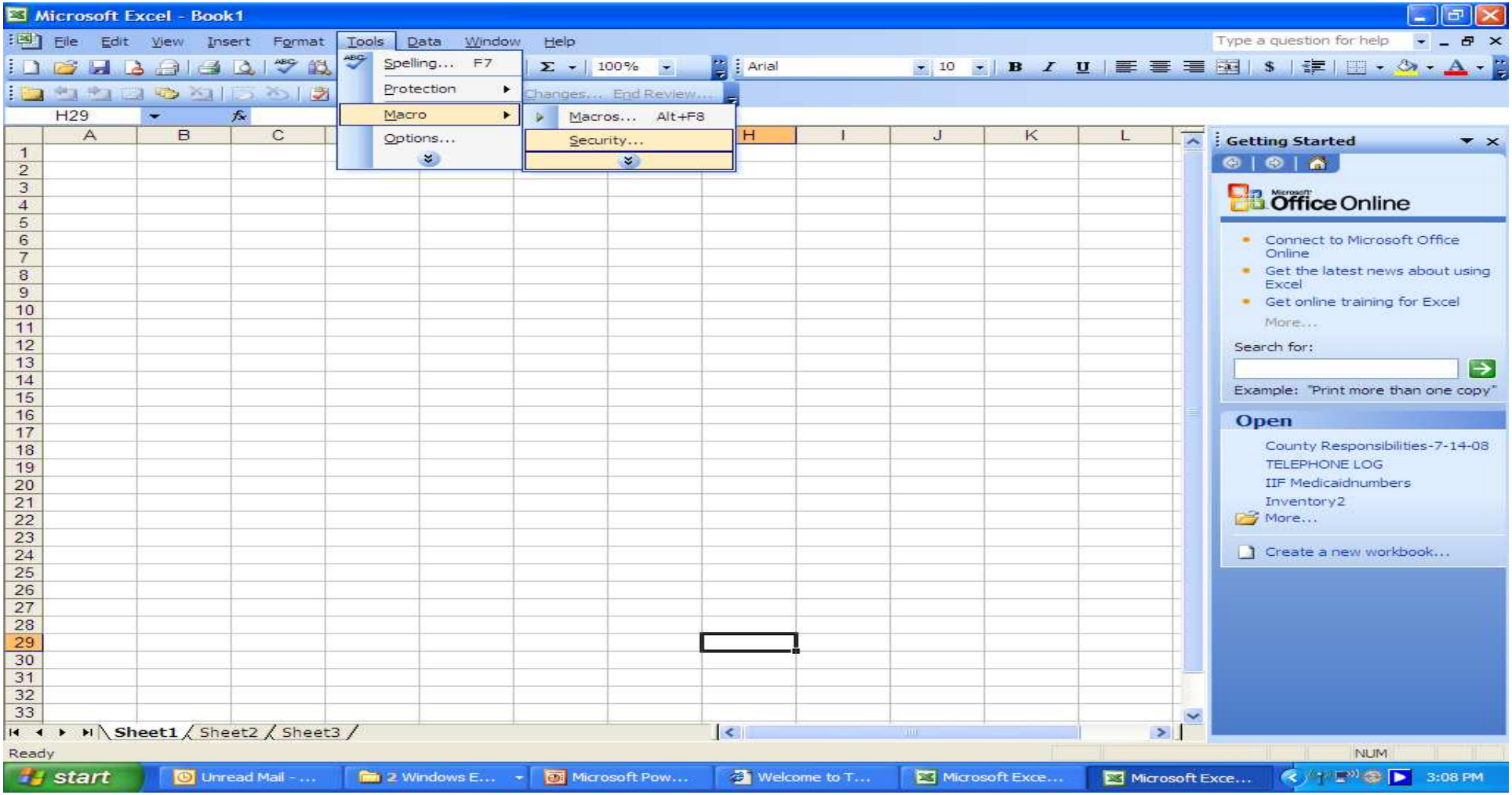
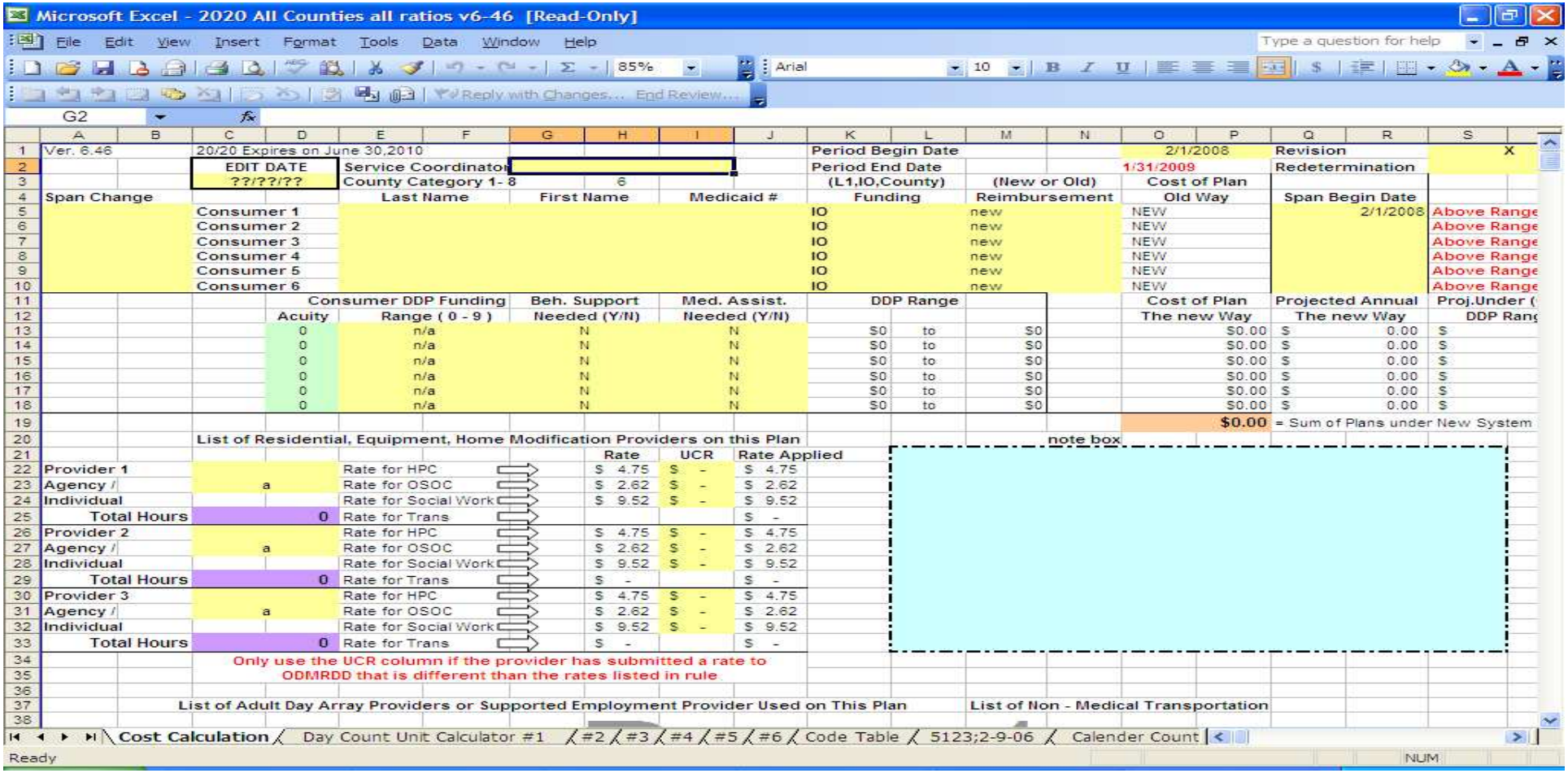
# 2020 Instructional Presentation

# 20/20 Instructions

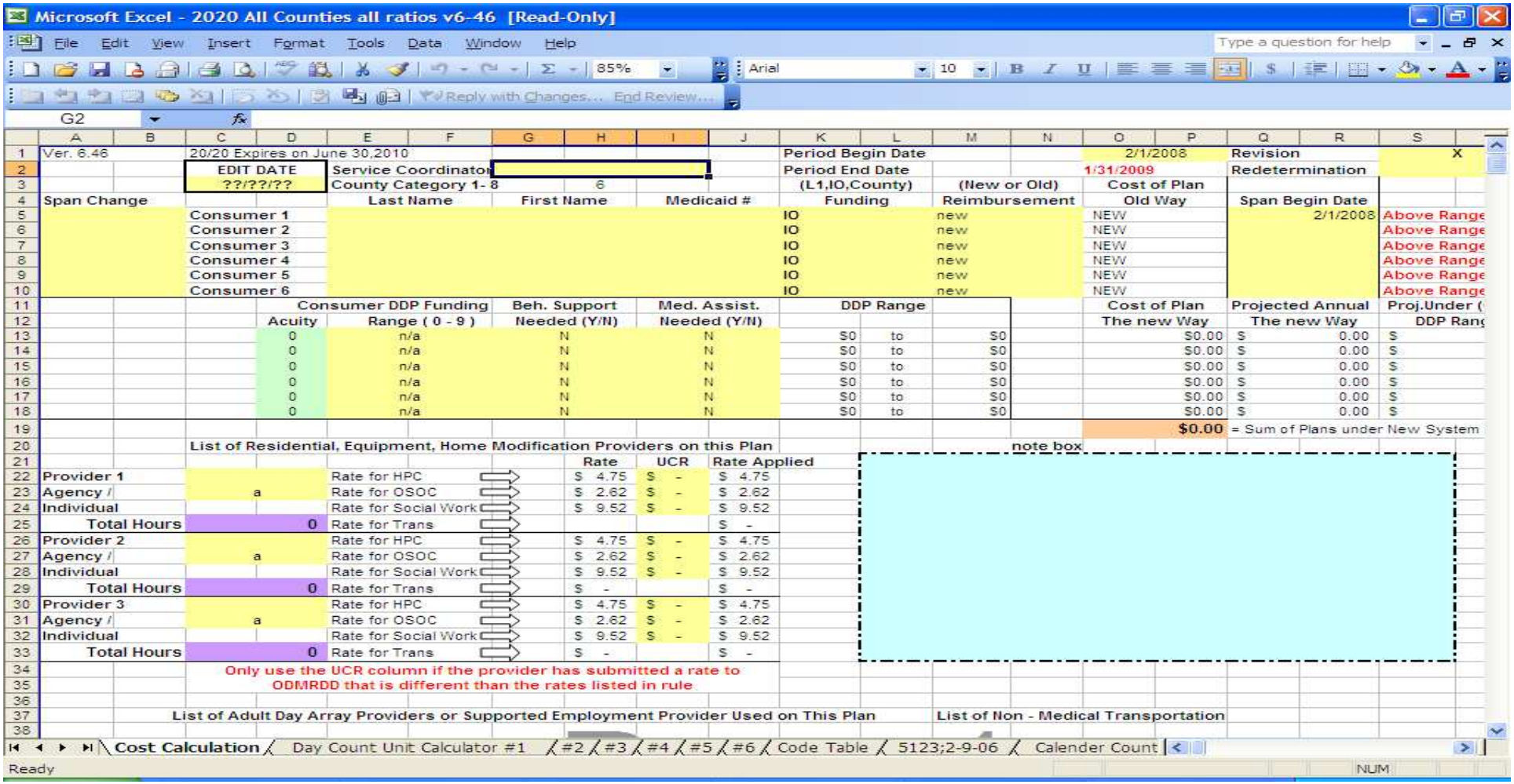
- General Information:
- To open 20/20, enable Macros (go to “Tools>Macros>Security”) use medium security setting



- General Information (cont,):
- Most of the color highlighted fields are cells that are “open” for data entry. Some of the highlighted cells have set ranges with drop-down boxes. Most of the white cells are locked-down and cannot be edited. Exceptions are the “County Category” and “ Calendar Workshop Closure Dates”. They are white but can be and generally should be changed.

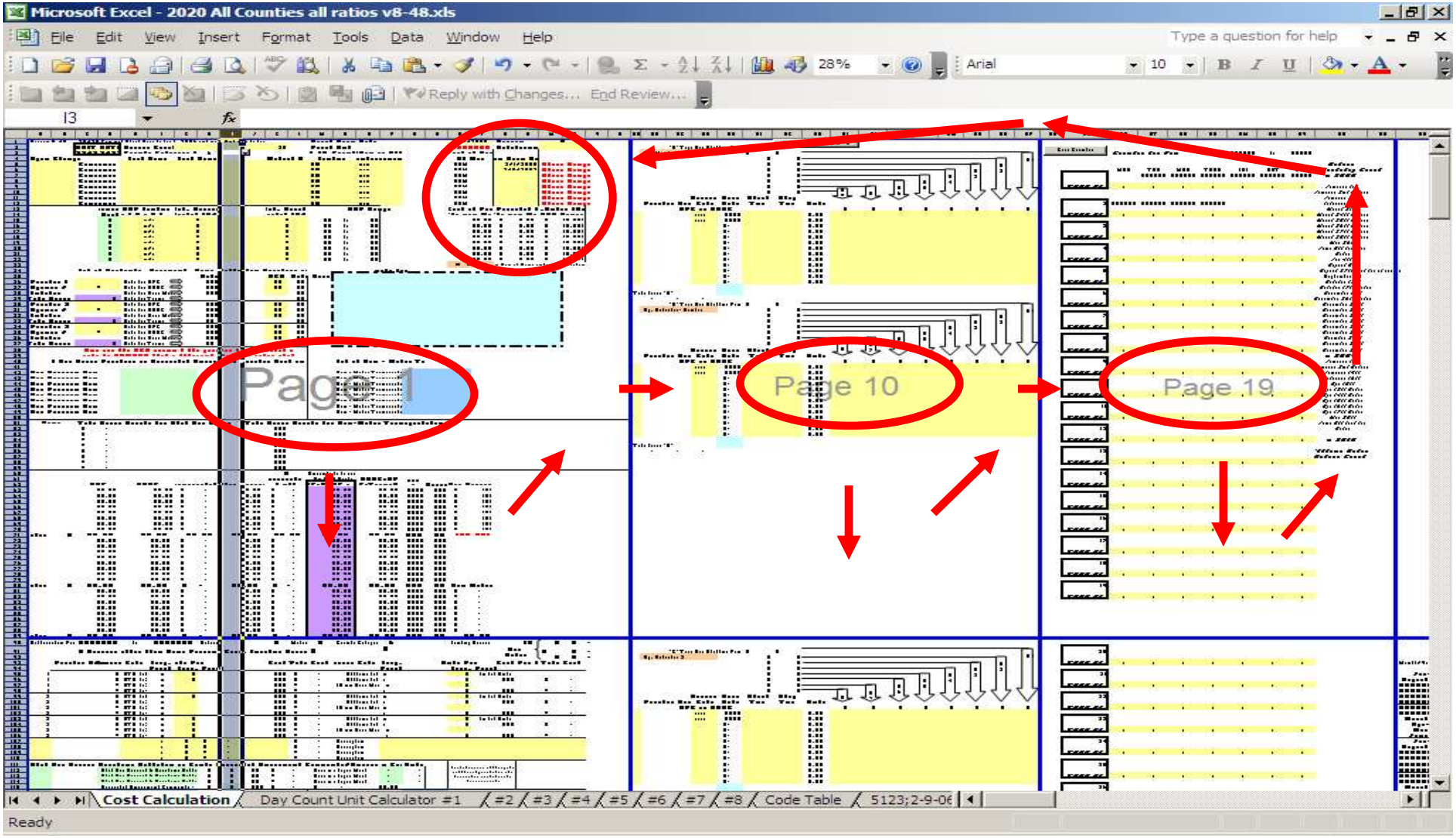


- <u>General Information (cont,):</u>
- Start on page 1 upper left had corner, and input data in the highlighted fields only (outside of the above exceptions), line by line.
- The residential portion of the 20/20 (all services falling within the ODDP range) is for the span listed on the 20/20, as determined by the different periods. This is further explained within the input instructions.



- General Information (cont,):
- The Adult Day Array and Non-Medical Transportation portion is different. It is for the annual span of the person whose ISP is starting on the date of the residential plan. This may/may not be more than one person depending upon ISP (LOC) annual dates.
- Daily Rate Application-the light purple areas are not editable but are color highlighted because these are the figures that are needed for the Daily Rate Applications: Total hours by provider and total cost of OSOC and HPC per individual.
- The aqua box is for general notes.
- Input data for each person residing in the residential setting who receives services.
- The first slide is a reduction of the Excel worksheets to give you a perspective view of areas where you will be entering data.
- The last few slides are displays that you will see when data is incorrectly entered. When you see these, stop and determine what the issue is before proceeding to the next entry.

