Residential and Day Services Annual Report

DDS & DSS
FY2011 Training Seminar

JUNE 24, 2011

Agenda

- Welcoming Comments
- Annual Report Submission Process
- Annual Report Preparation
- 10 Minute Break
- DDS FY2011 Annual Report Pages
- 10 Minute Break
- DSS FY2011 Annual Report Room and Board Pages
- Questions and Answer Period
- 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.

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

Patricia Dillon – Operations Center
Peter Mason – Operations Center
Sandra McNally – Operations Center

DSS

Paula Pfistner

2011 Annual Report Submission Process

DDS Timeline for Annual Report

June 30	Cost Year Ending date
October 15	Annual Report must be submitted to CJLC by 4PM
Nov. - December	DDS Desk Review
Dec. - Jan.	Request for Information Sent
March-June	DDS Cost Settlement Letters Issued
April 1	DDS Initial Operational Plan for new FY submitted
July 30	DDS Final Operational Plan for the past FY submitted

Annual Report Submission Process

- As you prepare the 2011 Annual Report, please check the CJLC website on a regular basis for any updates.

www.cjlc.com

Annual Report Submission Process

Filing Requirements

1. Two complete copies of the 2011 Annual Report of Residential and Day Services Department of Social Services and Department of Developmental Services.
   - ✓ One original with signatures and notaries
   - ✓ One additional copy
2. One Data CD

Annual Report Submission Process

Signatures Requirements For Non Profit Agencies

A submission will only be accepted by CJLC if there are:

- ✓ Signatures on Pages 2 and 29
- ✓ The signature is notarized on Page 2

Annual Report Submission Process

Signatures Requirements for Profit Agencies

A submission will only be accepted by CJLC if there are:

- ✓Signatures on Pages 2, 3, 4 and 29
- ✓The signature is notarized on Page 2

Annual Report Submission Process

Submission Requirement

- The report must be received by CJLC no later than 4:00 p.m. on October 17, 2011.

Craig J. Lubitski Consulting LLC
Founders Plaza
225 Pitkin Street
East Hartford, Connecticut 06108

Annual Report Submission Process

Late Filing Penalty

- If the Annual Report is filed late Regulation Sec. 17-13b-4 notes that a penalty shall be assessed for each day that the Annual Report of Residential and Day Services is not filed.

Annual Report Submission Process

Late Filing Penalty

The penalty is assessed for each day the submission is late as follows:

- **First 30 days: a penalty of one half of one percent (.50%) of the current monthly payment attributable to administrative and general expenses**
- **Second 30 days: three-quarters of one percent (.75%)**
- **Beyond sixty days: one percent (1.0%)**

Annual Report Submission Process

Extension Requests

The Commissioner may approve an extension to the filing date if:

- **there are extraordinary circumstances**
- **the request is in writing**
- **the request is prior to October 17, 2011.**

Annual Report Submission Process

Extension Requests

It is recommended that the request be submitted as soon as the extraordinary circumstances that might prevent the timely filing of the Cost Report is 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.

Reconciliation of Financial Statements to Annual Report

A new Reconciliation Report must be submitted with any amended Annual Report that changes the financial data.

State of Connecticut

Department of Social Services and Department of Developmental Services

Reconciliation of Financial Statements to Annual Report

rent Organization	FEIN 0	Report for Year Ended 6/30/2010
Residential Costs per Annual Report of Residential and Day Services (From Summary CLA, line 14)		$ -
Residential Costs per Annual Report of Residential and Day Services (From Summary SLA, line 14)		$ -
Residential Costs per Annual Report of Residential and Day Services (From Summary CTH, line 14)		$ -
Day Costs per Annual Report of Residential and Day Services (From Summary DAY, line 15)		$ -
Room & Board Costs per Annual Report of Residential and Day Services (From Room & Board Costs for CLAs, line 31)		$ -
ICF and Other Costs per Annual Report of Residential and Day Services (From Summary ICF and Other, line 10)		$ -
Fee for Service Costs per Annual Report of Residential and Day Services (From Summary Fee for Service, Line 10)		$ -
Subtotal Costs per Annual Report of Residential and Day Services (1 thru		$ -
Add Back all Expense Recoveries and Non-Reimbursables		

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.

