

# Community Living Arrangements

DDS & DSS

2008 - 2009 Training Seminar

September 9, 2008

# Agenda

- Welcoming Comments
- Related Party Transactions & Ethics Committee
- 10 Minute Break
- Annual Report of Residential and Day Services
- Desk Review Issues & Reminders
- CLA Developments & Improvements Topics
- Questions
- Closing Comments

# *Welcoming Comments*

DDS

**Joseph Drexler**

Director, Operations Center

# Why Are We Here?

- The Annual Report is a legal requirement under the CLA regulations and the Contract.
- It is used by DSS to set Room and Board Rates
- It is the most important information source for informing DDS and others about the costs associated with providing our services.

# Recent Uses

- Information on impact of energy costs
- Information about wage levels
- Information about nursing
- Information about specific providers when concerns are raised by providers or others

# Accuracy

- Accuracy is important so that financial impact of financial decisions can be properly calculated
- The information you submit will help DDS to plan for the future rates

# Introductions



- **DDS**

Peter Mason  
James Welsh  
Krista Pender

- **DSS**

Paula Pfistner  
Barbara Jarzyna

- **Craig J Lubitski**  
Consulting (Contractor)

Maria Ludeña  
Jason Ledger  
Kelvin Verrett  
Blanca Caraccioli

# Related Party Transactions and Ethics Committee

Microsoft Excel

File Edit View Insert Format Tools Data Window Help

State of Connecticut

Unlocked Master DDS Cost Report 7-30-08.xls

	A	B	C	D	E	F	G	H	I	J	K	L	M
7													
8	Parent Organization					FEIN		Report for Year Ended	Page	of			
9								6/30/2008	5	29			
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11													
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24													
25													
26													
27													
28													
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Table of Contents | 1 | 2 | 3 | 4 | 4a | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24

Ready NUM

Start Citrix Access ... 9 Citrix I... 2:16 PM

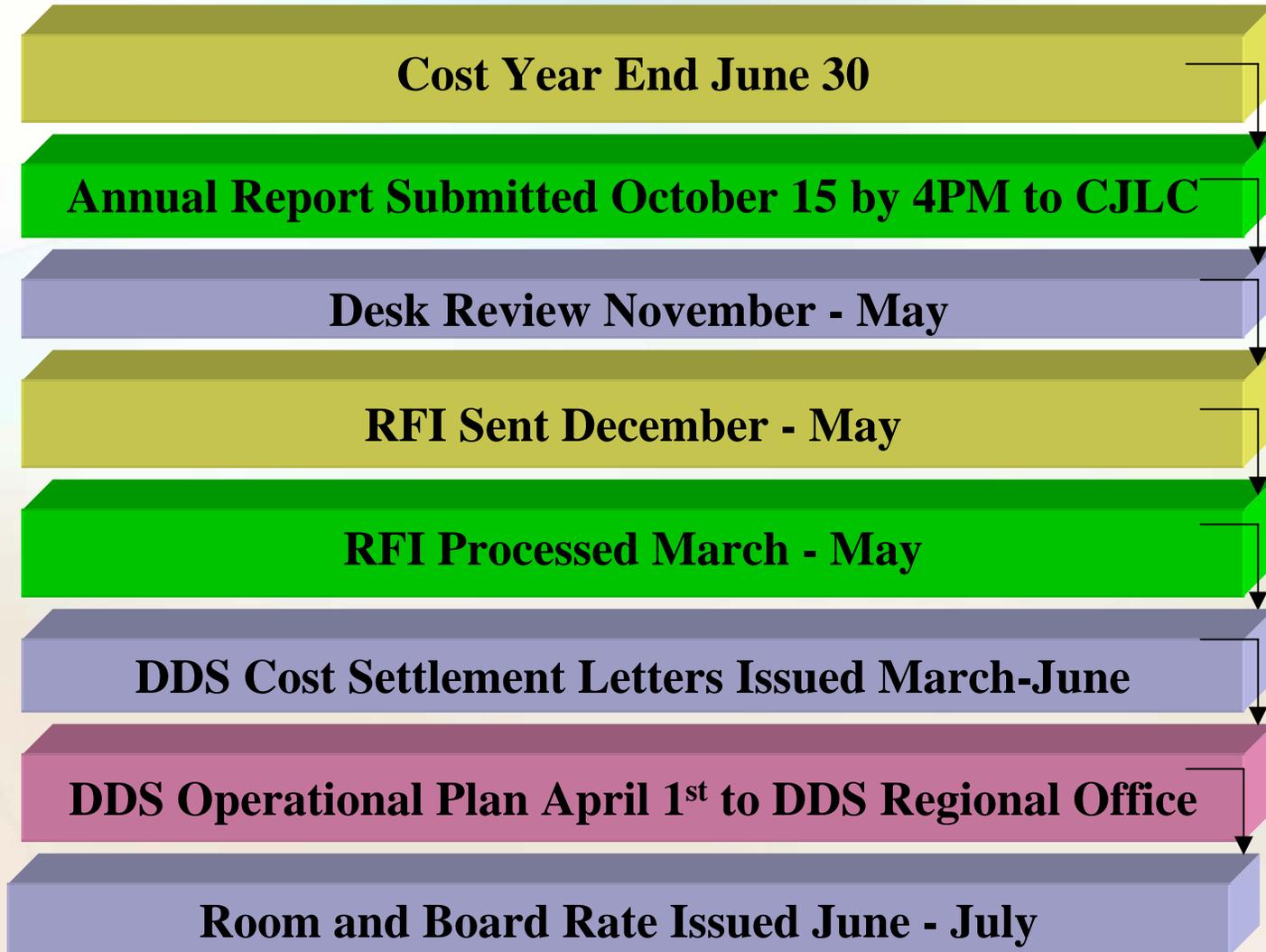
# 10 Minute Break



# Annual Report of Residential and Day Services Topics

- Annual Report Submission Process
- Changes for FY 2008
- Amended Annual Reports
- General Mistakes Made in FY 2007 Submissions
- Desk Review Issues & Reminders

# Annual Report of Residential and Day Services Timeline



# Annual Report Submission Process

- As you prepare the 2008 Annual Report, please check the CJLC website on a regular basis for any updates.

[www.cjlc.com](http://www.cjlc.com)

# Annual Report Submission Process

## Filing Requirements

- *Two complete copies of the 2008 Annual Report of Residential and Day Services Department of Social Services and Department of Developmental Services. One original with signatures and notaries and one additional copy.*

- *One Data CD*

- *Signatures are required for Pages 2, 3, 4 and 29 along with notarization on Page 2 for your completed submission to be accepted by the Department. Pages 3 and 4 apply to For-Profit Organizations only.*

# Annual Report Submission Process

## *Filing Requirements*

- *The report must be received by CJLC no later than 4:00 p.m. on October 15, 2008.*

Craig J. Lubitski Consulting LLC

Founders Plaza

225 Pitkin Street

East Hartford, Connecticut 06108

# Annual Report Submission Process

## *Late Filing Regulation*

- If the Annual Report is filed late Regulation Sec. 17-13b-4 notes that for each day that the ACOR (Annual Report of Residential and Day Services) is not filed, a penalty shall be assessed. The Commissioner may approve a request for an extension to the filing date only if he deems that extraordinary circumstances will prevent the timely filing of the Cost Report. The request for an extension should be submitted in writing and prior to October 15, 2008. It is recommended that the request be submitted as soon as the extraordinary circumstances are identified.

# Reconciliation of Financial Statements to Annual Report

- All non-profit corporations must complete a reconciliation report.
- Reconciliation Reports are due December 31 with Audited Financial Statements to be submitted to DDS Central Office, Operations Center.
- A new Reconciliation Report must be submitted with any amended Annual Report that changes the financial data.

