

**Appendix A
CLTS Reconciliation Fiscal Staff Contact Information**

Please fill out the contact information requested below for the **primary and secondary county waiver agency fiscal contacts** for the Children’s Long Term Support reconciliation process.

The **primary** fiscal contact person should be the individual who is best able to address any questions or concerns related to these forms. All Department communications will begin with this person.

The **secondary** fiscal contact person should be the individual who is best able to address any questions or concerns related to these forms if the primary contact is unavailable. This person will only be contacted in the event that the primary contact is unavailable. The secondary contact will be copied on the final reconciliation communication.

Responses on this form are used to generate the CLTS fiscal contact list for the current calendar year, which is used for sharing county-specific information and contract update letters. **If the fiscal contact person is someone other than the two contacts listed, please inform the CLTS Fiscal Team when you submit these forms.**

| Primary Fiscal Contact | |
|------------------------|--|
| County Waiver Agency: | |
| Last Name: | |
| First Name: | |
| Phone Number: | |
| Email Address: | |
| Fax Number: | |
| Street Address: | |
| City: | |
| Zip Code: | |

Statement of Approval and Accuracy

The signing County Waiver Agency (CWA) representative certifies that the costs reported in this form are accurate and correct and were incurred solely in connection with Children’s Long Term Support (CLTS) activities. All allocations used to derive these costs follow federally mandated cost accounting principles and adhere to all applicable State and Federal regulations specified in the State and County Contract for Social Services, Community Programs, and Income Maintenance. Additionally, the signing CWA representative certifies that none of the costs claimed for reimbursement on this form have also been claimed, or allocated, through any other source of reimbursement.

| NAME - Agency Representative | Title / Position | Date Signed |
|------------------------------|------------------|-------------|
| | | |

| Secondary Fiscal Contact | |
|--------------------------|--|
| Last Name: | |
| First Name: | |
| Phone Number: | |
| Email Address: | |
| Fax Number: | |
| Street Address: | |
| City: | |
| Zip Code: | |

DISTRIBUTION:

Please email the completed form to:
DHSCLTSFiscal@dhs.wisconsin.gov

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Long Term Care
F-00963 (01/2015)

County Waiver Agency: 0

Appendix B

Final Service Claims Determination – CLTS-Other and CLTS-Autism

Please fill out the information requested in the table below for both CLTS-Other and CLTS-Autism services. Please note that CLTS-Other and CLTS-Autism service costs and adjustments should be reported in the separate tables provided

Please fill out the information requested in the table below. **Please note that many cells contain formulas and are linked from other appendices. These formulas have been added to reduce the number of calculations you must do. To reduce potential errors, formula cells in this worksheet have been locked and cannot be edited.**

*Total Paid Claims in Column B below is available from the Data Warehouse (through Business Objects) using dates of service between 1/1 and 12/31 of the reconciled year and check dates between 1/1 of the reconciled year and the DHS established cut-off date.

**Columns C-F below refer to claims adjustments needed to modify final claims data due to coding errors, cost share collections, or expenditures not authorized for waiver funding.
If claims adjustments are needed, please complete Appendix C for CLTS-Other and Appendix D for CLTS-Autism.

Section I: CLTS-Other Total Final Service Claims

| Waiver and Funding Source | Total Paid Claims* (Reconciliation year claims paid through cut-off date) | Claims Adjustments** (The formulas below link from totals in Appendix C) | | | | Total Final Service Claims = Claims +/- Adjustments | Administrative Reimbursement Claims | |
|--------------------------------------|--|--|---|------------------------|--|--|--|---------------------------------|
| CLTS-DD | TPA Data | Coding Error Adjustments to be Added | Coding Error Adjustments to be Subtracted | Cost Share Collections | Expenditures Not Authorized for Waiver Funding | Adjusted CLTS-Other Total | Standard CLTS Administrative Reimbursement | Administrative Variance Request |
| State Match | \$415,053.50 | \$0.00 | -\$981.22 | \$0.00 | -\$13.49 | \$414,058.79 | \$29,302.05 | \$4,683.24 |
| Special Funding (High Cost) | \$4,542.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4,542.00 | N/A | N/A |
| Local Match: COP | \$10,695.00 | \$360.00 | \$0.00 | \$0.00 | \$0.00 | \$11,055.00 | \$773.85 | \$123.68 |
| Local Match: FSP | \$5,212.00 | \$180.00 | \$0.00 | \$0.00 | \$0.00 | \$5,392.00 | \$377.44 | \$60.32 |
| Local Match: Community Aids/Tax Levy | \$24,593.50 | \$801.22 | \$0.00 | \$0.00 | \$0.00 | \$25,394.72 | \$1,777.63 | \$284.11 |
| Total CLTS DD Other | \$460,096.00 | \$1,341.22 | -\$981.22 | \$0.00 | -\$13.49 | \$460,442.51 | \$32,230.97 | \$5,151.36 |
| CLTS SED | TPA Data | Coding Error Adjustments to be Added | Coding Error Adjustments to be Subtracted | Cost Share Collections | Expenditures Not Authorized for Waiver Funding | Adjusted CLTS-Other Total | Standard CLTS Administrative Reimbursement | Administrative Variance Request |
| State Match | \$174,372.50 | \$0.00 | -\$29.50 | \$0.00 | \$0.00 | \$174,343.00 | \$12,204.01 | \$1,950.52 |
| Special Funding (High Cost) | \$360.00 | \$0.00 | -\$360.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A |
| Local Match: COP | \$360.00 | \$0.00 | -\$360.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Local Match: FSP | \$2,454.87 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,454.87 | \$171.84 | \$27.46 |
| Local Match: Community Aids/Tax Levy | \$13,177.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$13,177.50 | \$922.42 | \$147.43 |
| Total CLTS SED Other | \$190,364.87 | \$0.00 | -\$389.50 | \$0.00 | \$0.00 | \$189,975.37 | \$13,298.28 | \$2,125.41 |
| CLTS PD | TPA Data | Coding Error Adjustments to be Added | Coding Error Adjustments to be Subtracted | Cost Share Collections | Expenditures Not Authorized for Waiver Funding | Adjusted CLTS-Other Total | Standard CLTS Administrative Reimbursement | Administrative Variance Request |
| State Match | \$38,966.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$38,966.00 | \$2,727.62 | \$435.95 |
| Special Funding (High Cost) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A |
| Local Match: COP | \$3,474.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$3,474.50 | \$243.21 | \$38.87 |
| Local Match: FSP | \$2,339.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,339.50 | \$163.76 | \$26.17 |
| Local Match: Community Aids/Tax Levy | \$1,764.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,764.00 | \$123.48 | \$19.74 |

