

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE DEPARTMENT OF VERMONT HEALTH ACCESS AND THE
DEPARTMENT OF INFORMATION AND INNOVATION**

The Department of Vermont Health Access (DVHA) and the Department of Information and Innovation (DII) will collaborate to complete the work associated with Integrated Healthcare and Human Services initiatives. This agreement is for DII support of health services only, not other AHS services.

Purpose

DVHA agrees to transfer up to \$11,320,000, but not to exceed actual expenditures which may be less than \$11,320,000, to the Department of Information and Innovation (DII) for the exclusive purpose of supporting system architecture needs, including project management oversight, of Integrated Healthcare and Human Services projects as follows:

Outsourced FTEs = 4 Enterprise Architects \$6,000,000; 2 Business Architects \$1,500,000; 1 Oversight Project Manager \$1,500,000; and 4 AHS Project Managers (DII Contract) for 5 weeks \$320,000

DII Project Management Services = \$2,000,000 - These expenses and reimbursements are intended to cover the AHS Special Projects Infrastructure allocation in the DII budget allocation worksheet

Working in collaboration with Healthcare stakeholders, DII will actively acquire and augment staff to fulfill work requirements in the areas of Enterprise Architecture (EA) and Project Management oversight. DII will have the responsibility and accountability for all Enterprise Architecture work and alignment related to the Application/Integration, Information/Data, and Technical/Infrastructure domains. In the Business Architecture domain, many sub domains will require healthcare business leadership. However, artifacts such as process mapping, design, and modeling processes and standards will be delivered by DII.

Deliverable *Examples*:

Enterprise Architecture		
Data Conversion Plan	Information Security Risk Assessment	Business Architecture Models
Data Management Plan	Platform Technical Architecture	(L1's & L2's)
Data Management Strategy	Privacy Impact Assessment	Business Process Models
System Design Document	Configuration Management	Business Requirements
Security Architecture	Configuration Management Plan	HIX Security Strategic Plan
Architectural Diagrams	Integration Architecture	Identification and Authentication
Architecture Governance	Information Security Risk Assessment	Physical Data Model
Database Design Document	Platform Technical Architecture	Configuration Management Plan
Environments	Privacy Impact Assessment	System Security Plan
MITA State Self Assessment/MITA Roadmap	Interface Control Document 2012 Oracle Corporation – Proprietary and Confidential	Data Use/Data Exchange /Interconnection Security Agreements

Non-Functional Requirements Definition	Plan of Action and Milestones	Test Plan
O&M Manual	Integration Architecture	Information Architecture
Service Level Agreements (SLAs)	Integration Strategy	Logical Data Model
Memorandum of Understandings (MOUs)	Technical Architecture Diagrams	Contingency / Recovery Plan
Configuration Management		
Project Management		
Risk and Issues Management Plan	Risk Register	Staff Management Plan
Financial Management Plan	Financial Status Report	Identification and Authentication
Performance Measurement Plan	Performance Measures	Plan of Action and Milestones
Change Management Plan	Communications Matrix	Implementation Plan
Training Plan	Communications Plan	Project Charter
Project Management Plan	Project Schedule	Quality Management Plan
Requirements Management Plan	Release Plan	
Healthcare Business Entities		
Acquisition Strategy	Alternatives Analysis	Annual Operational Readiness Report
Authority to Operate	Staff Management Plan	Business Requirements
Financial Status Report	Performance Measurement Plan	Performance Measures
System of Record Notice	Business Rules	Privacy Impact Assessment
Training Materials	Training Plan	Use Cases
User Manuals	Contingency/Recovery Plan	Cost Allocation Plan/Methodology
Manuals and Training Materials	Release Plan	Requirements Management Plan

MOU Terms

This MOU will be in effect upon July 15, 2012 and will end on June 30, 2015. This MOU shall be amended as necessary.

