



Annual Report Fact Sheet

Avoid common errors by ensuring the following items are addressed when completing the annual report.

DOL Certificate

Submit a current DOL Certificate or a letter stating that your application is being processed. If no individuals are paid sub-minimum wages, please select the N/A icon.

Insurance certificate

- *The Description of Operations/Locations/Vehicles/Exclusions section* must state **Certificate Holder is listed as additional insured for general liability.**
- The *Certificate Holder* section must state **State of Connecticut - DDS, 460 Capitol Avenue, Hartford CT 06106**

Page 5, Related Party Transactions

If yes is checked, enter the name and address of each related party at the bottom of the page. Reporting related party transactions on the annual report does not replace the need to submit a request for prior approval from DDS in conformance to the DDS Ethics Protocols. It is the responsibility of the provider to conform to the DDS Ethics Protocols and submit a request to the DDS Ethics Committee for approval. Please submit Ethics Committee requests to Julie.Bouchard@ct.gov .

Page 6, Related Party

Provide a description of the relationship between the agency and each related party reported on page 5, the top of page 6, and page 7. Reporting related party transactions on the annual report does not replace the need to submit a request for prior approval from DDS in conformance to the DDS Ethics Protocols. It is the responsibility of the provider to conform to the DDS Ethics Protocols and submit a request to the DDS Ethics Committee for approval. Please submit Ethics Committee requests to Julie.Bouchard@ct.gov .

Page 8 – Executive Director’s Salary Supplemental Disclosure Schedule

All providers must complete this form. The total allowable salary amount is \$101,000. If the amount reported is in excess of \$101,000, you must identify the source of funding. The difference will automatically calculate an offset on Page 14 Non-Reimbursable Costs Line 6.0.

Page 9, Arms-Length Leases

Copies of any new leases starting in the fiscal year being prepared must be uploaded.

Page 10 – Pending Litigation

If there is pending litigation, include the estimated date of the settlement, potential financial impact on the agency, and legal council's name, address and phone number.

Page 12 – Cost Centers

Be sure all applicable fields are completed.

- Days opened should not be more than 365 for residential programs and not more than 250 for day programs.
- There must be a separate cost center for each CLA and/or CRS home.
- There must be a separate cost center for each program type (Parent Support, CCH, IHS, Personal Support, CPS, ISE, GSE, DSO, Individual Day, Pre-VOC, HCC, Clinical Behavioral Supports, and Adult Day Health).

Page 14, Line 2n Vehicle Cost

The allowable limit for lease/loan/rental payments for each administrative vehicle is \$4,800 per year. If costs for more than one (1) vehicle are entered, you should supply the number of vehicles under separate cover.

CSA Count and Utilization Reports

Data entered in the annual report must reconcile to the **CSA Count** and **Utilization Reports** supplied by the Operations Center. Otherwise, supply an explanation under separate cover.

- **Utilization Report** – Be sure to use the correct amount (converted daily rate) shown on the report for services such as DSH and GSH.

Page 30 Revenue

Data entered in the annual report must reconcile to the payment report supplied by the Operations Center. Otherwise, discuss with your Provider Specialist or Sandra.McNally@ct.gov

A&G

Be sure to submit an explanation under separate cover for A&G costs not within 15% of the Operating Plan or 8 Month Report.