| | | | | | | | | |
|--------------------------------------|---------------------|---|--|-------------------------------|--|--|---|--|
| Total CLTS PD Other | \$46,544.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$46,544.00 | \$3,258.08 | \$520.73 |
| Total CLTS Other*** | TPA Data | Coding Error Adjustments to be Added | Coding Error Adjustments to be Subtracted | Cost Share Collections | Sum of Expenditures Not Authorized for Waiver Funding | Adjusted CLTS-Other Grand Total | Standard CLTS Administrative Reimbursement | Administrative Variance Request |
| State Match | \$628,392.00 | \$0.00 | -\$1,010.72 | \$0.00 | -\$13.49 | \$627,367.79 | \$44,233.68 | \$7,069.71 |
| Special Funding (High Cost) | \$4,542.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4,542.00 | N/A | N/A |
| Local Match: COP | \$14,529.50 | \$360.00 | -\$360.00 | \$0.00 | \$0.00 | \$14,529.50 | \$1,017.06 | \$162.55 |
| Local Match: FSP | \$10,006.37 | \$180.00 | \$0.00 | \$0.00 | \$0.00 | \$10,186.37 | \$713.05 | \$113.96 |
| Local Match: Community Aids/Tax Levy | \$39,535.00 | \$801.22 | \$0.00 | \$0.00 | \$0.00 | \$40,336.22 | \$2,823.54 | \$451.28 |
| CLTS-Other Grand Total | \$697,004.87 | \$1,341.22 | -\$1,370.72 | \$0.00 | -\$13.49 | \$696,961.88 | \$48,787.33 | \$7,797.50 |

***Automatically fills from tables above and Appendix E

Section II: CLTS-Autism Total Final Service Claims

| Autism Intensive and Ongoing Combined | Total Paid Claims* (Reconciliation year claims paid through cut-off date) | Claims Adjustments** (The formulas below link from totals in Appendix D) | | | | Total Final Service Claims = Claims +/- Adjustments | Administrative Reimbursement Claims | |
|---------------------------------------|---|--|---|------------------------|--|---|--|---------------------------------|
| Waiver and Funding Source | TPA Data | Coding Error Adjustments to be Added | Coding Error Adjustments to be Subtracted | Cost Share Collections | Expenditures Not Authorized for Waiver Funding | Adjusted CLTS-Autism Total | Standard CLTS Administrative Reimbursement | Administrative Variance Request |
| CLTS DD State Match | \$1,190,042.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,190,042.50 | \$83,302.98 | \$13,314.01 |
| CLTS DD Special Funding (High Cost) | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A |
| CLTS SED State Match | \$30,111.00 | \$29.50 | \$0.00 | \$0.00 | \$0.00 | \$30,140.50 | \$2,109.84 | \$337.21 |
| CLTS SED Special Funding (High Cost) | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A |
| CLTS PD State Match | \$44.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$44.50 | \$3.12 | \$0.50 |
| CLTS PD Special Funding (High Cost) | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A |
| Total Autism | \$1,220,198.00 | \$29.50 | \$0.00 | \$0.00 | \$0.00 | \$1,220,227.50 | \$85,415.93 | \$13,651.71 |

Section III: Summary of all Total Final Service Claims (CLTS-Other + CLTS-Autism)

| Waiver and Funding Source | Total Paid Claims* (Reconciliation year claims paid through cut-off date) | Claims Adjustments** | | | | Total Final Service Claims = Claims +/- Adjustments | Administrative Reimbursement Claims | |
|-------------------------------------|---|---|--|-------------------------------|---|---|--|---------------------------------|
| CLTS DD | Sum of TPA Data | Sum of Coding Error Adjustments to be Added | Sum of Coding Error Adjustments to be Subtracted | Sum of Cost Share Collections | Sum of Expenditures Not Authorized for Waiver Funding | Adjusted CLTS-DD Total | Standard CLTS Administrative Reimbursement | Administrative Variance Request |
| State Match (CLTS Other and Autism) | \$1,605,096.00 | \$0.00 | -\$981.22 | \$0.00 | -\$13.49 | \$1,604,101.29 | \$112,605.03 | \$17,997.25 |

| | | | | | | | | |
|---|----------------|------------|-----------|--------|----------|----------------|--------------|-------------|
| Special Funding (CLTS Other and Autism) | \$4,542.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4,542.00 | N/A | N/A |
| Local Match: COP (CLTS-Other) | \$10,695.00 | \$360.00 | \$0.00 | \$0.00 | \$0.00 | \$11,055.00 | \$773.85 | \$123.68 |
| Local Match: FSP (CLTS-Other) | \$5,212.00 | \$180.00 | \$0.00 | \$0.00 | \$0.00 | \$5,392.00 | \$377.44 | \$60.32 |
| Local Match: Community Aids/Tax Levy (CLTS-Other) | \$24,593.50 | \$801.22 | \$0.00 | \$0.00 | \$0.00 | \$25,394.72 | \$1,777.63 | \$284.11 |
| Total CLTS DD Other and Autism | \$1,650,138.50 | \$1,341.22 | -\$981.22 | \$0.00 | -\$13.49 | \$1,650,485.01 | \$115,533.95 | \$18,465.36 |

