Provider Questions and Answers – Annual Report Training

September 15, 2010

Annual Report Submission

No questions

DSS Room & Board

Q What would be reported in the Other section of the utility Expense Worksheet?

A Propane for cooking only and anything else that would not fit into other four categories.

Q Do we have to report utilities separately?

A Yes, new lines were added to Annual Report to capture individual data.

Q If the house is all electric and falls into multiple categories how should that be broken out? For example: How to handle heating houses with electricity for the R&B split out, they only get one bill from CL&P and can't split between heat and electricity? This can also be questioned on cooling via a/c units and the electric costs.

A To maintain reporting consistency – Report by vendor type. In example above, CL&P would be reported under Electricity, even with electric heat.

Q Going forward how will depreciation be handled?

A Depreciation will be the Provider responsibility.

DDS Changes

Q What about people who attend less than 5 days a week, how should these be reported?

A This is addressed currently through the adjusted openings.

Q Where do we report ICF?

A Individuals who receive ICF funding would be considered Non DDS Participants.

Q Are those on individual budgets those we bill the FI for?

A Yes.

Q What date are you looking for the number of FI participants?

A Those served through budgets between 7/1/2009 and 6/30/2010. Total number as of 6/30/2010.

Q For individuals receiving SEI supports what do we report as attendance?

A Report the days reflected through the units reported in WebResDay. It should reflect face to face time only.

Desk Reviews

Q Where should staff meals be reported? Meals shared with clients at home, how to break out costs when using groceries for dinners, different than eating out with separate checks.

A: Staff meals should be reported in Employee Benefits and are not considered a R&B expense. An occasional in-home meal with clients is understandable, however if every meal is shared with clients, Providers should work out an allocation percentage to report meals under employee benefits. Staff dining out meals should never be included in the dietary line.

New Development/Capitol Development

Q Who are the contacts in each region that coordinate process?

A North Region – Tina Jordan

West Region – Domenica Perrino

South Region – Resource Manager

Q Do you need Insurance Certificate for Vendor?

A Yes, for the winning bidder.

Q Is there still a 25% rule?

A Yes, if more than 25% difference, the vendor is eliminated.

Q Did the CAP increase for those not requiring prior approval?

A No.

Q How should we handle capitalization on repairs?

A If a project ends up costing more after bids are submitted and project is started, contact Paula or Krista for guidance.

Q Repairs under $2,500 over many months, being considered a capital project by CJLC, and then requesting bid, which weren't required b/c each item was under $2,500; then they get penalized b/c not bid and reduced by 20%.

A   If a project ends up costing more then anticipated, or expands into larger project, contact Paula or Krista for guidance. It is hard to capture each unique circumstance in a Q & A format.

Q Providers using state portal for bidding out projects (mostly NR). How to handle when they only get 2 bids, but have many contractors at site visit. The state portal allows many more contractors access to the projects and being able to be bidding on project; as well as all contractors bidding on SAME scope of work. They have a site visit for all contractors to see the project and then bids submitted later. They may have 20 contractors at the site visit, but get only 2 bids. If they submit a copy of the sign-in sheet from the site visit along with submitted bids, would that suffice DSS requirement to get 3 bids b/c it was open to many contractors?

A Yes.

Q If a portion of an improvement is being paid by a restricted donation does it require prior approval?

A No, if restricted donation covers all expenses, but be sure you have written documentation on record if requested. Depending on amount of out-of-pocket expense by Provider, if applicable, contact Paula or Krista for guidance.

Q Do improvements that are related to health and safety need to be submitted if they fall below the threshold?

A If you want the add-on that has been approved by legislation then you need to submit it. Forms can be found on the DDS website. Submit CLA Rate Adjustment Form detailing why it was required for health and safety.

Q If a project is below $7,500 and considered health and safety can it be submitted?

A Yes, use CLA Rate Adjustment Form to submit all health and safety related requests.

Q Are there any circumstances where three bids would not be required?

A For projects under $2,500 and approved Emergency situations.

Q Where do we report thicket and other dietary requirements not covered by T19?

A: These costs should be reported under Dietary (Page 27, line 15 a.1.); however, providers are expected to pursue Medicaid coverage of nutritional supplements required by residents. Please see attached Provider Bulletin 2010-31, issued June 2010, for information pertaining to Medicaid coverage criteria. Providers should maintain records of efforts made to obtain Medicaid coverage to avoid desk review and/or audit disallowances.

Q Who do we contact if we are having issues with T19?

A Providers should contact their DSS regional Office. If having ongoing issues you may email or call Paula Pfistner.

Related Party and Ethics Committee

Q Does the requirement only apply to hiring immediate family member at the Executive level?

A   There are two levels of review. Prior Approval is related to the executive level. Post review is required for hiring of family members at all levels. The intent is to ensure that all were hired fairly, compensated in relation to all others in position and have qualifications for the position.

Q is there a form to fill out?

A There are checklists for the steps to take and documentation required for each type of filing. You can find the checklists on the DDS website under Providers/Annual Report. The checklist and ethics protocol are available for download there. Mail completed documentation, as indicated in the appropriate checklist, to:

James Welsh, DDS, 460 Capitol Avenue, Hartford, CT 06106.

Q Is this a retroactive procedure or as we go forward?

A Should go through process when it occurs prior to making hiring decisions.

Most Common Errors 2009 Annual Report

No questions

Review Process

Q If you have differences between Annual Report and contract should you identify them in a cover letter?

A Yes, identify them in the cover letter when you submit the report detailing the specifics for the differences.

Payment Process

Q When should we submit actual documentation for one time authorizations?

A If you have a service Authorization you may submit actual documentation each month based on what was authorized. You do not need to wait till the end of a quarter to submit actual documentation. You will not get paid until the actual documentation is submitted.

Q Who gets the payment reports?

A The two contacts that the agency identified in the Provider Profile. These individuals need to distribute internally as needed.

Q Can this be modified to add more than two contacts?

A Not at the current time.

Q Is their a specific date that the payment reports are sent each month?

A At this time there is not a specific date each month these are sent. They are usually ready for distribution after the 15th of the month.

OTHER QUESTIONS

Q Can you explain the SEI CAP reconciliation process?

A We look at all SEI utilization and ensure that no agency looses more than 2% of total authorizations.

Q Who do I contact if I have questions about my payment?

A Email sandy McNally, Pat Dillon or the Operations Center RM2 assigned to your agency.

Q Can we add a total field to the WebResDay report?

A   Email any suggestions to Sandy McNally and we will look at for the future.

Q When someone passes away what is the process?

A Contract Service authorization is ended the day the person passes away. The agency would get paid for that month and the transitional one time would start the beginning of the next month.