## Reconciliation of Financial Statements to Annual Report

Parent Organization	FEIN	Report for Year Ended 6/30/2008
1.	Residential Costs per Annual Report of Residential and Day Services (From Summary CLA, line 14)	\$ -
2.	Residential Costs per Annual Report of Residential and Day Services (From Summary SLA, line 14)	\$ -
3.	Residential Costs per Annual Report of Residential and Day Services (From Summary CTH, line 14)	\$ -
4.	Day Costs per Annual Report of Residential and Day Services (From Summary DAY, line 15)	\$ -
5.	Room & Board Costs per Annual Report of Residential and Day Services (From Room & Board Costs for CLAs, line 31)	\$ -
6.	ICF and Other Costs per Annual Report of Residential and Day Services (From Summary ICF and Other, line 10)	\$ -
7.	Fee for Service Costs per Annual Report of Residential and Day Services (From Summary Fee for Service, Line 10)	\$ -
8.	Subtotal Costs per Annual Report of Residential and Day Services (1 thru 7)	\$ -
9.	Add Back all Expense Recoveries and Non-Reimbursables	
	a. From Administrative and General, line 6s (Non-Reimbursables)	\$ -
	b. From Administrative and General, line 7 (Other Operating & Non-Operating Revenue)	\$ -
	c. From Summary CLA, line 12 (Non-Reimbursable Cost)	\$ -
	d. From Summary CLA, line 13 (Other Operating & Non-Operating Revenue)	\$ -
	e. From Summary SLA, line 12 (Non-Reimbursable Cost)	\$ -
	f. From Summary SLA, line 13 (Other Operating & Non-Operating Revenue)	\$ -
	g. From Summary SLA, line 13a (Fee for Service Revenue)	\$ -
	h. From Summary CTH, line 12 (Non-Reimbursable Cost)	\$ -
	I. From Summary CTH, line 13 (Other Operating & Non-Operating Revenue)	\$ -
	j. From Summary DAY, line 11 (Less Non-Reimbursable Cost)	\$ -
	k. From Summary DAY, line 12 (Sales Revenue)	\$ -
	l. From Summary DAY, line 13 (Excess Cost Non-DDS Openings)	\$ -
	m. From Summary DAY, line 13a (Fee for Service Revenue)	\$ -
	n. From Summary DAY, line 14 (Less Other Operating & Non-Operating Revenue)	\$ -
	o. From Summary ICF and Other, Line 9 (Less Other Operating & Non-Operating Revenue)	\$ -
	p. From Summary Fee for Service, Line 9 (Less Operating & Non-Operating Revenue)	\$ -
	<b>q. Total Expense Recoveries &amp; Non-Reimbursables (lines 9a thru 9p)</b>	<b>\$ -</b>
10.	Adjusted Costs Per Annual Report of Residential and Day Services (line 8 + 9q)	\$ -
11.	<b>Total Expenses Per Financial Statements</b>	
12.	Difference/Reconciling Items (11 - 10)	\$ -
	Explain below, use additional sheet(s) if necessary:	

# Changes for FY 2008

- Cost Center Numbers (Page 12): The description titles for the different types of openings has been renamed.
- Purchased Openings has been changed to **Contracted Openings**.
- Authorized Openings has been changed to **Total Openings**.

# Changes for FY 2008

- Cost Center Numbers (Page 12): A new column has been added.
- Adjusted Openings has been added to allow providers to adjust the number of days an individual is available for services during the year.

# Changes for FY 2008

- Cost Center Numbers (Page 12):
- For example, a provider has a DSO program for 9 consumers. The contract was amended to add a new participant on January 1, 2008.
- Contracted Openings - 10
- Total Openings - 10
- Adjusted Openings - 9.5

**Department of Social Services and Department of Developmental Services  
 Assignment of Cost Center Numbers**

Parent Organization	FEIN	Report for Year Ended	Page	of
ABC Organization	0	6/30/2008	12	29

**Identification Numbers**

Cost Center	Town/ City	Contracted Openings	Program Type	DDS ID Number					DSS ID Number	DDS Licensed Number	Total Openings	Adjusted Openings	Days Opened
				Provider	Program	Unique ID	Region						
							Prime	Specific					
A&G	Hartford		A&G	000	100	0010	North	North					
DSO	Hartford	10	DSO	000	200	0011	North	North		10	9.5	250	



	A	B	C	D	E	F	G	H	I	J	K	L
1	State of Connecticut											
2	<b>Annual Report of Residential and Day Services</b>											
3	CLA-21 Rev. 7/2008											
4												
5	<b>Department of Social Services and Department of Developmental Services</b>											
6	<b>Summary of Day Program</b>											
7												
8	Parent Organization							FEIN			Report for Year Ended	
9											6/30/2008	
10												
11	<b>Summary of Day Program</b>											
12												
13			<b>Agency Total</b>			<b>DSO</b>						
14						<b>0012</b>						
15			<b>Item</b>									
16	1.	Client Openings										
17		a.	Total	10.00		10.00						
18		b.	Contracted	10.00		10.00						
19		c.	Adjusted	9.50		9.50						
20	2.	Number Days Operating In Year		250.00		250						
21	3.	Available Client Days		2375.00		2,375						
22	4.	Actual Client Days		2175.00		2,175						
23	5.	Percentage of Utilization		91.58%		91.58%						
24	6.	FTEs										
25		a.	Managers									
26		b.	Supervisors									
27		c.	Instructor/Job Coach									
28		d.	Clinical Staff									
29		e.	Transportation									
30		f.	Other (Specify) See Attached Schedule									
31		g.	Total FTEs (6a thru 6f)									
32	7.	Salaries & Wages										
33		a.	Managers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



# Changes for FY 2008

## Executive Director Salary Cap Increase

- ***PA No. 07-238, Section 7 "AN ACT CONCERNING THE DEPARTMENT OF MENTAL RETARDATION. "***
- Increased the salary cap to \$ 100,000.00
- The cost allowance for the salary of the director may be increased by an amount not to exceed the percentage increase of any cost of living increase provided under the terms of the contract of the organization.

# Changes for FY 2008

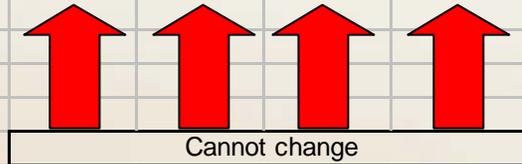
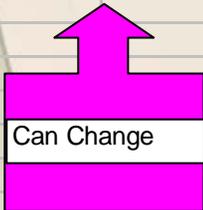
- Providers can now directly change the cost center name and/or location for either a Day or Supported Living program on the annual report as long as the program type, program cost center number, and unique ID number remain the same.
- Changes to a CLA require the program to be closed and reopened with a new unique ID number.

**Department of Social Services and Department of Developmental Services  
Assignment of Cost Center Numbers**

Parent Organization	FEIN	Report for Year End	Page
ABC Organization	0	6/30/2008	12

**Identification Numbers**

Cost Center	Town/ City	Contracted Openings	Program Type	DDS ID Number					DSS ID Number	DDS Licensed Number	Total Openings	Adjusted Openings
				Provider	Program	Unique ID	Region					
							Prime	Specific				
A&G	Hartford		A&G	000	100	0010	North	North				
<b>DSO</b>	<b>Hartford</b>	21	DSO	000	200	0011	North	North			21	21



# Changes for FY 2008

- Full Time Equivalents (FTEs) - FTE is the total amount of hours paid to a staff or class of staff (ie. direct care workers in a particular cost center) in FY2008 divided by 2080 hours. Paid hours would include overtime, training, vacations, holidays, sick and personal time.

# Changes for FY 2008

- Managers- This position is directly responsible for the day to day operation of a CLA(s) or Day Program. This position spends most of his/her time in the assigned home or program and, at times, both supervises and provides direct supports to the consumers. This is not an administrative position. Positions such as Residential or Day Directors should be listed under Other Staff

# Changes for FY 2008

- Supervisor- This position is directly responsible for the day to day operation of the CLA or day program. This position spends most of his/her time in the home or program and provides scheduled direct support to the residents.

LPNs who are part of the staff complement providing direct supports should be included here.

# Changes for FY 2008

- Nursing - This classification is for Registered Nurse positions only. Only the direct supports allocated to the residents of the home should be listed. Licensed Practical Nurse(LPN) positions providing consultative or intermittent services should be listed under Other Staff.

# Changes for FY 2008

- Other - Administrative and support positions that provide minimal or time limited direct support to the residents should be listed under this line. (I.e Residential Director, Day Director, Assistant Directors, Job Developers, etc.

# Changes for FY 2008

## No Change to Fee For Service Cost Center

- In order to track expenses for future rate calculations, there is a Fee for Service Cost Center and schedule (Page 24).
- For those agencies that have not allocated costs associated with the Fee for Service program from other DMR funded programs, the revenue offset (Fee for Service Revenue) is still available.

# Amended Annual Reports

- Any changes to the Annual Report after submission to CJLC (Other than those requested by CJLC) must be sent to the Resource Manager.
- Two hard copies (One MUST be the original) of the full Annual Report with the incorporated changes.
- All changes must be highlighted in yellow.
- The Management Affidavit must be signed and notarized along with a signed copy of the Amended Annual Report letter.