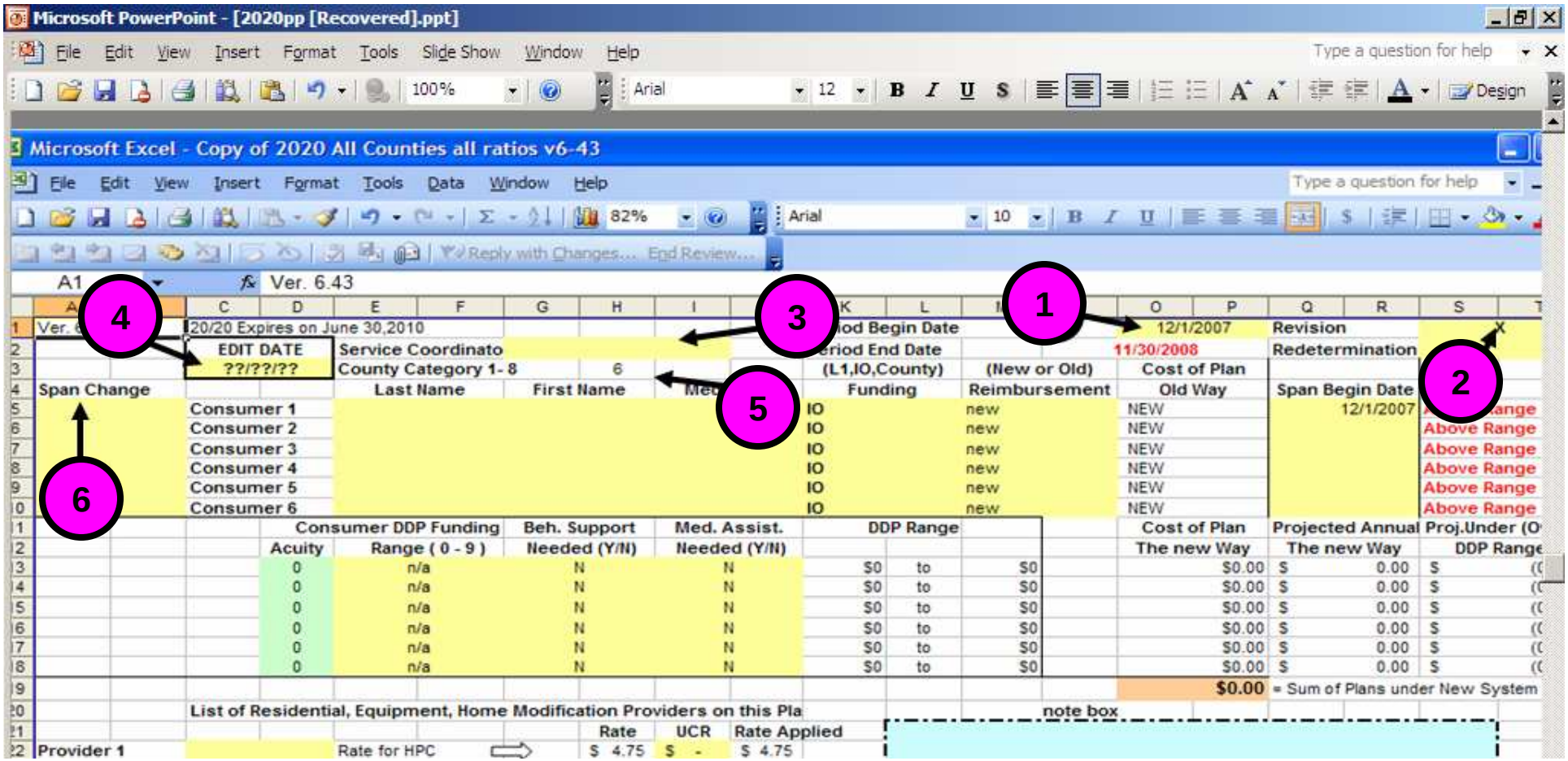
As you can see, the worksheets are really composed of three areas: We will start with Page 1 and scroll down to enter individual's information; then to Page 10 to enter staffing schedules (A-G), and finally to Page 19 to enter the staffing schedules into the calendar for the plan(s). When the calendar is completed, we return to the top of Page 1 to review our results.



# Entering Data

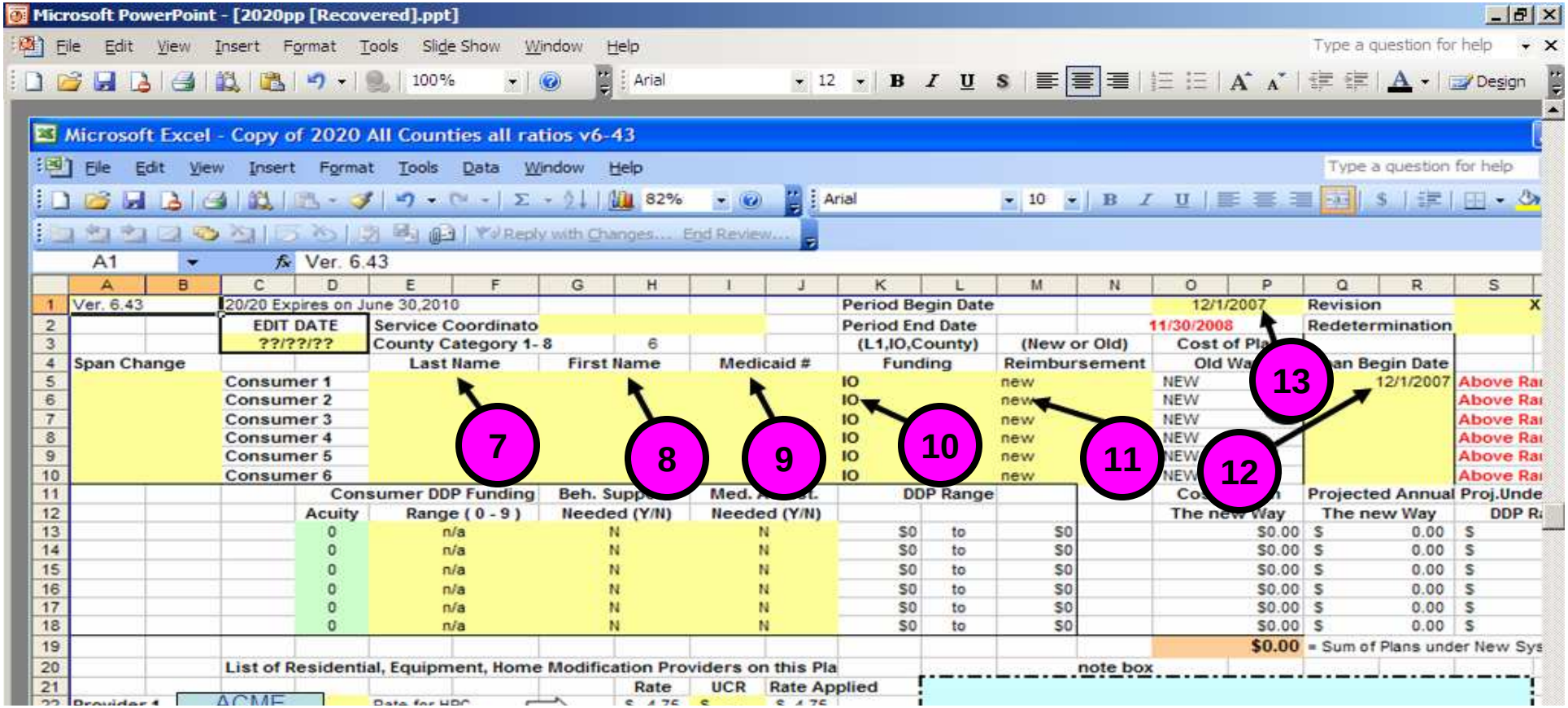
## ***Individual Information- Page 1 Data Input-Light Yellow fields:***

1. Period begin date (skip until span date is entered)
2. Revision/Redetermination-marked with an X
3. SSA Name
4. Edit Date- does not automatically populate (older versions did)
5. County Category- use drop-down box to enter county category – ODDP ranges will change accordingly
6. Span Change-does not affect calculations, an area to note a change



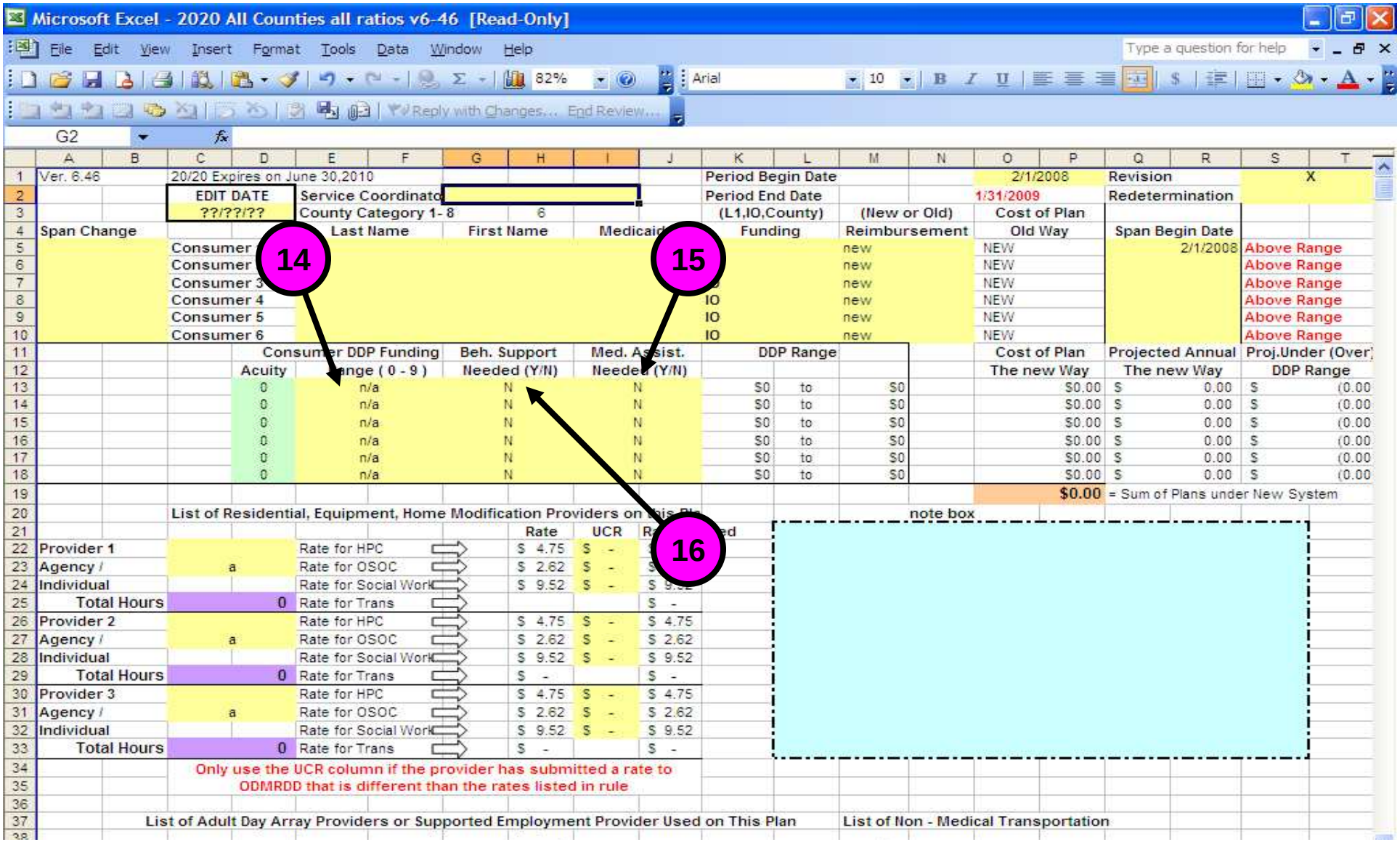
## ***Individual Information- Page 1 Data Input-Light Yellow fields:***

7. Last Name (notice how the name is added below in the first line for ODDP range)
8. First Name
9. Person's Medicaid number (12 digits)
10. Funding Source-Level 1, IO, or County
11. Reimbursement- drop-down old/new (Do not use old)
12. Span begin date-enter span
13. Go back and enter period begin date- based on the varying span dates- it will be the latest of all dates



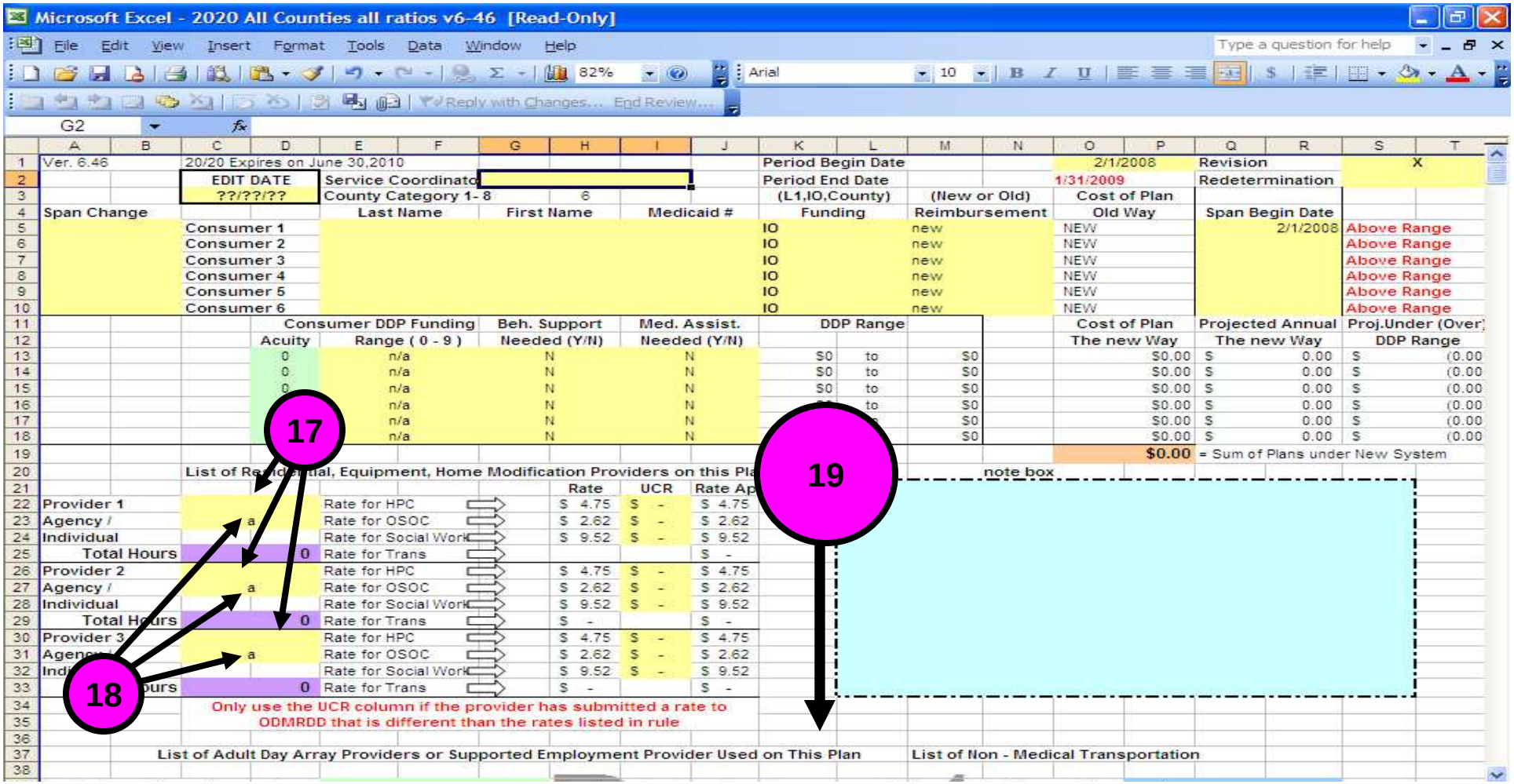
## ***Individual Information- Page 1 Data Input-Light Yellow fields:***

14. ODDP Range-drop-down 0-9.Calculated based upon county category
15. Medical add-on- drop-down Y/N
16. Behavioral add-on- drop-down Y/N



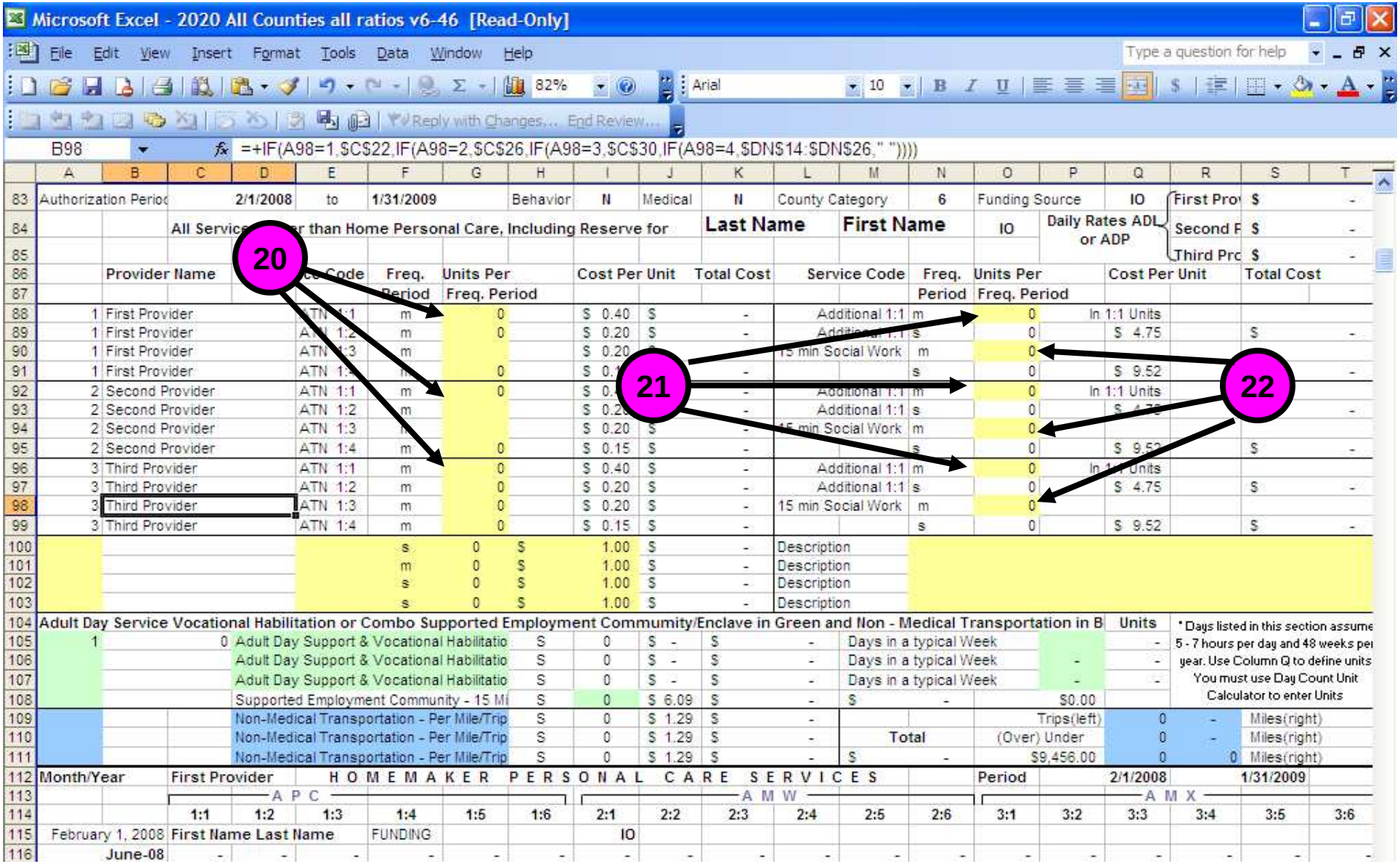
## ***Individual Information- Page 1 Data Input-Light Yellow fields:***