Amended Annual Reports

- 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
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

Amended Annual Reports

- It is critical that all requested changes be completed as soon as possible.
- If a provider has received a correction, the region will begin to follow up after two weeks. A submission after four weeks, unless with the approval of the region, is unacceptable.

2011 Annual Report Preparation

Annual Report Preparation

GENERAL INFORMATION PAGES

- Current List of Board of Directors and Executive Team listing titles, telephone numbers and addresses.
- Organization Chart.
- Recent Insurance Certificate.
- List of all Related Party Transactions in FY2011.
- Executive Director's Salary

Annual Report Preparation

GENERAL INFORMATION PAGES

- Listing of all arms-length leases with addresses and amount reported on annual report.
- Copy of New leases in FY2011.
- Information on all contracted administrative or management services.
- Information on any pending lawsuits in FY2011.
- List of any donated capitol equipment in FY2011.

Annual Report Preparation

INSURANCE CERTIFICATE

Insurance Certificate must list the State of Connecticut as an additional insured.

	X RETENTION $ 10000					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS / OTHER	
					E.L. EACH ACCIDENT	$
					E.L. DISEASE - EA EMPLOYEE	$
					E.L. DISEASE - POLICY LIMIT	$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The certificate holder is included as an Additional Insured, where required by written contract, per the terms, conditions and exclusions of the referenced General Liability coverage.

(See Attached Descriptions)

CERTIFICATE HOLDER

State of CT, DDS
460 Capital Avenue
Hartford, CT 06106

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
RC Knox & Company

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Annual Report Preparation

RELATED PARTY TRANSACTION

- *"RELATED PARTIES" means persons or organizations related through marriage, ability to control, ownership, family , or business association. Past exercise or influence or control need not be shown, only the potential or ability to directly or indirectly exercise influence or control.*

Annual Report Preparation

RELATED PARTY TRANSACTION

"Related Party Transactions" can include but are not limited to:

- Real Estate Sales or Leases.
- Leasing for Vehicles, Office Equipment, Household Furnishings.
- Mortgage Loans
- Working Capital Loans.
- Contracts for Management Services, Consultant Services, Professional Services (i.e., Attorneys, Accountants, etc.) or Other Material, Supplies or Services Purchased by the Agency.

Related Party Transactions

RELATED PARTY TRANSACTION

Providers must report all related party transactions on the annual report each year.

Annual Report Preparation

EXPENSE PAGES

- Final adjusted trial balance
- Unique Identification Numbers
- Number of authorizations
- Number of non-DDS funded participants
- Number of Licensed Beds
- Cost Allocation Plan
- Attendance
- Staff Hours and Full-time equivalents
- Revenue

Annual Report Preparation

Unique Identification Number

- All programs must have a unique I.D. number.
- Any program that was closed or opened during the FY2011must be reported to Julie Bouchard'
- Any CLA that was vacated over the FY2011 year must be reported to Julie.

Field	Provider	Program	Cost Center	Prime Region	Specific Region	Total Field Size:
Description	Unique number assigned to provider	Standard identifier is a numeric code assigned to DDS and non-DDS model types	Identifier assigned to cost center, unique only within provider	Alpha code for Prime Region	Alpha code for specific Region where cost center is located	
Assignment Criteria	Sequential numbering system starting at 100	Standard	Must call Julie Bouchard for the number	Standard	Standard	
Numeric / Character	Numeric	Numeric	Numeric	Character	Character	
Field Size	3	3	4	1	1	12

↓ ↓ ↓ ↓ ↓

123	200	4678	N	W

123 Group Home	XYZ Provider	CLA	North	West

Annual Report Preparation

Unique Identification Number

Model Types

- 100 Administrative and General Cost Center
- 200 Community Living Arrangement (CLA)
- 300 Supported Living (SL)

Annual Report Preparation

Unique Identification Number
Model Types

- 400 Day Program Series (use sub codes 410-440)
- 410 ~ Day Support Options (DSO)
- 420 ~ Group Supported Employment (GSE)
- 430 ~ Individual Self-Employment (SEI)
- 440 ~ Sheltered Work (SHE)

Annual Report Preparation

Unique Identification Number
Model Types

- 500 ~ Community Training Home Support (CTH Supp)
- 600 ~ Intermediate Care Facility/Ment. Ret. (ICF/MR)
- 700 ~ Other Series (may use 700, sub-codes 710-720 optional)
- 710 ~ Self Determination/ISA Clients (SD/ISA)
- 720 ~ Birth To Three (B23)

