centers for Medicare and Medicaid Services (CMS), Vermont Money Follows the Person Project, Grant Funding Detail is attached in the Notice to Award.

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Quality and Data Specialist	1	Adult Services Division	1/1/2021 - 12/31/2024

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

Consistently monitoring and evaluating the success of the Money Follows the Person demonstration grant is critical to determining the grant's effectiveness in meeting its deliverables, including cost and quality data-driven outcomes. With federal statutory changes increasing the numbers of people eligible for grant services, and an additional \$5 million supplemental grant this year with new initiatives, grant work is significantly increasing and more staffing capacity is needed to address oversight of all projects in order to ensure we are maximizing resources and Vermonters receive high quality services and supports under the grant. The position is 100% federally funded.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

E-SIGNED by Jenney Samuelson
on 2021-08-04 15:00:11 EDT

Signature of Agency or Department Head: Aimee Pope Date: 2021.08.06 10:28:46 -04'00'

Approved/Denied by Department of Human Resources: Adam Greshin Date: 2021.08.06 14:12:07 -04'00'

Approved/Denied by Finance and Management: Kristin Clouser Date: 2021.08.06 16:06:30 -04'00'

Approved/Denied by Secretary of Administration: _____ Date: _____

Approved/Denied by Governor (required as amended by 2019 Leg. Session): _____ Date: 8/12/21

Comments:



Recipient Information	
1. Recipient Name	Vermont Agency of HS 103 S Main St Disability and Aging Services Waterbury, VT 05671-9800 [NO DATA]
2. Congressional District of Recipient	00
3. Payment System Identifier (ID)	1036000264D4
4. Employer Identification Number (EIN)	036000264
5. Data Universal Numbering System (DUNS)	809376155
6. Recipient's Unique Entity Identifier	
7. Project Director or Principal Investigator	Mr. Matthew Corjay MFP Project Director matthew.corjay@vermont.gov 802-241-0286
8. Authorized Official	Mr. Matthew Corjay MFP Project Director matthew.corjay@vermont.gov 802-241-0286
Federal Agency Information Office of Acquisitions and Grants Management	
9. Awarding Agency Contact Information	Mr. Geoffrey Ntosi Grants Management Officer Geoffrey.Ntosi@Cms.Hhs.Gov 410-786-6070
10. Program Official Contact Information	Mr. Jeffrey Clopein Project Officer jeffrey.clopein@cms.hhs.gov 410-786-7252

Federal Award Information	
11. Award Number	1LICMS330824-01-12
12. Unique Federal Award Identification Number (FAIN)	1LICMS330824
13. Statutory Authority	Patient Protection and Affordable Care Act (P.L. 111-148), Title II Subtitle E, Sec. 2403
14. Federal Award Project Title	Vermont Money Follows the Person Project
15. Assistance Listing Number	93.791
16. Assistance Listing Program Title	Money Follows the Person Rebalancing Demonstration
17. Award Action Type	Administrative Supplement/Change
18. Is the Award R&D?	No
Summary Federal Award Financial Information	
19. Budget Period Start Date	04/01/2011 - End Date 09/30/2025
20. Total Amount of Federal Funds Obligated by this Action	\$2,872,945.00
20a. Direct Cost Amount	\$2,828,497.00
20b. Indirect Cost Amount	\$44,448.00
21. Authorized Carryover	\$1,070,235.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$20,429,133.00
24. Total Approved Cost Sharing or Matching, where applicable	\$649,867.00
25. Total Federal and Non-Federal Approved this Budget Period	\$23,951,945.00
26. Project Period Start Date	04/01/2011 - End Date 09/30/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$23,951,945.00
28. Authorized Treatment of Program Income	ADDITIONAL COSTS
29. Grants Management Officer – Signature	Ms. Karen A. Johnson Grants Management Officer
30. Remarks	

See Remarks (continuation)



Notice of Award

Award# ILICMS330824-01-12
FAIN# ILICMS330824
Federal Award Date: 03/22/2021

<p>Recipient Information</p> <p>Recipient Name Vermont Agency of HS 103 S Main St Disability and Aging Services Waterbury, VT 05671-9800 [NO DATA]</p> <p>Congressional District of Recipient 00</p> <p>Payment Account Number and Type 1036000264D4</p> <p>Employer Identification Number (EIN) Data 036000264</p> <p>Universal Numbering System (DUNS) 809376155</p> <p>Recipient's Unique Entity Identifier Not Available</p>
<p>31. Assistance Type Project Grant</p> <p>32. Type of Award Other</p>

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$4,284,429.00
b. Fringe Benefits	\$1,882,041.00
c. Total Personnel Costs	\$6,166,470.00
d. Equipment	\$32,871.00
e. Supplies	\$97,350.00
f. Travel	\$198,749.00
g. Construction	\$0.00
h. Other	\$17,605,720.00
i. Contractual	\$519,126.00
j. TOTAL DIRECT COSTS	\$24,620,286.00
k. INDIRECT COSTS	\$401,894.00
l. TOTAL APPROVED BUDGET	\$25,022,180.00
m. Federal Share	\$24,372,313.00
n. Non-Federal Share	\$649,867.00

34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
I-5991564	MFP330824A	ILI	412K	\$2,872,945.00	75-2021-0516



Department of Health and Human Services

Centers for Medicare & Medicaid Services

Notice of Award

Award# 1LICMS330824-01-12

FAIN# 1LICMS330824

Federal Award Date: 03/22/2021

Remarks (Continuation)

The purpose of this Notice of Award (NoA) is to approve your 2021 budget submitted on February 24, 2021 for \$3,392,000. Your Federal Financial Report for the period that ended December 31, 2020 reported unobligated balance in the amount of \$519,055 (line 10h). Therefore, the total amount of Federal Funds obligated by this Action is \$2,872,945. Please note that the approved budget is \$50 higher than the requested amount. This was done to correct a \$50 undercount of your UOB. Instead of the correct amount of \$519,055, we counted \$519,005.

* All prior terms and conditions remain unchanged.

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Review
Position Description Form A

- **This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.**
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- If you prefer to fill out a hard copy of the form, contact your Personnel Officer.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

INSTRUCTIONS: Tell us about the job. The information you provide will be used to evaluate the position. It will not be used in any way to evaluate an employee's performance or qualifications.

Answer the questions carefully. The information you give will help ensure that the position is fairly evaluated. Here are some suggestions to consider in completing this questionnaire:

- Tell the **facts** about what an employee in this position is actually expected to do.
- Give **specific examples** to make it clear.
- Write in a way so a person unfamiliar with the job will be able to understand it.
- Describe the job **as it is now**; not the way it was or will become.
- Before answering each question, read it carefully.

To Submit this Request for Classification Review: If this is a filled position, the employee must sign the original* and forward to the supervisor for the supervisor's review and signature. The Personnel Officer and the Appointing Authority must also review and sign this request before it is considered complete. The effective date of review is the beginning of the first pay period following the date the complete Request for Classification Review is date stamped by the Classification Division of the Department of Personnel.

*An employee may choose to sign the form, make a copy, submit original to supervisor as noted above, while concurrently sending the copy to the Classification Division, 144 State Street, Montpelier, with a cover note indicating that the employee has submitted the original to the supervisor and is submitting the copy as a **Concurrent** filing.

If this is a request (initiated by employees, VSEA, or management) for review of all positions in a class/title please contact the appropriate Classification Analyst or the Classification Manager to discuss the request prior to submitting.

Request for Classification Review Position Description Form A

For Department of Personnel Use Only

Notice of Action # _____	Date Received (Stamp)
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ___ B/U ___ OT Cat. ___ EEO Cat. ___ FLSA ___	
New Mgt Level ___ B/U ___ OT Cat. ___ EEO Cat. ___ FLSA ___	
Classification Analyst _____	Date _____
Comments:	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____	Mental Demands: _____
Working Conditions: _____	Accountability: _____
	Total: _____

Incumbent Information:

Employee Name: Employee Number:
Position Number: Current Job/Class Title:
Agency/Department/Unit: Work Station: Zip Code:
Supervisor's Name, Title, and Phone Number:
How should the notification to the employee be sent: employee's work location or other address, please provide mailing address:

New Position/Vacant Position Information:

New Position Authorization: Request Job/Class Title:
Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored
Vacant Position Number: Current Job/Class Title:
Agency/Department/Unit: Work Station: Zip Code:
Supervisor's Name, Title and Phone Number: Project Director (currently vacant, under recruitment) will be the supervisor.

Type of Request:

- Management:** A management request to review the classification of an existing position, class, or create a new job class.
- Employee:** An employee's request to review the classification of his/her current position.

1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

1. Work with the MFP team and broader Adult Services Division to create the desired outcomes for the MFP Grant Initiatives, and work with the Project Director to ensure the terms of all grants/contracts are being fulfilled.
2. Monitor and evaluate Money Follows the Person (MFP) Grant outcomes in order to ensure that DAIL meets grant requirements related to transitioning people from skilled nursing facilities to home- and community-based settings and ensuring they receive quality care and services for successful placement and positive outcomes. This includes:
 - Collecting data from community partners, participants and state systems
 - Creating and running reports in multiple databases
 - Analyzing report results to evaluate individual outcomes, grant progress, etc. and
 - Summarizing findings in data briefs and presentations and make recommendations for improvements or changes.
3. Provide education and technical assistance to community providers as areas for additional education or training are identified through the monitoring of the initiatives.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: *you may collaborate, monitor, guide, or facilitate change.*

- Collaborate with the Money Follows the Person (MFP) five-member team and act as a support for data analysis and outcome measurement for the variety of projects the team works on.
- Participate and contribute to larger team meetings with the Quality Management Unit, Long-Term Services and Supports Unit and broader Adult Services Division.
- Communicate with community partners related to the MFP projects, specifically related to data and outcomes to ensure information is collected accurately and efficiently. Provide technical assistance to community partners as needed.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Proficient in MS Office Package (Teams, Excel, Word, PowerPoint)
Comfortable dealing with data from multiple sources
MS Excel analytic workbook solution development experience (a plus but not mandatory)

4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

N/A

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

The Money Follows the Person Project Director is the supervisor and provides guidance on work priorities and tasks, though there is flexibility and independence in accomplishing those tasks on a day-to-day basis. Performance will be reviewed regularly, based upon accomplishing projects/tasks timely and accurately. This may vary depending on the scope of each individual data project within the broader Money Follows the Person Grant deliverables.

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

Balancing the day to day operations with the need for timely and accurate report filing is critical and demands the ability to prioritize, quickly change directions, and be responsive.

This position requires creativity and persistence. Because many of these initiatives will be

pilots there is likely to be modifications needed over time, requiring the ability to creatively problem solve and adjust direction while still holding the vision and goals at the center of the work.

Projects and findings must be presented to a wide variety of audiences, including the public, requiring good public speaking skills and the ability to handle questions under pressure.

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

Ensuring that MFP dollars (\$5 million in supplemental grant funds) are maximized with measurable, positive quality-of-life outcomes for the vulnerable Vermonters receiving services, while supporting the overall quality assurance activities and goals in our long-term care service system.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
N/A	

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?