17. Provider- enter #1-3 with name- later entries require the # only, the name will automatically appear
18. Provider- agency or individual status using drop-down for each provider (note rates change)
19. Scroll down past Day Service, NMT providers and HPC/OSOC calculations- Page 1 Data Input



## ***Individual Information- Page 1 Data Input-Light Yellow fields:***

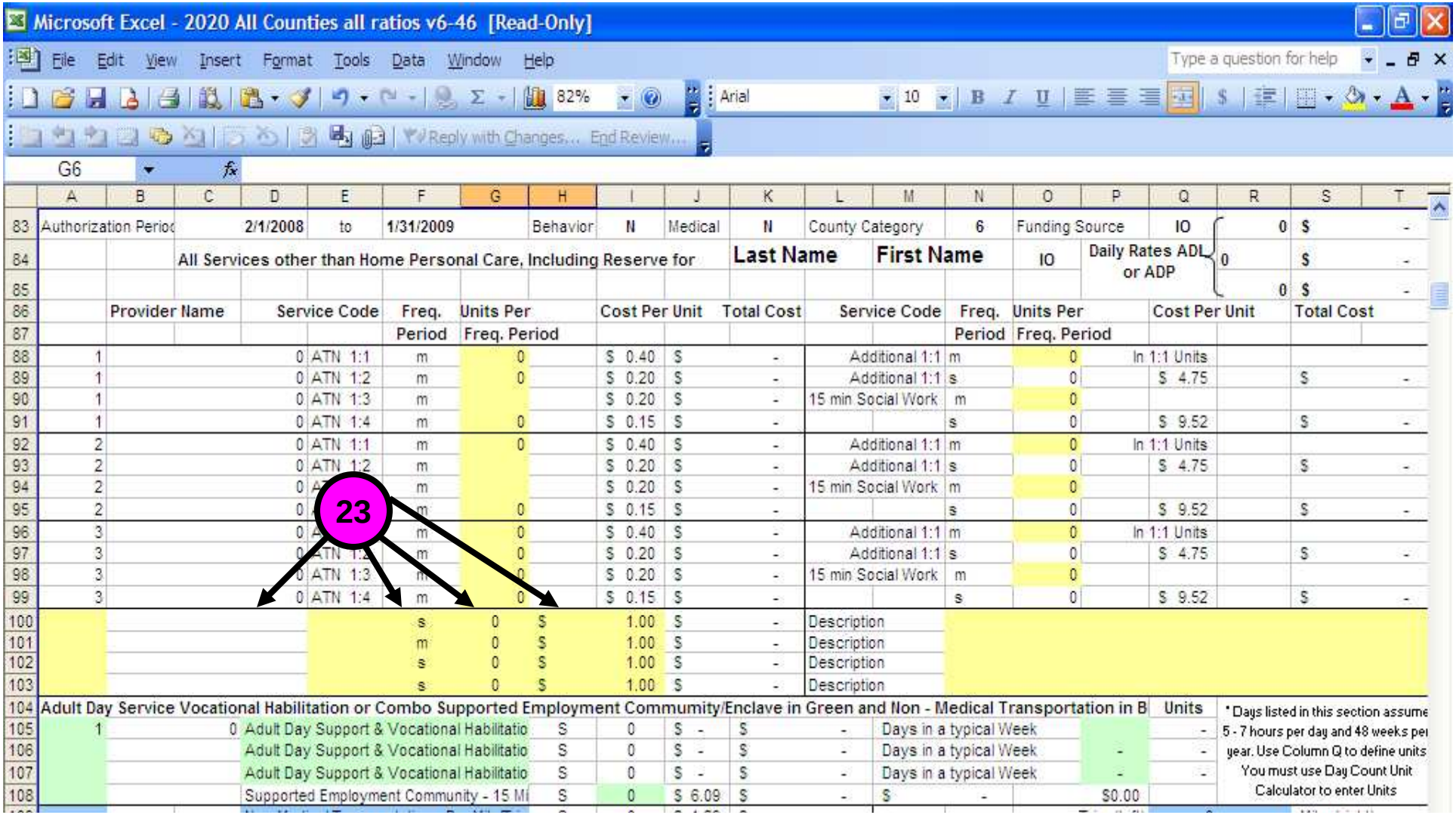
20. ATN/ transportation-enter units per frequency-frequency is a month
21. Provider/info. for “Additional 1:1 HPC” *note: this will affect the DBU*
22. ASW = Social Work



## ***Individual Information- Page 1 Data Input-Light Yellow fields:***

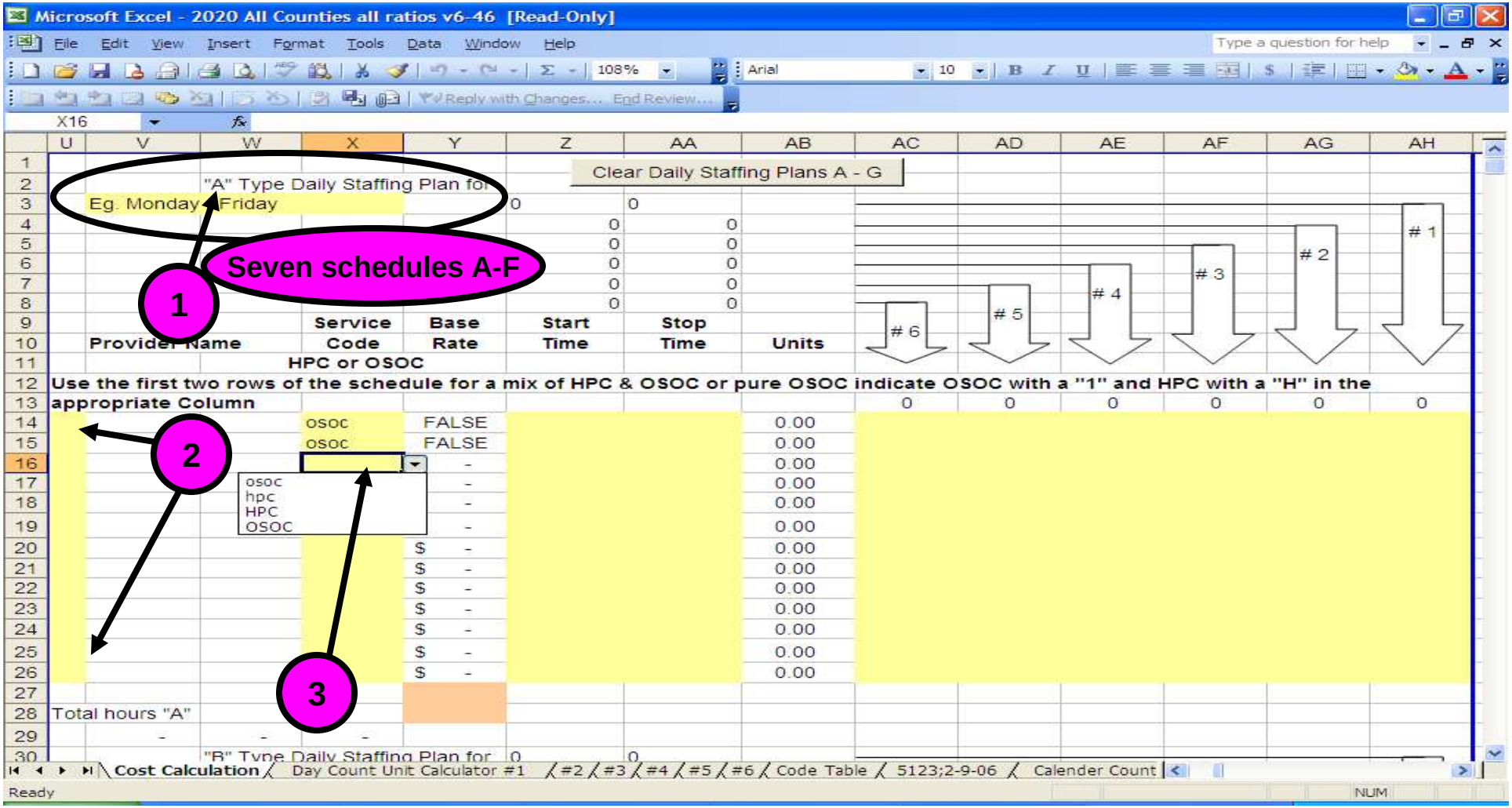
23. Additional blank boxes for other waiver services/costs (the area on the left is for data entry to calculate, the area on the right for description)

24 Before moving to the next work sheet, review all data entries for accuracy. Be sure the steps have been followed for <u>each</u> person who is sharing services in the residential setting Steps 20-24



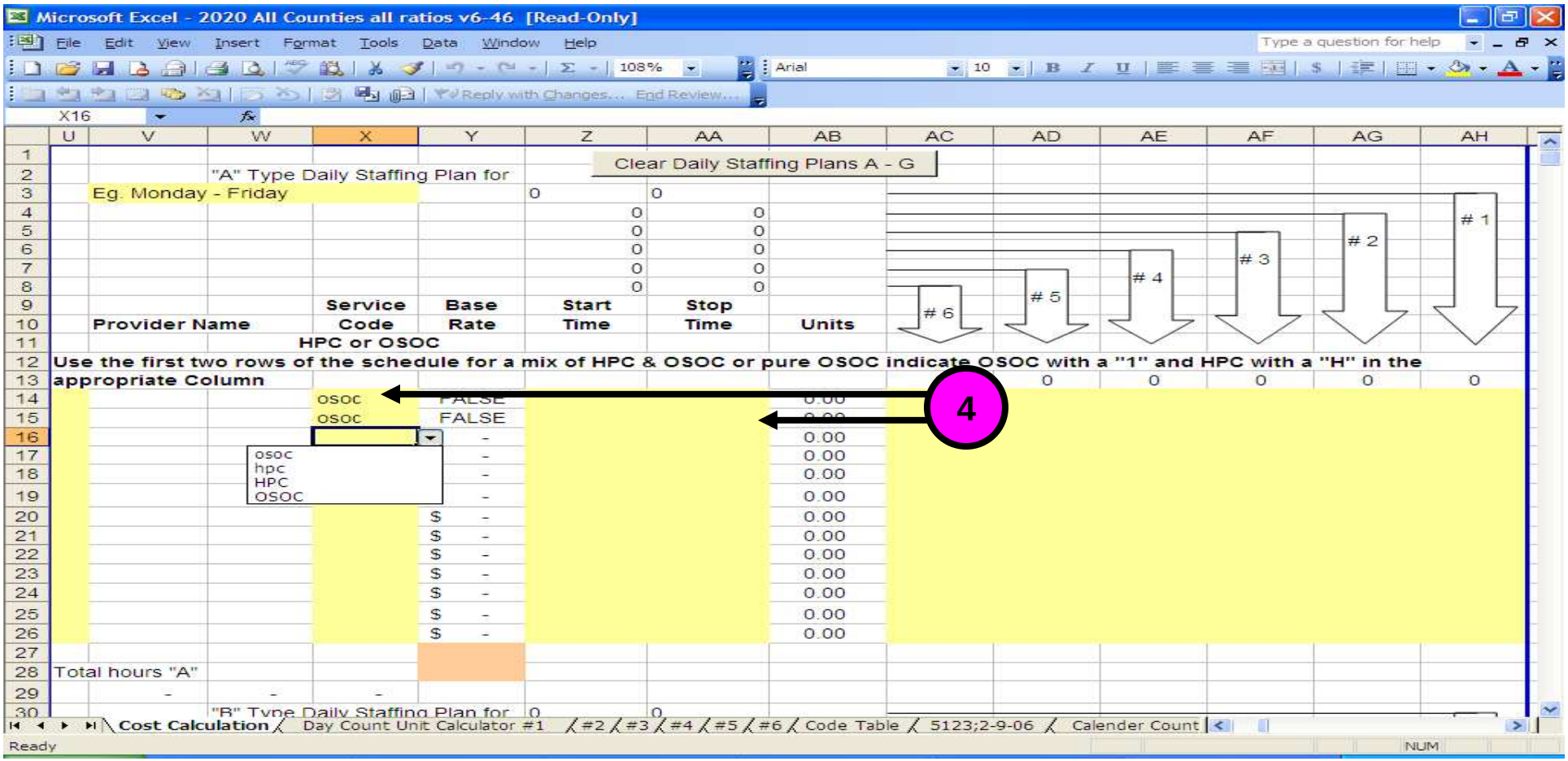
## ***Staffing Patterns- Page 9 data input-Light Yellow fields:***

1. Recall which letter is associated with which pattern (scroll down and view the 7 options) Change the patterns if needed. The patterns can be changed and can start with any day of the week.
2. Enter the provider number (#1, #2) the name will populate automatically
3. Service will be HPC or OSOC-again note the drop-down box (the base rate is calculated automatically)



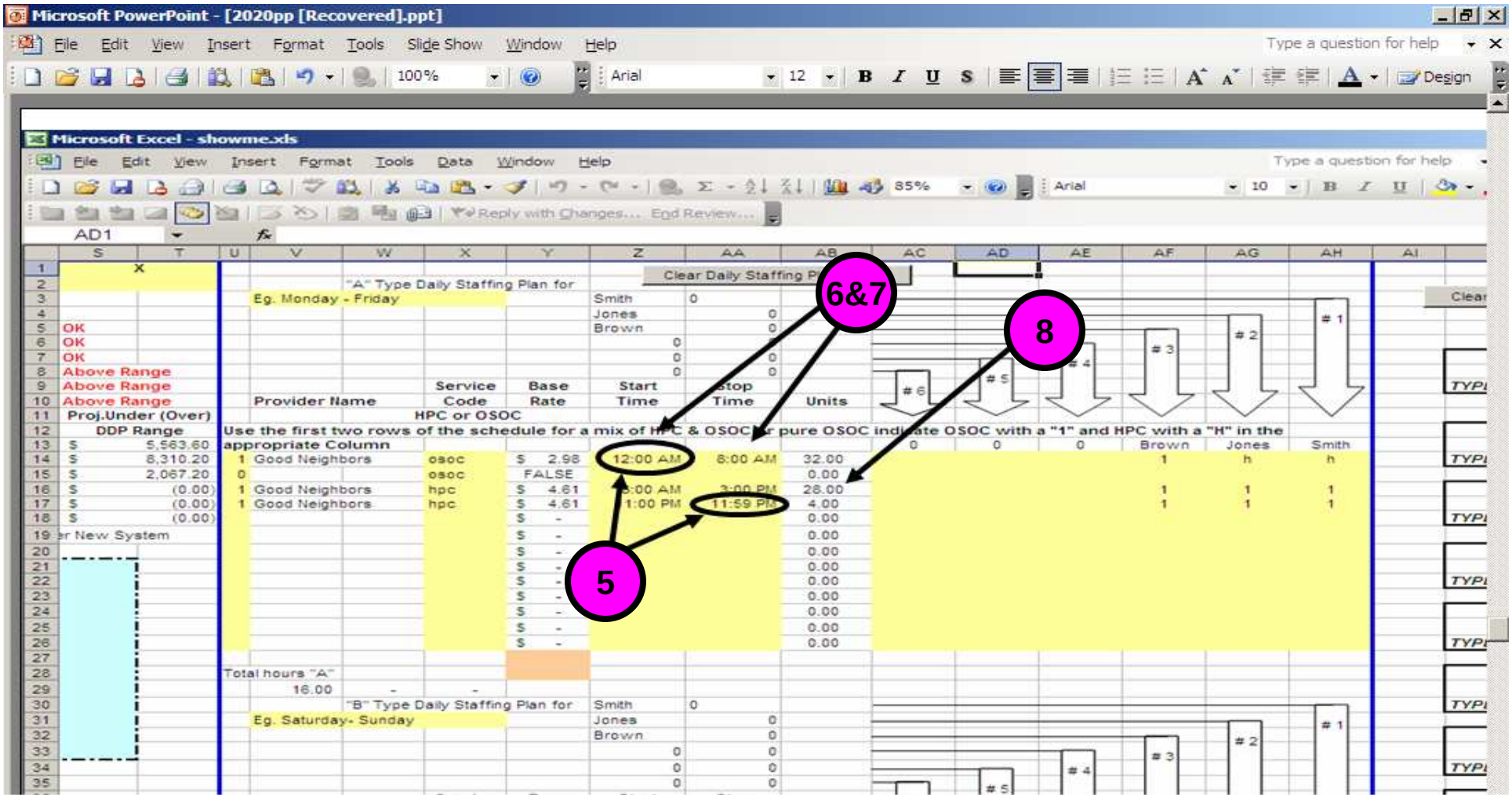
## ***Staffing Patterns- Page 9 data input-Light Yellow fields:***

4. The first two lines of each schedule are dedicated for the use in a congregate setting where there is a mix of needs in the home between OSOC and HPC These two lines require different treatment than other lines of the schedule. *Use a "1" to indicate individuals who receive OSOC and "H" to indicate those who receive HPC The rate add on will apply if the consumer in the mixed line receiving HPC is eligible. If necessary, when using these two lines you may cross the midnight hour*