Cost Center Comparison

	Key
✔	No changes to Cost Center
X	Cost Center was removed
?	Cost Center was changed
!	Cost Center was added

Changes

	Fac ID	Name	Town	Provider	Program	Unique ID	Prime	Specific	DSS ID	DDS ID
✔	2823	Administrative and General		221	100	5000	S	S		
✔	2753	Plainville	Plainville	221	300	1000	S	N		
✔	2752	Day Support Options-Day Program		221	410	2000	S	S		
✔	2751	Ind. Support Day Program		221	430	3000	S	S		
✔	2824	Other Agency Cost		221	700	9999	S	S		
!	0	ISA Waiver		221	710	360	S	S		

Database Change Checklist

Fac ID	Name	Town	Provider	Program	Unique ID	Prime	Specific	DSS ID	DDS ID
0	Added ISA Waiver		221	710	360	S	S		

Notes 10/23/2009

Sandy,

Please verify the adding of ISA Waiver.

Cost Allocation Plans (CAP)

- The purpose of the cost allocation plan (CAP) is to summarize, in writing, the methods and procedures the organization will use to allocate costs to benefiting programs and activities.

Cost Allocation Plans

- The CAP must include provisions for allocating direct costs, A&G, and salaries and wages.

- Only costs that are allowable, in accordance with the Office of Policy and Management (OPM) cost standards, shall be allocated to the State award.

- Must be initially approved by Board of Directors for inclusion in official policies and procedures.

Cost Allocation Plans

- All costs and other data used to distribute costs in the CAP must be supported by accounting and other records that ensure the propriety of costs assigned to the State award.
- Once an organization establishes an allocation methodology, it must be used consistently over time.
- The CAP must be retained on file for audit and made available to State agencies, upon request.

Any questions before we break?

DDS 2011 Annual Report Pages

Cost Center Page

- The method in which the number of individuals in an agency program are recorded on the cost center page has been revised to accommodate the new authorization process.

- A new category has been added to identify the number of Licensed Beds for each CLA.

- Contract Openings and Adjusted Openings have been eliminated.

Cost Center Page

- The Total Openings in a program will equal the sum of the number of contract service authorizations, vendor service authorizations and total non-DDS funded participants.

Cost Center Page

- Total Contract Service Authorizations (CSA) – authorizations issued under the POS Contract.
- Total Vendor Service Authorizations (VSA) – authorizations issued through an individual budget and reimbursed by a fiscal intermediary.
- Total Non-DDS Participants – participants in the program that are not funded with DDS funds.

Cost Center Page

- As with the previous annual report versions, the number of people supported in a program will be a snapshot in time.
- Providers are to count the number of CSA, VSA and non-DDS participants in a program on June 30, 2011.
- Providers are to input the number of beds each CLA is licensed to fill on June 30, 2011.

Interest Expense and Allocation Worksheet

- Expense interest to the programs.
- Allocate the allowable Administrative & General expenses to the programs.
- Allocate the employee benefits to the programs.

Interest Expense and Allocation Worksheet

- The allocation page will rename a couple of the columns and add an additional column to allow the preparer to see if all the A&G and benefit expenses have been fully allocated.

- The Total Unaccounted column will compare the amount of the allowable A&G expense on Page 14 line 10 with the amount of A&G the provider allocated to each program.

Interest Expense and Allocation Worksheet

		Total Allowable A&G/Benefit Costs	Total Allocated A&G	Total Allocated Employee Benefits	Total Unaccounted		
1.	Allocation for Administration						
a.	Amount of Allocation	$ -	$ -		$ -		
b.	Percent of Administration Total				-100.00%		
2.	Benefits Costs Allocated to Program						
a.	Amount of Allocation	$ -		$ -	$ -		
b.	Percent of Benefit Allocation				-100.00%		

CLA Summary Page

LICENSED BED CAPACITY

- Provides will input on the Cost Center page the number of licensed beds per CLA as of June 30, 2011.

- The provider will identify on the CLA Summary Page under Licensed Bed Capacity (Section 1) the number of DDS Funded Beds, Licensed Respite Beds and Non-DDS Funded Beds that make up the number of licensed beds for the home.