N/A	

c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
N/A		

d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
sitting/standing	80%

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Employee's Signature (required): _____ Date: _____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Data analysis and outcomes reporting is most critical because this is how we will know if the grant initiatives are having their intended impact and are successful, or if not, what may not be working and why. This analysis and reporting is critical to the overall success of the grant.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

Ability to think critically, ability to see problems from multiple angles and vision solutions, ability to develop concrete measures, and ability to analyze data from multiple sources and make meaning from it.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

N/A

4. Suggested Title and/or Pay Grade:

Quality and Data Specialist, Pay Grade 25

Supervisor's Signature (required): Angela Smith-Dieng Date: 5/7/2021

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes No If yes, please provide detailed information.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

No

Suggested Title and/or Pay Grade:

MFP Quality and Data Specialist, PG 25

Personnel Administrator's Signature (required):  Date: 5/7/21

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

MFP Quality and and Data Specialist, Pay Grade 25


Appointing Authority or Authorized Representative Signature (required) Date: 5/6/2021

**Department of
Disability, Aging &
Independent Living**
Commissioner (Acting)
Monica White

**Adult Services Division
April 2021**

**Adult Services
Division**
Division Director
Angela Smith-Dieng
760003 30

**Administrative
Services Coordinator**
Colleen Bedard
760147 23

**Quality &
Program
Management
Unit**
Lisa Neveu
Quality & Provider
Relations Program
Acting Director
760254 28
Stuart Sanghas
Quality & Program
Participant Specialist
760185 26
Michelle Beard
Quality Outcomes
Specialist
760275 26
Sara Lane
Nurse Case
Manager/Utilization
Review Nurse II
760199 26
Teresa Nelson
Quality & Program
Participant Specialist
760328 26
Jessica Frasure
Administrative
Assistant B
760326 19

MFP Project
Vacant
MFP Project Director
760254 26
Matt Corjay
Senior Planner
760327 25
Debra Currier
Transition
Coordinator
760323 25
Herman Fossi
Transition
Coordinator
760324 25
PROPOSED
Quality and Data
Specialist

**Long Term
Services & Supports
Unit**
Aging & Disabilities Program
Manager/Unit Director
Angela McMann
760135 28

Heather Clark
Kelly Temp
Admin

State Unit on Aging
Unit Director
Conor O'Dea
767007 28

State Unit Operations Team Leader
Mary Woodruff
760177 27

Charles Gurney
Elder Substance
Abuse Policy and
Operations Manager
765008 30

Tiffany Smith
Aging & Disabilities
Program Admin
760005 24

**Choices for Care
Highest and High
Needs**
Paula Brown
Nurse Administrator
I
761011 27
Long Term
Care Clinical
Coordinators (LTCCC)
Julie Bigelow/
Fam Brainard
Job Share
LTCCC 760279 25
Kate Dempsey
LTCCC 760285 25
Paulette Simard
LTCCC 760285 25
Mary Scarborough
LTCCC 760280 25
Maura Krueger
LTCCC 760283 25

**Choices for Care
Highest and High
Needs**
Mary Woods
Nurse Administrator
I
760256 27
Long Term
Care Clinical
Coordinators (LTCCC)
Laurie Rau
LTCCC 760281 25
Carol Wakeley
LTCCC 760277 25
George Jurasinski
LTCCC 760325 25
Lorraine Wargo
LTCCC 765007/Williston
Temp/Float 26
Teresa Reinerston
LTCCC
760284 25
Emily Houghton
LTCCC Double Fill
760286 25

**Choices for Care
Highest and High
Needs**
Dawn Weening
Nurse Administrator
I
760325 27
Jeanne Buley
LTCCC 760278 25
Brenda Smith
LTCCC
760287 25
Chris Malone
LTCCC 760294 25
David O'Vitt
LTCCC 760168 25

**Attendant Services &
Consumer Directed
Services**
**Choices for Care
Moderate Needs Services**
Kathleen Kenworthy
Independent Living Services
Consultant
760148 23

Rio Demers
Senior Program
Consultant
760056 26

Section A. Instructions for Completing the *MFP Worksheet for Proposed Budget (WFPB) Revised 12/09/2020*. Instructions for completing the Budget Narrative are located on each spreadsheet with the Budget Narrative Workbook.

Please refer to the most recent ABCD Forms for Actual Expenditures.

Please fill in the cells highlighted in YELLOW. All other cells will auto populate.

**** Note: This WFPB will be used for FY 2020 – FY 2023. For FY 2021, you will use the same version of the report submitted for FY 2020, and only update new fields.**

Step 1 – Fill in the following yellow highlighted cells about your program and report: (1) Date of Report, (2) State, (3) Award Number (your award number is located on the most recent Notice of Award (NoA), (4) Reporting Year, (5) Preparer Name (person who completed the form and can be contacted for questions), (6) Preparer phone number, and (7) Preparer email address. Note: Each time the form is revised and resubmitted in Grants Solutions, please enter revised information.

Step 2 –

- In the FMAP Table, enter your Original State FMAP rate for each quarter in column C through the next Calendar Year (You do not need to enter rates until 2023, until your 2022 report). Original State FMAP rates may be found in previous WFPB reports or at the links below:

FFY 2007 - 2017: <http://aspe.hhs.gov/federal-medical-assistance-percentages-or-federal-financial-participation-state-assistance-expenditures>

FFY 2018: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-15/pdf/2016-27424.pdf>

FFY 2019: <https://www.gpo.gov/fdsys/pkg/FR-2017-11-21/pdf/2017-24953.pdf>

FFY 2020: <https://www.govinfo.gov/content/pkg/FR-2018-11-28/pdf/2018-25944.pdf>

FFY 2021: <https://www.govinfo.gov/content/pkg/FR-2019-12-03/pdf/2019-26207.pdf>

For future years, refer to the Federal Register or consult your CMS Project Officer.

- For states participating in the MFP demonstration from October 2008 through June 2011, enter the ARRA Enhanced FMAP percentage for each quarter in column E. Please use the appropriate rate for each year as published in the Federal Register. (After you have pasted in these values once, you will not need to update them again as ARRA expired in 2011.)

For January 2020 - TBD, enter the FFCRA Enhanced FMAP percentage for each quarter in column E. The rates are included in a separate tab within this workbook. *When the FFCRA enhancement ends, the state should enter their regular FMAP in Column E of the FMAP table for future quarters where there is a FFCRA cell. If the cell is left blank, it will default to 0.50.*

- Rates for all services (qualified, demonstration, and supplemental) will calculate for each CY when State FMAP rates are entered in columns C & E of the FMAP table. (See definitions in Section C. of the instructions below for more information on each of these services.)

Step 3 – Fill in/update the Population Transitions Chart. For prior years, enter (or update) **actual** transitions for each population, which should be consistent with the numbers entered in your semi-annual progress reports submitted. For the next calendar year, enter **projected** future transitions for each population. The "Other" column includes any populations that do not fit one of the listed target populations.

The Total Expenditures table, Estimated MFP Enhanced FMAP Calculations, and Benchmarks Achieved Percentage will auto populate after you fill in actual and projected expenditures for all calendar years.

Step 4 – The Total Expenditures table beginning on Row 110 and the Estimated MFP Enhanced FMAP Calculation table beginning on Row 124 will automatically populate once the next two tabs are completed.

Step 5 – On the WFPB CY 2007 – 2015 tab, enter actual expenditures for all prior years in the yellow highlighted cells. The expenditures should reflect the sum of the year's quarterly MFP Financial Reporting Forms (ABCD forms) submitted to CMS and match prior WFPB reports.

Step 6 – On the WFPB CY 2016 – 2025 tab, enter actual expenditures for all prior years in the yellow highlighted cells. The expenditures should reflect the sum of the year's quarterly MFP Financial Reporting Forms (ABCD forms) submitted to CMS and match prior WFPB reports. The MFP Project Officers are aware that for the last quarter of the prior year, actual expenditures may not be available. If this is the case, please provide best estimates and add a note in the comments section to indicate this. CMS expects that any estimated expenditures will be updated with actual expenditures with the next year's budget submission. You may also use the comments section to provide an explanation of an expenditure or note for preparing next year's budget.

Step 7 – For the current year, enter projected expenditures in the yellow highlighted cells.

Step 8 – For the next calendar year, enter projected future expenditures in the yellow highlighted cells. CMS requests best estimates for this year and expects that projections will adjust as it gets closer to the final year. (Only enter future expenditures for the next calendar year. Other future years may be left blank.)

Section B. Data Validations to Check

Please make sure to check that these values match after completing data entry on all tabs (including the budget narrative tabs).

Validation 1 – Cell B10 (Total Cost) in the tab G. Other-Services Dollars should equal the summed total of the "Qualified HCBS" rows for the "Total Costs" column (D) in the WFPB tab. Make sure to look at the correct year, and note that values may be slightly off due to rounding differences.

Example: If you are filling this form out for year 2019 then you would look at the WFPB CY 2016-2025 tab. Using the "Qualified HCBS" rows, you should be summing rows D75, D76, D77, and D78 and checking that this summed value equals cell B10 in the G. Other-Services Dollars tab.

Validation 2 – For the year you are filling this out, the Administrative Total Costs value in the WFPB tab should equal the sum of CY [year] Federal Costs (column B), rows 4, 5, 6, 7, 8, 9, and 12, in the Budget Summary tab. Make sure to look at the correct year, the correct Administrative cell, and note that values may be slightly off due to rounding differences.

Example: If you are filling this form out for year 2019 and used the Administrative (Other) - 100 % row, then you would look at cell D91 in the WFPB CY 2016-2025 tab and checking that this value equals the sum of B4, B5, B6, B7, B8, B9, and B12 from the Budget Summary tab.

Section C. Definition of Line Items

Qualified HCBS Services. Section 6071 of the Deficit Reduction Act (DRA) of 2005 established the Money Follows the Person (MFP) rebalancing demonstration. MFP demonstrations can provide up to three categories of services: (1) qualified home and community-based LTSS, (2) demonstration services, and (3) supplemental services. Pursuant to section 6071(b)(1) of the DRA, the "term "home and community-based long-term care services" means, with respect to a State Medicaid program, home and community-based services (including home health and personal care services) that are provided under the State's qualified HCB program or that could be provided under such a program but are otherwise provided under the Medicaid program." The term "Medicaid" means, with respect to a State, the State program under title XIX of the Social Security Act (including any waiver or demonstration under such title or under section 1115 of such Act relating to such title). "Qualified HCBS" are made available to demonstration participants when they move to a community-based residence. States are permitted to claim an MFP-enhanced match rate for the first 365-day post-transition period for qualified HCBS for demonstration participants who transition from an institutional setting into the community. States are also required to continue the qualified HCBS service provision after the conclusion of the demonstration program.

Demonstration HCBS Services. Demonstration services are either allowable Medicaid services not currently included in the state's array of home and community-based LTSS (such as assistive technologies) or qualified services above what would be available to non-MFP Medicaid beneficiaries (such as 24-hour personal care, 7 days a week). Demonstration services are eligible for an MFP enhanced match rate, but are different from the qualified HCBS program services in that they are not required to continue after the conclusion of the demonstration program or for the participant, at the end of the 365-day enrollment period.

Supplemental Services. In addition to qualified HCBS and unique demonstration services, a State may choose to offer "supplemental demonstration services" reimbursed through grant funds at a rate based on the state's standard FMAP. The State may propose these services because they are essential for successful transition to the community. These services should only be required during the transition period, or be a one-time cost to the program. These services are not expected to be continued after the demonstration period.