Annual Report of Residential and Day Services  
**Annual Report of Residential and Day Services**  
CLA-29 Rev. 8/2006

**Department of Social Services and Department of Developmental Services**  
**Amended Annual Report of Residential and Day Services Affidavit**

Parent Organization	FEIN	Report for Year Ended 6/30/2008
It is hereby certified that I have reviewed the changes highlighted in this amended report. I certify that the only changes made to the report have been highlighted. I understand and agree with any and all financial implications that resulted from these changes.		
Signature (Authorized Official)	Date Signed	

# General Mistakes Made in FY 2007 Submissions

- Providers submitted a blank data disk along with the hard copy. Please verify data before submitting the 2008 Annual Report.
- 80% of the calls asking for technical help were topics covered in the Aid for Preparing the Annual Report of Residential and Day Services included in the Annual Report software disk.

# General Mistakes Made in FY 2007 Submissions

- Signatures - Not signed p. 2 & 29
- Non-profits submitted signed pp. 3 & 4 when not required

**Department of Social Services and Department of Developmental Services  
General Information and Questionnaire**

Parent Organization	FEIN	Report for Year Ended	Page	of
0	0	6/30/2008	2	29

**Management Affidavit  
As to the Accuracy and Completeness of the Filing**

IT IS HEREBY CERTIFIED that I have reviewed this report and am familiar with the applicable regulations and operating guidelines governing its preparation. I have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware as a result of an inquiry or other research are properly disclosed as such in this report. To the best of my knowledge, under penalty of law, this filing represents accurate and complete information prepared from and reconciled to our books and records in accordance with instructions provided by the State of Connecticut, Department of Developmental Services and the Department of Social Services.

IT IS HEREBY CERTIFIED that all the supporting records for the revenues, expenses and statistics have been retained as required by the Department of Developmental Services and will be made available for audit in a timely manner and in a location specified by the Department of Developmental Services and/or Department of Social Services upon written request.

IT IS HEREBY CERTIFIED that our organization is in receipt of the Department of Developmental Services's guidelines on the handling of client funds and is in compliance with respect to the requirements for all client funds for which we are responsible.

IT IS HEREBY CERTIFIED that all withholdings from employees' paychecks have been processed in a timely fashion and payment made to the appropriate parties.

IT IS HEREBY CERTIFIED that the information reported on the RELATED PARTY DISCLOSURE form and attached worksheet(s), if applicable, are true and correct to the best of my knowledge. The related party information contained in the Related Party Disclosure has been reviewed for compliance to CLA Rate Setting Regulations, Section 17-313b-1(19) and the

C

D

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I

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K

Annual Report of Residential and Day Services

**Annual Report of Residential and Day Services**

CLA-29 Rev. 8/2006

**Department of Social Services and Department of Developmental Services  
Preparer/Reviewer Certification**

Parent Organization

FEIN

Report for Year Ended

Page

of

6/30/2008

29

29

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Provider and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) have been properly disclosed and adjusted in this report.

The related party information contained in the Related Party Disclosure has been reviewed for compliance to CLA Rate Setting Regulations, Section 17-313b-1(19) and the allowable cost reported for related party transactions has been limited to the cost to the related party and related party costs are reported in compliance with the Rate Setting Regulations Section 17-313b-3(5).

Signature of Preparer

Date Signed

Printed Name of Preparer

Title of Preparer

Address of Preparer

Preparer's Telephone Number

Printed Name of Agency's Contact Person

Agency's Contact Telephone Number

State of Connecticut								
<b>Annual Report of Residential and Day Services</b>								
CLA-3 Rev. 7/2006								
<b>Department of Social Services and Department of Developmental Services</b>								
<b>General Information and Questionnaire</b>								
Parent Organization				FEIN	Report for Year Ended	Page	of	
					6/30/2008	3	29	

**Certification by Independent Public Accountants**

**Independent Auditor's Report**

We have audited, in accordance with auditing standards generally accepted in the United States of America, the financial statements of \_\_\_\_\_ [provider name] for the year ended 6/30/2008, and have issued our report thereon dated \_\_\_\_\_. We have also audited the financial schedules and forms of \_\_\_\_\_ [provider name] as listed in the accompanying listing of Financial Schedules and Forms of \_\_\_\_\_ [provider name] as of and for the year ended 6/30/2008. These financial schedules and forms are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial schedules and forms based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial schedules and

## Unlocked Master DDS Cost Report 7-30-08.xls

	A	B	C	D	E	F	G
1	State of Connecticut						
2	<b>Annual Report of Residential and Day Services</b>						
3	CLA-4 Rev. 7/2006						
4							
5	<b>Department of Social Services and Department of Developmental Services</b>						
6	<b>General Information and Questionnaire</b>						
7							
8	Parent Organization			FEIN	Report for Year Ended	Page	of
9					6/30/2008	4	29
10							

**Certification by Independent Public Accountants  
Compliance Statement**

We have audited the financial statements of \_\_\_\_\_ [provider name] as of and for the year ended 6/30/2008, and have issued our report thereon dated \_\_\_\_\_. We conducted our audit in accordance with auditing standards generally accepted in the United States of America.

The management of \_\_\_\_\_ [provider name] is responsible for establishing and maintaining an internal control structure to insure compliance with the requirements of the State of Connecticut Department of Developmental Services's handling of client funds, State of Connecticut Department of Developmental Services's Cost Accounting Standards, State of Connecticut Department "Independent Contractor/Consultant Ethics Compliance Protocol", the Federal Regulations surrounding employee withholding taxes, and the reporting of related party transactions as defined in CLA Rate Setting Regulations Section 17-313b-1 (19) and Section 17-313b-3 (5).

The objectives of internal control structure are to provide management with reasonable, but not absolute, assurance that assets are safeguarded.

# General Mistakes Made in FY 2007 Submissions

- The cost centers listed on the final Operational Report do not match the cost centers listed on the Annual Report.

# General Mistakes Made in FY 2007 Submissions

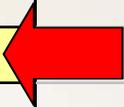
- Reconciliation of Financial Statements to Annual Report was never filed.
- The expenses reported on the Financial Statements were not filled in.
- No explanation why there is a difference between the Annual Report and the Financial Statements.

**State of Connecticut**

**Department of Social Services and Department of Developmental Services**

**Reconciliation of Financial Statements to Annual Report**

Parent Organization	FEIN	Report for Year Ended
<b>ABC Corporation</b>	0	6/30/2008
1. Residential Costs per Annual Report of Residential and Day Services (From Summary CLA, line 14)		\$ 50,000
2. Residential Costs per Annual Report of Residential and Day Services (From Summary SLA, line 14)		\$ 50,000
3. Residential Costs per Annual Report of Residential and Day Services (From Summary CTH, line 14)		\$ 50,000
4. Day Costs per Annual Report of Residential and Day Services (From Summary DAY, line 15)		\$ -
5. Room & Board Costs per Annual Report of Residential and Day Services (From Room & Board Costs for CLAs, line 31)		\$ -
6. ICF and Other Costs per Annual Report of Residential and Day Services (From Summary ICF and Other, line 10)		\$ -
7. Fee for Service Costs per Annual Report of Residential and Day Services (From Summary Fee for Service, Line 10)		\$ -
8. Subtotal Costs per Annual Report of Residential and Day Services (1 thru 7)		\$ 150,000
9. Add Back all Expense Recoveries and Non-Reimbursables		
a. From Administrative and General, line 6s (Non-Reimbursables)		\$ -
b. From Administrative and General, line 7 (Other Operating & Non-Operating Revenue)		\$ -
c. From Summary CLA, line 12 (Non-Reimbursable Cost)		\$ -
d. From Summary CLA, line 13 (Other Operating & Non-Operating Revenue)		\$ -
e. From Summary SLA, line 12 (Non-Reimbursable Cost)		\$ -
f. From Summary SLA, line 13 (Other Operating & Non-Operating Revenue)		\$ -
g. From Summary SLA, line 13a (Fee for Service Revenue)		\$ -
h. From Summary CTH, line 12 (Non-Reimbursable Cost)		\$ -
i. From Summary CTH, line 13 (Other Operating & Non-Operating Revenue)		\$ -
j. From Summary DAY, line 11 (Less Non-Reimbursable Cost)		\$ -
k. From Summary DAY, line 12 (Sales Revenue)		\$ -
l. From Summary DAY, line 13 (Excess Cost Non-DDS Openings)		\$ 25,000
m. From Summary DAY, line 13a (Fee for Service Revenue)		\$ -
n. From Summary DAY, line 14 (Less Other Operating & Non-Operating Revenue)		\$ -
o. From Summary ICF and Other, Line 9 (Less Other Operating & Non-Operating Revenue)		\$ -
p. From Summary Fee for Service, Line 9 (Less Operating & Non-Operating Revenue)		\$ -
q. <b>Total Expense Recoveries &amp; Non-Reimbursables (lines 9a thru 9p)</b>		\$ 25,000
10. Adjusted Costs Per Annual Report of Residential and Day Services (line 8 + 9q)		\$ 175,000
11. <b>Total Expenses Per Financial Statements</b>		
12. Difference/Reconciling Items (11 - 10)		\$ (175,000)