CLA Summary Page

LICENSED BED CAPACITY

- A vacant bed that is funded through a transition funding authorization as of June 30, 2011 will be counted as a DDS Funded Bed.
- An unfunded vacant bed as of June 30, 2011 will be counted as a Non-DDS Funded Bed.

CLA Summary Page

POTENTIAL DAY CALCULATION FOR LICENSED BEDS

- The Potential Participant Days for Licensed Beds will be a simple calculation of the number of days the facility is open multiplied by the number of Licensed Beds.
- A change in permanent license capacity for a CLA during the year will be handled through DSS.

CLA Summary Page

POTENTIAL DAY CALCULATION FOR NON-DDS FUNDED BEDS

- The Potential Participant Days for Non-DDS Funded Beds will be a simple calculation of the number of days the facility is open multiplied by the number of Non-DDS Funded Beds.

- A change in the number of Non-DDS Funded beds during FY2011that is not associated with a change in the license bed capacity for a CLA will not require any additional reporting requirements.

CLA Summary Page

POTENTIAL DAY CALCULATION FOR LICENSED RESPITE BEDS

- The Potential Participant Days for Licensed Respite Beds will be a simple calculation of the number of days the facility is open multiplied by the number of Licensed Respite Beds.

- A change in the number of Licensed Respite beds for a CLA during the year will be handled through DSS.

CLA Summary Page

Day Calculations

- DDS will provide to all DDS Providers the potential number of days for all CSA participants over the year and the actual days attended for each CLA by RDID number.
- Providers will input these numbers onto the FY2011 annual report.

Day Calculations

Day Calculations

Providers will input:

- The number of non-DDS funded participant days.
- The number of actual days present for Licensed Respite Beds
- The number of medical leave days, leave days with families and other leave days attributed to the DDS and Non-DDS funded participants.

Summary Pages

Staff FTE and Wage Expenses

In order to better gather information on staffing, the staffing category has been broken down into two sections:

- **Direct Care Staff** – staff that work directly with the participants providing face to face supports.
- **Allocated Staff** – staff that provide non-face to face supports to the program.

Summary Pages

Staff FTE and Wage Expenses

- DDS has tried to identify the direct staffing costs within the confines of the previous version of the annual report with mixed results.
- The distinction is critical in determining the actual costs directly associated with operating a program.
- DDS expects that there will be a learning curve in completing the FY2011 Annual report as providers begin to conceptualize the difference between direct and allocated staff.

Summary Pages

STAFF FULL-TIME EQUIVALENT

Full-time equivalent (FTE) is a way to measure a worker's involvement in a program. An FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 signals that the worker is only half-time.

DDS calculates FTE by dividing the total number of paid hours of a staff position (ie. Direct care staff) in a program by 2080 (40 hours per week multiplied by 52 weeks).

Summary Pages

DIRECT STAFF

- Face to face supports provided directly to the participant by a staff of the agency are considered Direct Staff.
- Overtime, training, vacations, holidays, sick, and personal time would be included in this expense.
- Managers and supervisors who are directly responsible for the day-to-day operation of one or two CLA's are considered Direct. Provided that these positions spend most of their time in the assigned home(s) and, at times, both supervise and provide direct supports to the residences. These are not administrative position.

Summary Pages

ALLOCATED STAFF

- Administrative and support positions that provide minimal or time limited direct support to participants in a number of programs are allocated staff.
- The staffing costs should be based on an allocation method approved as part of the agency's cost allocation plan approved by the Board of Directors.
- Only the time spent providing the minimal or time limited direct support should be allocated to the program.
- Time spent on indirect administrative or support activities should be allocated to the administrative and general cost center.

Summary Pages

NURSING STAFF

Nursing staff must be broken down into the following categories :

- Direct RN – RN provides direct face to face supports, assessment and treatment to the participant.
- Allocated RN- RN coordinates the health services of all the participants in the program. The duties include delegation of duties, overseeing medication administration and the management of medical appointments. Staff costs must be expensed by an allocation method to the various programs.
- Time spent on indirect administrative or support activities (ie. membership on an agency-wide safety committee,etc.) should be allocated to the administrative and general cost center.

Summary Pages

NURSING STAFF

- Direct LPN – LPN provides direct face to face supports to the participant.