| CLTS SED | Sum of TPA Data | Sum of Coding Error Adjustments to be Added | Sum of Coding Error Adjustments to be Subtracted | Sum of Cost Share Collections | Sum of Expenditures Not Authorized for Waiver Funding | Adjusted CLTS-SED Total | Standard CLTS Administrative Reimbursement | Administrative Variance Request |
|---|-----------------|---|--|-------------------------------|---|-------------------------|--|---------------------------------|
| State Match (CLTS Other and Autism) | \$204,483.50 | \$29.50 | -\$29.50 | \$0.00 | \$0.00 | \$204,483.50 | \$14,313.84 | \$2,287.73 |
| Special Funding (CLTS Other and Autism) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A |
| Local Match: COP (CLTS-Other) | \$360.00 | \$0.00 | -\$360.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Local Match: FSP (CLTS-Other) | \$2,454.87 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,454.87 | \$171.84 | \$27.46 |
| Local Match: Community Aids/Tax Levy (CLTS-Other) | \$13,177.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$13,177.50 | \$922.42 | \$147.43 |
| Total CLTS SED Other and Autism | \$220,475.87 | \$29.50 | -\$389.50 | \$0.00 | \$0.00 | \$220,115.87 | \$15,408.11 | \$2,462.62 |

| CLTS PD | Sum of TPA Data | Sum of Coding Error Adjustments to be Added | Sum of Coding Error Adjustments to be Subtracted | Sum of Cost Share Collections | Sum of Expenditures Not Authorized for Waiver Funding | Adjusted CLTS-PD Total | Standard CLTS Administrative Reimbursement | Administrative Variance Request |
|---|-----------------|---|--|-------------------------------|---|------------------------|--|---------------------------------|
| State Match (CLTS Other and Autism) | \$39,010.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$39,010.50 | \$2,730.73 | \$436.44 |
| Special Funding (CLTS Other and Autism) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | N/A | N/A |
| Local Match: COP (CLTS-Other) | \$3,474.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$3,474.50 | \$243.21 | \$38.87 |
| Local Match: FSP (CLTS-Other) | \$2,339.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$2,339.50 | \$163.76 | \$26.17 |
| Local Match: Community Aids/Tax Levy (CLTS-Other) | \$1,764.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$1,764.00 | \$123.48 | \$19.74 |
| Total CLTS PD Other and Autism | \$46,588.50 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$46,588.50 | \$3,261.19 | \$521.22 |

County Waiver Agency: 0

F-00963C (01/2015)

Appendix C

CLTS-Other Claims Adjustment Spreadsheet

If claims adjustments are needed, please fill out the appropriate spreadsheets below. The spreadsheets are divided by waiver type: **CLTS-Other DD, SED and PD**. The spreadsheets are further divided into **coding errors, corrections, cost share collections and waiver services paid during ineligible settings**. You may add additional rows as necessary, but please ensure service costs in new rows are included in the sum formulas provided below.

Please do not alter the formulas in the Total cells, as they are specifically formatted to provide either a positive or negative result. The formulas ensure that totals will be correctly added to or subtracted from total paid claims in Appendix B.

Section IV: CLTS-Other DD

CLTS-Other DD Coding Error Corrections

| Ref ID | Child Last Name | Child First Name | Child MCI | LTS Code | Service Begin Date | Service End Date | Service Description | Service SPC | Description of Error | Service Cost in CY2013 |
|--|-----------------|------------------|------------|----------|--------------------|------------------|----------------------|-------------|---------------------------|------------------------|
| State Match Adjustments to be Added to Total Paid Claims (Report as Positive Numbers) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total | \$0.00 |
| State Match Adjustments to be Subtracted from Total Paid Claims (Service costs will automatically sum as a negative number) | | | | | | | | | | |
| A1 | Doe | John | xxxxxxxxxx | H | 1/1/2014 | 3/31/2014 | Daily Living Skills | 110 | Should be FSP | \$180.00 |
| B1 | Smith | Jane | xxxxxxxxxx | H | 6/1/2014 | 10/31/2014 | Financial Management | 619 | Should be Local Match: CA | \$740.00 |
| C1 | Generic | Anna | xxxxxxxxxx | H | 2/1/2014 | 2/28/2014 | Case Management | 604 | Should be Local Match: CA | \$61.22 |
| | | | | | | | | | | |
| | | | | | | | | | Total | -\$981.22 |
| Special Funding (High Cost) Adjustments to be Added to Total Paid Claims (Report as Positive Numbers) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total | \$0.00 |
| Special Funding (High Cost) Adjustments to be Subtracted from Total Paid Claims (Service costs will automatically sum as a negative number) | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total | \$0.00 |
| Local Match: COP Adjustments to be Added to Total Paid Claims (Report as Positive Numbers) | | | | | | | | | | |
| D1 | Average | Ted | xxxxxxxxxx | H | 1/1/2014 | 3/31/2014 | Daily Living Skills | 110 | Was Coded as SED | \$360.00 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total | \$360.00 |
| Local Match: COP Adjustments to be Subtracted from Total Paid Claims (Service costs will automatically sum as a negative number) | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total | \$0.00 |
| Local Match: FSP Adjustments to be Added to Total Paid Claims (Report as Positive Numbers) | | | | | | | | | | |
| A1 | Doe | John | xxxxxxxxxx | H | 1/1/2014 | 3/31/2014 | Daily Living Skills | 110 | Was Coded as State Match | \$180.00 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total | \$180.00 |
| Local Match: FSP Adjustments to be Subtracted from Total Paid Claims (Service costs will automatically sum as a negative number) | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total | \$0.00 |
| Local Match: Community Aids/Tax Levy to be Added to Total Paid Claims (Report as Positive Numbers) | | | | | | | | | | |
| B1 | Smith | Jane | xxxxxxxxxx | H | 6/1/2014 | 10/31/2014 | Financial Management | 619 | Was Coded as State Match | \$740.00 |
| C1 | Generic | Anna | xxxxxxxxxx | H | 2/1/2014 | 2/28/2014 | Case Management | 604 | Was Coded as State Match | \$61.22 |
| | | | | | | | | | | |
| | | | | | | | | | Total | \$801.22 |
| Local Match: Community Aids/Tax Levy to be Subtracted from Total Paid Claims (Service costs will automatically sum as a negative number) | | | | | | | | | | |