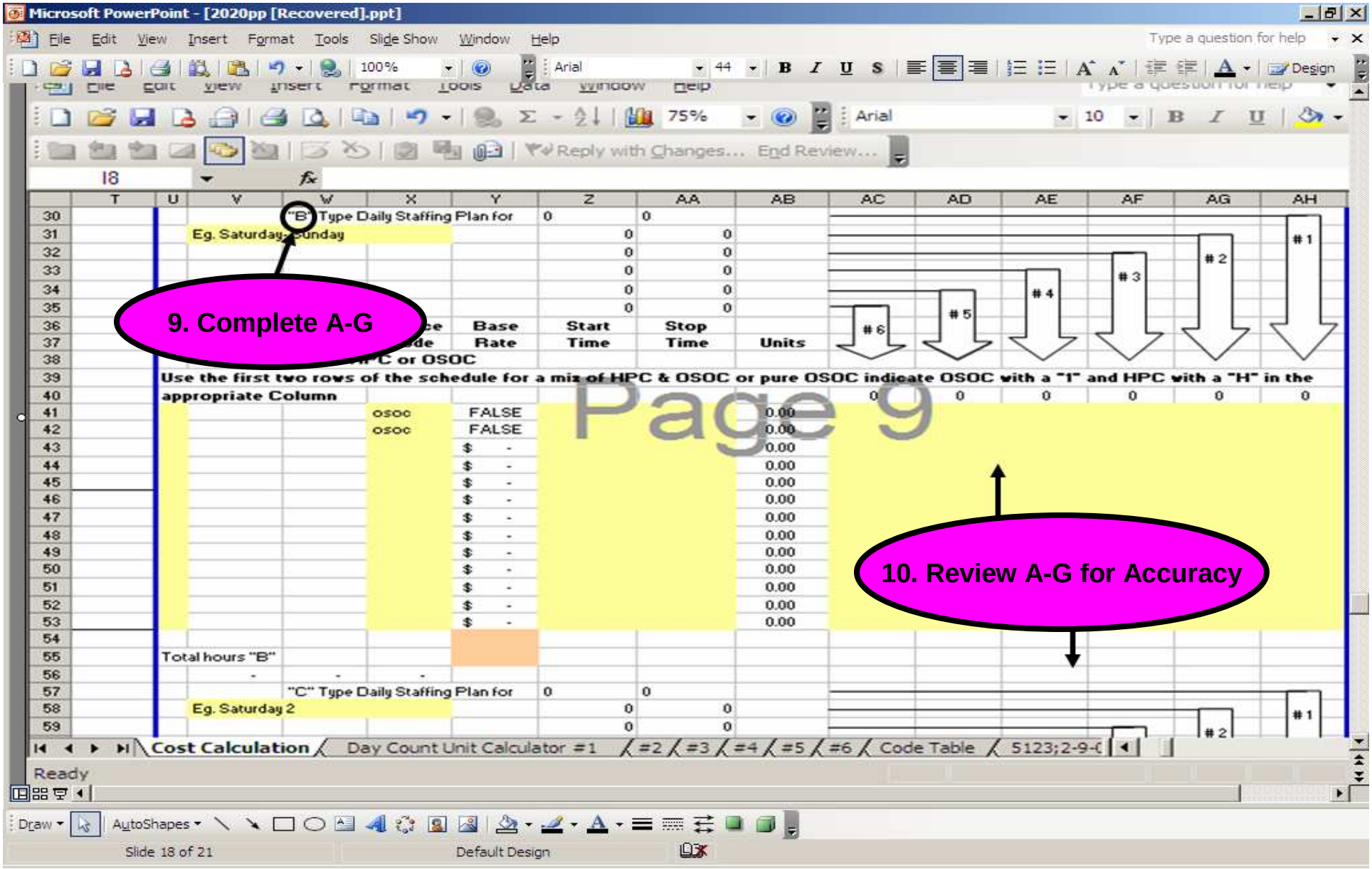
## ***Staffing Patterns- Page 9 data input-Light Yellow fields:***

5. Entry of start and stop times (outside of the exceptions listed in 4.) begins at 12:00 A.M. and ends at 11:59 P.M. for each person in the service cluster
6. Start time- When time is entered you must enter the time, one space, and A or P. (ex. 11 A or 11:00 P)
7. Stop time- same entry format as start time.
8. Notice that the units (15 minutes) are calculated



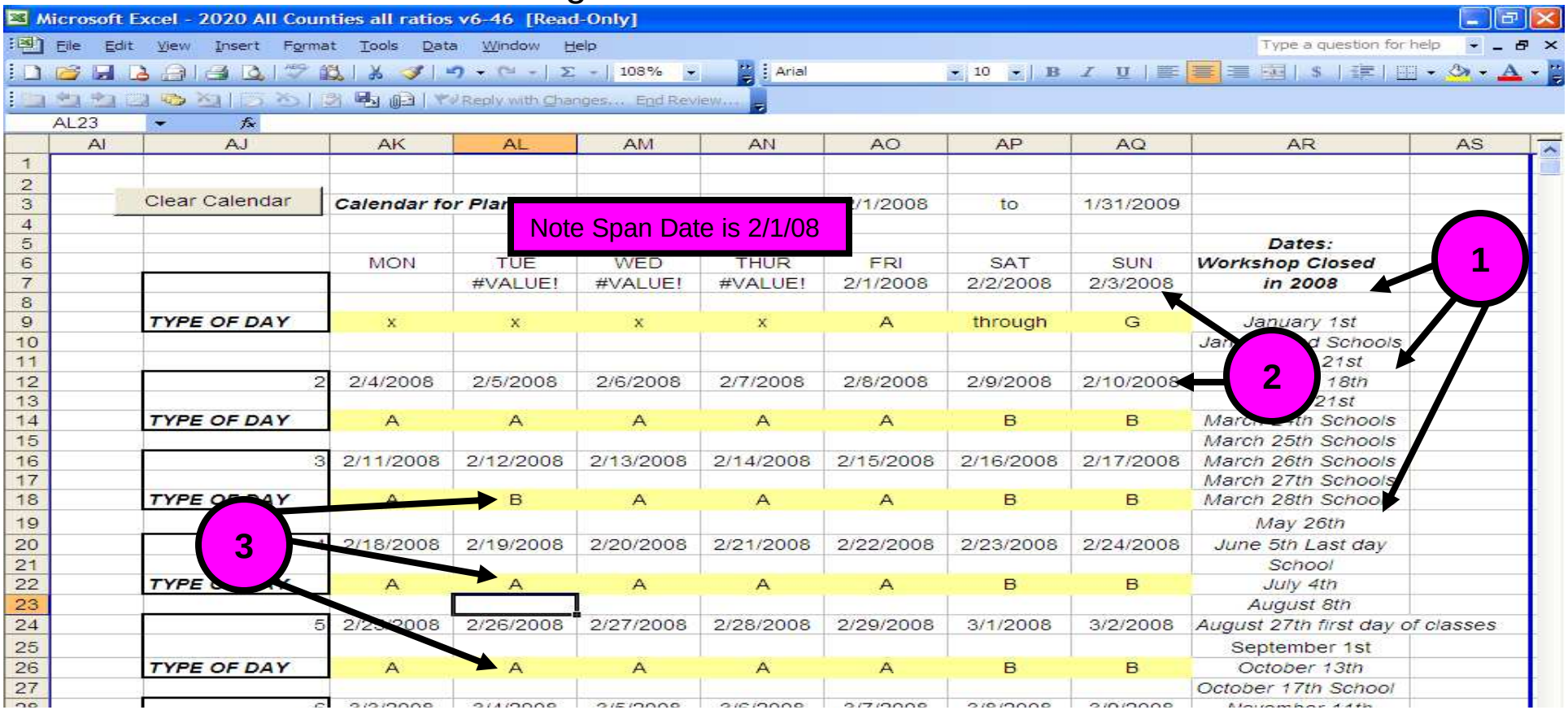
## ***Staffing Patterns- Page 9 data input-Light Yellow fields:***

9. Repeat steps 1-9 for each additional staffing pattern (A.-G.)
10. Review all data entered for accuracy



***Calendar for Plan- Page 17 data input-Light Yellow fields:***

1. Notice span and Workshop Closure Dates (NOTE: The Workshop Closure Dates listed are for FCBMRDD and can be changed-these cells are not locked)
2. Enter staffing patterns (A-G) After entering patterns for the first two weeks the rest of the calendar will automatically fill-in
3. To change a pattern for one or more days (holiday, scheduled day program closure) enter that specific change, then adjust the remaining days, so only those specific days are changed. Reenter the routine schedule in the first row below the changed dates



# Adult Day Services Input

## *Light Green fields*

1. Always authorize Adult Day Services for the individual whose ISP caused the 2020 to be completed
2. Individual's acuity group (pg. 1)- drop-down box for A, A1, B, or C

Microsoft Excel - Copy of 2020 All Counties all ratios v6-43

File Edit View Insert Format Tools Data Window Help

A1 Ver. 6.43

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Ver. 6.43 | | 20/20 Expires on June 30,2010 | | | | | | | | Period Begin Date | | | | 12/1/2007 | | Revision | | X | |
| 2 | | | EDIT DATE | | Service Coordinato | | | | | | Period End Date | | | | 11/30/2008 | | Redetermination | | | |
| 3 | | | ??/??/?? | | County Category 1- 8 | | | 6 | | | (L1,IO,County) | | (New or Old) | | Cost of Plan | | | | | |
| 4 | Span Change | | | | Last Name | | First Name | | Medicaid # | | Funding | | Reimbursement | | Old Way | | Span Begin Date | | | |
| 5 | | | Consumer 1 | | | | | | | | IO | | new | | NEW | | 12/1/2007 | | Above Range | |
| 6 | | | Consumer 2 | | | | | | | | IO | | new | | NEW | | | | Above Range | |
| 7 | | | Consumer 3 | | | | | | | | IO | | new | | NEW | | | | Above Range | |
| 8 | | | Consumer 4 | | | | | | | | IO | | new | | NEW | | | | Above Range | |
| 9 | | | Consumer 5 | | | | | | | | IO | | new | | NEW | | | | Above Range | |
| 10 | | | Consumer 6 | | | | | | | | IO | | new | | NEW | | | | Above Range | |
| 11 | | | | Consumer DDP Funding | | | Beh. Support | | Med. Assist. | | DDP Range | | | | Cost of Plan | | Projected Annual | | Proj.Under (Over) | |
| 12 | | | | Acuity | Range ( 0 - 9 ) | | Needed (Y/N) | | Needed (Y/N) | | | | | | The new Way | | The new Way | | DDP Range | |
| 13 | | | | 0 | n/a | | N | | N | | $0 | to | $0 | | $0.00 | | $ 0.00 | | $ (0.00) | |
| 14 | | | | 0 | n/a | | N | | N | | $0 | to | $0 | | $0.00 | | $ 0.00 | | $ (0.00) | |
| 15 | | | | 0 | n/a | | N | | N | | $0 | to | $0 | | $0.00 | | $ 0.00 | | $ (0.00) | |
| 16 | | | | 0 | n/a | | N | | N | | $0 | to | $0 | | $0.00 | | $ 0.00 | | $ (0.00) | |
| 17 | | | | 0 | n/a | | N | | N | | $0 | to | $0 | | $0.00 | | $ 0.00 | | $ (0.00) | |
| 18 | | | | 0 | n/a | | N | | N | | $0 | to | $0 | | $0.00 | | $ 0.00 | | $ (0.00) | |
| 19 | | | | | | | | | | | | | | | $0.00 | | = Sum of Plans under New System | | | |
| 20 | | | List of Residential, Equipment, Home Modification Providers on this Pla | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | Rate | UCR | Rate Applied | | | | | | | | | | |
| 22 | Provider 1 | | | | Rate for HPC | | | $ 4.75 | $ - | $ 4.75 | | | | | | | | | | |
| 23 | Agency / | | | a | Rate for OSOC | | | $ 2.62 | $ - | $ 2.62 | | | | | | | | | | |
| 24 | Individual | | | | Rate for Social Work | | | $ 9.52 | $ - | $ 9.52 | | | | | | | | | | |
| 25 | Total Hours | | | 0 | Rate for Trans | | | | | $ - | | | | | | | | | | |
| 26 | Provider 2 | | | | Rate for HPC | | | $ 4.75 | $ - | $ 4.75 | | | | | | | | | | |
| 27 | Agency / | | | a | Rate for OSOC | | | $ 2.62 | $ - | $ 2.62 | | | | | | | | | | |
| 28 | Individual | | | | Rate for Social Work | | | $ 9.52 | $ - | $ 9.52 | | | | | | | | | | |
| 29 | Total Hours | | | 0 | Rate for Trans | | | $ - | | $ - | | | | | | | | | | |
| 30 | Provider 3 | | | | Rate for HPC | | | $ 4.75 | $ - | $ 4.75 | | | | | | | | | | |
| 31 | Agency / | | | a | Rate for OSOC | | | $ 2.62 | $ - | $ 2.62 | | | | | | | | | | |
| 32 | Individual | | | | Rate for Social Work | | | $ 9.52 | $ - | $ 9.52 | | | | | | | | | | |
| 33 | Total Hours | | | 0 | Rate for Trans | | | $ - | | $ - | | | | | | | | | | |
| 34 | | | Only use the UCR column if the provider has submitted a rate to | | | | | | | | | | | | | | | | | |
| 35 | | | ODMRDD that is different than the rates listed in rule | | | | | | | | | | | | | | | | | |
| 36 | | | | | | | | | | | | | | | | | | | | |
| 37 | | | List of Adult Day Array Providers or Supported Employment Provider Used on This Plan | | | | | | | | | | List of Non - Medical Transportation | | | | | | | |
| 38 | | | | | | | | | | | | | | | | | | | | |

note box

2

Cost Calculation / Day Count Unit Calculator #1 / #2 / #3 / #4 / #5 / #6 / Code Table / 5123;2-9-06 / Calender Count