- All expenditures invoiced by DII should not be included in the internal service fund charges to AHS or to the rest of State government.
- Based on the quarterly expenditure reports, DVHA will initiate an interdepartmental transfer to reimburse DII for these expenditures by the 30th day after receipt of the report. Notification of the transfer will be sent via email to Connie Churchill in the DII business office at: connie.churchill@state.vt.us

Funds transferred to DII by DVHA will be for the following expense: Staffing and DII Contracts directly related to healthcare.

Funding

Source of Funds: 100%Federal
CFDA Title: Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges
CFDA Number: 93.525
Award Name: Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges
Award Number: IE-HBE-11-004-012241
Award Year: FFY2012
Federal Granting Agency: HHS, OCIO
Research and Development Grant? Yes No

Source of Funds: 90% Federal, 10% State
CFDA Title: Medical Assistance Program, Medicaid Title XIX
CFDA Number: 93.778
Award Name: Department of Vermont Health Access- Medicaid - Admin & Program
Award Number: 1105VT5MAP
Award Year: FFY12
Federal Granting Agency: Department of Health and Human Services
Research and Development Grant? Yes No

The provisions of this Memorandum of Understanding are hereby entered into and agreed to by virtue of the authorized signatures below:

<p>_____ Mark Larson, Commissioner Department of Vermont Health Access</p> <p>_____ Date</p>	<p>_____ Richard Boes, CIO and Commissioner Department of Information and Innovation</p> <p>_____ Date</p>
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<p>_____ Angela Rouelle, CIO Agency of Human Services</p> <p>_____ Date</p>
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Appendix A**List of Reimbursable Activities and Eligible Federal Financial Participation (FFP) Rates in Support of the Eligibility and Enrollment (E&E) Functions
(Updated - June 21, 2011)**

Phase/Subject	FFP Rate	Activities/Scope/Content/Definition (but not limited to)
Planning	90	<ul style="list-style-type: none"> • Planning, including: impact assessments, gap analyses, requirements analyses (functional/business and technical), and any preparation activities necessary for implementation/administration/operations • Performing a MITA State Self-Assessment (SS-A) • Preparation and development of the related planning Request for Proposal (RFP) for vendor and consulting services • Procurement and acquisition (i.e., solicitation, evaluation, negotiation, contract selection, etc.) • The RFP-related services contract • State personnel • Contractor services • Meetings and travel directly tied to E&E planning • Participation in workgroups directly tied to E&E planning • Facility and equipment (i.e., work spaces, software tool(s), etc.) • Preparation and development of the APD, RFP, and other related procurement instrument(s) for the implementation, enhancement, and/or operation phase
Implementation	90	<ul style="list-style-type: none"> • Preparation and development of the implementation APD, RFP, and other related procurement instrument(s) if applicable (i.e., no planning phase APD performed) • Procurement and acquisition (i.e., solicitation, evaluation, negotiation, contract selection, etc.) • Design, development, installation (DDI) of new system/database, and/or enhancement to existing system/database • Design, development, installation of new web-based portal , and/or enhancement to an existing web base/portal • Interfaces and connectivity (system , web-based portal) • Acceptance testing • Facility (only for use of such facility in the DDI and/or enhancement period) • Equipment and supplies (only for use of such equipment in the DDI and/or enhancement period) • State personnel • Contractor services • DDI services contract • IV&V services contract (see IV&V below) • Project Management/Quality Assurance services contract • Hardware (whether lease or purchase, costs must be prorated/allocated to DDI 90% vs. operation 75%, see example of prorated formulation below) • Software tool(s) (only for use of such tool(s) in the DDI and/or enhancement period) • Travel directly tied to E&E implementation • Participation in workgroups directly tied to E&E implementation