County Waiver Agency: 0

F-00963C (01/2015)

Appendix C

CLTS-Other Claims Adjustment Spreadsheet

If claims adjustments are needed, please fill out the appropriate spreadsheets below. The spreadsheets are divided by waiver type: **CLTS-Other DD, SED and PD**. The spreadsheets are further divided into **coding errors, corrections, cost share collections and waiver services paid during ineligible settings**. You may add additional rows as necessary, but please ensure service costs in new rows are included in the sum formulas provided below.

Please do not alter the formulas in the Total cells, as they are specifically formatted to provide either a positive or negative result. The formulas ensure that totals will be correctly added to or subtracted from total paid claims in Appendix B.

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|-----------------|
| | | | | | | | | | | Total State Match | -\$13.49 |
| Special Funding (High Cost) (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total Special Funding | \$0.00 |
| Local Match: COP (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: COP | \$0.00 |
| Local Match: FSP (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: FSP | \$0.00 |
| Local Match: Community Aids/Tax Levy (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: Community Aids/Tax Levy | \$0.00 |

Section V: CLTS-Other SED

CLTS-Other SED Coding Error Corrections

| Ref ID | Child Last Name | Child First Name | Child MCI | LTS Code | Service Begin Date | Service End Date | Service Description | Service SPC | Description of Error | Service Cost in CY2013 | |
|--|-----------------|------------------|-----------|----------|--------------------|------------------|----------------------|-------------|---------------------------|------------------------|-----------------|
| State Match Adjustments to be Added to Total Paid Claims (Report as Positive Numbers) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total | \$0.00 |
| State Match Adjustments to be Subtracted from Total Paid Claims (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| F1 | Nondescript | Rebecca | xxxxxxxx | F | 8/26/2014 | 10/31/2014 | Financial Management | 619 | Should be SED CLTS-Autism | \$29.50 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total | -\$29.50 |
| Special Funding (High Cost) Adjustments to be Added to Total Paid Claims (Report as Positive Numbers) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total | \$0.00 |
| Special Funding (High Cost) Adjustments to be Subtracted from Total Paid Claims (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total | \$0.00 |
| Local Match: COP Adjustments to be Added to Total Paid Claims (Report as Positive Numbers) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

County Waiver Agency: 0

F-00963C (01/2015)

Appendix C

CLTS-Other Claims Adjustment Spreadsheet

If claims adjustments are needed, please fill out the appropriate spreadsheets below. The spreadsheets are divided by waiver type: **CLTS-Other DD, SED and PD**. The spreadsheets are further divided into **coding errors, corrections, cost share collections and waiver services paid during ineligible settings**. You may add additional rows as necessary, but please ensure service costs in new rows are included in the sum formulas provided below.

Please do not alter the formulas in the Total cells, as they are specifically formatted to provide either a positive or negative result. The formulas ensure that totals will be correctly added to or subtracted from total paid claims in Appendix B.

| | | | | | | | | | | | |
|---|---------|-----|------------|---|----------|-----------|---------------------|-----|-------------------------|--------------|------------------|
| | | | | | | | | | | Total | \$0.00 |
| Local Match: COP Adjustments to be Subtracted from Total Paid Claims (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| D1 | Average | Ted | XXXXXXXXXX | H | 1/1/2014 | 3/31/2014 | Daily Living Skills | 110 | Should be DD CLTS-Other | \$360.00 | |
| | | | | | | | | | | Total | -\$360.00 |
| Local Match: FSP Adjustments to be Added to Total Paid Claims (Report as Positive Numbers) | | | | | | | | | | | |
| | | | | | | | | | | Total | \$0.00 |
| Local Match: FSP Adjustments to be Subtracted from Total Paid Claims (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | Total | \$0.00 |
| Local Match: Community Aids/Tax Levy to be Added to Total Paid Claims (Report as Positive Numbers) | | | | | | | | | | | |
| | | | | | | | | | | Total | \$0.00 |
| Local Match: Community Aids/Tax Levy to be Subtracted from Total Paid Claims (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | Total | \$0.00 |

CLTS-Other SED Cost Share Collections

| Ref ID | Child Last Name | Child First Name | Child MCI | LTS Code | Service Begin Date | Service End Date | Service Description | Service SPC | Service Cost | Cost Share Collected | |
|--|-----------------|------------------|-----------|----------|--------------------|------------------|---------------------|-------------|--------------|--|---------------|
| State Match (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | Total State Match Cost Share | \$0.00 |
| Special Funding (High Cost) (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | Total Special Funding Cost Share | \$0.00 |
| Local Match: COP (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: COP Cost Share | \$0.00 |
| Local Match: FSP (Service costs will automatically sum as a negative number) | | | | | | | | | | | |

County Waiver Agency: 0

F-00963C (01/2015)

Appendix C

CLTS-Other Claims Adjustment Spreadsheet

If claims adjustments are needed, please fill out the appropriate spreadsheets below. The spreadsheets are divided by waiver type: **CLTS-Other DD, SED and PD**. The spreadsheets are further divided into **coding errors, corrections, cost share collections and waiver services paid during ineligible settings**. You may add additional rows as necessary, but please ensure service costs in new rows are included in the sum formulas provided below.