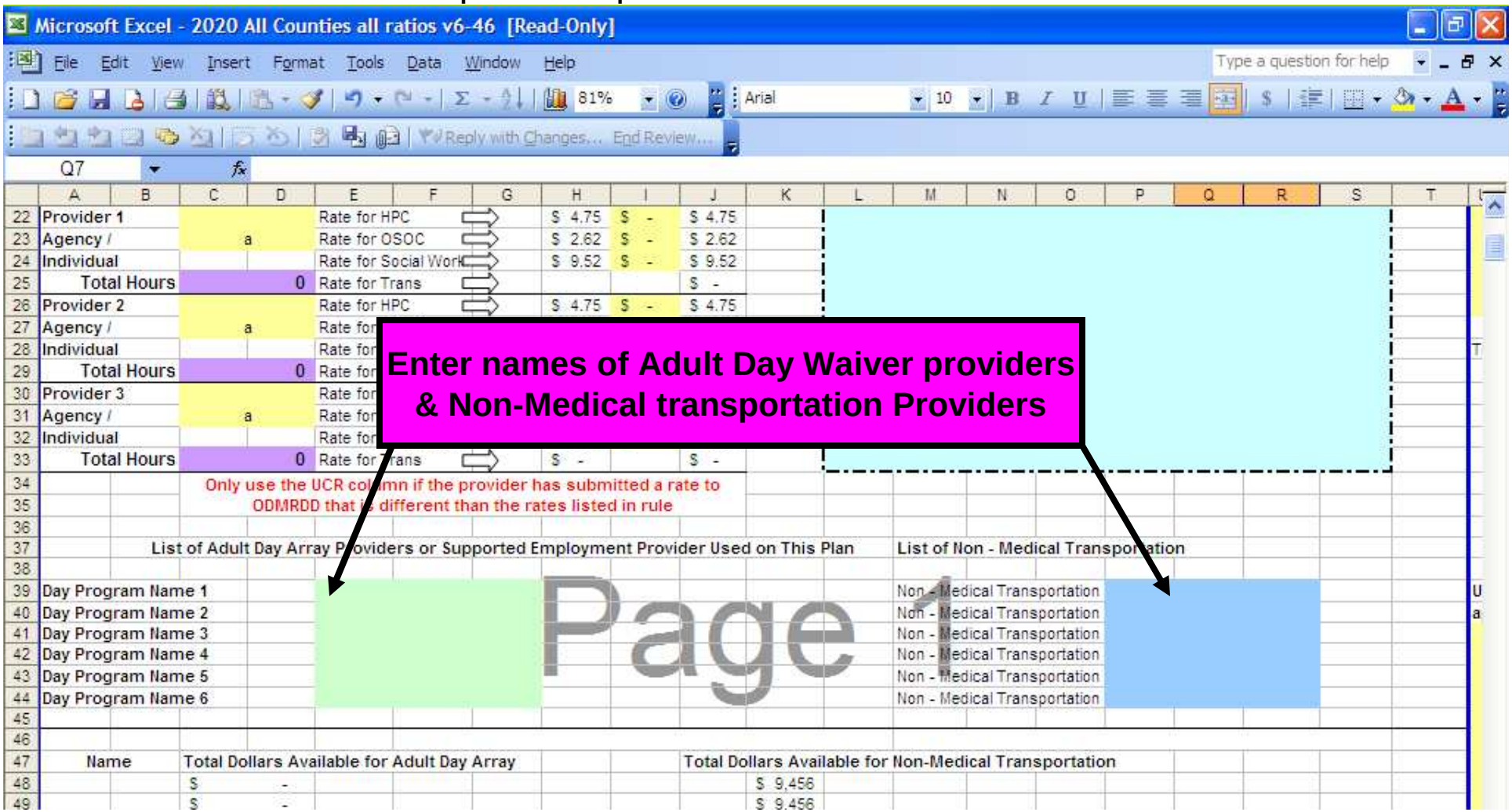
Ready NUM

## Adult Day Services Input –
## *Light Green fields*

3. Adult Day Service providers- list all to be included on this 2020

## Non – Medical Transportation
## *Light Blue fields*

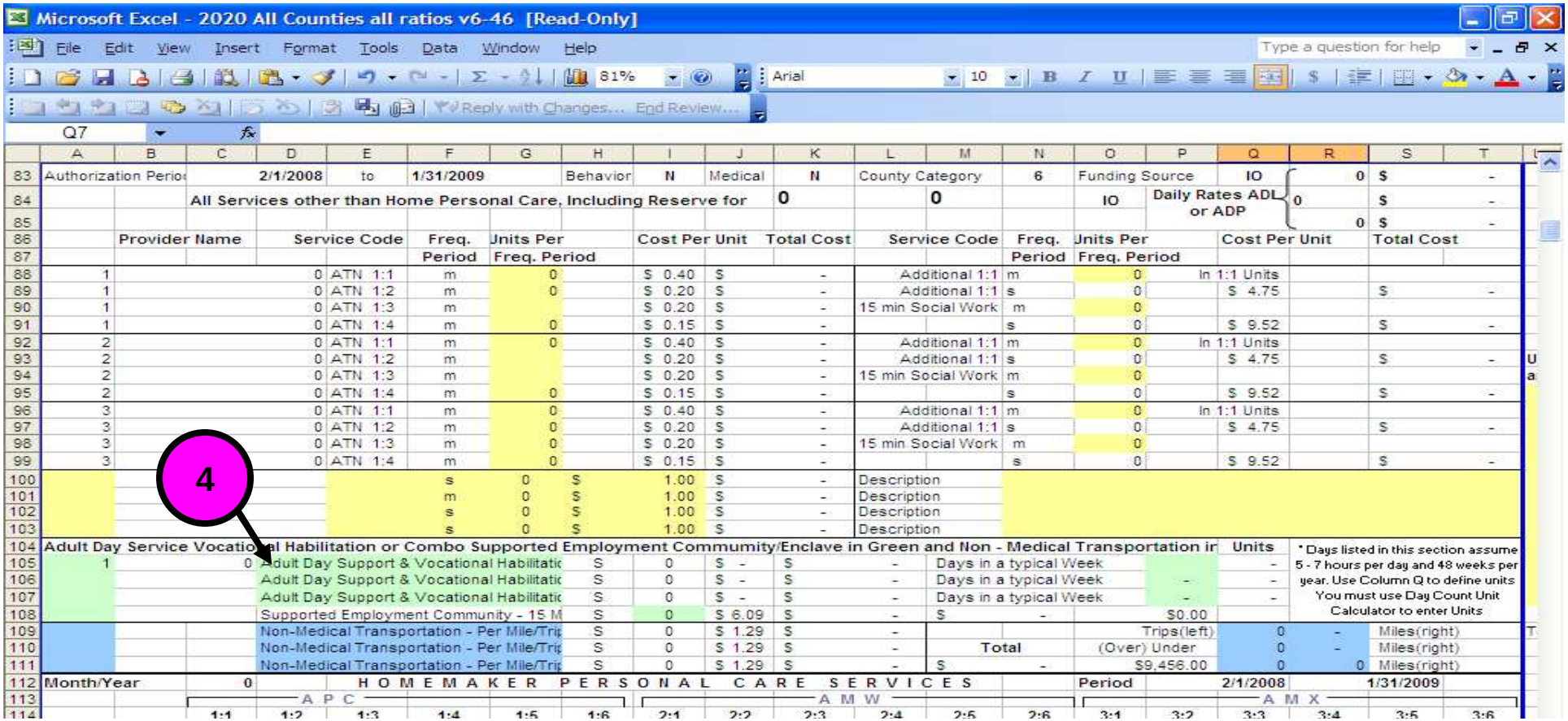
1. Non – Medical Transportation providers- list all to be included on this 2020



## Adult Day Services Input

## *Light Green fields*

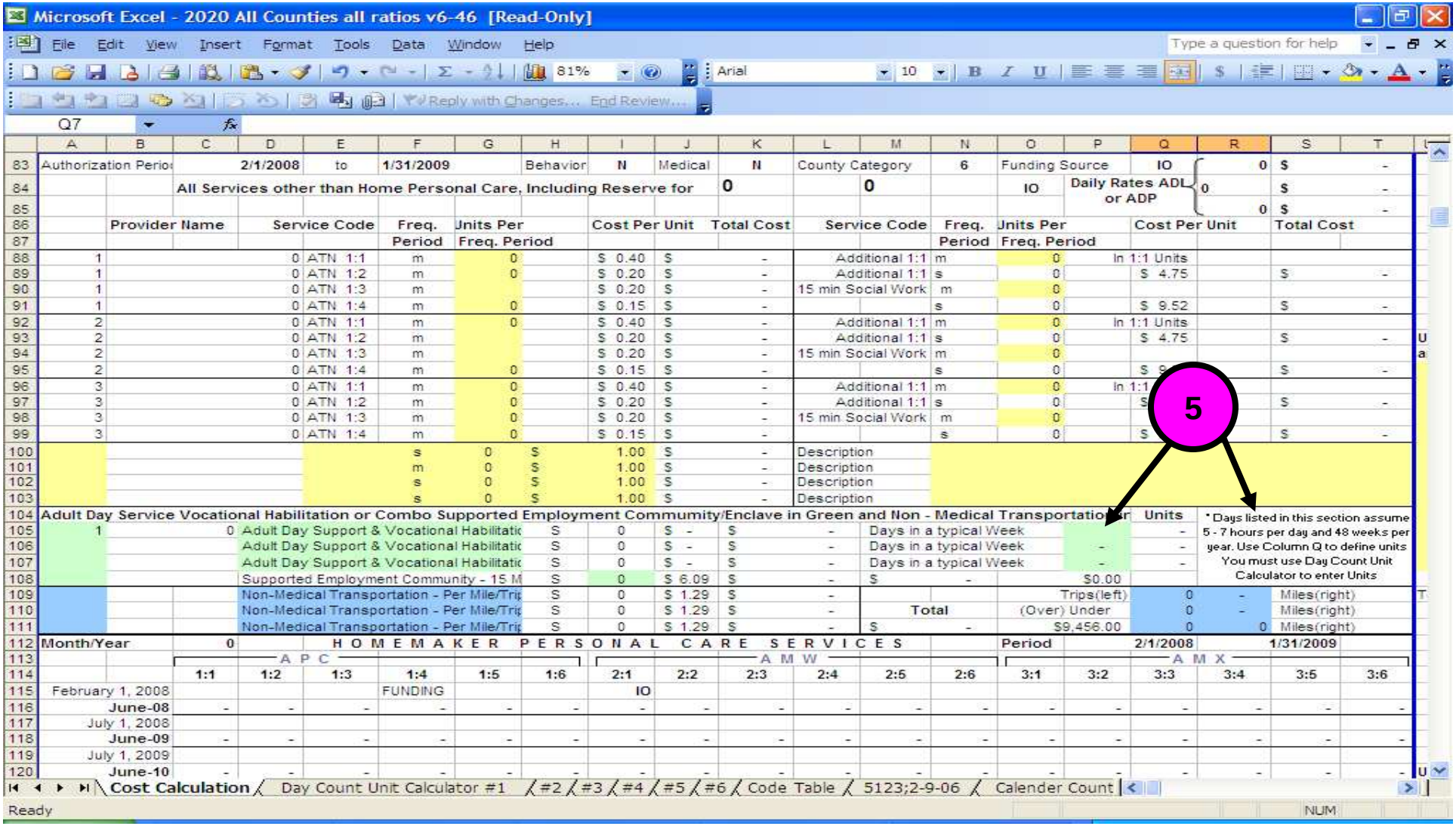
4. Scroll down to reach each Individual specific page. Use drop-down box to identify type of Service provided.
   - Note that each individual specific page has space for up to 3 Adult Day Array providers (Adult Day Support, Vocation Habilitation, Combo and/or Supported Employment Enclave)
   - Note that each individual specific page there is space for up to 1 Supported Employment Community provider



## Adult Day Services Input

## *Light Green fields*

5. Individual specific page – Input # or hours per day. To be used if it is an “easy Case”; one or more Adult Day Array programs that meet the 5-7 hour a day not exceeding five days per week.



## Adult Day Services Input

## *Light Green fields*

6. In the event it is not an “easy case”- go to the appropriate tab (consumer 1-6) across the bottom of the form that corresponds with the individual number at the top of page 1

Microsoft Excel - 2020 All Counties all ratios v6-46 [Read-Only]

File Edit View Insert Format Tools Data Window Help

Type a question for help

Q7

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 83 | Authorization Perio | | | 2/1/2008 | to | 1/31/2009 | | Behavior | N | Medical | N | County Category | | 6 | Funding Source | | IO | 0 | $ | - |
| 84 | | | All Services other than Home Personal Care, Including Reserve for | | | | | | | | 0 | | 0 | | IO | Daily Rates ADL or ADP | 0 | | $ | - |
| 85 | | | | | | | | | | | | | | | | | | 0 | $ | - |
| 86 | | Provider Name | | Service Code | | Freq. | Units Per | | Cost Per Unit | | Total Cost | Service Code | | Freq. | Units Per | | Cost Per Unit | | Total Cost | |
| 87 | | | | | | Period | Freq. Period | | | | | | | Period | Freq. Period | | | | | |
| 88 | 1 | | | 0 | ATN 1:1 | m | 0 | | $ 0.40 | $ | - | Additional 1:1 | | m | 0 | | In 1:1 Units | | | |
| 89 | 1 | | | 0 | ATN 1:2 | m | 0 | | $ 0.20 | $ | - | Additional 1:1 | | s | 0 | | $ 4.75 | | $ | - |
| 90 | 1 | | | 0 | ATN 1:3 | m | | | $ 0.20 | $ | - | 15 min Social Work | | m | 0 | | | | | |
| 91 | 1 | | | 0 | ATN 1:4 | m | 0 | | $ 0.15 | $ | - | | | s | 0 | | $ 9.52 | | $ | - |
| 92 | 2 | | | 0 | ATN 1:1 | m | 0 | | $ 0.40 | $ | - | Additional 1:1 | | m | 0 | | In 1:1 Units | | | |
| 93 | 2 | | | 0 | ATN 1:2 | m | | | $ 0.20 | $ | - | Additional 1:1 | | s | 0 | | $ 4.75 | | $ | - |
| 94 | 2 | | | 0 | ATN 1:3 | m | | | $ 0.20 | $ | - | 15 min Social Work | | m | 0 | | | | | |
| 95 | 2 | | | 0 | ATN 1:4 | m | 0 | | $ 0.15 | $ | - | | | s | 0 | | $ 9.52 | | $ | - |
| 96 | 3 | | | 0 | ATN 1:1 | m | 0 | | $ 0.40 | $ | - | Additional 1:1 | | m | 0 | | In 1:1 Units | | | |
| 97 | 3 | | | 0 | ATN 1:2 | m | 0 | | $ 0.20 | $ | - | Additional 1:1 | | s | 0 | | $ 4.75 | | $ | - |
| 98 | 3 | | | 0 | ATN 1:3 | m | 0 | | $ 0.20 | $ | - | 15 min Social Work | | m | 0 | | | | | |
| 99 | 3 | | | 0 | ATN 1:4 | m | 0 | | $ 0.15 | $ | - | | | s | 0 | | $ 9.52 | | $ | - |
| 100 | | | | | | s | 0 | $ | 1.00 | $ | - | Description | | | | | | | | |
| 101 | | | | | | m | 0 | $ | 1.00 | $ | - | Description | | | | | | | | |
| 102 | | | | | | s | 0 | $ | 1.00 | $ | - | Description | | | | | | | | |
| 103 | | | | | | s | 0 | $ | 1.00 | $ | - | Description | | | | | | | | |
| 104 | Adult Day Service Vocational Habilitation or Combo Supported Employment Community/Enclave in Green and Non - Medical Transportation ir | | | | | | | | | | | | | | | | Units | | * Days listed in this section assume | |
| 105 | 1 | | | 0 | Adult Day Support & Vocational Habilitatic | | | S | 0 | $ - | $ - | Days in a typical Week | | | | | - | | 5 - 7 hours per day and 48 weeks per | |
| 106 | | | | | Adult Day Support & Vocational Habilitatic | | | S | 0 | $ - | $ - | Days in a typical Week | | | | - | - | | year. Use Column Q to define units | |
| 107 | | | | | Adult Day Support & Vocational Habilitatic | | | S | 0 | $ - | $ - | Days in a typical Week | | | | - | - | | You must use Day Count Unit | |
| 108 | | | | | Supported Employment Community - 15 M | | | S | 0 | $ 6.09 | $ - | $ | - | | | $0.00 | | | Calculator to enter Units | |
| 109 | | | | | Non-Medical Transportation - Per Mile/Trip | | | S | 0 | $ 1.29 | $ - | | | | Trips(left) | | 0 | - | Miles(right) | |
| 110 | | | | | Non-Medical Transportation - Per Mile/Trip | | | S | 0 | $ 1.29 | $ - | | Total | | (Over) Under | | 0 | - | Miles(right) | |
| 111 | | | | | Non-Medical Transportation - Per Mile/Trip | | | | 0 | $ 1.29 | $ - | $ | - | | $9,456.00 | | 0 | 0 | Miles(right) | |
| 112 | Month/Year | | 0 | | H O M E M A K E R | | P | | A L | C A R E | S E R V I C E S | | | | Period | | 2/1/2008 | | 1/31/2009 | |
| 113 | | | A P C | | | | | | | | A M W | | | | | | A M X | | | |
| 114 | | | 1:1 | 1:2 | 1:3 | 1:4 | 1:5 | | 1 | 2:2 | 2:3 | 2:4 | 2:5 | 2:6 | 3:1 | 3:2 | 3:3 | 3:4 | 3:5 | 3:6 |
| 115 | February 1, 2008 | | | | | FUNDING | | | | IO | | | | | | | | | | |
| 116 | June-08 | | - | - | - | - | | | - | - | - | - | - | - | - | - | - | - | - | - |
| 117 | July 1, 2008 | | | | | | | | | | | | | | | | | | | |
| 118 | June-09 | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 119 | July 1, 2009 | | | | | | | | | | | | | | | | | | | |
| 120 | June-10 | | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |

6

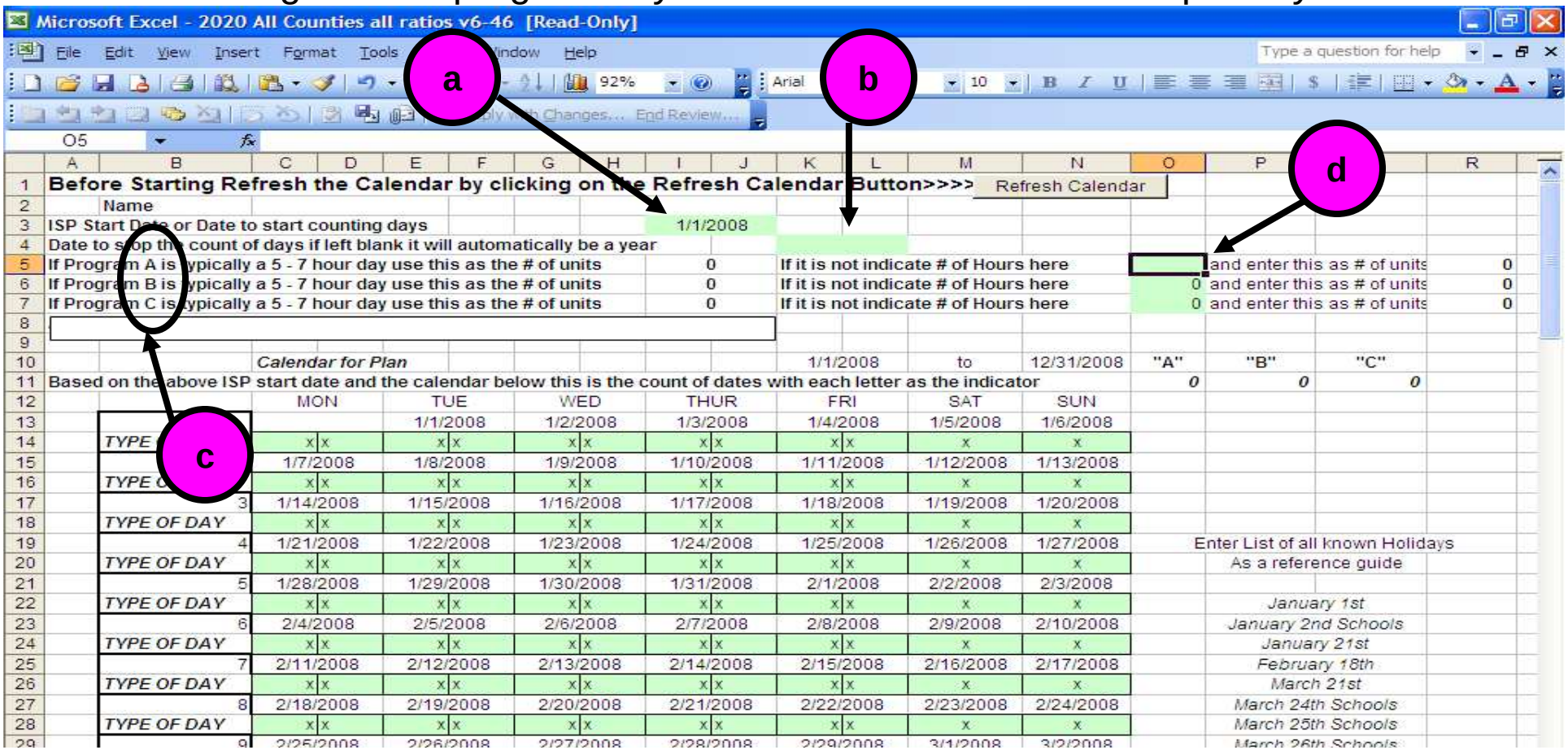
Cost Calculation / Day Count Unit Calculator #1 / #2 / #3 / #4 / #5 / #6 / Code Table / 5123;2-9-06 / Calender Count