		<ul style="list-style-type: none"> • COTS if fully purchased and owned (see COTS below) • Proprietary Software if fully purchased and owned by the State (acquired in whole or in part with FFP, is subject to the applicable federal regulations governing software ownership and federal rights-in-license, see proprietary software below) • Preparation and development/enhancement of contingency/business continuity/disaster recover/security plans.
	75	<ul style="list-style-type: none"> • COTS leasing/licensing (see COTS below) • Software licensing (both initial and ongoing) • Proprietary software (both initial and ongoing) • Site preparation if applicable • Outreach and training directly tied to E&E activities • Documentation and publications (i.e., system/operating/user manuals)
	50	<ul style="list-style-type: none"> • End-user/Business User training • Indirect personnel and non-personnel costs
	0	<ul style="list-style-type: none"> • Design, development, or modifications of a proprietary system or software (see Proprietary software below)
Maintenance & Operations (M&O)	75	<ul style="list-style-type: none"> • System and/or software maintenance (in-house and/or contract) • Web-based portal/technology maintenance (in-house and/or contract) • System operation (in-house and/or contract) • On-going software leasing or licensing • On-going COTS leasing or licensing • On-going proprietary software leasing or licensing • Call center, i.e., customer/provider relation (in-house and/or contract) • Data center (staff and overhead) • New hardware purchase or lease during operational phase will all be at the 75% match • Hardware update purchase/lease during operational phase will be at the 75% match • Provider outreach and training • Training of personnel directly engaged in the operation of an approved system • Facility/Equipments • Publications necessary for the operation of the system, i.e., paper application, user manual, etc.
	50	<ul style="list-style-type: none"> • Regular Program Administrative Costs (i.e., audit) • End-user/Business User training • Printing of Medicaid/CHIP ID cards • Postage
COTS Software	90	<ul style="list-style-type: none"> • If fully purchased and owned by the State (acquired in whole or in part with FFP, is subject to the applicable federal regulations governing software ownership and federal rights-in-license)
	75	<ul style="list-style-type: none"> • Initial and/or on-going leasing or licensing
	0	<ul style="list-style-type: none"> • COTS software is pre-built, there will be no FFP available for any development and/or modifications to it that are necessary to support specific program/technical requirements and/or adjudications

Transfer of System	90	<ul style="list-style-type: none"> Reconfigurations and/or modifications necessary to meet state specific requirements, including testing, data conversion, system stabilization
	0	<ul style="list-style-type: none"> Transfer of an existing system(s)/application(s) from another state, where such system(s)/application(s) are a public domain and owned by the state
Proprietary Software	90	<ul style="list-style-type: none"> If fully purchased and owned by the State (acquired in whole or in part with FFP, is subject to the applicable federal regulations governing software ownership and federal rights-in-license)
	75	<ul style="list-style-type: none"> Initial and/or on-going leasing or licensing
	0	<ul style="list-style-type: none"> there will be no FFP available for any development and/or modifications to it
MITA	90	<ul style="list-style-type: none"> In-house and/or contractor to perform a Medicaid enterprise MITA State Self-Assessment (SS-A)
IV&V	90	<ul style="list-style-type: none"> Independent Verification and Validation services contract
Medicaid Decision Support System (DSS)/ Data Warehouse (DW)	90	<ul style="list-style-type: none"> Development and/or update of state-owned database and/or software to facilitate conversion of data format System integration/interfaces with E&E system and/or MMIS Initial conversion of data (Medicaid/CHIP data) Hardware (whether purchase/lease or update, costs must be prorated/allocated to DDI 90% vs. operation 75%, see example of prorated formulation below)
	75	<ul style="list-style-type: none"> On-going repetitive cyclic conversion of data (Medicaid/CHIP data) Initial and on-going licensing Maintenance and operations (M&O) only directly to system including qualified staff(s) that set system/data parameters Hardware purchase/leasing or update during operational phase will be matched at 75%
	50	<ul style="list-style-type: none"> End-user/Business Users training
	0	<ul style="list-style-type: none"> If the DSS software is proprietary, i.e., licensed, there will be no FFP available for any development and/or modifications to it

HARDWARE (The costs to purchase or lease the hardware must be prorated between the DDI phase and operational period for the life of the hardware usage, i.e., 5 to 8 years). The table below is an example of prorating a full purchase or lease of 5 servers during the initial DDI phase with a projected usage life of 8 years. The total cost is \$1.6M upfront to purchase the hardware outright or an annual lease agreement of \$200K a year for 8 years, where the APD project calls for 2 years of DDI followed by 6 years of operations.