Please do not alter the formulas in the Total cells, as they are specifically formatted to provide either a positive or negative result. The formulas ensure that totals will be correctly added to or subtracted from total paid claims in Appendix B.

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|---------------|
| | | | | | | | | | | Total Local Match: FSP Cost Share | \$0.00 |
| Local Match: Community Aids/Tax Levy (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: Community Aids/Tax Levy Cost Share | \$0.00 |

CLTS-Other SED 2014 Expenditures Not Authorized for Waiver Funding

| Ref ID | Provider of Waiver Service | Claim Number | Participant MCI | LTS Code | LTS Code Description | Service SPC (may aggregate SPCs if more than one per child) | Service SPC Description | Start Date of Expenditure | End Date of Expenditure | Total CLTS Expenditures Not Authorized for Waiver Funding | |
|---|----------------------------|--------------|-----------------|----------|----------------------|---|-------------------------|---------------------------|-------------------------|---|---------------|
| State Match (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | Total State Match | \$0.00 |
| Special Funding (High Cost) (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | Total Special Funding | \$0.00 |
| Local Match: COP (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: COP | \$0.00 |
| Local Match: FSP (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: FSP | \$0.00 |
| Local Match: Community Aids/Tax Levy (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: Community Aids/Tax Levy | \$0.00 |

Section VI: CLTS-Other PD

CLTS-Other PD Coding Error Corrections

| Ref ID | Child Last Name | Child First Name | Child MCI | LTS Code | Service Begin Date | Service End Date | Service Description | Service SPC | Description of Error | Service Cost in CY2013 | |
|--|-----------------|------------------|-----------|----------|--------------------|------------------|---------------------|-------------|----------------------|------------------------|---------------|
| State Match Adjustments to be Added to Total Paid Claims (Report as Positive Numbers) | | | | | | | | | | | |
| | | | | | | | | | | Total | \$0.00 |
| State Match Adjustments to be Subtracted from Total Paid Claims (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |

County Waiver Agency: 0

F-00963C (01/2015)

Appendix C

CLTS-Other Claims Adjustment Spreadsheet

If claims adjustments are needed, please fill out the appropriate spreadsheets below. The spreadsheets are divided by waiver type: **CLTS-Other DD, SED and PD**. The spreadsheets are further divided into **coding errors corrections, cost share collections and waiver services paid during ineligible settings**. You may add additional rows as necessary, but please ensure service costs in new rows are included in the sum formulas provided below.

Please do not alter the formulas in the Total cells, as they are specifically formatted to provide either a positive or negative result. The formulas ensure that totals will be correctly added to or subtracted from total paid claims in Appendix B.

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|---------------|
| | | | | | | | | | | Total State Match Cost Share | \$0.00 |
| Special Funding (High Cost) (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total Special Funding Cost Share | \$0.00 |
| Local Match: COP (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: COP Cost Share | \$0.00 |
| Local Match: FSP (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: FSP Cost Share | \$0.00 |
| Local Match: Community Aids/Tax Levy (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: Community Aids/Tax Levy Cost Share | \$0.00 |

CLTS-Other PD 2014 Expenditures Not Authorized for Waiver Funding

| Ref ID | Provider of Waiver Service | Claim Number | Participant MCI | LTS Code | LTS Code Description | Service SPC (may aggregate SPCs if more than one per child) | Service SPC Description | Start Date of Expenditure | End Date of Expenditure | Total CLTS Expenditures Not Authorized for Waiver Funding | |
|---|----------------------------|--------------|-----------------|----------|----------------------|---|-------------------------|---------------------------|-------------------------|---|---------------|
| State Match (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total State Match | \$0.00 |
| Special Funding (High Cost) (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total Special Funding | \$0.00 |
| Local Match: COP (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: COP | \$0.00 |
| Local Match: FSP (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total Local Match: FSP | \$0.00 |
| Local Match: Community Aids/Tax Levy (Service costs will automatically sum as a negative number) | | | | | | | | | | | |
| | | | | | | | | | | | |

County Waiver Agency: 0

F-00963D (01/2015)

**Appendix D
 CLTS-Autism Claims Adjustment Spreadsheet**
 If claims adjustments are needed, please fill out the appropriate spreadsheets below. The spreadsheets are divided by waiver type: **CLTS-Autism DD, SED and PD**. The spreadsheets are further divided into **coding errors corrections, cost share collections and waiver services paid during ineligible settings**. You may add additional rows as necessary, but please ensure costs in new rows are included in the sum formulas provided below.

Please do not alter the formulas in the Total cells, as they are specifically formatted to provide either a positive or negative result. The formulas ensure that totals will be correctly added to or subtracted from total paid claims in Appendix B.