MFP Enhanced FMAP. States receive an MFP Federal Medical Assistance Percentage (FMAP) through the grant for either qualified or demonstration home and community based LTSS. The MFP-enhanced FMAP, as defined in section 6071(e)(5) of the DRA, is equal to the Federal medical assistance percentage (as defined in the first sentence of section 1905(b) of the Social Security Act) for the State increased by a number of percentage points equal to 50 percent of the number of percentage points by which (A) such Federal medical assistance percentage for the State, is less than (B) 100 percent; but in no case shall the MFP-enhanced FMAP for a State exceed 90 percent. It is the State's responsibility to track this fund calculation.

Administrative costs. States may consider multiple claiming rates to fund administrative activities under the MFP demonstration grant. States may request reimbursement for administrative costs such as key personnel, MFP travel, in state and out-of-state, training, outreach and marketing, IT infrastructure to accommodate the MFP reporting requirements, and other administrative project costs that can be justified to enhance the transition, rebalancing, and MFP sustainability effort, to meet or exceed benchmarks, to build infrastructure and/or to increase the use of HCBS and decrease the use of institutional services.

Additionally, MFP grant administrative costs may include activities that are represented under certain Line Items:

Quality Improvement-100% Costs related to administering and reporting on individual quality and satisfaction surveys (reimbursed @ about \$100-\$150 per survey).

State Evaluation (if approved) - 50% . If the state wishes to conduct an independent evaluation, then the Operational Protocol must include detailed information on the evaluator, evaluation design, variables, and process evaluation. Costs allocated to this independent evaluation are reported here.

ADRC Funding -100%. This funding is used to facilitate and strengthen the roles of Aging and Disability Resource Centers (ADRCs) in supporting the rebalancing the delivery of long-term services and supports by coordinating transitions from nursing homes (and other MFP qualified institutional settings) to community based settings for older adults and people with disabilities or chronic conditions.

American Indians and Alaska Natives (AI/AN Funding) - 100%. Administrative costs may be used for developing and implementing long term services and supports programs under the MFP Tribal Initiative.

Capacity Building Funding - 100%. This funding is for planning and capacity building activities to accelerate long-term care system transformation design and implementation, and to expand HCB capacity.

All requested reimbursement for administrative expenses must be presented in the Worksheet for Proposed Budget and described in detail in the Budget Narrative. For each item/project requested, there should be a justification with a detailed description and a Line Item Budget and Budget Narrative for each year requested.

State	<u>Original State FMAP FY20 *</u>	MFP Enhanced FMAP (1.00 - Reg FMAP / 2 + Reg FMAP)	MFP FMAP with FFCRA Increase (Jan 2020 - TBD)	MFP Enhanced FMAP with FFCRA and MFP (for Jan 2020 - TBD) Not to Exceed 90%	Calculated MFP Enhanced FMAP (Jan 2020 - TBD)
United States	0.5000	0.7500	0.5620	0.7810	0.7810
Alabama	0.7197	0.8599	0.7817	0.8909	0.8909
Arkansas	0.7142	0.8571	0.7762	0.8881	0.8881
California	0.5000	0.7500	0.5620	0.7810	0.7810
Colorado	0.5000	0.7500	0.5620	0.7810	0.7810
Connecticut	0.5000	0.7500	0.5620	0.7810	0.7810
Delaware	0.5786	0.7893	0.6406	0.8203	0.8203
District of Columbia	0.7000	0.8500	0.7620	0.8810	0.8810
Georgia	0.6730	0.8365	0.7350	0.8675	0.8675
Hawaii	0.5347	0.7674	0.5967	0.7984	0.7984
Idaho	0.7034	0.8517	0.7654	0.8827	0.8827
Illinois	0.5014	0.7507	0.5634	0.7817	0.7817
Indiana	0.6584	0.8292	0.7204	0.8602	0.8602
Iowa	0.6120	0.8060	0.6740	0.8370	0.8370
Kansas	0.5916	0.7958	0.6536	0.8268	0.8268
Kentucky	0.7182	0.8591	0.7802	0.8901	0.8901
Louisiana	0.6686	0.8343	0.7306	0.8653	0.8653
Maine	0.6380	0.8190	0.7000	0.8500	0.8500
Maryland	0.5000	0.7500	0.5620	0.7810	0.7810
Massachusetts	0.5000	0.7500	0.5620	0.7810	0.7810
Michigan	0.6406	0.8203	0.7026	0.8513	0.8513
Minnesota	0.5000	0.7500	0.5620	0.7810	0.7810
Mississippi	0.7698	0.8849	0.8318	0.9000	0.9159
Missouri	0.6565	0.8283	0.7185	0.8593	0.8593
Montana	0.6478	0.8239	0.7098	0.8549	0.8549
Nebraska	0.5472	0.7736	0.6092	0.8046	0.8046
Nevada	0.6393	0.8197	0.7013	0.8507	0.8507
New Hampshire	0.5000	0.7500	0.5620	0.7810	0.7810
New Jersey	0.5000	0.7500	0.5620	0.7810	0.7810
New York	0.5000	0.7500	0.5620	0.7810	0.7810
North Carolina	0.6703	0.8352	0.7323	0.8662	0.8662
North Dakota	0.5005	0.7503	0.5625	0.7813	0.7813
Ohio	0.6302	0.8151	0.6922	0.8461	0.8461
Oklahoma	0.6602	0.8301	0.7222	0.8611	0.8611
Pennsylvania	0.5225	0.7613	0.5845	0.7923	0.7923
Rhode Island	0.5295	0.7648	0.5915	0.7958	0.7958
South Carolina	0.7070	0.8535	0.7690	0.8845	0.8845
South Dakota	0.5762	0.7881	0.6382	0.8191	0.8191
Tennessee	0.6521	0.8261	0.7141	0.8571	0.8571
Texas	0.6089	0.8045	0.6709	0.8355	0.8355
Vermont	0.5386	0.7693	0.6006	0.8003	0.8003
Virginia	0.5000	0.7500	0.5620	0.7810	0.7810
Washington	0.5000	0.7500	0.5620	0.7810	0.7810
West Virginia	0.7494	0.8747	0.8114	0.9000	0.9057
Wisconsin	0.5936	0.7968	0.6556	0.8278	0.8278

2007 - 2025 Money Follows the Person Demonstration
Worksheet for Proposed Budget (Rev. 12/09/2020)

Instructions: Please fill in only the cells highlighted in YELLOW. All other cells will auto populate and are locked.

Date of Report:	8/6/2021
State:	Vermont
Grant Number:	1UCM5330824-01-05
Current Year	2021

Preparer Name:	Matthew J. Corjay
Preparer Phone:	802.241.0286
Preparer Email:	matthew.corjay@vermont.gov

Please express FMAP as a decimal (example: 68.32%=0.6832) Calendar Year Quarters through 2025	Original State FMAP	MFP Enhanced FMAP (1.00 - Reg FMAP / 2 + Reg FMAP)	MFP FMAP with ARRA Increase (Oct 2008 - Jun 2011) FFCRA Increase (Jan 2020 - TBD)	MFP Enhanced FMAP with ARRA Increase (Oct 2008 - Jun 2011) FFCRA Increase (Jan 2020 - TBD) Not to Exceed 90%	Calculated MFP Enhanced FMAP ARRA Increase (Oct 2008 - Jun 2011) FFCRA Increase (Jan 2020 - TBD)
	FFY 2007	0.5000			
	FFY 2008	0.5000			
Oct - Dec 2008	FFY 2009 Q1	0.5000		0.5000	0.5000
Jan - Mar 2009	FFY 2009 Q2	0.5000		0.5000	0.5000
Apr - Jun 2009	FFY 2009 Q3	0.5000		0.5000	0.5000
Jul - Sept 2009	FFY 2009 Q4	0.5000		0.5000	0.5000
Oct - Dec 2009	FFY 2010 Q1	0.5000		0.5000	0.5000
Jan - Mar 2010	FFY 2010 Q2	0.5000		0.5000	0.5000
Apr - Jun 2010	FFY 2010 Q3	0.5000		0.5000	0.5000
Jul - Sept 2010	FFY 2010 Q4	0.5000		0.5000	0.5000
Oct - Dec 2010	FFY 2011 Q1	0.5000		0.5000	0.5000
Jan - Mar 2011	FFY 2011 Q2	0.5000		0.5000	0.5000
Apr - Jun 2011	FFY 2011 Q3	0.5871	0.7936	0.5000	0.5000
Jul - Sept 2011	FFY 2011 Q4	0.5871	0.7936		
Oct - Dec 2011	FFY 2012 Q1	0.5758	0.7879		
Jan - Mar 2012	FFY 2012 Q2	0.5758	0.7879		
Apr - Jun 2012	FFY 2012 Q3	0.5758	0.7879		
Jul - Sept 2012	FFY 2012 Q4	0.5758	0.7879		
Oct - Dec 2012	FFY 2013 Q1	0.5604	0.7802		
Jan - Mar 2013	FFY 2013 Q2	0.5604	0.7802		
Apr - Jun 2013	FFY 2013 Q3	0.5604	0.7802		
Jul - Sept 2013	FFY 2013 Q4	0.5604	0.7802		
Oct - Dec 2013	FFY 2014 Q1	0.5511	0.7756		
Jan - Mar 2014	FFY 2014 Q2	0.5731	0.7866		
Apr - Jun 2014	FFY 2014 Q3	0.5731	0.7866		
Jul - Sept 2014	FFY 2014 Q4	0.5731	0.7866		
Oct - Dec 2014	FFY 2015 Q1	0.5621	0.7811		
Jan - Mar 2015	FFY 2015 Q2	0.5621	0.7811		
Apr - Jun 2015	FFY 2015 Q3	0.5621	0.7811		
Jul - Sept 2015	FFY 2015 Q4	0.5621	0.7811		
Oct - Dec 2015	FFY 2016 Q1	0.5610	0.7805		
Jan - Mar 2016	FFY 2016 Q2	0.5390	0.7695		
Apr - Jun 2016	FFY 2016 Q3	0.5390	0.7695		
Jul - Sept 2016	FFY 2016 Q4	0.5390	0.7695		
Oct - Dec 2016	FFY 2017 Q1	0.5446	0.7723		
Jan - Mar 2017	FFY 2017 Q2	0.5446	0.7723		
Apr - Jun 2017	FFY 2017 Q3	0.5446	0.7723		
Jul - Sept 2017	FFY 2017 Q4	0.5446	0.7723		
Oct - Dec 2017	FFY 2018 Q1	0.5347	0.7674		
Jan - Mar 2018	FFY 2018 Q2	0.5347	0.7674		
Apr - Jun 2018	FFY 2018 Q3	0.5347	0.7674		
Jul - Sept 2018	FFY 2018 Q4	0.5347	0.7674		
Oct - Dec 2018	FFY 2019 Q1	0.5389	0.7695		
Jan - Mar 2019	FFY 2019 Q2	0.5389	0.7695		
Apr - Jun 2019	FFY 2019 Q3	0.5389	0.7695		
Jul - Sept 2019	FFY 2019 Q4	0.5389	0.7695		
Oct - Dec 2019	FFY 2020 Q1	0.5386	0.7693		
Jan - Mar 2020	FFY 2020 Q2	0.5386	0.7693	0.6006	0.8003
Apr - Jun 2020	FFY 2020 Q3	0.5386	0.7693	0.6006	0.8003
Jul - Sept 2020	FFY 2020 Q4	0.5386	0.7693	0.6006	0.8003
Oct - Dec 2020	FFY 2021 Q1	0.5457	0.7729	0.6077	0.8039
Jan - Mar 2021	FFY 2021 Q2	0.5457	0.7729	0.6077	0.8039
Apr - Jun 2021	FFY 2021 Q3	0.5457	0.7729	0.6077	0.8039
Jul - Sept 2021	FFY 2021 Q4	0.5457	0.7729	0.6077	0.8039
Oct - Dec 2021	FFY 2022 Q1	0.5457	0.7729	0.6077	0.8039
Jan - Mar 2022	FFY 2022 Q2		0.5000		
Apr - Jun 2022	FFY 2022 Q3		0.5000		
Jul - Sept 2022	FFY 2022 Q4		0.5000		
Oct - Dec 2022	FFY 2023 Q1		0.5000		
Jan - Mar 2023	FFY 2023 Q2		0.5000		
Apr - Jun 2023	FFY 2023 Q3		0.5000		
Jul - Sept 2023	FFY 2023 Q4		0.5000		
Oct - Dec 2023	FFY 2024 Q1		0.5000		
Jan - Mar 2024	FFY 2024 Q2		0.5000		
Apr - Jun 2024	FFY 2024 Q3		0.5000		
Jul - Sept 2024	FFY 2024 Q4		0.5000		
Oct - Dec 2024	FFY 2025 Q1		0.5000		
Jan - Mar 2025	FFY 2025 Q2		0.5000		
Apr - Jun 2025	FFY 2025 Q3		0.5000		
Jul - Sept 2025	FFY 2025 Q4		0.5000		
Oct - Dec 2025	FFY 2026 Q1		0.5000		

Populations Transitions Chart (unduplicated count)

Unduplicated Count - Each individual is only counted once in the year that they physically transition.