Phase	Year	FFP Rate	Cost	Federal Share	State Share
DDI	1	90 %	\$200K	\$180K	\$20K
DDI	2	90 %	\$200	\$180	\$20
OPTN	3	75 %	\$200	\$150	\$50
OPTN	4	75 %	\$200	\$150	\$50
OPTN	5	75 %	\$200	\$150	\$50
OPTN	6	75 %	\$200	\$150	\$50
OPTN	7	75 %	\$200	\$150	\$50
OPTN	8	75 %	\$200	\$150	\$50
Total	8	Mix	\$1.6M	\$1.260M	\$340K

Note: HW purchase or lease option during operational phase will all be at the 75% match.

SOFTWARE AND OWNERSHIP RIGHTS

45 CFR Part 95, Subpart F, Section 95.617 - Software and ownership rights

- (a) General. The State or local government must include a clause in all procurement instruments that provides that the State or local government will have all ownership rights in software or modifications thereof and associated documentation designed, developed or installed with Federal financial participation under this subpart.
- (b) Federal license. The Department reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and to authorize others to use for Federal Government purposes, such software, modifications, and documentation.
- (c) Proprietary software. Proprietary operating/vendor software packages which are provided at established catalog or market prices and sold or leased to the general public shall not be subject to the ownership provisions in paragraphs (a) and (b) of this section. FFP is not available for proprietary applications software developed specifically for the public assistance programs covered under this subpart.

How do we interpret this rule?

- 1) The State and CMS own the MMIS software (programming code) or any modifications to it and (all) associated documentation designed, developed or installed with Federal financial participation (FFP). This is true for any level of FFP (50% or 90%)
- 2) CMS can use the software/code and/or freely distribute to other states or entities as it wishes. Standard software ownership protocols require that States store and maintain the code. The concept is that we pay once for a basic MMIS design and then only for costs associated with modifying it.
- 3) Proprietary vendor MMIS software is not included in this provision. No level of FFP is available for development of proprietary software. However, SMM 11276.3(B) (added on September 10, 1998) allows for 75 percent FFP for the cost of the software licenses to use such proprietary software.

Software and Ownership Rights and the MITA Framework – General Principles

- 1) CMS “owns” the MITA Governance-approved MITA Abstract WSDL that resides in MITA repository
- 2) States and vendors are asked to use the MITA WSDL in their product/application development and implementations
- 3) If the State pays for DDI of an application using the MITA WSDL, and CMS has approved that DDI, the application is eligible for 90% and is public domain. This is for a first time DDI of the business process.
- 4) A vendor can develop its own version of the application using the MITA WSDL.
 - a. The vendor owns the portion of the application built with its own funding (as part of research and development)
 - b. Vendor cannot copyright the MITA WSDL portion of the application and cannot charge for that portion
 - c. Vendor can charge license fee for State use of the application built by vendor
 - d. CMS pays 75% of license fee; State cannot own the vendor’s application; but State could require that it be a perpetual and transferable license
 - e. State can replace vendor’s product in the future. New product must use WSDL. New license fee will be charged
 - f. Assumption is that license fees will be MUCH lower than DDI. Typically there is one license fee paid at installation, then annual renewal fees are paid at much lower rate, e.g., \$100k for installation; \$10k each year for renewal which covers upgrades and corrections to the application
- 5) Plug and play and replaceable work in both the DDI and the COTS use cases:
 - a. For DDI, assume CMS pays 90% for application development that uses the MITA WSDL. That result then is (virtually) available through MITA repository. State X receives the 90% for the initial development. State Y has the option of requesting installation of State X’s application (minor cost of transfer or minor changes to application code = 90% [??]). So cost to State Y should be a small % of cost to State X. If a State wants to make a lot of changes to the open source application, there will be a DDI charge for that (if approved by CMS); however, this could be considered “maintenance” at 75%. The improved application is then made available to the Repository where State Z can pick it up at a much lower cost
 - b. For COTS, assume CMS pays 75% for license fee for State X, Y, Z. Different products will have different license fees driven by market competition, functionality of the product, competitive pricing, etc. The license fee should be a FRACTION of the original DDI cost. Vendors are expected to continuously improve their products, but must continue to use MITA WSDL.