## Reconciliation of Financial Statements to Annual Report

Parent Organization		FEIN	Report for Year Ended
<b>ABC Corporation</b>		Report for Year Beginning	(No. & Street, City, State, Zip Code)
1.	Residential Costs per Annual Report of Residential and Day Services (From Summary CLA, line 14)		\$ 50,000
2.	Residential Costs per Annual Report of Residential and Day Services (From Summary SLA, line 14)		\$ 50,000
3.	Residential Costs per Annual Report of Residential and Day Services (From Summary CTH, line 14)		\$ 50,000
4.	Day Costs per Annual Report of Residential and Day Services (From Summary DAY, line 15)		\$ -
5.	Room & Board Costs per Annual Report of Residential and Day Services (From Room & Board Costs for CLAs, line 31)		\$ -
6.	ICF and Other Costs per Annual Report of Residential and Day Services (From Summary ICF and Other, line 10)		\$ -
7.	Fee for Service Costs per Annual Report of Residential and Day Services (From Summary Fee for Service, Line 10)		\$ -
8.	Subtotal Costs per Annual Report of Residential and Day Services (1 thru 7)		\$ 150,000
9.	Add Back all Expense Recoveries and Non-Reimbursables		
a.	From Administrative and General, line 6s (Non-Reimbursables)		\$ -
b.	From Administrative and General, line 7 (Other Operating & Non-Operating)		\$ -
c.	From Summary CLA, line 12 (Non-Reimbursable Cost)		\$ -
d.	From Summary CLA, line 13 (Other Operating & Non-Operating)		\$ -
e.	From Summary SLA, line 12 (Non-Reimbursable Cost)		\$ -
f.	From Summary SLA, line 13 (Other Operating & Non-Operating)		\$ -
g.	From Summary SLA, line 13a (Fee for Service Revenue)		\$ -
h.	From Summary CTH, line 12 (Non-Reimbursable Cost)		\$ -
i.	From Summary CTH, line 13 (Other Operating & Non-Operating)		\$ -
j.	From Summary DAY, line 11 (Less Non-Reimbursable Cost)		\$ -
k.	From Summary DAY, line 12 (Sales Revenue)		\$ -
l.	From Summary DAY, line 13 (Excess Cost Non-DDS Opening)		\$ 25,000
m.	From Summary DAY, line 13a (Fee for Service Revenue)		\$ -
n.	From Summary DAY, line 14 (Less Other Operating & Non-Operating)		\$ -
o.	From Summary ICF and Other, Line 9 (Less Other Operating & Non-Operating)		\$ -
p.	From Summary Fee for Service, Line 9 (Less Operating & Non-Operating)		\$ -
q.	<b>Total Expense Recoveries &amp; Non-Reimbursables (lines 9a - 9q)</b>		\$ 25,000
10.	Adjusted Costs Per Annual Report of Residential and Day Services (line 8 + 9q)		\$ 175,000
11.	<b>Total Expenses Per Financial Statements</b>		\$ 100,000
12.	<b>Difference/Reconciling Items (11 - 10)</b>		\$ (75,000)
	Explain below, use additional sheet(s) if necessary:		
	<b>Total difference</b>		\$ -

# General Mistakes Made in FY 2007 Submissions

- Adding a new program and the agency giving themselves a unique ID number. All unique ID numbers are issued by DDS. Call Yvonne Demers at 860-418-6025 for this number.

# General Mistakes Made in FY 2007 Submissions

- Re-use cost center numbers from old programs for the new program they are entering. Must call and get a new ID number. Call Yvonne Demers at 860-418-6025 for this number.

# General Mistakes Made in FY 2007 Submissions

- # of purchased openings for day programs not entered
- # of authorized openings for day programs not entered
- Client Attendance not entered



Department of Social Services and Department of Mental Retardation Summary of Day Program					
Parent Organization No Name					
Summary of Day Program					
		Agency Total	12	13	XXX
Item			0030	0050	0051
1.	Client Openings				
a.	Authorized	68	29	32	7
b.	DMR Purchased				
2.	Number Days Operating In Year	750	250	250	250
3.	Available Client Days	17,000	7,250	8,000	1,750
4.	Actual Client Days	11,024	3,651	6,492	881
5.	Percentage of Utilization	64.85%	50.36%	81.15%	50.34%
6.	FTEs				
a.	Managers	1.654	0.902	0.470	0.282
b.	Supervisors				
c.	Instructor/Job Coach	26.537	15.432	10.917	0.188
d.	Clinical Staff				
e.	Transportation				
f.	Other (Specify) See Attached Schedule	3.312	1.860	1.437	0.015
g.	Total FTEs (6a thru 6f)	31.503	18.194	12.824	0.485



Department of Social Services and Department of Mental Retardation Summary of Day Program					
Parent Organization No Name					
Summary of Day Program (continued)					
		Agency Total	12	13	XXX
Direct Service Costs			0030	0050	0051
a.	Employee Benefits	\$ 223,766	\$ 129,563	\$ 89,284	\$ 4,919
b.	Administrative and General	\$ 20,653	\$ 113,730	\$ 89,483	\$ 3,326
c.	Working Capital Interest	\$ -	\$ -	\$ -	\$ -
d.	Total Program Costs (10a thru 10c)	\$ 430,305	\$ 243,293	\$ 178,767	\$ 8,245
11.	Less Non-Reimbursable Cost	\$ -	\$ -	\$ -	\$ -
12.	Sales Revenue Net of Sales Revenue Allowances	\$ 97,295	\$ -	\$ 97,295	\$ -
13.	Excess Cost Non-DMR Openings	\$ -	\$ -	\$ -	\$ -
14.	Less Other Operating and Non-Operating Revenue	\$ -	\$ -	\$ -	\$ -
15.	Total Costs for Reimbursement	\$ 1,462,595	\$ 857,461	\$ 577,888	\$ 27,546
16.	Total Direct Service Costs Excluding Employee Benefit and A&G	\$ 1,129,885	\$ 614,168	\$ 496,416	\$ 19,301
17.	Cost for DMR Purchased Openings	\$ -	\$ -	\$ -	\$ -



# # Authorized Openings Omitted

State of Connecticut													
Annual Report of Residential and Day Services													
CLA-12 Rev. 7/2006													
Department of Social Services and Department of Mental Retardation													
Assignment of Cost Center Numbers													
Parent Organization								FEIN		Report for Year Ended		Page	of
No Name								00-0000000		6/30/2006		12	29
Identification Numbers													
DMR ID Number													
							Region			DMR	Total		
Cost Center	Town/ City	Purchased Openings	Program Type	Provider	Program	Unique ID	Prime	Specific	DSS ID Number	Licensed Number	Authorized Openings	Days Opened	
ADMIN & GENERAL			A&G	000	100	0100	W	W					
Day 1	Unknown	9.66	Day	000	410	0500	W	W				249	
Day 2	Unknown	5.25	Day	000	420	0600	W	W				249	
Day 3	Unknown	17.00	Day	000	430	0400	W	W				260	



A	B	C	D	E	F	G
State of Connecticut						
<b>Annual Report of Residential and Day Services</b>						
CLA-21 Rev. 7/2006						
<b>Department of Social Services and Department of Mental Retardation</b>						
<b>Summary of Day Program</b>						
Parent Organization						
No Name						



<b>Summary of Day Program</b>						
Parent Organization						
No Name						
<b>Summary of Day Program</b>						
			<b>Agency Total</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>
	<b>Item</b>		<b>0500</b>	<b>0600</b>	<b>0400</b>	
1.	Client Openings					
	a. Authorized					
	b. DMR Purchased	32	10	5	17	
2.	Number Days Operating In Year	758	249	249	260	
3.	Available Client Days					
4.	Actual Client Days	6,034	1,875	1,000	3,159	
5.	Percentage of Utilization					
6.	FTEs					
	a. Managers					
	b. Supervisors					
	c. Instructor/Job Coach	8.300	4.250	1.650	2.400	
	d. Clinical Staff					
	e. Transportation					
	f. Other (Specify) See Attached Schedule					
	g. Total FTEs (6a thru 6f)	8.300	4.250	1.650	2.400	
7.	Salaries & Wages					