All population counts and budget estimates are based on the *Calendar Year (CY)*.

The State is held accountable for the current year populations to be transitioned and actual numbers should be consistent with semi-annual reports submitted in Jan/Feb for the previous calendar year.

All prior year actuals must be updated accordingly to match what is reported on the semi-annual reports.

	Elderly	ID/DD	Physical Disability	Mental Illness	Other	Total per CY
CY 2007						0
CY 2008						0
CY 2009						0
CY 2010						0
CY 2011						0
CY 2012	17		12			29
CY 2013	38		16			54
CY 2014	45		17			62
CY 2015	51		23			74
CY 2016	42		19			61
CY 2017	66		21			87
CY 2018	0		0			0
CY 2019	43		10			53
CY 2020	21		8			29
CY 2021						0
CY 2022						0

CY 2023						0
CY 2024						0
CY 2025						0
Total Count	323	0	126	0	0	449
<p style="text-align: center;">If a Grantee achieves less than the 85% of the established benchmark, an Action Plan will be required. See Policy Guidance Achieving and Amending Transition Benchmarks, July 2014</p>						

Demonstration Budget Summary-All Years

Total Expenditures (2007 - 2025)	Total Costs (Fed & State)	Federal	State
Qualified HCBS	\$ 18,682,039.80	\$ 14,601,514.29	\$ 4,080,525.51
Demonstration HCBS	\$ 781,114.29	\$ 611,618.64	\$ 169,495.65
Supplemental	\$ -	\$ -	\$ -
Administrative - Normal - 50%	\$ -	\$ -	\$ -
Administrative - 75%	\$ -	\$ -	\$ -
Administrative - 90%	\$ -	\$ -	\$ -
Federal Evaluation Supports - 100%	\$ 42,800.00	\$ 42,800.00	\$ -
Administrative (Other) - 100%	\$ 6,858,561.30	\$ 6,858,561.30	\$ -
State Evaluation - 50%	\$ -	\$ -	\$ -
ADRC Funding - 100%	\$ 373,681.00	\$ 373,681.00	\$ -
AIAN Funding (Tribal) - 100%	\$ -	\$ -	\$ -
Capacity Building Funding - 100%	\$ -	\$ -	\$ -
Total	\$ 26,738,196.39	\$ 22,488,175.23	\$ 4,250,021.16

Estimated MFP Enhanced FMAP Calculation		
CY 2007	\$	-
CY 2008	\$	-
CY 2009	\$	-
CY 2010	\$	-
CY 2011	\$	6,726
CY 2012	\$	110,089
CY 2013	\$	315,921
CY 2014	\$	337,149
CY 2015	\$	568,117
CY 2016	\$	644,781
CY 2017	\$	573,742
CY 2018	\$	417,661
CY 2019	\$	329,648
CY 2020	\$	454,075
CY 2021	\$	789,494
CY 2022	\$	-
CY 2023	\$	-
CY 2024	\$	-
CY 2025	\$	-
Estimated Total	\$	4,547,401

Please update expenditures for all past years. Rates for all services (qualified, demonstration, and supplemental) will calculate for each CY when State FMAP rates are entered in the FMAP table.					Enter CY 2007 Comments Here
CY 2007	Rate	Total Costs	Federal	State	
Qualified HCBS	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS	0.5000	\$ -	\$ -	\$ -	
Supplemental	0.0000	\$ -	\$ -	\$ -	
Administrative - Normal	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ -	\$ -	\$ -	
State Evaluation (if approved)	0.5000	\$ -	\$ -	\$ -	
ADRC Funding	1.0000	\$ -	\$ -	\$ -	
CY 2007 Total		\$ -	\$ -	\$ -	

CY 2008 (including Partial Year Increased FMAP)	Rate	Total Costs	Federal	State	Enter CY 2008 Comments Here
Qualified HCBS (Jan - Sept)	0.5000	\$ -	\$ -	\$ -	
Qualified HCBS (Oct - Dec increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS (Jan - Sept)	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct - Dec increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Jan - Sept)	0.0000	\$ -	\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.0000	\$ -	\$ -	\$ -	
Administrative - Normal	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ -	\$ -	\$ -	
State Evaluation (if approved)	0.5000	\$ -	\$ -	\$ -	
ADRC Funding	1.0000	\$ -	\$ -	\$ -	
CY 2008 Total		\$ -	\$ -	\$ -	

CY 2009 (using Increased FMAP)	Rate	Total Costs	Federal	State	Enter CY 2009 Comments Here
Qualified HCBS (Jan-Mar increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Qualified HCBS (Apr-Jun increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Qualified HCBS (Jul- Sep increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Qualified HCBS (Oct - Dec increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS (Jan-Mar increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul- Sep increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct - Dec increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar increased FMAP)	0.0000	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.0000	\$ -	\$ -	\$ -	
Supplemental (Jul- Sep increased FMAP)	0.0000	\$ -	\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.0000	\$ -	\$ -	\$ -	
Administrative - Normal	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ -	\$ -	\$ -	
State Evaluation (if approved)	0.5000	\$ -	\$ -	\$ -	
ADRC Funding	1.0000	\$ -	\$ -	\$ -	
CY 2009 Total		\$ -	\$ -	\$ -	

CY 2010 (using increased FMAP)	Rate	Total Costs	Federal	State	Enter CY 2010 Comments Here
Qualified HCBS (Jan-Mar increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Qualified HCBS (Apr-Jun increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Qualified HCBS (Jul- Sep increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Qualified HCBS (Oct - Dec increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS (Jan-Mar increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul- Sep increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct - Dec increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar increased FMAP)	0.0000	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.0000	\$ -	\$ -	\$ -	
Supplemental (Jul- Sep increased FMAP)	0.0000	\$ -	\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.0000	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ -	\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding	1.0000	\$ -	\$ -	\$ -	
CY 2010 Total		\$ -	\$ -	\$ -	

CY 2011 (using partial year increased FMAP)	Rate	Total Costs	Federal	State	Enter CY 2011 Comments Here
Qualified HCBS (Jan-Mar increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Qualified HCBS (Apr-Jun increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Qualified HCBS (Jul-Sept)	0.7936	\$ 3,590	\$ 2,849	\$ 741	
Qualified HCBS (Oct-Dec)	0.7879	\$ 28,215	\$ 22,231	\$ 5,985	
Demonstration HCBS (Jan-Mar increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun increased FMAP)	0.5000	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.7936	\$ -	\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.7879	\$ -	\$ -	\$ -	
Supplemental (Jan-Mar increased FMAP)	0.0000	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.0000	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5871	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5758	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ 2,552	\$ 2,552	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
CY 2011 Total		\$ 34,358	\$ 27,632	\$ 6,726	

CY 2012	Rate	Total Costs	Federal	State	Enter CY 2012 Comments Here
Qualified HCBS (Jan-Mar)	0.7879	\$ 44,640	\$ 35,172	\$ 9,468	
Qualified HCBS (Apr-Jun)	0.7879	\$ 63,871	\$ 50,324	\$ 13,547	
Qualified HCBS (Jul-Sept)	0.7879	\$ 119,584	\$ 94,220	\$ 25,364	
Qualified HCBS (Oct-Dec)	0.7802	\$ 252,295	\$ 196,841	\$ 55,454	
Demonstration HCBS (Jan-Mar)	0.7879	\$ -	\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.7879	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.7879	\$ 18,233	\$ 14,366	\$ 3,867	
Demonstration HCBS (Oct-Dec)	0.7802	\$ 10,865	\$ 8,477	\$ 2,388	
Supplemental (Jan-Mar)	0.5758	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5758	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5758	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5604	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 1,500	\$ 1,500	\$ -	
Administrative (Other) - 100%	1.0000	\$ 562,107	\$ 562,107	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ 1,151	\$ 1,151	\$ -	
CY 2012 Total		\$ 1,074,245	\$ 964,157	\$ 110,089	

CY 2013	Rate	Total Costs	Federal	State	Enter CY 2013 Comments Here
Qualified HCBS (Jan-Mar)	0.7802	\$ 311,874	\$ 243,324	\$ 68,550	
Qualified HCBS (Apr-Jun)	0.7802	\$ 395,863	\$ 308,853	\$ 87,011	
Qualified HCBS (Jul-Sept)	0.7802	\$ 325,086	\$ 253,632	\$ 71,454	
Qualified HCBS (Oct-Dec)	0.7756	\$ 301,138	\$ 233,548	\$ 67,591	
Demonstration HCBS (Jan-Mar)	0.7802	\$ 28,802	\$ 22,471	\$ 6,331	
Demonstration HCBS (Apr-Jun)	0.7802	\$ 12,647	\$ 9,867	\$ 2,780	
Demonstration HCBS (Jul-Sept)	0.7802	\$ 31,164	\$ 24,314	\$ 6,850	
Demonstration HCBS (Oct-Dec)	0.7756	\$ 23,859	\$ 18,504	\$ 5,355	
Supplemental (Jan-Mar)	0.5604	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5604	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5604	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5511	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 7,700	\$ 7,700	\$ -	
Administrative (Other) - 100%	1.0000	\$ 762,852	\$ 762,852	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ 205,546	\$ 205,546	\$ -	
CY 2013 Total		\$ 2,406,532	\$ 2,090,612	\$ 315,921	