Appendix B
HSE Program Codes for DII Cost Reporting

There are various program codes to be used for direct reporting of time. Use of the program code is for reporting time (via direct time reports/time studies) and also for expense accounts for mileage.

Program Code #	Type	Project	APD Title	Funding	FFP	What Should Be Coded Here?	CAP Description
41607	Staff	VIEWS – DDI (development) (Match from GF and Capital Budget – DII)	Vermont Health Enterprise - IAPD	CMS - E&E OCCIO Exchange	97% Federal 3% State	Health Care Programs only - Direct staff work that is related to the Eligibility and Enrollment system (VIEWS) Design, Development and/or Implementation efforts as well as Independent Verification and Validation (IV&V) and DII project Management <ul style="list-style-type: none"> • Eligibility and Enrollment • Health Insurance Exchange - HIX 	Staff work related to Health Enterprise Eligibility and Enrollment DDI and IV&V
41609	Contract	VIEWS-enhanced – DDI (development) Funding for Contractor Cost Only (Match from GF and Capital Budget – DII)	Vermont Health Enterprise - IAPD	CMS - E&E OCCIO Exchange	97% Federal 3% State	Health Care Programs only - Contract work that is related to the Eligibility and Enrollment system (VIEWS) Design, Development and/or Implementation efforts, Including Independent Verification and Validation IV&V <ul style="list-style-type: none"> • Eligibility and Enrollment • Health Insurance Exchange - HIX 	Contractual Expenses related to Health Enterprise Eligibility and Enrollment DDI and IV&V
41612	Contract	Provider Directory - Contractual (Match GF and Capital Budget DII)	Vermont Health Enterprise - IAPD	CMS - MES CMS - E&E CMS - HIT OCCIO - Exchange	97% Federal 3% State	Contractual work on Design, Development, and Implementation of the Provider Directory Component of the Health Enterprise.	Contractual Expenses related to Health Enterprise Provider Directory
41613	Contract	MMIS – TA – Contractual (Match GF and Capital Budget DII)	Vermont Health Enterprise - IAPD	CMS - MES	90% Title XIX 10% State	Contractor expenses - Consulting Services to assist Design, Development, and Implementation of MES system. Includes IV&V	Contractual Expenses related to Health Enterprise MES DDI and IV&V
41618	Staff	SOA Infrastructure	Vermont Health	CMS - MES	97% Federal	Direct Development and Implementation work	Staff Expenses