Ready NUM

## Adult Day Services Input

## *Light Green fields*

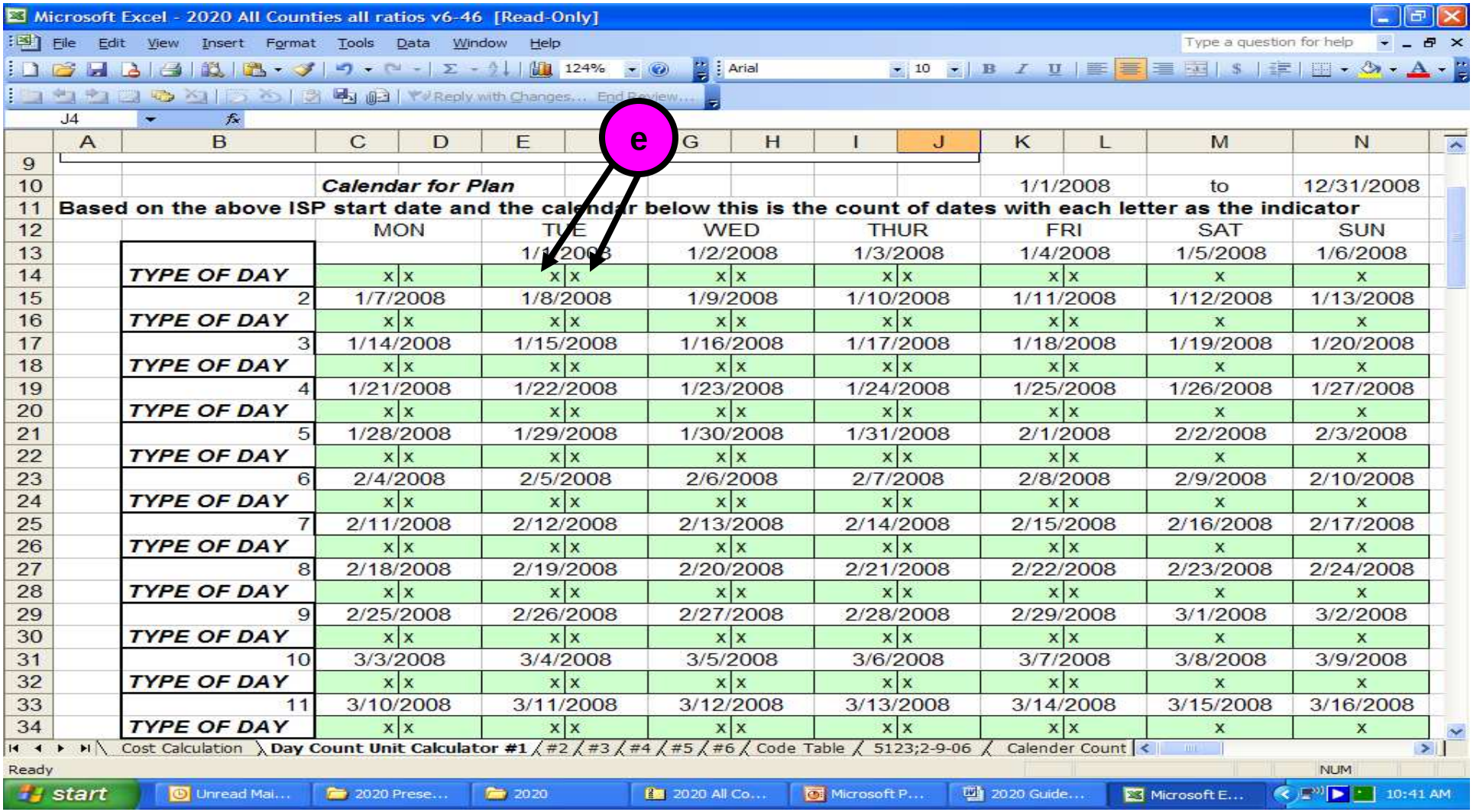
6. Input all light green areas:
   a. ISP start date.
   b. The end date is not necessary unless it is going to be less than a year.
   c. Note that this page can handle 3 Adult Day Array providers: “A”, “B” and “C”. The results from the “A” will automatically fill-in the name of the first Adult Day Array provider on the consumer specific page, “B” the second, and “C” the third
   d. The length of the program day if it is not between 5-7 hours per day



## Adult Day Services Input

## *Light Green fields*

6. Input all light green areas:
   e. The rest of this page functions just like the calendar in the residential portion of the 2020 with the one exception that every Monday – Friday the option is available to assign more than one Adult Day Array provider for the same day. Ex.



**Where to find calculations once all of the data is entered on this page.**

1. The total number of units for the provider can be found in this column
2. The total number of days scheduled to attending the provider's programs are found here

Microsoft Excel - Copy of 2020 All Counties all ratios v6-43

File Edit View Insert Format Tools Data Window Help

Type a question for help

92% Arial 10

Reply with Changes... End Review...

J4

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Before Starting Refresh the Calendar by clicking on the Refresh Calendar Button>>>> | | | | | | | | | | | | | Refresh Calendar | | | |
| 2 | | Name | | | | | | | | | | | | | | | |
| 3 | ISP Start Date or Date to start counting days | | | | | | | | 1/1/2008 | | | | | | | | |
| 4 | Date to stop the count of days if left blank it will automatically be a year | | | | | | | | | | | | | | | | |
| 5 | If Program A is typically a 5 - 7 hour day use this as the # of units | | | | | | | | 0 | | If it is not indicate # of Hours here | | | | 5.25 | and enter this as # of units | 0 |
| 6 | If Program B is typically a 5 - 7 hour day use this as the # of units | | | | | | | | 0 | | If it is not indicate # of Hours here | | | | 0 | and enter this as # of units | 0 |
| 7 | If Program C is typically a 5 - 7 hour day use this as the # of units | | | | | | | | 0 | | If it is not indicate # of Hours here | | | | 0 | and enter this as # of units | 0 |
| 8 | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | |
| 10 | | | *Calendar for Plan* | | | | | | | | 1/1/2008 | | to | 12/31/2008 | "A" | "B" | "C" |
| 11 | Based on the above ISP start date and the calendar below this is the count of dates with each letter as the indicator | | | | | | | | | | | | | | *0* | *0* | *0* |
| 12 | | | MON | | TUE | | WED | | THUR | | FRI | | SAT | SUN | | | |
| 13 | | | | | 1/1/2008 | | 1/2/2008 | | 1/3/2008 | | 1/4/2008 | | 1/5/2008 | 1/6/2008 | | | |
| 14 | | *TYPE OF DAY* | x | x | x | x | x | x | x | x | x | x | x | x | | | |
| 15 | | 2 | 1/7/2008 | | 1/8/2008 | | 1/9/2008 | | 1/10/2008 | | 1/11/2008 | | 1/12/2008 | 1/13/2008 | | | |
| 16 | | *TYPE OF DAY* | x | x | x | x | x | x | x | x | x | x | x | x | | | |
| 17 | | 3 | 1/14/2008 | | 1/15/2008 | | 1/16/2008 | | 1/17/2008 | | 1/18/2008 | | 1/19/2008 | 1/20/2008 | | | |
| 18 | | *TYPE OF DAY* | x | x | x | x | x | x | x | x | x | x | x | x | | | |
| 19 | | 4 | 1/21/2008 | | 1/22/2008 | | 1/23/2008 | | 1/24/2008 | | 1/25/2008 | | 1/26/2008 | 1/27/2008 | | Enter List of all known Holidays | |
| 20 | | *TYPE OF DAY* | x | x | x | x | x | x | x | x | x | x | x | x | | As a reference guide | |
| 21 | | 5 | 1/28/2008 | | 1/29/2008 | | 1/30/2008 | | 1/31/2008 | | 2/1/2008 | | 2/2/2008 | 2/3/2008 | | | |
| 22 | | *TYPE OF DAY* | x | x | x | x | x | x | x | x | x | x | x | x | | *January 1st* | |
| 23 | | 6 | 2/4/2008 | | 2/5/2008 | | 2/6/2008 | | 2/7/2008 | | 2/8/2008 | | 2/9/2008 | 2/10/2008 | | *January 2nd Schools* | |
| 24 | | *TYPE OF DAY* | x | x | x | x | x | x | x | x | x | x | x | x | | *January 21st* | |
| 25 | | 7 | 2/11/2008 | | 2/12/2008 | | 2/13/2008 | | 2/14/2008 | | 2/15/2008 | | 2/16/2008 | 2/17/2008 | | *February 18th* | |
| 26 | | *TYPE OF DAY* | x | x | x | x | x | x | x | x | x | x | x | x | | *March 21st* | |
| 27 | | 8 | 2/18/2008 | | 2/19/2008 | | 2/20/2008 | | 2/21/2008 | | 2/22/2008 | | 2/23/2008 | 2/24/2008 | | *March 24th Schools* | |
| 28 | | *TYPE OF DAY* | x | x | x | x | x | x | x | x | x | x | x | x | | *March 25th Schools* | |
| 29 | | 9 | 2/25/2008 | | 2/26/2008 | | 2/27/2008 | | 2/28/2008 | | 2/29/2008 | | 3/1/2008 | 3/2/2008 | | *March 26th Schools* | |
| 30 | | *TYPE OF DAY* | x | x | x | x | x | x | x | x | x | x | x | x | | *March 27th Schools* | |
| 31 | | 10 | 3/3/2008 | | 3/4/2008 | | 3/5/2008 | | 3/6/2008 | | 3/7/2008 | | 3/8/2008 | 3/9/2008 | | *March 28th Schools* | |
| 32 | | *TYPE OF DAY* | x | x | x | x | x | x | x | x | x | x | x | x | | *May 26th* | |
| 33 | | 11 | 3/10/2008 | | 3/11/2008 | | 3/12/2008 | | 3/13/2008 | | 3/14/2008 | | 3/15/2008 | 3/16/2008 | | *June 5th Last day* | |
| 34 | | *TYPE OF DAY* | x | x | x | x | x | x | x | x | x | x | x | x | | *School* | |

Cost Calculation | **Day Count Unit Calculator #1** | #2 | #3 | #4 | #5 | #6 | Code Table | 5123;2-9-06 | Calender Count

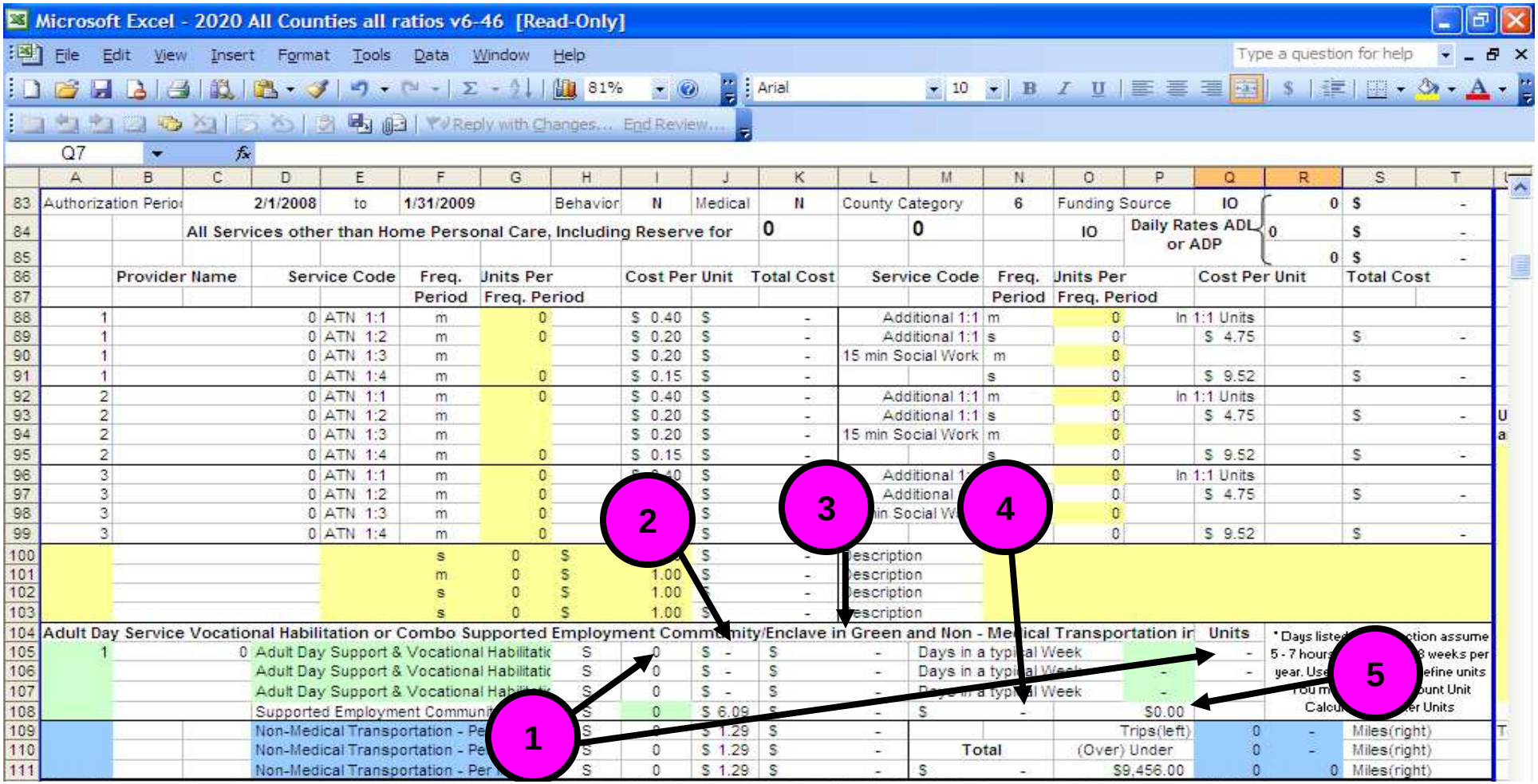
Ready NUM

1

2

**Cost of the ADWS will be displayed on this page once all units are entered on this page and or the Cost Calculator page:**

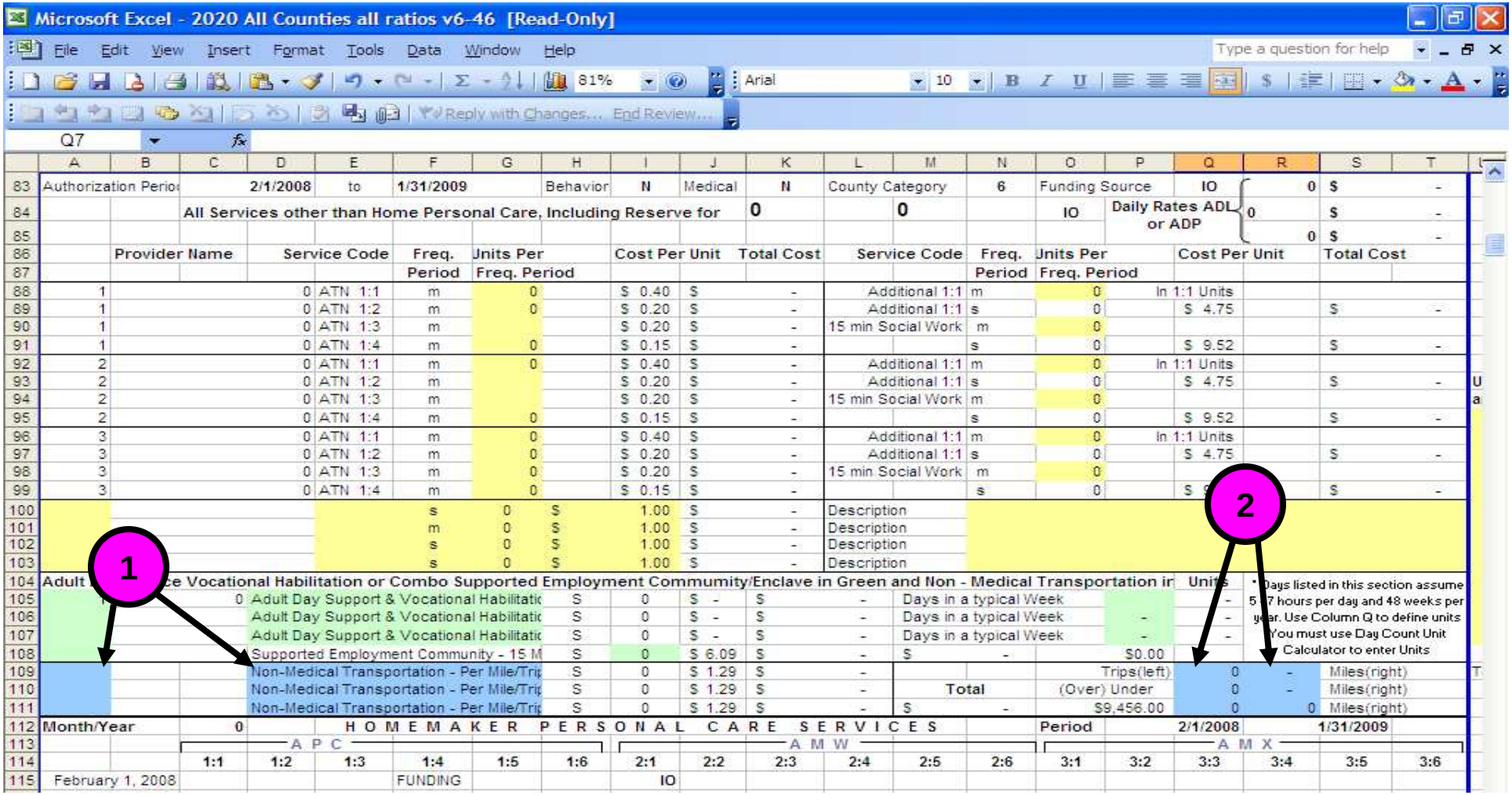
1. The Units per provider will be displayed here
2. The unit Rate will be here.
3. The total cost associated with the units assigned to that provider will be here
4. The total cost of the ADWS units entered will be here
5. The amount of money under, or over if in parenthesis, the ADWS allowed funding will be here