A	B	C	D	E	F	G
<b>Summary of Day Program</b>						
Parent Organization						
No Name						

<b>Summary of Day Program (continued)</b>						
			<b>Agency Total</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>
	a. Employee Benefits	\$ 80,091	\$ 32,666	\$ 17,406	\$ 30,019	\$
	b. Administrative and General	\$ 65,703	\$ 30,283	\$ 15,069	\$ 20,351	\$
	c. Working Capital Interest	\$ -	\$ -	\$ -	\$ -	\$
	d. Total Program Costs (10a thru 10c)	\$ 145,794	\$ 62,949	\$ 32,475	\$ 50,370	\$
11.	Less Non-Reimbursable Cost	\$ -	\$ -	\$ -	\$ -	\$
12.	Sales Revenue Net of Sales Revenue Allowances	\$ -	\$ -	\$ -	\$ -	\$
13.	Excess Cost Non-DMR Openings	\$ -	\$ -	\$ -	\$ -	\$
14.	Less Other Operating and Non-Operating Revenue	\$ -	\$ -	\$ -	\$ -	\$
15.	Total Costs for Reimbursement	\$ 515,613	\$ 283,317	\$ 117,058	\$ 160,238	\$
16.	Total Direct Service Costs Excluding Employee Benefit and A&G	\$ 369,819	\$ 175,368	\$ 84,583	\$ 109,868	\$
17.	Cost for DMR Purchased Openings	\$ -	\$ -	\$ -	\$ -	\$





# General Mistakes Made in FY 2007 Submissions

- The amounts on the last amendment do not match the information on the Annual Report.

These include:

- Number of Clients do not match what is on the Assignment of Cost Center Numbers (Page 12)
- Total Reimbursement does not match what is on the Statement of Revenue (Page 28)

future years.

Type of Program	Financial Compensation	# Persons / Beds	# Programs / Homes	SID	Annualized Cost
<b>I. DAY SERVICES:</b>					
<b>A. Day Services:</b>					
1. Day Support Options (HAB/DSO)	\$390,408	21	1	16108	\$386,930
2. Individual Supp Employment (IP/SEI)	\$560,228	47	1	16108	\$560,228
3. Group Employment (SE/GSE)	\$1,675,108	96	1	16108	\$1,655,012
4. Sheltered Employment (SWSHE)					
5. Other (part IV sec H)					
6. One Time (part IV sec H)	\$89,764	0	0	16108	\$0
7. Support (PFV-Day)					
<b>SUBTOTAL DAY SERVICES:</b>	<b>\$2,715,508</b>	<b>164</b>	<b>3</b>		<b>\$2,602,170</b>
<b>II. RESIDENTIAL SERVICES:</b>					
<b>A. Community Living Arrangements:</b>					
1. Services	\$641,907	8	2	16122	\$641,907
2. Cash Advance (30 days)					
3. Start-up (45 days)					
4. Other (part IV sec H)	\$1,760	0	0	16122	\$0
5. One Time (part IV sec H)					
<b>B. Supported Living:</b>					
1. Services	\$1,997,259	38	1	16122	\$1,997,259
2. Development					
3. Other (part IV sec H)	\$3,744	0	0	16122	\$0
4. One Time (part IV sec H)	\$137,068	0	0	16122	\$0
<b>C. Community Training Home:</b>					
1. Support					
2. Other (part IV sec H)					
3. One Time (part IV sec H)					
<b>D. Provider Family Support Services:</b>					
1. Support (PFV)					
2. One Time (PFV) (part IV sec H)					
<b>E. Other Residential:</b>					
1. Respite Training Initiative					
2. Camperships					
3. Room and Board for Children					
<b>SUBTOTAL RESIDENTIAL SERVICES:</b>	<b>\$2,781,738</b>	<b>46</b>	<b>3</b>		<b>\$2,639,166</b>
<b>Annual Total:</b>	<b>\$5,497,246</b>	<b>210</b>	<b>6</b>		<b>\$5,241,336</b>

**Department of Social Services and Department of Developmental Services**  
**Assignment of Cost Center Numbers**

Parent Organization	FEIN	Report for Year Ended	Page	of
ABC Organization	0	6/30/2008	12	29

**Identification Numbers**

Cost Center	Town/ City	Contracted Openings	Program Type	DDS ID Number					DSS ID Number	DDS				
				Provider	Program	Unique ID	Region			Licensed Number	Total Openings	Adjusted Openings	Days Open	
							Prime	Specific						
A&G	Avon		A&G	000	100	0010	North	North						
DSO	Avon	21	DSO	000	200	0011	North	North			21	21	25	
ISE	Avon	47	ISE	000	300	0012	North	North			47	47	25	
GSE	Avon	96	GSE	000	400	0013	North	North			96	96	25	
ABC Gro	Avon	8	CLA	000	500	0014	North	North	62999	R-111	8	8	36	
SL Serv	Avon	38	SL	000	600	0015	North	North			38	38	36	

**Department of Social Services and Department of Developmental Services  
Statement of Revenue**

Parent Organization			FEIN	Report for Year Ended	Page
ABC Organization				6/30/2008	28
<b>Item</b>				<b>Amount</b>	
1.	Operating Revenue				
a.	Service for Community Living Arrangements			\$	643,667
b.	Service for Supported Living			\$	2,138,071
c.	Service for CTH Support			\$	-
d.	Service for Day Programs			\$	2,715,508
e.	Temporary Service Supplement			\$	-
f.	45-Day Community Living Arrangement Supplement			\$	-
g.	Supported Living Development Grant			\$	-
h.	Respite			\$	-
i.	Individual Support			\$	-
j.	Birth to Three			\$	-
k.	ICF/MRs			\$	-
l.	Room & Board for Community Living Arrangements			\$	-
m.	Other State Agencies			\$	-
n.	Private Pay for Service			\$	-
o.	Tuition-Public / Private Schools			\$	-
p.	HUD Rental Subsidies			\$	-
q.	Other Programs			\$	-
t.	<b>Total Operating Revenue (1a thru 1s)</b>			\$	5,497,246
2.	Other Non-Operating Revenue				
a.	Grant Revenues			\$	-
b.	Sales Revenue from Day Programs (Specify) See Attached Schedule			\$	-
c.	Total Other Non-Operating Revenue (2a + 2b)			\$	-

# Review Process

- Cursory Review completed by CJLC. Reviews signatures, dates and missing information.
- Resource Managers review openings, utilization, and accuracy of the financial information.

# Review Process

- Numerous late submissions by providers to amended the Annual Report to address issues discovered by the Resource Manager delayed the release of the 2007 Annual Report financial statistical information until 7/2008.

# Review Process

- DDS Operations Center will be closely monitoring the submission time of amended Annual Reports. Agencies that fail to submit an amended report in a timely manner without due cause may be subject to having some or all of their pending contract amendments and/or adjustments deferred until a complete and accurate amended report is submitted.

**Room and Board  
Desk Review  
Issues  
&  
Reminders**



# Detailed General Ledger

- In order to reduce the number of RFI's, **DETAILED** general ledgers must be submitted.

