

## **PNMI Program Extraordinary Financial Relief Request Form**

Please complete the following form for **Extraordinary Financial Relief (EFR)** and supply the requested supporting documentation. Incomplete forms and requests for information will delay the EFR process.

In the event expenses are expected to remain at the increased level that has created the need for EFR, please consider completing a rate adjustment form to request adding funds to your current program per diem rate, along with your EFR request. Rate adjustment requests are recommended for continued increases in spending for allowable costs, to have funds added to your per diem rate prior to your next funding application.

The State's process for answering EFR requests is as follows:

1. The Division of Rate Setting (DRS) receives the EFR request and prepares a financial analysis for Department of Children and Families (DCF), Agency of Education (AOE) and/or the Department of Mental Health (DMH) of the requesting program's current financials and utilization, which is sent to DCF, AOE and/or DMH.
2. DRS will schedule an internal meeting with the Placement Authorizing Departments (PADs) within two weeks from the date of receipt of a EFR request with all necessary supporting documentation to review and answer any financial or projections questions for the PADs to initiate decision-making.
3. The PADs review the request and supporting information and make a recommendation on whether to grant EFR to the Commissioner.  
*Requests pre-communicated and/or pre-approved are not a guarantee of financial support or EFR approval.*
4. The EFR request is approved or denied by the Commissioner and is sent to DRS by the PADs for program notification.

It's important to note that EFR will be calculated on a program's current licensed bed count at the time of the EFR request and will not be based on any anticipated changes in beds to increase or lower a program's licensed bed count.

DRS is available and ready to help with any questions. Please contact DRS at **802-241-0976** or by email at [AHS.COPNMIDRS@vermont.gov](mailto:AHS.COPNMIDRS@vermont.gov) for assistance.



Agency of Human Services  
 Division of Rate Setting  
 280 State Drive, NOB 1 South  
 Waterbury, VT 05671-1010

## Request for Extraordinary Financial Relief

**IMPORTANT: This request must be filed with at the Division of Rate Setting and be in accordance with V.P.N.M.I.R. §9**

Provider's Name: _____  Amount Requested: _____	Pursuant to V.P.N.M.I.R. §9, I hereby request Extraordinary Financial Relief.	
<b>Describe Nature/Reason for request of Extraordinary Financial Relief</b>		
You may use additional sheets, if necessary. Are additional sheets attached? <input type="checkbox"/> No. <input type="checkbox"/> Yes.    If yes, how many? _____		
<b>Required additional information/documents</b>		
<input type="checkbox"/> Calculation of the requested amount, if applicable. This calculation needs to agree to the amount requested above.	<input type="checkbox"/> Most Recent Balance Sheet	<input type="checkbox"/> Most Recent Income Statement
Does the request involve increase in staffing costs? <input type="checkbox"/> No. <input type="checkbox"/> Yes.	If yes, please provide the payroll <u>summary</u> report for the most recent two-week payroll period and a report for the corresponding payroll period for the year described in your request above.	
Does the request involve a program's loss? <input type="checkbox"/> No. <input type="checkbox"/> Yes.	If yes, were there vacancies or shortened operating hours? <input type="checkbox"/> No. <input type="checkbox"/> Yes.	If yes, please explain below how these resulting savings were considered in the projected loss.
You may use additional sheets, if necessary. Are additional sheets attached? <input type="checkbox"/> No. <input type="checkbox"/> Yes.    If yes, how many? _____		
Does the request involve reduced census due to an inability to be fully staffed? <input type="checkbox"/> No. <input type="checkbox"/> Yes.	If yes, please share below any plans you have in place to address staffing concerns.	

<p>You may use additional sheets, if necessary. Are additional sheets attached? <input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, how many? <u>    </u></p>
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<p><b>If applicable, please share any steps you are taking to improve the occupancy rate.</b></p>

<p>You may use additional sheets, if necessary. Are additional sheets attached? <input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, how many? <u>    </u></p>
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<p>I am the representative of the above referenced provider for this matter, pursuant to Extraordinary Financial Relief, dated _____ and filed with the Division. I understand that all correspondence on this matter will be sent to me.</p> <p>Signature: _____</p> <p>Date: _____</p>	
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Pursuant to V.P.N.M.I.R. §9, the Division of Rate Setting will review the provider's request Extraordinary Financial Relief to determine eligibility and if needed contact the listed representative for additional information.

<p>For Division of Rate Setting use only.</p> <p>Request filed on: (Date stamp)</p>	
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