Section VII: CLTS-Autism DD

CLTS-Autism DD Coding Error Corrections

| Ref ID | Child Last Name | Child First Name | Child MCI | LTS Code | Service Begin Date | Service End Date | Service Description | Service SPC | Description of Error | Service Cost in CY2013 |
|--|-----------------|------------------|-----------|----------|--------------------|------------------|---------------------|-------------|---|------------------------|
| CLTS-Autism DD State Match Service Cost Adjustments to be Added | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total CLTS-Autism DD Service Costs to be Added | \$0.00 |

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---------------|
| CLTS-Autism DD State Match Service Cost Adjustments to be Subtracted | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total CLTS-Autism DD Service Costs to be Subtracted | \$0.00 |

| | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|---|---------------|
| CLTS-Autism DD Special Funding (High Cost) Adjustments to be Added | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total CLTS-Autism DD Special Funding to be Added | \$0.00 |

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---------------|
| CLTS-Autism DD Special Funding (High Cost) Adjustments to be Subtracted | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total CLTS-Autism DD Special Funding to be Subtracted | \$0.00 |

CLTS-Autism DD Cost Share Collections

| Ref ID | Child Last Name | Child First Name | Child MCI | LTS Code | Service Begin Date | Service End Date | Service Description | Service SPC | Service Cost | Cost Share Collected |
|--|-----------------|------------------|-----------|----------|--------------------|------------------|---------------------|-------------|---|----------------------|
| CLTS-Autism DD State Match Cost Share Collections | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total CLTS-Autism DD Cost Shares Collected | \$0.00 |

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---------------|
| CLTS-Autism DD Special Funding (High Cost) Cost Share Collections | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total CLTS-Autism DD Special Funding Cost Share | \$0.00 |

CLTS-Autism DD Waiver Expenditures Not Authorized for Waiver Funding

| Ref ID | Provider of Waiver Service | Claim Number | Participant MCI | LTS Code | LTS Code Description | Service SPC (may aggregate SPCs if more than one per child) | Service SPC Description | Start Date of Expenditure | End Date of Expenditure | Total CLTS Expenditures Not Authorized for Waiver Funding |
|--|----------------------------|--------------|-----------------|----------|----------------------|---|-------------------------|---------------------------|--|---|
| CLTS-Autism DD State Match Expenditures Not Authorized for Waiver Funding | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total CLTS-Autism DD Service Costs Not Authorized for Payment | \$0.00 |

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---------------|
| CLTS-Autism DD Special Funding (High Cost) Expenditures Not Authorized for Waiver Funding | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | Total CLTS-Autism DD Special Funding Not Authorized | \$0.00 |

Section VIII: CLTS-Autism SED

CLTS-Autism SED Coding Error Corrections

| Ref ID | Child Last Name | Child First Name | Child MCI | LTS Code | Service Begin Date | Service End Date | Service Description | Service SPC | Description of Error | Service Cost in CY2013 |
|--|-----------------|------------------|------------|----------|--------------------|------------------|----------------------|-------------|--------------------------------|------------------------|
| CLTS-Autism SED Service Costs to be Added | | | | | | | | | | |
| F1 | Non-descript | Rebecca | XXXXXXXXXX | F | 41877 | 41943 | Financial Management | 619 | Was incorrectly SED CLTS-Other | 29.5 |
| | | | | | | | | | | |
| | | | | | | | | | | |

County Waiver Agency: 0

F-00963D (01/2015)

**Appendix D
 CLTS-Autism Claims Adjustment Spreadsheet**
 If claims adjustments are needed, please fill out the appropriate spreadsheets below. The spreadsheets are divided by waiver type: CLTS-Autism DD, SED and PD. The spreadsheets are further divided into coding errors corrections, cost share collections and waiver services paid during ineligible settings. You may add additional rows as necessary, but please ensure costs in new rows are included in the sum formulas provided below.

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|----------------|
| | | | | | | | | | | Total CLTS-Autism SED Service Costs to be Added | \$29.50 |
| CLTS-Autism SED Service Costs to be Subtracted | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism SED Service Costs to be Subtracted | \$0.00 |
| CLTS-Autism SED Special Funding (High Cost) Adjustments to be Added | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism DD Special Funding to be Added | \$0.00 |
| CLTS-Autism SED Special Funding (High Cost) Adjustments to be Subtracted | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism DD Special Funding to be Subtracted | \$0.00 |

CLTS-Autism SED Cost Share Collections

| Ref ID | Child Last Name | Child First Name | Child MCI | LTS Code | Service Begin Date | Service End Date | Service Description | Service SPC | Service Cost | Cost Share Collected | |
|---|-----------------|------------------|-----------|----------|--------------------|------------------|---------------------|-------------|--------------|---|---------------|
| CLTS-Autism SED State Match Cost Share Collections | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism SED Cost Shares Collected | \$0.00 |
| CLTS-Autism SED Special Funding (High Cost) Cost Share Collections | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism SED Special Funding Cost Share | \$0.00 |

CLTS-Autism SED Waiver Expenditures Not Authorized for Waiver Funding

| Ref ID | Provider of Waiver Service | Claim Number | Participant MCI | LTS Code | LTS Code Description | Service SPC (may aggregate SPCs if more than one per child) | Service SPC Description | Start Date of Expenditure | End Date of Expenditure | Total CLTS Expenditures Not Authorized for Waiver Funding | |
|---|----------------------------|--------------|-----------------|----------|----------------------|---|-------------------------|---------------------------|-------------------------|---|---------------|
| CLTS-Autism SED State Match Expenditures Not Authorized for Waiver Funding | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism SED Service Costs Not Authorized | \$0.00 |
| CLTS-Autism SED Special Funding (High Cost) Expenditures Not Authorized for Waiver Funding | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism SED Special Funding Not Authorized | \$0.00 |

Section IX: CLTS-Autism PD

CLTS-Autism PD Coding Error Corrections

| Ref ID | Child Last Name | Child First Name | Child MCI | LTS Code | Service Begin Date | Service End Date | Service Description | Service SPC | Description of Error | Service Cost in CY2013 | |
|---|-----------------|------------------|-----------|----------|--------------------|------------------|---------------------|-------------|----------------------|--|---------------|
| CLTS-Autism PD Service Costs to be Added | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism PD Service Costs to be Added | \$0.00 |
| CLTS-Autism PD Services to be Subtracted | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism PD Service Costs to be Subtracted | \$0.00 |
| CLTS-Autism PD Special Funding (High Cost) Adjustments to be Added | | | | | | | | | | | |

County Waiver Agency:

F-00963D (01/2015)

**Appendix D
 CLTS-Autism Claims Adjustment Spreadsheet**
 If claims adjustments are needed, please fill out the appropriate spreadsheets below. The spreadsheets are divided by waiver type: **CLTS-Autism DD, SED and PD**. The spreadsheets are further divided into **coding errors corrections, cost share collections and waiver services paid during ineligible settings**. You may add additional rows as necessary, but please ensure costs in new rows are included in the sum formulas provided below.