- Allocated LPN– LPN assists in the coordination of health services of all the participants in the program. Staff costs must be expensed by an allocation method to the various programs.

- Time spent on indirect administrative or support activities (ie. membership on an agency-wide safety committee, etc.) should be allocated to the administrative and general cost center.

Summary Pages

CLINICAL STAFF

- Direct Clinical supports- staff provides direct face to face supports to the participant.
- Allocated Clinical – staff coordinates the behavioral or medical supports of participants in the program. This category includes such positions as Behavior Specialists, Behavior Analysts, staff Psychologist, etc. Staff costs must be expensed by an allocation method to the various programs.
- Time spent on indirect administrative or support activities should be allocated to the administrative and general cost center.

Summary Pages

OTHER ADMINISTRATIVE AND SUPPORT STAFF

Other Administrative and support positions provide minimal or time limited direct support to the residents.

- Direct –Other – staff provides direct face to face supports to the participants.
- Allocated – Other– Staff provides administrative and professional support to the participants. This category includes such positions as Training and Quality Assurance Facilitator, Job Developer, Medical Appointment Coordinator, Area Managers, and Maintenance Staff.

Summary Pages

OTHER ADMINISTRATIVE AND SUPPORT STAFF

- Administrative and Clerical Support staff would be included in the Allocated category so long as the supports are for the direct benefit of the program.
- Time spent on administrative tasks in support of the overall organization is considered A&G.
- Time spent on indirect administrative or support activities should be allocated to the administrative and general cost center.
- These positions must be identified on the Schedule pages.

Summary Pages

CONTRACT PERSONNEL

- Enter the cost of the contracted staff (Occupational, Physical, and Speech Therapy, Nurse, Behaviorist and Psychology , and Psychiatry) provided to the participants in the program.

- The cost for a consultant category not identified on the Summary Page must be itemized under the Other Consultant line inputted on the Summary Schedule Page.

Summary Pages

SUPPLIES AND SERVICES

- Enter the cost of the general supplies and services provided for the specific program (ie. Cell phones, beepers, internet, material for participant files, etc.).
- Enter the cost of Employee Training, Fees and Supplies provided to the staff of the specific program.
- Enter the cost of Client Med. & Education & Recreation supplies specific to the participants in the program.
- Enter the cost of the amortization of any Start-up costs that were not covered through the Start-up one time funding (if applicable).

Summary Pages

TRANSPORTATION

- Enter the all costs (except vehicle interest) associated with transportation for the specific program.
- Vehicle Interest is entered on the Interest Expense and Allocation Page.

Summary Pages

PLANT OPERATIONS AND MAINTENANCE

- For the day program only, enter all costs associated with a facility in the appropriate line items.

Summary Pages

START-UP COSTS FOR CLA AND CRS

- The line for Start Up Costs for Opening a new CLA or CRS (Summary Page 16 and 18 line 7.(d.)2 was added to allow auditors to show all expenses related to a CLA or CRS.

- Since Start-Up has a separate cost settlement process, an offsetting line was added under the non-reimburseable costs (Summary Page 16 and 18 line 12.(b.).

Summary Pages

Non-DDS Funded Participants

- In previous annual reports, non-DDS funded participants would be automatically factored out of the DDS cost through a formula driven calculation using the total and contracted openings.
- This is no longer an option.
- Providers are required to report the revenue of the non-DDS funded participants as an offset to the total cost of DDS participants.

Non-DDS Funded Participants

Non-DDS Funded Participants

- Providers will continue to have the option of establishing a separate cost center on the Summary of ICF and Other for all Day and IHS non-DDS funded participants.
- This is not an option for CLA and CRS settings.

Continuous Residential Supports

- Continuous Residential Supports (CRS) has been separated from IHS and onto its own summary page, but will be cost settled together.

Benefit Summary

- All employee benefits should be listed on this page.
- The payroll taxes of participants in the day program paid by the agency should be included on the Client Wages and Benefits line (Page 24, line 5 (b.) 3.

Statement of Revenue

The following categories will be inputted on the Revenue Schedule Page:

- Non-DDS Funded Revenue
- Vendor Service Authorization Revenue
- Sales Revenue
- Restricted Fundraising
- Restricted Investment
- Other Revenue

Revenue Schedule Page

For the Non-DDS, VSA, and Sales Revenue, the providers are to input:

- The program (CLA,CRS,CTH,IHS, Day, Fee for Service) in which the revenue was generated.
- There should be a separate line for each Cost Center in which the revenue was recorded.
- The amount of the revenue.
- The number of Non-DDS and VSA participants.

