

## FFY 2017 Home Delivered Meal Waiver and Workbook Submission Instructions

The following instructions provide information on the home delivered meal waiver and rate setting workbook submission for FFY2017.

Due to the large volume of waivers and workbooks, the following instructions apply:

- Waivers and rate setting workbooks must be submitted to DADS state office by either the Community Services Contracts (CSC) or the Area Agencies on Aging (AAA).
- Waiver Form 2027 submission must be completed electronically, signed and dated.
- Only one waiver or rate setting workbook may be included per email.
- Do not attach additional documents to the email submission. Additional information may be requested by the reviewer, if needed.
- Follow the submission instructions below for waiver Form 2027, rate setting workbooks, and rate compilation pages.
- Congregate meal waivers are included in the rate setting workbook and do not require a separate submission.

**Common Providers** – The Rate Setting process is intended to be a collaborative effort between CSC and AAA. To determine your rate setting team, please refer to the attached contact list. Coordinate with your team members regarding the rate setting process.

Common Providers				
Document	Submit to State Office	Document Name	Email Subject Line Nomenclature	Submit To:
Form 2027 - Home Delivered Meals Waiver Request	10:00 AM 04/08/2016	Waiver must be named the same as the “Nutrition Provider Legal Entity Name” completed on the waiver form.  Example: Sun County Nutrition Services	C - {Region #} - {AAA #} - {CSC Contract #} - NW - FFYxx - {Submission#}  Example: C - 11 - 83119 - 1014929 - NW - FFY17 - #2	<a href="mailto:AAA.Reports@dads.state.tx.us">AAA.Reports@dads.state.tx.us</a> and <a href="mailto:Cecile.Hay@dads.state.tx.us">Cecile.Hay@dads.state.tx.us</a>
Rate Negotiations Workbook	10:00 AM 06/30/2016	Workbook must be named the same as the “Nutrition Provider Legal Entity Name” completed on the waiver form.  Example: Sun County Nutrition Services	C - {Region #} - {AAA #} - {CSC Contract #} - {Nutrition Providers Legal Business Name} - FFYxx - {Submission#}  Example: C - 11 - 83119 - 1014929 - Sun Country Nutrition Services - FFY17 - #2	<a href="mailto:AAA.Reports@dads.state.tx.us">AAA.Reports@dads.state.tx.us</a> and <a href="mailto:Cecile.Hay@dads.state.tx.us">Cecile.Hay@dads.state.tx.us</a>

**Title III non-common provider (AAA only providers)** – AAAs will submit the completed rate setting “Rate Compilation” worksheet. Rate setting workbooks do not need to be submitted unless they are selected for review. A random selection will be determined from the Rate Compilation worksheet. Following DADS review of the Rate Compilation worksheets, a random sample of AAA only provider workbooks will be requested to submit for review.

Title III Non-Common Providers (AAA Only Providers)				
Document	Submit to State Office	Document Name	Email Subject Line Nomenclature	Submit To:
Form 2027 - Home Delivered Meals Waiver Request	10:00 AM 04/08/2016	Waiver must be named the same as the “Nutrition Provider Legal Entity Name” completed on the waiver form.  Example: Sun County Nutrition Services	{AAA #} - NW - {Nutrition Providers Legal Business Name} - FFYxx - {Submission#}  Example: 83119 - NW - Sun Country Nutrition Services - FFY17 - #2	<a href="mailto:AAA.Reports@dads.state.tx.us">AAA.Reports@dads.state.tx.us</a>
Rate Compilation Page	10:00 AM 06/30/2016	{AAA #} Rate Compilation Page  Example: 83119 Rate Compilation Page	{AAA #} - NC - Compilation Page - FFYxx - {Submission#}  Example: 83119 - NC - Compilation Page - FFY17 - #2	<a href="mailto:AAA.Reports@dads.state.tx.us">AAA.Reports@dads.state.tx.us</a>

**All AAA Providers** – DADS sub-recipient monitoring procedures may include reviewing the documentation and systems of tracking and validating all evidence to support program income, In-Kind, and match for AAA providers.

**Title XX Non-Common Providers** – The Rate Setting process will be executed with Community Services Contracts (CSC) contract managers.

Title XX Non-Common Providers (Community Services Only Providers)				
Document	Submit to State Office	Document Name	Email Subject Line Nomenclature	Submit To:
Form 2027 - Home Delivered Meals Waiver Request	10:00 AM 04/08/2016	Waiver must be named the same as the “Nutrition Provider Legal Entity Name” completed on the waiver form.  Example: Sun County Nutrition Services	NC - {Region #} - {CSC Contract #} - NW - FFYxx - {Submission#}  Example: NC - 11 - 1014929 - NW - FFY17 - #2	<a href="mailto:Cecile.Hay@dads.state.tx.us">Cecile.Hay@dads.state.tx.us</a>
Rate Negotiations Workbook	10:00 AM 06/30/2016	Workbook must be named the same name as the “Nutrition Provider Legal Entity Name” completed on the waiver form.  Example: Sun County Nutrition Services	NC - {Region #} - {CSC Contract #} - {Nutrition Providers Legal Business Name} - FFYxx - {Submission#}  Example: NC - 11 - 1014929 - Sun Country Nutrition Services - FFY17 - #2	<a href="mailto:Cecile.Hay@dads.state.tx.us">Cecile.Hay@dads.state.tx.us</a>

Please email all questions regarding the rate setting and waiver documents to: [AAA.Help@dads.state.tx.us](mailto:AAA.Help@dads.state.tx.us)