		Components (BUS, Workflow, Rules) – Staff Costs (Match from GF and Capital Budget – DII)	Enterprise - IAPD	CMS - E&E OCCIO - Exchange	3% State	associated with/related to all shared components of the Health Enterprise Project (EXCLUDING Provider Directory)- MDM/ID Mngmt/Workflow/ Rules Engine, EMPI, Portal, Imaging, Data Warehouse, and Call Center. - Includes portion of DII costs for state staff.	related to Health Enterprise shared component design and development
41632	Contract	SOA Infrastructure Components (BUS, Workflow, Rules) – Contractual Costs (Match GF and from Capital – DII)	Vermont Health Enterprise - IAPD	CMS - MES CMS - E&E OCCIO - Exchange	97% Federal 3% State	Contractor expenses - related to all shared components of the Health Enterprise Project (EXCLUDING Provider Directory) - LanDesk, MDM/ID Mngmt/Workflow/ Rules Engine, EMPI, Portal, Imaging, Data Warehouse, and Call Center. Includes portion of DII costs for contracted work.	Contractual Expenses related to Health Enterprise shared component design and development
	Contract	Provider Directory - DII charges for Project MGMT (Match GF and Capital Budget DII)	Vermont Health Enterprise - IAPD	CMS - MES CMS - E&E CMS - HIT OCCIO - Exchange	97% Federal 3% State	DII charges for Project Management during Design, Development, and Implementation of the Provider Directory Component of the Health Enterprise.	DII staff expenses related to Health Enterprise Provider Directory
41642	Staff	MES - Design, Development, and Implementation and IV&V (Match GF and Capital Budget DII)	Vermont Health Enterprise - IAPD	CMS - MES	90% Title XIX 10% State	Direct staff work that is related to the replacement of the current MMIS, Medicaid claims payment system. Also known as Medicaid Enterprise System (MES) Design, Development, Implementation (DDI) efforts as well as Independent Verification and Validation (IV&V), Including DII Project Management.	Staff work associated with the development of the MES

41696	Contract and Staff	Health Insurance Exchange - Staff and operating costs	Vermont Health Enterprise - IAPD & CCIO Exchange Grant	OCIO	100% Federal	Direct work and contractual costs related SOLELY to the ACA Insurance Exchange Design, Development and Implementation. • State staffing & Contractual Costs	Salary, Operating and contractual costs related to the Level I OCIO Exchange Grant
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Program Codes as of 7/1/12	
Business Functions & Funding Sources	
CORE COMPONENTS & SHARED SERVICES	
MDM / ID MGMNT / ESB / WORKFLOW / RULES ENGINE	
41632	Oracle - 2/16/11 (41632)
41632	Accenture - 2/16/11 (41632)
41632	DII Cloud Development - Health Care Share
41632	License Managing S/W
41618	State Staff - SOA (41618)
Enterprise Master Persons Index (EMPI)	
41632	DDI
41632	Change Management (30% of DDI)
41632	QA (Code review - 10% of DDI)
41632	IV&V (5% of development)
41618	DII - Project Management (3% of DDI)
PORTAL	
41632	DDI
41632	Change Management (30% of DDI)
41632	QA (Code review - 10% of DDI)
41632	IV&V (5% of development)
41618	DII - Project Management (3% of DDI)
PROVIDER DIRECTORY	
41612	DDI
41612	Change Management (30% of DDI)
41612	QA (Code review - 10% of DDI)
41612	IV&V (5% of development)
41634	DII - Project Management (3% of DDI)

IMAGING / ELECTRONIC RECORDS MANAGEMENT EXPANSION	
41632	DDI
41632	Change Management (30% of DDI)
41632	QA (Code review - 10% of DDI)
41632	IV&V (5% of development)
41618	DII - Project Management (3% of DDI)
DATA WAREHOUSE	
41632	DDI
41632	Change Management (30% of DDI)
41632	QA (Code review - 10% of DDI)
41632	IV&V (5% of development)
41618	DII - Project Management (3% of DDI)
CALL CENTER	
41632	DDI
41632	Change Management (30% of DDI)
41632	QA (Code review - 10% of DDI)
41632	IV&V (5% of development)
41618	DII - Project Management (3% of DDI)
STAFFING & TECHNICAL/BUSINESS ASSISTANT SERVICES	
41632	DII & AHS IT contracts/staff
41618	Staff (If any)
HIX VIEWS (Health Insurance Exchange/Vermont Integrated Eligibility Workflow System)	
HEALTH INSURANCE EXCHANGE	
41696	State Staff (41696 - Development)
41696	Wakely - Planning, Design, Development - HIX (41696)
41696	GMMB - Stakeholder Engagement, Navigator, O&E
41696	Bailit - Payment Reform
41696	Pacific Health - Program Integration, Admin simplification
41696	UMASS - Quality Rating System, Wellness Program
41696	Other Contractual Projects
41696	IT Projects (Defined Above in shared components)
41696	DDI - IT for Insurance Exchange Projects Only
41696	Change Management (30% of DDI)
41696	QA (Code review - 10% of DDI)
41696	IV&V (5% of development)
41696	DII - Project Management (3% of DDI)