Non-DDS Funded Revenue

Revenue Schedule

This schedule has been left un-protected so that new lines can be added. Be sure to adjust the Print Area and page margins so that the schedule prints correctly when using the Print Manager.

Page 30, Line 1o - Non-DDS Participant Revenue (click to return to Statement Revenue)

# of Non-DDS Participants	Program in which Non-DDS Participant Revenue is recorded	Cost Center in which Non-DDS Participant Revenue is recorded	Amount
Total			$ -

CLA
CRS
IHS
CTH
Day

Vendor Service Authorization Revenue

Page 30, Line 1t - Vendor Service Authorization Revenue (click to return to Statement Revenue)			
# of Vendor Service Authorizations	Program in which Vendor Service Authorization Revenue is recorded	Cost Center in which Vendor Service Authorization Revenue is recorded	Amount
	Total		$

CLA
CRS
IHS
CTH
Day

Sales Revenue

Page 30, Line 2b - Sales Revenue from Day Programs (click to return to Statement Revenue)

Type of Sales Revenue	Program in which Sales Revenue is recorded	Cost Center in which Sales Revenue is recorded	Amount
	Day		
	Fee for Service		
Total			$ -

Error Check

- A new page has been added that will check a few of the common errors found on previous annual reports.

- An annual report will not be accepted if any of the checks other than the “Day Client Wages Compared to Sales Revenue” has failed.

Error Check

Error Check

0

Result	Support Ref#	Error Check
PASS	1	Administrative and General Allocated
PASS	2	Employee Benefits Allocated
PASS	3	FTE's reported on the Adminstrative and General Worksheet
PASS	4	CLA Non-DDS Participant Revenue
PASS	4	CLA Vendor Service Authorization Revenue
PASS	4	CRS Non-DDS Participant Revenue
PASS	4	CRS Vendor Service Authorization Revenue
PASS	4	IHS Non-DDS Participant Revenue
PASS	4	IHS Vendor Service Authorization Revenue
PASS	4	CTH Non-DDS Participant Revenue
PASS	4	CTH Vendor Service Authorization Revenue
PASS	4	Day Non-DDS Participant Revenue
PASS	4	Day Vendor Service Authorization Revenue
PASS	4	Day Sales Revenue
Warning	5	Day Client Wages compared to Day Sales Revenue
PASS	4	Fee for Service Sales Revenue

Error Support Page

- If one of the checks fails, the provider can go to the Error Support Page to find out where the error occurred.
- Each error has a reference number to correspond with the support page.

Error Support

Error Support

0

1 Administrative and General Allocated

Total Allowed A&G (Page 14 Line 10)	Total Allocated A&G Page 13 Line 1a (Column E line 20)	Total Unallocated Amount
$ -	$ 50	$ (50)

2 Employee Benefits Allocated

Total Employee Benefits (Page 25 Line 8)	Total Allocated Employee Benefits Page 13 Line 2a (Column F line 23)	Total Unallocated Amount
$ -	$ -	$ -

3 FTE's reported on the Adminstrative and General Worksheet

	FTEs	A&G	Comment
Administration	0.00	$ -	Good
Business	0.00	$ -	Good
Secretarial/Clerical	0.00	$ -	Good
Other	0.00	$ -	Good

4 Revenue has been inputted according to Revenue Schedule

	Summary CLA (2) Page 16 Lines 16, 18	Revenue identified as being generated by the CLA Program on	Summary CRS (2) Page 18 Lines 16, 17	Revenue identified as being generated by the CRS Program on the Revenue Schedule	Summary IHS (2) Page 20 Lines 14, 15	Revenue identified as being generated by the IHS Program on the Revenue Schedule	Summary CTH Page 22 Lines 14, 15	Revenue identified as being generated by the CTH Program on the Revenue Schedule	Summary Day Page 24 Lines 9, 13, 14	Revenue identified as being generated by the Day Program on the Revenue Schedule	Summary Fee for Service Page 26 Line 8	Rever a gene Fee Prog Rever
Non-DDS participant	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Vendor	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Sales Revenue									$ -	$ -	$ -	$