**\*Disallowance will be made for all requests which remain unanswered or unsubstantiated**

# Detailed General Ledger

General Ledger Detail Report							
Account No./Per	Date	Reference	Beginning Bal	Debit Amt	Credit Amt	Net Change	Ending Bal
9999-123		Repairs/Maint					
05	11/30/03	JE-J0007		\$ 446.50			\$ 446.50
07	01/31/04	JE-J0005		\$ 427.50			\$ 874.00
10	04/30/04	JE-J0007		\$ 1,800.00			\$ 2,674.00
				\$2,674.00		\$ 2,674.00	\$ 2,674.00

Not Acceptable

General Ledger Detail Report								
Account ID	Account Des	Date	Reference	Jr	Trans Description	Debit Amt	Credit Amt	Balance
9999-123								
Repair & Ma		11/30/03	031103	PJ	Michael Smith - Painting	\$ 446.50		\$ 446.50
		01/31/04	172590	PJ	Susan Jones - Landscaping	\$ 427.50		\$ 874.00
		04/30/04	031103	PJ	NE Sand & Gravel- Paving Work	\$1,800.00		\$2,674.00
						\$2,674.00		\$2,674.00

# Petty Cash Entries

- Petty Cash Vouchers alone are NOT acceptable as support, detailed invoices/receipts must be attached
- Submit copies of invoices as selected on the RFI
- Invoices must be legible, if ink is light and cannot be read after printing, please hand write it in and have an Authorized Official sign it

\*Disallowance will be made for all requests which remain unanswered or unsubstantiated

# Double Disallowances

To eliminate double disallowances, please:

- Complete Page 26 - Line 4
- Complete Page 27 - Line 21.a
- Complete appropriate schedules, indicating reasons for the self-disallowances

# Double Disallowance of Depreciation

	R&B Total	XVA 258	Adjustment						
<b>1. Depreciation*</b>									
a. Land Improvements	\$ -								
b. Building and Building Improvements	\$ 3,250	\$ 3,125	\$ 125						
c. Non-Movable Equipment	\$ -								
d. Total Depreciation (1a thru 1c)	\$ 3,250	\$ 3,125	\$ 125						
<b>2. Rental Payments on Leased Single Unit Structures</b>									
a. CIL Rent or Mortgage Payment (Higher of CIL Rent or of CIL Interest and Depreciation)	\$ -								
b. All Other Rental Payments	\$ -								
c. Total Rental (2a + 2b)	\$ -	\$ -	\$ -						
<b>3. Interest on Buildings, Land Improvements and Fixed Equipment</b>									
a. Buildings and Land Improvements	\$ 4,560	\$ 4,560							
b. Fixed Equipment	\$ -								
c. Total Interest (3a + 3b)	\$ 4,560	\$ 4,560	\$ -						
<b>4. Less Non-Reimbursable and Other Costs (e.g., HUD Subsidies and Revenue Offsets) (click to go to RB Schedule)</b>	\$ 125	\$ 125							
5. Net Allowable Property Costs	\$ 7,685	\$ 7,560	\$ 125						
6. Fair Rental Value	\$ 12,300	\$ 12,300							
7. Percentage of Square Footage Used for A&G Activities									
8. Prorated Portion of Actual Costs	\$ 7,685	\$ 7,560	\$ 125						
9. Prorated Portion of Fair Rental Costs	\$ 12,300	\$ 12,300	\$ -						
10. Allowable Property Costs	\$ 7,560	\$ 7,560	\$ -						
Actual Debt Service Charge									
a. CHFA	\$ -								
b. Other Financing Sources	\$ -								
c. Total Allowable Property (10a + 10b)**	\$ 7,560	\$ 7,560	\$ -						
11. Depreciation on Movable Equipment (excluding Motor Vehicles)*	\$ -								
12. Rental Payments on Leased Real Estate in Multi-Unit Building Structures	\$ -								
13. Property and Real Estate Taxes (excluding Motor Vehicles)	\$ 2,500	\$ 2,500							
14. Interest on Movable Equipment (excluding Motor Vehicles)	\$ -								
15. Interest on Working Capital	\$ -	\$ -	\$ -						



# Desk Review Reminders

Please be aware of detailed line items and report correctly:

## 17.a. Dietary

1. Food and Kitchen Supplies
2. Dining and Ordering Out

Page 27 - Room and Board (2)

		R&B Total
16.	Insurance (Property and 1/3 General Liability Only)	\$ -
17.	Support Supplies and Services	
a.	Dietary	
	1. Food and Kitchen Supplies	\$ -
	2. Dining and Ordering Out	\$ -
b.	Housekeeping Supplies	\$ -
c.	Laundry	\$ -
d.	Plant Maintenance, Operations and Repairs	\$ -
e.	Utilities (heat, light, etc.)	\$ -

# Desk Review Reminders

Please be aware of detailed line items and report correctly:

17.b. Housekeeping Supplies

17.f. Equipment Under \$2,500

Page 27 - Room and Board (2)

		R&B Total
16.	Insurance (Property and 1/3 General Liability Only)	\$ -
17.	Support Supplies and Services	
a.	Dietary	
	1. Food and Kitchen Supplies	\$ -
	2. Dining and Ordering Out	\$ -
b.	Housekeeping Supplies	\$ -
c.	Laundry	\$ -
d.	Plant Maintenance, Operations and Repairs	\$ -
e.	Utilities (heat, light, etc.)	\$ -
f.	Equip. Under \$2,500/Equip. Rental/Other	
	(click to go to RB Schedule)	\$ -
g.	Maintenance Salaries and Benefits	\$ -
h.	Maintenance Cost Funded through Debt Reserve	\$ -
i.	Total Support Supplies and Services (17a thru 17h)	\$ -



# Property & General Liability Insurance

- Schedule MUST reconcile to total insurance policies
- ONLY Property and 1/3 of General Liability should be reported on Page 27, Line 16

## Page 27 - Room and Board (2)

		R&B Total
16.	Insurance (Property and 1/3 General Liability Only)	\$ 18,212
17.	Support Supplies and Services	
a.	Dietary	
	1. Food and Kitchen Supplies	\$ -
	2. Dining and Ordering Out	\$ -
b.	Housekeeping Supplies	\$ -

# Property & General Liability Insurance

Microsoft Excel - 2008 - Insurance Report (Paula) (4).xls

Type a question for help

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N10

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	<b>Provider:</b>													
2	<b>CYE 6/30/2008</b>													
3	<b>Insurance Expense</b>													
4														
5	<b>Cost Center #</b>	<b>Program/Address</b>	<b>Property - Boiler</b>	<b>Property - Flood</b>	<b>Property Insurance</b>	<b>CIL Property</b>	<b>Total General Liability</b>	<b>Umbrella</b>	<b>Profes. Liability</b>	<b>Other</b>	<b>* Total Insurance</b>	<b>Allowable R&amp;B Insurance Cost **</b>		
6	100	A&G			\$ 4,580		\$ 8,211				\$ 12,792	\$ 7,318		
7	200	CLA 1			\$ 524		\$ 397				\$ 921	\$ 656		
8	300	CLA 2			\$ 508		\$ 437				\$ 945	\$ 654		
9	400	CLA 3			\$ 492		\$ 357				\$ 850	\$ 611		
10	500	CLA 4			\$ 475		\$ 357				\$ 833	\$ 595		
11	600	CLA 5			\$ 508		\$ 397				\$ 905	\$ 640		
12	Other	ABC			\$ 5,693		\$ 6,137				\$ 11,830	\$ 7,739		
13											\$ -	\$ -		
14		<b>Total *</b>	\$ -	\$ -	\$ 12,781	\$ -	\$ 16,294	\$ -	\$ -	\$ -	\$ 29,075	\$ 18,212		
16	<b>* Must reconcile to Total Insurance Policy/ies</b>													
17	<b>** Only Property and 1/3 of General Liability should be reported on Page 27, Line 16 for Room and Board</b>													
18														
19														
20														
21														

Insurance Form for Provider

Ready NUM

Start I... R... D... M... t... S... F... A... I... M... 1:14 PM

# Property & General Liability Insurance



**Philadelphia Insurance Companies**  
One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004  
Philadelphia Indemnity Insurance Company

## COMMON POLICY DECLARATIONS

Policy Number: PHPK178383

Named Insured and Mailing Address:

[REDACTED]

Producer:

[REDACTED]

Policy Period From: 07/01/2006 To: 07/01/2007

at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description: Non Profit Organization

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial Property Coverage Part	12,781.00
Commercial General Liability Coverage Part	16,294.00
Commercial Crime Coverage Part	1,033.00
Commercial Inland Marine Coverage Part	2,867.00
Commercial Auto Coverage Part	75,457.00
Businessowners	
Workers Compensation	
Employee Benefits	300.00
Professional Liability	8,828.00
Sexual/Physical Abuse	INCLUDED
<b>Total</b>	<b>\$ 117,560.00</b>
Total Includes Federal Terrorism Risk Insurance Act Coverage	232.00

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE  
Refer To Forms Schedule

\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

Countersignature Date

Authorized Representative

# Fair Rental Value & Improvements

- Notation must be made for all improvements finance through CIL
- Particularly important for those improvements under the \$7,500 capital improvement process