CY 2014	Rate	Total Costs	Federal	State	Enter CY 2014 Comments Here
Qualified HCBS (Jan-Mar)	0.7866	\$ 414,375	\$ 325,927	\$ 88,448	
Qualified HCBS (Apr-Jun)	0.7866	\$ 334,504	\$ 263,104	\$ 71,400	
Qualified HCBS (Jul-Sept)	0.7866	\$ 337,623	\$ 265,557	\$ 72,066	
Qualified HCBS (Oct-Dec)	0.7811	\$ 376,598	\$ 294,142	\$ 82,456	
Demonstration HCBS (Jan-Mar)	0.7866	\$ 22,717	\$ 17,868	\$ 4,849	
Demonstration HCBS (Apr-Jun)	0.7866	\$ 19,428	\$ 15,281	\$ 4,147	
Demonstration HCBS (Jul-Sept)	0.7866	\$ 37,958	\$ 29,856	\$ 8,102	
Demonstration HCBS (Oct-Dec)	0.7811	\$ 25,946	\$ 20,265	\$ 5,681	
Supplemental (Jan-Mar)	0.5731	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5731	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5731	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5621	\$ -	\$ -	\$ -	
Administrative - Normal	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 10,200	\$ 10,200	\$ -	
Administrative (Other) - 100%	1.0000	\$ 583,481	\$ 583,481	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ 166,984	\$ 166,984	\$ -	
AIAN Funding (Tribal) - 100%	1.0000	\$ -	\$ -	\$ -	
CY 2014 Total		\$ 2,329,814	\$ 1,992,666	\$ 337,149	

CY 2015	Rate	Total Costs	Federal	State	Enter CY 2015 Comments Here
Qualified HCBS (Jan-Mar)	0.7811	\$ 486,909	\$ 380,300	\$ 106,609	
Qualified HCBS (Apr-Jun)	0.7811	\$ 611,877	\$ 477,906	\$ 133,970	
Qualified HCBS (Jul-Sept)	0.7811	\$ 742,064	\$ 579,589	\$ 162,475	
Qualified HCBS (Oct-Dec)	0.7805	\$ 637,624	\$ 497,665	\$ 139,958	
Demonstration HCBS (Jan-Mar)	0.7811	\$ 19,948	\$ 15,581	\$ 4,368	
Demonstration HCBS (Apr-Jun)	0.7811	\$ 27,600	\$ 21,557	\$ 6,043	
Demonstration HCBS (Jul-Sept)	0.7811	\$ 46,754	\$ 36,517	\$ 10,237	
Demonstration HCBS (Oct-Dec)	0.7805	\$ 20,304	\$ 15,848	\$ 4,457	
Supplemental (Jan-Mar)	0.5621	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5621	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5621	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5610	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ 12,900	\$ 12,900	\$ -	
Administrative (Other) - 100%	1.0000	\$ 539,033	\$ 539,033	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding - 100%	1.0000	\$ -	\$ -	\$ -	
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
CY 2015 Total		\$ 3,145,013	\$ 2,576,897	\$ 568,117	

Please update expenditures for all past years. Rates for all services (qualified, demonstration, and supplemental) will calculate for each CY when State FMAP rates are entered in the FMAP table.						Enter CY 2016 Comments Here
CY 2016 Total	Rate	Total Costs	Federal	State		
Qualified HCBS (Jan-Mar)	0.7695	\$ 1,018,929	\$ 784,066	\$ 234,863		
Qualified HCBS (Apr-Jun)	0.7695	\$ 639,611	\$ 492,181	\$ 147,430		
Qualified HCBS (Jul-Sept)	0.7695	\$ 640,674	\$ 492,999	\$ 147,675		
Qualified HCBS (Oct-Dec)	0.7723	\$ 437,372	\$ 337,783	\$ 99,590		
Demonstration HCBS (Jan-Mar)	0.7695	\$ 21,632	\$ 16,646	\$ 4,986		
Demonstration HCBS (Apr-Jun)	0.7695	\$ 19,703	\$ 15,161	\$ 4,542		
Demonstration HCBS (Jul-Sept)	0.7695	\$ 13,381	\$ 10,297	\$ 3,084		
Demonstration HCBS (Oct-Dec)	0.7723	\$ 11,462	\$ 8,852	\$ 2,610		
Supplemental (Jan-Mar)	0.5390	\$ -	\$ -	\$ -		
Supplemental (Apr-Jun)	0.5390	\$ -	\$ -	\$ -		
Supplemental (Jul-Sept)	0.5390	\$ -	\$ -	\$ -		
Supplemental (Oct-Dec)	0.5446	\$ -	\$ -	\$ -		
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -		
Administrative - 75%	0.7500	\$ -	\$ -	\$ -		
Administrative - 90%	0.9000	\$ -	\$ -	\$ -		
Federal Evaluation Supports - 100%	1.0000	\$ 10,500	\$ 10,500	\$ -		
Administrative (Other) - 100%	1.0000	\$ 681,709	\$ 681,709	\$ -		
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -		
ADRC Funding -100%	1.0000	\$ -	\$ -	\$ -		
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -		
CY 2016 Total		\$ 3,494,974	\$ 2,850,193	\$ 644,781		

CY 2017	Rate	Total Costs	Federal	State	Enter CY 2017 Comments Here
Qualified HCBS (Jan-Mar)	0.7723	\$ 616,474	\$ 476,103	\$ 140,371	
Qualified HCBS (Apr-Jun)	0.7723	\$ 504,292	\$ 389,465	\$ 114,827	
Qualified HCBS (Jul-Sept)	0.7723	\$ 561,106	\$ 433,342	\$ 127,764	
Qualified HCBS (Oct-Dec)	0.7674	\$ 714,497	\$ 548,269	\$ 166,228	
Demonstration HCBS (Jan-Mar)	0.7723	\$ 27,598	\$ 21,314	\$ 6,284	
Demonstration HCBS (Apr-Jun)	0.7723	\$ 21,348	\$ 16,487	\$ 4,861	
Demonstration HCBS (Jul-Sept)	0.7723	\$ 25,074	\$ 19,364	\$ 5,709	
Demonstration HCBS (Oct-Dec)	0.7674	\$ 33,087	\$ 25,389	\$ 7,698	
Supplemental (Jan-Mar)	0.5446	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5446	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5446	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5347	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ 728,820	\$ 728,820	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding -100%	1.0000	\$ -	\$ -	\$ -	
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
CY 2017 Total		\$ 3,232,296	\$ 2,658,554	\$ 573,742	

CY 2018	Rate	Total Costs	Federal	State	Enter CY 2018 Comments Here
Qualified HCBS (Jan-Mar)	0.7674	\$ 691,081	\$ 530,301	\$ 160,780	
Qualified HCBS (Apr-Jun)	0.7674	\$ 527,141	\$ 404,502	\$ 122,639	
Qualified HCBS (Jul-Sept)	0.7674	\$ 330,218	\$ 253,393	\$ 76,825	
Qualified HCBS (Oct-Dec)	0.7695	\$ 206,282	\$ 158,724	\$ 47,558	
Demonstration HCBS (Jan-Mar)	0.7674	\$ 26,450	\$ 20,296	\$ 6,153	
Demonstration HCBS (Apr-Jun)	0.7674	\$ 3,602	\$ 2,764	\$ 838	
Demonstration HCBS (Jul-Sept)	0.7674	\$ 8,604	\$ 6,603	\$ 2,002	
Demonstration HCBS (Oct-Dec)	0.7695	\$ 3,752	\$ 2,887	\$ 865	
Supplemental (Jan-Mar)	0.5347	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5347	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5347	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5389	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ 717,123	\$ 717,123	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding -100%	1.0000	\$ -	\$ -	\$ -	
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
CY 2018 Total		\$ 2,514,253	\$ 2,096,592	\$ 417,661	

CY 2019	Rate	Total Costs	Federal	State	Enter CY 2019 Comments Here
Qualified HCBS (Jan-Mar)	0.7695	\$ 58,977	\$ 45,380	\$ 13,597	
Qualified HCBS (Apr-Jun)	0.7695	\$ 175,043	\$ 134,687	\$ 40,356	
Qualified HCBS (Jul-Sept)	0.7695	\$ 486,388	\$ 374,251	\$ 112,137	
Qualified HCBS (Oct-Dec)	0.7693	\$ 672,854	\$ 517,627	\$ 155,227	
Demonstration HCBS (Jan-Mar)	0.7695	\$ 1,546	\$ 1,190	\$ 356	
Demonstration HCBS (Apr-Jun)	0.7695	\$ -	\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.7695	\$ 8,599	\$ 6,616	\$ 1,982	
Demonstration HCBS (Oct-Dec)	0.7693	\$ 25,971	\$ 19,979	\$ 5,991	
Supplemental (Jan-Mar)	0.5389	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun)	0.5389	\$ -	\$ -	\$ -	
Supplemental (Jul-Sept)	0.5389	\$ -	\$ -	\$ -	
Supplemental (Oct-Dec)	0.5386	\$ -	\$ -	\$ -	
Administrative - Normal- 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ 726,804	\$ 726,804	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding -100%	1.0000	\$ -	\$ -	\$ -	
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
CY 2019 Total		\$ 2,156,182	\$ 1,826,534	\$ 329,648	

CY 2020	Rate	Total Costs	Federal	State	Enter CY 2020 Comments Here
Qualified HCBS (Jan-Mar increased FMAP)	0.8003	\$ 680,397	\$ 544,522	\$ 135,875	
Qualified HCBS (Apr-Jun increased FMAP)	0.8003	\$ 478,145	\$ 382,660	\$ 95,486	
Qualified HCBS (Jul- Sep increased FMAP)	0.8003	\$ 305,559	\$ 244,539	\$ 61,020	
Qualified HCBS (Oct - Dec increased FMAP)	0.8039	\$ 223,491	\$ 179,653	\$ 43,838	
Demonstration HCBS (Jan-Mar increased FMAP)	0.8003	\$ 24,122	\$ 19,305	\$ 4,817	
Demonstration HCBS (Apr-Jun increased FMAP)	0.8003	\$ 11,002	\$ 8,805	\$ 2,197	
Demonstration HCBS (Jul- Sep increased FMAP)	0.8003	\$ 12,156	\$ 9,728	\$ 2,427	
Demonstration HCBS (Oct - Dec increased FMAP)	0.8039	\$ 3,300	\$ 2,653	\$ 647	
Supplemental (Jan-Mar increased FMAP)	0.6006	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.6006	\$ -	\$ -	\$ -	
Supplemental (Jul- Sep increased FMAP)	0.6006	\$ -	\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.6077	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ 620,678	\$ 620,678	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding -100%	1.0000	\$ -	\$ -	\$ -	
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
CY 2020 Total		\$ 2,358,851	\$ 2,012,543	\$ 346,308	

