ALTERNATE FORMS CHECKLIST

H1534 (Page 2) Budget Reconciliation

Check the box by each required data element as you include that element in the design of your alternate form:

- Name of form: Identify the form, either with the name of the form, or by “Alternate Form No. H1534, Page 2.” Remove all references to HHSC from the form.
- Period of budget coverage
- Budget categories (as they appear on HHSC Form H1534 Page 2, or as they appear on your approved Management Plan Budget)
- Line items (as they appear on HHSC Form H1534 Page 2, or as they appear on your approved Management Plan Budget)
- Claim month costs incurred
- Year to date cost incurred
- Approved annual budget
- Remaining balance
- Grand total
- Certification statement (as it appears on HHSC Form H1534 Page 2)
- Signature (date of signature, and title of person signing the form)
- Instructions – detailed instructions must include the following:
  - References to HHSC: remove all references to HHSC from the instructions to the alternate form
  - When to prepare
  - Transmittal
  - Form retention
  - Detailed instructions (consistent with your Alternate Form)