5 Client Wages and Sales Revenue

Client Wages and Benefits Page 22 Line 5b3	Sales Revenue Page 22 Line 9	Difference of Sales Revenue to Client Wages
$ -	$ -	$ -

Error Support

1	Administrative and General Allocated		
	Total Allowed A&G (Page 14 Line 10)	Total Allocated A&G Page 13 Line 1a (Column E line 20)	Total Unallocated Amount
	$ -	$ 50	$ (50)

2	Employee Benefits Allocated		
	Total Employee Benefits (Page 25 Line 8)	Total Allocated Employee Benefits Page 13 Line 2a (Column F line 23)	Total Unallocated Amount
	$ -	$ -	$ -

3	FTE's reported on the Adminstrative and General Worksheet			
		FTEs	A&G	Comment
	Administration	0.00	$ -	Good
	Business	0.00	$ -	Good
	Secretarial/Clerical	0.00	$ -	Good
	Other	0.00	$ -	Good

Any questions before we break?

DSS Room and Board Pages

General Mistakes Made in FY2010

General Mistakes Made in FY 2010 Submissions

Most 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.

FY2010 Annual Report Common Errors

Page Name	# of Providers	Common Error
General Information-Organization Structure	25	Insurance Certificate
General Information-Organization Structure	7	Board of Directors
General Information-Organization Structure	1	Organizational Chart
General Information-Related Party	5	Related Party Information not included
General Information-Related Party	3	Provide Description between related parties
General Information-Related Party	2	Related Party Information not included
General Informaion-Supplemental Disclosure	8	Executive Director Salary over 100,000 not identified
General Informaion-Arms Length Leases	31	Attachments for Arms Length Leases
General Information-Contracted Admin/Management Serv	6	Pending Litigation Details

FY2010 Annual Report Common Errors

Page	Page Name	# of Providers	Common Error
12	Identification Numbers	74	Contracted Openings/Total Openings/Unique ID Numbers/Days Open/
13	Interest Expense and Allocation Worksheet	19	Total Allowable A&G/ Benefit cost and Total All except A&G /Total Allowable Benefit Costs should equal Total All Employee Benefits
14	Administrative and General Expenses	18	Other/Legal , accounting fees/fundraising/
15	Summary Cla	37	FTE's compare to OP Plan/Utilization Percentag under 85%
7	Summary SLA	22	FTE's compare to OP Plan/Utilization Percentag under 85%
10	Summary Day	69	Contracted Openings/FTE's compare to OP Plan/Utilizatior below 85%
14	Summary Day	38	Client Wages/Sales Revenue/Fee for Service Revenue/Cost for DDS Purchased Openings varies from Op Plan
12	Summary ICF and Other	2	Other needs clarification
13	Summary Fee for Service	14	Reporting of FFS
15	Statement of Revenue	80	CLA/SL/DAY Revenue matching amount paid/Room and Board/Start Up/Sales Revenue

Review Process

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

- If the review determines that the Annual Report requires revisions, the regional resource manager or Operational Center staff will notify the provider of the issues and concerns.
- The provider will electronically submit the revised annual report to the regional resource manager or Operational Center staff.
- Once the regional resource manager or Operational Center staff approve of the amended annual report, the provider will submit a hard copy with the amended changes.
- All changes are to be highlighted and an Amended Annual Report affidavit must be signed by the qualified vendor.

Review Process

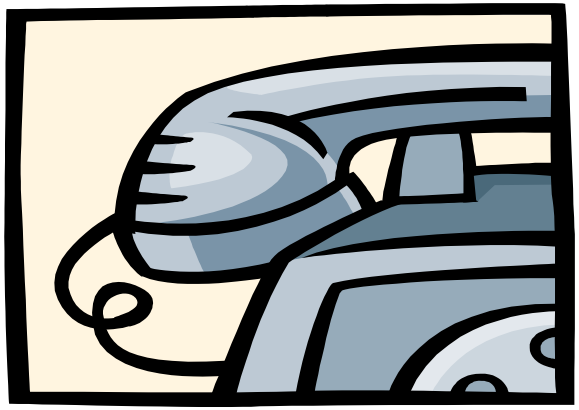
Immaterial Differences

- In order to reduce the number of amended annual reports due to minor discrepancies, the regional resource manager or Operational Center staff will consider differences of less than .25 percent or $500 whichever is lower as immaterial and will not trigger the requirement of a revised annual report.