CY 2021	Rate	Total Costs	Federal	State	Enter CY 2021 Comments Here
Qualified HCBS (Jan-Mar increased FMAP)	0.8039	\$ 731,444	\$ 587,971	\$ 143,473	There is something off in these calculations. If I multiply the \$731,444 * .8039 = 588,008
Qualified HCBS (Apr-Jun increased FMAP)	0.8039	\$ 731,444	\$ 587,971	\$ 143,473	
Qualified HCBS (Jul- Sep increased FMAP)	0.8039	\$ 731,444	\$ 587,971	\$ 143,473	
Qualified HCBS (Oct - Dec increased FMAP)	0.8039	\$ 731,444	\$ 587,971	\$ 143,473	
Demonstration HCBS (Jan-Mar increased FMAP)	0.8039	\$ 33,125	\$ 26,628	\$ 6,497	
Demonstration HCBS (Apr-Jun increased FMAP)	0.8039	\$ 33,125	\$ 26,628	\$ 6,497	
Demonstration HCBS (Jul- Sep increased FMAP)	0.8039	\$ 33,125	\$ 26,628	\$ 6,497	
Demonstration HCBS (Oct - Dec increased FMAP)	0.8039	\$ 33,125	\$ 26,628	\$ 6,497	
Supplemental (Jan-Mar increased FMAP)	0.6077	\$ -	\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.6077	\$ -	\$ -	\$ -	
Supplemental (Jul- Sep increased FMAP)	0.6077	\$ -	\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.6077	\$ -	\$ -	\$ -	
Administrative - Normal - 50%	0.5000	\$ -	\$ -	\$ -	
Administrative - 75%	0.7500	\$ -	\$ -	\$ -	
Administrative - 90%	0.9000	\$ -	\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000	\$ -	\$ -	\$ -	
Administrative (Other) - 100%	1.0000	\$ 933,402	\$ 933,402	\$ -	
State Evaluation (if approved) - 50%	0.5000	\$ -	\$ -	\$ -	
ADRC Funding -100%	1.0000	\$ -	\$ -	\$ -	
AIAN Funding - 100%	1.0000	\$ -	\$ -	\$ -	
Capacity Building Funding - 100%	1.0000	\$ -	\$ -	\$ -	
CY 2021 Total		\$ 3,991,678	\$ 3,391,797	\$ 599,881	

CY 2022	Rate	Total Costs	Federal	State	Enter CY 2022 Comments Here
Qualified HCBS (Jan-Mar)	0.5000		\$ -	\$ -	
Qualified HCBS (Apr-Jun)	0.5000		\$ -	\$ -	
Qualified HCBS (Jul-Sept)	0.5000		\$ -	\$ -	
Qualified HCBS (Oct-Dec)	0.5000		\$ -	\$ -	
Demonstration HCBS (Jan-Mar)	0.5000		\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.5000		\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.5000		\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.5000		\$ -	\$ -	
Supplemental (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
Capacity Building Funding - 100%	1.0000		\$ -	\$ -	
CY 2022 Total		\$ -	\$ -	\$ -	

CY 2023	Rate	Total Costs	Federal	State	Enter CY 2023 Comments Here
Qualified HCBS (Jan-Mar)	0.5000		\$ -	\$ -	
Qualified HCBS (Apr-Jun)	0.5000		\$ -	\$ -	
Qualified HCBS (Jul-Sept)	0.5000		\$ -	\$ -	
Qualified HCBS (Oct-Dec)	0.5000		\$ -	\$ -	
Demonstration HCBS (Jan-Mar)	0.5000		\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.5000		\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.5000		\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.5000		\$ -	\$ -	
Supplemental (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
Capacity Building Funding - 100%	1.0000		\$ -	\$ -	
CY 2023 Total		\$ -	\$ -	\$ -	

CY 2024	Rate	Total Costs	Federal	State	Enter CY 2024 Comments Here
Qualified HCBS (Jan-Mar)	0.5000		\$ -	\$ -	
Qualified HCBS (Apr-Jun)	0.5000		\$ -	\$ -	
Qualified HCBS (Jul-Sept)	0.5000		\$ -	\$ -	
Qualified HCBS (Oct-Dec)	0.5000		\$ -	\$ -	
Demonstration HCBS (Jan-Mar)	0.5000		\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.5000		\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.5000		\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.5000		\$ -	\$ -	
Supplemental (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
Capacity Building Funding - 100%	1.0000		\$ -	\$ -	
CY 2024 Total		\$ -	\$ -	\$ -	

CY 2025	Rate	Total Costs	Federal	State	Enter CY 2025 Comments Here
Qualified HCBS (Jan-Mar)	0.5000		\$ -	\$ -	
Qualified HCBS (Apr-Jun)	0.5000		\$ -	\$ -	
Qualified HCBS (Jul-Sept)	0.5000		\$ -	\$ -	
Qualified HCBS (Oct-Dec)	0.5000		\$ -	\$ -	
Demonstration HCBS (Jan-Mar)	0.5000		\$ -	\$ -	
Demonstration HCBS (Apr-Jun)	0.5000		\$ -	\$ -	
Demonstration HCBS (Jul-Sept)	0.5000		\$ -	\$ -	
Demonstration HCBS (Oct-Dec)	0.5000		\$ -	\$ -	
Supplemental (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	

Capacity Building Funding - 100%	1.0000		\$ -	\$ -	
CY 2025 Total		\$ -	\$ -	\$ -	

Budget Summary

Object Class Categories	CY 2021 Federal Cost	CY 2020 Unobligated Balance	CY 2021 Supplemental	CY 2021 Non-Federal Match	Total (sum of columns B and E)
a. Personnel	\$ 551,733.00	\$ -	\$ 551,733.00	\$ -	\$ 551,733.00
b. Fringe Benefits	\$ 308,639.28	\$ -	\$ 308,639.28	\$ -	\$ 308,639.28
c. Travel	\$ 10,241.96	\$ -	\$ 10,241.96	\$ -	\$ 10,241.96
d. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
e. Supplies	\$ 8,340.00	\$ -	\$ 8,340.00	\$ -	\$ 8,340.00
f. Sub Recipient	\$ 10,000.00	\$ -	\$ 10,000.00	\$ -	\$ 10,000.00
g. Services - Other	\$ 2,458,548.04	\$ 519,005.00	\$ 1,939,543.04	\$ -	\$ 2,458,548.04
Total Direct Costs	\$ 3,347,502.28	\$ 519,005.00	\$ 2,828,497.28	\$ -	\$ 3,347,502.28
h. Indirect Costs	\$ 44,447.71	\$ -	\$ 44,447.71	\$ -	\$ 44,447.71
Total Project Costs (Direct + Indirect)	\$ 3,391,950.00	\$ 519,005.00	\$ 2,872,945.00	\$ -	\$ 3,391,950.00

Additional Detail

For this table, you must manually complete column C (CY 2020 Unobligated Balance) and E (CY 2021 Non-Federal Match). Column B will have information on the unobligated balances for the different categories and column E will have information on the state share of the budget for the different categories. The CY 2021 Federal Cost column (column B) will be auto-filled when all the categorical tabs in red are completed.

A. Personnel	\$	551,733.00	To Section B-SF-424A
Unobligated Balance:	\$	-	
Supplement:	\$	551,733.00	

Position Title	Name	Position Status	Annual Salary/Rate NTE \$192,300	Level of Effort		Costs		Role & Responsibilities
				Federal	Non-Federal Match	Federal	Non-Federal Match	
Quality Program Specialist - QAL	Nelson, Teresa	Filled	\$ 71,657	100%		\$ 71,657.04	\$ -	For CY2021, this position will be responsible for taking an active role in the following categories of MFP Activities as described below: Quality Management Unit Enhancement (80%) and Supplemental Grant (20%).
Transition Coordinator - North	Fossi, Herman	Filled	\$ 100,508	100%		\$ 100,507.68	\$ -	For CY2021, this position will be responsible for taking an active role in the following categories of MFP Activities as described below: MFP Participant Support (50%), Waiver Integration (25%) and Supplemental Grant (25%).
Transition Coordinator - South	Currier, Debra	Filled	\$ 100,508	100%		\$ 100,507.68	\$ -	For CY2021, this position will be responsible for taking an active role in the following categories of MFP Activities as described below: MFP Participant Support (50%), Waiver Integration (25%) and Supplemental Grant (25%).
Data Analyst / Senior Planner	Corjay, Matthew	Filled	\$ 76,462	100%		\$ 76,461.84	\$ -	For CY2021, this position will be responsible for taking an active role in the following categories of MFP Activities as described below: CMS Interface (8%), MFP Participant Support (14%), Reporting (23%), Quality Management Unit Enhancement (10%) and Supplemental Grant (45%).
Administrative Assistant	Frasure, Jessica (part-time)	Filled	\$ 30,434	100%		\$ 30,434.04	\$ -	For CY2021, this position will be responsible for taking an active role in the following categories of MFP Activities as described below: Quality Management Unit Enhancement (80%) and Supplemental Grant (20%).
DAIL Project Director **	To Be Hired (PD)	Vacant	\$ 100,508	100%		\$ 100,507.68	\$ -	For CY2021, this position will be responsible for taking an active role in the following categories of MFP Activities as described below: CMS Interface (3%), MFP Participant Support (19%), Reporting (1%) and Supplemental Grant (77%).
Quality Program Specialist - SUP - **	To Be Hired (Q & PS)	Vacant	\$ 71,657	100%		\$ 71,657.04	\$ -	For CY2021, this position will be responsible for taking an active role in the following categories of MFP Activities as described below: MFP Participant Support (25%) and Supplemental Grant (75%).
Total				\$	551,733	\$	551,733	

** - In August 2020 - the grant's Data Analyst left the group for another state position. Due to a COVID-19 State hiring freeze, we have not been able to replace this position. We now have approval to hire this vacant position and one additional staff member from the Department's Commissioner because of the recent grant re-authorization and offering of the MFP supplemental grant. Vermont has decided to reorganize our MFP staff. We plan to hire a new Project Director that specializes in Grant contract management and LTSS program development. The current Project Director will remain on staff and take over the vacated role of Data Analyst / Senior Planner. In addition, we are adding another Quality Program Specialist position to the staff in order to provide the quality oversight for the creation of our Community Transition Program and all Supplemental Grant Initiatives.

Additional Detail

What Personnel are absolutely necessary for this specific activity? Identify each staff member and provide: the title; time commitment to the project in months; time commitment to the project as a percentage of full-time equivalent; annual salary; wage rates; etc. Be sure to explain how the use of personnel funds will support the purpose and goals of this proposal. Describe the role, responsibilities and unique qualifications of each position. You may choose to upload or embed a more detailed explanation.

Name	Current Hourly Rate	Budget Annual Increase Rate (1.05%)	Hours Per Year	Annual Personnel Budget Request
Nelson, Teresa	\$ 32.81	\$ 34.45	2080	\$ 71,657.04
Fossi, Herman	\$ 46.02	\$ 48.32	2080	\$ 100,507.68
Currier, Debra	\$ 46.02	\$ 48.32	2080	\$ 100,507.68
Corjay, Matthew	\$ 35.01	\$ 36.76	2080	\$ 76,461.84
Frasure, Jessica (part-time)	\$ 27.87	\$ 29.26	1040	\$ 30,434.04
To Be Hired (PD)	\$ 46.02	\$ 48.32	2080	\$ 100,507.68
To Be Hired (Q & PS)	\$ 32.81	\$ 34.45	2080	\$ 71,657.04

CMS – Interface

The tasks associated with this category include supporting CMS monthly phone call, annual budget submission, quarterly grantee calls and processing MFP expenses.

CMS - Interface	CY2021	Notes
DAIL Project Director **	52	
Data Analyst / Senior Planner	164	
Total	216	

CMS – MFP Participant Support

The tasks associated with this category include supporting MFP monthly staff meetings, TC transition support for all MFP sponsored transition and transition coordinator (TC) monthly follow-ups for active MFP participants.

CMS – MFP Participant Support	CY2021	Notes
DAIL Project Director **	404	
Data Analyst / Senior Planner	300	

Quality Program Specialist - SUP - **	520	
Transition Coordinator - North	1,040	
Transition Coordinator - South	1,040	
Total	3,304	

CMS – Reporting

The tasks associated with this category include supporting quarterly eligibility, MFP reporting (ABCD, Expenditures, and Semi-Annual) and T-MSIS monthly data report.