Microsoft Excel - 2008 FRV Form (Paula).xls

File Edit View Insert Format Tools Data Window Help

Type a question for help

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A22 fx

Fair Rent Calculation									
Provider: XYZ						FYE 2008			
Facility: No Name						Cost Center #: 1111			
Fac. Address: Unknown									
DSS ID: 000000									
<b>Detail on Property, Fixed Equipment &amp; Fair Rental Value Calculations</b>									
<b>Land</b>									
Number/Description	CIL	Adj	Acq Year	Acq Cost	Disp Year	Rate of Return	Fair Rent		
1 Land	✓		2000	\$50,000		2.500%	\$1,250		
Total				\$50,000			\$1,250		
<b>Real Property</b>									
Number/Description	CIL	Adj	Acq Year	Acq Cost	Est Life	Last Year	Disp Year	Rate of Return	Fair Rent
1 Building	✓		2000	\$150,000	30	2029		7.703%	\$12,953
2 Hot Water Heater			2006	\$2,595	5	2010		6.891%	\$631
Total				\$150,000					\$12,953
<b>2008 Additions</b>									
Description	CIL		Year	Cost	Life	Year	Year	Return	Fair Rent
Air Conditioner Unit	x		2008	\$6,800	5			6.156%	\$1,621
			2008					6.156%	
			2008					6.156%	
Total Fair Rent : Enter on Page 26 Line 6 of Annual report									\$15,824

Sheet1 Sheet2 Sheet3

Ready NUM

# *Desk Review Reminders*

- CJLC will no longer reclassify expenses incorrectly reported on the wrong lines
- Need to keep integrity of the expenses in the correct line for both DDS and DSS reporting purposes

# *Desk Review Reminders*

- Requests for Information (RFI)
  - When responding to RFI's please include on all documents
    - Cost Center
    - Program Name
    - Chronological Order from RFI

# *Desk Review Reminders*

- Cost Centers are assigned by DDS
- BEFORE you add a new cost center on your Annual Report - Contact Yvonne Demers at DDS 860-418-6025 and she will notify CJLC

# *Desk Review Reminders*

## Moving Movable Equipment

- If you change or move the location of your movable equipment you must:
  - Note move on annual report
  - Make necessary changes on depreciation schedules

\*\*If not notified, changes will not be reflected therefore affecting facility rate

# OPM Cost Accounting Standards

## Cost Allocation Plans (CAP)

- Purpose to summarize methods and procedures used in allocating costs benefitting programs.
- Provisions must be included for allocating allocable as direct costs; A&G costs; and salaries and wages.
- Must be initially approved by Board of Directors for inclusion in official policies and procedures.

# OPM Cost Accounting Standards

## CAP Cont'd

- Significant changes to allocation methodology require approval of Board of Directors. Changes must result in more equitable distribution of costs and must be documented and supported by actual cost data.
- Determination of allocation methods are determined by organization but must be documented in CAP.



Any questions before we break?

# *New Home Development & Capital Improvement Process*

- Statistics
- Development Issues
- Improvement Issues
- Approval Process
- Problem Areas
- Emergency / Urgent Requests

# Capital Development Requests

*Fiscal Year 2006:*

Request Summary

Submitted: 41

Approved: 36

Denied/Pulled: 5

Avg. 17 days at DSS

Request Statistics:

Total: \$15,044,536

Highest: \$ 611,500

Lowest: \$ 201,212

Average: \$429,844

Average: 4 bed CLAs

*Fiscal Year 2007:*

Request Summary

Submitted: 31

Approved: 29

Denied/Pulled: 2

Avg. 22 days at DSS

Request Statistics:

Total: \$9,820,350

Highest: \$756,500

Lowest: \$ 220,637

Average: \$424,436

Average: 5 bed CLAs

*Fiscal Year 2008:*

Request Summary

Submitted: 28

Approved: 26

Pulled: 2

Avg. 20 days at DSS

Request Statistics:

Total: \$ 9,064,703

Highest: \$ 685,000

Lowest: \$ 307,466

Average: \$410,674

Average: 4 bed CLAs

# High Development Requests

# Beds	# Requests	Target	Low	High
3	5	\$375,000	\$321,865	\$377,758
4	10	\$400,000	\$319,920	\$505,055
5	2	\$450,000	\$490,150	\$616,236
6	3	\$495,000	\$307,466	\$685,000

# Capital Improvement Requests

*Fiscal Year 2006:*

Request Summary

Submitted: 105

Approved: 90

Denied: 5

Other: 10

Avg. 10 days at DSS

Request Statistics:

Total: \$ 2,275,739

Highest: \$ 372,826

Lowest: \$ 2,990

Average: \$ 21,674

*Fiscal Year 2007:*

Request Summary

Submitted: 178

Approved: 150

Denied: 23

Other: 2

Avg. 19 days at DSS

Request Statistics:

Total: \$ 3,653,774

Highest: \$ 346,540

Lowest: \$ 2,085

Average: \$ 20,527

*Fiscal Year 2008:*

Request Summary

Submitted: 140

Approved: 133

Denied: 0

Other: 7

Avg. 10 days at DSS

Request Statistics:

Total: \$ 2,930,378

Highest: \$ 272,658

Lowest: \$ 3,300

Average: \$ 20,810

# Denied / Other Improvements

- Denials: None
- Other:
  - 4 Not sent to DSS (under limit)
  - 1 Moveable Equipment
  - 1 Licensing/Documentation Issue
  - 1 Pending DSS approval at year end

# Modified Improvements

- 86% of the requests were approved for the requested amount
- 14% were approved for a modified amount
  - Adjustments ranged from \$12 to \$23,505
  - Adjustments for contingency fees
- 1 was approved with an adjustment for an increase of \$700

# Capital Improvement Planning

Effective 10-01-2006

- Repetitive annual costs, in excess of \$7,500, found during desk review, will be disallowed
- For example, large projects expanding over multiple months and expensed monthly will be treated as a “single” capital improvement and will require the normal capital improvement request process

# *Appraisal Process*

- Implemented in May 2007
- Authorization / Notification must come from DDS Regional Offices and include:
  - Property Address
  - Provider Contact information
  - Realtor Contact Information
- 40 Appraisals completed to date, ALL have been completed and on my desk prior to Development Agreement WHEN proper notification was received!

# *Approval Process*

- Completed requests sent to appropriate DDS Regional Office
- DDS Regional Office notifies DSS Central office to order appraisal of property
- Regional Office forwards request to DDS Central Office
- Audit Unit reviews submission for completion of required documentation and reasonableness
- DDS forwards complete and accepted requests to DSS
- DSS reviews requests and obtains approval from Commissioner

# *Approval Process (con't)*

- Request returned to DDS and Copy sent to CJLC for the records
- Request receives DDS' Commissioner's approval
- Request returned to Regional Office
- Regional Office forwards to Provider

# Capital Development Agreements

- Required documents:
  - Inspection Reports
  - If a renovation is being done, submit cost detail and plans for proposed renovation.
  - Development Company use *MUST* be justified. Approval requires explanation and need for services.
  - If appraisal is included in development costs, copy *MUST* be submitted.



# DSS Targets for New Home Development

Effective 10-1-06 - Including Fire & Safety - *No Change*

# Beds	DSS Targets	\$ Per Bed
6	\$495,000	\$82,500
5	\$450,000	\$90,000
4	\$400,000	\$100,000
3	\$375,000	\$125,000
2	\$350,000	\$175,000

# *Movable Equipment Guidelines*

*Updated 10-01-2006 - No Change*

<b># Beds</b>	<b>Common Areas</b> (Living Room, Kitchen, Bathroom, & Dining Room)	<b>Bedrooms</b>	<b>Total Movable</b>
6	\$20,000	\$24,000	\$44,000
5	\$20,000	\$20,000	\$40,000
4	\$20,000	\$16,000	\$36,000
3	\$20,000	\$12,000	\$32,000
2	\$20,000	\$8,000	\$28,000

# Problem Areas

- Development requests to construct new homes without copies of plans.
- Non-comparable bids for improvement requests.
- Un-Licensed Contractors.

**Less Frequency**



# Improvement Reminders.....

- 3 Bids
  - Required to establish a basis of comparison and reasonableness
- “Qualified Bid”
  - Date of proposal
  - Address of home
  - Contractor’s name, address, and phone #
  - Sufficient detail that explains scope of work
  - Contractor’s License # from DCP or DPH

# Capital Repair & Improvements

Updated 10-01-2006 - No Change

<u>Between</u>	<u>Requirements</u>	<u>Depreciation</u>
\$0 - \$2,499	No prior approval	Expense on ACR
\$2,500 - \$7,499	No prior approval **	5 years
\$7,500 - Over	Prior Approval Required **	Per Useful Life Chart

## Oil Tank and Roof Repairs

<u>Between</u>	<u>Requirements</u>	<u>Depreciation</u>
\$0 - \$2,499	No prior approval	Expense on ACR
\$2,500 - Over	Prior Approval Required **	10 years - Roof 20 years - Oil Tank

\*\* 3 Bids must be obtained for ALL Capital Improvements over \$2,500

All improvements are subject to audit, 20% reduction for non-compliance

ACR is the Annual Report of Residential and Day Services

# *Emergency / Urgent Requests*

*EMERGENCY* - an unforeseen combination of circumstances or the resulting state that calls for immediate “action”

*URGENT* - calling for immediate “attention”

# *Emergency / Urgent Requests*

- Emergency requests must be approved by DSS. Three bid requirement may be waived.
- Projects that cause imminent health/safety issues for residents: no water, no hot water, no heat/electrical power/air conditioning, or septic failure.
- Urgent requests will be processed expeditiously.
- Urgent projects are not emergencies.