## Non – Medical Transportation

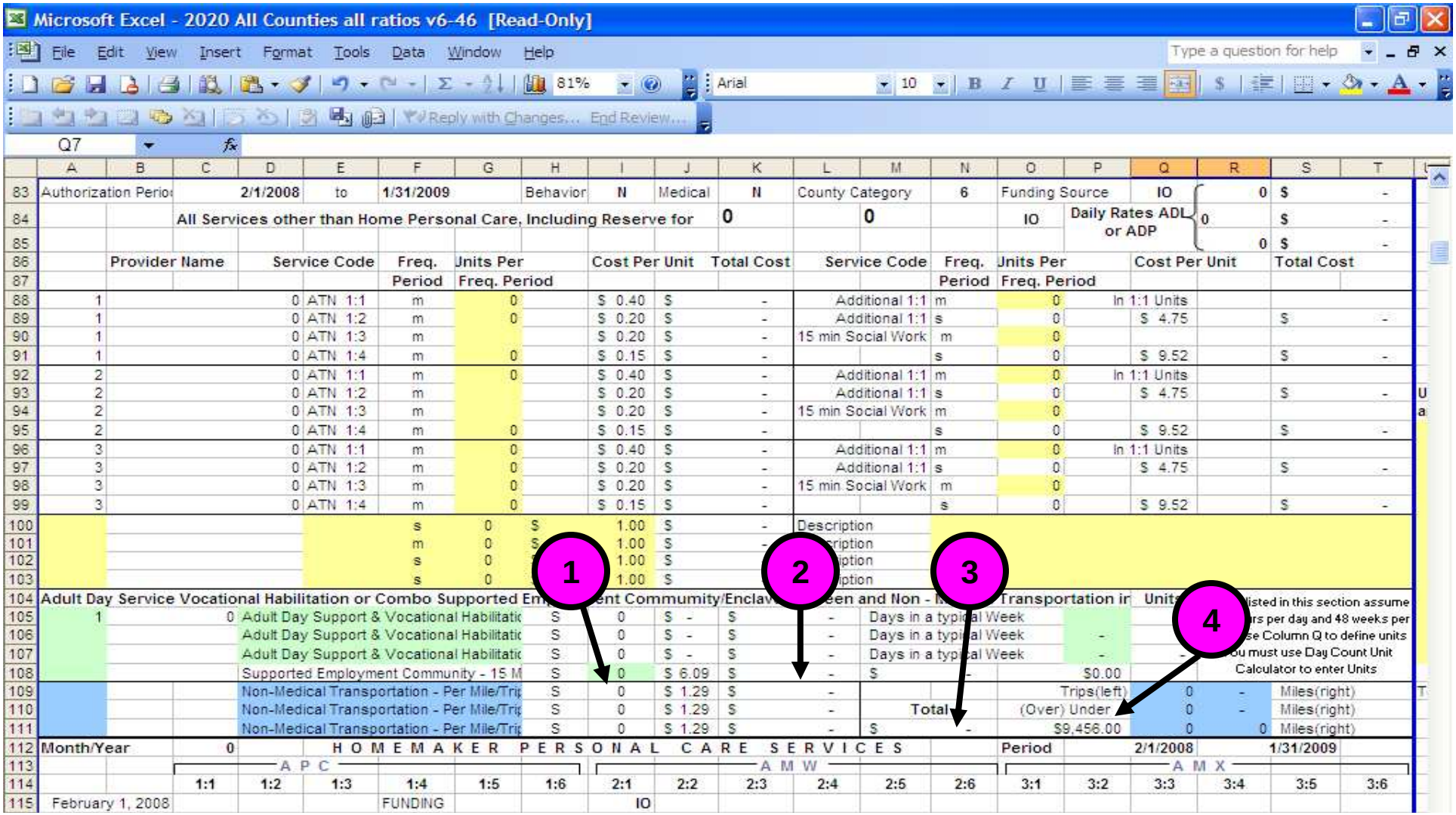
## *Light Blue fields*

1. Note that each individual specific page has space for up to 3 Non-Medical Transportation providers. Enter the number associated with the provider as listed earlier (slide 20).
2. Type of service being provided - per trip (left) or per mile (right)
3. Trips per week for each provider (not exceeding ten trips) or total miles per year



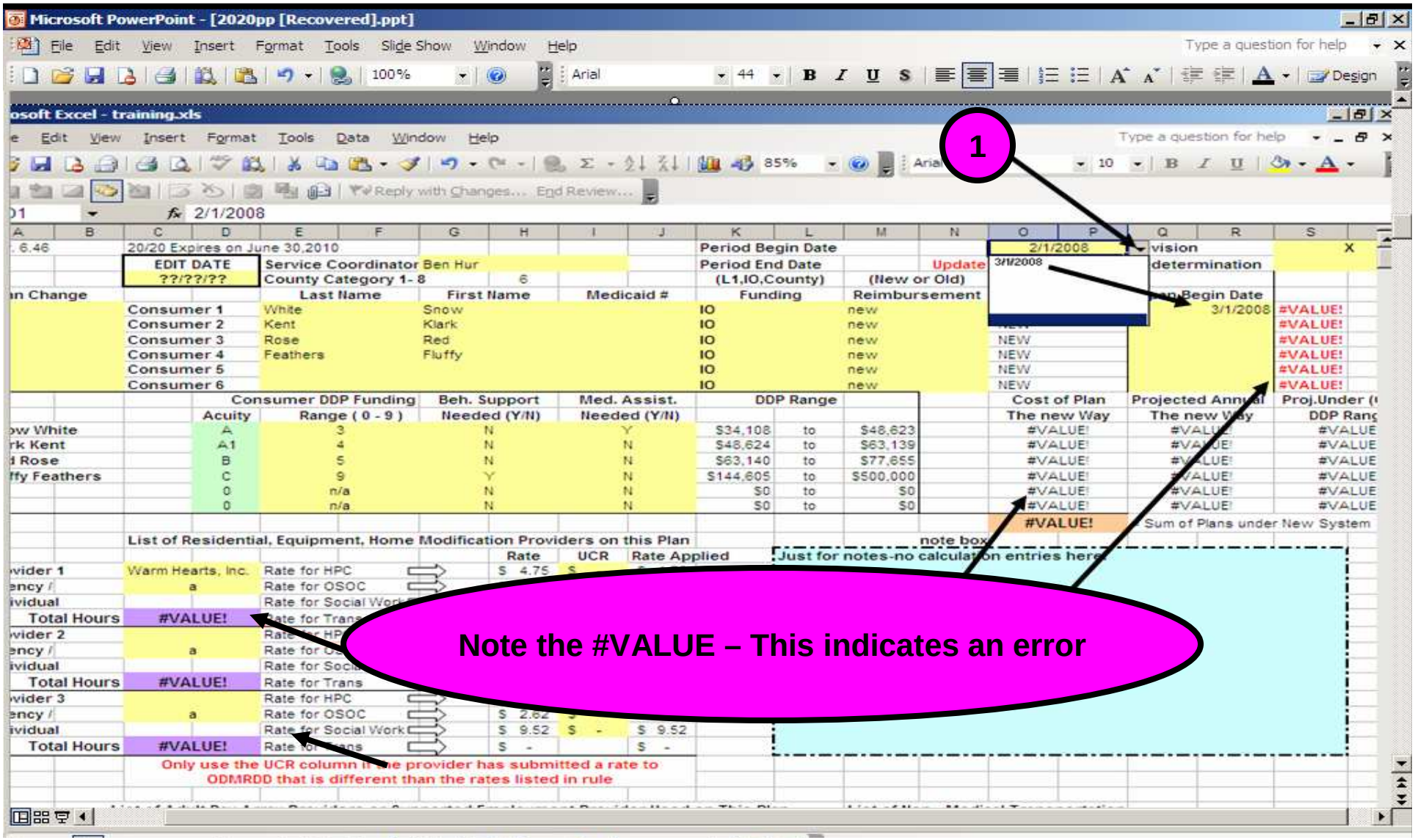
**Cost of Non-Medical Transportation will be found:**

1. Units associated with this provider will be here
2. The Non-Medical Transportation cost associated with each provider will be here
3. Total Non-medical Transportation costs as entered will be here
4. The amount of money under, or over if in parentheses, the Non-medial Transportation allowed funding will be here

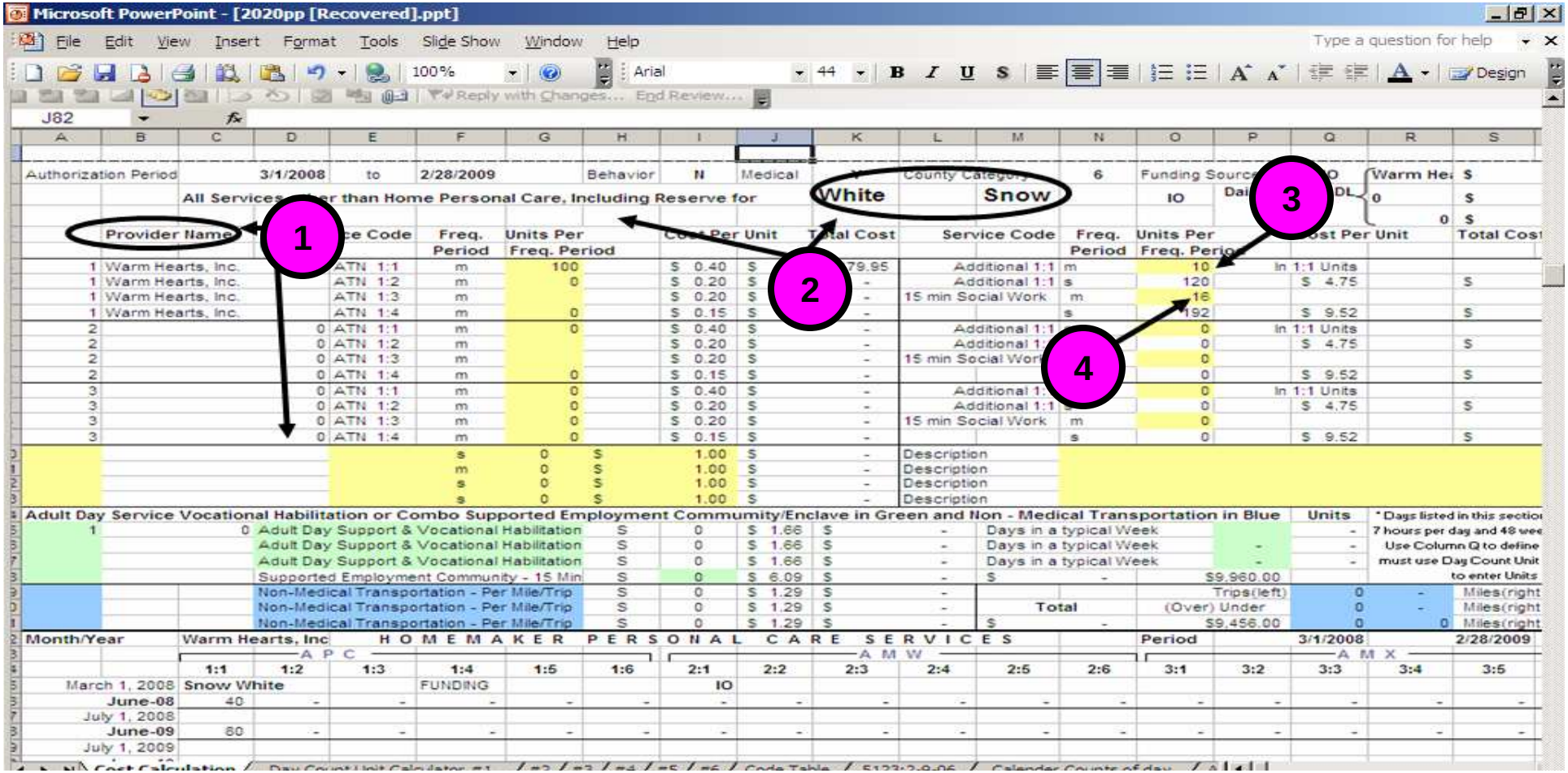


# Trouble shooting tips

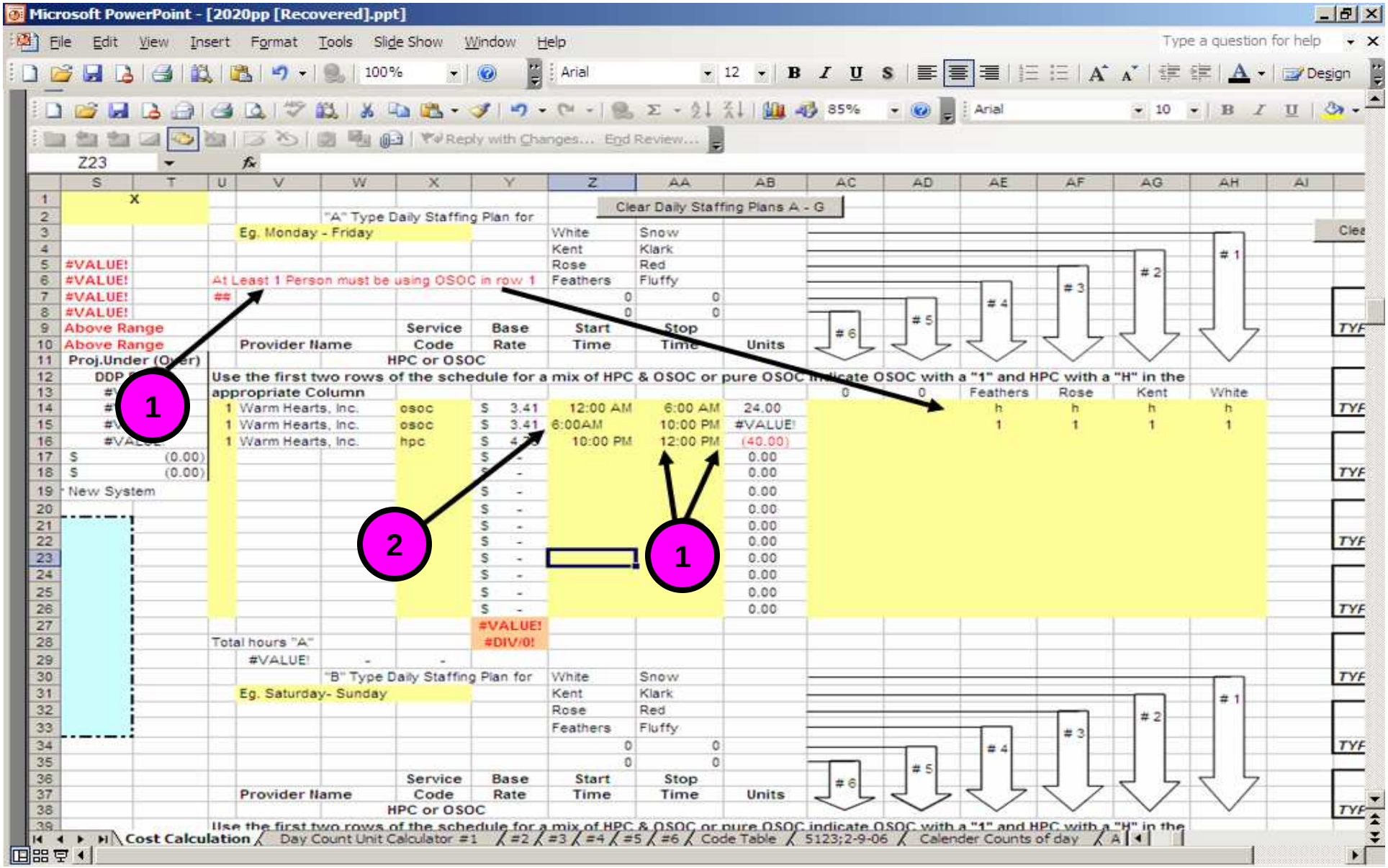
The most common error is data entry, or omission. If data is entered that is out of acceptable ranges, then #VALUE! will display. In this example, the span begin date and period begin date need to match, so use the drop-down box (1.) to click on the most current period begin date. This will correct the issue.



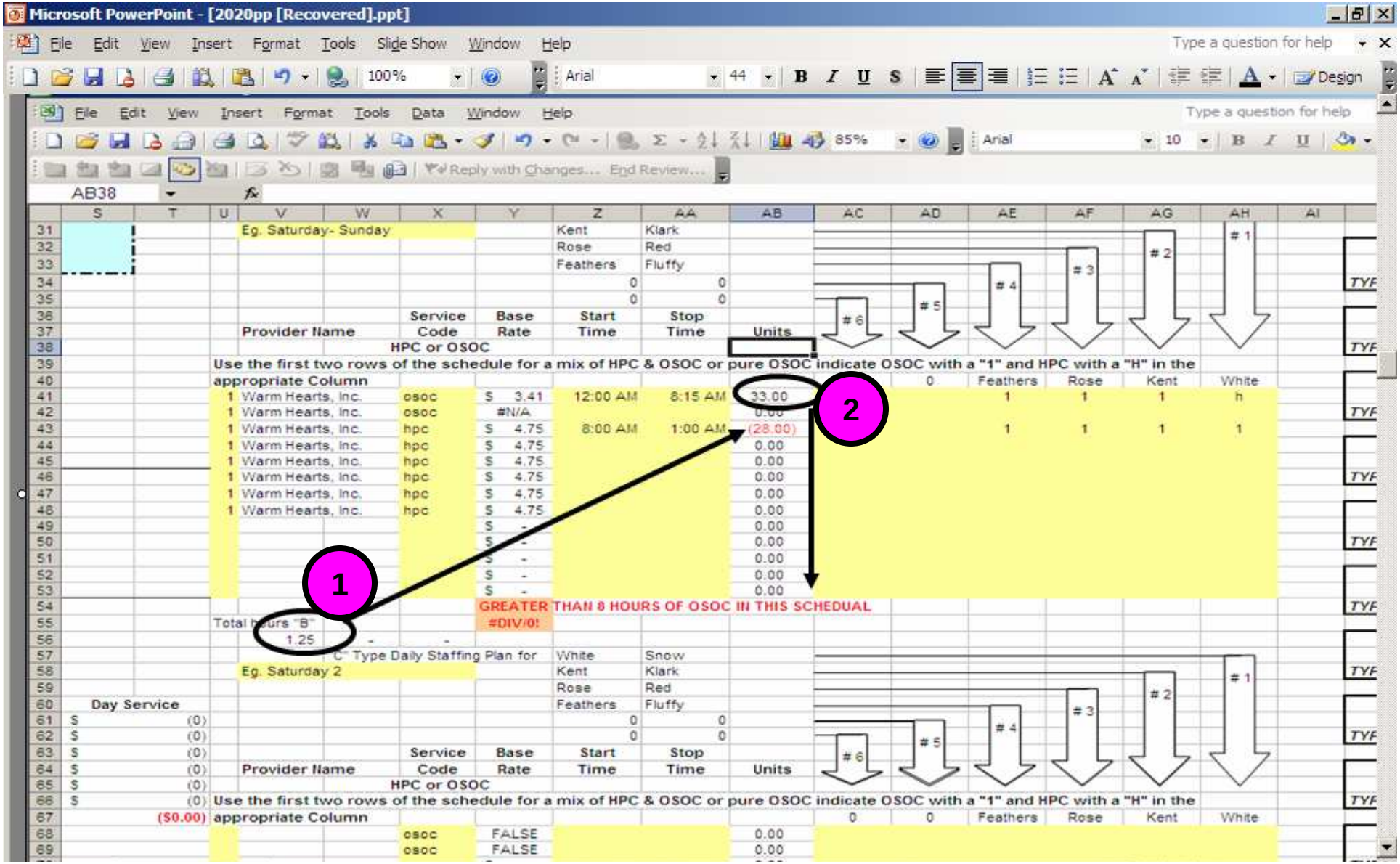
1. Remember, these are provider names, and there is a separate work area for each person.
2. This is the area for all services other than HPC; including additional 1:1, for Snow White. Refer to each person's individual work sheet.
3. Additional 1:1 units are assigned in the yellow cell-note they are entered per month and are calculated per span. Increasing these units skews the hourly rates generated.
4. Social Work units are assigned and calculated the same way, as is mileage/travel.