Health Care Eligibility and Enrollment (E&E - Formerly VIEWS)	
41609	DDI
41609	Change Management (30% of DDI)
41609	QA (Code review - 10% of DDI)
41609	IV&V (5% of development)
41607	DII - Project Management (3% of DDI)
41607	State Staff - VIEWS & Exchange (41607)
MEDICAID ENTERPRISE SOLUTION	
41642	State Staff - MMIS (41499)
41613	DDI
41613	Change Management (30% of DDI)
41613	QA (Code review - 10% of DDI)
41613	IV&V (5% of development)
41642	DII - Project Management (3% of DDI)
SMHP-RELATED PROJECTS AND FUNDING	
EHRIP Program (Previously approved for CMS-HIT funding as SMHP IAPD-1)	
41693	State Staffing and Additional Consulting
41693	State Staff - SMHP - EHRIP (41693)
41637	HP Contract (41633) (MAPIR, Helpdesk)
	Public Health Initiatives related to Meaningful Use (Electronic Lab Reporting; Immunization Registry)
41693/41694	State Staffing and Consulting -Public Health
Not funded	Telehealth Planning (Supports Meaningful Use) (\$426,619)
Not funded	HIT Contribution to e-RX Transaction Supplements (\$460,000)
41617/41470/41694	Total estimated costs of HIE (VITL) 4/1/12-7/31/14

SAMPLE TIMESHEET															
XXXXX PAYC XXX Last, First MI OT: 18 GU XXXXX POS: 7XXXX WRKSCH: 121				STATE OF VERMONT TIME REPORT FORM										REV. AUG 26, 2003 PAGE NO: <u>1</u>	
												Period: <u>MM/DD/YY - MM/DD/YY</u>			
												FROM TO FROM TO			
Department of XXXXXXXXX												GRAND TOTAL >	39		
POS NO.		DEPARTMENT													
WK. SCH.		DEPARTMENT													
Dates >	7/1	7/2	7/3	7/4	7/5	7/6	7/7	7/8	7/9	7/10	7/11	7/12	7/13	7/14	LINE
CODES V	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTALS
01															0
	FUND	DEPT ID	PROG	CLASS	PROJECT/GRANT	COMMENTS								DO NOT USE	
01		3	4	2	1	4			1	1			1		17
	FUND	DEPT ID	PROG	CLASS	PROJECT/GRANT	COMMENTS								DO NOT USE	
			41607			VIEWS - E&E									
01		2		1	1				3			3	4		14
	FUND	DEPT ID	PROG	CLASS	PROJECT/GRANT	COMMENTS								DO NOT USE	
			41640			ICD -10									
02											8				8
	FUND	DEPT ID	PROG	CLASS	PROJECT/GRANT	COMMENTS								DO NOT USE	
						Sick Leave									
															0
	FUND	DEPT ID	PROG	CLASS	PROJECT/GRANT	COMMENTS								DO NOT USE	
															0
	FUND	DEPT ID	PROG	CLASS	PROJECT/GRANT	COMMENTS								DO NOT USE	
															0
	FUND	DEPT ID	PROG	CLASS	PROJECT/GRANT	COMMENTS								DO NOT USE	
															0

We the undersigned do hereby certify under the pains & penalties of perjury that the above informa accurately to the best of our knowledge and that all request for services and expenses were incurred while performing work for th Vermont. The time reported herein is complete for this payperiod and in accordance with state policy.