CMS – Reporting	CY2021	Notes
DAIL Project Director **	26	
Data Analyst / Senior Planner	480	
Total	506	

CMS – CFC – Quality Management Unit

The tasks associated with this category include the development of many important quality system enhancements related the expanded use of home-based service options. One of our key lessons learned from the MFP grant was that Choices for Care’s ability to perform meaningful program oversight has not been able to keep up with the growth of community-based services. Our primary focus will be on Adult Family Care homes, Critical Incidents and the creation of more consistent and efficient quality tools overall.

Quality Program Specialist duties to include: Housing Portal Workgroup, Housing Portal agency TA, Housing Safety and Accessibility variances, AFC Home surveys, AFC Provider Agency TA and COVID Core Team

Administrative Assistant duties to include: MFP Admin, Assistance on website maintenance, CIR co-ordination, Background Check Variances for independent employees, TBI program admin, COVID phone line, and Ad-Hoc Administrative work

Data Analyst / Senior Planner duties include: Ad-hoc Data Analysis as needed

CFC - CFC – Quality Management Unit	CY2021	Notes
Data Analyst / Senior Planner	208	
Administrative Assistant	832	
Quality Program Specialist - QAL	1,664	
Total	2,704	

CMS – CFC - Waiver Team Support / Integration

The tasks associated with this category include participation in CFC meetings and related improvement projects. Examples of regular meeting are LTCCC (Long-Term Clinical Care Coordinators), and Waiver Teams. The activities of this category include the support of Complex Care Team efforts, CFC Clinical Assessments and the development and implementation of the Community-based Transition Model.

CFC - Waiver Team Support / Integration	CY2021	Notes
Transition Coordinator - North	520	
Transition Coordinator - South	520	
Total	1,040	

CMS – Supplemental Grant Capacity Building Projects

The following MFP staff members will be involved in the planning, development and implementation of the various capacity building initiatives being funded by the MFP Supplemental Grant

CFC - Waiver Team Support / Integration	CY2021	Notes
DAIL Project Director **	1,598	
Data Analyst / Senior Planner	928	
Quality Program Specialist - SUP - **	1,560	
Administrative Assistant	208	
Quality Program Specialist - QAL	416	
Transition Coordinator - North	520	
Transition Coordinator - South	520	
Total	5,750	

	Total Hours Projected	CMS Interface	Participant Support	Reporting	QMU	Waiver Integration	Supplemental Grant	Notes
Quality Program Specialist - QAL	2,080				1,664		416	
Transition Coordinator - North	2,080		1,040			520	520	
Transition Coordinator - South	2,080		1,040			520	520	
Data Analyst / Senior Planner	2,080	164	300	480	208		928	
Administrative Assistant	1,040				832		208	
DAIL Project Director **	2,080	52	404	26			1,598	
Quality Program Specialist - SUP - **	2,080		520				1,560	
Total	13,520	216	3,304	506	2,704	1,040	5,750	

Initials	Title	CMS Interface	Participant Support	Reporting	QMU	Waiver Integration	Supplemental Grant	Notes
TN	Quality Program Specialist - QAL				80%		20%	
HF	Transition Coordinator - North		50%			25%	25%	
DC	Transition Coordinator - South		50%			25%	25%	
MC	Data Analyst / Senior Planner	8%	14%	23%	10%		45%	
JF	Administrative Assistant				80%		20%	
TBH1	DAIL Project Director **	3%	19%	1%			77%	
TBH2	Quality Program Specialist - SUP - **		25%				75%	
		2%	24%	4%	20%	8%	43%	

B. Fringe Benefits \$ **308,639.12** To Section B-SF-424A
 Unobligated Balance: \$ -
 Supplement: \$ 308,639.12

Component	Benefit Rate	Salaries/Wages	Federal	Non-Federal Match	Narrative/Comment
Retirement	17.47%	\$ 551,733.00	\$ 96,387.76	\$ -	Estimates provided by our business office for these fringe benefits
Social Security & Medicare	7.65%	\$ 551,733.00	\$ 42,207.57	\$ -	
Group Life	0.42%	\$ 551,733.00	\$ 2,317.28	\$ -	
Health Insurance	28.67%	\$ 551,733.00	\$ 158,181.85	\$ -	
Retiree Health Credit	1.50%	\$ 551,733.00	\$ 8,276.00	\$ -	
Disability	0.23%	\$ 551,733.00	\$ 1,268.99	\$ -	
Total			\$ 308,639	-	

Additional Detail

Apply the appropriate fringe benefit rate to each salary amount determined in the personnel section. Fringe benefits may include contributions for social security, employee insurance, pension plans, etc. Only those benefits not included in an organization's indirect cost pool may be shown as direct costs. List all components of fringe benefit rate. Enter a description of the Fringe funds requested, how the rate was determined, and how their use will support the purpose and goals of this proposal.

C. Travel	\$	10,241.96
Unobligated Balance:	\$	-
Supplement:	\$	10,241.96

Section B-SF-424A

Purpose of Travel	Location	Item	Estimated Staff	Number of	Rate	Federal Cost	Non-Federal Match	
MFP P/D Conference	To Be Determined	Airfare	1	1	\$ 440.00	\$ 440.00	\$ -	Budget for Project Director to attend the National MFP Conference
		Hotel	1	3	\$ 235.00	\$ 705.00	\$ -	
		Per Diem (Meals)	1	3	\$ 32.00	\$ 96.00	\$ -	
		Cab	1	2	\$ 50.00	\$ 50.00	\$ -	
Housing Conference	To Be Determined	Airfare	0			\$ -	\$ -	There are no plans for anyone from Vermont to attend a Housing Conference
		Hotel	0			\$ -	\$ -	
		Per Diem (Meals)	0			\$ -	\$ -	
Various Provider Conferences / Trainings within State	Various Provider Conferences / Trainings within State	Gerontology Conference Burlington	3	1	\$ 50.00	\$ 150.00	\$ -	Members of the MFP staff will be required to attend this conferences / trainings in order to educate providers and participants the Community Transition Program and various MFP Supplemental Grant initiatives.
		Gerontology Conference Rutland	3	1	\$ 50.00	\$ 150.00	\$ -	
		Vermont Geriatrics Conference	3	1	\$ 175.00	\$ 525.00	\$ -	
		TBI Conference	3	1	\$ 150.00	\$ 450.00	\$ -	
		Vermont Ethics Network Training	3	1	\$ 145.00	\$ 435.00	\$ -	
		Aging in Vermont by VT Association of AAAs	3	1	\$ 60.00	\$ 180.00	\$ -	
	Mileage	UVM	2	12	\$ 0.56	\$ 13.44	\$ -	Number of days in this line = miles. We are budgeting 814 miles for members of the MFP staff to travel across the state to attend the conferences / trainings listed above. We are budgeting .56 / mi for a total budget of \$455.84.
		Howe Conference Center, Rutland	2	127	\$ 0.56	\$ 142.24	\$ -	
		City Plaza, Montpelier	2	65	\$ 0.56	\$ 72.80	\$ -	
		Davis Center UVM	2	13	\$ 0.56	\$ 14.56	\$ -	
		Doubtree Hotel, South Burlington	2	11	\$ 0.56	\$ 12.32	\$ -	
		Killington Conference Center, Killington	2	179	\$ 0.56	\$ 200.48	\$ -	
State-wide Travel (TCs to Central Office)	Travel to Waterbury Vermont	Mileage	2	125	\$ 0.56	\$ 140.00	\$ -	We are budgeting 250 miles for two transition coordinators to travel to attend monthly staff meetings at the Central Office. We are budgeting .56 / mi for a total budget of \$140.00 (25% of Normal Budget)
State-wide Travel (TCs to Waiver Team Meetings)		Mileage	2	79	\$ 0.56	\$ 88.48	\$ -	Number of days in this line = miles. We are budgeting 4,716 miles for two transition coordinators to travel across the state to attend waiver team meetings across the state on a bi-monthly basis. We are budgeting .56 / mi for a total budget of \$2,640.96. The purpose of these waiver team meetings is to co-ordinator local providers and state representatives on the status of complex care needs participant's needs, barriers and case loads. (33% of our normal budget)
			2	234	\$ 0.56	\$ 262.08	\$ -	
			2	289	\$ 0.56	\$ 323.68	\$ -	
			2	169	\$ 0.56	\$ 189.28	\$ -	
			2	66	\$ 0.56	\$ 73.92	\$ -	
			2	80	\$ 0.56	\$ 89.60	\$ -	
			2	147	\$ 0.56	\$ 164.64	\$ -	
			2	126	\$ 0.56	\$ 141.12	\$ -	
			2	232	\$ 0.56	\$ 259.84	\$ -	
			2	64	\$ 0.56	\$ 71.68	\$ -	
			2	141	\$ 0.56	\$ 157.92	\$ -	
			8	44	\$ 0.56	\$ 197.12	\$ -	
			3	72	\$ 0.56	\$ 120.96	\$ -	
			3	129	\$ 0.56	\$ 216.72	\$ -	
3	169	\$ 0.56	\$ 283.92	\$ -				
State-wide Travel (Complex Care Case Hospital Visits)		Mileage	1	294	\$ 0.56	\$ 164.64	\$ -	Number of days in this line = miles. We are budgeting 2,686 miles for two transition coordinators to travel across the state to attend hospital discharge meetings across the state on a quarterly basis. We are budgeting .56 / mi for a total budget of \$1,504.16. The purpose of these hospital team meetings is to co-ordinator Complex Care Care team client's needs, barriers and case loads with hospital case managers. (25% of our normal budget)
			1	291	\$ 0.56	\$ 162.96	\$ -	
			1	71	\$ 0.56	\$ 39.76	\$ -	
			1	79	\$ 0.56	\$ 44.24	\$ -	
			1	184	\$ 0.56	\$ 103.04	\$ -	
			1	114	\$ 0.56	\$ 63.84	\$ -	
			1	274	\$ 0.56	\$ 153.44	\$ -	
			1	196	\$ 0.56	\$ 109.76	\$ -	
			1	151	\$ 0.56	\$ 84.56	\$ -	
			1	144	\$ 0.56	\$ 80.64	\$ -	
			1	63	\$ 0.56	\$ 35.28	\$ -	
			1	67	\$ 0.56	\$ 37.52	\$ -	
			1	129	\$ 0.56	\$ 72.24	\$ -	
			1	236	\$ 0.56	\$ 132.16	\$ -	
			1	234	\$ 0.56	\$ 131.04	\$ -	
			6	12	\$ 0.56	\$ 40.32	\$ -	
1	16	\$ 0.56	\$ 8.96	\$ -				
1	71	\$ 0.56	\$ 39.76	\$ -				
State Travel	Various Towns	Airfare	0	0		\$ -	\$ -	We budgeting for 8 nights total of hotel rooms for transition coordinator required overnight stays (8 * \$90 per night = \$720)
		Hotel	2	4	\$ 90.00	\$ 720.00	\$ -	
		Per Diem (Meals)				\$ -	\$ -	
State-wide Travel (Teresa's State Vehicle)	Home is Derby, VT	State Lease / Gas for Vehicle	1	4	\$ 400.00	\$ 1,600.00	\$ -	We are currently cancelling this leased vehicle. Due to travel restrictions related to COVID19, we did not use the vehicle enough to justify this lease. I have budgeted four months of this to cover any lease payments not paid during CY2020 and any charges related to the cancellation of the lease. See below

related to the cancellation of the lease. See below for CY2020 useage and cost info

Grand Total									\$ 10,241.96 \$ -

Additional Detail

What travel is associated with this specific activity? The lowest available commercial fares for coach or equivalent accommodations must be used. If state or local policy is being used, please attach policies as justification. It may also be necessary to attach previous year's actual budget as part of your justification. Include airfare, mileage, or rental car and fuel expense. Apply the appropriate reimbursement rate for mileage where appropriate (current IRS allowed rate is available at <http://www.irs.gov>). Then, include ground transportation after arrival (train, subway, taxi, rental car). Use the US General Services Administration's (www.gsa.gov) per diem rates to calculate per diem for all domestic travel. Include lodging and meals. If the specific travel location is not available in the GSA information, use the county or state rates assigned. Note that meals for the first and last day of travel can only be charged at 75%. Including this level of detail and information in your budget calculations and budget narrative indicates that you have carefully evaluated the costs associated with proposed activities rather than randomly assigning an amount.