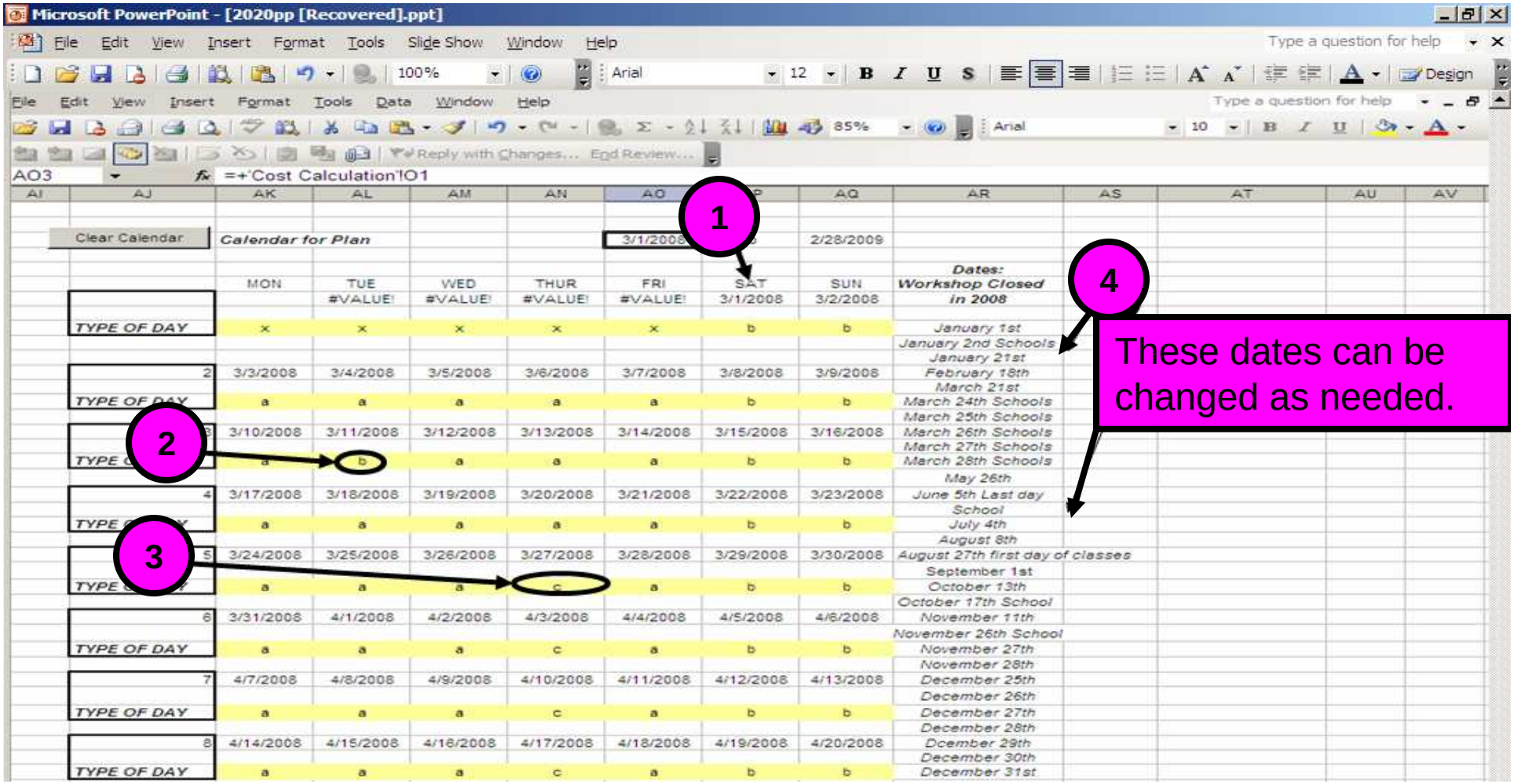
1. Use of the first two rows is limited as labeled. Note the red message.
2. A space must be inserted between numerical time entries and AM or PM.
3. For the Excel application, days begin at 12:00 AM and end at 11:59 PM.



1. Red is an additional warning that an erroneous entry has been made.
   A quick check under “Total hours” helps confirm the error.
2. Thirty-three units = 8.25 hours, and again the error is spelled out in red.
   >By reviewing each work area before proceeding, data entry errors can be minimized<

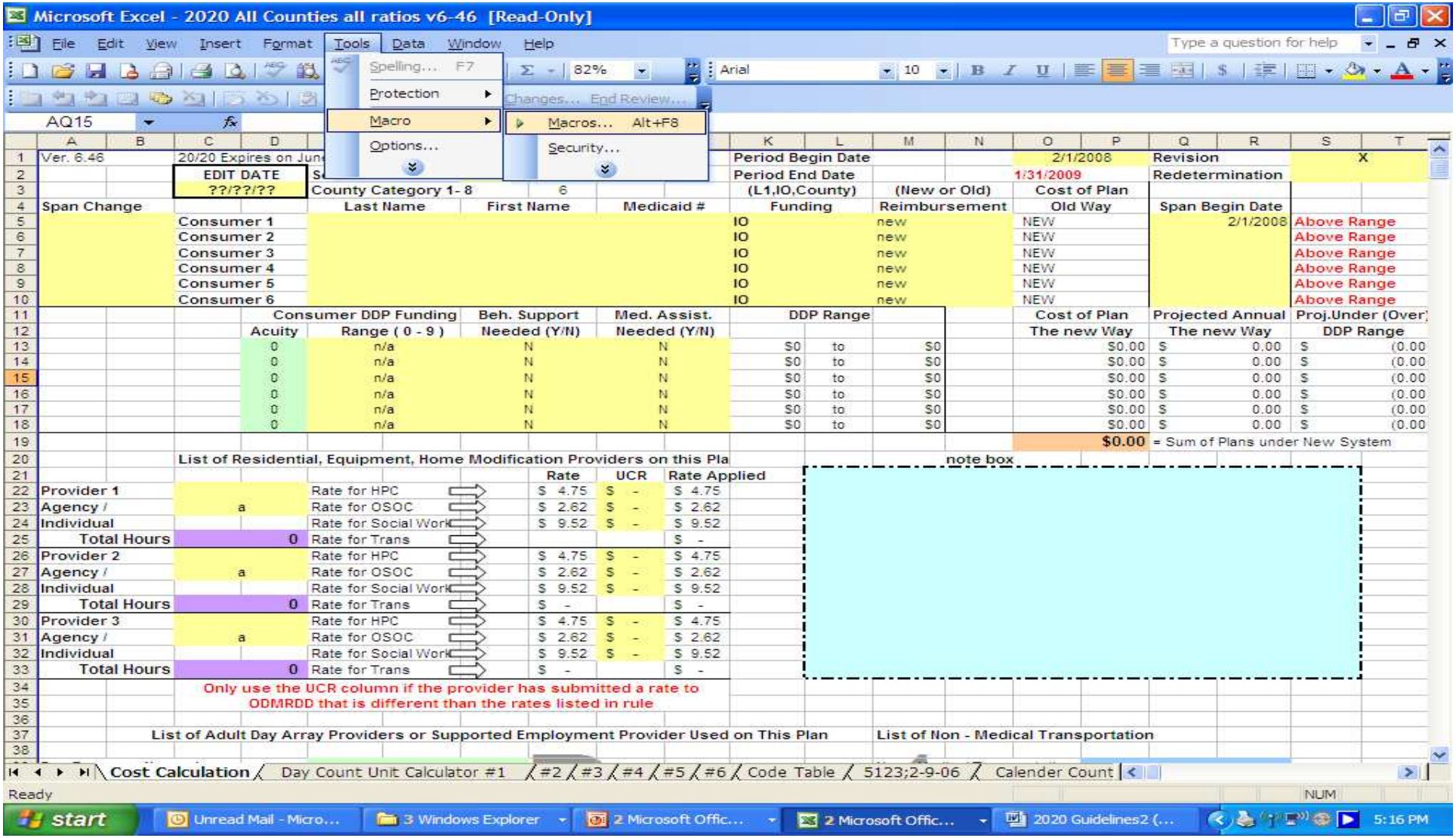


1. Always begin entries of schedules on the first day of the 20/20 period-not in the area that are identified with “#VALUE!”.
2. To insert a different schedule into the calendar for the plan, enter the selected, schedule then immediately below it, re-enter the schedule desired.
3. Note the “C” schedule is an error, and if not corrected continues for the rest of the year.
4. The dates can be changed but, they are not automatically inserted.

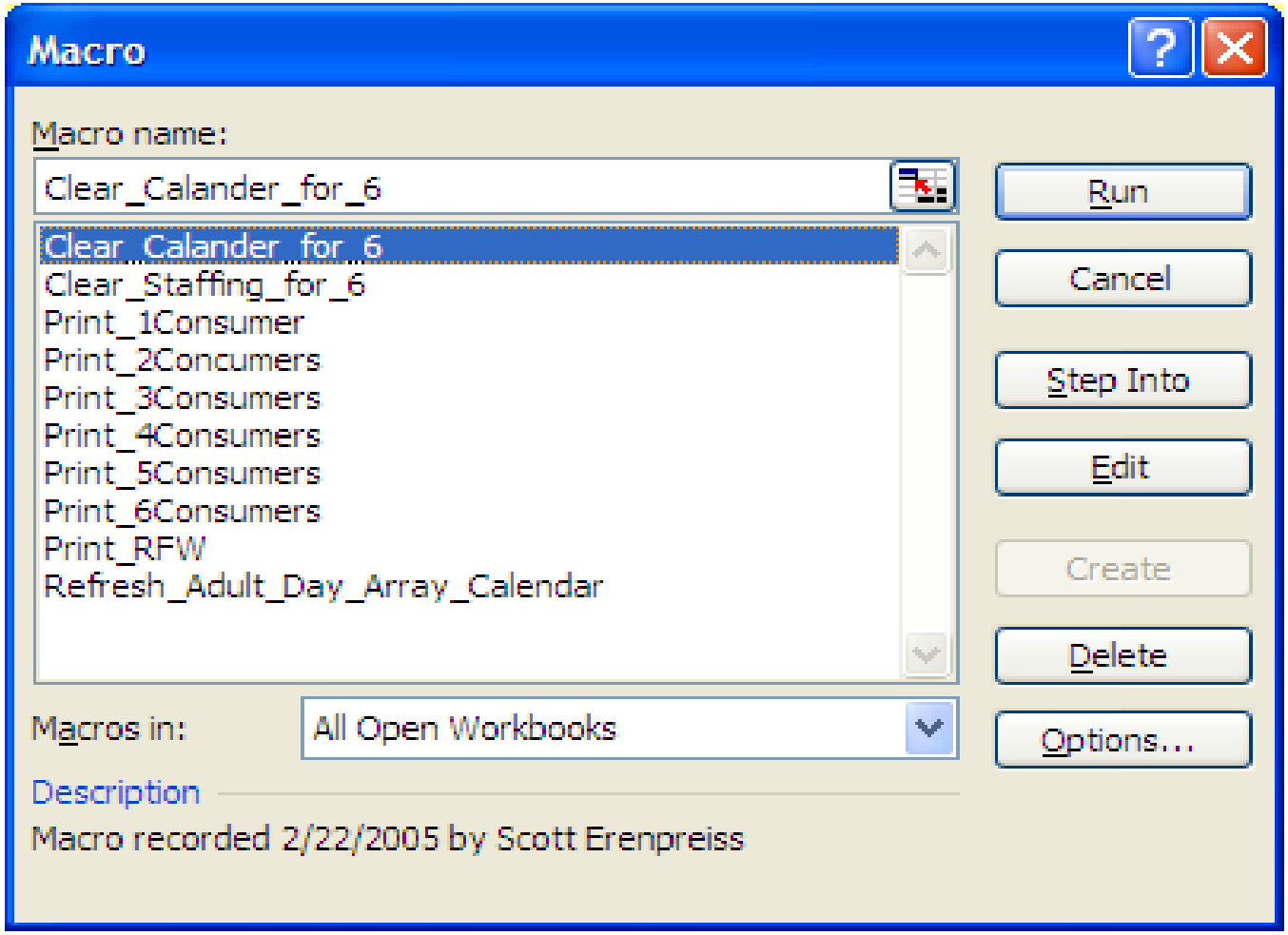
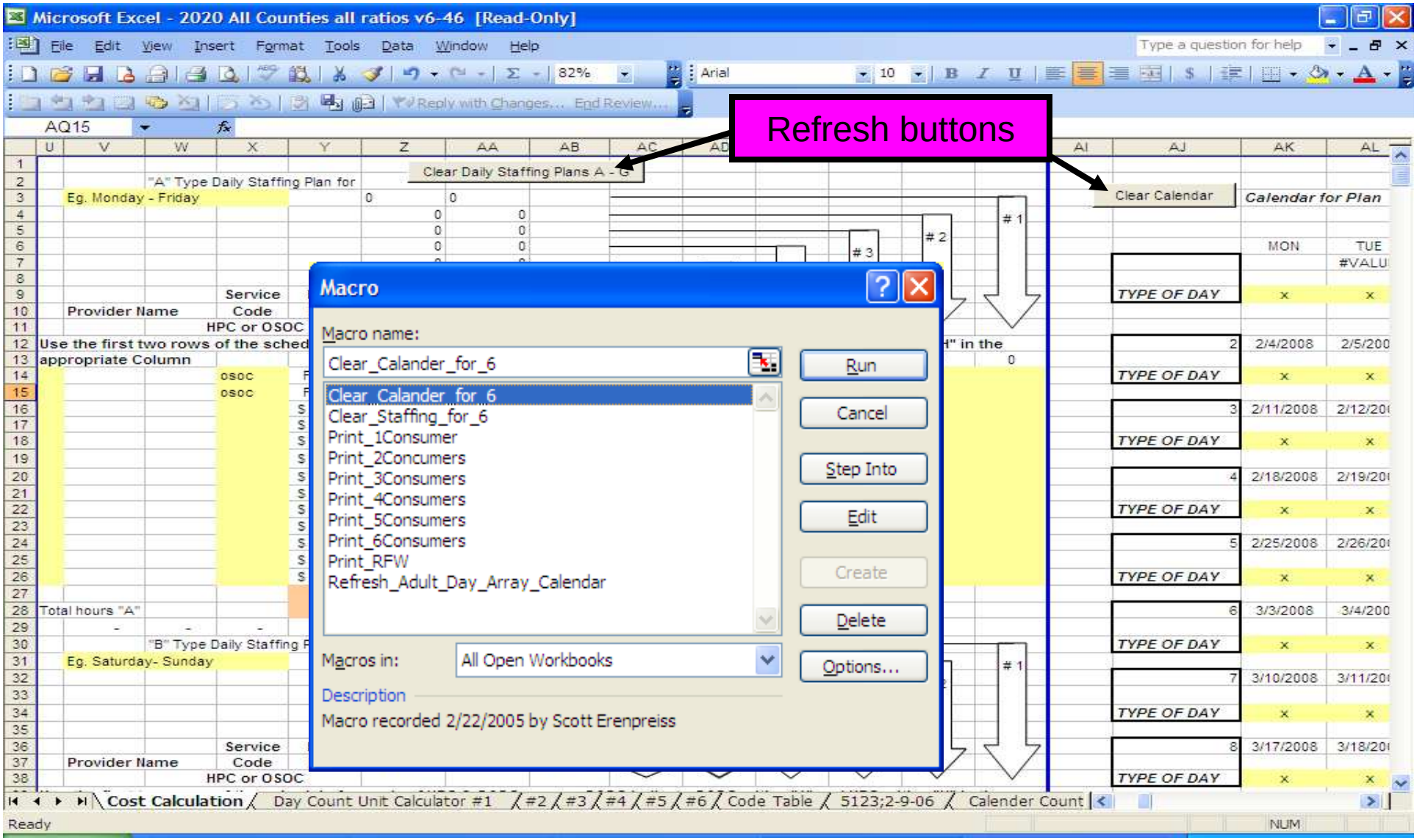


# How To Print

First to Tools in the tool bar and select Macro and then Macros.



The following selection of macros will appear. Select the macro you whish to run and hit run. Note that printing all consumers will result in a very large amount of paper so please only print the number of consumers you need.



Note that there are other macros on this list that can clear various sections of the 2020. Clearing the Calendar and Staffing schedules will cause you to loose any information that you put in these sections if you have not saved the 2020 to your computer. Also note that there are buttons on the Schedules and Calendar that will also erase information in these areas.