EMPLOYEE SIGNATURE _____ DATE _____ SUPERVISOR'S APPROVAL _____

INSTRUCTIONS: REPORT TIME IN HOURS & HUNDREDS OF AN HOUR. (IE. 7 HOURS AND 15 MINUTES = 7.25) ON EACH DAY.
 WHOLE HOURS MAY BE REPORTED WITHOUT DECIMALS. (IE 8 HOURS = 8)

SEE EMPLOYEE GUIDE FOR INSTRUCTIONS AND LISTING OF CODES ATTACHED BELOW.

SAMPLE EXPENSE REPORT

Employee #:*	XXXXX	Paygroup:*	XXX	STATE OF VERMONT				Rev. 09/01/2005 Form No A
Name:*	Your name here!			REIMBURSEMENT OF TRAVEL EXPENSE				Page 1 of 1
Residence:*	Your town here			FORM				
Work Stat:*	Your work station here		Pos #>*	XXXXXX	Department of XXXXXXXX			

↑ NAME OF DEPARTMENT ↑										GRAND TOTAL						
YEAR*	2012															
Line # :	1	2	3	4	5	6	7	8	9	0.00	CHART OF ACCOUNT CODES					
Paper Users write "mm/dd" - Excel Users enter "mm/dd/yyyy"																
DATE*	7/3	7/9									LINE TOTALS	FUND	DEPTID	PROG	CLASS	PROJECT/GRANT
CODES	ENTER NUMBER OF MILES ONLY IN THIS SECTION.									MILES						
MM	64									64			41607			
MM		64								64			41640			
CODES	ENTER AMOUNT OF REIMBURSEMENT REQUESTED									AMOUNT						
										0.00						
										0.00						
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										0.00						
										0.00						

column #	#	List Towns or Cities to which you traveled (* if meals taken)	Explain Business Purpose or Reason for Travel Expense	TIME	
				Departed	Returned
	1	Montpelier-Williston - Montpelier	Design meetings regarding Eligibility and Enrollment System	12:00 PM	5:00 PM
	2	Montpelier-Williston - Montpelier	ICD-10 coding integration meeting	7:00 AM	12:00 PM
	3				
	4				
	5				
	6				
	7				
	8				
	9				

WE THE UNDERSIGNED CERTIFY UNDER THE PENALTIES OF PERJURY THAT THE INFORMATION GIVEN ON THIS FORM REPRESENTS THE ACTUAL EXPENSES TO WHICH THIS EMPLOYEE IS LEGALLY ENTITLED.

Employee Signature:		Date:		Supervisor Signature:		Date:	
Employee Signature:		Date:		Supervisor Signature:		Date:	
LODGING	MEALS: "BREAKFAST"	MEALS "LUNCH"		MEALS "DINNER"	OTHER CODES	OTHER TRANSPORTATION	
RT = OUT-OF-STATE	BT = OUT-OF-STATE TAXED	LT = OUT-OF-STATE TAXED		ST = OUT-OF-STATE TAXED	MM = MILEAGE IN-STATE	PT = OUT-OF STATE	
RM = IN-STATE	XB = OUT-OF-STATE NOT TAXED	XL = OUT-OF-STATE NOT TAXED		XS = OUT-OF-STATE NOT TAXED	MT = MILEAGE OUT-OF-STATE	PM = IN-STATE	
	BM = IN-STATE TAXED	LM = IN-STATE TAXED		SM = IN-STATE TAXED	CT = INCIDENTALS OUT-OF-STATE		
	BX = IN-STATE NOT TAXED	LX = IN-STATE NOT TAXED		SX = IN-STATE NOT TAXED	CM = INCIDENTALS IN-STATE		