Teresa's Car

Start Mileage 2020		78,153	
Stop Mileage 2020		79,753	
Total Mileage		1,600	
	\$	0.58	
Total Cost if Personal Vehicle Used	\$	928.00	
Actual Lease / Gas Cost 2018	\$	4,005.93	
Savings due to lease	\$	3,077.93	(-) value indicates that the lease is cost effective

Monthly Fleet Car - November	\$	356.70
Monthly Fleet Car - December	\$	391.84
Monthly Fleet Car - January	\$	354.54
Monthly Fleet Car - February	\$	352.37
Monthly Fleet Car - March	\$	318.81
Monthly Fleet Car - April	\$	318.81
Monthly Fleet Car - May	\$	318.81
Monthly Fleet Car - June	\$	318.81
Monthly Fleet Car - July	\$	318.81
Monthly Fleet Car - August	\$	318.81
Monthly Fleet Car - September	\$	318.81
Monthly Fleet Car - October	\$	318.81
Total cost of Actual Lease and Gas	\$	4,005.93

D. Equipment \$ - To Section B-SF-424A
 Unobligated Balance: \$ -
 Supplement: \$ -

Item	Rate	Total Cost	Federal Cost	Non-Federal Cost	Description
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
Equipment Total		\$ -	\$ -	\$ -	

Additional Detail

Permanent equipment is defined as nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more. If applicant agency defines "equipment" at lower rate then, follow the applying agency's policy. In some instances, the grantor agency may require equipment documentation at a lower rate also. Enter a description of the equipment and how its purchase will support the purpose and goals of this project. As with other budget categories, if the equipment is used for other projects or across other departments, please only allocate the appropriate percentage to your project.

E. Supplies	\$	8,340.00	To Section B-SF-424A
Unobligated Balance:	\$	-	
Supplement:	\$	8,340.00	

Item(s)	Rate	Cost	Federal	Non-Federal Match	Explanation
Office Supplies	\$ 100.00	\$ 1,200.00	\$ 1,200.00	\$ -	Office supplies include all generic supplies (paper, pens, notebooks, presentation materials etc.) Average \$100 / month X 12 months = \$1,200
Monthly Cell Phone (3)	\$ 115.00	\$ 4,140.00	\$ 4,140.00	\$ -	Cell Phones used by the Transition Coordinator and Quality Program Specialists is their primary contact for their field work. Average monthly usage is \$115 X 3 X 12 months = \$4,140
Monthly In-house Phones	\$ 250.00	\$ 3,000.00	\$ 3,000.00	\$ -	In-house Phones are used by the Project Director, Data Analyst, Quality Specialist, Administrative Admin and Transition Coordinators without home office. \$250 X 12 months = \$3,000
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
Supplies Total		\$ 8,340	\$ 8,340.00	\$ -	

Additional Detail

Under this category, document materials costing less than \$5,000 per unit and often having one-time use. Enter a description of the supplies requested and how their purchase will support the purpose and goals of this proposal.

H. Other

Total Federal HCBS Cost:	\$	2,458,548.04
Unobligated Balance:	\$	519,005.00
Supplement:	\$	1,939,543.04

Rate used for Qualified and Demonstration HCBS Services:	80.3900%
Rate used for Supplemental Services:	60.7700%

Services	Cost	Federal	Non-Federal Match	Cost Methodology
Qualified HCBS Services (State Enhanced FMAP Rate)	\$ 2,925,775.96	\$ 2,352,031.29	\$ 573,744.67	Clearly explain how your Qualified HCBS Services Cost was derived. <i>See example</i>
Demonstration HCBS Services (State Enhanced FMAP Rate)	\$ 132,500.00	\$ 106,516.75	\$ 25,983.25	Clearly explain how your Demonstration HCBS Services Cost was derived
Supplemental Services (Original State FMAP)	\$ -	\$ -	\$ -	Clearly explain how your Supplemental Services Cost was derived
Total	\$ 3,058,276	\$ 2,458,548	\$ 599,728	

TRUE

Additional Detail

For the qualified HCBS, the demonstration HCBS and supplemental costs, please clearly show the methodology used to determine the cost. Based on the number of enrollees projected to be transitioned, how was the cost determined? Please see the Service Detail Worksheet Example below. You may use this if you please or provide your own detail worksheet.

Example of the Services Detail Worksheet

Monthly Average Per Transition		
Qualified Services \$4,600.28	Demonstration Services \$2,500.00	Supplemental Services \$0.00

Month	Estimated Enrollment Qualified Services	Estimated Enrollment Demonstration Services	Estimated Enrollment Supplemental Services	Qualified Services Cost	Demonstration Services Cost	Supplemental Services Cost
January	53	53	4	\$243,814.66	\$132,500.00	\$0.00
February	53		10	\$243,814.66	\$0.00	\$0.00
March	53		13	\$243,814.66	\$0.00	\$0.00
April	53		17	\$243,814.66	\$0.00	\$0.00
May	53		20	\$243,814.66	\$0.00	\$0.00
June	53		26	\$243,814.66	\$0.00	\$0.00
July	53		34	\$243,814.66	\$0.00	\$0.00
August	53		39	\$243,814.66	\$0.00	\$0.00
September	53		41	\$243,814.66	\$0.00	\$0.00
October	53		46	\$243,814.66	\$0.00	\$0.00
November	53		52	\$243,814.66	\$0.00	\$0.00
December	53		58	\$243,814.66	\$0.00	\$0.00
Totals				\$ 2,925,775.96	\$ 132,500.00	\$ -
Federal Match Rate				\$ 0.8039	\$ 0.8039	\$ 0.6077
Federal Request				\$ 2,352,031.29	\$ 106,516.75	\$ -
Non-Federal Match				\$ 573,744.67	\$ 25,983.25	\$ -

F. Subrecipient Cost \$ 10,000.00
 Unobligated Balance: \$ -
 Supplement: \$ 10,000.00

To Section B-SF-424A

Item #	Subrecipient	Statement of Work	Cost	Federal	Non-Federal Match
1	Various - Provider Agencies	Failed transitions - This happens when a provider agency has distributed transition funds prior to a participants actual transition home. We would estimate that this will happen four times during the CY21 (4 participants * \$2,500 = \$10,000)	\$ 10,000.00	\$ 10,000.00	\$ -
2			\$ -	\$ -	\$ -
3			\$ -	\$ -	\$ -
4			\$ -	\$ -	\$ -
5			\$ -	\$ -	\$ -
6			\$ -	\$ -	\$ -
7			\$ -	\$ -	\$ -
8			\$ -	\$ -	\$ -
9			\$ -	\$ -	\$ -
10			\$ -	\$ -	\$ -
Total			\$ 10,000	\$ 10,000	\$ -

Additional Detail

The costs of project activities to be undertaken by a subrecipient should be included in this category as a single line item charge. A complete itemization of the cost comprising the charge should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization. Explain the need for each agreement and how their use will support the purpose and goals of this proposal. For those subrecipients already arranged, please provide the proposed detailed categorical budgets. For those subrecipients that have not been arranged, please provide the expected Statement of Work, Period of Performance and how the proposed costs were estimated. Where there are sub awards covering more than one department or project, please attach either interagency agreement (IAAs) that clearly shows the cost to your project or in the absence of an IAA, a budget that clearly explains and itemizes the cost to your project is required. (All line items on this tab must be itemized using the subrecipient and 2nd tier subrecipient tab).

H. Indirect Charges	\$	44,447.71
Unobligated Balance:	\$	-
Supplement:	\$	44,447.71

BUDGET NARRATIVE: Object Class Category by Line	Total Costs	Federal	Non-Federal Match	BUDGET NARRATIVE: Justification
DCA/CMS-Approved Cost Allocation	\$ 44,447.71	\$ 44,447.71	\$ -	5% of 2021 Projected Personnel, Fringe Benefits, Travel, Equipment, Supplies and Contractual.
			\$ -	
			\$ -	
			\$ -	
Total	\$ 44,447.71	\$ 44,447.71	\$ -	

Additional Detail

How was the cost calculated? Is it a reasonable rate for the project? Do you have a federally approved indirect rate agreement or cost allocation plan. Has the rate been applied to appropriate base? Remember that those cost that are already in your indirect cost pool cannot be charged to your direct cost category.

Note:
 Policy Reform, Section 200.414 Indirect Costs - Provides a de minimis indirect cost rate of 10% of MTDC to those non-Federal entities who have never had a negotiated indirect cost rate, thereby eliminating a potential administrative barrier to receiving and effectively implementing Federal financial assistance.

§200.68 Modified Total Direct Cost (MTDC) - MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.

If applicable, show the indirect cost rate (ICR) and calculated modified total direct costs (MTDC) in narrative. MTDC consists of total direct costs minus the following exclusions: equipment over \$5,000, capital expenditures, charges for patient care, tuition remission, rental costs of offsite facilities, scholarships, fellowships, and the portion of each subrecipient in excess of \$25,00.

Subrecipients – Provide same detailed information, as provided for “subrecipients”, on the 2nd Tier subrecipient budgets tab. Include vendor quotes/itemized cost build-ups, period of performance, description of the scope of the work, personnel, salary (level of effort), fringe, supplies, travel costs, how base cost rates and user rates were determined. Show calculations and describe how each subrecipient relates to furthering the objectives of the program.

#1 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #1:			

#2 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #2:			

#3 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #3:			

#4 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #4:			

#5 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #5:			

#6 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #6:			

#7 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #7:			

#8 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #8:			

#9 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #9:			

#10 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #10:			

Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.

If applicable, show the indirect cost rate (ICR) and calculated modified total direct costs (MTDC) in narrative. MTDC consists of total direct costs minus the following exclusions: equipment over \$5,000, capital expenditures, charges for patient care, tuition remission, rental costs of offsite facilities, scholarships, fellowships, and the portion of each subrecipient in excess of \$25,00.

Subrecipients – Provide same detailed information, as provided for “subrecipients”, on the 2nd Tier subrecipient Budgets tab. Include vendor quotes/itemized cost build-ups, period of performance, description of the scope of the work, personnel, salary (level of effort), fringe, supplies, travel costs, how base cost rates and user rates were determined. Show calculations and describe how each subrecipient relates to furthering the objectives of the program.

#1 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #1:			

#2 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #2:			

#3 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #3:			

#4 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #4:			

#5 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #5:			

#6 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #6:			

#7 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #7:			

#8 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #8:			

#9 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #9:			

#10 Subrecipient or Consultant:			Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.
Budget Category	Cost	Narrative Descriptions	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
Totals	\$ -		
Narrative Justification Subrecipient #10:			