Additional Items

- In-house Lawn Crews on CLA
- Weather related one time
- No Cut and Paste

Contacts



- **DDS**

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James Welsh	860-418-6059 james.welsh@ct.gov
Sandra McNally	860-418-6025 Sandra.McNally@ct.gov

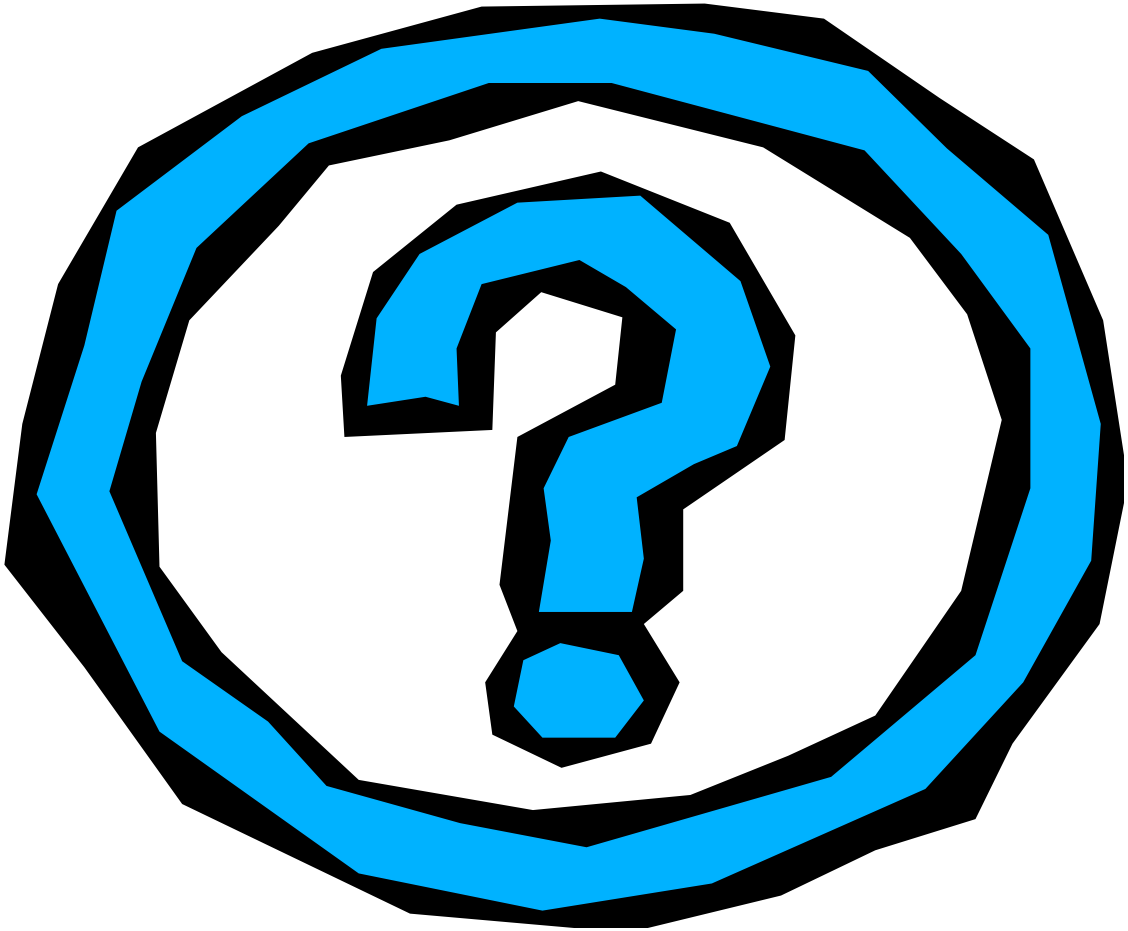
- **DSS**

Paula Pfistner	860-424-5666 paula.pfistner@ ct.gov

- **CJLC**

Kelvin Verrett	860-610-9009 x137 – Depreciation and Property Question
Jason Ledger	860.610.9009 x119 – Excel Template Questions
Craig Lubitski	860.610.9009 x 111 – General Questions

Questions



Thank You !!