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|---|--------|
| | | | | | | | | | | | Total CLTS-Autism PD Special Funding to be Added | \$0.00 |
| CLTS-Autism PD Special Funding (High Cost) Adjustments to be Subtracted | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--------|
| | | | | | | | | | | | Total CLTS-Autism PD Special Funding to be Subtracted | \$0.00 |
|--|--|--|--|--|--|--|--|--|--|--|--|--------|

CLTS-Autism PD Cost Share Collections

| Ref ID | Child Last Name | Child First Name | Child MCI | LTS Code | Service Begin Date | Service End Date | Service Description | Service SPC | Service Cost | Cost Share Collected | |
|--|-----------------|------------------|-----------|----------|--------------------|------------------|---------------------|-------------|--------------|--|--------|
| CLTS-Autism PD State Match Cost Share Collections | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism PD Cost Share Collections | \$0.00 |

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--------|
| CLTS-Autism SED Special Funding (High Cost) Cost Share Collections | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism PD Special Funding Cost Share | \$0.00 |

CLTS-Autism PD Waiver Expenditures Not Authorized for Waiver Funding

| Ref ID | Provider of Waiver Service | Claim Number | Participant MCI | LTS Code | LTS Code Description | Service SPC (may aggregate SPCs if more than one per child) | Service SPC Description | Start Date of Expenditure | End Date of Expenditure | Total CLTS Expenditures Not Authorized for Waiver Funding | |
|--|----------------------------|--------------|-----------------|----------|----------------------|--|-------------------------|---------------------------|-------------------------|---|--------|
| CLTS-Autism PD State Match Expenditures Not Authorized for Waiver Funding | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism PD Services Not Authorized for Payment | \$0.00 |

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---|--------|
| CLTS-Autism PD Special Funding (High Cost) Expenditures Not Authorized for Waiver Funding | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Total CLTS-Autism SED Special Funding Not Authorized | \$0.00 |

Additional Notes (Please use reference IDs when applicable):

County Waiver Agency: 0

F-00963E (01/2015)

Appendix E
CLTS-Administrative Cost Claims Worksheet - CLTS-Other and CLTS-Autism
If administrative expense reimbursement is needed, please fill out the appropriate data fields below. A maximum of 7% administration is allowed for each waiver type (CLTS-Autism and CLTS-Other) and is reported in Column H below. County waiver agencies must report actual administrative expenses, whether they are above or below the 7% cap. Reimbursement variances above 7% can be approved in special circumstances. If your county waiver agency needs to request a variance, please fill in the requested variance amount in Section XI and detail the reasons for the claim in the text box provided. County staff should be prepared to support administrative costs with written evidence.

Section X: Unreimbursed CLTS Administrative Costs

Section X-a:

Describe any allowable CLTS administrative costs attributed to staff.

| Administrative Staffing Costs | Amount | Allocation Methodology and Comments |
|-------------------------------|---------------------|-------------------------------------|
| Administrative Payroll | \$ 94,826.00 | FTE Allocation (5.5/36) |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| Total: | \$ 94,826.00 | |

Section X-b:

Describe any allowable CLTS administrative attributed to overhead costs.

| Administrative Overhead Costs | Amount | Allocation Methodology and Comments |
|-------------------------------|---------------------|-------------------------------------|
| Indirect Costs | \$ 42,630.00 | FTE Allocation (5.5/36) |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| Total: | \$ 42,630.00 | |

Section X-c:

Describe any allowable CLTS administrative costs not attributed to staff or overhead costs. (Example: capacity building)

| Other Administrative Costs | Amount | Allocation Methodology and Comments |
|--------------------------------------|---------------------|--|
| Capacity Building | \$ 20,696.47 | Eligible Cost |
| Excess Capacity Building Expenditure | \$ 2,500.00 | Excess Capacity Building Costs for purchased service |
| | \$ - | |
| Total: | \$ 23,196.47 | |

Section X-d:

Describe any allowable CLTS administrative costs described above that have already been reimbursed through other sources.

| Itemized CLTS Administrative Reimbursements | Amount | Additional Comments |
|---|--------------------|---------------------|
| Payroll Grant | \$ 5,000.00 | |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| Total: | \$ 5,000.00 | |

| CLTS Administrative Costs Attributable to Staff (Section X-a) | CLTS Administrative Costs Attributable to Overhead (Section X-b) | Other CLTS Administrative Costs (Section X-c) | Total Agency CLTS Administration Costs | Additional CLTS Administrative cost reimbursements (Section X-d) | Total Unreimbursed CLTS Administration Costs |
|---|--|---|--|--|--|
| \$ 94,826.00 | \$ 42,630.00 | \$ 23,196.47 | \$ 160,652.47 | \$ 5,000.00 | \$ 155,652.47 |