# Development/Improvement Process



Any questions?

# Contracts

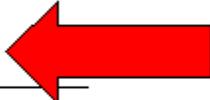
- Corporate resolutions - The essential goal is to document that on the day the contract was signed, the duly authorized person was authorized to do so.

**ACCEPTANCES AND APPROVALS**

 The Contractor herein  or **IS NOT** a Business Associate under the Health Insurance Portability and Accountability Act of 1996. (*circle one*)

**By the Contractor** (Documentation necessary to demonstrate the authorization to sign must be attached).

Mason Residential Services, Inc.  
Contractor (Corporate/Legal Name of Contractor)

*Peter Mason* 9/9/2008  
Signature (Authorized Official) Date 

Peter Mason Executive Director  
(Typed/Printed Name and Title of Authorized Official)

**By the Department**

Department Name

Signature (Authorized Official)  
Date

(Typed/Printed Name and Title of Authorized Official)

**By the Office of the Attorney General** (approved as to form & legal sufficiency)

Signature Date

*The Company has a Corporate Seal*

CERTIFIED RESOLUTION

I, William Joel, Secretary of Mason Residential Services, a corporation organized and existing under the laws of the State of Connecticut, (the "Company"), do hereby certify that the following is a true and correct copy of a resolution duly adopted at a meeting of the Board of Directors of the Company duly held and convened on **June 30, 2008** at which meeting a duly constituted quorum of the Board of Directors was present and acting throughout, and that such resolution has not been modified, rescinded or revoked, and is at present in full force and effect:

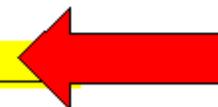
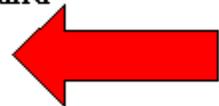
**RESOLVED:** That Peter Mason, the Executive Director of Mason Residential Services, is empowered and authorized to sign and execute all contracts in the name of and on behalf of the Company .

**IN WITNESS HEREOF**, the undersigned has affixes his/her signature and the corporate seal of the corporation this **9th** day of **September**, 2008\_\_.



(Corporate Seal)  
(L.S.)

*William Joel*  
(name of Secretary)  
Secretary



MASON RESIDENTIAL SERVICES

17 Yearstoreirement Road  
Wishful Thinking, CT

*The Company has no seal.*

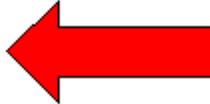
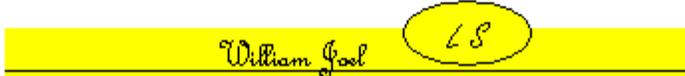
**CERTIFIED RESOLUTION**

I, William Joel, Secretary of Mason Residential Services, a corporation organized and existing under the laws of the State of Connecticut, (the "Company"), do hereby certify that the following is a true and correct copy of a resolution duly adopted at a meeting of the Board of Directors of the Company duly held and convened on **June 30, 2008** at which meeting a duly constituted quorum of the Board of Directors was present and acting throughout, and that such resolution has not been modified, rescinded or revoked, and is at present in full force and effect:

**RESOLVED:** That Peter Mason, the Executive Director of Mason Residential Services, is empowered and authorized to sign and execute all contracts in the name of and on behalf of the Company .

**IN WITNESS HEREOF**, the undersigned has affixes his/her signature this

 **9th** day of **September, 2008**. The Company has no corporate seal.

  
  
William Joel

(name of Secretary)

Secretary

# Contracts

- Non-discrimination Certificates -The essential goal is to document that on the day the contract was signed, the resolution that adopted as its policy to support the nondiscrimination agreements and warranties required under Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142 is still in effect.

*The Company has a Corporate Seal*

**NON-DISCRIMINATION CERTIFICATION**

I, William Joel, Secretary, of Mason Residential Services, an entity lawfully organized and existing under the laws of Connecticut, do hereby certify that the following is a true and correct copy of a resolution adopted on the 25<sup>th</sup> day of June, 2007 by the governing body of Mason Residential Services, in accordance with all of its documents of governance and management and the laws of Connecticut, and further certify that such resolution has not been modified, rescinded or revoked, and is, at present, in full force and effect.

RESOLVED: That Mason Residential Services hereby adopts as its policy to support the nondiscrimination agreements and warranties required under Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

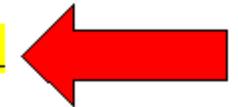
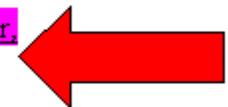
WHEREFORE, the undersigned has executed this certificate this 9th day of September,



(Corporate Seal)

*William Joel*

Secretary



*The Company has no seal.*

**NON-DISCRIMINATION CERTIFICATION**

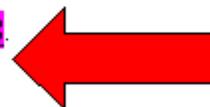
I, William Joel, Secretary, of Mason Residential Services, an entity lawfully organized and existing under the laws of Connecticut, do hereby certify that the following is a true and correct copy of a resolution adopted on the 25<sup>th</sup> day of June, 2007 by the governing body of Mason Residential Services, in accordance with all of its documents of governance and management and the laws of Connecticut, and further certify that such resolution has not been modified, rescinded or revoked, and is, at present, in full force and effect.

RESOLVED: That Mason Residential Services hereby adopts as its policy to support the nondiscrimination agreements and warranties required under Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREFORE, the undersigned has executed this certificate this 9th day of September, 2008.

William Joel 

Secretary



# Contracts

- A Corporate Resolution is required at the beginning of the contract and whenever there is a change to the resolution. For example, the authorized signee has left the agency. It is not necessary for an amendment and/or adjustment.

# Contracts

- Non-discrimination Certificates are required at the beginning of the contract and whenever there is amendment to the contract. It is not necessary for an adjustment.

# POS Approval

- A Purchase of Service approval from OPM is required at the execution of the contract and for all amendments. It is not necessary for an adjustment.

# One Time Amendments

- Requests must be based on direct costs.
- Cannot fund the acquisition of vehicles, capital assets, capital improvements, deposits on leased property, and leased vehicles.
- Cannot be used as any form of a deposit, start-up costs, or be used to fund any other item that will result in a depreciable asset to the Provider.

# One Time Amendments

- Cannot be used to fund services already funded by the Department, or to fund room and board related costs of community living arrangements (CLAs) that should be included in room and board rates computed and funded by the Department of Social Services.
- Requests for reasons other than health and safety issues must be approved by the Central Office Operations Center.

# One Time Amendments

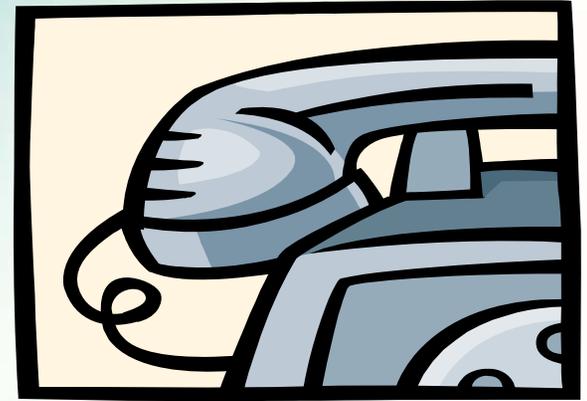
- Use of the funds must be verified by the region.
- Administrative and general costs should not be included in one-time amendments.
- Providers will be required to submit a new separate form for each request differentiated by day, residential and/or forensic services.

# Start Up Funds

- Under development

1 DDS allows providers Start-up funds for a new CLA's to purchase small appliances and equipment (toasters, blenders, dehumidifiers, air fresheners, etc.), kitchen supplies, other household incidentals ( trash barrels, laundry room supplies, bathroom supplies, etc) and consumer specific items ( medical equipment, alarm systems, etc.).

# Contacts



- **DDS**

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- **CJLC**

Maria Ludeña

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# Questions



***Thank***

***You !!***