Section XI: CLTS Administrative Cost Allowance Calculations

| | Total Allowable CLTS Costs (App. B) | Allocation of CLTS Administration Costs | 7% of Allowable CLTS Service Costs | Standard Allowable CLTS Administrative Reimbursement* | CLTS Administrative Costs Exceeding 7%* |
|-------------------|-------------------------------------|---|------------------------------------|---|---|
| CLTS-Other Costs | \$ 696,961.88 | \$ 56,584.83 | \$ 48,787.33 | \$ 48,787.33 | \$ 7,797.50 |
| CLTS-Autism Costs | \$ 1,220,227.50 | \$ 99,067.64 | \$ 85,415.93 | \$ 85,415.93 | \$ 13,651.71 |
| Total: | \$ 1,917,189.38 | \$ 155,652.47 | \$ 134,203.26 | \$ 134,203.26 | \$ 21,449.21 |

*Subject to Administrative Contract Limitations

| Variance Request for Administrative Costs above 7% (Explain below) | Administrative % of Service Costs without Variance | Administrative % of Service Costs with Variance | Allocation of CLTS Administration Variance | Total Administrative Reimbursement Request |
|--|--|---|--|--|
| \$ 21,449.21 | 7.00% | 8.12% | CLTS-Other \$ 7,797.50 CLTS-Autism \$ 13,651.71 | \$ 155,652.47 |
| | | | Total: \$ 21,449.21 | \$ 155,652.47 |

Describe the reason(s) for the variance request:

\$20,696.47: Allowable Capacity Building Expenses in excess of 7% allowance - See Attached Worksheet
\$752.74: Capacity Building Project was more expensive than the original estimates. Requesting a variance to cover unapproved capacity building expenses in excess of the normal 7% admin allowance

Total Variance: \$21,449.21

County Waiver Agency: 0

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Appendix E
CLTS-Administrative Cost Claims Worksheet - CLTS-Other and CLTS-Autism
 If administrative expense reimbursement is needed, please fill out the appropriate data fields below. A maximum of 7% administration is allowed for each waiver type (CLTS-Autism and CLTS-Other) and is reported in Column H below. County waiver agencies must report actual administrative expenses, whether they are above or below the 7% cap. Reimbursement variances above 7% can be approved in special circumstances. If your county waiver agency needs to request a variance, please fill in the requested variance amount in Section XI and detail the reasons for the claim in the text box provided. County staff should be prepared to support administrative costs with written evidence.

Section X: Unreimbursed CLTS Administrative Costs

Section X-a:

Describe any allowable CLTS administrative costs attributed to staff.

| Administrative Staffing Costs | Amount | Allocation Methodology and Comments |
|-------------------------------|---------------------|-------------------------------------|
| Administrative Payroll | \$ 94,826.00 | FTE Allocation (5.5/36) |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| Total: | \$ 94,826.00 | |

Section X-b:

Describe any allowable CLTS administrative attributed to overhead costs.

| Administrative Overhead Costs | Amount | Allocation Methodology and Comments |
|-------------------------------|---------------------|-------------------------------------|
| Indirect Costs | \$ 42,630.00 | FTE Allocation (5.5/36) |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| Total: | \$ 42,630.00 | |

Section X-c:

Describe any allowable CLTS administrative costs not attributed to staff or overhead costs. (Example: capacity building)

| Other Administrative Costs | Amount | Allocation Methodology and Comments |
|----------------------------|---------------------|-------------------------------------|
| Capacity Building | \$ 20,696.47 | Eligible Direct Cost |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| Total: | \$ 20,696.47 | |

Section X-d:

Describe any allowable CLTS administrative costs described above that have already been reimbursed through other sources.

| Itemized CLTS Administrative Reimbursements | Amount | Additional Comments |
|---|--------------------|---------------------|
| Payroll Grant | \$ 5,000.00 | |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| Total: | \$ 5,000.00 | |

| CLTS Administrative Costs Attributable to Staff (Section X-a) | CLTS Administrative Costs Attributable to Overhead (Section X-b) | Other CLTS Administrative Costs (Section X-c) | Total Agency CLTS Administration Costs | Additional CLTS Administrative cost reimbursements (Section X-d) | Total Unreimbursed CLTS Administration Costs |
|---|--|---|--|--|--|
| \$ 94,826.00 | \$ 42,630.00 | \$ 20,696.47 | \$ 158,152.47 | \$ 5,000.00 | \$ 153,152.47 |

Section XI: CLTS Administrative Cost Allowance Calculations

| | Total Allowable CLTS Costs (App. B) | Allocation of CLTS Administration Costs | 7% of Allowable CLTS Service Costs | Standard Allowable CLTS Administrative Reimbursement* | CLTS Administrative Costs Exceeding 7%* |
|-------------------|-------------------------------------|---|------------------------------------|---|---|
| CLTS-Other Costs | \$ 696,961.88 | \$ 55,676.00 | \$ 48,787.33 | \$ 48,787.33 | \$ 6,888.67 |
| CLTS-Autism Costs | \$ 1,220,227.50 | \$ 97,476.47 | \$ 85,415.93 | \$ 85,415.93 | \$ 12,060.54 |
| Total: | \$ 1,917,189.38 | \$ 153,152.47 | \$ 134,203.26 | \$ 134,203.26 | \$ 18,949.21 |

*Subject to Administrative Contract Limitations

| Variance Request for Administrative Costs above 7% (Explain below) | Administrative % of Service Costs without Variance | Administrative % of Service Costs with Variance | Allocation of CLTS Administration Variance | Total Administrative Reimbursement Request |
|--|--|---|--|--|
| \$ 18,949.21 | 7.00% | 7.99% | CLTS-Other \$ 6,888.67 CLTS-Autism \$ 12,060.54 | \$ 18,949.21 |
| | | | Total: \$ 18,949.21 | \$ 153,152.47 |

Describe the reason(s) for the variance request:

\$18,949.21: Allowable Capacity Building Expenses exceeding 7% allowance - See Attached Worksheet

Total Variance: \$18,949.21